Qualitative Research: Research Identity Memo

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Research Identity Memo

Positionality and Interest in the Research Topic and Setting

As I reflect on who I am as a person, and how I experience the world around me, I would say that I have always looked for gaps, and then discover ways to fill them. I enjoy connecting with people as well as connecting people to others. My passion for working with people led me to pursuing my counseling career later in life. After homeschooling my three kids through high school, I worked at various YMCA and fitness facilities, where my fascination with the mind body connection began. As a yoga instructor, I personally experienced the benefits of mindfulness and breathwork and was curious how these techniques could be beneficial in other settings. I began teaching as a contract exercise instructor for a senior living facility, where I was then recruited to manage their wellness program. After immersing myself in this environment for a few months, I created a strategic plan and presented my suggestions for upgrading our wellness center and program offerings. I seemingly engaged in informal qualitative research, interviewing the residents to determine their needs and wants to encourage engagement and fulfillment in the wellness activities offered. I used this data to present my strategic plan, suggesting we use NBA grade flooring that is proven to be gentle on joints, as well as equipment that is suited for senior adults. When I presented the plan, the CFO reviewed it all and allowed me to make all my suggested improvements, including the massage chair and mindfulness room. The residents that engaged in the new activities, including pickleball, aerobics, strength training, and water aerobics also enjoyed the mindfulness and massage chair. I began to see the benefits of whole person wellness and began incorporating social activities in the wellness center that included live music and sunshine. Every event was a huge hit, and the residents would linger for hours, smiling and

laughing together as they enjoyed the music. This peaked my then untapped counselor brain and about a year later I began exploring my options for a counselor master's program.

After completing my degree, I began working at Atrium Health Wake Forest Baptist Hospital; I work in the Level 1 Trauma Center, primarily seeing pediatric patients. With my experience educating children, combined with my wellness experience with senior adults, I began melding these two approaches with my counseling training. Initially, I was tentative in my approach with pediatric patients, nervous to engage them while they were hospitalized. What if I upset them further? How do I engage with pediatric patients? With adults, there is a set rhythm that I had established, and I was comfortable with that rhythm. But working with pediatric patients was unchartered territory; no one around me had done it, so I had no one to train me. I used the experience I gained previously, and my love for whole person wellness, and combined it with my natural curiosity and love for a challenge and began creating a process for seeing and assessing pediatric patients.

My interest was piqued when I would see the notes regarding patients that had screened positive for a urine drug screen. As a counselor and an addiction specialist, I began noticing, however subtly, some stigmatizing language referencing these patients. I start to wonder if there was potential internal bias in the pediatric providers caring for these patients and it made me wonder if the providers were aware of the bias, and if not, how could I help bring awareness to the potential of this bias? My love for storytelling and finding pertinent facts helped me begin building rapport with both the providers and the pediatric patients and families. I also began to engage in more conversations around provider's hesitation to initiate conversations around substance use in pediatric patients, and this hesitation again made me curious about bias. I first had to reflect on my own internal dialogue to assess myself for bias. I also consulted with other

counselors and shared my observations and potential research opportunities to help educate future counselors and medical providers on this subject.

Guiding ideologies that shape my research

As a person-centered counselor who leans into whole person wellness, I am very interested in the experience of the pediatric patient while they are in the hospital. Many patients experience distrust of medical providers, and I was hoping to change that perception in any way that seemed feasible within my scope of practice. I felt a longing for a sense of justice or protection for the pediatric patients that have screened positive for substance use. Who would advocate for them? Who would look beyond their substance use to help uncover potential trauma? The answer was clear; I was going to be that person. I have worked hard to establish positive working relationships with a variety of medical providers; doctors, nurses, CNA's, social workers, administrators, and housekeeping staff. I wanted them to know my face and understand my purpose and role during the pediatric trauma patient's stay at the hospital. I have been present for exciting milestones and celebrations, as well as heartbreaking losses and brain-death tests. I consult with other counselors regularly and am continuously attending conferences and trainings that further my skills as a trauma-informed therapist.

Intended Audiences and Reason for Wanting to Address/Engage Each One

My intended audience for this research is primarily medical providers. If I can help educate and train them on *how* to engage pediatric patients that test positive for a urine drug screen, I believe it will help improve patient outcomes as well as enhance provider care. I believe that many providers are unaware of any internal bias, and when that is combined with inexperience and/or discomfort discussing substance use, the results can be extremely challenging for the patient and their family. Do they feel marginalized? Unheard? Unseen?

Other Aspects of My Identity and Positionality in Relation to the Research

Because my approach to patient care is logical and systematic, while striving to understand human experience through a fresh perspective, I lean towards a transcendental phenomenology. My approach is to put aside my own ideas and opinions so that I can analyze the data of the study. While I want to delve into the experience of the research participants, I realize that I must remain distant enough so no researcher bias can taint the outcomes of the research. Also, because I don't want to encourage bias in this study, and I recognize that I have a collegial relationship with many of the medical providers that I would want to engage in this research, I believe the study will be more honest and my colleagues will have more respect for the study if I approach it from more of a transcendental lens as I construct my conceptual framework.

Conclusion

I recognize that I am barely dipping my toe into the waters of qualitative research, and I feel a bit like the child who is scared to jump into the pool, so I am sitting on the edge, barely letting my feet touch the water. I want to get in but am unsure of the process. There is not a clear "how to" checklist that I can utilize and that makes me feel uncomfortable. However, I am very comfortable immersing myself into my patient's experience. Somehow, I am going to meld the two together to gain confidence and comfort in engaging in and creating qualitative research studies.