Reconceptualising research, reconceptualising responsibility: A rejoinder to ‘Collecting qualitative data during a pandemic’ by David Silverman

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These have been testing times for qualitative researchers, though as David Silverman acknowledges at the outset of his Forum Discussion piece, these tests pale into insignificance beside the tests faced by those in occupations that have put them on the frontline of the COVID-19 crisis. His helpful and constructive article then goes on to consider practical ways in which this impact might be mitigated in research, for example through the use of digital ethnography, social media sources, documentary analysis and secondary analysis of existing data. He also suggests that our general understanding of what constitutes the ‘field’ in fieldwork can usefully be broadened, taking us beyond an exclusive focus on empirical data collected first-hand by observation and into a consideration of the theoretical and conceptual field.

I do not disagree with any of these points, and the article will undoubtedly be a useful resource for researchers who need to find a different way forward with ongoing or prospective projects. However, I will focus my response here on considering in more detail two of the issues Silverman raises, which sit at the intersection of my personal and professional interests and experience.

Silverman notes that the impact of COVID-19 on research has not been equally distributed amongst researchers, with a disproportionate effect on those, largely but not exclusively women, who have found their caring duties amplified in the current context. He illustrates this point with evidence about differences in research and writing time between men and women. A news article published in *Nature* (Viglione 2020) collects together a number of preliminary analyses demonstrating that the disparity he identifies has, unsurprisingly, been carried forward into actual journal submissions. However, it is worth noting here that, in my own experience of trying to combine responsibility for home-schooling with an ongoing research project, this inability to get papers written and submitted is only part of the picture.

The fact that, for some groups of researchers, lockdown has enabled an increase in productivity means that the papers these researchers are submitting need to be reviewed. And this has meant that – in common with a number of (mostly) female colleagues – at the same time as I have seen my ability to carry out my own research and writing decrease, the demands on me to review the work of others have increased. It has not been uncommon over the last year for me to receive three requests to carry out reviews in a single week, and in one week I received five. On one memorable occasion in the autumn of 2020, I completed a review for one journal, submitted it and crossed it off my to-do list with some satisfaction, and then three days later received another request to review an entirely unrelated paper for the same journal. No criticism is intended of journal editors here: they need to find appropriate reviewers for papers, and it makes obvious sense to return to reviewers who
have responded positively in the past. And given that all of us depend on the collegiality of others in the review process for the continuation of our academic careers, I have tried throughout my own career not to refuse review requests unless there is a pressing reason such as a conflict of interest or a lack of appropriate expertise. It is with no pleasure, and a degree of guilt, that I admit I have not been able to maintain this principle during the current pandemic.

However, the current situation illustrates not just my culpability but also the increasing unsustainability of the current peer review process, which impacts not only on those who are repeatedly asked to undertake reviews but also those who wait anxiously for the results. Delayed reviewing times, because journal editors cannot find a willing and appropriate reviewer, impact disproportionately on early career and untenured researchers, who need the acceptance email to bolster their chances of the next job or the next grant. A wider range of potential problems with the current peer review system are well documented (see Tancock 2018 for a summary), and so perhaps the pandemic might offer us an opportunity to reconsider not just how we do research, but also how we manage its publication. While some of the alternative models suggested in fields beyond social science may have limited applicability for qualitative research, it may be time, at the very least, to revisit how we better recognise the efforts of reviewers.

Two recent reports from Publons, a member of the Web of Science Group, entitled Global State of Peer Review (Publons 2018) and Grant Review in Focus (Publons 2019), are based on (pre-pandemic) interviews and surveys with researchers across a range of fields. These interviews highlight the tension members of the academic community experience in wanting to contribute to the collective academic good, whilst working within systems where such academic citizenship is implicitly discouraged through a lack of recognition or time allocation. The result is that this work is squeezed into (unpaid) spare time, and – as noted above – the pandemic has had far-reaching but unevenly distributed impacts on this ‘spare time’. The conclusion of these reports is not, as is often assumed, that reviewers should be paid for their time, but instead that academic institutions, journals and funding bodies should consider more carefully the ways this work can be formally acknowledged as an integral part of the academic workload.

