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### Reflecting on the changing practice of qualitative health research

Enduring learning on care-full practice beyond the COVID-19 pandemic

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## Editorial

## Reflecting on the changing practice of qualitative health research: Enduring learning on care-full practice beyond the COVID-19 pandemic

“The activities that constitute care ... ‘includes everything that we do to maintain, continue and repair ‘our world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web”

Tronto and Fisher (1990), cited in Tronto (1998).

## 1. Introduction

The COVID-19 pandemic led to significant change in global research landscapes, leading to a surge of published studies, commentaries and special issues addressing its complex effects. These effects included major disruptions to health and healthcare, exacerbation of inequalities and increased marginalisation of many groups and populations, as well as changes in organisational and institutional dynamics and social practices. Furthermore, the restrictions put in place to mitigate transmission of the virus significantly influenced and complicated research methods and practices. Reflecting on these practices over time has allowed researchers to examine what has worked well (and what has not), as well as shifts in practice to ensure research that considers the well-being of both research participants and researchers. In this special issue, we have brought together examples of good practice that have been sustained, and discuss novel approaches that can become embedded in future qualitative methodology. In so doing, our thinking has been informed by feminist ethics of care theories (Tronto, 1998, 2015) and a situational and relational approach that sensitises us, as researchers, to the layered moral responsibilities within asymmetrical caring relationships. This perspective highlights the role of power and care in research interactions, prompting us to foreground an ‘ethic of care’ (Tronto, 1998) that considers the relational dimensions of care within these contexts throughout this editorial.

## 2. Background to the special issue

The starting point for this special issue of *SSM Qualitative Research in Health* was a virtual qualitative health research seminar held at the University of Edinburgh in early 2022. The seminar attracted significant attention from a range of researchers working in, and often struggling through, qualitative health research during the pandemic. A key theme woven through the session was the experience of ongoing

methodological and practical research uncertainties and the challenges of navigating issues around institutional restrictions and academic precarity. While these concerns were common across all researchers, our discussions revealed how they disproportionately affected early career researchers (ECRs), including doctoral and post-doctoral researchers, especially those living with chronic illness, caring responsibilities and conducting research in the Global South.<sup>1</sup>

The enthusiastic response to the seminar prompted us to propose a special issue to focus on the changing practice of qualitative health research, with a strong commitment to the inclusion of work of ECRs and people researching in different global contexts. It is important to note that as an editorial team we were not dislocated from these same challenges; several of us had insecure employment contracts, heavy academic teaching loads (exacerbated by the pandemic) and were navigating caring responsibilities and our own health challenges.

While we were committed to making the special issue a ‘space’ where a diverse range of authors at different career stages could share their work to catalyse ongoing learning and prompt further debate, it involved (as most academic publishing does) considerable ‘invisible labour’. This invisible labour extended to and encompassed not only the authors of the papers, but also the article reviewers, many of whom were variously ECRs, precariously employed, disabled, living with chronic illness, carers and engaged in unpaid work outside of academia. This speaks to the issues highlighted by authors in this special issue (Budworth, 2023; Hassan et al., 2023; Mauldin, 2023; Podar, 2024; Tremblett et al., 2023). As such, we feel it is important within this editorial to surface this (often) hidden work. We want to emphasise that this entire special issue represents the combined efforts of many people – authors and their ‘important others,’ reviewers, editors, production staff – not least the many participants of the studies presented.

In line with these commitments, we also want to be transparent about our decision to list the authors of this editorial alphabetically. We are mindful that publishing practices across different disciplines can render some authors invisible. All the editors of this special issue contributed both to managing the editing and publishing process and to drafting this article. As such, there is no ‘lead’ or ‘first’ author; we are all co-authors and contributors. Our contributions have taken different forms, and all are valued and warrant recognition. We trust that our commitment to transparency will make a small contribution to supporting and advancing qualitative health research publishing practices.

<sup>1</sup> The term ‘Global South’ is used here to broadly refer to regions in Latin America, Africa, Asia and Oceania that have historically been marginalised within global power structures. While some scholars argue that the term reinforces a binary perspective of the world that oversimplifies complex socio-economic and political realities, it remains widely recognised in academic and policy discourse.

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2667-3215/Crown Copyright © 2024 Published by Elsevier Ltd. This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).

### 3. The focus of the special issue

This special issue aims to document and reflect on the evolving landscape of qualitative health research in this ‘post-pandemic’ period. It explores how researchers adapted and learned from this unprecedented experience. The pandemic not only challenged existing research practices but also catalysed transformative shifts, necessitating the adoption of innovative methods to accommodate participants in a digitally driven environment. Researchers responded to evolving mandates from governments, funding bodies, academic institutions and research partners by experimenting with research methods.

