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## **Ethical Challenges in Qualitative Research: Examples from Practice**

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**Abstract:** This paper examines the many ethical challenges that are specific to qualitative research. These challenges concern the issues of informed consent procedures, the researcher-participant relationship, risk-benefit ratio, confidentiality and the dual role of the nurse-researcher. Each challenge will be examined and practical examples of how it was dealt with, using examples from a multiple case study, will be described. The multiple case study is an ongoing research project that explores the role of the clinical skills laboratory in preparing student nurses for the real world of practice

## **Ethical Challenges in Qualitative Research: Examples from Practice**

### Introduction

There are many ethical challenges that have specific implications for qualitative research. These arise primarily from the emergent and unpredictable nature of the methodology involved. The ethical challenges that are pertinent to qualitative research concern the issues of informed consent procedures, the researcher-participant relationship, risk-benefit ratio, confidentiality and the dual role of the nurse-researcher. The aim of this paper is to discuss these ethical issues and illustrate how they may be resolved using examples from a multiple case study. The present research study was intended to explore the role of the Clinical Skills Laboratory (CSL) in preparing student nurses for the real world of practice. Data were collected using semi-structured interviews with nursing students, clinical staff and educators in the CSL. In addition, non-participant observations were conducted in the affiliated hospitals to explore factors in the clinical setting that facilitated or hindered students in practice. In the context of research ethics, the challenges that arose during this research project will be discussed and the means by which they were overcome when conducting the interviews and the non-participant observations will be described.

### Informed Process Consent

The first issue that arose in planning the research described above related to informed consent. In qualitative research, the key concerns with informed consent relate to the unsuitability of traditional once-off Informed Consent Forms and the problem of deciding from whom to obtain consent when conducting observational data collection. Firstly, the

emergent nature of qualitative research may pose certain challenges. Qualitative researchers cannot guarantee the direction of data collection methods such as interviews and observation. Consequently, once-off consent may not be suitable for this type of research (Holloway and Wheeler 2002; McDonnell *et al* 2000). Furthermore, from an interpretivist perspective, it can be acknowledged that ethics is subjective (Schwandt, 2000). Individuals may have different perceptions about what they consider to be ethical and, therefore, constant negotiation with informants is crucial (Berg 1995; Holloway and Wheeler 2002). This is frequently referred to as informed process consent (Munhall 1988; Raudonis 1992; Behi and Nolan 1995; Ensign 2003). Informed process consent makes it possible to negotiate and revise arrangements throughout the course of the research study. It also allows participants to play a collaborative role in the decisions regarding their ongoing participation (Jokinen *et al* 2002; Polit and Beck 2006). The researcher must reiterate the right of the participant to withdraw from the study at any time. In this context, the voluntary dimension of autonomy assumes greater significance as, in contrast to quantitative research; it is not possible to fully inform individuals about the nature of the research from the outset (Ford and Reutter 1990).

In the current study, written informed consent to undertake the semi-structured interviews was obtained from all participants. Similarly, for the non-participant observations in the clinical setting, each student being observed was asked, and agreed, to give written informed consent. In addition, ongoing process consent was implemented by frequently asking if the student was comfortable with being observed. During the collection of observational data, participants soon became accustomed to the presence of the

researcher: as highlighted in the literature (Van Dalen 1979; Bechhofer and Paterson 2000) and many of the students expressed the opinion that they soon forgot that they were being observed.

The second challenge to the issue of consent in qualitative research is from whom to request consent for undertaking observational data collection when it occurs in the clinical setting and whether written or verbal consent is required. A review of the literature regarding informed consent from patients revealed conflicting advice. Some researchers concluded that obtaining verbal consent from patients was most appropriate when collecting observational data in the clinical setting: particularly in relation to elderly people (Elliot and Wright 1999; Bucknall 2000; Davies *et al* 2000). Others reported that there was no need to seek any consent (Moore and Savage 2002; Griffiths 2008). In her research, Griffiths (2008) made the decision not to seek either verbal or written informed consent from the patients that she observed. Her rationale was that the patients were acutely ill and should not be “bothered” with the details of the research project and the process of consent. Similarly, Moore and Savage (2002) found that some patients became anxious and “bothered” when asked to sign an Informed Consent Form as it suggested that something “worrisome” might happen to them. This would imply that obtaining written consent from patients might not necessarily be in their best interest.

