

### Why you should read this article

- To obtain guidance on how nurse researchers can navigate changes in identity
- To gain valuable insights into the experience of transitioning from a nurse to a researcher
- To understand the supportive and valuable role that peers, supervisors and research interest groups play for nurse researchers

# Nurse researcher identity and reflexivity in interpretive phenomenological analysis: a personal narrative

Gwenne Louise McIntosh

#### Citation

McIntosh GL (2023) Nurse researcher identity and reflexivity in interpretive phenomenological analysis: a personal narrative. *Nurse Researcher*. doi: 10.7748/nr.2023.e1870

#### Peer review

This article has been subject to external double-blind peer review and checked for plagiarism using automated software

#### Correspondence

gwenne.mcintosh@stir.ac.uk

#### Conflict of interest

None declared

#### Accepted

13 February 2023

#### Published online

April 2023

#### Abstract

**Background** Nurses have a significant part to play in research. However, novice nurse researchers face difficulties in transitioning into research roles. These difficulties can affect their sense of identity, their clarity of role and the research process.

**Aim** To highlight how reflexive processes enable novice nurse researchers to develop self-awareness, overcome tensions and navigate their dual identities as they transition into researchers.

**Discussion** Participating in reflexive activities when conducting research provides the researcher with a biography of the experience. It also encourages the examination of thoughts and feelings that can inform and enhance the quality of the research, as well as the confidence of the researcher. Transitioning from nurse to researcher can be complex and present professional and ethical dilemmas, creating conflict when nurses adopt and adjust to the new role. Reflexivity offers opportunities to identify and examine these dilemmas and tensions, as well as support for nurses as they move into research roles.

**Conclusion** Nurses hold onto their professional identities as they transition into research, viewing the researcher identity as complementary to their initial clinical professional identity. This dual-professional identity connects healthcare and research, but also creates challenges for nurses, so should be given more attention.

**Implications for practice** More research is needed to examine the path from nurse to researcher and why nurses remain committed to their professional nurse identity. As nurse researchers are becoming commonplace in healthcare, research education programmes need to include strategies to help novice nurse researchers navigate the tensions between their nurse and researcher identities.

#### Author details

Gwenne Louise McIntosh, deputy head, Health Sciences, Faculty of Health Sciences and Sport, Health Sciences, University of Stirling, Stirling, Scotland

#### Keywords

continuing professional development, qualitative research, reflection, research

#### Permission

To reuse this article or for information about reprints and permissions, contact [permissions@rcni.com](mailto:permissions@rcni.com)

#### Introduction

Researchers use reflexivity to establish transparency and trustworthiness in

qualitative research (Robinson 2014). This not only increases the quality of the research, it creates opportunities for the

researchers to examine themselves and their roles as researchers (Mason-Bish 2018).

Reflexion provides a document of experiences and encourages researchers to examine their thoughts and feelings, informing and developing quality research outcomes as well as enabling researchers to grow in confidence (Shaw 2010, Northcote 2012). Additional benefits – particularly of phenomenological research – include encouraging researchers to examine their perceived roles, relationships and identities, as well as becoming a researcher (Shaw 2010).

This article provides a personal narrative of a qualitative study exploring the experiences of men caring for partners with dementia. It will show how the processes I adopted supported the development of self-awareness and will highlight the tensions present for nurses conducting research. As a novice researcher, I used introspective examination to consider my personal perspectives and their influence on the research process, my approach to analysis and my sense of identity.

## Background

### Reflexivity and reflection

The terms ‘reflexivity’ and ‘reflection’ are often used interchangeably in the literature but mean different things (Mann 2016).

Reflection is introspective – it is a way of making sense of an experience. It can be an internal, thoughtful process to gain knowledge from experiences and learn from them. It can be fleeting or more formal, a way of re-examining and making sense of experiences. Critical reflection goes beyond this, aiming to analyse values and beliefs, test assumptions, and ‘interrogate the ideological status quo’ (Mann 2016).

Reflexivity is a clear account of the way the researcher’s personal perspectives and view of the world affects the research. It is linked to how the researcher purposefully engages in the research process, including designing and developing the study, analysing and synthesising the data collected, and reporting the findings (Lipp 2007). The

researcher accomplishes reflexivity through critical self-evaluation (Shaw 2010).

