

A continuum of researcher–participant relationships: An analysis and critique

In this article, three nursing research studies are analyzed by focusing on the nature of the researcher–participant relationship. This analysis is rooted in the assumptions, goals, and language of “new paradigm” research. The importance of making the researcher–participant relationship a central focus of nursing inquiry is addressed.

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A CRITICAL REVIEW of nursing research brings to light an area that at best is given only cursory mention or at worst is totally ignored—the nature of the researcher–participant relationship. Exceptions to this lack of attention can be found in some ethnographic and ethnonursing studies and in nursing studies that draw on feminist methodologies.^{1–3} When nursing research involves direct interaction with the research participants, it is crucial that the nature of these interactions be made explicit in research publications.

There is clearly a need for explicit guidelines for nurse researchers as to the nature of the researcher–participant relationship. Nurse researchers need to become more aware of the research process itself as a particular form of human endeavor. What researchers do can be the source of both good and harm for them, the participants, the nursing profession, and humanity.

The researchers who use the so-called “new paradigm” methods make the nature

of the researcher-participant relationship a central focus of all their inquiry. Examples of new paradigm research include participatory or action research,⁴ experiential analysis,^{5,6} and feminist studies.^{3,7-9} In each of these approaches, the researcher is committed to establishing authentic relationships with the participants, rather than relationships mediated by assuming the role of researcher and imposing on the researched the role of subject. The research is collaborative and action oriented. A goal of new paradigm research is to "do justice to the humanness of all those involved in the research endeavor."^{10(pxi)}

The roots of new paradigm research methods can be traced to the human sciences such as sociology, anthropology, and psychology, while feminism, critical philosophy, phenomenology, and existentialism have also had an impact. Critical scholars who have broken away from mainstream positivist and functionalist approaches have been developing and using alternative approaches for many years.

Nursing scholars who have confronted the limitations of more mainstream research approaches have often turned to phenomenology and grounded theory for a variety of reasons. These interpretive approaches seem to offer a radical departure from more traditional experimental and survey research. These methods have broadened the scope of nursing research by making it possible to explore the everyday experiences and phenomena of people's lives. For example, phenomenology makes it possible to study people more holistically, ie, in the context of their situations, "rather than isolating person variables and situation variables and then

trying to put them back together."^{11(p11)} According to Benner, phenomenological methods take into account meanings and self-interpretations in the study of health, illness, and suffering. Grounded theory aims to explain basic patterns common in social life, and it can assist nurses in ordering nursing phenomena and in generating theory relevant to practice and research.¹² Both grounded theory and phenomenology provide systematic methods to approach the analysis of "qualitative data."¹³⁻¹⁵

Reason and Rowen¹⁰ acknowledge the contributions of each of these methods, but they believe that grounded theory and phenomenological research do not share the assumptions and goals of new paradigm research regarding the nature of the researcher-participant relationship. "New paradigm research involves a much closer relationship than that which is usual between the researcher and researched. . . . Research is a mutual activity involving co-ownership and shared power with respect to the process and to the product of the research."^{10(p489)} Moving beyond the realm of description and interpretation, new paradigm research is an example of critical scholarship,^{16,17} characterized by negotiation, reciprocity, and empowerment—research as praxis.¹⁸

THE ASSUMPTIONS AND GOALS OF NEW PARADIGM RESEARCH

The assumptions of new paradigm research that most directly relate to the researcher-participant relationship involve the person of the researcher, the context of the relationship between the researcher and the participant, and the values implicit in

the research endeavor. The primary goal of new paradigm research is to gain knowledge that is useful and empowering to both the researcher and the participants.

The authenticity of the researcher and her or his ability to become engaged in the research process as a whole person, rather than hiding behind the role of researcher, make up a crucial component of new paradigm research and involve an ongoing investigation of one's own experiences, intentions, expectations, and prejudices in the context of each research endeavor. In the process, researchers can come to a better understanding, not only of the research participants, but of themselves. Rowles⁶ described the essence of his methodology as a "quest for authenticity."

