An Analysis of Reflections on Researcher Positionality

Oluwatoyin Olukotun
University of Portland, olukotun@up.edu

Elizabeth Mkandawire
University of Pretoria, Pretoria, South Africa, Elimka23@gmail.com

Jeri Antilla
University of Wisconsin, Milwaukee, WI, jantilla@uwm.edu

Faten Alfaifa
College of Nursing, Jazan, Msnurse_2010@hotmail.com

Jennifer Weitzel
University of Wisconsin, Milwaukee, WI, jweitzel@uwm.edu

See next page for additional authors

Follow this and additional works at: https://nsuworks.nova.edu/tqr

Part of the Community Health Commons

An Analysis of Reflections on Researcher Positionality

Abstract

Reflexivity is a central tenet of qualitative research. Engaging in self-reflexive praxis allows researchers to identify areas of tension in the research process that need to be further deconstructed. In this paper, we draw on our collective self-reflective experiences as qualitative health researchers whose scholarship is informed by critical and postcolonial feminist epistemologies to offer some guidance on how to approach the concept of insider versus outsider in the research process. Specifically, we analyze recurring methodological tensions related to positionality and outline how they were addressed. The lessons learned from our studies can be instructive to other qualitative researchers.

Keywords

qualitative research, methodology, reflexivity, critical epistemologies

Creative Commons License

Authors

Oluwatoyin Olukotun, Elizabeth Mkandawire, Jeri Antilla, Faten Alfaifa, Jennifer Weitzel, Victoria Scheer, Mary Olukotun, and Dr. Lucy Mkandawire-Valhmu

An Analysis of Reflections on Researcher Positionality

Oluwatoyin Olukotun
School of Nursing, University of Portland, Portland, Oregon, USA

Elizabeth Mkandawire
Institute for Food, Nutrition and Wellbeing, University of Pretoria, Pretoria, South Africa

Jeri Antilla
College of Nursing, University of Wisconsin, Milwaukee, Wisconsin, USA

Faten Alfaifa
College of Nursing, Jazan, Jazan, Saudi Arabia

Jennifer Weitzel and Victoria Scheer
College of Nursing, University of Wisconsin, Milwaukee, Wisconsin, USA

Mary Olukotun
Faculty of Nursing, University of Alberta, Alberta, Canada

Lucy Mkandawire-Valhmu
College of Nursing, University of Wisconsin, Milwaukee, Wisconsin, USA

Reflexivity is a central tenet of qualitative research. Engaging in self-reflexive praxis allows researchers to identify areas of tension in the research process that need to be further deconstructed. In this paper, we draw on our collective self-reflective experiences as qualitative health researchers whose scholarship is informed by critical and postcolonial feminist epistemologies to offer some guidance on how to approach the concept of insider versus outsider in the research process. Specifically, we analyze recurring methodological tensions related to positionality and outline how they were addressed. The lessons learned from our studies can be instructive to other qualitative researchers.

Keywords: qualitative research, methodology, reflexivity, critical epistemologies

Introduction

Improving the health of women and promoting gender equity has been the focus of various global health initiatives for the past decade (United Nations, 2009). Despite some modest improvements, marked global disparities persist for women across several health and socioeconomic indicators (Ginsburg et al., 2017; United Nations, 2015), underscoring the need for the continuity of a focused research agenda that seeks to address the health and social needs of women in their respective contexts. Qualitative research plays a vital role in this regard by providing rich, contextual data, that can serve both as the impetus for policy and social change and as the foundation for the development and refinement of interventions (Lewin et al., 2015;

World Health Organization, 2014). Nevertheless, in conducting qualitative research, particularly health research with marginalized women, issues relative to the researcher's paradigmatic position can have methodological implications.

The centrality of positionality in qualitative inquiry cannot be ignored. A fundamental assumption in qualitative inquiry is the idea that the relative differences and similarities between the characteristics of the researcher and the participants have implications for the research process. Resultantly, the researcher's position can impact how the research question is framed, the study design, recruitment, and data collection process (Coghlan & Brydon-Miller, 2014). The analysis of the researcher's positionality and its implications has been the subject of many methodological papers using constructs such as group-member/non-group member or insider/outsider with "insider" referring to researchers belonging to the social group of the population of interest, and "outsider" referring to non-member researchers (Burns et al., 2012; Moore, 2012). As we seek to improve the health of women globally and center the voices of marginalized women, the conversation surrounding positionality in qualitative health research could be further enhanced by including the experiences of postcolonial feminist scholars working across various global contexts conducting health research with women.

Postcolonial Feminism

The five studies that form the basis of the paper were all informed by critical theories and frameworks, predominantly postcolonial feminism. Postcolonial feminism has been identified as a useful theoretical framework for creating transformative knowledge directed towards achieving social justice (Racine, 2003). Developed as a critical response to Western hegemonic knowledge, postcolonial feminist research aims to decolonize scientific discourse by centering the narratives of women who have historically been marginalized and excluded from the knowledge development process. In harnessing the knowledge from women within their specific contexts, Western feminist perspectives about women situated in the Global South are displaced as the dominant discourse (Mohanty, 1988). The utility of postcolonial feminist theory in health research has been demonstrated through several studies examining various health concerns in the lives of women (Darroch & Giles, 2016; O'Mahony & Donnelly, 2010; Mkandawire-Valhmu et al., 2018). These include studies exploring how to enhance birth outcomes for African American women, the mental healthcare experiences of immigrant women and Aboriginal women's perception of pregnancy-related weight gain. Regardless of the phenomenon under investigation and the target population, health research guided by postcolonial feminist theory seeks to illuminate how women's lives are shaped by sociopolitical processes that embody sexism, racism and classism, and to deconstruct the systems that impact women's access to material resources and power, and ultimately have implications for their health outcomes (Racine, 2003).