Qualitative researchers need to develop self-awareness to recognise potential bias in their thinking that could unconsciously influence their research. ‘Methodological reflexivity’ (Buetow 2019) tries to draw any bias into the researcher’s consciousness by encouraging introspection. Self-reflection and ‘inter-subjective’ reflection can expand the researcher’s views by encouraging discursive interactions with peers to recognise potential bias (Finlay 2002). Inter-subjective reflection creates opportunities for researchers to explore concepts and phenomena from different perspectives, and to be freed from political and societal structures (Taylor 2006).

Reflexivity is ‘a process of continually reflecting upon interpretations of both our own experience and the phenomenon being studied’ (Finlay 2014) that enables researchers to progress beyond their previous understandings. It is a method for monitoring research and a research process that enhances the trustworthiness and therefore the quality of the research (Freshwater 2005).

Reflexivity is systematic, focusing on how researchers construct knowledge throughout the research process. It is an activity that heightens self-awareness, highlights ethical concerns and increases awareness of bias, to bring about clarity and openness (Freshwater 2005, Clancy 2013, Jeanes and Huzzard 2014). It can therefore be complex.

Lipp (2007) noted there is limited guidance concerning how to be reflexive and offered a framework that uses Taylor’s (2006) reflective model as a foundation. The framework sets out ‘micro’ (individual), ‘meso’ (organisational) and ‘macro’ (professional) reflexive prompt questions so that the researcher can move beyond the technical and practical aspects of reflection to reach ‘emancipation’ through reflexivity.

However, there are risks with reflexivity when it is used superficially or internalised to the point where it becomes endless (Lear et al 2018).

## Key points

- Transitioning from nurse to researcher is a complex process; research that uses IPA adds to this complexity
- Nurse researchers are required to better understand their sense of identity, professional roles and ethical principles, as a nurse and as a researcher
- Successfully navigating this path requires increased self-awareness, improved support networks from peers, and guidance from supervisors, research teams and institutions supporting research

**Interpretive phenomenological analysis**

Interpretive phenomenological analysis (IPA) is a valuable research method for health-related research (Pringle et al 2011, Wagstaff and Williams 2014). It is an experiential approach that is helpful in qualitative research studying phenomena that are complex or not completely understood, or where there has been minimal previous study (Maltby et al 2010). IPA enables the researcher to examine participants' experiences in detail. An important principle of IPA is that experiences are regarded as individuals experienced them from their own personal perspective and the researcher accepts the meanings they have drawn from those experiences (Smith et al 2009).

**IPA and reflexivity**

There are three core theoretical perspectives linked to IPA: phenomenology, interpretation and ideography (Smith et al 2009). IPA is phenomenological, as it focuses on people's experiences articulated in their own words and does not use predetermined meaning or definitions. Shaw (2010) described reflexivity as 'explicit evaluation of the self', primarily due to its interpretive process and construction of shared meaning. Reflexivity is vital in IPA, according to Shaw (2010), as IPA is centred on meaning-making, the human experience and being in the world.

IPA's complexity is increased by its double-hermeneutic process – the researcher makes meaning of the participants' meaning (Smith 2004) – which requires some intricacy, particularly when analysing data. This complexity, the importance of recognising the relationship between the researcher and participants, and the analysis of the data gathered mean reflexive activities are particularly important when using IPA (Shaw 2010, Clancy 2013).

The transparency provided by reflexion about researchers' views, their understanding of the phenomenon and their own knowledge of the phenomenon they are investigating are equally important. It encourages researchers to articulate any bias and consider themselves inside and outside

the research, which enhances their self-awareness (Goldspink and Engward 2019).

Greater self-awareness assists at each stage of the research in identifying possible risks related to bias (Smith et al 2009). Nurses are often quick to identify patterns that can explain complex experiences, but this can result in unconscious bias (Buetow 2019). Qualitative nurse researchers may therefore be predisposed to finding patterns and making assumptions, even when these patterns do not actually exist. This increased risk of bias or judgement heightens the value of reflexivity (Lipp 2007).