This quest comes to life in the context of a relationship between the researcher and participant that can be described, in Buber's term, as an I-Thou encounter.¹⁹ The researcher and participant are fully present to each other in a relationship of reciprocal and open inquiry. The nature of this relationship precludes the possibility of imposing the researcher's perspective on the participants or the necessity of bracketing one's own perspectives. This collaboration arises from an understanding that the researcher and participant cocreate the situation that is being studied. New paradigm researchers acknowledge the connection between the knower and the known, and their research is viewed as an interactive process without the artificial subject-object split that characterizes an I-It encounter.

The ethical standards of new paradigm research are based on a respect for the interests of the participants. In this context, deception of the participants is disallowed.

According to Reinhartz, deception is an expression of the researcher's omnipotence, control of the environment, and distance from the participant.⁵

The honesty of the researcher promotes a trusting, reciprocal relationship. An example of this is evident in Stack's description of her work in a black ghetto community.

I spent almost three years in The Flats attempting to understand the complexities of their exchange system. . . . I naturally became involved in these exchanges. If someone asked a favor of me, later I asked a favor of him. If I gave a scarf, a skirt, or a cooking utensil to a woman who admired it, later on when she had something I liked she would usually give it to me. Little by little as I learned the rules of giving and reciprocity, I tried them out.

Eventually the children of those I was closest to would stay overnight or several days at my apartment, and my son stayed at their homes. I found that among kin and friends in The Flats, temporary child-exchange is a symbol of mutual trust. It provides a means of acquiring self-esteem. People began accepting my trust and respect when I trusted my son with them.^{20(pp28-29)}

Stack's study brings to light the importance of prolonged contact in establishing trusting, reciprocal relationships.

When proximity rather than distance is advocated in the context of the researcher-participant relationship, questions emerge regarding issues of bias and value neutrality. New paradigm researchers acknowl-

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edge that there is no such thing as neutral research. Rather, research reflects a particular social context and world view and is always supporting or questioning social forces. According to Reinharz' perspectives are "biases" only if they are not acknowledged and explicitly shared. New paradigm research represents "scholarship that makes its biases part of its argument."^{18(p259)} Hesse writes, "The attempt to produce value-neutral social science is increasingly being abandoned as at best unrealizable, and at worst self-deceptive, and is being replaced by social sciences based on explicit ideologies."^{21(p247)}

Such an approach raises the issue of the goals of new paradigm research. Its intent is to go beyond the charge to "do no harm" into the collaborative generation of knowledge that leads to the empowerment of both the researcher and the participants and to creative action that results in needed changes.

For persons, as autonomous beings, have a moral right to participate in decisions that claim to generate knowledge about them. Such a right . . . protects them . . . from being managed and manipulated. . . . The moral principle of respect for persons is most fully honored when power is shared not only in the application . . . but in the generation of knowledge.^{22(pp34-35)}

In essence, the goals of new paradigm research are understanding rather than control and liberating change rather than maintenance of the status quo. These goals imply that researchers must always be aware of what they are doing to themselves and to others in the process of conducting research.

THE LANGUAGE OF DOMINANT PARADIGM AND NEW PARADIGM RESEARCH

The terminology and metaphors of dominant paradigm and new paradigm research can provide clues to the nature of the researcher-participant relationship.

Dominant paradigm research

The terms "subject" and "respondent," both of which imply the passivity of the researched in contrast to the activity of the researcher and an unequal relationship between researcher and researched, are characteristic of dominant paradigm research. The ideal research "subjects" respect the researcher's work and are compliant, cooperative, and obedient. In other words, the role of the research subject is to become a passive *object* of inquiry. The word "respondent" conjures up a behaviorist world in which people are determined beings who passively respond to stimuli, rather than people who can actively select, shape, and interpret "stimuli" and then choose whether and how to respond.

Many of the problems inherent in the use of the words "subject" and "respondent" are also evident in the use of "patient." Nursing's arguments against the enforced passivity of the patient role can inform nurses' analysis of the role of the research participant.

The metaphor of *seeing* (examining, watching, observing, inspecting) characterizes a method that involves an objective distancing of the researcher from the researched. "Visual metaphors encourage standing at a distance to get a proper

view. . . ."^{23(p18)} This method is based on the belief that distance will remove the researcher and the researched "from a sphere of possible intercourse."^{23(p18)} Sartre referred to this perspective of seeing from a distance as "the Look"—a gaze that objectifies.²⁴

For example, in medicine, deriving information by listening to patients became unnecessary with the advent of technology that made it possible to "see" inside of people. Knowledge was possible without intimate interaction; the technology was relied on and, in fact, given more credibility than patients' accounts of their own experiences. What patients had to say about how they felt was only superfluous and time consuming when the answers could be gleaned more efficiently and objectively through invasive technology.

