Northumbria Research Link

Title: Ethical issues in the use of in-depth interviews: literature review and discussion

Note: This is a resubmission made in the light of referees' comments.

Corresponding Author: Peter Allmark, Centre for Health and Social Care Research, Sheffield Hallam University, 32 Collegiate Crescent, Sheffield S10 2BP. E-mail: p.allmark@shu.ac.uk. Phone: 0114 225 5727. Fax: 0114 225 5495.

Co-authors:

Jonathan Boote, Research Design Service for Yorkshire and the Humber, University of Sheffield, Sheffield UK

Eleni Chambers, School of Health and Related Research, University of Sheffield, Sheffield UK

Amanda Clarke, Centre of Academic Primary Care, University of Aberdeen, Aberdeen UK

Ann McDonnell, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield UK

Andrew Thompson, Department of Psychology, University of Sheffield, Sheffield UK

Angela Tod, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield UK

Word count: 3793

Key words: Ethics, research, qualitative, interview, professional

Title: Ethical issues in the use of in-depth interviews: literature review and discussion

Abstract

This paper reports a literature review on the topic of ethical issues in in-depth interviews.   The review returned three types of article: general discussion, issues in particular studies, and studies of interview-based research ethics. Whilst many of the issues discussed in these articles are generic to research ethics, such as confidentiality, they often had particular manifestations in this type of research. For example, privacy was a significant problem as interviews sometimes probe unexpected areas. For similar reasons, it is difficult to give full information of the nature of a particular interview at the outset, hence informed consent is problematic. Where a pair is interviewed (such as carer and cared-for) there are major difficulties in maintaining confidentiality and protecting privacy. The potential for interviews to harm participants emotionally is noted in some papers, although this is often set against potential therapeutic benefit. As well as these generic issues, there are some ethical issues fairly specific to in-depth interviews. The problem of dual role is noted in many papers. It can take many forms: an interviewer might be nurse and researcher, scientist and counsellor, or reporter and evangelist. There are other specific issues such as taking sides in an interview, and protecting vulnerable groups. Little specific study of the ethics of in-depth interviews has taken place. However, that which has shows some important findings. For example, one study shows participants are not averse to discussing painful issues provided they feel the study is worthwhile. Some papers make recommendations for researchers. One such is that they should consider using a model of continuous (or process) consent rather than viewing consent as occurring once, at signature, prior to the interview. However, there is a need for further study of this area, both philosophical and empirical. [291 words]

Title: Ethical issues in the use of in-depth interviews: literature review and discussion

Introduction

The use of in-depth interviews is common in qualitative research and such studies are subject to scrutiny by ethics committees. In-depth interviews are usually semi-structured or unstructured; the interviewer has topics and open-ended questions on which to focus discussion rather than a list of closed questions. They are usually carried out on a one-to-one basis. However, they sometimes occur with a pair or small team of interviewees; for example, an interview might take place between a carer and the person cared for. The in-depth nature of the interviews lies in the intention of the interviewer to uncover details of the interviewee's experience that would be undisclosed in, say, a questionnaire. The authors of this paper have been involved in research projects that used in-depth interviews. Our experience, and that of colleagues, is that such research can give rise to ethical issues and concerns. This led us to the question of what issues ethics committees should consider when reviewing such projects. And what questions should the researchers themselves address in setting up and running such studies? This paper is a discursive literature review on the ethical issues that researchers and academics have identified as related to in-depth interviews.

Method

Two researchers independently conducted the literature review which was completed in July 2008. The following databases were searched: ASSIA (1987-present); Cinahl (1982-present); EMBASE (1980-present); International Bibliography of the Social Sciences (1951-present); Medline (1966-present); Philosopher's Index (1940-present); PSYCinfo (1887-present); Sociological abstracts (1963-present); and Web of Science (1900-present). The terms used were "qualitative research OR qualitative studies"; "interviews OR interview studies";

"counselling"; "ethic(s) OR moral OR dilemma". The Web of Science search was performed first and the search terms were looked for in all areas of the publications. This returned a large number of irrelevant articles; in subsequent searches we limited our search to title and abstract only. All were limited to English language. Some references were also obtained through serendipitous routes, such as personal recommendations and chance finds. A total of 88 references of clear relevance were returned. These were entered onto the reference database, RefWorks.