Goldspink and Engward (2019) noted that researchers who use IPA are part of and apart from their research, and reflexivity enables them to consciously connect to their research. The authors presented the notion of 'echoes' arising in IPA during data analysis – points when the researcher connects with the data, bringing to the fore experiences, memories and thoughts about the phenomenon being explored. Goldspink referenced personal links to her own life to overtly evidence her interpretations and the way they connected with the participants' narratives (Goldspink and Engward 2019).

Those echoes led the authors to add a sub-step to Smith et al's (2009) six-step IPA process (Table 1) (Goldspink and Engward 2019). The new step, 3b, encourages researchers to 'attend to the reflexive echoes' (Goldspink and Engward 2019) by identifying any understanding and experiences they may have that are connected to their professional backgrounds, professional identities or the phenomena they are investigating. They can then move to the next step.

This additional step gives researchers the space to pay attention to echoes, which can increase their recognition of assumptions, beliefs and values. It also enables nurse researchers to consider their identity and becoming a researcher.

**My study**

The aim of my study was to 'explore the perceptions of male caregivers of

partners with dementia and identify the factors that influence decisions to access services' (McIntosh 2020). Semi-structured interviews with seven men caring for their partners provided the data, which I examined using IPA.

The findings from the study increased awareness of male partners' experiences of caregiving, which are complex as dementia significantly changes personal relationships, roles and responsibilities. The study found that the men's perceptions of support services swayed their decisions regarding accessing support, and that their interactions with people who provided support services were often unexpected, unintentional or unwanted (McIntosh 2020). If caregivers perceived that they were not being involved in decision-making, they often disengaged from services.

### Reflexive activities

I used introspective and inter-subjective reflexive processes throughout my study to explore my relationship with the research process. This included examining my personal knowledge of caregiving, experiences of working with men in caregiving roles and nursing interactions with people with dementia. Being a nurse and having worked with caregivers before becoming a researcher gave me an insider perspective and therefore increased the risk that I had preconceived ideas and assumptions.

I talked with supervisors, qualitative researchers and qualitative research groups, who provided feedback on my experiences. I particularly valued peer groups for IPA researchers where members discussed their experiences of research and presented and discussed reflexive processes. These groups gave me opportunities to obtain reassurance and confidence and encouraged me to engage openly and honestly, which is essential in enhancing the quality of qualitative research (Elliott et al 1999).

All these activities – along with workshops and conferences – can enhance the trustworthiness and transparency of

qualitative research and are consistent with recommendations for increasing the quality of research (Mann 2016, Buetow 2019, White 2019).

A researcher's reflexivity is revealed by engaging with reflexive processes (Freshwater 2005). I used the reflexive processes described here to increase the trustworthiness of my research. But it also became clear to me that their broader value was the opportunity reflexion gave me to unpick my experiences of transitioning into the new role of researcher.

Reflexivity needs to be a clear, authentic process if it is to be effective and avoid being a tick-box exercise or a way to direct the reader (Jeanes and Huzzard 2014). Therefore, it was essential that I select a framework suitable for structuring and deepening personal reflexive narratives – reflective models or frameworks can be helpful in handling the specific elements of an experience (Lipp 2007, Mann 2016).

### A reflexive diary

Mental health nurses are accustomed to using self-reflection to learn about themselves by examining their experiences. Self-reflection has been core to my role as a nurse and nurse educator in the UK, where it is integrated into our practice and is the central part of maintaining professional registration (Nursing and Midwifery Council 2018).

**Table 1. Interpretive phenomenological analysis steps with Goldspink and Engward's additional step**

Step	Process
1	Read and re-read transcript: get to know the data
2	Make initial notes: systematically capture observations
3	Develop emerging themes for each case
3b	Attend to the reflexive echoes
4	Search for connections across emergent themes for each case
5	Move to the next case
6	Look for patterns across cases

Source: Smith et al (2009), Goldspink and Engward (2019)

I wrote a reflexive account throughout the study, detailing my research experiences. I chose to use Gibbs's (1988) reflective cycle to structure my reflexive account, due to its systematic approach: the cycle progresses through six stages, each of which uses questions to deepen the exploration and encourage the reflector to make sense of it. This is aligned with IPA, as it focuses on the phenomenon as the individual experiences it and the meaning they make from it.

