Citation for published version:

Julia Petty, 'Emotion work in qualitative research: interviewing parents about neonatal care', *Nurse Researcher*, Vol. 25 (3): 26-30, December 2017.

DOI:

https://doi.org/10.7748/nr.2017.e1532

Document Version:

This is the Accepted Manuscript version.

The version in the University of Hertfordshire Research Archive may differ from the final published version.

Copyright and Reuse:

© 2017 The Author.

Content in the UH Research Archive is made available for personal research, educational, and non-commercial purposes only. Unless otherwise stated, all content is protected by copyright, and in the absence of an open license, permissions for further re-use should be sought from the publisher, the author, or other copyright holder.

Enquiries

If you believe this document infringes copyright, please contact the Research & Scholarly Communications Team at rsc@herts.ac.uk

Emotion work in qualitative research: Interviewing parents about the neonatal care experience.

Julia Petty

Abstract

Background; 'Emotion work' is a term used to describe the emotional responses that may arise in qualitative research exploring recall of difficult experiences. The experiences of parents within neonatal care can raise sensitive issues during the interview process which may lead to emotional responses.

Aim: To provide a reflection of an interpretive study involving narrative interviews with parents of preterm neonates, in order to inform researchers about the potential emotive issues that may arise in such work.

Discussion: Reflection on interviews with parents of preterm neonates revealed areas for discussion relating to: emotion work, the role of the researcher, emotional connections and empathic interviewing. Consideration of these areas highlights the importance of reflexivity for researchers.

Implications for practice: Qualitative researchers undertaking narrative interviews should be prepared for emotive issues that arise and recognise the need for emotional intelligence. Achieving a balance between being an empathic, emotionally aware interviewer and remaining objective can be challenging. There are a range of strategies researchers can use to address this balance and to manage the emotion work involved in research of this nature.

Key words

Emotion work Empathic interviewing Parent interviews

Emotional awareness Neonatal care

Introduction

This paper focuses on the emotional aspect of qualitative interviewing in the neonatal nursing field. While much has been written about practical and ethical considerations (Mitchell, 2015), less attention has been paid in the literature to the *emotional* side of interviewing. Some work has centred on experiences of interviewing participants about sensitive and delicate topics (Ashton, 2014; Elmir et al, 2011). However, this has been focused mainly in adult, maternity or children's nursing fields. Limited work has been undertaken on neonatal issues (Skene, 2012) particularly on interviewing parents of preterm neonates who have undergone a lengthy period in neonatal care. This paper explores the emotional issues that arose during a period of narrative interviewing in a study seeking to create stories from the parents of preterm neonates as they recalled their time spent in neonatal care. The discussion in turn, highlights areas to consider for researchers planning to undergo work of this nature.

Background

In brief, the narrative based, interpretive study aims to explore how parent stories obtained from interviews can be developed into a digital storytelling resource to explore person-centred, empathic learning. This paper focuses on the initial, interview phase of the study. Twenty sets of parents were recruited on a volunteer basis comprising fourteen mothers, one father and five mother/ father pairs. Purposive sampling criteria required them to have had a preterm neonate who had been discharged from a neonatal unit within the past ten years. The time frame was intentionally broad to ensure there was a range of different cases as the goal was to create a *variety* of stories, each one offering something distinctive in terms of experience. In line with the principles of narrative interviewing, parents were asked to

tell their story by re-counting the journey through their neonatal experience from pregnancy, through their stay within the neonatal unit until the present day. What I heard were personal and unique stories along with a range of described emotions including fear, uncertainty, isolation, separation and desperation. Visibly too, some parents became upset and emotional when memories were evoked or specific instances triggered an affective response.

This raises questions around managing and responding to emotion during interviews, in other words the 'emotional dynamics' experienced here (Edwards and Holland, 2013). Literature pertains to this phenomenon as 'emotion work' (Darra, 2008; Dickson-Swift et al, 2009). The management of emotions during research requires emotional intelligence. This is the capacity to be aware of and control one's emotions, and to manage interpersonal relationships with research participants, empathetically (Mallozi, 2009). Considering emotions is also an essential component of reflexivity which is concerned with how a researchers' own beliefs, opinions and indeed emotions about the topic under investigation may influence data collection or analysis (Doyle, 2013; Roddy and Dewar, 2016). Reflexivity is an important process associated with researcher's self-awareness of how they impact the research they undertake, in order to demonstrate trustworthiness of the findings (Berger, 2015; Carter et al, 2014).