The 88 references were placed into three main categories. The first were discussion papers: these discussed ethical issues related to in-depth interviews but were not specifically connected to any research study [1-35]. The second were study-connected papers: here the authors described and discussed ethical issues arising from a particular studies that had used in-depth interviews [36-81]. The third were empirical studies that focussed on ethical issues related to in-depth interviews [82-88].

The review methods had limitations. For example, the initial examination of the papers was limited to title and abstract; any papers that discuss ethical issues but made no reference to the discussion in the abstract are, therefore, excluded. As such, this review is best seen as comprehensive rather than systematic. However, the findings in terms of the themes discussed in the literature are reasonably robust. The remainder of this paper is organised under three broad headings: themes, studies of in-depth interview-based research, and recommendations.

Themes

Privacy and confidentiality
Privacy as an issue *per se* and not simply an element of confidentiality is identified in a number of papers [4, 17, 27, 30, 31, 34, 37, 40, 50,

55, 65, 66, 70, 74]. Interviews can delve into areas unanticipated at the outset. Furthermore, there is a danger of voyeurism and the temptation to focus on the most sensational elements of a study [47, 53] and to pick sensational phenomena to study [52].

There is a particular issue with "dyadic" inquiry, as in the case of using interviews to study issues between carers and those they care for [48] and of using interviews to study family relationships [66, 70]. Here privacy is threatened when the interviewer probes into areas that at least one interviewee would prefer to keep private. Confidentiality is threatened when the interviews reveal details between the pair that were previously secret [48].

Confidentiality is widely discussed [38, 39, 43, 47-50, 55, 56, 65, 67, 69-74, 86]. The most common threat identified is in writing up of reports and, particularly, the use of quotes [31, 33, 34]. Whilst individuals may not be identifiable to the general public, they may well be identifiable to, say, the peers also involved in the study.

Some papers discuss instances when a researcher ought to breach confidentiality in the public interest [34, 43]. Others consider the related issue of researchers' legal or professional duties when protecting confidentiality where a crime is reported or witnessed [45, 71, 87].

Informed consent
Informed consent is extensively examined. The issues of privacy and confidentiality are identified as reasons for its particular importance in interview research [43, 47, 55, 57, 65-67, 72]. Whilst it is desirable for the participant to know the privacy and confidentiality "rules" before agreeing to the interview, the privacy issue suggests that this cannot be entirely assured. Therefore, some authors recommend a model of continuous or process consent, where the researcher

reaffirms consent throughout the research process [3, 25, 31]. In an interview this requires judgment: "Is it alright if we talk a little more about that?" This model of consent has been discussed in other contexts and is not without problems [89, 90][90, 91]. For example, there is a danger of participants being drawn into the research on partial information and then feeling obliged to continue. The process model of consent is used in at least one case [68]. Some papers identify the difficulty of obtaining informed consent where the interviewees are from vulnerable groups [50, 56, 58, 70].

Harm

Many interviews concern issues that are sensitive; this can make interviews emotionally intense [28, 40, 40, 44, 49, 58, 69]. They might potentially harm both interviewees [10, 15, 16, 31, 33, 49, 77] and interviewers [4, 37, 39, 45, 51]. Bereavement research is a particular example [9, 36, 59]. A more prosaic (but important) potential harm is to physical safety, particularly in some contexts such as interviewing homeless youths [47, 50, 74] or research into domestic violence [13]. Many researchers set potential harm against possible therapeutic benefit they have either noted [40, 44, 49, 66, 78] or systematically investigated [80]. However, other studies raise doubts about this therapeutic benefit [42, 46].

Sinding and Aronson point to the danger of exposing interviewees' self-perceived failures in, for example, providing end-of-life care [68]. Their discussion brings out two important issues. One is the desire of interviewers to minimise hurt through, what they term "consoling refrains". The other issue is more political: as feminists, the researchers say they have a desire to "unsettle the accommodations" women have to make in their lives; they want their research to expose problems and be part of the movement to change society.

The issue of "consoling refrains" is discussed by a number of researchers.   There may be tension here: if interviews have the potential to harm or be therapeutic, and if researchers generally desire that they are the latter, then researchers may be tempted to switch from research to therapy when conducting interviews [38, 48, 49, 67, 69].

Dual role and over-involvement

Just as interviews may have a dual end of information and therapy, so the researcher may take on a dual role as scientist and therapist. This problem is widely noted [4, 7, 8, 14, 17, 19, 20, 22, 24, 30, 34, 35].   At its simplest, the researcher wants to protect the participant from harm. She may, therefore, try to bolster his self-esteem or put a positive interpretation on described events.   More ambiguously, the researcher wants to obtain good quality material.   In doing this she may use the techniques of counselling in order to draw out the participant.   Finally, the researcher may have another role, such as social worker or nurse. She may find herself drawn into that role and away from that of researcher during an in-depth interview.

