

# Expanding on Notions of Ethical Risks to Qualitative Researchers

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## Abstract

Although qualitative research ethics have typically focused on participant risk, there is a growing recognition that researchers themselves face ethical risks, including the emotional impacts of research on sensitive topics. There is still considerable room for discussion about what it means to conduct sensitive research and how researchers are impacted by such work. In my research about nursing work, I encountered unexpected ethical challenges. These situations included hearing and responding to disagreeable participant statements, listening to distressing stories, managing the high expectations of research participants in terms of the purpose and outcomes of the research, and facing my own potential professional marginalization because of the political nature of my research. By extant definitions, my research might not be considered sensitive. As well, I faced consequences beyond emotional harms. Thus, I propose a broadened understanding of sensitivities in research and their consequences in order to acknowledge the potential for researchers' ethical distress in all qualitative research.

## Keywords

research ethics, qualitative research, sensitive topics, risk, researcher safety, emotion

## What Is Already Known?

The risks to participants in qualitative research are well-discussed in the literature and accounted for in ethical reviews of proposed research. There is a growing recognition that qualitative researchers themselves also face ethical difficulties in the context of qualitative inquiry. Current discussions of ethical risks to qualitative researchers focus on difficulties encountered in research on sensitive topics, which are narrowly defined as taboo or highly emotional.

## What This Paper Adds?

This article adds to the currently small body of literature on ethical risks to researchers by further illustrating the kinds of ethical difficulties that qualitative researchers can encounter across different types of studies. It also expands on conceptualizations of sensitive topics by demonstrating that emotionality and risk can be part of research topics that would not immediately be regarded as sensitive.

The field of qualitative research ethics has typically emphasized risks to research participants and has tended to focus very little on risks to researchers themselves other than physical vulnerabilities in dangerous settings. Because qualitative research is relational, there is a growing recognition that

researchers also face risks as they carry out their studies. There is an increasing awareness of the need to consider the vulnerabilities of researchers themselves, alongside those of research participants, although to date there is limited empirical research exploring this phenomenon. Further, discussions of risks to researchers tend to focus on narrow definitions of sensitive research. In order to expand on understandings about the ethical risks and stressors faced by qualitative researchers, I add my experiences to the discussion. Ultimately, I propose a broadened understanding of sensitivities in research and their consequences in order to allow all qualitative researchers to acknowledge the potential for ethical distress and, thus, to manage it proactively. This article highlights some of the risks that qualitative researchers may face, based on my own experiences in conducting several recent sociological studies of nursing work. These include hearing and responding to disagreeable participant statements, listening to distressing stories, meeting the expectations of research participants

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regarding the purpose and outcomes of the research, and facing professional risks in research that challenges the status quo.

## Literature on Risks to Researchers

Typically, the field of research ethics concerns itself with matters of risk, harm, justice, consequences, benefits, and care (Israel, 2015). Mitigating the risk of psychological (distress) and social (discriminatory judgment) harm is a key consideration in research ethics (Resnik, 2018). Researchers and ethics committees are accustomed to assessing these aspects of proposed research and mitigating harms to potential research participants but the risks to researchers and other members of the research team are often not considered (Dickson-Swift, James, & Liamputtong, 2008; Malacrida, 2007). Researcher safety has, until recently, been largely ignored and researchers have been left to manage for themselves the issues and risks that arise in the field (Israel, 2015). Yet, it is misguided to believe that the researcher always has greater power and has no vulnerabilities in the research relationship (Mayan, 2009). Strangely, ethical guidelines that outline standards and processes to enhance the well-being of research stakeholders have generally “stopped short of caring for the welfare of the one group of people who are always involved in the research” (Israel, 2015, p. 175), namely, researchers themselves.

The goal of qualitative research is to see the world through someone else’s eyes (Dickson-Swift, James, Kippen, & Liamputtong, 2009). What makes qualitative research as powerful and impactful as it is its relational and empathetic nature. Rich description and understanding are possible because of the connection between researchers and study participants and the opportunities afforded for conversation and exploration of the issues. The intensity of research relationships compels researchers, then, to consider their ethical aspects and to take into account the well-being of all parties in the research encounter (Israel, 2015). As a consequence of a particular research setting, the nature of participants, or the sensitivity of the topic, researchers often have no choice but to take on risks in their work, although at this point, very little is known about the extent and nature of risks to researchers (Israel, 2015).