What now follows is a first person account of my reflexive journey of narrative interviews with parents. Strategies to address the emotive aspects of interviewing will be offered and the associated implications for researchers are summarised in Table 1 (sections a to i).

'Emotion work' of interviews

The emotion work of interviewing should be considered at the outset of any study and should be adequately planned for. In my case, due to prior reading on qualitative interviewing and guidance from my supervisors, I had anticipated the likelihood of emotional responses. I knew the importance of being aware of my ethical responsibilities to avoid unnecessary distress and to minimise 'risk' to the participants. A further essential consideration was the potential for interviewees to disclose information indicating that they or their family were at risk of harm. Therefore, it was important that I had considered the need to offer external counselling support if needed. A sensitive approach to planning can help minimise the risk of harmful emotional effects (Darra, 2008) in line with being an ethically responsible researcher (Bishop & Shepherd, 2011)(Table 1, section a).

Emotion work was also evident in the recruitment process. Research suggests that recruiting participants to be interviewed about delicate subjects or events, can be challenging (Kendall et al., 2007). This can be for a variety of reasons, including the potential distress and the vulnerability of parents, some of whom will have had past experience of emotional trauma from their protracted time in neonatal care. I was prepared for the likelihood of parents not feeling comfortable to come forward but was heartened by the number who offered their stories. This may have been aided by the assistance of BLISS baby charity in the recruitment process as a trusted gatekeeper and clear, participant information (Table 1; section b) that explained the value of the parent contribution. Literature also supports how participants can welcome the opportunity to tell their story suggesting that they can find interviews therapeutic and cathartic (East et al, 2010; Elmir et al., 2011). I found that some parents voiced this to me, including

those who were re-living events some eight to ten years previously. This shows that even with long time frames after neonatal care, emotions can still feel very raw and real. It was important not to disregard experiences that had happened a significant time ago when exploring emotional responses and impact.

When first meeting parents within their own homes, it was essential to develop a rapport as quickly as possible so they could build trust and be able to reveal thoughts and feelings. Strategies suggested include an informal approach and opening the meeting with general conversation showing regard and interest for the participants (Table 1; section c). This can be seen as establishing a relationship in the form of a partnership (Murphy et al., 2016) where a conducive 'research space' is created.

Once the interviews began, asking parents to relate their story through the neonatal experience elicited certain emotions in many. Ashton (2014) speaks of the 'emotional challenge' and the potential for a range of emotions including anxiety, anger, sadness, frustration grief and a sense of loss. I also found that some parents would cry briefly, became animated and louder, exhibited tenseness in body language and paused between sentences or words to compose themselves. Interestingly, similar emotions were displayed by both mothers and fathers and was unexpected given the research that suggests gender differences with respect to emotional intelligence and readiness to display emotion openly. Females are traditionally being seen as being more able to do so (Cabello at al., 2016; Zimmermann and Iwanski, 2014). Due to the imbalance of gender amongst participants and small sample size, it is difficult to draw any inferences from this; however, it still remains a factor for researchers to consider.

Writers have proposed strategies to deal with emotional responses during interviews on sensitive issues (Elmir et al., 2011) especially when interviewees are being asked to recall physical or emotional trauma. (Table 1; section d). Researchers need to be constantly aware of the body language and tones of voice of participants (Lowes & Paul, 2006) being mindful of them becoming upset. It was important to acknowledge strong feelings and responses to recalling previous experiences, in this case within neonatal care specifically.