As critical, feminist scholars - three White women and three Third World (Trinh (1989)-, we acknowledge that the women who contributed to our studies are the experts on the phenomena of interest as to whether it is healthcare access or a complex concept such as women's empowerment. Our role as researchers is to harness and disseminate this subaltern knowledge (Spivak, 2006) and to situate this knowledge in such a way that it informs health policy and the development of effective health interventions grounded in women's realities. We thus view knowledge development as a collaborative process between the researcher and the participant. This researcher-participant dynamic contests the notion of a researcher-participant dichotomy central to traditional research and helps ameliorate power differentials. Informed by a postcolonial feminist lens, our analysis aims to illuminate the political nature of knowledge development (Mohanty, 1988) by illustrating how the process is inadvertently shaped by power and positionality. Such a method of reflectivity (Pillow, 2003) facilitates the

acknowledgment of the inter-relationship between the researcher and the research, and its impact on the generation of new knowledge (Palaganas et al., 2017; Pillow, 2003).

Reflections from researchers on the implications of group membership status on their research have revealed some challenges and advantages associated with both positions. Insider status has been credited with facilitating the process of gaining access, building rapport and harnessing the knowledge that might be withheld from an outsider (Burns et al., 2012; Dwyer & Buckle, 2009; Hellawell, 2006). However, insider status can be problematic when the researcher over-identifies with the participants, thus blurring the lines between the true nature of the phenomenon and the researcher's bias (Armstrong, 2001). Outsider status can also pose practical challenges such as language barriers, inadequate knowledge, limited awareness of culturally appropriate practice, a poor awareness of historical and political factors shaping participants' experiences and access to participants. Yet, it can be advantageous in that the unfamiliarity and detachment from the participants' experiences can enhance the researcher's ability to capture realities about the participants that an insider may take for granted.

The discourse that dichotomizes positionality into researcher versus participants, or insider versus outsider, has been criticized for downplaying the fluidity and dynamic nature of positionality and group membership. This is a valid concern given the complexities associated with the formation of individual identity and the negotiation of group membership; however, this discourse provides researchers with a framework to critically reflect on how assumptions underlying social interactions and social processes impact the knowledge development process (Savvides et al., 2014). In this paper, using a postcolonial feminist lens, we five novice researchers, critically discuss our experiences with the aim of foregrounding the methodological implications of positionality in the context of global health research with women and providing some useful recommendations on how issues arising from positionality can be better addressed.

Data Sources

Drawing on our collective experiences, field notes and reflective memos gathered during the research process, five novice researchers write these reflections, broadly focusing on positionality and our respective research processes. As health researchers who work with women, our aim was to collectively capture the lessons learned about the insider/outside concept specific to our dissertation research. To facilitate the reflection process, each researcher was asked to develop a narrative that critically analyzes the methodological implications of group membership status from the conception of their research idea through the analysis and reporting of research findings. Prompts used encouraged each researcher to reflect on the relationship between group membership status and study design, recruitment, data collection, analysis. Subsequently, all five reflections were analyzed thematically to identify patterns across our experiences. In the first phase of our analysis, the first author conducted a line-by-line analysis of all written reflections to identify themes and pattern within and across researchers' experiences. This was an iterative process led by the research mentor and the first author who at times asked that researcher clarify or provide additional detail regarding their experiences. Themes identified during the initial analysis were summarized and shared with all authors to review and comment on until a consensus was reached by the team. All communications occurred via the use of technological aids such as emails and shared file storage platforms. Consistent with a feminist framework, it is important to identify ourselves in relation to the participants involved in our research. The co-authors of this paper include African immigrant women, an Arab woman and White women who are all involved in research with women of African descent both on the African continent and in the diaspora and women in Saudi Arabia.

Research with Undocumented African Immigrant Women in the United States

The first author (Olukotun) is a Black, African-immigrant woman, with professional background in nursing, who emigrated to the United States at the age of 11. She was raised in a two-parent household with working-class parents. Though she spent most of her formative years in the United States, her parents tried to instill and apply traditional cultural values and practices in our household, meaning our daily lives were structured by cultural and traditional norms. After completing her undergraduate degree, she was inspired to pursue a graduate degree due to the influence of key professional mentors whose work mirrored the type of career trajectory and impact she hoped to have. She learned early on as a young adult that she was angered by social injustice, particularly injustice against women. After careful consideration of career options, pursuing a doctoral degree seemed to offer her the ideal opportunity to channel her energy, anger, and desire to impact change. At the time of her doctoral dissertation study, she was a married, middle class woman with one child.

She chose to study the health of African immigrant women due to her personal interest in the experiences of immigrant women like herself. As she conceived and designed this study, she anticipated that as an insider by virtue of her African immigrant status, women would be open and willing to speak with her about their experiences. Given the current nature of the hostile, anti-immigrant, socio-political climate in many western nations, she was motivated by the prospect of creating a safe metaphoric space for women to share their experiences. Her dissertation research involved a qualitative study that sought to understand the healthcare-seeking experiences of undocumented African women in the United States. Recruitment for the study began in March of 2017 and concluded in September of 2018. A total of 24 women were interviewed on their experience accessing the health care system, the barriers to care they might have experienced, and their health concerns (Olukotun et al., 2019a; Olukotun et al., 2019b).

The women interviewed were predominantly from the Midwestern United States, had a household income of less than $19,999, were not married at the time of their interview and had at least one child (14 women). The mean age for the sample was 35.7 years and women had a mean length of stay of 11.5 years. The women interviewed were all English proficient, identified as Black and were natives of countries from Eastern, Southern or West Africa. Additionally, eighteen of the women interviewed had earned an associate's degree or higher but were either employed part-time, casually or unemployed. Given the demographic information collected, it was evident that this was a group of women who were well-educated but socioeconomically challenged.