There is now a small but growing body of existing research on ethical risks to qualitative researchers. Generally, this literature describes the emotional nature of qualitative research that delves into sensitive topics. Qualitative research is presented as intimate and emotional because it deals with sensitive, personal, and private topics (Dickson-Swift, James, & Liamputtong, 2008; McIntosh & Morse, 2009). In this type of research, the researcher is called upon to manage the emotions of another person while also managing their own (Dickson-Swift et al., 2009). Cowles (1988) notes that, for researchers engaged in relational fieldwork with participants, observing the intense emotional, personal, and distressing responses and behaviors of others can be emotionally wrenching. The burden of this emotionality can lead to a range of physical and psychological consequences of their involvement in sensitive qualitative

research such as guilt, sorrow, identity disruption, desensitization, hopelessness, anxiety, exhaustion, difficulty sleeping, nightmares, gastrointestinal upset, compassion stress, and burnout (Dickson-Swift et al., 2009; Dickson-Swift, James, & Liamputtong, 2008; Dickson-Swift, James, Kippen, & Liamputtong, 2008; Malacrida, 2007; Rager, 2005; Wray, Markovic, & Manderson, 2007).

It has been argued that researchers who deal with sensitive topics are especially at emotional and psychological risk. Defining sensitive research is problematic and the term is often used as if its meaning is self-explanatory (Johnson & Clarke, 2003; Lee, 1993). Broadly speaking, sensitive topics can be seen as “those that have the potential to arouse emotional responses” (Johnson & Clarke, 2003, p. 421). Although a wide range of topics could be considered sensitive, sensitive research is generally thought of as that which explores deeply personal or sacred experiences, topics related to social control and power, and topics that are taboo or associated with deviance (Dickson-Swift, James, & Liamputtong, 2008; Johnson & Clarke, 2003; Lee, 1993). When defined specifically, sensitive topics are seen to include addictions, violence and abuse, sex, death, bereavement, illness, loss, social injustice, or other “forbidden research terrains” (Lee, 1993, p. 21) that have moral or political components (Dickson-Swift et al., 2009; Johnson & Clarke, 2003; Malacrida, 2007; Shaw, 2011; Wray et al., 2007).

Researchers can face consequences other than emotional harm, although this aspect of risks to researchers is not well-developed in the literature. Legal consequences, stigma or guilt by association with particular participants, and risks associated with “speaking truth to power” in critical research have been mentioned in some ethics texts (Israel, 2015; Liamputtong, 2007). However, skepticism has been expressed about the legitimacy of researchers’ concerns about their vulnerabilities in the face of power (Israel, 2015) and generally attention to these types of consequences has been eclipsed by concerns about emotional risks in “sensitive” research.

Qualitative inquiry can have profound implications for both participants and researchers (Dickson-Swift, James, & Liamputtong, 2008). While the protection of participants is more familiar to researchers and ethics boards and more consistently attended to in research design, there is a growing attention given to the risks to researchers themselves. Some researchers are writing about their own experiences in the process of conducting qualitative research (such as Malacrida, 2007; Shaw, 2011; Wray et al., 2007) to illustrate how researchers face risks in their work. In the same way that research ethics is concerned with risks to participants, researcher well-being is increasingly acknowledged and linked to research ethics (Dickson-Swift et al., 2008; Israel, 2015; Liamputtong, 2007; Shaw, 2011). However, there is considerable room to develop clarity and breadth around the meaning of sensitive research and to produce empirically based understandings of the ethical experiences of qualitative researchers and the consequences they face as parties to research activities. The aim of this article is to contribute to these aspects of this topic.

## Reflections on My Research

My discussion of ethical risks to qualitative researchers draws on my experiences conducting six qualitative research projects over the last several years. I am a sociologist with a nursing background and have developed a program of research that centers on the work that nurses do and the organizational and structural supports for nursing practice. I am interested in innovative nursing roles, nurses' job satisfaction and work engagement, and the contexts of professional practice. My research interests are motivated by a belief that nurses have the potential to contribute to a reconceptualization of health and health care, with a focus on well-being and social health, and by incorporating knowledge to care for people holistically and with an acknowledgment of their particular contexts. Transformative roles for nurses have been suggested for decades, and recent legislative changes in Canada have made this more possible by expanding health professionals' scopes of practice. Yet a sizable body of research shows the difficulties nurse face in their working environments and the lack of acceptance for innovation in nursing roles. For one who cares about professional transformation for nurses, it can be distressing to read the volumes of research that paint an unfortunate picture of nurses' work experiences; to be directly immersed in research that explores these issues can have even more distressing consequences.

The qualitative research projects I use as examples include a study of the work experiences and change efforts of self-employed nurses, an exploration of hospital nurses' work engagement, an evaluation of the job satisfaction and role effectiveness of course coordinators in professional education, a secondary analysis of data about moral distress among health professionals working in intensive care, an investigation into the nurse practitioner (NP) role in a large healthcare organization, and a study of the regulatory practices that impact nurses in nontraditional practice situations. All of these studies received ethics committee approval; none of my ethics applications addressed the risks that I, as the researcher, might face, nor was I asked about those things by the ethics committee.

