

Mogućnosti i izazovi kvalitativnih istraživanja u području mentalnog zdravlja

/ Opportunities and Challenges of Qualitative Research in the Field of Mental Health

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Kvalitativna istraživanja pokazuju veliki potencijal unutar područja mentalnog zdravlja. Teme u mentalnom zdravlju iznimno su složene i multifaktorske te iziskuju uključenost miješanih metode (*mixed methods*) koje podrazumijevaju i kvalitativnu i kvantitativnu metodologiju. Specifičnost kvalitativne metodologije leži u mogućnosti uključivanja korisnika usluga u proces razvoja intervencija u području mentalnog zdravlja. Uporabom kvalitativne metodologije osiguravamo da su pitanja koja postavljamo pojedincima pitanja koja su za njih važna. U radu će biti prikazane neke mogućnosti uporabe kvalitativnih istraživanja u području mentalnog zdravlja, poput primjene istraživanja u razvoju i testiranju teorije, razvoju metoda s obzirom na specifičnost istraživanog područja, razvoju i testiranju intervencija i implementiranju intervencija u kliničku praksu. Prikazat ćemo i izazove s kojima se suočavaju kvalitativni istraživači koji se bave područjem mentalnog zdravlja poput pitanja koja se odnose na održavanje granica, razvijanje odnosa, razvijanje prijateljstva, refleksivnost, emocije i napuštanje uloge. Zbog svih prethodno navedenih izazova potrebno je izraditi univerzalne protokole i strategije koje bi osigurale da svi oni koji se bave kvalitativnim istraživanjima u mentalnom zdravlju imaju jednake informacije o mogućim rizicima, dostupnim resursima za pomoć i podršku i smjernicama za pojedine izazovne situacije prigodom provođenja istraživanja.

/ Qualitative research shows great potential within the field of mental health. Mental health topics as such are extremely complex and multifactorial and require the involvement of mixed methods which include qualitative and quantitative methodology. The specificity of the qualitative methodology lies in the ability to include service users in the process of development of interventions in the field of mental health. By using a qualitative methodology, we ensure that the questions we ask the individuals represent important issues for them. In this paper we will present some of the possibilities of using qualitative research in the field of mental health, such as application of research in the development and testing of the theory, development of methods based on the specificity of the research area, development and testing of interventions and implementation of interventions in clinical practice. We will also present the challenges faced by qualitative researchers dealing with mental health issues such as issues related to maintaining boundaries, developing relationships, developing friendship, reflexivity, emotions, and abandoning the role. Due to all the above-mentioned challenges, it is necessary to develop universal protocols and strategies to ensure that all those involved in qualitative mental health research have equal information on possible risks, available help resources and guidance resources, and guidelines for particular challenging situations while conducting the research.

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Opće prihvaćen stav je da je u istraživanjima potrebno koristiti različite istraživačke metode, a isto vrijedi i za istraživanja unutar medicinskih znanosti (1). Unatoč ovom opće prihvaćenom stavu izrazito se naglašava kvantifikacija bolesti i učinci intervencija usmjerenih prema poboljšanju zdravstvenog stanja (2). Za vrijeme revolucije bihevizma u psihološkim istraživanjima i istraživanjima koja su se općenito bavila područjem koje danas nazivamo mentalnim zdravljem, dominantne metode bile su kvantitativne metode i eksperimenti. Istraživačima je bilo u cilju definirati uzroke pojedinih pojava te su se podaci istraživanja koristili kako bi se potvrdile već postojeće teorije. Možemo reći da je pristup koji je dominirao u tom razdoblju bio deduktivni pristup. Objektivnost je postala sinonimom za definiranje valjanog istraživanja (3). Jones i Duncan (4) ističu kako devedesetih godina kvalitativna istraživanja postaju češćim odabirom metode istraživanja u psihijatrijskim, ali i općenito medicinski orijentiranim časopisima. U medicini kvalitativna istraživanja posebno značenje dobijaju u psihijatriji i primarnoj zdravstvenoj zaštiti s ciljem razvoja boljeg razumijevanja osoba koje traže psihološku pomoć i razumijevanje njihovih stavova prema samim intervencijama kojima su bili izloženi (5). Nadalje, postoje brojni znanstveni, praktični i etički razlozi zašto je

INTRODUCTION

It is generally accepted among researchers that different research methods should be used in research, the mentioned view also applies for research in medical sciences (1). Despite this general approach, great emphasis is placed on the quantification of the disease and the effects of interventions aimed at improving the health status (2). During the revolution of behaviourism in psychological research and research that was generally concerned with the area that we now call mental health, dominant methods were quantitative methods and experiments. The goal of the researchers was to define the causes of particular phenomena and research data was used to confirm already existing theories. We can say that the approach that dominated throughout this period was the deductive approach. Objectivity became a synonym for defining a valid research (3). Jones and Duncan (4) point out that in the nineties, qualitative research became a more frequently selected research method in psychiatric and generally medical-oriented journals. In medicine, qualitative research gained special significance in psychiatry and primary health care with the aim of developing better understanding of those who seek psychological help and understanding their attitudes towards the interventions they have been exposed to (5). Furthermore, there are numerous scientific, practical and ethical reasons why mental health represents an area that can

mentalno zdravlje područje koje može ostvariti koristi od kvalitativnih istraživanja. Istraživanja u području mentalnog zdravlja su iznimno kompleksna. Etiologija i načini manifestiranja samih problema su mnogostruki i multifaktorski. Načini tretmana problema u mentalnom zdravlju uključuju farmakološki, psihoterapijski, edukativni i socioterapijski pristup. Pružatelji usluga u mentalnom zdravlju su često dijelom multidisciplinskog tima i potrebno je stvoriti kvalitetnije veze između samih profesionalaca, ali i veze s korisnicima usluga i njihovim obiteljima. Mnogi se problemi u mentalnom zdravlju pogoršavaju zbog slabog pristupa i/ili angažmana odgovarajućih pružatelja usluga (6). Istraživanja u mentalnom zdravlju mogu biti i izazovna zbog specifičnosti osjetljivih i privatnih tema koje se u njima pojavljuju. Tijekom samih kvalitativnih istraživanja mogu se pojaviti teme poput suicidalnih misli, izloženosti nasilju, kriminalnim aktivnostima i reviktimizacija zbog ponovnog razgovora o događaju. Samim tim kvalitativna istraživanja imaju neke specifičnosti etičkih pitanja koja se kod kvantitativnih istraživanja ne pojavljuju na takav način. Također to možemo promatrati i iz pozicije da takvim oblikom istraživanja u većoj mjeri dajemo glas (engl. *give voice*) sudionicima.