Research about nutrition in pregnancy in rural Central Malawi

The second author (Mkandawire) is a Malawian woman who grew up in South Africa following her family's emigration from Malawi when she was five. While both her mother and father made concerted efforts to retain the fundamental aspects of their culture such as language, food, and customs and values, she spent most of her life outside Malawi with periodic visits during school holidays and for work. At the time of her dissertation study which serves as the basis of her contribution to this paper, she was 28 years old and married with no children. Having grown up in a home where education was a priority, her father supported her both financially and otherwise from her primary schooling up to the completion of her Ph.D. in 2018. She is the youngest of three children who all have university degrees. Given her upbringing, it was inevitable that she would pursue a PhD. She was motivated to do research with women in this area when she realized the role that men could play in nutrition and gender

equality. She comes from a middle-class family and juggles multiple responsibilities including being a mother, wife, and researcher.

Her dissertation research was conducted in 2015 over the course of one month to investigate interpretations of gender and implications for policy using Malawi as a case study. The primary aim of the study was to explore how interpretations of gender influence nutrition policy design in Malawi, using a combination of critical policy theory and postcolonial feminist theory. In particular, she sought to understand how adequately gender is integrated in nutrition policy in Malawi focusing on the role of men into maternal and child health. The study included men and women from rural and urban areas. A total of 63 participants were interviewed, with 44 being women. Women in the community were recruited from healthcare centers, postnatal clinics, and households near communal meeting places with the assistance of nurses, health surveillance assistants, and traditional leaders in the community. Of these, 28 were women from one traditional authority in Ntcheu and 19 were decision-makers and other stakeholders from the capital city of Lilongwe. Women in Ntcheu typically came from low-income households and rely on agriculture as a livelihood source. The 28 women from the rural community in Ntcheu were aged between 21 and 40. All of them were married with at least one child. One was pregnant at the time of the study. The women's educational attainment ranged from no formal education to some secondary school. The highest level of completion was form 2 (grade 9). Of the 76% of women who are employed, 84% hold jobs in the agriculture sector, and much of this employment is seasonal (NSO & Macro, 2015). As is the case in the rest of the country, women in the specific community where she collected data faced challenges with access to adequate and nutritious food. During the time her study was conducted, food insecurity was unusually high because of flooding that had occurred earlier in the year.

Research about prenatal care access among women in rural Saudi Arabia

The third author (Alfaifi) is a Saudi, Muslim woman of Arab heritage, with a middle-class background, raised in a conservative society. As a woman, she views herself as having two roles in life- being a wife and mother to her two daughters. She completed her PhD. in nursing at an urban institution in the Midwest of the United States. Prior to coming to the United States, she worked as a teaching assistant at a nursing college in her home country. She is the oldest of three brothers and five sisters born in an urban area of Jeddah, that has a population that is predominantly middle and high class. When she turned seven years old, she moved back to her family's hometown which is in a rural area.

Contrary to the dominant cultural mores where women have limited access to higher education and thus do not pursue advanced education without the permission of a male guardian, her father gave her autonomy and freedom to choose her education and life career, which in her view was unique for a girl from a rural area. Consequently, she has had the opportunity to choose the education and career she wanted to pursue. Her father supported her financially and intellectually and believed in her potential. Additionally, her husband has been supportive throughout the course of her educational journey. She received her primary education from the rural area, while her bachelor's degree was obtained from an urban academic institution. She received her master's and a PhD degree from universities in the United States and became the first girl in her hometown to earn a PhD.

For her doctoral dissertation, she conducted a qualitative, exploratory study to understand the experiences of rural Saudi women in accessing prenatal care, using a postcolonial feminist framework. A purposive sample of 30 eligible participants was recruited for the study conducted in the rural area of Jazan in Saudi Arabia known as Faifa mountains in 2019. The average age of the participants was 33 years. The average number of prenatal care

visits per pregnancy was eight. Nine women worked in government organizations as teachers and school administrators; two women worked in the private sector as seller representatives; one woman worked as a dressmaker; two women were students in college; 16 women identified as housewives. Nine women had attained a bachelor's degree and the rest had a high school diploma or less. The average number of years of schooling for the total sample was 12 years. The number of children women had ranged from one to eleven children and on average, the women in the sample had four children. Twenty-eight participants were married, one was a widow, and one was divorced. The twenty-eight married women reported that their husbands served as heads- of -household; the divorced woman reported she was the head of her household, while the widow reported that she shared the head-of-household role with her eldest son.

Research about maternal-fetal relationship in pregnancy after perinatal loss among women who identify as African American or Black in the United States

The fourth author (Antilla) is a divorced, middle-aged, Caucasian woman, who was born, raised, and continues to live in the northeastern United States (U.S.), at the time of her study. Born into a working-class family, she is the older of two siblings. Both of her parents are high school graduates and worked in the automotive industry until they reached retirement age. Throughout her childhood and adolescent years, education and religion were pivotal to her upbringing. After graduating from a Lutheran high school, she went on to pursue a degree in nursing at a local college. She was the first in her family to graduate from a higher learning institution as well as the first to attend graduate school and obtain a master's degree. As she transitioned from a nurse at the bedside, with more than 20 years of clinical experience, to a full-time nursing instructor in academia, she felt empowered to continue on with her education. It was evident that she would need to be a doctorally prepared nurse to gain the footing necessary to conduct scientific research that would inform the development of health interventions and health policy and to help advance clinical practice. For her, the journey as a PhD student, and now candidate, was rigorous, but also rewarding. In addition to being an educator and student, she is also a mother of five children, two of whom have graduated from college, two who are currently in college, and one who is in high school with aspirations of attending college in the near future.

