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Embracing Qualitative Research: A Visual Model for Nuanced Research Ethics Oversight

Dr Elaine Doyle and Dr Patrick Buckley

Synopsis

The research ethics review systems within universities evolved from the positivist biomedical model but have expanded to include all non-clinical research involving human subjects. However, the application of the biomedical paradigm to qualitative research often creates significant problems. The paper highlights the fundamental differences between biomedical and humanities and social science (HSS) research. We develop a visual model which encompasses the traditional research ethics concepts but that can be applied to both contexts. The model was evolved based on findings from qualitative interviews carried out with expert members of research ethics committees.

Introduction and Background

It is acknowledged in the literature that the application of biomedical research ethics paradigms to qualitative research often creates significant problems for qualitative, social science research which can be subjective, messy and non-linear. It is essential that research participants be treated respectfully. However, the principles of anonymity, free and fully informed consent, confidentiality and withdrawal are becoming sanctified by research ethics committees as absolutes, regardless of the situation (Buckley, 2011; Murray et al., 2011). It must be acknowledged that not all ethical considerations apply in the same way in all methodologies, particularly because of the two main differences between biomedical and HSS research, namely the nature of the research interventions and the relationship between researcher and researched. These key differentiating factors are what drive the need for biomedical and HSS research to be treated differently when it comes to ethics oversight.

There have been many calls for 'tools to support ethical practice in participatory and other non-postpositivistic research' (Kleinman and Vallas, 2001: 1060). Halse and Honey suggest mutiny against the current mode of review has a magnetic attraction but report that 'if there ever was a glorious golden age of unfettered freedom for research, it is unlikely to be resurrected in a neoliberal world of legislative controls, legal responsibilities, and institutional audit and accountability' (2007: 349). Absenting HSS research from any kind of ethics oversight is neither feasible nor desirable. Instead, social science academics need to move beyond demonstrating the failings of current practice and build a consensus around more suitable review processes.

Methodology

This paper answers the calls for tools to support ethical practice in qualitative research. We develop a research ethics model encompassing the variables relevant to research involving human subjects. We show how this model can be applied in a practical way to both biomedical and non-clinical contexts through the application of different levels of tolerance in each domain.

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While a precise, quantitative formulation of this increased tolerance is impossible to achieve, our model seeks to clearly identify specific areas where principles taken from the bio-medical review processes are too stringent for some HSS research. After its original construction based on the research ethics literature, the model was further developed on the basis of findings from a series of qualitative interviews carried out with members of various types of research ethics committees spanning different disciplines across two jurisdictions (The UK and Ireland). The perceived usefulness of the model was also examined with interviewees. Our aim is to provide a visual tool/model which will assist research ethics committees in evaluating qualitative research, without creating a dual system of research ethics oversight for different research domains.

Issues and Questions Considered

Our model is fabricated by taking four continua based on (1) informed consent, (2) anonymity, (3) risk of harm and (4) contribution and the variable 'the researcher', and scaffolding them into a single structure, as shown in Figure 1

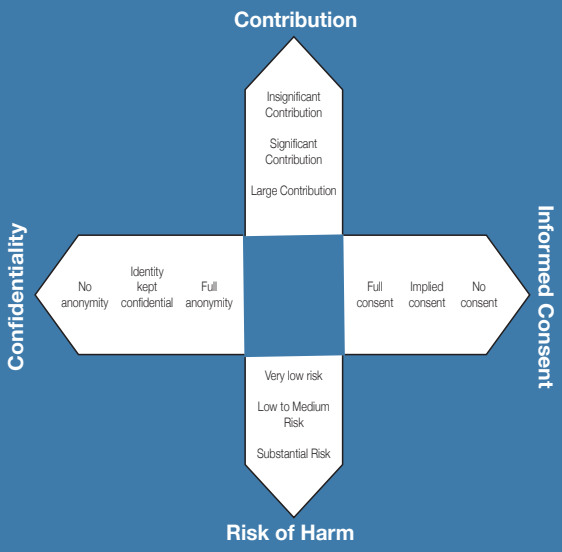

Figure 1: The Evolved Model

In each case, the continuum moves from the central point of the model (representing strict application of each principle), towards the extremity, where there is more tolerance in the application of each principle. All the key research ethics concepts relevant to human subject research are included, however, the model allows for a degree of tolerance to be applied depending on the context. As an example, acceptable biomedical research ethics applications would map onto the model towards the centre. Fully informed, voluntary written consent would be sought from participants, their data would be made anonymous, the risk of harm may stray into medium to high but the benefits of the research should be high.

We could similarly map a HSS application onto the same model but may expect that some HSS applications would be represented by a larger circle (or a bubbling out on the non-risk dimensions), on the basis that a greater level of tolerance is allowed in the application of some of the research ethics concepts. Research proposals that map to the extremes of all four continua are extremely unlikely to be acceptable. In this way, this model can be used to initially map an application. Committees can then use their expertise and discretion to adjudicate on a particular case.

We include the experience and skill of the researcher as a moderating influence within our model. For an experienced researcher or team, a greater level of tolerance may be acceptable in the application of the four research ethics principles, while a stricter application would be appropriate when the researcher lacks experience. In terms of our visual representation, the effect of this moderating influence would be to allow projects with larger circles (when mapped onto the model) to proceed if they are supervised by more experienced researchers.

Outcomes and Findings

Despite numerous calls in the literature for a change in approach to the research ethics oversight of HSS research, the extant literature in the area fails to advance beyond describing ethical dilemmas encountered by researchers in their own context and critiques delineating the unsuitability of biomedical research ethics procedures for HSS research. Neither category addresses the underlying problem of how research ethics oversight of HSS research might be conducted more sensitively without necessitating separate processes and therefore significant resources. Against this backdrop we aim here to advance the debate on the research ethics oversight of qualitative HSS research. We do this by drawing on our collective decade of experience as members and chairs of social science research committees, and on qualitative interviews conducted with members of research ethics committees, to inform the development of a visual research ethics model/tool which encompasses all the typical research ethics variables relevant to research involving human subjects. Our aim is to assist research ethics committees in evaluating qualitative research, without creating a dual system of research ethics oversight for different research domains. In accommodating the idea of contextual sensitivity, the model provides a more nuanced framework that can aid evaluation of both biomedical and HSS research proposals.

The development of this model is simply a starting position, aimed at generating constructive dialogue around the optimum research ethics oversight processes for qualitative HSS research. We look forward to further research directed towards refining and enhancing this model and empirical research based on its practical use by research ethics committees.

A full copy of the paper can be obtained at:
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Forthcoming Research Bulletin
Title: Health policy and the policymaking system: a case study of primary care in Ireland
Authors: Kelly, N., Garvey, J., Palcic, D. (2016)

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