Kvalitativne metode nam nude učinkovit način za uključivanje korisnika usluga u proces razvoja intervencija u području mentalnog zdravlja te na taj način osiguravajući da su pitanja koja postavljamo pojedincima pitanja koja su za njih važna (7). Kvalitativni tip istraživanja pokazuje svoje prednosti i kod osoba koje su nepismene i/ili zbog bilo kojeg drugog razloga imaju problema sa standardnim testovima papir-olovka. Često su kratka i/ili raspršena pažnja, fokus i brzo umaranje jedna od karakteristika za osobe s problemima u mentalnom zdravlju. Kvalitativna istraživanja imaju ulogu i u boljem razumijevanju problema mentalnog zdravlja djece i mladih te njihove percepcije samih problema (8).

benefit from qualitative research. Mental health research is extremely complex. Etiology and the ways of manifesting problems themselves are multiple and multifactorial. Methods of treating mental health problems include pharmacological, psychotherapeutic, educational and sociotherapy approaches. Mental health providers are often part of multidisciplinary teams and it is necessary to create better connections between professionals themselves, but also better connections with service users and their families. Among many with mental health problems a certain level of mental health deteriorating is present due to poor access and / or engagement of appropriate providers (6). Mental health research can be challenging because of the particularities of sensitive and private topics that appear in such type of research. During the qualitative research itself there are many sensitive topics that can appear, such as suicidal thoughts, exposure to violence and criminal activity. Also, revictimization may occur as a result of the re-interviewing the participant about the specific event. Hence, it can be said that qualitative research has some particularities and ethical questions that do not appear in quantitative research in such ways. But on the other hand, we can also observe this from the point of view that such form of research gives voice to the participants to a greater extent.

Qualitative methods provide us with an effective way to involve service users in the process of developing interventions in the mental health field, thereby ensuring that questions that we ask individuals represent important issues for them (7). A qualitative type of research shows its advantages even for people who are illiterate and / or for any other reason have problems with standard paper pen tests. Often, short and / or scattered attention, focus and rapid fatigue are one of the characteristics which mark people with mental health problems. Also, qualitative research plays an important role in understanding mental health problems of children and young people as well as their perception of the problems (8).

Kako je sama tema kvalitativnih istraživanja u mentalnom zdravlju iznimno široka i kompleksna tema s obzirom na specifičnosti u samim metodama prikupljanja podataka, sudionicima istraživanja, načinima istraživanja i metodama analize u ovom radu orijentirat ćemo se samo na jedan segment. Dalje u radu ćemo prikazati načine uporabe kvalitativnih istraživanja u području mentalnog zdravlja, tj. primjenu istraživanja u razvoju i testiranju teorije, razvoju metoda s obzirom na specifičnost istraživanog područja, razvoju i testiranju intervencija i implementiranju intervencija u kliničku praksu. Prikazat ćemo i izazove s kojima se suočavaju kvalitativni istraživači koji se bave područjem mentalnog zdravlja. Često sam čin istraživanja uključuje interakciju licem u lice zbog čega se javljaju mnoge etičke i profesionalne dileme (9).

UPORABA KVALITATIVNIH ISTRAŽIVANJA U ISTRAŽIVANJIMA U MENTALNOM ZDRAVLJU

Velik je broj istraživačkih pitanja u kojima se kvalitativne metode istraživanja nameću kao najučinkovitije, kao npr. razvoj i testiranje teorije, pilotiranje i utvrđivanje učinkovitosti tretmanskih pristupa i bolje razumijevanje pitanja povezanih s implementacijom novih saznanja u praksu. U nastavku dajemo prikaz pojedinačnih načina uporabe.

Razvijanje i testiranje teorije

Kvalitativne metode su važne u istraživačkom radu i generiranju novog/drugačijeg razumijevanja pojedinih pojava, stimuliranju novih ideja i izgradnji novih teorija. Razvijanje i testiranje teorije prikazat ćemo na radu Schulze i Angermeyer (10) o subjektivnim doživljajima stigme shizofrenih pacijenata, njihovim obiteljima i profesionalcima u mentalnom zdravlju.

Since the very subject of qualitative research in mental health is a very broad and complex topic considering the particularities in the methods of data collection, the participants of the research, methods of research and methods of analysis, we will focus only on one segment of the qualitative research in the field of mental health. In this paper, we will present ways of using qualitative research in the field of mental health, ie. the application of research in the development and testing of the theory, the development of methods based on the particularity of the research area, the development and testing of interventions and the implementation of interventions in clinical practice. We will also present the challenges that qualitative researchers dealing with the topic of mental health face when doing the research. Often the act of research involves face-to-face interaction, which is why many ethical and professional dilemmas arise (9).

THE USE OF QUALITATIVE RESEARCH IN THE FIELD OF MENTAL HEALTH RESEARCH

There is a large number of research questions that can be answered by using qualitative research methods. They are most effective in answering questions about developing and testing theories, piloting and determining the effectiveness of some treatment approaches and better understanding of issues related to the implementation of new knowledge in practice. Further in the paper we provide a detailed overview the opportunities of qualitative research use in the field of mental health.

Developing and testing the theory

Qualitative methods are a valid tool in the field of generating new / different understanding of certain phenomena, stimulating new ideas and building new theories. The development and

Napravljene su fokusne grupe sa svim navedenim sudionicima kako bi se dobila cjelovita slika o tome kako stigmatizacija utječe na živote shizofrenih pacijenata. Obradom informacija dobivenih iz fokusnih grupa istraživači su identificirali četiri dimenzije stigme: interpersonalna interakcija, slika mentalnih bolesti u javnosti, strukturnu diskriminaciju (loša kvaliteta usluga mentalnog zdravlja je percipirana kao najjači oblik strukturne diskriminacije, pacijenti doživljavaju nedostatak usluga u zajednici, naglašavajući potrebu za izvanbolničkim uslugama i fokusom na prevenciji) i dostupnost socijalnih uloga (npr. zapošljavanje, ostvarivanje i zadržavanje partnerskih odnosa). Saznanja kako stigma nadilazi same interpersonalne odnose ima veliko značenje u izradi učinkovitih anti-stigma intervencija. Kvalitativno istraživanje na taj način postaje pogodno za razumijevanje pojava unutar njihovog konteksta, otkrivanje veza između koncepata i ponašanja te stvaranje i rafiniranje teorije (11,12).

Razvoj metoda s obzirom na specifičnost istraživanog područja

Uz pomoć kvalitativnih metoda možemo "uhvatiti" način na koji osobe govore o svojim životnim iskustvima te upravo iz tih priča dobijamo ideje za kreiranje novih istraživačkih metoda i instrumenata. Mavaddat, Lester i Tait (13) su sa 56 pacijenata sa sličnim psihijatrijskim dijagnozama napravili devet fokusnih grupa o njihovim iskustvima s primarnom zdravstvenom zaštitom. To istraživanje je generiralo ključne teme i faktore iz kojih je kasnije izrađen Upitnik o iskustvima pacijenata (engl. *Patient Experience Questionnaire*).