As a labor and delivery nurse, she has had the ability to care for a diverse population of women and their families during their loss experience. Having worked in urban hospitals, many of the women she provided obstetrical care to have been African American and Black. Her interaction with African American and Black women in the clinical setting has included providing care during their antepartum, intrapartum, and postpartum periods.

Her dissertation study aims to explore the perceptions of women who identify as African American or Black, who have experienced a perinatal loss and its association with maternal-fetal relationship in subsequent pregnancies. More specifically, the study objectives were to explore the perceptions of how racism contributes to women's chronic stress and ultimately impacts their pregnancy and birth experiences and to explore women's perceptions about relationships between chronic stress and poor birth outcomes. Twenty-two in-depth, semi-structured, individual interviews were conducted, and the data were analyzed using feminist epistemologies along side a lifecourse perspective. The women who participated in this study, were between 18 to 56 years of age, identified as African American or Black, had experienced a pregnancy loss $\geq$ 14 weeks gestation or a newborn death $\leq$ 28 days of life, and were currently pregnant or had given birth to a live baby after their loss. The majority of women in this study were of low socioeconomic status and received state issued healthcare coverage. Most women had completed high school and some had completed college. The majority of

women were in a relationship and lived with their partner. Most of the women lived in an urban area, had perceived levels of elevated stress, and felt that they were living in unsafe neighborhoods.

Conducting research about women's empowerment in rural Malawi

The fifth author (Scheer) is a white woman from the United States (U.S.) in her early thirties at the time of her research, whose positioning differs greatly from that of her research participants. She was born into a lower-middle-class family from the Midwest, the youngest of five children. Her parents were married throughout her childhood; her father had attended trade school and worked as a mechanic until she was in grade school, at which time he started his own business, which became quite successful. Her mother did not attend formal schooling after high school. Together, her parents did their best to support their children and encouraged them to do well in school. She attended high school in the same state in which she was born, later moving to the South for a few years for college before returning to her home state to finish her bachelor's degree in Nursing, becoming a first-generation college graduate, along with her sister. Her sister later went on to finish her master's degree. While she has a rather large extended family, she is yet to marry or have children.

During her time as an undergraduate student, she took part in a study abroad experience in Malawi, and later served as an undergraduate research assistant in Kenya. Immediately following her graduation with her bachelor's degree, she began pursuing her Ph.D. in nursing. From the beginning of her graduate studies, she was planning to conduct her dissertation research with women in Malawi. This decision guided her choice of a major professor, who is a Malawian woman, and her choice of graduate electives, which included courses on feminist theory, and African women and the diaspora. Prior to conducting data collection for her dissertation, she worked as a program assistant on the same study abroad program she had previously been on as an undergraduate student, during which she and her major professor brought students to Malawi for a trip focused on community health.

In 2019, she began her dissertation research which focused on the concept of women's empowerment and sought to develop a theory of empowerment through the perspectives of women living with HIV in Kasungu, Central Malawi. The objectives of her study included exploring how women living with HIV in Malawi describe their experiences of empowerment, how they manage living with HIV, and how empowerment plays a role in their health management. To achieve these goals, the study was developed and designed through a postcolonial feminist lens, utilizing in-depth qualitative interviews for data collection and grounded theory methodology for data analysis.

A total of 25 women were recruited and interviewed for the study. All were living with HIV and were diagnosed within the last 15 years. The women were an average age of 42; all had been married at least once with 14 still married, nine divorced or separated, and two widowed. All but one had at least one living child with the remaining 24 having an average of four children. Four women had no formal education; seven completed between two and five years of schooling; twelve completed between six and eight years of schooling; and two completed two years of secondary school, equivalent to two years of high school education in the U.S. All but two women had some form of household income either through farming, piece work, or engaging in small business enterprises. Estimating income was difficult due to many earning monies from yearly harvests and using that money throughout the year. Of the seventeen women who were able to estimate how much they used daily, all reported spending between 500-1000 Malawi Kwacha, equivalent to less than $1.33 per day. Food insecurity was a common theme throughout the interviews.

Discussion

The reflections five co-authors were analyzed with the aim of identifying patterns within and across the reflections. As researchers, either subconsciously or consciously, we engaged in preliminary self-reflection, identified our positioning in relation to prospective participants and attempted to identify ways to mitigate challenges through strategies implemented in the study protocol. The findings are explicated below and will be discussed in three sections- the construction of group membership status, methodological implications of group membership and strategies for addressing methodological challenges.

The construction of group membership status and implications on study design

A central theme of our reflections is that insider/outsider status and the challenges it might pose began at the conception of the study. For example, Mkandawire realized that living outside of Malawi and being a novice researcher meant that she may overlook important cultural nuances. She recruited a seasoned researcher to assist in facilitating discussions to mitigate these challenges. Similarly, to gain familiarization with African American culture, Antilla relied on specific literature to help increase her knowledge on the experiences of African American women. She cited two valuable pieces of literature: *Combahee River Collective* (2015) and *The Warmth of Other Suns: The Epic Story of America's Great Migration* (Wilkerson, 2010) that focus on marginalization, oppression, and the search for equality as being instrumental in preparing her for her study. Other feminist literature, including works by Kimberle Crenshaw and Patricia Hill Collins, also aided her in epistemologically grounding the study. Kimberle Crenshaw's theory of intersectionality which identifies the overlapping of social identities (race, gender, and social class) that contribute to oppression, discrimination, and the marginalization of individuals (Crenshaw, 1989) was of great value. Written work by Patricia Hill Collins was also frequently referenced during her research process as these provided an overview of Black feminist thought, specifically, on the intersecting burden of gender and racial discrimination (Collins, 1990).