Not only have research methods changed, but the pandemic’s affective impact has further highlighted the importance of integrating caring practices into research processes. While feminist and queer researchers have long advocated for an ethics of care (Fiske et al., 2022; Piepzna-Samarasinha, 2018; Reich, 2021; Rutter et al., 2024; Tronto, 1998), a praxis of care and relational ethics have arguably gained broader recognition within qualitative health research in response to the disruptive force of the pandemic (Jeffrey and Thorpe, 2024). These shifts present both opportunities and challenges, compelling researchers to cultivate, nurture and at times repair the world of qualitative health research.

‘Conventional’ approaches to qualitative health research, often aligned with biomedicine, generally position researchers as objective facilitators of data collection. However, this stance sits in tension with the personal, human and frequently emotional nature of qualitative health research, where both participants and researchers can be profoundly affected by their experiences. This type of research often involves exploring, describing and making sense of emotionally charged topics such as chronic illness, disability, inequalities, racism and death. Considerable attention has been devoted to understanding the impact of these experiences on participants, leading to efforts to enhance ethical practice, refine distress protocols and develop effective approaches to leaving the field. Comparatively less focus has been given to the emotional experiences of researchers themselves—both positive and negative—and to how these affective dimensions of research practice shape the process (Jeffrey and Thorpe, 2024; Warr, 2004).

The papers featured in this special issue reflect a range of strategies and innovations developed to adapt qualitative research practices in response to the global crisis of COVID-19. They examine both practical and conceptual adaptations, highlighting the shift towards research that is robust, compassionate and care-full (Budworth, 2023). This special issue emphasises the importance of enduring learning and adaptation as researchers navigate an evolving post-pandemic landscape, where physical and digital boundaries increasingly blur.

A central focus is the integration of care ethics within qualitative health research, with many papers addressing how the pandemic necessitated a re-evaluation of research practices to better support both researchers and participants. Through practical examples, the 16 papers explore adaptations in research design, methods and timelines, offering a nuanced view of how qualitative health research has evolved in response to pandemic-induced challenges. We now highlight three overlapping thematic areas drawn from the papers in this special issue: *Researcher Emotion and Care*, *Care for Participants through Flexible and Accessible Methods* and *Early Career Researchers’ Experiences across Global Contexts*.

#### 3.1. Researcher Emotion and Care

One of the key themes across the contributions is awareness of researcher and participant emotions, and the crucial need for care in research practices. Several papers foreground the emotional labour of researchers, highlighting the need for institutional and interpersonal support systems. Budworth (2023)’s paper “Care, comfort, and capacity: The importance of being flexible in research with Disabled and

chronically ill people” explores qualitative research with young ostomates<sup>2</sup> emphasises the importance of a flexible, ‘crippled’ approach that adapts methods to the needs of participants rather than forcing participants to fit rigid methods. The paper advocates for an approach that not only supports participants with chronic illness but also recognises the emotional complexities faced by researchers and their impact on researcher well-being, highlighting the tension between output-driven academic practices and the need for care-full research.

The work of Cirstea et al. (2024) “Towards a praxis of care in post-pandemic fieldwork: Comparing ethnographic encounters during Covid-19”, builds on this by advocating for a “praxis of care” in ethnographic research, emphasising that intentional compassion and support for both researchers and participants should be integral to research practices. Similarly, MacIver et al. (2024)’s examination of the complex emotional labour involved in researching Long COVID again highlights the need for institutional support systems, at multiple levels, to address the often intense emotional and professional challenges experienced by researchers.

In their contribution “Crisis Methods: Centering Care in a Precarious World,” which explores spousal caregiving, Mauldin (2023) makes an argument for systematically engaging with crisis methods and centring practices of care. By attending to the emotional complexities of both researchers and participants and integrating trauma-informed approaches, they advocate for research in which researchers plan for trauma when conducting research in or on crises.

Meijering et al. (2024) in their paper, “Challenges and Opportunities During the COVID-19 Pandemic: A Layered Vulnerabilities Perspective,” use a layered vulnerabilities approach to examine the relationship between researchers and participants. They propose using this concept as a practical tool, encouraging researchers to adopt a dynamic, multi-layered approach to ethics, viewing it as an ongoing process.

Other authors provide insights into the shift from face-to-face to digital research, highlighting the importance of maintaining a sense of ‘being there’ in virtual spaces and addressing ethical issues through a ‘web of care’ that considers both researcher and participant vulnerabilities. This is exemplified in the work of Pearce et al. (2023) “‘Being there’ is what matters: Methodological and ethical challenges when undertaking research on the outdoor environment with older people during and beyond the COVID-19 pandemic.” They reflect on the limitations of remote methods, particularly in researching outdoor environments with older people.