Povratne informacije pacijenata se sve više uvažavaju kao ključna komponenta praćenja i poboljšanja kvalitete zdravstvene zaštite u svim sektorima zdravstvene zaštite. Dolazi do odmaka od mjerenja općih razina zadovoljstva prema detaljnijem mjerenju iskustva pacijenata

testing of the theory will be shown through the work of Schulze and Angermeyer (10) on subjective experiences of stigma of schizophrenic patients, their families and professionals in the field of mental health. The authors created focus groups with all the mentioned participants in order to get a complete picture of how stigmatization affects the lives of schizophrenic patients. By processing the information and the data obtained from the focus group, researchers identified four dimensions of stigma: interpersonal interaction, the idea about mental illnesses in the public, structural discrimination (poor quality of mental health services is perceived as the strongest form of structural discrimination, patients experience lack of community service, emphasizing the need for outpatient services and focus on prevention) and the availability of social roles (eg. employment, realization and retention of romantic relationships). Understanding how the stigma goes beyond interpersonal relationships has great significance for making effective anti-stigma interventions. Qualitative research thus becomes suitable for understanding the phenomenon within its context, revealing the relationship between concepts and behaviours, and the creation and refining of theory (11, 12).

Development of methods with respect to the particularity of the investigated area

With the help of qualitative methods we can "capture" the way people talk about their life experiences and from those stories we get ideas for creating new research methods and instruments. Mavaddat, Lester and Tait (13) did a research with 56 patients with similar psychiatric diagnoses who talked about their primary healthcare experience through nine focus groups. This research generated key themes and factors from which a *Patient Experience Questionnaire* was later developed. Patient feedback is being increasingly recognized as a key component of monitoring and improving the quali-

koji mogu pomoći u određivanju potencijalnih problema i rješenja (14).

Razvoj i testiranje intervencija

Kvalitativna istraživanja mogu dati važne informacije za razvoj novih intervencija. "Zlatni standard" za testiranje učinkovitosti intervencija još uvijek su randomizirane kontrolirane studije (engl. *randomised controlled trial*, RCT). Kvalitativna istraživanja svoju ulogu imaju u razdoblju prije, u nekim slučajevima i tijekom, samog provođenja RCT-a. Kvalitativnim istraživanjima dobijamo važne informacije o regrutiranju sudionika, načinu provođenja samih intervencija, ali i razini zadovoljstva sudionika/korisnika intervencijom. Ovi su podaci nužni za opće poboljšanje i poboljšanje izvodivosti (engl. *feasibility*) trenutnih i budućih intervencija (15).

Primjena kvalitativnog istraživanja tijekom RCT-a ili nekog drugog oblika kvantitativnog ispitivanja također može dati bolji uvid i objašnjenja za neke rezultate koj nam mogu biti iznenađujući ili neočekivani (16). Bowen i sur. (17) su svoj rad posvetili proučavanju kreiranja studija izvodivosti (engl. *feasibility studies*), te navode kako važnu poziciju kvalitativnih istraživanja vide u istraživanju razine prihvatljivosti novih i različitih oblika tretmana od sudionika/korisnika tretmana. Oslanjanje isključivo na kvantitativne metode može dovesti do gubitka uvida u ono što se u intervenciji odvija „ispod površine“. Program/intervencija se može evaluirati učinkovitim, ali ne zbog očekivanih razloga ili može biti evaluiran kao neučinkovit zbog definiranja točno određenih načina mjerenja ishoda uspješnosti i učinkovitosti. Zbog tako krute konceptualizacije uspješnosti (npr. redukcija simptoma) možemo previdjeti ishode koje sami klijenti vrednuju kao mnogo važnije (npr. socijalna podrška) (18). Upravo zbog svega navedenoga autori ističu kako postoje određena očekivanja od financijera istraživačkih pro-

ty of health care in all health care sectors. There is a shift from measuring the general level of satisfaction to a more detailed measurement of patient experience that can help determine potential problems and solutions (14).

Development and testing of interventions

Qualitative research can provide important information for the development of new interventions. The "gold standard" to test the effectiveness of interventions is still a randomized controlled trial (RCT). Qualitative research has its role in the period before, and in some cases during, the RCT itself. Qualitative research gives us important information about the recruitment of the participants, the implementation of the interventions themselves, as well as the satisfaction level of the participant / users of the intervention. This data is necessary for the general improvement and improvement of feasibility of current and future interventions (15). The application of qualitative research during RCT or some other form of quantitative research can also give a better insight for some results that may be surprising or unexpected (16). Bowen et al. (17) devoted their work to studying the creation of feasibility studies and state that qualitative research is seen as an important part of the research devoted to studying the level of acceptability of new and different forms of treatment by the participants / treatment beneficiaries. Relying solely on quantitative methods can lead to loss of insight into what is happening in the intervention "below the surface". The program / intervention can be evaluated as efficient, but not because of the expected reasons or can be evaluated as ineffective due to the precise definition of measuring outcomes of effectiveness and efficiency. Because of such a solid conceptualization of success (eg, reduction of symptoms) we can overlook the outcomes that our clients value as much more important (eg social support) (18). It is precisely because of all

jekata da kvalitativnu metodologiju potiču kao integralni dio kreiranja i istraživanja psihosocijalnih intervencija.

Implementiranje intervencija u kliničku praksu

Ispitivanja nam nude ograničene informacije o tome kako tretmani/intervencije mogu biti uključeni u kliničku praksu. Intervencije su često učinkovitije kad ih pružaju stručnjaci koji su ih kreirali i kad se to odvija u kontroliranim uvjetima (19). Zahvaljujući kvalitativnim istraživanjima možemo bolje razumijeti kako uključiti nova saznanja iz istraživanja u svakodnevnu praksu (20). Koristeći kvalitativnu metodologiju identificiramo koje aspekte intervencije sudionici/korisnici i stručnjaci cijene te koji aspekti imaju veću vjerojatnost da će saživiti u praksi. Dubinski intervjui mogu dati značajni uvid u to kako se program odvija u samoj praksi i pod utjecajem promjenjivih okolnosti (18). Osim podataka o samim korisnicima dobivamo važne podatke i o samim stručnjacima. Kada govorimo o području rada u mentalnom zdravlju, govorimo o području koje često zna biti iznimno zahtjevno i za same stručnjake. Putem fokusnih grupa sa stručnjacima možemo saznati više o njihovim potrebama za supervizijom i menadžmentom (21).