Our reflections also revealed that the construction of group membership status and identity was not a linear process. Group membership status was constructed on the basis of several categories of identity, including ethnicity, cultural values, power, nationality, social class and lived experience. Given the multiplicity and complexity of identity, no one researcher considered themselves entirely an outsider or an insider. Thus, a researcher might have perceived herself as an insider in some respect, while also feeling like an outsider in unique and meaningful ways. This was exemplified by Olukotun who considered herself an insider in the sense that she was an African immigrant woman, like her population of interest. However, she was also an outsider in several other ways. Firstly, she was engaging with women who mostly had immigrated to the United States as adults. In contrast, she had emigrated to the United States as a child and had spent most of her formative years in the United States. Thus, there were marked differences in her pre-migration experiences and those of the women interviewed. She was also younger than most of the participants and had not experienced many of the socioeconomic struggles of the women reported because of their precarious immigration status. However, as a postcolonial feminist researcher, Olukotun identified the implications of her positionality on power dynamics in her research study while acknowledging that knowledge and its production is always political and furthers the agendas of the producer, even as a Third World scholar who experiences some level of social marginalization similar to her research participants (Olukotun, 2019a).

The dynamic nature of group membership negotiation was also revealed through our understanding that the similarities and differences in positionality between the researcher and

participants varied across different interactions. Though we were all interested in a specific group of participants that had shared predetermined characteristics and experiences, there were still marked heterogeneity and variation across our participants. For example, in Antilla's study, although all women interviewed had experienced a pregnancy or newborn loss, each woman grieved at her own pace. This made each interaction distinctive as the women shared their own perceptions of their loss experience. For example, one participant "wanted to get pregnant right away to help fill the void," while another participant "was not trying to get pregnant" because she was still mourning the loss of her daughter. These variations among participants made each researcher-participant interaction unique. Hence, identity was negotiated with every interaction with a research participant.

In the initial phases of the study, researchers made intentional decisions about the study design after considering the population of interest and their positioning. Decisions were made about the most effective and appropriate theoretical framework for the study and methods for accessing, recruiting, and data collection. In this regard, critical frameworks such as postcolonial feminism, Black feminisms including intersectionality, and life course perspective were helpful in promoting researchers' engagement with the structural social, political, and historical processes that informed our participants' given contexts and influenced their realities (Collins, 1990; Crenshaw, 1989; Hogan et al., 2012; Mishra et al., 2010; Mohanty, 1988; Racine, 2003). For researchers with little familiarity about their population of interest, writing their study protocol and the outlining of decisions was often preceded by a preliminary literature review (Lahman et al., 2011; Mkandawire-Valhmu et al., 2018) on how previous studies have been conducted as well as consultation with mentors and experts. The influence of positionality on study design was also exemplified by Scheer's study in Malawi, which used a constructivist grounded theory approach because it allowed for the development of theory grounded in the experiences of the participants while recognizing and trying to minimize the influence of the researcher. Though constructivist approaches utilized by Scheer foster the organic development of theory, one cannot ignore the pragmatic challenges associated with bracketing ones' biases and a priori knowledge. Nevertheless, the choice of methodology demonstrates intentionality in minimizing her influence as a cultural outsider in the research process.

Methodological Implications

Pertaining to data collection, group membership status appeared to influence recruitment strategy and the recruitment process and outcomes. Having an insider understanding of the cultural norms, language and practices was primarily cited as having a positive impact on participant recruitment. First, it appeared to simplify the research process by eliminating the need for an interpreter in instances where the researcher spoke the participants' language. Secondly, it appeared to positively impact the establishment of trust and rapport with key community figures as well as the participants. This was true for all the researchers who identified as cultural insiders including Mkandawire, Olukotun, and Alfaifi. For example, Alfaifi benefited from being an insider during data collection due to being able to speak the local dialect and understanding local values, knowledge, and practices. Because she was native to the area, the healthcare professionals in the clinic who helped her recruit potential participants were cooperative and helpful. They were supportive and ensured that she was able to identify the desired number of participants. They also provided her with a place to stay during data collection, which was next to the hospital and close to the primary healthcare centers where recruitment took place. She was able to easily access the community and collect data at any time. As an insider, it was easier to gain participant trust and engagement with the study. She also received significant support from the women who she interviewed who without

hesitation referred other eligible women to participate in her research. In her experience, most of the women she met were welcoming and readily agreed to participate in this research. This may not have been the case for a researcher who was a cultural outsider.

Olukotun, however, found that the process of earning trust was not solely a function of cultural group insider status as evidenced by the recruitment challenges she experienced (Olukotun et al., 2019b). She approached several African immigrant churches and African community organizations that expressed interest in assisting in some capacity with the recruitment process. After receiving institutional review board approval to commence the study, she later sensed some reluctance when she returned to those same churches and organizations. It is important to note that between initial contact with the community partners and the commencement of recruitment, a few months had passed, and critical political events had occurred that resulted in a heightened sense of fear amongst immigrant communities. Recruitment ended up being an arduous 18 month-long task that comprised of efforts to build trust with community leaders, and subsequently, community members. Ultimately, the most meaningful group membership indicator on which community leaders and prospective participants gauged their decision to engage in the study was not cultural identity. Rather, developing rapport, and communicating her commitment to minimizing risk to participants and centering the voices was central to the relationship between Olukotun and the study participants. Community leaders and women's awareness of her ethnic background did not gain her automatic trust and access to participants.

Similarly, earning trust was particularly challenging for Antilla while she was conducting her study on her study with African American women. Being an "outsider" came with its own set of challenges but having limited and, at times, impersonal contact with some of the participants affected the researcher-participant relationship. For example, when speaking with participants over the telephone, the researcher felt that this mode of communication that obscures facial expressions and gestures may have negatively affected her ability to effectively build a rapport with the participant. According to Block (2012), the issues associated with establishing trust and building a relationship between the researcher and the participant are likely to be amplified when conducting telephone interviews for data collection.