At first glance, these examples of qualitative research topics may not appear to deal with sensitive matters. However, because work is a deeply personal experience, my perspective is critical, and qualitative research is an inherently relational endeavor, I was, in fact, frequently a part of interactions that challenged my values and presented risks to me as a member of these research relationships. As my experiences resurfaced in my mind from time to time, I began to reflect on them and could see common themes in my experiences across my various projects. It is to these thematic reflections that I now turn.

## Themes of Risk in My Research

Over the years, as I conducted each of these research projects, I often found myself in situations that created discomfort for me and, at times, shook the foundations of my ethical principles. These situations included hearing and having to respond to

disagreeable participant statements, listening to distressing stories, being faced with the high expectations of research participants in terms of the purpose and outcomes of the research, and facing my own potential professional marginalization as I conducted research that explored the workings of power within various contexts of practice.

## Disagreeable Statements

When I interview participants for a study, I am genuinely interested in what they have to tell me, regardless of whether I agree with it. Whatever they share, I respect their telling of their own experience and regard it as just as valid as my or any other viewpoint. Academically speaking, any point of views that are shared in an interview are interesting for what they reveal about the diversity and richness of human experience and the complexity of perspectives on any given topic. Having said this, it can be difficult at times to hear statements that, from one's own personal or theoretical perspective, are disagreeable. What I have found to be the most distressing are statements made with aggressive, passive-aggressive, and controlling tones and those that revealed the exercise of power.

I experienced some of this distress quite unexpectedly in the research I conducted on the role and job satisfaction of course coordinators in a professional education program. I was commissioned to do this evaluation project by the administration of a particular health professional faculty, as they sought to redefine and clarify the role. Generally, the functions of this role were to facilitate interaction among the instructors of various sections of a given course, manage the administration of the course (course outline, textbook ordering, room bookings), and provide a report to the department about the course at its conclusion. In this case, the role was almost always filled by master's-educated, contract-based, full-time instructional staff members. This differentiated them from tenure-track faculty who had PhDs and research responsibilities in addition to teaching. I learned, prior to embarking on the interviews for this study, that there were significant tensions between the contract instructional staff and the faculty, produced by power struggles around teaching strategies and curricular content.

As I interviewed each of the eight participants, I began to see two layers of "truth" emerging: one a story in which they valued teamwork, collaborative teaching, the sharing of ideas, and academic freedom and the other a not-so-subtle subtext of power, control, and competition. For example, one of them talked at length about how she loved the group of instructors and faculty with which she worked and admired their incredible skills and knowledge. Yet, she also explained to me, at great length, the system she used to manage, monitor, and evaluate the members of her teaching team, including very senior professors, and standardize their approaches to teaching. My values were deeply challenged as I found it difficult to imagine that a contract instructor would wield so much power over her team and assume a position of superiority over tenured faculty with internationally known research programs, despite her stated values of collaboration and respect. In addition to my

ethical distress, I felt physically overwhelmed at the conclusion of this and other interviews because of the aggression in the subtext. Interestingly, my transcriptionist also felt an embodied level of distress for the same reasons as she listened to this and other interviews.

Another example of hearing disagreeable statements comes from my study about the NP role (Stahlke Wall & Rawson, 2016). NPs are nurses with practice expertise who have advanced clinical skills and education (master's or PhD). In their roles, they often take on what are traditionally considered to be medical (physician) responsibilities but they also contribute a holistic nursing perspective in their work with patients and families. NPs are regarded by policy makers as a key human resource for transforming care delivery across many sectors of the healthcare industry, although, over the years, the optimal utilization of NPs has suffered due to role ambiguity. In my research, I sought to bring clarity to NP role functions and explore barriers and facilitators to role optimization. I interviewed 12 NPs, 12 physicians, and 5 administrators to gather their experiences with and perspectives on the role. The NPs conveyed visionary ideas about the potential in their role not only to address access issues and service gaps but also to transform care in their specialty, in keeping with the calls made for system change in policy documents discussing the NP role. Yet they also expressed considerable frustration at the constraints they faced in implementing their roles and the entrenched traditional ideas that prevented the change they imagined.