IZAZOVI KVALITATIVNIH ISTRAŽIVAČA KOJI SE BAVE PODRUČJEM MENTALNOG ZDRAVLJA

Zabrinutost za same sudionike istraživanja je središte rasprave u društvenim znanostima već neko vrijeme (22). Posljedično, istraživači su vrlo često dobro upućeni u naglašavanje važnosti zaštite sudionika, načine na koje to namjeravaju postići i koje su moguće posljedice istraživanja na živote onih koje se proučava. U kvalitativnim istraživanjima govorimo o izboru

the above, the mentioned authors point out that there are certain expectations of the financiers of research projects that they encourage qualitative methodology as an integral part of creation and research of psychosocial interventions.

Implementation of intervention in clinical practice

Clinical trials provide us with limited information on how treatments / interventions can be implemented in clinical practice. Interventions are often more effective when provided by the experts who created them and when they are done under controlled conditions (19). Thanks to qualitative research, we can better understand how to implement new findings from research into everyday practice (20). Using qualitative methodology, we identify which aspects of the intervention the participants / users and the experts value and which aspects are more likely to live in practice. In-depth interviews can give a significant insight into how the program is conducted in practice and under influence of changing circumstances (18). In addition to information about the users themselves, we get important information about the experts. When talking about the field of work in mental health, we are talking about an area that often is extremely demanding for the professionals themselves. Through focus groups with experts we can find out more about their needs for supervision and management (21).

CHALLENGES OF QUALITATIVE RESEARCHERS INVOLVED IN MENTAL HEALTH RESEARCH

Concern for research participants has been in the centre of discussions in social sciences for quite some time (22). Consequently, researchers are often well versed in emphasizing the importance of protecting the participants, the ways they intend to attain it, and the possible con-

sudionika za razliku od regrutacije sudionika koja se koristi u kvantitativnim istraživanjima te se radi o procesu slučajnog odabira većeg broja sudionika kako bi se umanjio utjecaj drugih eksternih varijabli radi mogućnosti generalizacije rezultata. U kvalitativnom istraživanju govorimo o svrsishodnom izboru sudionika koji najbolje mogu informirati i produbiti razumijevanje o istraživačkom pitanju i fenomenu koji se istražuje. Prije početka regrutacije sudionika i prikupljanja podataka većina istraživača već je podnijela prijedlog nekom od tijela za financiranje i/ili etičkom odboru koji detaljno objašnjava kako će upravljati i/ili neutralizirati moguće rizike za one koji sudjeluju u njihovom istraživanju. Međutim, pri tome često zaboravljaju odgovoriti na pitanje kako će se sami istraživači nositi s potencijalnim rizicima koje taj tip istraživanja nosi sa sobom (22). Već neko vrijeme raste svijest o tome da su kvalitativna istraživanja mnogi izazovi za istraživače (23). Alty i Rodhman (24) ističu kako velik broj istraživača obraća pozornost etičkim faktorima kvalitativnih istraživanja, ali navode kako istraživanja koja se bave osjetljivim temama, koja su većinom povezana s temama mentalnog zdravlja, često zahtijevaju praktična rješenja i prelaze same granice definirane unutar etičkog kodeksa.

Kako bi sve izazove s kojima se susreću ti kvalitativni istraživači nazvali jednim imenom osmislili su sintagmu "*the ouch! factor*" koja je sinonim za brojne neočekivane događaje koji se mogu zbiti tijekom provođenja kvalitativnog istraživanja. Neki od tih događaja su kada istraživač i sudionik nemaju jednako razumijevanje teme o kojoj se istražuje, kontaminiranje istraživačkih podataka (prelazak iz uloge istraživača u ulogu terapeuta) i "*hearing too much off the record*". Zadnji se postavlja kao pogotovo zanimljivim, jer kvalitativni istraživači koji se bave osjetljivim temama moraju razviti određenu razinu prisnosti sa sudionicima, ali upravo zbog te prisnosti oni često čuju mnogo toga

sequences of research on the lives of those who are being studied. In qualitative research we are talking about the choice of participants as opposed to recruiting participants that is used in quantitative research. In quantitative research recruitment presents a process of random selection of a large number of participants in order to reduce the influence of other external variables for the purpose of generalizing the results. While in qualitative research, the researchers chose the participants who can best inform and deepen the understanding of the research question and the phenomenon that is being explored. Prior to the commencement of the participants recruitment and data gathering, most researchers have already submitted a proposal to one of the funding bodies and / or ethics committee explaining how they will manage / neutralize the potential risks for those who are involved in their research. However, they often forget to answer the question of how the researchers themselves will deal with the potential risks that this type of research carries with it (22). For some time now, awareness is being raised about the many challenges that qualitative research presents for researchers (23).

Alty and Rodhman (24) point out that a large number of researchers pay attention to the ethical factors of qualitative research, but also say that sensitive subject-related research, which are mostly related to mental health issues, often require practical solutions and crosses the boundaries defined within the ethics code.

In order to name all of the challenges that these qualitative researchers face they have developed a syntagm "*the ouch! factor*" which represents a synonym for many unexpected events that can occur during the qualitative research. Those events can be some of the following: when a researcher and the participant don't have the same understanding of the subject being investigated, contamination of research data (switching from researcher to therapist role) and "*hearing too much off the record*". The last one is particularly interesting

od samih sudionika u neformalnom tonu što može rezultirati drugačijim razumijevanjem pojedinih podataka i na kraju kontaminirati samo istraživanje. Jedan od načina da se taj učinak izbjegne je da se zamoli sudionike da ponove ono što istraživači smatraju važnim i u formalnom obliku istraživanja tako da i taj dio informacija može biti uključen u daljnji proces istraživanja. Osim toga, autori ističu kako pojedini istraživači ne otvaraju osobne teme izvan samog procesa istraživanja upravo kako bi prevenirali situacije u kojima mogu čuti nešto što bi na kraju moglo kontaminirati samo istraživanje. Još neki od izazova koje su identificirali sami istraživači uključuju pitanja koja se odnose na održavanje granica (25), razvijanje odnosa (26), razvijanje prijateljstva (27), refleksivnost (28), emocije (29) i napuštanje uloge (30). Dok su mnoge od tih poteškoća jedinstvene za kvalitativno istraživanje, one su često generalno dijelom istraživanja koja se bave teškim i osjetljivim temama (31). Istraživači koji se bave kvalitativnim istraživanjem, a osobito kvalitativnim istraživanjima o osjetljivim temama kao što je to mentalno zdravlje, moraju biti u stanju napraviti procjenu utjecaja istraživanja na sudionike i sebe. Kako bi mogli poduzeti procjenu potencijalnog utjecaja koje istraživanje može imati na njih trebaju biti upozoreni o potencijalnim problemima o kojima će se razgovarati i koji će se pojaviti tijekom istraživanja. Campbell (32) i Johnson i Clarke (33) su također dokumentirali izazove s kojima su se suočili istraživači, a neki od njih uključuju konflikte uloga, pristup sudionicima i utjecaje provođenja dubinskih intervjuva o osjetljivim temama. Zbog velikog broja izazova na koje kvalitativni istraživači nailaze Johnson i Clarke (33) su izradili niz preporuka za trening i superviziju istraživača koje uključuju ohrabivanje da razmišljaju o pitanjima koja se odnose na razvijanje odnosa sa sudionicima, razvijanje privrženosti, nošenje s ranjivosti, slušanje priča te psihička i fizička iscrpljenost. Istraživači i supervizori istraživanja također trebaju