Aside from this, the researcher may simply find herself over-involved with the participant, although the researcher who reports having sex with a participant must surely be an extreme case [81]. By contrast, Tillmann-Healy's discussion suggests that at least some degree of involvement, she says friendship, is desirable, perhaps necessary, in this type of research [35].   Tillmann-Healy goes on to ask, though, how can one develop such a relationship with a participant whom one dislikes or even one who seems morally reprehensible (she gives the example of a murderer).

Politics and power

A number of commentators raise the issue of power [4, 5, 10, 12, 13, 25, 31].   At the outset, the participant may feel obliged to take part in

the interview because of the relationship he has with the interviewer. For example, the interviewer may be the participant's GP [7]. During the interview, the interviewer has some power over the direction of conversation. The participant may be drawn to discuss issues he would rather have kept silent about. Furthermore, he may be misled by the apparent counselling methods of the interviewer; as such, he may, for example, feel disappointed by the lack of therapeutic intent revealed later. In the later stages of the research process, the interviewer usually has control of which quotes are used, how they are used and how they are interpreted. Participants can feel misrepresented [33] perhaps especially where interpreters are used [38].

Comments on the politics of interviews are sparser, although it is an issue identified by feminists who often refer to Oakley's work as a precursor [26, 38, 62, 79]. In following Oakley, the feminist researcher would seek to be on the woman's side in the interview; this position would contrast with someone who viewed the interviewer's role as neutral and related to data-collection only. Oakley herself characterises the two positions of "reporter" and "evangelist" and recommends the former, albeit on the woman's side. One paper highlights the danger to the study findings of a non-neutral position [75]. Seibold comments that even a feminist-inspired interview will have issues of power during the conduct of the interview (when she claims that the interviewees had the power in her case) and during the reporting of it (when she claims that she did) [66].

Forbat describes the difficulty of avoiding taking sides in dyadic interviews [48]. And a number of papers discuss the issue in relation to research in conflict zones [37, 60, 74]. One researcher describes criticising an interviewee for denying Serbian war atrocities [60].

The issue of power is perhaps of greatest import in relation to, what are termed, vulnerable groups. Groups identified include illicit-drug users,[47, 50, 63] children and older people,[54] the terminally ill,[36, 44, 61] gay men and lesbians,[53] Muslim mothers [38] and individuals with mental health problems [56]. The precise nature of the issues related to interviewing these groups varies. This reflects the imprecision of the term "vulnerability". For illicit-drug users it includes vulnerability to police action; for gay men and lesbians, vulnerability to attack or social ostracism; and for those with mental health problems, vulnerability to stress during the interview process.

Studies of in-depth-interview-based research

Given the extensive use of in-depth interviews in qualitative research and the fairly widespread acknowledgement of ethical issues, it is striking how little focussed research has taken place. Our review found eight relevant studies.

One study aimed to look at research ethics from the perspective of research participants and to identify their ethical requirements [82]. All 50 participants had taken part in interview-based social policy research; around 20 had taken part in research involving in-depth interviews. The participants predominantly decided quickly to take part in the studies and felt they had a high level of commitment once their decision was made. Participants' feelings about the research were also influenced by their perception of its importance and the idea that it would make a difference. Some had concerns about the tape recording of the interview; they felt worried that this remained available for others to hear. Participants showed no aversion to discussing painful issues provided they felt the study was worthwhile.

In a second study, researchers conducted face-to-face semi-structured interviews in Australia with 30 qualitative researchers who had undertaken research on sensitive topics [83]. One of the main themes

to emerge from this research is that of boundaries: the boundaries associated with being a professional researcher (including the development of rapport, the use of researcher self-disclosure and the need for support and debriefing); the boundaries related to concerns about the differences and similarities between research interviews and therapy and counselling interviews; and boundary issues in relation to researchers developing friendships with participants. The authors discuss boundary management, including difficulties in leaving research relationships and occupational stress.

In another Australian study, 49 people with "psychiatric disabilities" received specific feedback on interview studies in which they had participated. The key message of this study is the importance of such feedback and that it needs to be tailored for the individual. The author warns that lack of feedback can reinforce negative self-evaluations [84].