Trust and research engagement were also influenced by contextual sociopolitical and cultural factors such as fear, cultural beliefs, and attitudes towards research engagement and the participant perception of the researcher's power. In the case of Olukotun's study with African immigrant women, community leaders approached for assistance with recruiting undocumented immigrants voiced concerns about the sensitivity of disclosing ones' immigration status and the potential risks of discovery and stigma associated with disclosure. In Mkandawire's study on nutrition policy in Malawi, participants expressed enthusiasm about engaging in the research due to their perception of the potential for the research findings to impact political and social change. In her view, the women in the rural community saw her more as a conduit for relaying the challenges they personally experienced in accessing quality health care services they faced, to government authorities.

The researchers who identified themselves as cultural outsiders were intentional about working to earn trust from the community. For example, Scheer's strategy comprised of visiting the community, and building and fostering relationships with individuals in the community in the preliminary phases of designing the study. It was vital for her to plan to be in Malawi for some time to be better immersed in the environment and to enable her to learn and observe cultural nuances she otherwise might have missed. She thus spent three months in the Kasungu district of Malawi and learned, for instance, about the cultural importance of Traditional Authorities within the community. She was also able to meet with the traditional leaders in the community prior to beginning her research to introduce herself and to let them know about her presence in the community and provide them with information about the study

she was planning to conduct. During previous trips, she had worked with a specific non-governmental organization (NGO), and she continued to foster relationships with the staff of these organizations and was thus able to recruit participants at the clinic based on her relationships. This allowed her access to potential participants, as well as gatekeepers to the community. In between recruitment and conducting interviews, she volunteered at the clinic and assisted in assessing, treating patients, and dispensing medications in the pharmacy. Being associated with the clinic likely enabled women to feel more comfortable speaking with her.

Scheer immersed herself in the community by living in the community for three months. By participating in group events, she was able to use her skills and knowledge as a professional nurse to also cater to the needs of the community and to enable community members to become more familiar with her. Her engagement with them as a professional nurse demonstrated that she was not only there to conduct research but that she also cared about the community and was willing to use her professional skills to help meet their healthcare needs. In addition, she worked with research assistants who were native to the area and had experience with research and transcribing. Researchers' use of expertise and skills to meet the practical needs of communities who participate in their research aligns well with feminist principles that speak to the notion that the research process itself should deliberatively include elements that potentially contribute to improving the lives the study participants (Mkandawire-Valhmu et al., 2009). The combination of these strategies enabled her to earn and maintain trust, gain access to participants, and facilitate the recruitment and data collection process.

However, despite earning the trust of the participants, language posed some challenges for Scheer that had to be considered for data collection. Special attention had to be paid to the use of language as words carry different connotations across different cultural contexts. A salient example of the challenges associated with language involved was demonstrated by Scheer whose interview guide included the following question, "How does having power affect your health?" Her assistant explained that when translated to the native Chichewa language, "affect" typically has a negative connotation. Thus, she changed the question to, "How does having power change your health?", which kept the question neutral. Close attention, thus had to be paid to these linguistic nuances. Additionally, the lack of a literal translation for a key concept that was central to her study's objective (empowerment) made the writing of interview questions difficult.

Alfaifi had also had similar linguistic challenges during the translation and interpretation process as well even though she was an insider. Translating the collected data in Arabic to English posed some methodological difficulties related to the handling of phrases, word meanings, and jargon. The translation of quotes presents some challenges, because certain concepts used by the participants that were culturally bound were particularly difficult to translate. For example, the Arabic word, *Khula*, commonly used in Islamic culture, is a procedure through which a woman can divorce her husband. The meaning expressed using this typical Arabic word includes the right of married women to initiate a divorce, but they have to return dowry paid to them by their husbands at the time of marriage. Khula is granted when the continuation of marriage is impossible. Translating the word Khula, only as "divorce" would reduce the meaning. Yet, utilizing more words than in the original quote tended to change the voice of the participant. This is especially problematic as centering the voice of participants is essential to qualitative and postcolonial feminist inquiry.

Researchers who were cultural insiders generally identified the value of their insider status in enhancing the quality of the data collected. Mkandawire, Olukotun and Alfaifi believed participants were open, felt safe and shared their experiences without apprehension. All researchers were confident that they had captured the authentic voices of the participants as each study employed common strategies for enhancing trustworthiness such as triangulation, member-checking, reflective memoing and keeping an audit trail. It was perceived that the

level of trust and rapport shared in those interactions might not have been achievable for a cultural outsider. For instance, in the study with undocumented African immigrant women, despite the overarching sense of vulnerability due to their precarious immigration status, most women shared very sensitive information including their source of income.

   While being a cultural insider might have facilitated the research process, it also appeared to have hindered in some ways. Researchers shared experiences about participants who gave incomplete responses to interview questions because they assumed that the researcher who was perceived as an "insider" should be familiar with their experiences. In those instances, women were not intentionally withholding information but did not feel the need to elaborate because they believed that the researcher would already have knowledge about the experience being shared. For instance, while Alfaifi conducted an interview, one participant assumed that she would have an awareness of the traditional practices during pregnancy by responding to an interview question with the statement: "The usual advice they tell every pregnant woman (you know that)." The participant then expanded on her response when asked to clarify. On the contrary, in a telephone interview conducted by Antilla, one participant asked the researcher if she "was a woman of color." Upon learning that Antilla was Caucasian, the participant explained pregnancy loss as viewed by the African American community. Assuming the role of a cultural "outsider," the researcher was able to gain a deeper understanding about the African American community from the participants she interviewed.