because researchers dealing with sensitive topics need to develop a certain level of intimacy with the participants, but precisely because of that intimacy they often hear much more from the participants in the informal tone (eg. while talking before the interview), which can result in a different understanding of certain data and ultimately can contaminate the research. One way of avoiding this effect is to urge the participants to repeat what the researcher think is important in a formal form of research so that this piece of information can be included in the further research process. In addition, the authors point out that some researchers do not open personal themes outside of the research process, precisely to prevent situations where they can hear something that could eventually contaminate the research. Some of the challenges identified by researchers themselves include issues related to maintaining the boundaries (25), developing relationships (26), developing friendship (27), reflexivity (28), emotions (29), and abandoning roles (30). While many of these problems are unique to qualitative research, they are often generally part of research dealing with difficult and sensitive issues (31). Researchers engaged in qualitative research, and in particular qualitative research on sensitive subjects such as mental health, must be able to assess the influence of research on participants and themselves.

In order to be able to undertake an assessment of the potential impact that research may have on them, they should be alerted of the potential issues that will be discussed and which will arise during the research. Campbell (32) and Johnson and Clarke (33) also documented the challenges faced by researchers, some of which involve role conflicts, access to participants and the impact of in-depth interviews on sensitive topics. Because of the great number of challenges that qualitative researchers find, Johnson and Clark (33), have drawn up a series of training and supervisor recommendations that include encouragement to think about matters

imati adekvatne kontakte za stručne savjete i podršku za sudionike koji trebaju terapijsku podršku.

Potiču se istraživači, istraživački supervizori i etički odbori da prigodom kreiranja istraživanja uzmu u obzir utjecaj koji kvalitativno istraživanje može imati i na fizičko i emocionalno zdravlje istraživača (22). Boden, Gibson, Owen i Benson (34) su jedni od pionira u istraživanju teme o utjecaju istraživačevih osjećaja nastalih prigodom istraživanja i njihovog utjecaja na sam tijek kvalitativnog istraživanja. Kako su se bavili temama u mentalnom zdravlju, pa tako i nekom od najzahtjevnijih tema poput suicida, kao i mnogi kvalitativni istraživači sastavili su smjernice za istraživače koji se bave emocionalno involvirajućim i zahtjevnim temama. Naglašavaju već ranije spomenutu pripremu istraživača za taj tip istraživanja ali i svjesnost vlastitih ograničenja prigodom započinjanja samog procesa. Također ističu kako je to proces koji treba trajati cijelo vrijeme istraživanja, a ne samo prije njegovog početka. Istraživač treba stalno samoprocjenjivati i reflektirati vlastite osjećaje koji su rezultat teme kojom se bavi. Rasprave o osjećajima bi trebale postati sastavnim dijelom sastanaka istraživačkih timova, prije i nakon samih intervjua i nekoliko puta tijekom pisanja same analize. Istraživači se mogu osjećati ranjivima zbog osjećaja koje podijele tijekom istraživanja pa je tu važna uloga starijih (engl. *senior*) istraživača koji bi trebali ukazati na to kako su osjećaji u ovo kontekstu važan istraživački alat. Rager (29) ističe da istraživači koji otvoreno govore o osjećajima koje proživljavaju za vrijeme istraživanja bivaju uskraćeni za standardne kompenzatorne mehanizme poput ignoriranja, racionaliziranja ili suzbijanja teških osjećaja te im trebaju biti osigurane druge prikladnije strategije suočavanja s osjećajima poput supervizije, grupa podrške, pisanja dnevnika i *peer debriefing*-a. Strategije poput ovih trebaju biti dijelom samih prijava za projekte i istraživačkih nacрта.

related to developing relationships with participants, developing commitment, carrying out vulnerabilities, listening to stories and participants who need therapeutic support.

Researchers, research supervisors and ethics committees are encouraged to take into account the impact that qualitative research can have on physical and emotional health of researchers while creating the research (22). Boden, Gibson, Owen and Benson (34) are one of the pioneers in the field of research on the impact of feelings that have emerged in the researcher while doing the research and their impact on the very course of the research. As they dealt with mental health issues and some of the most demanding topics such as suicide, they have compiled guidelines for researchers who deal with emotionally involuntary and demanding topics. The emphasis is put on the aforementioned preparation of researchers for this type of research but also on the awareness of their own constraints when starting the process itself. They also point out that this is a process should last throughout the whole time while doing the research, not just before its beginning. The researcher should constantly conduct self-assessment and reflection of one's own feelings that are the result of the topic he/she is dealing with. Discussions about feelings should become an integral part of research team meetings before and after interviews and several times during the writing of the analysis itself. Researchers may feel vulnerable to the feelings they share during the research, so there is an important role for senior researchers who should point out that feelings in this context are an important research tool. Rager (29) points out that researchers who are openly talking about the feelings they are experiencing during research are deprived of standard compensatory mechanisms such as ignoring, rationalizing or suppressing serious feelings, and should be provided with other more appropriate strategies for dealing with feelings such as supervision, support groups, journal writ-

Kao što smo već naveli, fokus sa samih sudionika na sudionike i istraživače je već opće prihvaćena paradigma u društvenim znanostima. Ipak neki autori poput McCosker, Bernard i Gerber (31) idu i korak dalje ističući kako je prigodom kvalitativnih istraživanja, a pogotovo onih o osjetljivim temama, važno osigurati adekvatnu podršku svim sudionicima istraživačkog procesa. Ovo zahtijeva razvijanje odgovarajućih metoda i edukacija za pružatelje podrške sudionicima, istraživačima, transkriptorima, supervizorima i lektorima kvalitativnog istraživanja. Jedan od prethodno navedenih problema je i održavanje granica prigodom kvalitativnih istraživanja (25). Unatoč tome što se istraživači koji se bave mentalnim zdravljem već dugi niz godina koriste kvalitativnim istraživanjima problem definiranja granica sa sudionikom istraživanja još uvijek nije dovoljno istražena tema.