Emotive work also involves the researchers own emotions. It is documented that interviews can be potentially emotive for the researcher (Mitchell and Irvine, 2008). Researchers may have their own personal experiences of the research topic that may impact on how they experience emotions themselves; for example, previous neonatal care experience. My involvement previously was one of a nursing role. However, as a novice researcher with little experience of interviewing, I did feel certain emotions associated with this. Initially, I felt nervous and was conscious of how I looked, spoke and acted when first meeting participants who I had never met. In addition, it was difficult not to be emotionally affected at times by many of their experiences such as death of a twin baby, a baby dying after a lengthy and protracted time in intensive care and the separation and anxiety voiced by many of the parents.

In part, I was relieved when the some of more emotionally challenging interviews were over. It was only later, when I came to transcribe the interviews that I realised the immensity of some the experiences revealed. Ramjan et al., (2016) consider debriefing to be important to enable researchers to discuss their own responses and feelings. This was particularly important for me as a doctoral student and I realised the need to

discuss the interviews with my supervisors or my fellow researchers. It is important that researchers plan strategies for addressing their own emotional responses (Table 1; section e).

Reflexivity and the role of the researcher

My emotional responses made me deeply aware of the need to report findings and interpretations in an unbiased manner by bracketing my emotions and values (Table 1; section f). This issue is particularly essential in qualitative methodology based within an interpretive paradigm. It can be argued that conclusions from such work are subjective and open to interpretation. The awareness of what influences findings highlights the importance of reflexivity, a concept introduced earlier. Reflexivity is a strategy that researchers should engage in when addressing emotion work. In this study, I needed to ask: how did emotional responses from either the parent, myself or both influence the research process? What was the part emotions played in how much information parents imparted and how will it influence my interpretations of their narratives? Certainly literature has highlighted that emotions can influence how data such as narrative is interpreted and the conclusions drawn from it (Collins and Cooper, 2014).

Maintaining neutrality was therefore vital to ensure my emotions did not influence any conclusions drawn. Whether one can ever really be emotionally *neutral* can be questioned. Nonetheless, in order to maximise the trustworthiness and authenticity of qualitative research and minimise the potential effect of emotions on findings, the strategies outlined in Table 1 (Sections f to i) should be applied.

Being mindful of the role of the researcher is also an essential part of the reflexive process (Berger, 2015; Berry, 2016; Johnston at al., 2016). A focus on the relationship between myself as a researcher and the parent participants was important and the relevance of my position as an 'insider' or 'outsider'. Positionality may affect the emotional responses and connections from either side.

Emotional connections

Reflexivity also applies to an awareness of intersubjective connections between researcher and participants themselves and is fundamental in qualitative studies (Thoresen & Öhlén, 2015). Indeed, I felt a real emotional connection with many of the participants while at the same time, realising that I needed to stay objective and neutral in my responses to them. This was facilitated by using an interview diary to document my ongoing thoughts and reflections after each interview. Doing so enabled the opportunity to read all notes back and view the differences between my thoughts for each one. Objectivity was also aided by being an 'outsider' rather than an 'insider'; i.e. as someone external to the parent's life. Literature suggests the need to take time to reflect on the type of relationship between researcher and participant, be this an insider – outsider perspective or the dual roles of researcher and nurse (Råheim et al., 2016). Strategies can actually be offered for 'harvesting the benefits' of being either while also 'curbing' the potential negative effects; again reflexivity and understanding researcher 'positionality' is the key here (Berger, 2015)- (Table 1; section h).

The combination of being emotionally connected and maintaining objective represents a blurring of roles between the 'researcher' and 'nurse' role (Camacho, 2016). This has implications for nurse researchers who undertake work of this kind, particularly when

an emotional response is probable. Blurring boundaries is commonplace when a researcher has dual roles. This is well documented as being a vital issue to be reflexive and transparent about (Roddy and Dewar, 2016). As a nurse, I was only too aware of the inappropriateness of extending boundaries and relationships beyond the therapeutic setting. The importance of maintaining professional integrity also applies to research relationships. The blurring of boundaries also concerns the potential for continuation of the nursing role during interviews. Therefore, it was important to remember, when emotional responses were evident that I was there as a researcher and not a nurse. Overall, interviewing of this nature must be approached with careful consideration of this relationship between researcher and participant and the emotional vulnerability of the participant (Berry, 2016).

