Nursing & Primary Care

Algorithm for Emotional Distress: A Process for Qualitative Data Collection

Nicole Naccarato RN BScN and Lissa Gagnon RN BScN MScN*

Assistant Professor with the School of Nursing, Laurentian University, Ontario, Canada.

***Correspondence:**

Lissa Gagnon RN BScN MScN, Assistant Professor with the School of Nursing, Laurentian University, Ontario, Canada.

Citation: Nicole Naccarato, Lissa Gagnon. Algorithm for Emotional Distress: A Process for Qualitative Data Collection. Nur Primary Care. 2022; 6(6): 1-2.

Over the past twenty years, North America has been challenged with a public health crisis related to the morbidity and mortality of opioid misuse. As a result, there is urgent need to further address the opioid crisis. Evidence in the literature on substance abuse has suggested that qualitative studies may supplement epidemiological research to improve understanding of the complexities of opioid misuse [1,2].

The coauthors of this communication recognized the impact of safely conducting qualitative data collection with individuals sharing their lived experience of opioid misuse. A vital consideration that arose in the methodological planning of the research team's larger project was managing potential emotional distress responses with participant informants. Although there is an abundance of literature in psychiatry care suggesting qualitative interviewing has a primarily cathartic and therapeutic effect on research participants, there remains a risk for emotional harm [3,4].

Previous discourse in qualitative healthcare literature have highlighted the inclusion of distress protocols as guides for managing informants' potential distress during data collection [5,6]. More specifically, some studies in cancer care have presented algorithms to screen for emotional distress with patients in oncology [7,8]. However, to date there are scant studies in the healthcare literature on algorithms focusing on distress responses for qualitative interviewing relating to opioid misuse.

The coauthors of this communication developed an algorithm (Figure 1), during ethical review process for a larger research project, with a purpose of managing potential emotional distress responses during the process of qualitative interviewing with individuals sharing their lived experience of opioid misuse. The developed algorithm derived from existing frameworks in the literature on the topic of sensitive interviewing [2,5,9-11].

The coauthors of this communication included additional considerations in the pre- interview phase, such as assessing for intoxication status and substance withdrawal symptoms (Figure 1).
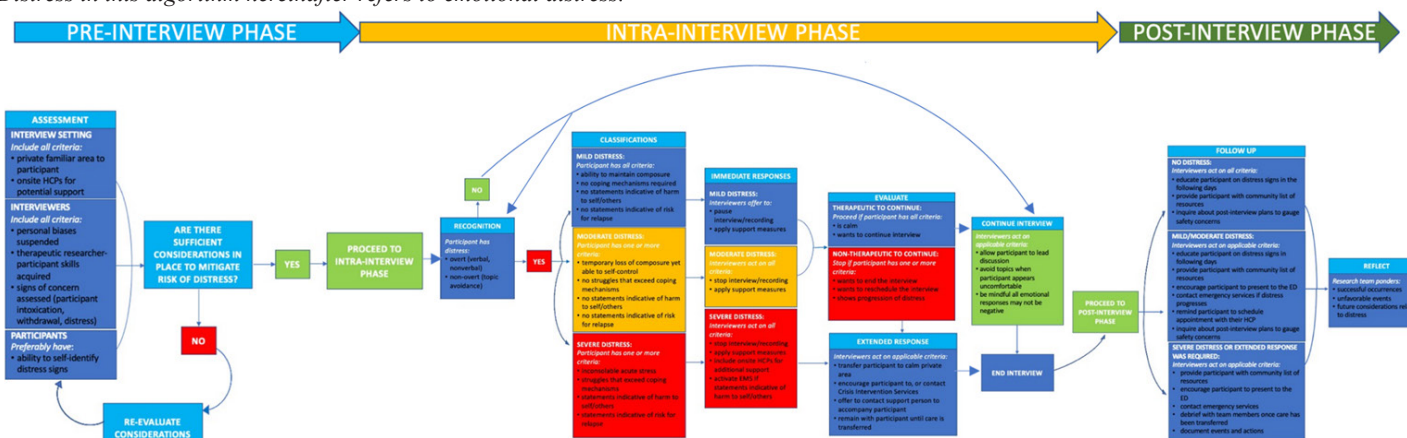
Distress in this algorithm hereinafter refers to emotional distress.