Freire²⁵ has used the metaphor of *invasion* to characterize research that involves the imposition of values, belief systems, ideology, and cultural norms and practices. The metaphor of *rape* has been used by Reinharz to characterize exploitative research methods.

The researchers take, hit, and run. They intrude into their subjects' privacy, disrupt their perceptions, utilize false pretenses, manipulate the relationship, and give little or nothing in return. When the needs of the researchers are satisfied, they break off contact with the subject.^{26(p23)}

New paradigm research

In new paradigm research, terms such as "coresearcher" and "research participant" are used to convey the mutuality of the research process and the egalitarian relationship between the researcher and the

participants. This language reflects the nonhierarchical, nonauthoritarian, non-manipulative nature of the new paradigm researcher-participant relationship.⁷

The metaphor of *dialogue*, based on an equal relationship, mutual respect, and understanding, was put forth by Freire to counter that of *invasion*.²⁵ Dialogue involves a reciprocal conversation based on listening to and hearing one another. This dialogue takes place during all phases of the research process, including identifying the problem, selecting the research questions, and making sense of the data. As Belenky and colleagues say, "Unlike the eye, the ear operates by registering nearby subtle changes. Unlike the eye, the ear requires closeness between subject and object. Unlike seeing, speaking and listening suggest dialogue and interaction."^{23(p19)}

A supportive climate is another crucial ingredient for the nurturing of the type of researcher-participant relationship advocated by new paradigm researchers. Research is not a solitary activity, but an activity that requires the creation of a context of encouragement, questioning, and criticism.

A CONTINUUM OF RESEARCHER-PARTICIPANT RELATIONSHIPS

The author examined several nursing research articles in the context of the assumptions of new paradigm research regarding the researcher-participant relationship. The following critique is for heuristic purposes: The articles illustrate the present continuum of researcher-participant relationships, as described in nursing

research publications. One end of the continuum is represented by an article published in *Nursing Research* over ten years ago, Baltes and Zerbe's²⁶ research that was based on a behaviorist model of research. Swanson-Kauffman's article²⁷ was based on a blending of phenomenological, grounded theory, and ethnographic methodologies, and her description of the researcher-participant relationship is closer to the midpoint of the continuum. For the purposes of this critique, Webb's³ study, an example of feminist research, is placed on the end of the continuum that represents new paradigm research.

Baltes and Zerbe

Baltes and Zerbe's study, "Reestablishing self-feeding in a nursing home resident," used an experimental single-subject design. Their subject was a 67-year-old woman who had been a resident at a proprietary nursing home for 25 months. Although there were no evident physical impairments, she had stopped all self-maintenance skills for five months. She was mute and for 14 months had been completely nonverbal. After collecting baseline data, Baltes and Zerbe instituted Treatment I, which involved stimulus control, including prompting and immediate reinforcement procedures, such as drinking juice, and tangible reinforcers, such as music and flowers, when the patient exhibited self-feeding behaviors.

Any exhibition of undesired behavior on the part of the subject, such as dumping food, eating with fingers, or refusing to pick up or hold eating utensils, was followed by time out. All tangible reinforcers (flowers, music) were removed and *the investigator turned her back to*

the patient until the undesired behavior stopped and the patient either sat quiet or started to eat properly.^{26(p25;emphasis added)}

Once the patient reestablished self-feeding, the "treatment" was withdrawn. The researchers' intent was to institute a second treatment phase; however, the "sudden death" of the subject made this impossible.

This study is clearly an example of dominant paradigm research. The image of the research "subject" was intrinsically one of alienation, because the woman was treated as an object of research and her behavior was manipulated in the context of a contrived situation. The research was being done *to* her rather than *with* her.

For these researchers, there is clearly a separation of fact and value.