### 4. Care for participants through flexible and Accessible Methods

The adaptation of research methods to ensure accessibility, flexibility and care for participants is also an important theme of this special issue. Several studies advocate for flexible, responsive methodologies to support participants, which are central to an ethic of care. Arias-Uruña and Vaghi (2023)’s reflections in “Online Qualitative Research with Disabled Children and Young People in Scotland: A Reflection on Its Advantages and Disadvantages, and How Limitations Were Addressed” on using online methods with disabled children and young people demonstrate how digital approaches can enhance accessibility and inclusivity in a way that is responsive to participants’ needs and capabilities, thereby supporting their agency.

The benefits of considering creative approaches to extend inclusivity and accessibility in qualitative research are also the focus of the work of Fang et al. (2024). In their paper, “Using Creative Methodology to Explore LGBTQ + Love and Relationship Experiences Across the

<sup>2</sup> ‘Ostomate’ refers to a community of people who live with an ostomy. The term is most commonly used on social media as a shared identity marker (Budworth, 2023). An ostomy is a surgically created opening in the body to allow waste discharge: an ileostomy connects to the ileum (part of the small intestine), while a colostomy connects to the colon (large intestine).

Lifespan: Developing Inclusive and Healthy Spaces through Positive Intergenerational Exchange,” they reflect on their study which explored LGBTQ + love and relationship experiences using creative methodologies, such as virtual storytelling workshops, to engage LGBTQ + participants across generations.

Extending this theme of modifying methods to meet participant needs in a rapidly changing research environment, [Enoch et al. \(2023\)](#) in their article “If I Don’t Like It, I’ll Just Pop the Phone Down! Reflecting on Participant and Researcher Experiences of Telephone Interviews Conducted During the COVID-19 Pandemic” describe the dimensions of the shift to telephone interviews during the pandemic, detailing how flexibility in interview formats supported the exploration of macular degeneration. This adaptation in methods emphasises the importance of responsiveness in research practices, which is picked up in the work of [Phenwan et al. \(2023\)](#), who critically consider the challenges and advantages of online research with people with dementia, reflecting on issues such as internet stability and informed consent. Their personal experiences with vicarious trauma also speak to the theme of *Researcher Emotion and Care*, helping readers consider how researchers can equip themselves to conduct sensitive and careful research.

[Podar \(2024\)](#)’s “Attempting a Participatory Action Research (PAR) Dissertation with Refugee Women During the COVID-19 Pandemic or: How I Learned to Embrace Messiness and Failure,” [Williamson et al. \(2024\)](#)’s “Researching Local Public Health Priorities in the Locked Down City Using Online Community Focus Groups: Reflections and Recommendations,” and [Szabzon et al. \(2024\)](#)’s “Reframing the Method: Report on the Adaptation of an Ethnographic Study to Virtual Collaborative Research on Mental Health in a Low-Income Neighbourhood During the COVID-19 Pandemic in São Paulo, Brazil” all emphasise the importance of methodological adaptations in community-engaged and community-based projects involving minoritised and marginalised groups and populations. Podar’s work highlights the challenges of conducting participatory action research with refugee women online during the pandemic, while Williamson et al. discuss adaptations to public health research methodologies in Leicester, UK, to address health inequalities during lockdowns. Szabzon and colleagues provide insights from a diverse range of community organisations and neighbourhood residents concerning mental health in São Paulo, Brazil. Taken together, these papers offer valuable insights and recommendations for adapting community health research in times of crisis, which make a valuable contribution to advancing qualitative health research.

## 5. Early career Researchers’ Experiences across global contexts

As described earlier, this special issue aimed to actively include and highlight the work and experiences of early career and postgraduate researchers during the pandemic. Many contributions to this issue feature study teams that include ECRs. By discussing the unique challenges faced by ECRs, especially those working with marginalised or vulnerable populations, the contributors to this issue demonstrate a commitment to care that extends to social justice and capacity building in various ways. Both [Hassan et al. \(2023\)](#), in their article “Co-producing Research in the Context of Covid-19: Global South and North Collaborations”, and [Cirstea](#) and colleagues, mentioned earlier, provide insights into the impact of the pandemic on research teams, including ECRs. For example, as ECRs, Hassan et al. thoughtfully consider the effects of COVID-19 on collaborative research between the Global South and North, emphasising the importance of maintaining partnerships in decolonising research methodologies. They advocate for capacity building—training and enhancing research skills—to address both short- and long-term inequalities within and across teams.

