

Why do qualitative researchers need professional practice supervision during fieldwork?

Alice Yeo and Jenny Graham

Introduction

To produce excellent qualitative research, researchers need to be skilled and capable of successfully navigating their way through each stage of the research process, each of which carries its own set of challenges. During the data collection phase, it is imperative that the data gathered is of a high standard otherwise there is neither the depth nor scope to analyse and generate the rich description and explanation on which the strength of qualitative research depends.

Gathering high quality data in the field relies on the skill and ‘emotion work’ of the researcher. During an interview the researcher is working hard: responding to the participant’s story whilst answering the research objectives; gathering breadth and depth of data; keeping ethical considerations such as consent and capacity in mind and deciding how far to probe on sensitive issues. All the while, remaining calm, confident, respectful and neutral (Yeo et al, 2013).

ResearchAbility, a qualitative research consultancy run by Alice Yeo and Jenny Graham, argues that offering professional practice supervision is an important way of providing support and safeguarding against the potential risks to researchers, particularly those conducting challenging research with vulnerable populations.

Risk to emotional wellbeing

Conducting in-depth interviews is emotionally demanding work, particularly when the research topic is sensitive, and can impact on researchers in a number of ways. The risk to emotional wellbeing is recognised as one of three key risks facing qualitative researchers (risk of physical harm and institutional risk being the other two) (Bloor et al, 2007). Where data is collected via interviews, the emotional risks for qualitative researchers’ fall into the following two categories: **management of the interview** and **psychological impacts on the researcher** - from individual interviews as well as cumulatively across a project or projects. These are explored in more detail in the following sections.

Management of the interview

1. Before the interview

Even before the interview, making contact and gaining informed consent requires careful negotiation. The researcher needs to make judgements on the participant’s capacity and consent to take part without having a full understanding of the participant’s physical and/or mental health, or their family and household circumstances.

2. Self disclosure

Self disclosure or reciprocity on the part of the researcher is a widely reported concern (Dickson-Swift et al 2007; Johnson & Macloed-Clarke 2003). Have you given too much of yourself away? Have you overstepped the boundary of professional qualitative researcher? In normal communication, it is a natural human response to reciprocate and share experiences. Indeed, from a feminist perspective the belief is that researchers *should* reciprocate experiences as a way of reducing the power imbalance between researcher and researched. However, our view is that a research encounter is not like having a conversation and that sharing personal experiences with a participant is not helpful. Graham et al's work (2007) showed that whilst participants do value researchers' personalities coming across, this can be done without sharing views of the research topic.

3. Over disclosure

Over disclosure on the part of the research participant requires careful management (Dickson-Swift et al 2007; Kvale & Brinkman 2009; Graham et al, 2006). Probing to elicit narrative depth from a research participant is a key qualitative interviewing skill. However, being able to do this well means that a researcher may unwittingly draw out details during an interview that the participant had not intended to share and may later regret. Clear explanation of the bounds of confidentiality and circumstances in which the researcher may have to break this confidentiality form part of the informed consent process. The researcher needs to balance gaining in-depth data with ethically enabling the participant to control their level of disclosure during the interview.

4. Concern about harming participants

A third area of concern is that participants may have been harmed through revisiting difficult experiences in an interview, particularly if they become upset. Researchers can rationalise the arguments for doing the interview (taking part may benefit others in a similar situation; the therapeutic nature of sharing an experience), but little empirical research has been done on the impacts of taking part in a research interview on participants.

5. Role conflict

Role conflict is another challenge, especially amongst researchers who are also health care professionals. What should a researcher do if their participant tells them something during an interview that they know to be incorrect? Johnson and Macloed-Clarke (2003) report the case of a researcher who was also a qualified nurse. During one of this nurse's research interviews it became clear that one of her participants, who was taking tamoxifen, did not know that it could affect her fertility and was talking about wanting to start a family. The nurse felt very conflicted about what she should do in this situation.

6. Endings

The last concern relating to interview management is about how to end an interview well. Feelings of inadequacy are reported because of how little researchers can offer in contrast with the often intensely personal and private experiences shared by participants.

Psychological impacts

The second category of emotional risk relates to the potential psychological impacts for qualitative researchers from listening to participants' stories, particularly in sensitive areas such as abuse, illness, death or grief.

Three levels can be identified in the literature:

1. **Firstly** are the 'lingering stories', those that stay with the researcher long after the interview took place.
2. **Secondly**, and more concerning, are symptoms of burnout:
 - emotional exhaustion;
 - fear of admitting there is a problem and being seen as weak;
 - isolating oneself;
 - impact of the research subject itself – developing an acute fear of cancer, for example, when working on a study about cancer, and
 - desensitisation to hearing traumatic stories.
3. **Thirdly** is the risk of vicarious traumatisation, first described by McCann and Pearlman (1990) and characterised by an increasing inability of professionals to assimilate the traumatic material that they are being exposed to. Feeling powerless to do anything to change the causes of the trauma results in a sense of hopelessness for these individuals. McCann and Pearlman refer to the way that Seymour Epstein's four basic assumptions about the world: that the world is benign; that the world is meaningful; the self is worthy and people are trustworthy, are disrupted by trauma (1990).

Underpinning all of these is the intrinsic ethical tension of gathering deeply personal data from people for use in a research project, summed up by Judith Stacey (1988: 23)

'The lives, loves and tragedies that fieldwork informants share with a researcher are ultimately data, grist for the ethnographic mill, a mill that has a truly grinding power'.

These kinds of experiences can lead to researchers experiencing a burden of responsibility to 'do justice' to the data or change a service or intervention for the better. This latter is often beyond the gift of the researcher and may lead to concerns about the cost benefit balance in gathering such sensitive data in the first place.

How can researchers and employers avert these risks to emotional wellbeing?

We argue that the emotional cost to qualitative researchers, particularly those working in challenging and sensitive areas, has been insufficiently addressed, leaving individuals and organisations potentially at risk.

The literature on how to manage the emotional impact on qualitative researchers highlights the importance of communication. This could be done in a formal or informal forum, debriefing with peers or more experienced researchers. Another option is supervision.

Whilst the tradition of clinical supervision is embedded within health care, therapeutic communities and social workers, there is no equivalent model for qualitative researchers - despite being exposed to similar risks. ResearchAbility's offer of professional practice supervision aims to fill this gap.

Defining features of supervision (Carpenter et al ,2012; Hawkins & Shohet, 2012; White and Winstanley, 2010) are:

- 'Time out' to reflect on and learn from practice
- Professional development
- Personal support
- Consideration of the client group
- Facilitation by an experienced practitioner

ResearchAbility's model of supervision reflects these features, and is adapted to the qualitative research context by incorporating the key areas of risk identified in the literature: interview management and the emotional impact on researchers. Although the structure of sessions will vary depending on the needs and issues identified, one approach is to critically analyse a recent fieldwork encounter using a model based on Gibbs cycle of reflection (1988):

- **Description:** what happened?
- **Feelings:** how did you feel?
- **Evaluation:** what was good/bad about the experience?
- **Analysis:** what sense can you make from the situation?
- **Conclusion:** what was the outcome?
- **Action plan:** what would you do if the same situation arose again?

An important strength of ResearchAbility is that we are not only experienced and practising qualitative researchers but are also trained in coaching and supervision. This means that there is scope in the supervision sessions for professional development through discussion and exploration of best qualitative research practice as well as personal development – reflecting on how individual characters and personality traits influence the research we conduct.

As well as reducing the negative emotional impact on researchers, professional supervision provides an opportunity for building skills and sharing best practice, strengthening resilience and enhancing development.

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