Empathic interviewing

A sharing of experience within the research relationship places a humanistic element to interviewing. This sharing between 'self' and other has also been defined as "reflexive embodied empathy" (Finlay, 2005, p. 271) – i.e. the researcher perceiving and feeling the felt experiences of the research participant during interviews. According to Vazquez Maggio & Westcott (2014), empathy is an emotion that can be experienced at both the cognitive and affective levels and can reflect feelings of sharing and identification. Empathy develops from personal contact with the people being interviewed and involves being able to take and understand the positions, feelings, experiences and world views of others.

My goal was to obtain information, but I also needed to be empathetic. During the interviews, an empathic connection was sought while simultaneously attempting to

create a distance by various reflexive strategies. Listening, taking brief notes and audio recording what was said enabled me to engage with the parents without becoming too involved. I was careful not to interrupt or break silences that provided opportunities for them to re-word briefly and compose themselves if needed. Mallozzi (2009) also suggested that listening carefully and responding confirms that the researcher is hearing and receiving what is being said. Good listening skills combined with emotional control are crucial empathic interview skills to develop (Adams, 2010). (Table 1; section i).

The need to be an empathetic researcher is important so that we can understand the interview experience and data with emotional intelligence. The researcher should recognise the impact of self-awareness and reflexive practice on the quality of research. Moreover, researchers should make every effort to be emotional intelligent if they are to undertake sensitive, empathic research. It is due to empathy – the ability to observe and listen from the participant's perspective – that we can learn to understand how people think, revealing the interconnectivity that brings meaning to the experiences that lie at the core of qualitative research.

Implications for practice

Qualitative researchers undertaking narrative interviews should be prepared for the emotive issues that arise during such work. The strategies outlined in Table 1 emerged not only from literature in this area but also from my own experiences of interviewing parents. I have learnt a significant amount thus far about the emotion work involved in research of this nature and have employed many of the strategies recommended here.

Of particular use for example, was the engagement in wide reading on qualitative

interviewing and studies undertaken. I also sought regular support and guidance from other more experienced researchers and my supervisors. It was essential to discuss and learn from others' experiences and to be guided appropriately within the role of a novice researcher. The use of a reflective diary to document my feelings, thoughts and emotions after each interview encounter I found of great value for reflection.

One needs to remember that the research process is a journey in which one develops as the study proceeds. With any reflexive process, there may be areas that could be done differently or that may change as the research progresses. For example, in my study I would have planned for earlier debriefing discussions, particularly in the initial stages of interviewing when my confidence as a novice researcher was still growing. However, with experience I found I felt more comfortable to address the emotional side of interviewing and in dealing with sensitive topics with parents. Overall, novice researchers should be reassured that emotions such as uncertainty and anxiety are to be expected as their experience grows. Support should be sought and is available if needed.

Conclusion

This paper has highlighted the emotion work involved in qualitative interviewing that seeks to explore experiences of individuals in the quest for stories. Narrative interviews about experiences of neonatal care elicit emotional responses from both parents and researchers. There is a need to be reflexive and emotionally aware during research of this nature that deals with sensitive and poignant recall of events and experience.

Achieving a balance between being emotionally sensitive and remaining neutral can be challenging. It is an area that novice researchers should be aware of, without being a

deterrent for them. Emotional awareness is part of a humanistic and compassionate approach to participants who should be at the centre of any ethically sound and emotionally intelligent research.

Table 1: Strategies to address the emotion work of interviews (in order of appearance)

