

'Ouch, that really hurt...': painful ripples from sensitive research

The risks involved in sensitive research are real for the midwife as researcher and the woman as participant. Elam and Fenton (2003) would argue that all human research has potential to become 'sensitive' – emotional triggers can go off at any time.

When we talk about sensitive research, most of us think of sexual health and intrusive probing of people's personal lives. The mention of the word 'sex' causes a sharp intake of breath from many, and the idea of doing research in this area elicits fear and anxiety. However, one must remember that this is an important subject often studied by social scientists, psychologists and anthropologists, and in which midwives are particularly well placed to conduct necessary field research. The everyday practice of midwifery stems from a direct result of sexual activity, from copulation to in vitro fertilisation. Confidentiality, respect, non-maleficence and choice are essential frames of governance for every midwife and researcher. Protecting interviewees and researchers in the field are issues that are becoming commonplace for ethical committees to address.

Researchers need to understand the potential for pain to be caused by their research and be cognisant of the ripples that emanate from their presence in the life of the participant. Consider the potential for searing pain in the soul of both the woman and the midwife when she agrees to share her experience of sexual abuse or domestic violence. In this setting, the midwife is challenged to 'touch and feel pain' as well as maintain anonymity and confidentiality. The weight of carrying a caring burden for a suffering fellow human is not to be underestimated.

How can we prepare for the field in which sensitive research will be conducted? The work of Lee (1993) is particularly helpful, as it provides a model of sensitivity based on defining whether the nature of the research is a 'substantial threat' for the researcher and the participant. Lee's model gives a framework for classifying or assessing this threat with regard to 'intrusion, sanction and power'. A good outcome is more likely if the researcher considers each of these issues in depth and prior to entering the field – a more prepared researcher, participant and environment should provide a safer and more productive research process. In practice, this may lead to substantial delays as the researcher learns how to conduct sensitive interviews and becomes a more competent listener and more confident reporter, while participants may engage in activities to increase their confidence in discussing personal issues.

In conclusion, principal investigators and research supervisors need to prepare students and research assistants, in order to minimise the 'ouch factor' and the ripples of pain that can be felt from poorly-prepared researchers' activities.

References

- Lee RM. (1993) *Doing research on sensitive topics*. Sage Publications: London.
- Elam G, Fenton KA. (2003) Researching sensitive issues and ethnicity: lessons from sexual health. *Ethnicity and Health* 8(1): 15-27.

Dr Marlene Sinclair
Editor

Evidence Based Midwifery editorial panels

UK editorial panel

Professor Soo Downe, University of Central Lancashire, England

Professor Billie Hunter, University of Wales Swansea, Wales

Dr Margaret McGuire, professional adviser women and children, Scottish Executive Health Department

Dr Marianne Mead, reader, University of Hertfordshire, England

Professor Jane Sandall, King's College, London, England

Chair: Louise Silverton, RCM deputy general secretary

Dr Marlene Sinclair (professional editor), University of Ulster, Northern Ireland

Dr Hora Soltani, senior lecturer in midwifery, Sheffield Hallam University, England

Dr Andrew Symon, University of Dundee, Scotland

Emma Godfrey (editor), McMillan-Scott

Danny Ratnaik (deputy editor), McMillan-Scott

International editorial panel

Professor Cecily Begley, Trinity College Dublin, Ireland

Assistant clinical professor Debra Erickson-Owens, University of Rhode Island, US

Dr Heather Hancock, University of South Australia

Professor Edith Hillan, University of Toronto, Canada

Kathy Herschderfer, secretary general, International Confederation of Midwives

Dr Helen Lugina, Muhimbili University College, Tanzania

Dr Mallavarapu Prakasamma, director, Academy for Nursing Studies, India

Editorial advisory panel

Joseph B Cunningham, lecturer in research methods and statistics, University of Ulster, Northern Ireland

Frances Day-Stirk, RCM director of learning, research and practice development

Professor Allan Templeton, president, Royal College of Obstetricians and Gynaecologists

Dr Rhona McInnes, University of Glasgow, Scotland

Sue Macdonald, RCM education and research manager

Dr Helen Spiby, University of Leeds, England

Professor Cathy Warwick CBE, chair, midwifery committee, Nursing and Midwifery Council, UK

Tony Morbin, McMillan-Scott