Having spoken to the 12 NPs and heard their passionate ideas and examples of their impact, I was saddened then to hear much more conservative perspectives from the physicians and some of the administrators. Generally, the physicians considered these advanced practice nurses to be "help" in their physician practices and useful in reducing physician workloads. When administrators discussed their views on the NP role, they emphasized the contribution the NPs made to providing physician-like coverage and filling the most pressing organizational service gaps within the existing physician-centered model of care delivery. Some administrators expressed hostility about how the NPs were complaining unjustifiably about their status and acceptance on the team and strongly expressed a desire that the NPs cease to express their concerns. Again, I felt physically exhausted after these interviews because of the anger conveyed (as, again, did my transcriptionist). Other interview participants were not nearly as aggressive but, overall, in both the physicians' and administrators' views, the traditional medical model of care was clearly sustained and supported, which I found very unfortunate. This traditional viewpoint significantly constrained the vision that the NPs had communicated to me, which has been called for in visionary documents about the future of healthcare delivery for decades now. I experienced vicariously the frustration of the NPs but also felt my own profound disappointment because I believe in a greater role for nursing in transforming health-care delivery; my findings in this study made that seem hopeless.

In these studies, all of the statements and perspectives were interesting from the point of view of learning about the issues and understanding the facilitators and barriers to job satisfaction and purpose. I achieved my research purposes in these studies by collecting diverse and rich data. However, as a member of the research relationship, I was distressed by some of what I heard because of my own knowledge and values about what it takes to create successful work experiences and innovation.

### *Distressing Stories and Silences*

When connecting with people and their life experiences, stories of difficulty are often told that can be hard to hear. Even in studies of work (my area of focus), which is not often thought of as a sensitive field, people talk about situations that are unfair or stressful, and I feel empathy for them. I was surprised, however, that I experienced quite significant distress in a study in which I was not even in direct contact with my participants. I conducted a study about the organizational influences on health-care professionals' experiences of moral distress (Wall, Austin, & Garros, 2016). My study was a secondary analysis of previously collected interviews with health professionals working in high intensity patient care areas. These caregivers were asked to convey the stories of situations in which they felt moral distress, which arises when one knows the right thing to do but is unable to pursue the right course of action because of institutional constraints (Jameton, 1984). Time after time, the professionals shared stories of invasive and extensive care and prolonged patient suffering and of the powerlessness they felt to do things differently, to respond according to their own values. In reading their stories in the existing transcripts, I became caught up in their distress, anger, and powerlessness because of the futility of the care, the conflict that enveloped the care providers and the patients' families, and the unsupportive management responses to these highly distressing situations. My distress was the same as if I had been in the same room as they were, listening to their stories.

I also experienced distress in another study as I listened to nurses tell me about their jobs and their level of engagement in their work, but in this instance, it was what they were *not* saying that caused me concern. This research project was intended to be a qualitative exploration of the issues that had arisen in two internal organizational surveys of job satisfaction, on which the scores were exceedingly low. I met with senior administrators who asked me to investigate further so they could better understand and address staff concerns. Unfortunately, this study was ultimately abandoned because a massive organizational restructuring left nurses reeling and, thus, made recruitment too difficult. However, before the project was halted, I interviewed three nurses about their work experiences. They were very positive about their relationships with management and physicians, the level of support and resources they had for their work, and the respect they felt for their work. This surprised me because it was inconsistent with what I know from the extensive literature about nurses' practice

environments, which reports poor job satisfaction, burnout, moral distress, and disengagement, as well as being out of alignment with the findings of their own organization's employee surveys.

It is possible, of course, that this handful of nurses was actually happy in their jobs and had unique situations that produced very positive working contexts for them. However, it has been observed that nurses can be sublimely unaware of issues in the system and acquiescent to power dynamics within it (Carter, 2007; Sullivan, 2002). It has also been shown that nurses can be or feel silenced if they attempt to voice their concerns (Wall & Austin, 2008). In general, silence is noted to constitute its own meaning within stories and inform the content of much qualitative inquiry (Charmaz, 2002). For this reason, researchers must go beyond spoken words to understand the layers of a participant's expression (Ghorashi, 2007). My learned suspicions that either silencing or complicity was at play (regardless of whether they really were) caused me to be frustrated and distressed about nurses' inability to speak of their distress at work. I wondered whether my research was futile.

### *Meeting Expectations*

In addition to what I hoped to learn from my participants as I engaged with their experiences, my participants had hopes and expectations about what the research might accomplish for them. This is entirely appropriate; I believe in reciprocity, but it did cause some anxiety for me when I felt overwhelmed by or even opposed to their understandings about what the research might accomplish. For example, in the pre-research meeting I had with the administrators for the employee engagement study, these leaders told me that they saw the research as a chance for me to educate the staff, to tell them that the old days were over, and to inform them that they were expected to get on board with the current organizational direction and culture. I was morally distressed by this show of power and apparent disregard for the concerns of staff that had come out strongly in the surveys they had already done. I delicately indicated that I felt more comfortable simply listening to the concerns of staff and passing them back to management but my heart was pounding as I spoke.