The fourth focussed study is of ten experienced qualitative researchers [85]. The theme of the study is the impact of collecting sensitive data on researchers. Confidentiality, role conflict and harm to the interviewees emerge as dominant themes. Another theme is a feeling of isolation in researchers.

The fifth study is of 19 participants who were predominantly social workers who had undertaken postgraduate or undergraduate research [45]. The themes that emerge from the participants primarily are: first, the role conflict between being a researcher and a social worker; second, the exploitation of participants for the sake of, say, a qualification; and third, problems with supervision.

In another study, Helgeland asked respondents in a qualitative study their feelings at being re-contacted [18]. They were unconcerned and Helgeland suggests that current regulations are too protectionist. A

similar point is made in Faulkner's article based on a user-led study, that is, one directed or led by health service users or survivors [86]. She notes that distress is not necessarily harm and that trying to protect participants from distress can be patronising.

A final study undertaken by Wiles et al [87-88] comprised interviews, e-mail discussion and focus groups with social researchers. The research investigated their practices in relation to informed consent and confidentiality. The researchers detected an interesting tension between regulation and respecting participants' autonomy. For example, researchers say some participants are uneasy with the use of pseudonyms and would rather own their comments. Similarly, Wiles et al note that there is no data which shows participants' views on changing personal details to disguise identities; they speculate that many would dislike it.

Recommendations from the studies

Many papers are cautious in giving recommendations for practice. Rosenblaat suggests that there is no single "trustworthy ethical formula" that can be applied to a qualitative research interview; ethical guidelines are co-constructed as the interview progresses [64]. In response to the "emergent" ethical issues confronting the qualitative interviewer, often it is recommended that researchers engage in ongoing reflectivity whilst responding sensitively to participants' needs [10, 34]. Other papers, however, do offer recommendations about how to tackle specific issues.

Privacy and confidentiality

Richards and Schwartz [31] recommend the use of pseudonyms or initials and, where possible, that the researcher change other identifying details in reports. However, they also recognise that some participants may not wish to remain anonymous. Ensign [47] recommends that participants are informed that it may be impossible

to assure complete confidentiality, especially with narratives and life histories, even if pseudonyms are used.

The duty of confidentiality can cause conflict, particularly for practitioner-researchers and if the researcher is known to participants. Ensign [47] emphasises the importance of setting boundaries in such circumstances. Two papers which explore ethical issues in qualitative research describe circumstances where it may be appropriate to breach confidentiality; for example, unreported illegal sexual behaviours, risky and/or illegal activities, or intention to harm others or self. They recommend that researchers draw up a plan of action in the event of such disclosures in advance and inform participants of the boundaries of confidentiality; that is, what will not be held as confidential [43, 47]. Their suggestions should be set against the study by Wiles et al, showing researchers to be reluctant to breach confidentiality for reasons of disclosed illegality [87, 88].

Informed consent

Recommendations in relation to consent are given by a number of authors [31, 47, 59, 68, 69, 76]. These recommendations mainly focus on the importance of providing detailed information to participants about the nature of the research and the need to gain written consent. Ensign [47] stands alone in recommending oral assent/consent in research with homeless youths. Several papers argue the case for process consent,[31, 36, 59, 64, 68] but provide little more advice other that that which is common to most qualitative research; namely informing participants at the outset of the purpose and scope of the study, the types of questions likely to be asked and so forth.

Harm

Many papers suggest ways to avoid harm, both to participants and to the researcher [31, 43, 45, 47, 51, 59, 64, 68, 69, 85]. Minimising the

risk of researcher burn-out and safety issues are addressed in some detail and may be summarised under the themes of personal and group support, education and training and addressing practical concerns.   These recommendations include having formal and informal networks of support, education and training for researchers, and following lone-worker policies.

Richards and Schwartz [31] argue that supervision is especially pertinent for qualitative researchers who are regarded as the 'research instrument' and often work alone.   Shaw [34] recommends that research training should be ongoing and available to social workers post-qualification.   Papers that address the subject of research with vulnerable groups, for example, the young homeless [47] and the bereaved [59, 64] emphasise that intense supervision is needed to protect participants from inexperienced researchers.   Ensign [47] suggests novice researchers who wish to conduct work with such groups first gain experience in working with them in a voluntary capacity.   Murray Parkes [59] goes further and advocates that researchers in bereavement undergo prior training in counselling to ensure they do no harm and that their supervisors should have advanced level of training and experience of counselling the bereaved.