In the current study, it was initially decided to obtain written informed consent from the patients under the direct care of the students being observed. The reaction from the patients to the research study was primarily positive. However, when asked to sign the

Consent Form they sometimes became slightly apprehensive. They asked whether more was involved than they had originally assumed. Following observations in three of the hospital sites, the approach to informed consent for patients was revised. It was decided that patients under observation should only be required to give verbal informed consent. The relevant Research Ethics Committees were contacted regarding this decision and they all agreed that it was more appropriate to gain verbal, rather than written, consent. This decision was based upon the Principle of Beneficence and the fact that it was believed that the written Consent Form was causing anxiety to some patients. Patients who were considered too ill or too cognitively impaired to understand the information about the research did not meet the inclusion criteria and were not included in the observational fieldwork and subsequent note taking.

Conducting observational data collection in a public space can pose problems. There may be several additional people, for example visitors, who become part of the observations, even if the intention is to only observe a few. The difficulty lies in deciding from whom to obtain informed consent and by what means. On the one hand, there is a need to inform people visiting the observational area that a research study is in progress, the purpose of the data being collected and their right not to be involved. However, how this is to be achieved is less clear. The literature revealed some useful solutions to this problem by the use of Information Sheets and posters (Moore and Savage 2002; Casey 2006). Therefore, in the current study, Information Sheets were provided to all the nursing staff members in the area being observed. Key gatekeepers, such as the Clinical Nurse Managers and the Nurse Practice Development Co-ordinators, circulated the

Information Sheets to medical and other relevant staff. In addition, posters were displayed at the entrances to the observational areas, to inform visitors and other staff of the presence of the researcher and pertinent information about the study. Consequently, everyone who visited the Ward was aware that when they interacted with the study participants he/she potentially became part of the data collection. It was important to put each poster in a place where all the visitors would see it. This could be difficult in locations where there were several other information posters relating to infection control etc already *in situ*. Therefore, it was sometimes important to also verbally alert people. Overall, there was a positive reaction to this approach and staff and visitors reported feeling well informed about the study.

#### The Researcher-Participant Relationship

Another challenge that impacted upon the research study related to the potentially exploitative relationship that could arise between the researcher and the participant. Because of the nature of data collection involving observation and interviewing, this personal relationship raises significant ethical issues (Ramos 1989; Robley 1995; Orb *et al* 2001; Hofman 2004). These issues include the manner in which relationships are formed and managed, the nature of the power imbalance between the two parties and the way the relationship affects the participants psychologically, emotionally and personally (Orb *et al* 2001; Cutliffe and Ramcharan 2002; Hofman 2004). The literature indicates that the boundaries of the relationship may become blurred as the research progresses and role confusion may lead to ethical concerns during the investigation (Casey 2006; Streubert Speziale and Carpenter 2007). However, Orb *et al* (2001) believe that reference

to the Principles of Autonomy, Beneficence and Justice, may help to alleviate potential ethical issues that might arise. In other words, the researcher must be mindful of the ethical implications when managing the relationships that develop through the research.

In this study, the fiduciary relationship that exists between lecturer and student was acknowledged. Furthermore, there was recognition of the potential exploitation of student nurses that could occur if the study was conducted in the University where the researcher worked (Ferguson *et al* 2006). For this reason, the researcher's own University was excluded from the process of site selection. This ensured that a potentially exploitative relationship would not occur between the researcher and her students. The students at the sites that were included in the study were very willing to be involved in the study. Furthermore, the use of informed process consent ensured that this willingness was continued throughout the data collection.