Several years ago, I did an ethnographic study with self-employed nurses (Wall, 2013). This is a very small, nontraditional group of nurses who tend to be quite marginalized within the much larger group of nurses in more commonly understood roles (e.g., hospital nurses). As it happened, I approached them about studying their work at a time when their association was struggling and they were considering folding. They were thrilled to hear from me and so pleased to know that someone was interested in their vision for and approach to nursing practice. In my first interview, my participant expressed her own relief at my arrival among them because it appeared that I had been sent by cosmic forces, not only to give words to their difficulties and experiences but to validate them. My interview with her was amazing; she was very articulate and had a strong

vision for the future of nursing, which I found very inspiring. Yet, the hope she placed in me as a voice and advocate for self-employed nurses was a responsibility I was unsure about carrying. As I began my research, I expected to be inspired by these pioneering nurses and I approached this study with a sympathetic inclination toward them. Yet, this was my first interview and I had not yet had time to hear from others or to develop or explore emerging questions about this form of practice and I was not completely sure at that point whether I could carry the torch as she so hoped. I wondered how I was to navigate these expectations while still conducting balanced, critical research.

In my study of NPs, my goal was to provide clarity on the value-added contributions of the role. The NP role has captured the interest of many stakeholders for its potential to advance nursing professionally and enhance patient care and system effectiveness. Thus, there was tremendous interest in my research from administrators and NPs in my study organization. This kind of interest in one's work is vital to executing a research project and disseminating its results and I was very pleased to have such strong support. I know I could not have done my project without it. Ironically, however, it placed a great deal of pressure on me to respond to short timelines and high expectations that I could provide evidence for organizational decision-making. As well, the practical interest my project generated made it tricky for me to stay true to my intent to produce critical findings that considered the ways in which gender, power, and professional marginalization contribute to innovation in nursing roles. I wanted to explore these theoretical issues; they wanted immediately usable information about role implementation and deployment. While I do want my work to be practically meaningful, I believe that it is deep, critical thinking rather than "quick fixes" that leads to real solutions and I felt pulled away from what I value in doing research.

It is appropriate that relationships involve expectations and compromise and I want to have healthy, balanced research relationships that respond to the needs of my research participants. However, competing stakeholder interests can lead to value conflicts and differing expectations that, at least until it is possible to negotiate balance, can produce anxiety and stress for a qualitative researcher.

### *Professional Risk*

My overall program of research examines the work experiences of nurses and often treads into sensitive territory involving organizational ethics and nontraditional and controversial practices and roles and broadly examines power dynamics and dominant discourses in health services delivery. At times, this has attracted the attention of nursing regulators. Nursing regulatory organizations are responsible for licensing and disciplining registered nurses in each province in Canada. Not only am I a researcher who is interested in nurses who push the boundaries of nursing's traditional mandate, I am myself a registered nurse, subject to the scrutiny of my own regulatory

body, and I have, therefore, run into some issues that I fear put me at some professional risk.

My first indication that there was controversy that might translate into risk for me was in my study of self-employed nurses. At the outset of the study, I expected that self-employment in nursing would raise interesting issues about the regulation (licensing and monitoring) of this very nontraditional type of practice and I was genuinely interested in knowing what they were. In addition to the issues I could imagine on my own, I hoped that my data collection could include interviews with regulatory representatives. In my attempts to contact them, however, I ran into multiple problems; I was passed off from one person to another and then reprimanded for speaking to the “wrong” person, even though I had been referred. Any answers I received from those familiar with regulatory issues were brief, perfunctory, and rhetorical. In short, the opportunity to ascertain the regulator’s perspective never materialized. My interactions with them left me feeling hassled, chastised for no reason, and vulnerable about having brought negative attention to my work.

In a recent project about nursing professional regulation (Stahlke Wall, 2018), I explored the ways in which conventional regulatory processes and perspectives (about licensing) impact nurses in a wide variety of practices that have not followed the traditional trajectory of nursing. Nursing is traditionally clinical- and hospital-focused but there are nurses who seek innovative, more autonomous roles or who have broad practice and educational experiences that contribute to nursing but are not traditionally seen as part of or relevant to nursing. From both my research on self-employed nurses and from hearing many anecdotes about frustrations with regulation from nontraditional nurses I met over the years, I decided to explore regulatory practices further. I expected to have many participants, based on the impressions I formed through my informal conversations. However, when it came time for me to recruit, I could barely find anyone to interview and people who had told me animated stories of their experiences did not, in the end, wish to document their experiences through my study.

