The Mental Health of People Doing Qualitative Research: Getting Serious About Risks and Remedies

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Qualitative research is not only challenging paradigmatically but is intellectually and interpersonally demanding too. Historically, those doing qualitative work—either by itself or in mixed method research—have not necessarily felt readily understood or as respected by funders, mainstream journals, or even colleagues. Attaining funding, publications, and respect is challenging enough for everyone—harder still when your work and its epistemological and ontological foundations are not well known or recognized.

Collectively, these factors all mean that the mental health of those doing qualitative research is precious yet precarious. Indeed, research over the last decade has consistently found that researchers are 25–50% more likely to experience high stress, depression, and anxiety than the general population (Guthrie et al., 2017; Shaw, 2014). Even more concerning, recent studies identified that doctoral students are at up to 6 times greater risk of such mental health challenges as the general population (Evans, Bira, Gastelum, Weiss, & Vanderford, 2018). Risks may be even higher in women and scholars in the humanities and social sciences (Guthrie et al., 2017).

The significantly wider prevalence of poor mental health in those doing research could be attributed to self-selection. People at higher risk of mental health challenges may also be those who are more attracted to prolonged research study and research-oriented and academic careers. Work for example that, rightly or wrongly, is understood to be more cerebral, intensely intellectual, and creative. Yet these trends suggest that qualitative research work and the characteristics of those attracted to doing this work increase risks of mental health challenges.

Despite these patterns, there has been little acknowledgment and no exploration of whether and how qualitative research harms our mental health.

In the early stages of this editorial, via twitter, we asked members of the qualitative community about their own views and experiences around mental health and qualitative work. A minority of respondents indicated that, in their experience, any kind of research can produce anxiety, high emotions, isolation, depressive symptoms, and stress. Most reported that qualitative work brought distinctive challenges to mental health—but that the range of these varied widely—for example, from feeling intense fatigue and emotional upset following particular interviews to chronic isolation from supervisors when completing whole studies. What was clear however was that qualitative research could clearly lead to mental health challenges and that these challenges were not discussed openly or often enough. Accordingly, this editorial raises the risks, silence, and stigma that exists around qualitative research and mental health.

Risks: Why Does Doing Qualitative Research Put Our Mental Health at Risk?

While some researchers still openly declare that they use qualitative methods because of an aversion to statistics, qualitative research does not make for an easier academic life. Indeed, virtually every stage of qualitative work could be seen to raise personal risks for mental health challenges (Table 1).

The foci of qualitative studies can often encroach or be based on sensitive topics—and by nature, data collection involves high levels of human contact and interaction between those generating data and those participating in studies. This is not work that is done secondhand or by emotional distance. There is ongoing onus on those collecting data to ensure that they elicit high quality and relevant data—unlike surveys, every single interaction with a participant demands ongoing efforts from the researcher in real time. Also, the nature of qualitative work means, for example, that data collection, transcription, and analysis require extensive amounts of personal effort and time—with a notably heterogeneous mix of

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mundane work (such as transcribing) and the highly demanding (such as analysis). Qualitative data work is not only diverse but also complex in nature and high in volume: Each hour of data collection is likely to generate 50 or more pages of transcribed data. Analysis often takes weeks, months, and sometimes years. This is long and very demanding work. Moreover, doing qualitative research well, particularly at the doctoral level or beyond, demands knowledge and skills around theory, method, and substantive domains. Those doing qualitative work, by definition, are faced with the realities of fieldwork—of real people, communities, and challenges often shared or seen firsthand. Data generation is not reduced to the passivity of surveys but requires personal presence, time, and openness in fieldwork. Often qualitative work focuses on challenging experiences or populations—and requires researchers to be close to participants in their journeys. Researchers who seek to do mixed method studies have even greater demands on their knowledge.

Remedies: How Can Risks Be Better Handled?

Table 1. Qualitative Research and Risks for Mental Health and Well-Being.

| Facet                              | Description                                                                 | Areas of Risk                                                                 |
|------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| **Data and research process**      |                                                                             |                                                                               |
| Ethics approval                    | Required to commence research in field                                      | Committees often have limited insights into qualitative work; can make onerous requests to know all possible probes/questions that will arise; inappropriate feedback and refusal is not uncommon |
| Data collection skills             | Demands active research presence and skills in real time                    | Researcher(s) as source of data collection is in close physical proximity to actual events or participants involved in study. Quality of study depends on researchers’ ability to elicit good data in the moment |
| Data production                    | Transcribing of large volumes of data                                       | Large volumes of close handling of data are needed, usually requiring many hours of sometimes repetitive work |
| Data cleaning                      | Transcription cleaning and handling                                         | Very high volumes of data are generated that are required to be analyzed. These data are usually also highly complex and “messy” |
| Data analysis                      | Semi or unstructured interview transcripts, observational notes, focus group transcripts, etc |                                                                                  |
| Reflexivity                        | Reflective journals, observations, and interviews                           | Researchers are encouraged to emotionally and epistemologically engage with their data and its’ analysis and consider aspects of themselves in relation to these |
| Data interpretation                | Lacks fully automated “touch-of-a-button” analysis                          | Extensive amounts of time are required to move from data to findings, usually taking months |
| **Knowledge**                      |                                                                             |                                                                               |
| Deep and broad knowledge           | Substantive, ontological, theoretical, and methodological aspects           | Workload and knowledge needed for effective inquiry are both broad and deep. Skills are needed in multiple areas |
| **Community and career**           |                                                                             |                                                                               |
| Publishing                         | Journals often resistant. Restricted aims/scope and lower capacity in peer review of qualitative papers | Disciplinary or substantive journals less aware and tend to be less supportive in publishing qualitative work; high rejection rates |
| Grant applications                 | Already low rates of funding may be lower for qualitative work              | Rejection rates high, sense of lack of fit with funding priorities and hopelessness in applications |
| Culture within departments/schools | Number of colleagues/peers involved in qualitative work may be low          | Less peer support and mentorship readily available from experienced qualitative researchers, sense of isolation |