Dickson-Swift i sur. (25) navode kako je potrebno kreirati protokole za teme koje su sami istraživači naveli kao najstresnije i nazahtjevnije poput kreiranja priopćenja, prisnosti, definiranja granica terapije i istraživanja, strategija za napuštanje odnosa nastalog zbog istraživanja i upravljanje granicama na poslu. Isti autori (35) u *grounded theory* istraživanju o rizicima i strategijama s kojima se suočavaju kvalitativni istraživači osim prethodno navedenih preporuka dodaju i odlazak na teren s partnerom, superviziju i mentoriranje istraživača od nepristrane strane koja nije uključena u sam projekt/istraživanje i razvoj sigurnosnih politika na institucijama unutar kojih se istraživanje provodi. Birrch i Miller (23) su kvalitativne istraživačice koje su se bavile temom feminizma koristeći tehniku dubinskog intervjuiranja i istraživale su i pitanje definiranja granica u kvalitativnim istraživanjima. Pitanje kojim su se najviše bavile je pitanje istraživačevih očekivanja i percepcije sudionikove priče. Navode kako istraživači koji određene sudionike percipiraju kao autentične prigodom pričanja

ing and peer debriefing. Strategies like these should be part of project applications and research projects themselves.

As we have already mentioned the focus on only the participants to participants and the researchers has already been shifted for a while, and has become a generally accepted paradigm in social sciences. However, some authors such as McCosker, Bernard and Gerber (31) go a step further, pointing out that in qualitative research, especially those on sensitive topics, it is important to provide adequate support to all the participants in the research process. This requires the development of appropriate methods and training for support providers for participants, researchers, transcripts, supervisors, and qualitative research proof-readers. One of the problems mentioned above is maintaining the boundaries in qualitative research (25). Despite the fact that mental health researchers have been using qualitative research for many years now, the problem of defining the boundaries with research participants is still not sufficiently explored.

Dickson-Swift et al. (25) state that it is necessary to create protocols for subjects that the researchers themselves have stated as the most striking and the most demanding, such as intimacy, the definition of the limits between therapy and research, strategies for abandoning relationships arising from research and management of workplace boundaries. The same authors (35) in their *grounded theory* research of risk and strategies faced by qualitative researchers, apart from the aforementioned recommendations, also add recommendations such as going to the field with a partner and supervision and mentorship from an impartial researcher who is not involved in the project / research and development of security policies in the institutions within which the survey is conducted. Birrch and Miller (23) are qualitative researchers who have dealt with the theme of feminism using in-depth interview techniques and have also explored the question of defining boundaries in qualitative research.

svoje priče, te se ono što oni pričaju poklapa s njihovim očekivanjima osjećaju zadovoljstvo prigodom istraživanja.

Ističu kako je u tom trenutku važno samoprocjenjivati kako bi se osigurala što veća objektivnost u daljnjim koracima istraživačkog procesa. Warr (36) se bavila istraživanjem marginaliziranih skupina poput dugotrajno nezaposlenih mladih i ženama - seksualnim radnicama te je svoje preporuke za kvalitativne istraživače nazvala "*stories in the flesh*". Warr (36) navodi kako postoji veliki raskorak između svijeta u kojem istraživači žive i svijeta koji istražuju te kako je od iznimne važnosti da se istraživanja provode u kontekstima u kojima sami sudionici žive, što dodatno obogaćuje samo istraživanje. Naime, autorica ističe kako je osim samih bilježenja paraverbalnih znakova kod sudionika važno i zabilježiti sve druge kontekstualne podatke. Posao intervjuiranja i transkribiranja je najčešće posao asistenata, dok se profesori bave samom analizom podataka. Warr (36) ističe kako bi sami profesori trebali biti dijelom nekih intervjua kako bi se osiguralo da će se svi podatci, uključujući i kontekstualne, pravilno interpretirati. Ensign (37), koji se bavio istraživanjima na području mentalnog zdravlja uključujući mlade beskućnike, također je isticao važnost kontekstualnih podataka i istraživanja u kontekstima koji okružuju sudionike. Ipak, Ensign (37) navodi kako se često zaboravlja jedno važno etičko pitanje, a to je pitanje sigurnosti samih istraživača. Jedan od autorovih prijedloga, kada se radi o istraživanjima sa specifičnim skupinama, je da sam istraživač provede neko vrijeme volontirajući i družeći se s populacijom sličnom onoj koju će istraživati kako bi razvio odgovarajuće obrasce ponašanja. Većina kvalitativnih istraživača orijentira se na istraživanja s odraslim osobama, iako dosta slična, kvalitativna istraživanja u mentalnom zdravlju s djecom imaju neke specifičnosti. Punch (38) navodi da istraživači kao odrasle osobe ponekad imaju teško-

The question that most concerned the authors was the question about researcher's expectations and the perception of the participant's story. They say that researchers who perceive certain participant as authentic when they talk about their stories and what they say coincides with their expectations feel satisfaction with research. Therefore they point out that at situations like these it is important to carry out self-assessment to ensure as much objectivity as possible in the further stages of the research process. Warr (36) was involved in researching marginalized groups such as long-term unemployed youth and women sexual workers, and referred to her recommendations for qualitative researchers as "*Stories in the Flesh*". Warr (36) states that there is a great gap between the world in which researchers live and the world they are exploring, and that it is of the utmost importance that the research is conducted in contexts in which the participants themselves live, further enriching the research. Namely, the author points out that besides the recording of preverbal signs of the participants, it is important to note all other contextual data.

The job of interviewing and transcribing is usually the job of assistants while professors are involved in data analysis, Warr (36) points out that the professors themselves should be part of some interviews to ensure that all data, including contextually, is properly interpreted. Ensign (37) who has been involved in mental health research including young homeless people has also emphasized the importance of contextual data and observation in the contexts surrounding the participants.

However, Ensign (37) states that researchers often forget to think about one important ethical question, which is the question of the safety of the researchers themselves. One of the author's suggestions, when it comes to research with specific groups, includes spending some time volunteering and associating with a population similar to the one the researcher is going to explore to develop appropriate patterns of behaviour.