Sometimes the advice offered to avoid potential harm to participants is of a generic nature; for example, if a participant becomes distressed, it is suggested that interviewers should use their intuition to determine whether or not to interrupt or stop an interview [8, 31, 43, 59, 68, 69, 79, 85].   Other papers address ways to minimise exploitation of participants more specifically; suggesting that researchers should, for example, plan strategies in advance of data collection to deal with potential difficulties, and abandon lines of investigation if participants' words or gestures seem to set a boundary around a particular issue.

Dual role and over-involvement

Although potential conflict in terms of the duality of the practitioner–researcher role is discussed, little is offered by way of recommendation in order to address such concerns. Richards and Schwartz [31] advise researchers to disclose their professional background to participants.

Politics and power

Recommendations for reducing the potential power imbalance between researchers and participants are not explicitly stated. However, suggestions are offered for giving something back to participants [8]. Armitage [76] recommends that participants be provided opportunities for learning but does not state how to go about this; Finch [79] feels that it is a privilege to be allowed insight into a person's life and this should be openly acknowledged; whilst Murray Parkes [59] and Sinding and Aronson [68] suggest such acknowledgment should be formalised in a letter of thanks and appreciation to all participants. Tillmann-Healy [35] goes further and recommends developing 'an ethic' of friendship in some qualitative studies, by attending to participants' fears and concerns, active listening and responding compassionately. She offers the examples of turning off the tape recorder and cooking dinner with participants as ways to foster friendship (see also Oakley [26]).

In terms of offering advice to participants, Smith [69] argues that researchers should be prepared to 'take a moral stance' and justify their stance in relation to whether it is appropriate to intervene in an interview by offering advice. Murray Parkes [59] and Richards and Schwartz [31] suggest that the researcher is justified in pointing participants to possible sources of impartial assessment and support if needed. In contrast to those who argue that the interview may serve a therapeutic role [31, 59] Rosenblatt [64] suggests that researchers should avoid therapeutic intervention. Similarly, Smith [69] states that the researcher interviewer's role is not a cathartic one.

Closing remarks and directions for future study

The review suggests that interview research shares many ethical issues with other research. However, some such issues are of particular import to interview research, such as privacy. Others take a particular form, as with the decision whether or not to use process informed consent. The review also suggests that interview research cannot be regarded simply as low risk; papers identify possible and actual harms to both researchers and participants. Similarly, there may be therapeutic benefit to set against these harms.

There are issues that are fairly specific to interview research although other forms of qualitative research may share them to some extent. These include the issues of the close relationship formed between researcher and participant, the use of counselling as a research tool, taking sides and power.

There seem to be several areas that require further study. The first is in the realm of philosophical research. The position the researcher takes on a number of these ethical issues will have methodological implications. For example, the researcher must decide whether to:

- Be relatively objective or be involved,
- Use counselling techniques,
- Seek to protect and reinforce the participant,
- Challenge the participant,
- Take heed of the sex, ethnicity, sexuality and class of the interview subject in deciding who should undertake an interview,
- Use process consent through the interview
- Use particular quotes in reporting the interview.

All such decisions may have major effects on the research data and findings.

As well as philosophical research, there are at least four areas that require further empirical study. The first is the area of the harms and benefits of interview study: in undertaking such research one would have to consider whether the researchers themselves used counselling techniques to minimise harm and whether this is appropriate. The second is the type and extent of ethical issues that arise in interview practice: the papers here give a feel for some issues but they are not systematic. Some issues may be missed, others overstated. The third is the view of the research participants: this is underrepresented in current research. The final area is the effects of being a user researcher (that is, a user of the services under investigation) on research ethics committees: for example do user researchers deal with ethical issues differently and, perhaps, more appropriately?

Acknowledgements

Competing interests

None

References

1. Bedini LA, Henderson KA. The therapeutic value of the interviewing process in research. *Annual in Therapeutic Recreation* 1995;6: 55-63, 73, 75.

2. Brinkmann S, Kvale S. Confronting the ethics of qualitative research. *Journal of Constructivist Psychology* 2005;18(2):157-81.

3. Byrne M. The concept of informed consent in qualitative research. *AORN Journal.* 2001;74(3):401-3.

4. Borbasi S, Jackson D, Wilkes L. Fieldwork in nursing research: positionality, practicalities and predicaments. *J Adv Nurs* 2005;51(5):493-501.