In an effort to find participants, I connected with a group of nurses in nontraditional, independent practices, who invited me to their annual meeting to promote my study and conduct a focus group while there. As it turned out, regulatory representatives were also present at that meeting. People would seek me out in corners and hallways to talk about their experiences with seeking licensure for their unconventional practices but not one person sat with me at my focus group table in the main meeting room. I suspect this was because they did not want to be seen with me, presumably speaking negatively about regulatory issues. I can only speculate, of course, but based on my previous research findings and interactions, I believe my suspicions have some validity. At any rate, I left that meeting feeling exposed and vulnerable because of the ways in which my research attracted the attention of regulatory leaders, potentially threatening my professional license.

## Discussion

My purpose in outlining these moments of distress for me in the conduct of my research is not to deflect from the very real ethical risks that participants face in qualitative research nor is it to overstate the emotional aspects of my experiences as a qualitative researcher. It is of prime importance that we continue to consider the impact and consequences of qualitative research on the people whose stories we seek. That is our commitment and obligation. However, my goal here is to highlight that it is, *at the same time*, necessary to be aware of and responsive to the effects of the research relationship on the researcher herself or himself, which are very often underestimated or unaddressed. While it is entirely the purpose of qualitative research to hear what our participants say and to analyze and consider their perspectives as informative to our topic, the fact that we are genuinely interested in our participants’ perspectives does not negate the fact that they can be hard to hear and cause us distress. Vulnerability, harm, risk, negative consequences, distress, and exploitation are ethical issues. It is well-established that these elements are ethical issues that we must consider in relation to our participants; they are equally important ethical issues when it comes to researcher well-being in the research relationship.

My research is personal to me, which produces vulnerabilities for me, and it deals with power and institutional politics, which are among the criteria for determining the sensitivity of a topic. Yet, my research about work experiences is far outside of the set of specific topics that are most often listed as sensitive (as noted earlier). Those topics tend to be taboo topics that are highly emotional or that prompt feelings of awe or dread (Lee, 1993), such as violence, death, or disease. My experiences suggest that the definition of sensitive topics should be very broad or, in fact, that all qualitative research ought to be considered sensitive. Work may not be the first topic that comes to mind when thinking of taboo and dreadful experiences. Yet, work can be intensely personal and strongly connected to one’s sense of meaning and purpose. As well, work experiences are, sadly, often negative because of worker exploitation, organizational injustice, and institutionalized ideologies. In the literature on ethical risks to researchers, sensitive research has been distinguished as a category of qualitative research and several authors mention specific topics that could be considered sensitive. However, Lee (1993) points out that specific definitions of sensitive topics can be too narrow and fail to accommodate variations in context and situation, thus making a list of sensitive topics is not entirely useful. What becomes sensitive to both participants and researchers is dependent on the meanings attached to the topic and the contextual factors surrounding it.

Interestingly, although Lee (1993) stresses the contextual rather than topical nature of sensitive research, some of his discussion is contradictory; he notes that seemingly innocuous topics that explore marginalized or hidden activities and practices can pose risks to participants and researchers, as do more obvious themes of deviance. Yet, when expanding on these risks, he uses the example of sexually deviant behavior,

thus returning to and reinforcing the notion of taboo topics as sensitive. It seems important, then, that we continue to rethink our conception of “sensitive topics” and expand our definitions beyond particular topics. This broader perspective is present in the literature but is obscured by the more common approach of naming specific types of topics. Many researchers come to their research topics, questions, methods, and analytic frameworks based on their own social positioning (Malacrida, 2007) and often work on issues that resonate with their own lives (Dickson-Swift et al., 2009), thus making all research potentially sensitive and risky for the researcher. This realization makes room for surprises about which topics end up being difficult and ethically challenging for a researcher. It also makes it possible for all qualitative researchers to acknowledge and name their own experiences of distress, even when their apparently harmless topic leads to difficulty.

There is a strong emphasis on emotional distress as a risk for qualitative researchers. I certainly had emotional responses to what I heard from some of my participants and felt stressed, overwhelmed, and even angered by the content of some of my interviews. My transcriptionists experienced emotional distress as well. Other researchers have spoken of the emotional impact of sensitive research on their research team members (Dickson-Swift et al., 2008; Kiyimba & O'Reilly, 2016; Malacrida, 2007) and the importance of ensuring the well-being of team members (Israel, 2015). Yet, in addition to the emotional risks I faced, I encountered aspects of my research that left me feeling threatened and morally disheartened. Lee (1993) discusses how researchers face risks not only related to the emotional sensitivity of topics but also to the broader consequences of their research, explaining how some research “produces the possibility that deviant activities will be revealed,” resulting in scrutiny and sanctions.