   Insider membership status also brought unique challenges to the data analysis process. In an attempt to reconcile, and in some instances, separate culture from the research process, there were notable tensions between culture and the research process. Researchers who identified as primarily sharing similar cultural identities with the participants outlined key challenges, including feelings that they were too close to the data. The degree of closeness was that the data was framed in relation to the researcher's familiarity and level of identification with either the perspectives or cultural practices of the participants. The impact of this closeness was exemplified by Alfaifi in her challenges with the analysis process. Saudi women may require the permission of their male guardian to travel outside the home, and, as an insider, Alfaifi did not identify this as a barrier to seeking care because it was something she grew up doing, and it is still part of her daily life. However, after examining the data using a different cultural lens, she quickly identified it as an obstacle that could potentially delay women's access to regular prenatal care. So, while researchers had a study protocol that accounted for some anticipated issues, it was evident that positionality had implications, some unanticipated, during the actual process of not only conducting the study but also analyzing the data.

Strategies for addressing group membership issues

   A systematic analysis was critical in ensuring that the findings highlighted were indeed essential and not those that the researcher felt were important based on a priori knowledge. Software-facilitated analysis was used by Mkandawire who thought that it mitigated the impact of researcher bias in her analysis process. The method of coding, using the qualitative analysis software in conjunction with immersing herself in the raw data, assisted in creating some level of objectivity. For example, the software helped to efficiently determine important themes based on the number of times the theme was mentioned. Consequently, Mkandawire was able to identify important themes systematically, as opposed to selecting themes that she believed were important.

   Given that each of us was a novice seeking guidance from mentors and experts was another crucial part of identifying and addressing issues pertaining to group membership status. Specifically, mentors were instrumental in determining when data analysis needed to be re-examined. Feedback from mentors, further literature review, and rereading all the transcripts

from both an outsider and insider's perspective enabled us to navigate potential important information. Mentorship from a content and methodological expert (who herself is Third World scholar) was vital as centering the authentic voices of the participants in these studies required a deep understanding of the complex sociopolitical processes that shape their experiences. For "outsider" researchers who may lack the lived experience of living on the margins of society and of experiencing intersecting dimensions of oppression, a thorough literature review as well as a content expert may prove useful. Otherwise, researchers run the risk of perpetuating colonizing discourses and further marginalizing their participants.

Further, acknowledging one's limitations in any given context is equally as important. Acknowledging social positioning in relation to the participants facilitated the acknowledgment of researchers' limitations in accessing the target participants as well as other aspects of the research process. Openness to learning and asking questions to enhance our understanding was instrumental in helping us gain access and trust. Additionally, being flexible and open to potential changes in the research process was necessary.

The most important strategy employed consistently by all of us throughout the research process was reflexivity. Pillow asserts that reflexivity "requires the researcher to be critically conscious through personal accounting of how the researcher's self-location (across for example, gender, race, class, sexuality, ethnicity, nationality), position, and interests influence all stages of the research process" (2003). Reflexivity occurred throughout all stages of the research process in the form of memoing, reflective journals and field notes. We kept copious notes about the research process, encounters with participants and their personal reaction to research-related experiences. These notes were useful when we encountered challenges with the data analysis. More importantly, in keeping with the tradition of qualitative inquiry, based on our experiences, the value of reflecting on one's social location in relation to our participants is crucial in unearthing unequal power dynamics and how researchers may be benefitting from the oppressive systems that marginalize our research participants. As researchers seek to engage in research with socially and historically marginalized participants, we implore them to reflect on the following critical questions:

- What biases do I have regarding my research participants?
- What historical, social, cultural, and political factors shape the experiences of my research participants?
- What strategies can I employ to center my participants' authentic experiences?
- What issues centered around researcher positionality can I preemptively address?

Conclusion

Given that qualitative researchers are often the "instruments" of data collection, issues of positionality are inevitable and need to be confronted. Hence, the nature of these issues needs to be interrogated to mitigate their effect on research activities and the research using critical reflexivity. Critical epistemologies are helpful in this regard because they encourage the researcher to engage with the historical as well as the current context of the participants.

References

Block, E., & Erskine, L. (2012). Interviewing by telephone: Specific considerations, opportunities, and challenges. *International Institute for Qualitative Methodology, 11*(4), 428-445.

Burns, E., Fenwick, J., Schmied, V., & Sheehan, A. (2012). Reflexivity in midwifery research: The insider/outsider debate. *Midwifery*, *28*(1), 52-60.

Coghlan, D., & Brydon-Miller, M. (Eds.). (2014). *The SAGE encyclopedia of action research*. SAGE.

Collins, P. (1990). *Black feminist thought*. Taylor & Francis.

Combahee River Collective. (2015). *A Black feminist statement. This bridge called my back: Writings by radical women of color*. State University of New York Press.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum*, *1989*(1), 139-167. https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf

Darroch, F. E., & Giles, A. R. (2016). A postcolonial feminist discourse analysis of urban Aboriginal women's description of pregnancy-related weight gain and physical activity. *Women and Birth*, *29*(1), e23-e32.

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54-63.

Ginsburg, O., Bray, F., Coleman, M. P., Vanderpuye, V., Eniu, A., Kotha, S. R., Sarker, M., Huong, T. T., Allemani, C., Dvaladze, A., Gralow , J., Yeates, K., Taylor, C., Oomman, N., Krishnan, S., Sullivan, R., Kombe, D., Blas, M. M., Parham, G., Kassami, N., & Conteh, L . (2017). The global burden of women's cancers: A grand challenge in global health. *The Lancet*, *389*(10071), 847-860.