5. Cashmore J. Ethical issues concerning consent in obtaining children's reports on their experience of violence. *Child Abuse & Neglect* 2006;30(9):969-77.

6. Cerinus M. The ethics of research. *Nurse Researcher* 2001;8(3):72-89.

7. Chew-Graham CA, May CR, Perry MS. Qualitative research and the problem of judgement: lessons from interviewing fellow professionals. *Fam Pract* 2002;19(3):285-9.

8. Cieurzo C, Keitel M. Ethics in qualitative research. In: Kopala M, Suzuki L, editors. Using qualitative methods in psychology California: Sage, 1999: 63-75.

9. Cook AK. Ethical Issues in Bereavement Research - An Overview. *Death Stud* 1995;19(2):103-22.

10. Cohn ES, Lyons KD. The perils of power in interpretive research. *American Journal of Occupational Therapy* 2003;57(1):40-8.

11. DiCicco-Bloom B, Crabtree BF. The qualitative research interview. *Med Educ* 2006;40(4):314-21.

12. Ebbs C. Qualitative Research Inquiry: Issues of Power and Ethics. *Education* 1996;117(2):217-22.

13. Ellsberg M, Heise L, Pena R, Agurto S, Winkvist A. Researching Domestic Violence Against Women: Methodological and Ethical Considerations. *Stud Fam Plann* 2001;32(1):1-16.

14. Fog J. Moral Issues in the Qualitative Research Interview. *Nordisk Psykologi* 1992;44(3):212-29.

15. Foss C, Ellefsen B. The invisible encroachments -- ethical challenges in qualitative research. *Vard I Norden.Nursing Science and Research in the Nordic Countries* 2004;24(3):48-51.

16. Hadjistavropoulos T, Smythe W. Elements of risk in qualitative research. *Ethics and Behaviour* 2001;11(2):163-74.

17. Haverkamp BE. Ethical perspectives on qualitative research in applied psychology. *Journal of Counselling Psychology* 2005;52(2):146-55.

18. Helgeland IM. "Catch 22" of Research Ethics: Ethical Dilemmas in Follow-Up Studies of Marginal Groups. *Qualitative Inquiry* 2005;11(4):549.

19. Holloway I. Ethical dilemmas in qualitative research. *Psychology Review* 2001;8(2):28-31.

20. Holloway I, Wheeler S. Ethical Issues in Qualitative Nursing Research. *Nurs Ethics* 1995;2(3):223-32.

21. Jack DC. Ways of listening to depressed women in qualitative research: Interview techniques and analyses. *Canadian Psychology-Psychologie Canadienne* 1999;40(2):91-101.

22. Johnson M. Observations on the neglected concept of intervention in nursing research. *J Adv Nurs* 1997;25(1):23-9.

23. Mishna F, Antle BJ, Regehr C. Tapping the perspectives of children: emerging ethical issues in qualitative research. *Qualitative Social Work* 2004;3(4):449-68.

24. Munhall PL. Ethical considerations in qualitative research. *West J Nurs Res* 1988;10(2):150-62.

25. Nunkoosing K. The Problems with Interviews. *Qual Health Res* 2005;15(5):698.

26. Oakley A. Interviewing women: a contradiction in terms. In: Roberts H, editor. Doing feminist research. London: Routledge, 1981: 30-61.

27. Oberle KM. Ethics in qualitative health research. *Annals of the Royal College of Physicians & Surgeons of Canada.*2002;*35(8 Suppl.):563-6.*

28. Peled E, Leichtentritt R. The ethics of qualitative social work research. *Qualitative Social Work* 2002;1(2):145-69.

29. Punch M. Politics and ethics in qualitative research. In: Denzin N, Lincoln Y, editors. Handbook of qualitative research. Thousand Oaks, CA: Sage, 1994: 83-97.

30. Ramos MC. Some ethical implications of qualitative research. *Research in Nursing & Health.*1989;*12(1):57-63.*

31. Richards HM, Schwartz LJ. Ethics of qualitative research: are there special issues for health services research?*. Family Practice.* 2002;19(2):135-9.

32. Rowan J. Research ethics. *International Journal of Psychotherapy* 2000;5(2):103-11.

33. Sandelowski M. The use of quotes in qualitative research. *Research in Nursing & Health.*1994;*17(6):479-82.*

34. Shaw IF. Ethics in qualitative research and evaluation. *Journal of Social Work* 2003;3(1):9-29.

35. Tillmann-Healy LM. Friendship as method. *Qualitative Inquiry* 2003;9(5):729-49.

36. Beaver K, Luker K, Woods S. Research. Conducting research with the terminally ill: challenges and considerations. *Int J Palliat Nurs* 1999;5(1):13-7.