In my work, I saw firsthand the threats that accompany research topics that deal with deviant activities, as understood in the broadest sense. Nurses who I interviewed and who were working in innovative and nontraditional practice situations (i.e., not in frontline, clinical, or hospital-based roles) were misunderstood by other nurses and by nursing leaders/regulators and were regarded with suspicion and moral judgment. Their attempts to create unconventional, transformative work situations and roles were “deviant” acts that attracted negative attention. By studying them and being associated with them, I risked the same potential sanctions that they did, mainly the scrutiny and reprimand of the professional regulatory body. Some of these nurses chose to remain hidden, which is why I struggled with recruitment in some cases, while those of us who chose to be part of this critical research put ourselves at risk—me along with them.

My research also enters the realm of the political, which produces another set of risks. Research takes place within a broader social and economic context. There can be conflict in and around the research setting and, because qualitative research generally takes a particular perspective and can be emancipatory in nature, it can exacerbate or generate conflicts

among factions (Lee, 1993). Those in positions of power usually wish to maintain it and secure the cooperation of those of lower status. I saw evidence of this in my short-lived research about employee engagement, which the managers saw as a way for me to secure the cooperation of the workforce with ongoing organizational change. My study of NPs revealed very divergent perspectives among the three groups interviewed (NPs, physicians, and managers) and showed how power is used to maintain particular interests. I also observed resistance to power in my project about course coordinators as they attempted to assert dominance over more senior faculty and thereby establish a position of importance for themselves. In some cases, I became part of an emancipatory project for marginalized and misunderstood nurses (e.g., self-employed nurses, NPs).

I knew going into those projects that critical, change-focused aims would likely be on the agenda and I am motivated to use my research findings in emancipatory ways, yet I was not always sure how to navigate specific expectations at the outset. Political conflicts and emancipatory projects can put a researcher in an ethically challenging situation, as they did me. Lee (1993) notes that research can be threatening to the careers of those who might have to take responsibility for politically unfavorable research findings. In my research, I usually find it tricky to manage perspectives and expectations and to do critical work that is also acceptable and/or useful to my research participants.

Sometimes, in order to have a range of perspectives on a topic, I speak to people on different sides of a contentious issue. While all perspectives are academically interesting, I often struggle with how to respond to and report perspectives that represent power and dominance. According to Paley (1998), it is an implicit assumption in lived experience research that people's accounts of their experiences cannot be challenged. However, he points out that people assign meaning to their experiences within a context of taken-for-granted, previously existing assumptions that are not self-evident, which suggests that their perspectives can, indeed, be “wrong, misguided, distorted, or lop-sided” (Paley, 1998, p. 821). Clearly, determining when this is the case is quite difficult but Paley's critique of the “principle of incorrigibility” (1998, p. 821) supports my occasional thoughts about the harmfulness of some of my participants' statements and my distress around how to incorporate them into my interpretations. By admitting all of the aforementioned struggles, I and other qualitative researchers face academic politics that might lay judgment on the integrity of our work when we bring emotion and values into it, even though critical scholars acknowledge the inseparability of emotional and cognitive functions (Dickson-Swift et al., 2009; Malacrida, 2007; Shaw, 2011; Wray et al., 2007). There are political risks on many levels for qualitative researchers, yet these are infrequently mentioned in comparison to emotional risks.

Along with emotions and threat of professional and political sanction, I also experienced a profound challenge to my values in several of my research interactions. Displays of power and

passive aggression, adherence to dominant ideologies, and struggles with ethics in practice were disturbing to me. Malacrida (2007), in her reflection on emotionally demanding team research, described how emotional, challenging, and difficult research can unsettle researchers' self-understandings and values and pose risks to their sense of well-being. She reported how one of her team members felt unsettled after hearing the experiences of disadvantaged women because they "expose[d] the fragility of her control over her universe" (2007, p. 1335). Team members also felt jaded about the usefulness of the research and their/its ineffectual response to social injustice.

Likewise, I wonder sometimes whether I am spending my career on a hopeless cause in which my efforts have no impact. I value autonomy, gender and epistemological equality, meaningful work, fairness, and social and organizational justice. I believe that critical reflection and thinking are vital underpinnings of change. Yet, I see these values and beliefs challenged constantly in nursing and health care, which comes through in my research interviews, in what is said and what is unsaid, leaving me with moral distress and a sense of futility. Moral distress is associated with the difficulties of navigating practice while attempting to uphold one's values and sense of responsibility and it has weighty consequences for well-being (Pauly, Varcoe, & Storch, 2012). I perceive this acutely in my research work. An overarching ethical consideration in research is whether it has "the potential to increase the sum of good in the world" (Israel, 2015, p. 2). We would not waste our participants' time in conducting what we feel is futile research. Why then, would it be alright to waste our own?