The researchers attempted to portray their research as "neutral," not taking into consideration the possible harmful effects of the research. There seemed to be no awareness of the toll extracted from the researchers and the "respondent" in the process of the research. The ethics of this research approach were not questioned. How informed consent was obtained was not addressed. Why the woman may have died suddenly after being subject to the "treatment" and its withdrawal was not even considered.

The nature of the researcher-participant relationship was clearly characterized by distance. There was no attempt to develop an authentic relationship with the woman, who had become merely a case to be observed, not a person to be seen in context. There was no evidence of reciprocity or sharing of the researchers' selves with the "subject." In fact, the more dis-

tance the researchers were able to achieve, the less thought was given to the impact of the research on the person. This relationship could be characterized as an I-It rather than an I-Thou encounter.

The researchers were interested in changing and controlling behavior, not in understanding it. The meaning of the woman's behavior and her understanding of the researchers' behavior were not taken into account. She was observed without being seen in the context of her situation. What other "meaning" could the woman attach to the withdrawal of humanizing contact than that she was being rejected and objectified? One might even go so far as to ask whose behavior was inappropriate—that of the researchers or that of the "subject" of their study. Research based on a more holistic approach, which involved the development of a relationship with the woman, could have enabled the researchers to understand the woman's experience of living in a nursing home and the meaning of her behavior.

Finally, the woman's death was mentioned only in terms of its effect on the research process, with no thought for the reverse. Her untimely death was seen in the context of preventing the researchers from carrying out the last linear lockstep of their case study method.

Questions must be raised regarding the values that are implicit in this research approach. This approach may lead to changes in behavior that the researchers

desire, but that does not exempt the research community from asking, What price has been paid for success and who paid it? According to Gouldner, "Scientific method is not simply a logic but a morality."^{28(p165)}

Although the Baltes and Zerbe study was published over ten years ago, it continues to be cited in current nursing theory and research texts. Polit and Hungler,²⁹ in 1987, used it as an example of an experimental single-subject design. Walker and Avant cited it in 1983 to illustrate statement synthesis, noting that such designs may be "the birthplace of ideas later refined and tested in group designs."^{30(p90)} Neither of these latter-day articles addresses the ethical implications of the study or speculates about the unexpected end of the research, the woman's death. The underlying assumptions of behavioristic research are not acknowledged or called into question, and the fact that research is a social activity that influences that which is being studied is ignored.

Swanson-Kauffman

Swanson-Kauffman's²⁷ study of women who had had miscarriages represents more of a midpoint on the current researcher-participant continuum. She described her discomfort with subject-object, researcher-researched distinctions, as they were inconsistent with her view of the participants as holistic, unique individuals.

She referred to her participants as "informants," an ethnographic term, not to be confused with "subject" or "respondent," although, in her description of the interviews, she reverted to dominant paradigm language by using numbers to refer to her

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informants. As sources of information, informants become the teachers of the ethnographer³¹ but the teacher-student metaphor still implies a hierarchical relationship, even though in this instance the hierarchy is reversed. Labeling the research participant an informant also implies that the sharing of information will be unidirectional.

Dialogue and listening were key elements of Swanson-Kauffman's research method. "It was the analytic listening and reflection that made the interviewer open to each informant's unique input."^{27(p62)} While replaying the tapes, she listened for and noted "meaning-filled pauses or display of emotions."^{27(p62)} Although she developed a structured interview schedule, her interviews allowed for informants to introduce topics they knew to be important.

No one methodology informed her study; rather, her method evolved as she and her study progressed. Reflecting on her role as researcher, Swanson-Kauffman acknowledged that "...it is false to assume people can ignore the fact that we are nurses, women, or mothers."^{27(p68)} Drawing on her expertise and experiences in the interview situation, she chose to share information openly with the women.