će s razumijevanjem percepcije djeteta, kako zbog njihovog limitiranog vokabulara, tako i zbog drugačijeg razumijevanja pojedinih riječi te kraće i raspršenije pažnje. Neke od strategija koje autorica nudi su kombiniranje slika, fotografija, crteža, pisanja dnevnika i korištenje jasnih, nedvosmislenih i jednostavnih pitanja u istraživanjima s djecom. Uporaba fotografija može biti etički izazov koji se tiče pitanja povjerljivosti, budući da je informirani pristanak svih onih koji su na fotografijama gotovo nemoguće dobiti. Nadalje, moglo bi biti fotografija koje sudionik ipak ne bi htio da istraživači vide, a koje bi istraživači mogli vidjeti, dok ih razvijaju. Kako bi se to izbjeglo, dobra praksa bi bila da se objasni sudionicima da će oni prvi vidjeti fotografije i imati priliku izbaciti sve što ne žele podijeliti. Također postoji i niz nedostataka u korištenju tehnika crtanja s djecom. Na primjer, ne smatraju sva djeca da je crtanje zabavno i neka djeca mogu biti inhibirana zbog svojih sposobnosti crtanja.

Starija djeca možda ne žele crtati slike, budući da je to za njih ponekad previše 'dječji'. Ukratko, crtanje možda neće odgovarati svoj djeci zbog raznih razloga.

ZAKLJUČAK

Kvalitativna istraživanja imaju veliki potencijal unutar područja mentalnog zdravlja, te je puni potencijal samih istraživanja i uporaba cijelog raspona metoda u samom začetku. Snage i prednosti kvalitativnih istraživanja uglavnom leže u mogućnostima razvijanja teorija i povećanju razumijevanja o učinkovitoj primjeni tretmana i načinu podupiranja stručnjaka i korisnika usluga u području mentalnog zdravlja. Glavno pitanje koje kvalitativni istraživači u ovom području postavljaju je na koji način integrirati različite metodološke pristupe u procesu traženja odgovora na istraživačka pitanja. Kvalitativno istraživanje se još uvijek često promatra u funkciji podrške kvantita-

Most of the qualitative researchers focus on research with adults, although quite similar, qualitative research in the field of mental health of children and adolescence has some particularities. Punch (38) argues that researchers as adults themselves sometimes have difficulties with understanding the perception of a child, both because of the limited vocabulary of a child, as well as because of the child's different understanding of particular words and their shorter and scattered attention. Some of the strategies of using qualitative research with children and adolescence include combining pictures, photos, drawings, writing diaries, and using clear, unambiguous and simple questions. Using photographs can pose a huge ethical challenge due to the confidentiality issue, as the informed consent of all those who are in photography is almost impossible to obtain. Furthermore, there may be photos that the participant would not want the researchers to see and which the researchers could see while developing the photos. In order to avoid this, good practice would be to explain to the participants that they will first see the photos and have the opportunity to throw out anything they do not want to share. There are also a number of disadvantages in using drawing techniques with children. For example, all children do not consider drawing as a fun activity and some children can be inhibited because of their ability/inability to draw. Older children may not want to draw pictures, as it is sometimes too "childish" to them. In short, it may not suit children for various reasons.

CONCLUSION

Qualitative research has a great potential within the field of mental health and the full potential of research itself as well as the use of the entire range of methods is at its very beginning. The strengths and advantages of qualitative research lie mainly in the ability to develop theories and increase understanding

tivnim istraživanjima unatoč tome što postoji značajan broj objavljenih kvalitativnih istraživanja. U području mentalnog zdravlja, pogotovo u psihijatriji, još se uvijek objavljuje manji broj kvalitativnih istraživanja u odnosu na druge grane medicine (npr. opća praksa i sestrištvo). To djelomično možemo pripisati i nedostaku znanja urednika i recenzenata o rigoroznim metodama obrade kvalitativnih istraživanja. Teme o mentalnom zdravlju, ali i općenito, koje obrađuju suvremeni istraživači, su iznimno složene i multifaktorske te iziskuju uključenost *mixed* metoda koje podrazumijevaju i kvalitativnu i kvantitativnu metodologiju.

Suvremeni istraživači bi trebali biti opremljeni znanjima iz obje vrste metodologije kako bi mogli odgovoriti na složena pitanja koja se postavljaju. Tema na koju također treba obratiti pozornost je i tema izazova s kojima se susreću kvalitativni istraživači koji se bave osjetljivim temama. Postoji širok raspon izazova, ali još uvijek nedovoljan broj protokola i strategija za rješavanje tih izazova. Strategije koje postoje rezultat su rada entuzijastičnih pojedinaca koji nude smjernice na temelju svojeg dugogodišnjeg staža upravo u takvom obliku istraživanja. Potrebno je izraditi univerzalne protokole i strategije koji bi postali dijelom svih institucija i projektnih prijava koje se bave kvalitativnim istraživanjima u mentalnom zdravlju te osigurati adekvatnu edukaciju osobama koje će pružati podršku kvalitativnim istraživačima. Takvi protokoli bi osigurali da svi oni koji se bave kvalitativnim istraživanjima u mentalnom zdravlju imaju jednake informacije o mogućim rizicima, dostupnim resursima za pomoć i podršku i smjernicama za pojedine izazovne situacije prigodom provođenja istraživanja. Univerzalni protokoli bi omogućili svim istraživačima ujednačen pristup supervizijama, grupama podrške, pisanju dnevnika i vršnjačkom *debriefing*-u. Takvi protokoli bi također sadržavali smjernice o aktivnostima koje je važno

of effective treatment use as well as the ways of supporting experts and service users in the field of mental health. The main question that qualitative researchers in this area ask is how to integrate different methodological approaches in the process of seeking answers to research questions. Qualitative research is still often seen just in the function of supporting quantitative research, despite the fact that there is a significant number of quality qualitative researches published. In the field of mental health, especially in psychiatry, there is still a small number of qualitative researches in relation to other branches of medicine (eg. general practice and nursing). This can partly be attributed to the lack of knowledge of editors and reviewers on rigorous methods of qualitative research. The topics in mental health, as well as other ones, that are being researched by researchers nowadays are extremely complex and multifactorial and require the inclusion of mixed methods which imply the use of qualitative and quantitative methodology.

Researchers nowadays should be equipped with knowledge from both types of methodology to be able to answer complex questions that are being posed. The topic that needs to be addressed is also the topic of challenges facing qualitative researchers dealing with sensitive topics. There is a wide range of challenges, but still insufficient number of protocols and strategies to address these challenges. Strategies that are available are the result of the work of enthusiastic individuals who provide guidance on the basis of their long years of experience in this form of research. It is necessary to develop universal protocols and strategies that would become part of all institutions and project applications dealing with qualitative mental health research and provide adequate education to people who will support qualitative researchers. Such protocols would ensure that all those involved in qualitative mental health research have equal information on potential

poduzeti u iznenadnim i izazovnim situacijama u kvalitativnim istraživanjima poput gore spomenutog učinka previše dobivenih informacija van samog procesa intervjuiranja (engl. *“hearing too much off the record”*).

risks, available help resources and guidance resources, and guidelines for some challenging situations in the process of conducting the research. Universal protocols would allow all researchers equal access to supervisors, support groups, journal writing, and peer review. Such protocols would also contain guidance on activities that are important to undertake in sudden and challenging situations in qualitative research, such as the above-mentioned effect of hearing too much information outside of the research process (*“hearing too much off the record”*).

