Exploring the effect of conducting sensitive research

Abstract
The term ‘sensitive research’ has become recognised in health and social care research literature generally. It has been used to describe a wide range of topics, undertaken across a variety of disciplines and settings, using a range of methods. Drawing on evidence from other disciplines, this article examines the particular issues and effects that arise for nurses in carrying out sensitive research as the field continues to evolve.

Author
Julie McGarry DHSci, MMedSci, PGDip (Medical Ethics), BA(Hons), RGN, RMN, PGCHE is associate professor and director of graduate entry nursing at the School of Nursing, Midwifery and Physiotherapy, University of Nottingham, Derby

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Introduction
The term ‘sensitive research’ has been used to describe a wide range of subject matter, undertaken across a variety of disciplines and settings, using a range of methods (Dickson-Swift et al 2008). The aim of this article is to consider the evidence relating to sensitive research generally and to highlight particular issues that arise for nurses. The effect on nurse researchers as the field continues to evolve will also form part of the discussion.

Background
Traditionally, topics that have been defined as sensitive have been likened to ‘taboo subjects’ (Farberow 1963). Sensitive research has also been characterised as that which is ‘intimate, discreditable or incriminating’ (Lee 1993, Renzetti and Lee
While nurses have always been engaged in research that has bordered on or engaged with emotive or sensitive topics, nurses have more recently expanded the scope of their enquiry into areas of greater sensitivity (Wilson 2009) – such as examining the health needs of sex workers (Evans 2005) and the effect of domestic violence on women’s health in later life (McGarry 2008). Undertaking research in these areas and a growing consideration of the ethical implications have forced researchers to consider more carefully the effects of sensitive research.

Sensitive research encompasses a number of strands, ranging from the subject of investigation through to the consequences or findings of a particular research project for an individual or group (Sieber and Stanley 1988). For example, McCormack (2001), in a study exploring the concept of autonomy in relationships between nurses and older people, highlighted issues relating to professional power and control. The findings of the study ultimately challenged the working practices of the nurses involved in the research. Therefore, the subject of investigation and the consequences of the findings were potentially sensitive because of their effects on the study participants.

Many of the issues that arise in the context of sensitive research have resonance for researchers across a range of disciplines. However, there are a number of particular considerations for nurses conducting research in their professional environment. While there are advantages, including the possession of esoteric knowledge (Pellatt 2003) and an understanding of cultural norms and language (Savage 2003), these can also prove to be problematic. Allen (2001) highlighted the potential tensions of managing the dual roles of nurse and researcher arising from the disclosure during interviews of information about participant colleagues. A number of authors have also drawn attention to the professional obligations of nurses conducting research in nursing environments to respond to observed or reported professional practice issues (Gerrish 2003). The challenges faced by nurses undertaking potentially sensitive research merits further consideration if common pitfalls are to be avoided.

**Notions of proximity and boundary maintenance**

Nursing research encompasses a broad range of underpinning methodological approaches but it is qualitative research that has been particularly important in developing nursing knowledge in recent years (Ploeg 1999, Hewitt 2007). Many
Ethical issues in qualitative research

Nurse researchers who have chosen to use this methodology will have direct contact with study participants, often at times of emotional turmoil or stress. The potential for sensitive and difficult topics to be raised is inevitable (Johnson and Macleod Clarke 2003). Nurses’ desire to explore these sensitive topics has added considerably to the body of knowledge available.

A consequence, however, has been a growing interest in the potential personal and emotional cost for researchers who engage in qualitative enquiry in areas of sensitivity. Sampson et al (2008) found that researchers experienced emotional risk because of the sensitivity of the subject area and the associated risks of the research relationship. They found, for example, that researchers encountered moral dilemmas related to withdrawal at the end of the study and the effect on relationships established with participants during this time.

The literature surrounding the role of the nurse researcher in qualitative enquiry has developed at a number of levels. In ethnographic research, the discussion has ranged from the technical or practical aspects of engaging in fieldwork (Murphy 2005) to more in-depth consideration of the mechanisms and relationships through which such roles are accomplished (Allen 2004). The increasing engagement of nurse researchers in reflexive enquiry (Freshwater and Rolfe 2001) and issues related to physical and emotional proximity highlight the importance of examining these issues more closely.

Davies (1999) describes reflexivity as the ‘researchers’ awareness of their necessary connection to the research situation and hence their effects upon it’. However, the respective components of reflexivity present a far more complex picture (Coffey 1999). This reflexivity centres on the role of researchers in the production of the data and the way in which they engage with participants (Davies 1999). It is inevitable that researchers will form relationships with study participants, with rapport a necessary part of this process (Russell et al 2002, Wilson 2009). In McGarry (2007), I considered the inherent relationship tensions present in the structure and maintenance of emotional boundaries and notions of rapport in the research relationship. I argued that the relationship that exists between the nurse as researcher and the focus of the research has particular significance due to the proximity or mutuality of the field of observation.