Hogan, V., Rowley, D., Bennett, T., & Taylor, K. (2012). Life course, social determinates, and health inequities: Toward a national plan for achieving health equity for African American infants. *Maternal and Child Health Journal*, *16*(6), 1143-1150. http://dx.doi.org/10.1007/s10995-011-0847-0

Lahman, M. K., Mendoza, B. M., Rodriguez, K. L., & Schwartz, J. L. (2011). Undocumented research participants: Ethics and protection in a time of fear. *Hispanic Journal of Behavioral Sciences*, *33*(3), 304-322.

Lewin, S., Glenton, C., Munthe-Kaas, H., Carlsen, B., Colvin, C.J., Gülmezoglu, M., Noyes, J., Booth, A., Garside, R., & Rashidian, A. (2015). Using qualitative evidence in decision making for health and social interventions: An approach to assess confidence in findings from qualitative evidence synthesis (GRADE-CERQual). *PLoS Med*, 12(10): e1001895. https://doi.org/10.1371/journal.pmed.1001895

O'Mahony, J. M., & Donnelly, T. T. (2010). A postcolonial feminist perspective inquiry into immigrant women's mental health care experiences. *Issues in Mental Health Nursing*, *31*(7), 440-449.

Palaganas, E. C., Sanchez, M. C., Molintas, M. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: A journey of learning. *The Qualitative Report*, *22*(2), 426-438. https://doi.org/10.46743/2160-3715/2017.2552

Mkandawire-Valhmu, L., Lathen, L., Baisch, M.J., Cotton, Q., Dressel, A., Antilla, J., Olukotun, O., Washington, R., Jordan, L., & Hess, A. (2018) Enhancing healthier birth outcomes by creating supportive spaces for pregnant African American women living in Milwaukee. *Maternal Child Health Journal, 22*(12), 1797-1804.

Mkandawire-Valhmu, L., Rice, E., & Bathum, M. E. (2009). Promoting an egalitarian approach to research with vulnerable populations of women. *Journal of Advanced Nursing*, *65*(8), 1725-1734.

Mohanty, C. T. (1988). Under western eyes: Feminist scholarship and colonial discourses. *Feminist Review*, (30), 61-88.

Moore, J. (2012). A personal insight into researcher positionality. *Nurse Researcher*, *19*(4), 11-15.

Olukotun, O., Gondwe, K., & Mkandawire-Valhmu, L. (2019a). The mental health implications of living in the shadows: The lived experience and coping strategies of undocumented African migrant women. *Behavioral Sciences*, *9*(12), 127.

Olukotun, O., Kako, P., Dressel, A., & Mkandawire-Valhmu, L. (2019b). A qualitative exploration of the experiences of undocumented African immigrant women in the health care delivery system. *Nursing Outlook, 68*(2), 242-251.

Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, *16*(2), 175-196.

Racine, L. (2003). Implementing a postcolonial feminist perspective in nursing research related to non-western populations. *Nursing Inquiry*, *10*(2), 91-102.

Savvides, N., Al-Youssef, J., Colin, M., & Garrido, C. (2014). Journeys into inner/outer space: Reflections on the methodological challenges of negotiating insider/outsider status in international educational research. *Research in Comparative and International Education*, *9*(4), 412-425.

Spivak, G. C. (2006). Can the subaltern speak? In B. Ashcroft, G. Griffiths, & H. Tiffin (Eds.), *The postcolonial studies reader* (2nd ed., pp. 38–43). Routledge.

Trinh, T. M. (1989). *Woman, native, other: Writing post coloniality and feminism*. Indiana University Press.

United Nations. Department of Public Information. (2009). *The millennium development goals report 2009*. United Nations Publications.

United Nations. (2015). *The millennium development goals report 2015*.

Wilkerson, I. (2010). The warmth of other suns: The epic story of America's great migration. Random House.

World Health Organization. (2014). *WHO handbook for guideline development*. World Health Organization.

Author Note

Oluwatoyin Olukotun, PhD, RN is with the School of Nursing at the University of Portland, 5000 N Willamette Blvd, Portland, OR 97203. Please direct correspondence to olukotun@up.edu.

Elizabeth Mkandawire, PhD is with the Institute for Food, Nutrition and Wellbeing, at the University of Pretoria, Pretoria, South Africa. Please direct correspondence to Elimka23@gmail.com.

Jeri Antilla, PhD, MSN-Ed., RNC-OB is with the College of Nursing at the University of Wisconsin, Milwaukee, Wisconsin, USA. Please direct correspondence to jantilla@uwm.edu.

Faten Alfaifa, PhD, MSN, RN is with the College of Nursing, Jazan, Jazan, Saudi Arabia. Please direct correspondence to Msnurse_2010@hotmail.com.

Jennifer Weitzel, MS, RN is with the College of Nursing at the University of Wisconsin, Milwaukee, Wisconsin, USA. Please direct correspondence to jweitzel@uwm.edu.

Victoria Scheer, PhD, RN is with College of Nursing, University of Wisconsin, Milwaukee, Wisconsin, USA. Pease direct correspondence to vlscheer@uwm.edu.

Mary Olukotun, BSN, RN is Faculty of Nursing at the University of Alberta, Alberta, Canada. Please direct correspondence to olukotun@ualberta.ca.

Lucy Mkandawire-Valhmu, PhD, RN, is with the College of Nursing at the University of Wisconsin, Milwaukee, Wisconsin, USA. Please direct correspondence to mkandawi@uwm.edu.

Article Citation

Olukotun, O., Mkandawire, E., Antilla, J., Alfaifa, F., Weitzel, J., Scheer, V., Olukotun, M., & Mkandawire-Valhmu, L. (2021). An analysis of reflections on researcher positionality. *The Qualitative Report, 26*(5), 1411-1426. https://doi.org/10.46743/2160-3715/2021.4613