LITERATURA/REFERENCES

1. Bowling A. Data collection methods in quantitative research: questionnaires, interviews and their response rates. In: Bowling A. (1st ed.) Research methods in health: Investigating health and health services. New York: McGraw Hill/Open University Press, 1997.
2. Holman R. Qualitative inquiry in medical research. *J Clin Epidemiol* 1993; 46(1): 29-36.
3. Crawford J, Pradip G, Russell K. Use of qualitative research methods in general medicine and psychiatry: publication trends in medical journals 1990-2000. *Int J Soc Psychiatry* 2003; 49(4): 308-11.
4. Jones J, Duncan H. Consensus methods for medical and health services research. *BMJ* 1995; 311(7001): 376.
5. Murphy E, Mattson B. Qualitative research and family practice: a marriage made in heaven? *Fam Pract* 1992; 9(1): 85-91.
6. Dowrick C, Gas L, Edwards S, Aseem S, Bower P, Burroughs H *et al.* Researching the mental health needs of hard-to-reach groups: managing multiple sources of evidence. *BMC Health Serv Res* 2009; 9(1): 226.
7. Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, Petticrew M. Developing and evaluating complex interventions: the new Medical Research Council guidance. *BMJ* 2008; 337.
8. Nelson ML, Quintana SM. Qualitative clinical research with children and adolescents. *J Clin Child Adolesc Psychol* 2005; 34(2): 344-56.
9. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Doing sensitive research: what challenges do qualitative researchers face? *Qual Res* 2007; 7(3): 327-53.
10. Schulze B, Angermeyer MC. Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. *Soc Sci Med* 2003; 56(2): 299-312.
11. Glaser B, Strauss G. The discovery of grounded theory: Strategies for qualitative work. New Brunswick: Aldine Transaction, 1967.
12. Patton MQ. Qualitative Research and Evaluation Methods (3rd Ed). Thousand Oaks, CA: Sage Publications, 2002.
13. Mavaddat N, Lester HE, Tait L. Development of a patient experience questionnaire for primary care mental health. *Qual Saf Health Care* 2009; 18(2): 147-52.
14. Coulter A, Ellins J. Patient-focused interventions: a review of the evidence. London: Health Foundation, 2006.
15. Peters S, Rogers A, Salmon P, Gask L, Dowrick C, Towey M *et al.* What do patients choose to tell their doctors? Qualitative analysis of potential barriers to reattributing medically unexplained symptoms. *J Gen Intern Med* 2009; 24(4): 443-9.
16. Morris R, Dowrick C, Salmon P, Peters S, Dunn G, Rogers A *et al.* Cluster randomised controlled trial of training practices in reattribution for medically unexplained symptoms. *Br J Psychiatry* 2007; 191(6): 536-42.
17. Bowen D, Kreuter M, Spring B, Cofta-Woerpel Z, Linnan L *et al.* How we design feasibility studies. *Am J Prev Med* 2009; 36(5): 452-57.
18. Padgett DK. Qualitative methods in social work research. Sage Publications, 2016.
19. Barkham M, Stiles WB, Connelli J, Twigg E, Leach C, Lucock M *et al.* Effects of psychological therapies in randomized trials and practice-based studies. *Br J Clin Psychol* 2008; 47(4): 397-415.
20. May C, Finch T. Implementing, embedding, and integrating practices: an outline of normalization process theory. *Sociology* 2009; 43(3): 535-54.
21. Pontin E, Peters S, Lobban F, Rogers A, Morriss RK. Enhanced relapse prevention for bipolar disorder: a qualitative investigation of value perceived for service users and care coordinators. *Implement Sci* 2009; 4(1): 4.
22. Lee-Treweek G, Linkogle S. Danger in the field: Risk and ethics in social research. Mjesto izd?: Psychology Press, 2000.

23. Birch M, Miller T. Inviting intimacy: The interview as therapeutic opportunity. *Int J Soc Res Methodol* 2000; 3(3): 189-202.
24. Alty A, Rodham K. The ouch! factor: Problems in conducting sensitive research. *Qual Health Res* 1998; 8(2): 275-82.
25. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Blurring boundaries in qualitative health research on sensitive topics. *Qual Health Res* 2006; 16(6): 853-71.
26. Liamputtong P, Ezzy D. *Qualitative Research Methods*. South Melbourne: Oxford University Press, 2005.
27. Ceglowski D. Research as relationship. *Qual Inq* 2000; 6(1): 88-103.
28. Ellingson LL. Then You Know How I Feel: Empathy, Identification, and Reflexivity in Fieldwork. *Qual Inq* 1998; 4(4): 492-514.
29. Rager KB. Self-care and the qualitative researcher: When collecting data can break your heart. *Educ Res* 2005; 34(4): 23-7.
30. Hubbard G, Backett-Milburn K, Kemmer D. Working with emotion: issues for the researcher in fieldwork and teamwork. *Int J Soc Res Methodol* 2001; 4(2): 119-37.
31. McCosker H, Barnard A, Gerber R. Undertaking sensitive research: Issues and strategies for meeting the safety needs of all participants. *Qual Soc Res* 2001; 2(1).
32. Campbell R. *Emotionally involved: The impact of researching rape*. Mjesto izd?: Psychology Press, 2002.
33. Johnson B, Clarke JM. Collecting sensitive data: The impact on researchers. *Qual Health Res* 2003; 13(3): 421-34.
34. Boden ZV, Gibson S, Owen GJ, Benson O. Feelings and intersubjectivity in qualitative suicide research. *Qual Health Res* 2016; 26(8): 1078-90.
35. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Risk to researchers in qualitative research on sensitive topics: Issues and strategies. *Qual Health Res* 2008; 18(1): 133-44.
36. Warr DJ. Stories in the flesh and voices in the head: Reflections on the context and impact of research with disadvantaged populations. *Qual Health Res* 2004; 14(4): 578-87.
37. Ensign J. Ethical issues in qualitative health research with homeless youths. *J Adv Nurs* 2003; 43(1): 43-50.
38. Punch S. Research with children: the same or different from research with adults? *Childhood* 2002; 9(3): 321-41.
39. Kidd SA. The role of qualitative research in psychological journals. *Psychol Methods* 2002; 7(1): 126-38.