The second area I want to consider arises from my position as a scholar of social interaction in healthcare settings, who works by preference using the method of conversation analysis. In his article Silverman suggests that researchers like me are ‘often content to work with secondary data’. While it is certainly true that conversation analytic research methods contain no stipulation that the researchers themselves should have collected the data, this statement risks implying that finding – and gaining approval for using – appropriate secondary data is likely to be straightforward or even possible. In the field of UK healthcare, all video recordings of naturally occurring interaction collected by virtue of the participants being NHS (National Health Service) staff or patients will be subject to NHS ethical regulation, and to gain open-ended permission for the use of these data by others, for projects not yet defined, can be so difficult as to be near impossible. Where video data are used for the detailed analysis of interaction, it cannot be effectively anonymised, because to do so masks features that are important for analysis such as gaze direction.

This difficulty is recognised by UK funding bodies such as the ESRC (Economic and Social Research Council) and the British Academy, who will waive their usual requirements for data archiving in these circumstances, in accordance with the UK Data Archive’s guide to best practice in data sharing (Van den Eynden et al. 2011). There are rare – and hugely valuable – exceptions to this situation, such as the One in a Million archive of UK general practice consultations (Centre for Academic Primary Care, University of Bristol 2020), but the cost of managing a database like this ethically means data management fees apply for access that make it inaccessible to unfunded researchers or those with a limited budget.

In addition, the suggestion that interaction analysts could pivot their focus to pre-existing datasets is potentially problematic for other reasons. As Hammersley (2010) reminds us, data are constructed rather than collected, and it is inevitable that we know more about this construction process when we have been actively involved in the production of our own data. As a result, we need to consider not just the possible benefits of secondary
analysis but also the potential issues it may raise. In the context of data from telemedicine or remote delivery contexts, for example, questions of who may have been excluded from the available recordings because of a lack of access to technology or an appropriate space in which to use that technology need to be considered alongside any analysis.

At a more fundamental methodological level, elsewhere in his piece Silverman quotes Fine and Abramson (2020), who make the point that the position that ‘the physical and digital are interchangeable or produce similar analyses is a methodologically indefensible false analysis’. Silverman uses this quote as part of an argument that we should not consider data gained from a virtual ethnography as easily transposable with that from face-to-face fieldwork, a view with which I absolutely concur.

However, the necessary move to digital delivery of services in many areas of healthcare over the course of the pandemic has in some cases appeared to contain the embedded assumption that the digital service now being provided is indeed equivalent to its physical counterpart. This assumption is already proving problematic in other areas of service delivery. For example, a rapid review by the Nuffield Family Justice Observatory (2020) of family court proceedings found families reporting basic problems with understanding the mechanics of digital proceedings, and that digital delivery cut the scope for empathetic and humane practice.

CA researchers had already begun to provide, pre-COVID-19, an empirical demonstration of the important ways that digitally mediated interaction in healthcare settings may differ from face-to-face interaction (e.g. Seuren et al. 2020). These findings show that the impact that a switch to digital delivery has had on interaction is an important empirical question for researchers – and we can hypothesise that the speed of the shift in the face of the pandemic is likely to have exacerbated this impact in some, if not most, settings. Amongst my peer-reviewing duties this year, I have seen a number of papers where findings of previous research in pre-pandemic healthcare settings are rebranded as COVID-specific guidance for healthcare professionals. Of course, it is very likely true that there are some general principles of good communication we can apply across pre- and post-COVID settings.

However, it is also the case that preliminary research using other methods has shown new and unanticipated difficulties arising as a result of the pandemic (e.g. Murphy et al. 2021), which means that any simplistic rebadging of pre-COVID recommendations is unlikely to be sufficient on its own. Identifying and understanding the particular interactional contingencies that have been created will require new data and new analysis. Indeed, Silverman ends his article by citing an online article by Keleman Sanexa and Johnson (2020) in which the authors suggest a number of fruitful research topics in the wake of COVID-19, including ‘what differentiations [...] emerge between the kinds of relationships that can be materialized digitally, versus those that require face-to-face contact’. For those of us working in healthcare settings and who seek to provide research findings of practical utility to healthcare staff, this is unfortunately not a question which is amenable to an answer provided by secondary data analysis of pre-existing data alone.

I conclude, then, by suggesting that the current pandemic should leave us reflecting not just on how we conceptualise fieldwork and what it means to be ‘in the field’ but also on how that fieldwork sits within all the wider responsibilities we face as individuals and researchers – to those we care for, to those we mentor, to the academic community and to the end users of our research.

References

Centre for Academic Primary Care, University of Bristol (2020) One in a Million: Primary care consultations archive. Online: http://www.bristol.ac.uk/primaryhealthcare/researchthemes/one-in-a-million/


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