Box 1 provides an excerpt from a reflexive diary that I completed after my first interview. It gives a clear account of the emotions that came from this experience and indicates my initial struggle with role and identity. It gave me an opportunity to identify being distracted and to link this to a lack of confidence. Exploring and giving attention to these feelings brought about consideration of my role and identity, showing increased self-awareness.

The importance of role and identity can be seen in the analysis section of my diary (Box 2). I make clear attempts to understand the experience detailed – note the language I used and statements I made such as 'taken off guard' and 'that role was taken away from me' – which highlight the views I held in relation to being a researcher and struggling and lacking confidence when a participant took control. Engaging in the reflexive cycle helped to identify and explore these troublesome feelings and link them to tensions that were emerging because of my new role of researcher.

It is clear from a reference I made in this section of the diary to a role I had previously held that I had not anticipated these tensions: 'I was more relaxed and felt at ease drawing from my experience as a community nurse' (Box 1).

Identifying and thinking about these feelings increased my awareness of the significant differences between the roles of nurse and researcher. For example, I felt I had my 'own agenda', which shows a move away from the nurse's focus of meeting the needs of the individual to the

researcher's focus of achieving the aim of the study. The adjustment required for this move is well documented (Mendenhall 2007, Dwyer and Buckle 2009, Mason-Bish 2018, Noh 2019). Reflexivity provided me with the space to thoughtfully explore the emotional effect of my changing role and the 'disconnect' I perceived with the professional identity I had previously held.

The conclusion section offered me space to consider the learning gained and to critically evaluate the potential effects the experience could have on the study (Box 3).

The action plan I then developed included increased supervision and peer support commensurate with recommended inter-subjective reflexive processes (Buetow 2019). The subsequent supervision meeting provided time for discussion and to explore further the interview and the learning I had gained from it. This later became a focus for a presentation to the IPA peer group, which led to a helpful discussion about the researcher's role and identity. This discussion enabled us to identify a commonality in our experiences of being nurse researchers that suggested a need for nurse researchers and supervisors to give more attention to the transition from practitioner to researcher.

The importance of reflexive processes is generally accepted (Freshwater 2005, Clancy 2013, Finlay 2014). However, there continues to be little practical guidance about using these processes (Goldspink and Engward 2019). It is also important to note that reflexivity is a very personal process so overly structured guidance can lead to limited exploration and less creativity when you adopt strategies that other researchers have found useful.

## Discussion

### Transitioning from nurse to researcher

Transitioning from nurse to researcher can be complex and presents ethical and professional considerations. The transition can create tensions as the novice researcher settles into the new role (Skene 2012, Noh 2019).



Mendenhall (2007) discussed the roles of practitioner and researcher and noted that the characteristics needed for each are not the same, which can lead to conflict. The author posited that the changes in role, context and expectations all contribute to the lack of harmony between the two identities. However, the ethical principles and values the practitioner and researcher hold in common can be the glue that brings the roles together and give the novice researcher some reassurance.

Skene (2012) considered nurse researchers' sense of duty and responsibility related to their duty of care, which is associated with the nursing values and ethics. The author recommended focusing on whom the research is about, as well as who benefits from it, and encouraged researchers to be responsive when identifying and acting on matters as they come to the fore.

A broad research team can help to maintain focus (Skene 2012). Team members can help to uncover researcher bias and blind spots (Mendenhall 2007, Skene 2012, Buetow 2019, Noh 2019).

Kluijtmans et al (2017) suggested that practitioners often remain attached to their professional identities as they move into research, frequently seeing the new identity of researcher as secondary but complementary to their clinical role. The authors posited this dual-professional identity connects healthcare and research and should be given more attention.

Reflexivity can assist the researcher in exploring professional values and ethical perspectives, including researcher identity, in the context in which they conducted their study (Jeanes and Huzzard 2014).

Early engagement with reflexivity and associated activities is vital for nurses who transition to being researchers, as it gives them the opportunity to navigate their change in role and identity, as well as attend to their original role.