Figure 1: Algorithm for Emotional Distress. HCP: Health Care Provider; EMS: Emergency Medical Services; ED: Emergency Department.

The rationale was based on prevailing literature discussing how these factors are related to potential risks for emotional distress during data collection [12]. The coauthors also developed additional considerations addressing the risk of relapse in both the intra-interview and post-interview phases (Figure 1). The additions to both phases of the algorithm were necessary from the coauthors' perspectives to ensure physical and emotional safety of participant informants during the sharing of their lived experiences. Moreover, these additions were supported by empirical evidence on substance abuse which associates marked negative emotional states with risks of relapse. The coauthors' nursing backgrounds and experiences conclusively prompted them to include additional cyclic processes to the algorithm such as assessment, evaluation, and reflective elements (Figure 1).

The current algorithm developed and utilized by the coauthors with their qualitative data collection process proved to be an effective framework for managing potential emotional distress responses from participant informants. The successful application of this algorithm in the coauthors' research endeavors is suggestive of positive processes related to safety considerations in qualitative methodologies examining experiences with opioid misuse. The coauthors, there before, share their developed algorithm as a recommendation for effective decision-making with safety needs and concerns related to qualitative data collection in the therapeutic researcher- participant interactions.

References

1. Ayoo K, Mikhaeil JS, Huang A, et al. The opioid crisis in North America facts and future lessons for Europe. Anesthesiology Intensive Therapy. 2020; 52: 139-147.
2. Blanco C, Wiley TRA, Lloyd JJ, et al. America's opioid crisis the need for an integrated public health approach. Translational Psychiatry. 2020; 10: 167.
3. Biddle L, Cooper J, Owen-Smith A, et al. Qualitative interviewing with vulnerable populations individuals' experiences of participating in suicide and self-harm based research. Journal of Affective Disorders. 2013; 145: 356-362.
4. Jorm AF, Kelly CM, Morgan AJ. Participant distress in psychiatric research a systematic review. Psychological Medicine. 2007; 37: 917-926.
5. Dempsey L, Dowling M, Larkin P, et al. Sensitive Interviewing in Qualitative Research. Research in Nursing and Health. 2016; 39: 480-490.
6. Pascoe Leahy C. The afterlife of interviews explicit ethics and subtle ethics in sensitive or distressing qualitative research. Qualitative Research. 2021; 22: 1-18.
7. Clover K, Carter GL, Mackinnon A, et al. Is my patient suffering clinically significant emotional distress. Demonstration of a probabilities approach to evaluating algorithms for screening for distress. Supportive Care in Cancer. 2009; 17: 1455-1462.
8. Zheng W, Lei M, Liu Y, et al. An Algorithm to Stratify the Risk of Postoperative Emotional Distress in Cancer Patients with Advanced Metastatic Spinal Disease. Psychology Research and Behavior Management. 2020; 13: 721-731.
9. Draucker CB, Martsolf DS, Poole C. Developing distress protocols for research on sensitive topics. Archives of Psychiatric Nursing. 2009; 23: 343-350.
10. Haigh C, Witham G. Distress protocol for qualitative data collection. Manchester Metropolitan University Manchester UK. 2015.
11. Wright N, Hadziosmanovic E, Dang M, et al. Mental health recovery for survivors of modern slavery: grounded theory study protocol. BMJ Open. 2020; 10: e038583.
12. Anderson E, McNair L. Ethical Issues in Research Involving Participants With Opioid Use Disorder. Therapeutic Innovation & Regulatory Science. 2018; 52: 280-284.