Researchers are increasingly aware of the ethical risks they face. As explored in the literature review, a number of existing articles outline the emotional risks faced by researchers dealing with sensitive topics. My research experiences have highlighted that researchers face risks beyond emotionality and beyond a list of specific topics that are deemed to be sensitive. I have shown how researchers can also face professional and political threats and significant challenges to their value systems, even within topics that are seldom considered to be sensitive, such as the study of work. While "it would seem that some topic areas could be identified as more sensitive than others" (Johnson & Clarke, 2003, p. 432), a broader understanding of the contextual, situational, political, and personal nature of ethical risks and their consequences can lead to more effective and inclusive strategies for managing them.

## Managing Risk and Supporting Researchers

Because of the inherently relational, experiential, political, emancipatory, critical, and values-oriented nature of qualitative research, awareness of the ethical risks to researchers and their team members is an important first step in mitigating the threats that can arise in qualitative research encounters. Several authors writing about their own ethical difficulties have acknowledged how unexpected their distress experiences were for them and how unprepared they were to deal with these issues (Dickson-Swift, James, & Liamputtong, 2008; Johnson

& Clarke, 2003; Malacrida, 2007; Shaw, 2011). I certainly did not anticipate my own distressing experiences. When framing this in terms of research ethics, we are conditioned to consider the ethical risks to participants but not to think of our own vulnerabilities in the research relationship. When my issues arose, I had no plan for dealing with them and very few places to turn for support. I was able to talk about some of the emotional responses with my transcriptionists, as they had the same reactions and I could legitimately talk to them while maintaining confidentiality. As well, I became aware of the usefulness of having a co-investigator with whom to debrief and have now been able to build this into some of my studies.

We, as qualitative researchers, are learning as we go and the wisdom of experience is growing. Several researchers have offered suggestions for how to prepare for, mitigate, and respond to ethical stressors that arise from qualitative fieldwork and interviews. Johnson and Clarke (2003) argue that field researchers require skilled preparation and training that will help them deal with difficulties that arise. To begin with, researchers are encouraged to give more consideration to the risks they face and to assess the risks carefully at the outset of the study (Dickson-Swift et al., 2008; 2009; Dickson-Swift, James, & Liamputtong, 2008). Once the study is underway, support for researchers and team members, including the transcriptionist, can be provided through formal supervision, group support, therapeutic debriefing, peer researchers and professional confidantes, and team-based discussions and debriefing (Dickson-Swift et al., 2008, 2009; Johnson & Clarke, 2003; Kiyimba & O'Reilly, 2016). Informal support from colleagues, friends, and family can also be vital but has its limitations and should not be the sole source of support (Dickson-Swift et al., 2008). Specific training in counseling and therapeutic skills may be helpful, although researchers with professional backgrounds are encouraged to separate their professional goals of therapy from their research goals of discovery (Dickson-Swift, James, & Liamputtong, 2008; Johnson & Clarke, 2003). Researchers are reminded to take care of themselves, which can take the form of reflection, journaling, and writing about (and publishing) accounts of research experiences (Dickson-Swift et al., 2009; Malacrida, 2007; Shaw, 2011).

Notably, some authors also point out the responsibility of institutions in ensuring the well-being of qualitative researchers because it is a matter of occupational health and safety. This can be accomplished by embedding researcher well-being into the expectations of ethics boards and funders and into organizational policy (Dickson-Swift et al., 2008; Dickson-Swift, James, & Liamputtong, 2008; Kiyimba & O'Reilly, 2016). As considerations for researcher well-being add a new dimension to research ethics, it will be necessary for research ethics boards to focus on strategies that protect researchers without constraining their academic freedom or inappropriately limiting the range of projects that can be undertaken. Questions about the impact that attention to researcher vulnerabilities would have on ethics boards' decision-making are important to consider in future reflections and studies. Different strategies will make sense for different projects; I found informal



debriefing to be helpful and having awareness of the risks going forward will assist me in building supports into my projects. Although strategies will vary, the main point is that these issues ought to be considered and addressed throughout the research process.

The beauty of qualitative research flows from the opportunity to engage with human experience in order to enhance understanding and effect change. Although sensitive research can have distressing consequences, it can also have benefits such as helping, healing, giving voice, and empowerment (Dickson-Swift, James, & Liamputtong, 2008). By learning and discovering through research, there is hope that when researchers are touched by their work, they are able to engage with it in a transformative way and see that, although painful, it is also worthwhile (Malacrida, 2007). I have learned through my experience and hope that others benefit from this expression of it. I know it has been useful for me to know that my experiences are shared and that “sorrow is always tempered by a sense that I can and will do something about it” (Malacrida, 2007, p. 1335).

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