

[Editorial] An introduction to the role of relational ethics in qualitative healthcare education research

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An introduction to the role of relational ethics in qualitative healthcare education research

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Ethical practice in the world of research is of the utmost importance. In a recent editorial, Holland (2018) discussed the challenges as a journal editor in assessing manuscripts for ethical conduct, with a particular focus on plagiarism, duplication publication and salami slicing. I would now like to briefly explore the process of actually conducting ethical qualitative research – in the context of a relational ethics approach.

An important concept here is the distinction between the positivist and interpretivist paradigms in research. Positivism refers to a belief in an objective ontology – the belief that there is a single, true reality, which can be accessed and explained in black and white terms – yes and no, right and wrong, significant and not significant (Liamputtong and editor, 2013). This belief lays the way to quantitative research approaches (Gray, 2014, Liamputtong and editor, 2013). In contrast to this, interpretivism refers to a belief in a subjective ontology – the belief that there are multiple realities, founded in the experiences of those living within them – i.e. my personal reality is not the same as another's – and that these may not be accessed or explained in black and white terms (Shaw and Anderson, 2018b). This belief lays the way to qualitative research approaches – seeking to explore and understand the various realities in which we all live (Gray, 2014, Liamputtong and editor, 2013, Shaw and Anderson, 2018b).

One might argue that most academics in healthcare circles are intimately familiar with the traditional, positivist approach to ethics. That is to say, that a researcher first prepares a proposal. This is then submitted to an ethics panel for scrutiny, which

will decide whether or not to grant ethical 'approval' to the project. The researcher then conducts their data collection, analysis and project write-up, within the parameters outlined in their ethics approval. This approach to ethics reflects the traditional positivist paradigm within healthcare research – a black and white approach – a tick box, or a hurdle to overcome before data collection may begin. At the core philosophical level, is it appropriate to just apply this positivist process to a purely interpretivist topic?

Whilst this traditional approach to ethics still has an important place in all areas of research – safeguarding participants, for example – how fit for purpose is it as a *stand-alone* process in the world of qualitative research? And how must we as researchers ensure that we maintain the highest of ethical standards in our work to supplement this?

Over the years, experience has taught me that ethics panels can sometimes struggle with the concept of qualitative research, or may even become confused as to why some approvals need to be sought. This may be particularly challenging for those engaging in autoethnographic research – *“the combination of autobiography and ethnography”* (Shaw et al., 2018), whereby a researcher analyses their own experiences to look for sociocultural meaning (Shaw et al., 2018, Shaw et al., 2016, Short et al., 2013). To individuals with firm positivist backgrounds, an autoethnography may appear little more than an autobiographical book or a reflective piece – which would not typically require ethical approval. This can therefore lead to an easy 'tick in the box' from an ethical review panel. However, for the sake of integrity in our work, this is where the concept of relational ethics must then come into play.

“Relational ethics requires researchers to act from our hearts and minds, acknowledge our interpersonal bonds to others, and take responsibility for actions and their consequences” (Ellis, 2007)

At its core, qualitative research is all about interactions with the personal realities of its participants, be that their experiences, beliefs, or cultures. Sometimes these interactions may be quite intimate in nature, and may leave participants, or even the researcher feeling vulnerable (Shaw et al., 2018, Shaw and Anderson, 2018a). This may relate to the data collection, or even to the content of the published manuscript – never underestimate the power of spoken, or in this case written words on the influence of emotional wellbeing. Therefore, qualitative research has the capacity to cause a great deal of emotional and reputational harm to both researchers and participants. Therein lies the importance of applying the principles of relational ethics to our work – above and beyond achieving a formal ethical approval. We must remain true to our participants, our research questions, and ourselves at all stages. And we must ask ourselves: is this the right thing to do? Is this the right thing to write? And have I considered the wider implications of what is done or written?

Within quantitative work, it may be easier for editors and reviewers to assess for ethical conduct in the write-up of research. Whilst it is possible for researchers to lie, if we assume truthfulness, the statistical results may often speak for themselves, and may be difficult to twist to an alternative agenda. However, it may be harder to assess qualitative research by these standards due to its inherent nature – it is not black and white. It therefore falls to us as researchers and reporters of knowledge to ensure that we maintain ethical principals in the stages that are hidden to our readers – particularly in the analysis itself, which is described but not seen.

One might argue that there are several ways in which we can maintain the standards of relational ethics here – the drive for social justice through integrity, empathy, and reflexivity (Lane, 2017). Firstly, we must allow our participants voices to speak for themselves. Whilst it is important that we do analyse our data, we must remain faithful to our participants. This is particularly important in studies of an interpretive, or hermeneutic nature – where our prior experiences, beliefs and prejudices as the researcher are declared and used to aid the conduct and analysis of a study (Shaw and Anderson, 2018a). This is a fine line to walk, and we must ask ourselves at regular intervals if we are treading it well.

Secondly, it is important to remain true to your research methodology. By background, I have firm interest and experience in interpretive phenomenological research (Shaw and Anderson, 2018a, Shaw and Anderson, 2018b, Shaw and Anderson, 2016). Over the years I have encountered many peer reviewers who did not understand subtle but important differences between interpretive and descriptive phenomenology. I have therefore had articles rejected against the expected criteria of a research methodology to which they were never designed to align with.

With increasing pressure to publish and output research within our day-to-day roles as healthcare professionals, and with the world of academic healthcare education becoming increasingly competitive, it is easy to see how frustrated researchers may be tempted to retrospectively change a few of the theoretical aspects behind their studies – in order to appease unfamiliar reviewers and to achieve a peer-reviewed publication. However, this in itself is unethical, and is not remaining true to your participants or to the purity of your research methodology. In doing this, researchers may also unwittingly contribute to the lack of awareness of their true methodologies within the pool of healthcare education academics.

The above may also lead to the development of incorrect, or misleading knowledge within the field. This is because it is important for readers to interpret the findings of any study in the context of its methodology. For example, one would not expect to find claims of definite causation within a simple cross-sectional study. The same applies to qualitative work. Within phenomenology, it is important to interpret findings in the context of its philosophical stance. Was this interpretive or descriptive? I.e. did the researchers' own experiences come into play here in the conduct and analysis of the study/data? Have they sought to present potential meaning behind the experiences, or have they simply reported them?

In short, the world of qualitative healthcare education research may not yet be fully understood by all in academia. This may lead to a 'quick tick in the box' from the

perspective of ethical review panels. However, it is then vital for us as researchers to maintain the principles of relational ethics throughout the conduct of our projects. We must remain true to our participants, to ourselves, and also to our methodology. This includes the eventual journey into the realms of achieving publication. If a journal rejects based upon methodological misassumptions, one should consider whether this was the correct journal to submit to, and not retrospectively alter their methods. In following these principles, we may hope to achieve rigorous, ethical research within academic healthcare education.

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