Issues to address Sections a) to i)	Suggested strategies	Implications for the researcher
a)The need for planning in emotion work	Account for emotional responses in the ethical application. Identify support services in the planning stage. Read appropriate literature and learn from other's practice. Discuss the potential issues with supervisors including the appropriateness of the questions to be asked.	The researcher should be prepared for dealing with emotional upset and be able and confident to offer support if required. There is an ethical responsibility to ensure emotion work is factored into research planning (Bishop and Shepherd, 2011).
b)Potential recruitment challenges	Provide a clear parent information sheet for participants. Use a trusted gatekeeper to assist with recruitment	The researcher can provide appropriate and reassuring information and may encourage participant (Johnston et al, 2016).
c)The need to establish rapport and trust (emotional connections)	Open up the initial meeting with general conversation. Maintain an informal and relaxed approach and communication style and avoid being too formal.	The researcher needs to create an open and relaxed 'research space' (Murphy et al, 2016) to facilitate rapport and encourage sharing of information.
d)Dealing with participant emotions during interviews	Be aware signs of emotion in response to questions Probe gently or prompt responses if emotions are displayed and provide reassurance as necessary. Offer 'time-out' and offer appropriate support services such as parent support groups, other means of counselling help.	The researcher may find these strategies challenging but, over time may start to feel more comfortable to deal with emotional responses (Edwards and Holland, 2013). These challenges should be discussed with supervisors, colleagues, and other researchers as part of a research community / network.
e)The emotional effects on the researcher	Debriefing / post- interview discussions. Research networking via social media, blogs. Consider pastoral support from other sources if necessary.	The researcher may have difficulty distancing themselves from personal stories. Debriefing can address the emotional effect of an experience (Ramjan et al., 2016).
f)The need to report & interpret findings in an unbiased way	Employ transparency in recording of findings and observation including one's feelings Bracketing of values and emotions Document feelings and thoughts elicited from interviews in a reflective diary.	The researcher needs to remain as neutral and objective as possible to maximise trustworthiness of the data (Doyle, 2013). This balance however is challenging and one can question if it is truly possible.

g)The researcher role and relationship with the participants.	Reflexivity – consider and analyse one's own role as a researcher in relation to the influence of emotions on the interpretation of data.	The researcher should be continually reflexive throughout the whole research process (Roddy and Dewar, 2016) and consider the relationship with their participants (Berry, 2016) in relation to emotional responses on both sides.
h)The potential for role blurring	Ensure researcher's dual role differentiation is transparent. Continually reflect on the different roles and where one is positioned in relation to the participant.	The researcher is more prone to role blurring (between researcher and nurse) when an emotional response is likely (Camacho, 2016) and should be reflexive about this issue.
i)The importance of empathic distance and emotional intelligence	Empathic behaviours including listening, attention skills, body language along with Maintain empathic distancing. Continually be self-aware throughout the interviews.	The researcher must understand the need to be emotionally intelligent in relation to how one feels, how others feel and how to manage these emotions (Collins and Cooper, 2014).

References

- Adams, E. (2010). The joys and challenges of semi-structured interviewing. *Community Practitioner*, 83(7), 18–21.
- Ashton, S. (2014). Researcher or nurse? Difficulties of undertaking semi-structured interviews on sensitive topics. *Nurse Researcher*, *22*(1), 27–31.
- Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234.
- Berry, L. (2016). The research relationship in narrative enquiry. *Nurse Researcher*, 24(1), 10-14.
- Bishop, E. C., & Shepherd, M. L. (2011). Ethical reflections: examining reflexivity through the narrative paradigm. *Qualitative Health Research*, *21*(9), 1283–1294.
- Cabello, R., Sorrel, M. A., Fernández-Pinto, I., Extremera, N., & Fernández-Berrocal, P. (2016). Age and Gender Differences in Ability Emotional Intelligence in Adults: A Cross-Sectional Study. *Developmental Psychology*, *52*(9), 1486–1492.
- Camacho, D. (2016). Blurring boundaries: An emotionally aware caregiver, social worker, and researcher. *Qualitative Social Work, in press*.
- Carter, C., Lapum, J.L., Lavelli, L.F., & Schindel Martin., L. (2014). Explicating Positionality: A Journey of Dialogical and Reflexive Storytelling. *International Journal of Qualitative Methods*, *13*(4), 362–376. Retrieved from http://wiganojs.library.ualberta.ca/index.php/IJQM/index
- Collins, C. S., & Cooper, J. . (2014). Emotional intelligence and the qualitative researcher. *International Journal of Qualitative Methods*, *13*, 88–103.
- Darra, S. (2008). Review: Emotion work and the ethics of novice insider research. *Journal of Research in Nursing*, *13*(3), 262–263.
- Dickson-Swift, V., James, E., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: Qualitative research as emotion work. *Qualitative Research*, *9*(1), 61–79.
- Doyle, S. (2013). Reflexivity and the capacity to think. *Qualitative Health Research*, *23*(2), 248–55.
- East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: an approach that can help to develop resilience: Relating personal experiences can help participants to cope with their conditions and improve research. *Nurse Researcher*, *17*(3), 17–25.
- Edwards, R and Holland, J. (2013). What are the power and emotional dynamics of