### Risk-Benefit Ratio

Adhering to the Principles of Beneficence and Non-maleficence involves calculating the risk-benefit ratio of the research. In qualitative research, it is often difficult to predict, in advance, the balance of risks to benefits (Ramcharan and Cutcliffe 2001; Cutcliffe and Ramcharan 2002). However, researchers have an obligation to anticipate the possible outcomes of an interview or observation and to weigh both the benefits and the potential harm (Orb *et al* 2001). For example, if a participant becomes distressed during an interview, the researcher should be able to acknowledge that the benefit of the interview does not outweigh the harm of distress upon the participant. Therefore, it is recognised



that the researcher must be prepared to cease the interview at this point (Ramos 1989; Orb *et al* 2001; Streubert Speziale and Carpenter 2007). In addition, the researcher may refer participants to appropriate professional intervention (e.g. counselling) or ensure that they have regained control of the situation (Ford and Reutter 1990; Cerinus 2001; Ensign 2003; Oliver 2003). In essence, it is important that the researcher is mindful of the impact of the research on the participant and should take appropriate steps to minimise associated risks.

In the current study, in addition to gaining approval from the Research Ethics Committees from the Higher Educations Institutes (HEIs) and affiliated hospitals, meetings were held with key gatekeepers. These meetings provided an opportunity to highlight any potential ethical issues that might need to be addressed. It was agreed that the Clinical Placement Co-ordinators (CPC) at each site would meet with the students first, to establish if the students were willing to meet with the researcher to discuss the possibility of participation. This helped to ensure that the students did not feel coerced into the research. In addition, it was agreed that the CPC would act as student support throughout the study and the researcher could refer students to the CPC in a situation where a student might become distressed. No such incidences arose during data collection. However, having that support system in place ensured that any risks to the students could be minimised and handled.

### Confidentiality

Maintaining confidentiality can be challenging in qualitative research due to the thick

descriptions used to illustrate and report the findings. Confidentiality issues must be addressed in relation to individual participants and in relation to sites in which the research is conducted. With regard to individual participants, researchers may need to use not only pseudonyms but also to be selective when describing defining characteristics of participants which could reveal their identity (Polit and Beck 2006). By its nature, case study research has an intense interest in personal views and circumstances. Participants whose lives are portrayed risk exposure and embarrassment if too much personal detail is disclosed (Stake 2000). It is essential that robust methods to ensure confidentiality must be incorporated into the design of the study.

One such method is the use of member checking. Typically, member checking is used to enhance the rigour of a study. In addition, from an ethical perspective, allowing participants to review what they have said can ensure that their views have been accurately recorded (Smith 1999; Cerinus 2001; Cutcliffe and Ramcharan 2002). Furthermore, in this study, member checking was used as a tool to assist in ensuring that little personal detail was revealed in the interview transcripts. This involved asking participants to read their interview transcripts. However, member checking can, itself, create certain ethical concerns. When participants read their transcripts, they may experience empowerment and ownership. Alternatively, they may also be surprised or embarrassed (Forbat and Henderson 2005). In the study example, it was decided that all participants would receive a copy of their transcript with the option of responding with any queries or concerns. Those who replied were generally satisfied with the accuracy and content of the transcriptions. However, there were a small number of participants

who were concerned and embarrassed about their use of language or their articulacy throughout the interview. The literature reveals that a sensitive approach to the process of sharing transcripts with participants is required (Cutliffe and Ramcharan 2002; Forbat and Henderson 2005). By emphasising how invaluable their contribution was to the study, the participants were reassured and their confidence restored. Following reassurance and discussion with participants, they all agreed that transcripts should remain unchanged.

Another confidentiality issue associated with the reporting of detailed case studies relates to the possibility of identifying the case study sites. There are only 13 CSLs in Ireland and five of these were selected for inclusion in the study. The presentation of findings in a case-by-case format may threaten issues of confidentiality, particularly in atypical cases (Large et al 2005). Therefore, in the current study, the decision was made to present the findings from each group of participants, for example students and clinical staff, rather than from individual case study sites. In this way, the confidentiality of the sites was preserved.