### Forming the identity of nurse researcher

The need to examine how people form and establish professional identities is

discussed in the literature (Monrouxe 2010, Trede et al 2012). However, the need for professional education programmes to include identity formation is encouraged but often overlooked or marginalised (Monrouxe 2010).

The 'echoes' I experienced in my study were connected to my role and identity, as well as how these had shifted when I became a researcher. My approach to gathering and interpreting data could have been affected by a sense of purpose and responsibility stemming from my previous

#### Box 1. The feelings identified

I had some feelings of anxiety and some trepidation that I took to be related to this being my first interview and I had not carried out one as a researcher where the focus has been on experience of caregiving.

Once in the man's house, I was more relaxed and felt at ease drawing from my experience as a community nurse. As the man began to talk, I tried to concentrate on his spoken word, taking note of his nonverbal communication and his general manner and presentation. As this continued and there were no breaks in his narration, I started to become more uncomfortable, realising I was contributing nothing. However, there was some reassurance as he had a copy of the interview questions in front of him and he was following them as he spoke. This reassured me to some extent but I was aware of my anxieties showing and if I interrupted him I would be changing his direction and flow.

There were several moments and at times with increasing intensity where it was clear that the man was struggling with the depth of emotion attached to his account of the experience he had caring for his wife. The level of distress displayed made me feel uncomfortable and guilty at instigating this level of emotion by asking him about this very personal experience.

Source: McIntosh (2020)

#### Box 2. The importance of role and identity

I was attempting to gain some sense of control when really, I should be focusing on the depth of detail the man offered. I think that this was likely to be related to my lack of confidence in conducting the interview and my surprise when he held the interview questions and took control of answering each one in turn. I anticipated more involvement in the interview and was taken off guard when that role was taken away from me.

As a researcher, however, I was not there for the person, I was there with my own agenda and to meet the needs of the research study. This was a real issue for me both emotionally and professionally. I had an increased sense of guilt coupled with a disconnect with the professional identity I had as a nurse.

Source: McIntosh (2020)

#### Box 3. Extract from the conclusion

A conclusion I make here is that I feel less able to manage my emotional reaction to hearing caregivers talk about their experience and that this is tied up with the way I perceive my role. As a nurse, I have something to offer, a potential solution or an offer of support, while as a researcher this is not my role.

Source: McIntosh (2020)

interactions with family caregivers. This potential influence stemmed from tensions between my professional identity and my new, emerging identity of researcher.

The sixth interview I conducted in my study was with a man who had been caring for his wife for more than three years. He was quiet and expressed his experiences by telling stories, reminiscing about the formative years of his marriage and connections.

As with other interviews, I used prompt questions to encourage him to explore his thoughts and feelings, as he described his experience of caring for his wife. These prompts elicited strong emotions, which he attempted hold in check.

He stopped at one point and said: 'You ask the difficult questions, don't you?'

This statement stood out, bringing about a jolt of emotion in me that was an almost physical response. The strength of my reaction to his statement persisted for the rest of the interview. The overwhelming emotion was guilt.

The excerpt from my reflexive diary shown in Box 4 highlights the emotional response to this interaction. It is evident in the excerpt that the feelings I experienced are linked to the change in role.

It shows how this interaction incurred uncomfortable feelings in this new role and that I lacked experience of managing these tensions. The mention of being surprised shows a naivety and an over-simplified view of the skills needed to be a researcher.

A desire to return to the more comfortable role of nurse with a sense of purpose and defined responsibilities can be seen as the diary continues (Box 5). The excerpt shows me attempting to make sense of the emotions I felt – working

through the reflexive process enabled me to recognise that my feelings were linked to a sense of guilt and responsibility for having brought about difficult emotions.

This analysis shows how influential professional roles are in the research process and how novice researchers can struggle to navigate the different contexts. Practitioner-researchers need to make sense of the 'epistemologically, socially and culturally different' contexts that care and research have, as they manage their two identities (Kluijtmans et al 2017). When practitioners cross the boundaries between healthcare practice and research, their original professional identity continues to dominate how they see themselves, even when they are no longer working clinically (Kluijtmans et al 2017). The new identity of researcher emerges and is acknowledged but is then viewed as complementary.