- qualitative interviews? In G. Crow (Ed.), What is Qualitative Interviewing? ("What is?" Research Methods series). London and New York: Bloomsbury.
- Elmir, R., Schmied, V., Jackson, D., & Wilkes, L. (2011). Interviewing people about potentially sensitive topics. *Nurse Researcher*, *19*(1), 12–16.
- Finlay, L. (2005). "Reflexive embodied empathy": A phenomenology of participant-researcher subjectivity. *Humanistic Psychology*, *33*(4), 271–292.
- Johnston, B., Pringle, J., & Buchanan, D. (2016). Operationalizing reflexivity to improve the rigor of palliative care research. *Applied Nursing Research*, *31*, e1–e5.
- Kendall, M., Harris, F., Boyd, K., Sheikh, A., Murray, S. A., Brown, D., ... Worth, A. (2007). Key challenges and ways forward in researching the "good death": qualitative indepth interview and focus group study. *BMJ (Clinical Research Ed.)*, 334(7592), 521.
- Laura Vazquez Maggio, M., & Westcott, H. (2014). Researchers' reflections of empathy following interviews with migrants. *Qualitative Research Journal*, *14*(3), 214–227.
- Lowes, L., & Paul, G. (2006). Participants' experiences of being interviewed about an emotive topic., 55(5), *Journal of Advanced Nursing*, 55(5), 587–595.
- Mallozzi, C. a. (2009). Qualitative Inquiry on a Platform of Empathy. *Qualitative Inquiry*, 1042–1060.
- Mitchell, W and Irvine, A. (2008). I'm okay, you're okay?: Reflections on the well-being and ethical requirements of researchers and research participants in conducting qualitative fieldwork interviews. *International Journal of Qualitative Methods*, 7(1), 31–44.
- Mitchell, G. (2015). Use of interviews in nursing. *Nursing Standard*, 29(43), 44–48.
- Murphy, G, Peters, K, Wilkes, L and Jackson, D. (2016). A partnership model for a reflective narrative for researcher and participant. *Nurse Researcher.*, 24(1), 15–19.
- Råheim, M., Magnussen, L. H., Sekse, R. J. T., Lunde, Å., Jacobsen, T., & Blystad, A. (2016). Researcher–researched relationship in qualitative research: Shifts in positions and researcher vulnerability. *International Journal of Qualitative Studies on Health and Well-Being*, 11. Retrieved from
 - http://www.ijqhw.net/index.php/qhw/article/view/30996
- Ramjan, LM, Peters, K, Villarosa, A, Curmi, C and Salamonson, Y. (2016). Debriefing as a form of reflection and catharsis for researchers. *Nurse Researcher.*, *24*(1), 20–25.
- Roddy, E and Dewar, B. (2016). A reflective account on becoming reflexive: the 7 Cs of caring conversations as a framework for reflexive questioning. *International*

- *Practice Development, 6*(1), 1–8.
- Skene, C. (2012). Parental involvement in neonatal pain management: reflecting on the researcher-practitioner role. *Nurse Researcher*, *19*(4), 27–30.
- Thoresen, L., & Öhlén, J. (2015). Lived Observations: Linking the Researcher's Personal Experiences to Knowledge Development. *Qualitative Health Research*, *25*(11), 1589–1598.
- Zimmermann, P & Iwanski, A. (2014). Emotion regulation from early adolescence to emerging adulthood and middle adulthood Age differences, gender differences, and emotion-specific developmental variations. *International Journal of Behavioral Development*, 38(2), 182–194.