37. Chaitin J. "I wish he hadn't told me that": Methodological and ethical issues in social trauma and conflict research. *Qual Health Res* 2003;13(8):1145-54.

38. Chesney M. Dilemmas of interviewing women who have given birth in Pakistan. *Nurse Researcher* 1998;5(4):57-70.

39. Clark MC, Sharf BF. The Dark Side of Truth (s): Ethical Dilemmas in Researching the Personal. *Qualitative Inquiry* 2007;13(3):399-416.

40. Clarke A. Qualitative interviewing: encountering ethical issues and challenges. *Nurse Res* 2006;13(4):19-29.

41. Compton S. Qualitative Research Methods: The Unstructured Interview. *Canadian Journal of Dental Hygiene* 2005;39(1):14.

42. Corbin J, Morse JM. The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry* 2003;9(3):335-54.

43. Cowburn M. Confidentiality and public protection: Ethical dilemmas in qualitative research with adult male sex offenders. *Journal of Sexual Aggression* 2005;11(1):49-63.

44. Davies EA, Hall SM, Clarke CRA, Bannon MP, Hopkins AP. Do research interviews cause distress or interfere in management? Experience from a study of cancer patients. *J R Coll Physicians Lond* 1998;32(5):406-11.

45. Davison J. Dilemmas in Research: Issues of Vulnerability and Disempowerment for the Social Worker/Researcher. *Journal of Social Work Practice* 2004;18(3):379-93.

46. Dyregrov K. Bereaved parents' experience of research participation. *Soc Sci Med* 2004;58(2):391-400.

47. Ensign J. Ethical issues in qualitative health research with homeless youths. *J Adv Nurs* 2003;43(1):43-50.

48. Forbat L, Henderson J. "Stuck in the middle with you": the ethics and process of qualitative research with two people in an intimate relationship. *Qualitative Health Research.*2003;13(10):1453-62.

49. Hess RF. Postabortion Research: Methodological and Ethical Issues. *Qual Health Res* 2006;16(4):580-587.

50. Hofman NG. Toward critical research ethics: transforming ethical conduct in qualitative health care research. *Health Care for Women International.* 2004;25(7):647-62.

51. Hubbard G, Backett-Milburn K, Kemmer D. Working with emotion: issues for the researcher in fieldwork and teamwork. *International Journal of Social Research Methodology* 2001;4(2):119-37.

52. Humphreys L. *Tearoom trade: impersonal sex in public places.* Chicago: Aldine, 1970.

53. James T, Platzer H. Ethical considerations in qualitative research with vulnerable groups: Exploring lesbians' and gay men's experiences of health care - A personal perspective. *Nurs Ethics* 1999;6(1):73-81.

54. Jokinen P, Lappalainen M, Merilainen P, Pelkonen M. Ethical issues in ethnographic nursing research with children and elderly people. *Scandinavian Journal of Caring Sciences.* 2002;16(2):165-70.

55. Kidd J, Finlayson M. Navigating uncharted water: research ethics and emotional engagement in human inquiry. *J Psychiatr Ment Health Nurs* 2006;13(4):423-8.

56. Koivisto K, Janhonen S, Latvala E, Vaisanen L. Applying ethical guidelines in nursing research on people with mental illness. *Nurs Ethics* 2001;8(4):328-39.

57. McIlfatrick S, Sullivan K, McKenna H. Exploring the ethical issues of the research interview in the cancer context. *European Journal of Oncology Nursing* 2006;10(1):39-47.

58. Mitchell TL, Radford JL. Rethinking research relationships in qualitative research. *Canadian Journal of Community Mental Health* 1996;15(1):49-60.

59. Parkes CM. Guidelines for Conducting Ethical Bereavement Research. *Death Stud* 1995;19(2):171-81.

60. Pryke S. 'Some of our people can be the most difficult'. Reflections on difficult interviews. *Sociological Research Online* 2004;9(1): http://www.socresonline.org.uk/9/1/pryke.html.

61. Raudonis BM. Ethical considerations in qualitative research with hospice patients. *Qual Health Res* 1992;2(2):238-49.