Much could be unpicked about this phenomenon, such as the strong attachment nurses have with their professional identity. Identity is co-constructed, established and maintained in our institutions, where there are set behaviours and the healthcare hierarchy holds a shared understanding (Monrouxe 2010).

### Implications for practice

More research is needed to explore and better understand the path from nurse to researcher and to examine why nurses remain loyal to their professional identity as a nurse. Nurse researchers are becoming commonplace in healthcare environments and more needs to be included in research education programmes to help novice researchers navigate the tensions between their nurse and researcher identities.

### Conclusion

Reflexivity should not be viewed as a process only aimed at demonstrating quality in research. Reflexive processes do help to identify potential conscious or unconscious biases, but reflexivity can offer much more. The additional benefits reflexivity offers the nurse researcher are

#### Box 4. Emotional response linked to the change in role

I felt overwhelming emotions, I felt tearful. I felt guilty for bringing about the difficult emotions during the interview. I felt responsible for his distress and uncomfortable in the role as a researcher. I also felt surprised that such strong emotions had come to the surface as I am used to working with people who express emotion and/or share difficult experiences as a mental health nurse.

Source: McIntosh (2020)

increased self-awareness and the potential to examine new roles and professional and researcher identities, bringing about personal growth.

There is a lack of practical guidance for researchers about using and applying reflexive processes. However, it might be that this is advantageous, as it will not constrain researchers' creativity or imagination, which are essential for finding individual, unique strategies that stimulate critical self-reflection and identify routes for inter-subjective reflexive discourse. However, some frameworks may ensure a study attains the required depth. In my view, authentic, genuine

engagement in reflexivity enables novice nurse researchers to effectively transition from nurse to researcher. However, a range of supportive measures is needed to assist nurses in identifying the tensions, different contexts and potential emotional effects of transitioning to the role of researcher.

### Box 5. Analysis of the emotional response

I realised that the way in which I responded and managed this situation was in stark contrast to how I would have managed this if I had been there as a nurse. I had a strong desire to follow up with a phone call or further meeting and to suggest services and networks of support that may have helped the man in his caregiving role. Throughout the interview, I had to attend to my own desire to provide help, support and guidance, moving these aside to allow for the attention to remain on the purpose of the interview.

Source: McIntosh (2020)