One of my younger informants who was a new bride and who lived at a distance from friends and family asked me what the right days of the month were to get pregnant. We had been having a very warm, open interview and I saw this as my opportunity to repay her for her giving. She had shared her miscarriage expertise, and I was glad to share my expertise as a nurse and an older, experienced child-bearing woman.^{27(p68)}

Her decision to become engaged in the research process as a whole person seems to be consistent with the concept of nursing as a caring profession and with the assumptions of new paradigm research regarding the issue of reciprocity. However, this choice to be herself was not advocated by any of the interpretive methods that informed her study. In fact, Swanson-Kauffman was criticized by a nurse ethnographer for "acting like a nurse in an interview."^{27(p68)} Because there was no climate or context of support to sustain her, she was left with questions regarding the costs of this type of research in "emotional drain and energy exerted."^{27(p68)}

Webb

Webb's³ article discusses her experiences, as a feminist, nurse, and sociologist, carrying out a study of women's perceptions of hysterectomy. Her feminist perspective is acknowledged and provides a context for making the nature of the researcher-participant relationship explicit. Her study can be located toward the end of the continuum that represents the new paradigm research.

Webb created a context of reciprocity. She not only answered the questions the women raised, but also listened for and provided answers to unasked questions. She told the women in the beginning that she saw the interview as an exchange of information. She writes, "I would have felt deceitful and exploitative if I had used the interviews simply as a means of data collection and had given back nothing to the women."³⁽²⁵⁴⁾ She also states, "I as an 'expert' had access to wider information than

they did and I could not justify keeping this to myself."^{3(p255)}

Webb engaged in the process as a whole person rather than hiding behind the role of researcher. In the course of her study, she also became a patient and subsequently shared this experience with the women, which contributed to the development of a context of mutual concern. The researcher-participant relationship that she described involved more than "fictitious sympathy." It was an authentic encounter in which the integrity of the researcher and the participants was maintained.

She described a sense of responsibility to the women. When they told her of deficiencies in the treatment they had received, she suggested some action to take. Webb viewed research as a critique—a process of defining alternatives and understanding everyday experiences in order to bring about change.

For example if a woman was unhappy to be seen by a particular doctor I would suggest she asked to see someone else, and that she could ask a nurse to arrange this for her if she preferred. Or if she had been intimidated by her consultation and had forgotten the questions she wanted to ask, I suggested she wrote to the doctor for information or wrote her questions down and took the list to the hospital with her to give her more confidence in remembering. I would suggest that she might find it easier to ask a nurse than a doctor to explain things to her.^{3(p255)}

A goal of her research was mutual consciousness raising and working together to challenge medical control by males of aspects of women's lives.

In the process of her research, she reflected on the effects of the research on herself and the women involved. Her con-

sciousness was raised "... in relation both to feminist research and to the women's sense of lack of knowledge and resources when facing a hysterectomy, and this had an immediate effect on my research practice and a more long-term influence on my nursing practice."^{3(p255)} She intended for the research to be meaningful and useful to the women themselves and to the nurses involved in their care. The active voices of the women are heard in her account of the research, and when the study is completed, Webb will be able to assess whether and how the women felt they benefited.

When Webb confronted the dilemmas inherent in new paradigm research, her feminist methodology provided epistemological arguments to validate her strategies of developing intimacy with the women, investing herself in the research process, giving information and advice whenever she detected a need or an opportunity, striving to make the study meaningful and useful to the women themselves, and disseminating her findings by publishing in popular as well as academic journals^{7-9, 32, 33}

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The nature of the researcher-participant relationship that is advocated by new paradigm researchers is easy to profess and more difficult to achieve.

It necessitates permeating barriers of class, race, education, personality, sex, and ... age.... Overcoming such barriers involves entering social and perceptual territories we are often ill-equipped to explore. This requires patience in evolving a common language, in establishing a comfortable intimacy.... Sometimes a professed willingness to share cannot be actualized because participants (and I include the researcher here) are unwilling or

unable to reveal themselves in seeking common ground. The development of productive relationships entails investment and commitment from both parties.^(pp184-185)

This "journey into uncharted territory"^{18(p267)} is not one to be attempted alone. The context of reciprocity, collaboration, and dialogue that is crucial to the researcher-participant relationship is also crucial in relationships with colleagues and students as encouragers, guides, and critics. A support group can provide a climate that fosters a sharing of research plans, prob-

lems, conceptual difficulties, awkward questions, new methods, successes and failures, and standards of excellence.¹⁰

There is a need for nurse researchers to examine the conversations and encounters they are having with research participants and with each other. They need to question what types of conversations they sanction via funding and publication, because those very conversations create not just nursing research but an identity as nurses. Nurses must continue to develop their capacity to question what they are doing and to consider how they might do it differently.

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