#### Dual Role of the Nurse Researcher

Conflict can arise for the researcher if they also have a professional interest in the study topic. For example, nursing research in the clinical setting highlights the dual role of clinician and researcher (Ensign 2003). The separation of these roles is challenging (Orb *et al* 2001; Casey 2004). Nurses have the ethical theme of deontology incorporated into their philosophy. Trust, compassion and empathy encompass all nursing endeavours:

including research (Munhall 1988). Role confusion can occur for the nurse researcher, particularly during in-depth immersion into a culture (Ensign 2003). Participants may begin to perceive the nurse researcher as “one of their own” and lose sight of the real reason for their presence. The purpose of the research and the role of the nurse researcher need to be clearly explained, and understood by, the study participants. This should reduce false expectations by the participants (Smith 1999; Orb *et al* 2001). In instances where the researcher is also a nurse, they must acknowledge their obligations to their professional code as a nurse: they have a duty of care to the patients (Holloway and Wheeler 2002). On the other hand as a researcher they have a commitment to ensure the integrity of the research. The nurse researcher then possesses divided loyalties and the question arises as to whether s/he owes greater loyalty to the scientific method and the research or to the interest of the participants? (Jones and Jack, 1999). Therefore decisions have to be made as to when and to what extent and for what purpose the nurse researcher might intervene in care.

The role of the nurse-researcher therefore needs to be clarified with participants in advance and the instances when the researcher might intervene in care must be clarified. Elliot and Wright (1999) made the decision to only intervene in patient care in the event of an emergency. Similarly, Davies *et al* (2000) only intervened directly in care giving when they judged a situation to be potentially dangerous: for example, when the observed nurse was about to make a drug error. These examples advocate the need for an ethical protocol as described by Casey (2004). An ethical protocol provides guidance as to when the researcher will intervene in the care of a patient.

In the context of the current study, an ethical protocol was developed which clearly indicated the point at which the researcher would intervene in care. Figure 1 illustrates the ethical protocol that was developed for this project and was issued to all staff members in advance of data collection. Fortunately, there were no instances where the researchers needed to implement this protocol. . However, the staff reported that they found that having this guidance was beneficial and reassuring.

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**I, as nurse researcher, will intervene in patient care only in the event that**

A patient is experiencing a life-threatening event, e.g. cardiac arrest and no suitably qualified staff are present

A patient /patients are at risk of physical harm from fire, other person/patient and no suitably qualified staff are present

A patient's safety is at risk, e.g. from a fall, maltreatment or inappropriate treatment by a staff member or student and no other suitably qualified staff are present

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*Figure 1 Ethical Protocol (Adapted from Elliot and Wright 1999; Davies et al 2000; Casey 2004)*

In addition to the fact that the researcher may occupy a dual role as nurse and researcher, there was an additional conflict in the present study because the researcher occupied three roles. She was a nurse, a researcher and also a lecturer and, therefore, could be said to occupy a 'triple role'. Not only was there an obligation to the patients but also an understandable tendency to ensure the wellbeing of the students in the clinical setting. Potentially, this could result in the researcher intervening if student-staff conflicts arose or if the students appeared to be experiencing difficulty with aspects of the care that they were giving. The literature reveals that the use of a reflective diary promotes an internal

dialogue for analysing and understanding important issues in the research project and may go some way to alleviate or help resolve the conflicting roles of the researcher (Pascoe 1996; Smith 1999). Therefore, in the current study, a reflective diary was maintained which allowed for acknowledgment of this conflict and its resolution. Reflective writing enabled the researcher to consider the role of the researcher, the purpose of the observations and to stay focused on the investigation. For example, the reflective process helped the researcher to identify the least intrusive position when observing student interactions while still permitting the collection of valuable rich data

### Conclusion

This paper explored the ethical issues associated with qualitative research and provided practical examples from a multiple case study that explored the role of the clinical skills laboratories in preparing student nurses for their clinical practice. Some of the ethical challenges, which have important implications for qualitative research, were highlighted and practical examples and solutions were described. The unpredictability of qualitative research means that an *a priori* prescription for ethical conduct is not always possible. Therefore, the researcher must be constantly mindful of the ongoing impact that the research might have on those involved, whilst simultaneously being ethically sensitive and morally competent.

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