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The value of clinical supervision in qualitative research practice - case study analysis

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Introduction

Relationships in qualitative research advocate for openness and connection between participants and researchers. Data collection asking people in-depth, sensitive questions about their views, knowledge or life experiences, may generate emotional responses that should be acknowledged by the researcher and the research process (McCosker et al. 2001). While the ethical dilemmas that this poses for participants have been elaborated, little attention has been given to researchers' experiences and needs, including processing painful emotions, dealing with unanticipated reactions, controlling bias and balancing information (Beale et al. 2004). Thus, undertaking 'sensitive' research may require more than just standard research training (Dickson-Swift et al. 2008). We explored the role of clinical supervision within this context.

Aim: To describe the impact of clinical supervision on (a) psychological safety of the researcher and (b) quality of the interview process.

Methods

Case study of a clinical supervision process of a researcher conducting in-depth interviews and focus groups with patients with sarcoma (N=121).

Context:

- In-depth telephone and face-to-face interviews and 2 focus groups with patients with Sarcoma
- The study participants were aged between 13 and 82 years old; including patients with Soft Tissue Sarcoma, Bone Tumour and Gastrointestinal Stromal Tumour (GIST)
- Patients were at different points in their timeline – newly diagnosed; on/off treatment; relapse; palliative care; end of life care
- The professional providing supervision is an experienced therapist and researcher
- The sessions were initially set up to support the researcher psychological safety, but this evolved through the supervision process (Fig.1)

The Sessions:

- Across the period of data collection (February-August 2017), there were 7 supervision sessions (these were funded by the project)
- The supervision sessions had a duration of 1 hour
- The researcher shared in the beginning the topics that she wanted to discuss in the session
- Supportive, non judgmental context (Fig. 2)

Fig 1. Characteristics of the sessions

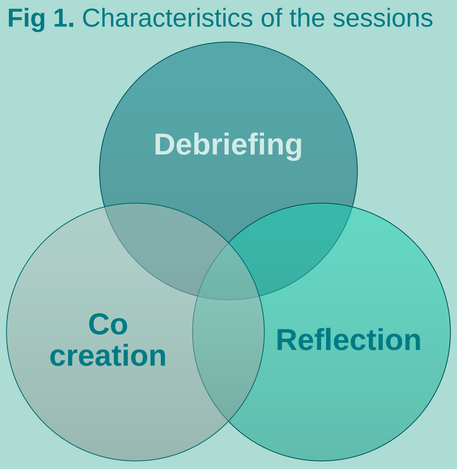

Fig 2. Supervision session

Results

The analysis of the reflections from the supervision sessions were organised within three themes: (i) role boundaries; (ii) strategies used for coping with emotional distress created by the content of the interviews and (iii) changes in the interviewing process.

Role boundaries

Being a researcher and providing support

One of the first topics discussed in the supervision was the balance between listening to patients' experiences and not being able give them direct support

Reflections focused on:

What is your role as a researcher? What should you do when you listen to someone sharing the challenges they are dealing with? How to cope with a 'passive' approach of listening?

What we have learned:

⇒ Through the supervision process the researcher reflected on the role of the researcher, and how levels of self-disclosure, objective displays of emotion during the interviews, and strategies to end the relationships are well defined and communicated

⇒ For participants the setting of having someone actively listening to their experiences might be what they want from that interaction

⇒ Important to acknowledge the value of giving participants the safe space to share their experiences

Strategies used for coping with emotional distress

The interpersonal context of interviews, with their heightened affective component

Most of the interviews were conducted over the telephone; a one-off contact between researcher and participant

The researcher reported feeling uneasy at times with the level of disclosure obtained

Participants got emotional and disclosed feelings that they said not having shared with anyone else before; references to fear of dying, suicidal thoughts, guilt, depression *

What we have learned:

⇒ The use of a research journal as a form of debriefing

⇒ Strategies for emotional distancing need to be considered and adopted if the research topic or participants have the potential to be emotionally challenging (e.g. identifying the trigger points for the researcher before the interview)

⇒ After the interviews, use of relaxation techniques, body awareness, yoga and other self-care strategies to deal with any emotions from the interviews

⇒ After the interviews, immediate debriefing with colleagues can be helpful

** Clear protocols for dealing with participants' distress were in place*

Changes in the interview process

Supervision as a co creation process

Discussions about the emotional aspects of the interview led to more focused discussions about how the researcher could explore/manage some 'sensitive' topics with participants

The strategies were identified by trial and error rather than by using pre-planned strategies

What the researcher learned from supervisions sessions was shared with the wider team, facilitating learning and development

What we have learned:

⇒ Giving the interviewee time to cry or express significant emotion and acknowledging the importance of this to the wellbeing of the participant

⇒ Telephone interviews have an added challenge due to not having the visual cues, but this should not overrule giving space for silence during the interview

⇒ When patients shared "I am afraid of dying" – important to acknowledge the safe space created in the interview process; respecting the silence and repeating what they said allows time to assess if the participant wants to continue to talk about this topic

⇒ Research teams benefit from discussions of how sensitive topics are approached, that go beyond the research interview skills learned

Conclusion

This study shows how the supervisory relationship can be used to promote quality assurance of interviews and ongoing professional development (Furlonger & Taylor, 2013). The adoption of a formal debriefing mechanism should be integrated into the qualitative research process.

References

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