62. Ribbens J. Interviewing - An Unnatural Situation. *Women's Studies International Forum* 1989;12(6):579-92.

63. Ritter A, Fry C, Swan A. The ethics of reimbursing injecting drug users for public health research interviews: what price are we prepared to pay?. *International Journal of Drug Policy* 2003;14(1):1-3.

64. Rosenblatt P. Ethics of qualitative interviewing in grieving families. In: Memon A, Bull R, editors. Handbook of the Psychology of Interviewing Chichester: Wiley, 1999: 197-209.

65. Seal DW, Bloom FR, Somlai AM. Dilemmas in conducting qualitative sex research in applied field settings. *Health Education & Behavior* 2000;27(1):10-23.

66. Seibold C. Qualitative research from a feminist perspective in the postmodern era: methodological, ethical and reflexive concerns. *Nurs Inq* 2000;7(3):147-55.

67. Seymour JE, Ingleton C. Research issues. Ethical issues in qualitative research at the end of life. *Int J Palliat Nurs* 1999;5(2):65-73.

68. Sinding C, Aronson J. Exposing failures, unsettling accommodations: tensions in interview practice. *Qualitative Research* 2003;3(1):95-117.

69. Smith L. Ethical Issues in Interviewing. *J Adv Nurs* 1992;17(1):98-103.

70. Tuttle L, Seibold C. Ethical issues arising when planning and commencing a research study with chemically dependent pregnant women. *Australian Journal of Advanced Nursing* 2003;20(4):30-6.

71. Volker DL. Methodological issues associated with studying an illegal act assisted dying. *Advances in Nursing Science* 2004;27(2):117-28.

72. Walker W. Ethical considerations in phenomenological research. *Nurse Res* 2007;14(3):36-45.

73. Wilkie P. Issues in research. Ethical issues in qualitative research in palliative care. *Palliat Med* 1997;11(4):321-4.

74. Wood EJ. The Ethical Challenges of Field Research in Conflict Zones. *Qualitative Sociology* 2006;29(3):373-86.

75. Antaki C, Young N, Finlay M. Shaping clients' answers: departures from neutrality in care-staff interviews with people with a learning disability. *Disability & Society* 2002;17(4):435-55.

76. Armitage G. Drug errors, qualitative research and some reflections on ethics. *Journal of Clinical Nursing.*2005;14(7):869-75.

77. Boothroyd RA, Best KA. Emotional reactions to research participation and the relationship to understanding of informed consent disclosure. *Soc Work Res* 2003;27(4):242-51.

78. Cook AS, Bosley G. The Experience of Participating in Bereavement Research - Stressful Or Therapeutic. *Death Stud* 1995;19(2):157-70.

79. Finch J. 'It's great to have someone to talk to'. In: Hammersley M, editor. Social Research: Philosophy, politics and practice London: Open University/Sage, 1993: 166-80.

80. Murray B. Qualitative research interviews: therapeutic benefits for the participants. *Journal of Mental Health and Psychiatric Nursing* 2003;10:233-8.

81. Wolcott H. *Sneaky kid and its aftermath: ethics and intimacy in fieldwork.* Walnut Creek, CA: Altamira Press, 2002.

82. Graham J, Grewal I, Lewis J. *Ethics in social research: the views of research participants.* London: NatCen, 2007.

83. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Doing sensitive research: what challenges do qualitative researchers face?. *Qualitative Research* 2007;7(3):327-353.

84. Fossey E, Epstein M, Findlay R, Plant G, Harvey C. Creating a positive experience of research for people with psychiatric disabilities by sharing feedback. *Psychiatr Rehabil J* 2002;25(4):369-78.

85. Johnson B, Clarke J. Collecting sensitive data: the impact on researchers. *Qual Health Res* 2003;13(3):421-34.

86. Faulkner A. Inclusive and empowering. *Ment Health Today* 2005; Nov: 31-3.

87. Wiles R, Charles V, Crow G, Heath S. Researching researchers: lessons for research ethics. *Qualitative Research* 2006;6(3):283-299.

88. Wiles R. The Management of Confidentiality and Anonymity in Social Research. *International Journal of Social Research Methodology* 2008;1(1):1-12.

89. Mason SA, Allmark PJ. Obtaining informed consent to neonatal randomised controlled trials: interviews with parents and clinicians in the Euricon study. *Lancet* 2000; 356(9247):2045-51.

90. Allmark P. Obtaining consent for neonatal research. *Archives of Disease in Childhood. Fetal and Neonatal Edition* 2003;88(3):F166.