Given people doing qualitative work are at risk of challenges around mental health—it is important to identify what key stakeholders, and we, ourselves, can do to reduce or mitigate these risks. The diffuse and diverse nature of these risks requires contributions and efforts from our communities, our peers, students and supervisors, and most importantly, ourselves.

Our Workplaces and Communities

Workplaces and communities need to get serious and responsive to the mental health challenges experienced by those doing research (Clark & Sousa, 2018a). All those doing or supervising qualitative research should recognize the challenges and risks it poses to mental health.

Open sharing of the challenges of doing qualitative research at all stages should occur in our teams, workplaces, and at conferences—including what researchers have done successfully to preserve and sustain their own good mental health and wellness during their studies and beyond as well as their challenges.

More widespread acknowledgment of the potential risks to mental health and well-being of doing qualitative work is important to reduce feelings of isolation and stigma. Influential organizations, such as the International Institute for Qualitative Methodology (IIQM), fulfill an important leadership role to ensure that researchers at different stages can come together to discuss and share around these risks. We commit to address the issue of mental health in qualitative research in one of our forthcoming international conferences.
**Students**

Most universities have well-established support services for students which are available either online or face-to-face. In large institutions, more integrated medical services may also be available. These services can address a wide range of challenges that may arise when doing qualitative research as a student—from coping with challenging single incidents—such as debriefing after data collection—to providing supports for chronic stress, anxiety, or depression.

Yet many students who could benefit from these services are either unaware of their existence or choose not to use them (Ketchen Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015)—often for understandable but potentially misplaced reasons, such as a belief that services are for those who are “failing” and/or feeling judgment or shame about seeking help (Eisenberg, Golberstein, & Gollust, 2007). While supervisors are an important source of support, they can be complemented or supplemented with support from these formal student services. Students should prioritize knowing what services are available and how to access these, and seek help quickly when needed. Supervisors need not be informed or involved—this is the student’s choice to make. Students are also an important source of potential support for each other—opportunities and spaces for students to come together to share openly should be prioritized.

**Supervisors**

Supervisors are likely to be student’s first point of contact in relation to their programs of study, including research. Alas, all too often students have limited access to and not enough time with their supervisors for truly open conversations (Clark & Sousa, 2018b). Whether discussions will even transgress outside of a “progress update” is not a given, and an active effort needs to be made to build a supportive student–supervisor relationship. Students and supervisors who have open, empathetic, and supportive communication about mental health create a strong foundation for doing this particularly challenging work (Clark & Sousa, 2018b).

**All Qualitative Researchers**

There is a common tendency for researchers at all career stages to believe that their career success depends only on intellectual ability, determination, and working long hours (Clark & Sousa, 2018a). However, an extraordinary array of skills are actually required to be a successful qualitative researcher, and many of these relate to our personal capacity to work effectively with others and within large organizations (Clark & Sousa, 2018a). Failure to recognize this can lead to being overwhelmed, stressed, and pressed by all of the demands of knowledge work. Instead, prioritizing personal development around soft work skills, priority management, fostering creativity and relationships, building a collaborative network, and developing better workplace habits and systems can improve effectiveness and reduce interpersonal conflict (Clark & Sousa, 2018a).

Openness to learning from not only successes but also failures is vital as researchers strive to promote and maintain good mental health. Researchers are prone to having fixed mind-sets: to attribute their successes to their own inherent skills and abilities. This mind-set is associated with higher insecurity, lower productivity, and a tendency to misrepresent data and results to appear more successful (Dweck, 2008). Having already been successful, at least academically, the challenges associated with doing qualitative research as well as the frequent failures can be especially discouraging and threatening to the fixed mind-set. Instead, focus should be shifted to developing growth mind-sets. A growth mind-set promotes learning from every situation including those which are challenging, recognizes our own efforts and those of others over outcomes, and finally encourages and models open sharing of difficult experiences, lessons, and failures around research (Clark & Sousa, 2018a).

This openness to learning and sharing fosters cultures in which colleagues are empathetic—enabling better support for each other and also better recognizing when others, or ourselves, need to seek additional help and available support services.

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