What is emerging for qualitative research in the COVID-19 emergency? A rejoinder to ‘Collecting qualitative data during a pandemic’ by David Silverman

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Inside the word *emergency* is the word *emerge*; from an emergency new things come forth. The old certainties are crumbling fast, but danger and possibility are sisters.

(Solnit 2016: 13)

Silverman’s essay highlights many challenges COVID-19 presents for qualitative research as well as some of what is emerging: taking advantage of existing online data; having time for deep analysis and reflection; and redefining what we consider to be legitimate boundaries of ‘the field.’

Picking up where Silverman’s outline of ‘remedies’ ends, we want to extend the point that COVID-19 offers qualitative researchers new domains for inquiry. In fact, it would be hard to overstate the magnitude of opportunity this tragic once-in-a-century global pandemic presents for us to pursue useful, relevant work. The rest of the world has suddenly been forced to join us, with urgency, in confronting questions our research community has long been uniquely well-positioned to address. Qualitative researchers will find both ample data, and (we believe) ample audience, for studies on a wide range of issues such as what kinds of outer supports and inner resources mitigate suffering; what facilitates or impedes trust during national crises; and what lay approaches to mitigating COVID-19 emerged in the face of overwhelmed healthcare systems and extensive periods of isolation at home. Qualitative researchers well-versed in the ‘art of deeply listening’ can contribute to initiatives embracing the power of story in (tele)healthcare (Shiffman 2021: 2). International studies can flourish as never before in a world united by a shared pandemic but also divided by radically varied national policy responses. For example, we are part of a nine-country-wide study of experiences with COVID-19 which leverages the health experience research expertise of a global community and is fielded under the auspices of DIPEx International (Ziebland et al. 2020). The project focuses on identifying which aspects of lived experiences of health, healthcare and equity are consistent across national contexts, and which aspects vary.

The relationship between participants and qualitative researchers joins all other professional, personal, and community relationships now existing – and often thriving – in the virtual world. Online interactions are the naturalistic setting of the pandemic, ‘the field’ where so much of life now happens. From adaptations necessitated by a global pandemic thus emerge new arenas of shared experience. Videoconference interactions are illustrative. The appearance of pets and family members on screen can happen both to participants – as Susan Gasson describes in her communication quoted by Silverman – and to researchers. So does the sudden technological buffering of an internet connection, the need to readjust cameras and microphones and the peculiar mix of excitement...
and fatigue so many of us now bring to Zoom rooms and other platforms. Cameras reveal to all parties present the spaces others occupy (homes, offices and automobiles – to name a few we have witnessed during recent interviews), thus offering both participants and researchers an intimate view of places which might otherwise remain ‘backstage’ (Goffman 1959). With its ‘come as you are, where you are’ social norms, the pandemic can enhance mutual recognition of common humanity, infusing the research environment with spontaneous opportunities for humor, humility and compassion.

In the rapid shift from in-person to virtual research, we have also witnessed a surge in methodological experimentation without any apparent loss of rigor or erosion of ethical conduct. Debates about the relative merits of virtual qualitative interviews compared to the presumed ‘gold standard’ of those conducted in person, for example, have been advancing via careful evidence reviews and small-scale experiments for some years (Davies et al. 2020). During COVID-19, doubters and supporters alike have had to adopt the virtual mode. With collective attention focused now on questions of ‘how’ rather than of ‘whether’, communities of practice are implementing protocol changes and concomitant continuous improvement recommendations more similar to the PDSA (Plan, Do, Study, Act) cycles characteristic of nimble organizations than to some of our own pre-pandemic approaches. The losses Silverman recounts related to some of these changes are real, but so are the opportunities to adapt in real time. Developing confidence in our capacity to rapidly shift and iterate operating procedures can render our work more relevant, timely and responsive. For example, within our own Health Experiences Research Network (www.healthexperiencesusa.org), our learning community pivoted in March of 2020 to focus on developing and sharing best practices for remote interviewing. Some studies already in the field shifted to a hybrid model: pre-COVID-19 in-person interviews, post-COVID-19 virtual interviews. Other studies just entering the interview phase rapidly evolved from anticipated in-person interviews to virtual interviews, with study teams quickly implementing IRB (Institutional Review Board) amendments, additional equipment purchases, a rapidly assembled library of resources, team trainings and dedicated debriefing sessions between interviews to improve capacity in this new area of practice.

As the acute phase of the COVID-19 pandemic recedes, qualitative researchers can also ‘build back better’, debating and perhaps adopting new professional norms which more fully respond to longer-term crises such as climate change. Our rapidly expanding technological capacity and willingness to generate and analyze data without travel position us for more ethical practice in a world reckoning with the urgency of lowering carbon footprints whenever possible. More ecological approaches also present opportunities to re-allocate funds formerly designated for travel. For example, use of virtual modalities can create more room in budgets to invest in co-design models which include involving patient/consumer team members throughout the research process. Alternatives to the requirement of in-person engagement make possible partnership with more geographically and otherwise diverse team members. Virtual team meeting spaces may also convey less hierarchy to patient, family and community collaborators than do in-person environments such as conference rooms, professional offices and clinics.

The pandemic has also invigorated national and international conversation about systemic racism; questions of diversity and inclusion in research are even more prominent for many than they were in 2019. Flexibly offering choice in mode of data collection may help reduce barriers to research participation and research partnerships among groups whose perspectives are historically under-represented (Bonevski et al. 2014). In our own work, for example, we have been able to include more geographically diverse and rural participants than ever before in national health experience studies dedicated to maximum variation sampling (www.healthexperiencesusa.org). We also have ample evidence, of course, that the digital divide has increased inequities during COVID-19. Investigating how opportunity and challenge continue to entwine at this crucial intersection will be an urgent project for qualitative researchers in the years ahead.

‘The old certainties are crumbling fast’, the writer Rebecca Solnit reminds us, ‘but danger and possibility are sisters’. We thank Dr Silverman for
naming some of the dangers before us; we must know where they lie as we navigate transformed research relationships, qualitative practices and social contexts. But let us also affirm what is already emerging, and set our sights on possibility.

References


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