## References

- Buetow S (2019) Apophenia, unconscious bias and reflexivity in nursing qualitative research. *International Journal of Nursing Studies*. 89, 8-13. doi: 10.1016/j.ijnurstu.2018.09.013.
- Clancy M (2013) Is reflexivity the key to minimising problems of interpretation in phenomenological research. *Nurse Researcher*. 20, 6, 12-16. doi: 10.7748/nr2013.07.20.6.12.e1209.
- Dwyer SC, Buckle JL (2009) The space between: on being an insider-outsider in qualitative research. *International Journal for Qualitative Methods*. 8, 1, 54-63. doi: 10.1177/160940690900800105.
- Elliott R, Fischer CT, Rennie DL (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. *The British Journal of Clinical Psychology*. 38, 3, 215-229. doi: 10.1348/014466599162782.
- Finlay L (2002) 'Outing' the researcher: the provenance, process, and practice of reflexivity. *Qualitative Health Research*. 12, 4, 531-545. doi: 10.1177/104973202129120052.
- Finlay L (2014) Engaging phenomenological analysis. *Qualitative Research in Psychology*. 11, 2, 121-141. doi: 10.1080/14780887.2013.807899.
- Freshwater D (2005) Writing, rigour and reflexivity in nursing research. *Journal of Research in Nursing*. 10, 3, 311-315. doi: 10.1177/174498710501000307.
- Gibbs G (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford Polytechnic, Oxford.
- Goldspink S, Engward H (2019) Booming clangs and whispering ghosts: attending to the reflexive echoes in IPA research. *Qualitative Research in Psychology*. 16, 2, 291-304. doi: 10.1080/14780887.2018.1543111.
- Jeanes E, Huzzard T (2014) Conclusion: reflexivity, ethics and the researcher. In Jeanes E, Huzzard T (Eds) *Critical Management Research: Reflections From the Field*. Sage Publications, London, 227-240.
- Kluijtmans M, de Haan E, Akkerman S et al (2017) Professional identity in clinician-scientists: brokers between care and science. *Medical Education*. 51, 6, 645-655. doi: 10.1111/medu.13241.
- Lear H, Eboh W, Diack L (2018) A nurse researcher's guide to reflexive interviewing. *Nurse Researcher*. 25, 4, 35-42. doi: 10.7748/nr.2018.e1550.
- Lipp A (2007) Developing the reflexive dimension of reflection: a framework for debate. *International Journal of Multiple Research Approaches*. 1, 1, 18-26. doi: 10.5172/mra.455.1.1.18.
- Maltby J, Williams G, McGarry J et al (2010) *Research Methods for Nursing and Healthcare*. Pearson Education, Harlow.
- Mann S (2016) *The Research Interview: Reflective Practice and Reflexivity in Research Processes*. Palgrave Macmillan, London.
- Mason-Bish H (2018) The elite delusion: reflexivity, identity and positionality in qualitative research. *Qualitative Research*. 19, 3, 263-276. doi: 10.1177/1468794118770078.
- McIntosh GL (2020) Exploring the experiences of male caregivers caring for a partner with Alzheimer's dementia: an interpretive phenomenological analysis. Doctoral thesis, Edinburgh Napier University, Edinburgh.
- Mendenhall AN (2007) Switching hats: transitioning from the role of clinician to the role of researcher in social work doctoral education. *Journal of Teaching in Social Work*. 27, 3-4, 273-290. doi: 10.1300/J067v27n03\_17.
- Monrouxe LV (2010) Identity, identification and medical education: why should we care? *Medical Education*. 44, 1, 40-49. doi: 10.1111/j.1365-2923.2009.03440.x.
- Noh J-E (2019) Negotiating positions through reflexivity in international fieldwork. *International Social Work*. 62, 1, 330-336. doi: 10.1177/0020872817725140.
- Northcote MT (2012) Selecting criteria to evaluate qualitative research. In Kiley M (Ed) *10th Quality in Postgraduate Research Conference*. Adelaide SA, 17-20 April. Canberra ACT, Australia, The Australian National University, 99-110.
- Nursing & Midwifery Council (NMC) (2018) *Future Nurse: Standards of Proficiency for Registered Nurses*. NMC, London.
- Pringle J, Hendry C, McLafferty E (2011) Phenomenological approaches : challenges and choices. *Nurse Researcher*. 18, 2, 7-19. doi: 10.7748/nr2011.01.18.2.7.c8280.
- Robinson OC (2014) Sampling in interview-based qualitative research: a theoretical and practical guide. *Qualitative Research in Psychology*. 11, 1, 25-41. doi: 10.1080/14780887.2013.801543.
- Shaw R (2010) Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology*. 7, 3, 233-243. doi: 10.1080/14780880802699092.
- Skene C (2012) Parental involvement in neonatal pain management: reflecting on the researcher-practitioner role. *Nurse Researcher*. 19, 4, 27-30. doi: 10.7748/nr2012.07.19.4.27.c9221.
- Smith JA, Flowers P, Larkin M (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage Publishing, London.
- Smith JA (2004) Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*. 1, 1, 39-54. doi: 10.1191/1478088704qp0040a.
- Taylor BJ (Ed) (2006) *Reflective Practice: A Guide for Nurses and Midwives*. Second edition. Open University Press, Buckingham.
- Trede F, Macklin R, Bridges D (2012) Professional identity development: a review of the higher education literature. *Studies in Higher Education*. 37, 3, 365-384. doi: 10.1080/03075079.2010.521237.
- Wagstaff C, Williams B (2014) Specific design features of an interpretative phenomenological analysis study. *Nurse Researcher*. 21, 3, 8-12. doi: 10.7748/nr2014.01.21.3.8.e1226.
- White M (2019) Commentary: an interpretative phenomenological analysis of young men's experiences of addressing their sexual health and the importance of researcher reflexivity. *Journal of Research in Nursing*. 24, 1-2, 47-48. doi: 10.1177/1744987118819367.