Notions of proximity and mutuality and the way in which roles are accomplished in nursing research are important. Baillie (1995) drew attention to the
potential for conflict because of professional obligations, such as responding to incorrect nursing practice. In a study exploring nurse researchers’ experiences of conducting sensitive research, Johnson and Macleod Clark (2003) offered an account of professional tensions resulting from disclosure and competing obligations. They also highlighted that the researchers experienced guilt at not being able to help participants because they perceived this to be in direct conflict with their role as researchers: ‘I was really concerned about one person… in fact it’s still unresolved and I don’t know what to do… she told me she was taking tamoxifen… and that was okay until later on she talked about starting a family… and I just felt that she didn’t realise that this drug… actually probably would stop her from ovulating.’

Notions of boundaries and boundary maintenance are integral facets of proximity (Dickson-Swift et al 2006). Professional boundaries and boundary work have been well documented in the nursing literature (Allen 2001). However, the particular issues relating to notions of boundaries in the field of sensitive research have not been fully explored.

In a study of public health researchers who had been involved in sensitive research – including sexual behaviours, death, and alcohol and drug use – Dickson-Swift et al (2006) explored the boundary issues encountered by researchers. They showed that the ways through which relationships and rapport were established with participants caused considerable tensions from role ambiguity. For example, researchers felt that there was a blurring of the boundaries between their role as researcher and participants’ perceptions of them as counselors or friends.

It is essential that researchers are able to engage meaningfully with study participants in qualitative enquiry. However, while proximity in its various guises is a necessary part of this process, it raises issues in sensitive research. Dickson-Swift et al (2006) further highlighted the possible consequences of role ambiguity and poor boundary management: emotional stress and burnout.

**The effect of emotion risk in sensitive research**

In considering the emotional cost of sensitive research, McLaughlin (2003) drew attention to what she describes as the ‘unhelpful polarisation between reason and emotion’ which has historically pervaded research discourse as
McLaughlin (2003) argued that the inextricable links between thinking and emotion and the inherent emotional tensions experienced by researchers have been largely ignored. As such, the potential emotional cost of engaging in sensitive research may have been overlooked.

The concept of ‘emotion work’ (Lupton 1998) or ‘emotional labour’ (James 1992) is common in the literature related to nursing and caring. It has been defined as being concerned with how professionals deal with other people’s emotions and how professionals themselves present or manage emotion in the workplace (Dickson-Swift et al 2008). There has, however, been limited transfer-ence of the concept of emotion work to research and as Johnson and Macleod Clark (2003) explicitly highlighted, nursing research.

Although not expressed as ‘emotion work’, the issues surrounding the emotional effect of sensitive research on researchers have received greater attention elsewhere. In the sociological literature, for example, Rager (2005) used the term ‘compassion stress’ to describe her experiences of conducting a qualitative study with breast cancer patients that explored self-directed learning. She went on to describe how the research, undertaken at a time when she was experiencing a similar health issue, elicited extremely powerful emotions: ‘Looking back, I think that it would have been dishonest of me not to react emotionally to their painful stories… What I found was that the women could discuss their cancer and their learning experiences unemotionally. However, they were invariably moved to tears when they talked about the people who had helped them and those who had not. We cried together.’

Rager also described the physical effect of undertaking the research, saying she experienced ‘real and psychosomatic symptoms on a regular basis’ throughout the duration of the study. Kiesinger (1998), writing from the discipline of communication studies, describes the personal effect of researching bulimia in the context of her research exploring communication and narrative stories of women with eating disorders.

Campbell (2002) applied the concept of emotional labour to researchers who undertook research into rape. In a similar vein to the work of Hochschild (1983), Campbell highlighted that researchers undertaking sensitive research must negotiate relationships and personal interactions in extremely difficult and emotionally charged environments. These observations have particular resonance for
nurses who are involved in sensitive research and have to balance the competing demands of being a nurse and a researcher.

As previously suggested, many of the issues discussed in this paper have not been thoroughly explored in the context of nursing research. A central facet of the discussion is the way in which rapport and the research relationship affect those involved. Still less has been discussed regarding how these are managed at the end of a particular research project. While a number of commentators, including Brewer (2000), have stressed the importance of emotional engagement, they do not expand in any detail on subsequent disengagement.

From this perspective, consideration of how research affects those involved is an important step towards understanding the importance and consequences of emotion and emotion work in qualitative research (Dickson-Swift et al 2008). This article offers a starting point for consideration of these important issues as nurse researchers continue to expand the parameters of their research.

Conclusion

This article arose from my experiences as a nurse researcher exploring the effects of domestic violence on the health of older women. By considering the issues raised in this paper, some of the key facets of how relationships are interpreted and managed during sensitive research have become less ambiguous. I also feel that awareness of these issues remains an important consideration for nurse researchers as sensitive research continues to develop in the nursing arena.

This article has been subject to double-blind review and checked using antiplagiarism software

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