The work of [Yu et al. \(2023\)](#) similarly speaks to the importance of working with ‘vulnerable’ populations, rendered more vulnerable by the pandemic, and the specific political, ethical and methodological

challenges faced by researchers in the Philippines. They emphasise the need for trust and equitable practices when conducting online research with vulnerable populations. Like Hassan and colleagues, they articulate the necessity of “maintaining relationships on the ground,” and engaging in reflexive practices to consider what it means for who is included when working through networks of trust.

Finally, we want to draw attention to work in the special issue that explicitly addresses the challenges experienced by ECRs working in qualitative health research. [Tremblett et al. \(2023\)](#) critically discuss some of the many challenges faced by ECRs conducting qualitative health research during and beyond the pandemic. These challenges include academic precarity and the need for rapid adaptation and upskilling. Their reflections emphasise the importance of supporting ECRs and the necessity for fundamental shifts in the perspectives of institutions and funders to bring about meaningful change in the field and ensure it continues to be possible to conduct care-full qualitative health research.

## 6. Conclusions

While the papers in this special issue of *SSM Qualitative Research in Health* cover a wide range of topics and methods, collectively they speak directly to an ethics of care, emphasising attentiveness to the emotional, physical and logistical needs of researchers and participants, within the context of qualitative health research during the pandemic.

As (most of) the world navigates beyond the COVID-19 pandemic, there is an understandable impulse to return to a semblance of ‘normality’, to reclaim what was once familiar. However, this impulse warrants critical examination, particularly within the field of qualitative health research. For many, ‘normal’ was not synonymous with desirable or equitable conditions. The pandemic exposed and exacerbated existing inequalities and injustices within both research and healthcare systems, underscoring the inadequacies of the status quo ([Benjamin, 2024](#); [Fiske et al., 2022](#)).

Moreover, there is a parallel inclination to revert to pre-pandemic qualitative health research practices without fully considering the broader context and potential implications. While online and hybrid research methods gained widespread attention and use during the pandemic, it is critical to recognise that these approaches were not newly ‘invented;’ they have long been vital for crippled/disabled and other researchers for whom in-person methods may be inaccessible. As we transition, there is a risk that valuable practices of care developed and enhanced during COVID could be lost, compromising ethical and inclusive standards in qualitative health research in favour of a return to an idealised ‘normal’ that neither fully existed nor adequately met the needs of all researchers and participants.

It is evident that some of the changes brought about by necessity during the pandemic have gained traction because of an instrumental desire to maximise efficiency - doing more with less. Indeed, the increased use and reliance on online platforms for data collection, broader geographic reach and ever faster processes have offered advantages in terms of accessibility and expediency. However, it is essential to question whether these adaptations are being motivated primarily by a commitment to ethical and empathetic research practices or by more extractive objectives ([Benjamin, 2024](#); [Kouritzin and Nakagawa, 2018](#)).

The papers featured in this issue serve as an opportunity to pause and reflect on what we choose to carry forward into the post-pandemic landscape of qualitative health research. Rather than simply reverting to familiar practices, it is imperative to critically assess which aspects of the pandemic responses and subsequent changes align with the ethos of care and integrity in research. This entails not only retaining the ‘positives’ learned from pandemic experience but also interrogating the underlying motivations driving their retention.



This moment offers a chance to redefine 'normal' in qualitative health research, not as a return to the status quo, but as a deliberate and conscious development towards more equitable, ethical and inclusive research practices. By engaging in this reflective process, we can ensure that our approach to post-pandemic qualitative health research is grounded in principles of justice, compassion and genuine care for both researchers and participants alike.

Returning to the quote we opened with, we need to do all that we can to continue our 'world' of academia and its impact on other 'worlds' in a way that is nourishing, sustaining and inclusive (Tronto, 1998). Significantly, as exemplified across the papers in this issue, we need to ensure that this world is flexible, open to challenge and willing to change (Benjamin, 2022, 2024). The world of academia is composed of "our bodies, our selves and our environments" (Tronto, 1998) yet also of systems and structures, norms and values. It is through the reflexive praxis of care that we must create a care-full life sustaining web so that we can live as well as possible.

### Credit authorship contribution statement

**Nicola Boydell:** Conceptualization; Writing - Original Draft; Writing - Review & Editing; Project administration. **Debbie Cavers:** Conceptualization; Writing - Original Draft; Writing - Review & Editing; Project administration. **Victoria Cluley:** Conceptualization; Writing - Original Draft; Writing - Review & Editing; Project administration. **Helen Eborall:** Conceptualization; Writing - Original Draft; Writing - Review & Editing; Project administration. **Neneh Rowa-Dewar:** Conceptualization; Writing - Original Draft; Writing - Review & Editing; Project administration.

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The authors declare they have no financial interests.

### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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