

# Bringing Trauma Home: Reflections on Interviewing Survivors of Trauma while Working from Home

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## Abstract

In response to the COVID-19 pandemic, working from home became the new normal for many professionals. While this was beneficial in managing the rapidly spreading virus, it had varying impacts on the mental health of those previously not accustomed to remote work. This paper provides a critical reflection of the researcher's experience of conducting interviews with survivors of trauma while working from home. The research aimed to understand the experiences of significant others supporting patients with severe burn injury in the Intensive Care Unit (ICU). As an experienced ICU nurse, the researcher has well developed personal coping strategies for dealing with complex trauma and in working with significant others of patients with severe burn injury in hospital settings. Due to the pandemic, data collection moved from face-to-face in the hospital, as originally intended, to phone or videoconference interviews. 17 participants were recruited, with all participants given the option of videoconference ( $n = 3$ ) or telephone interviews ( $n = 14$ ). Interviews had an average length of 55 minutes. This paper discusses the strategies adopted to cope with the sharing of significant others' experiences of trauma while in the home environment. Careful consideration was needed for the researcher, the participants and those within the homes of both researcher and participant, in terms of psychological safety, ethical considerations and rapport building.

## Keywords

ethical inquiry, narrative, narrative research, narrative inquiry, virtual environments

## Introduction

The global COVID-19 pandemic called for a change in approaches to working, and necessitated a swift movement of researchers from their usual work environment to working remotely from home (Oakman et al., 2022). Many qualitative researchers in the data collection phase of their research had to adapt from face-to-face data collection to interviewing participants via telephone and videoconference (Lobe et al., 2020). This meant that many of these interviews were being undertaken in peoples' home environments rather than more neutral settings.

Transitioning data collection to a working from home format can be beneficial to the researcher and participants, and in many cases has continued beyond the restrictive pandemic rules (Lobe et al., 2020). Working remotely removes the need for travelling to the place of interview, and thus removes the

usual time loss in travel for both researcher and participant (Oakman et al., 2022). The benefits of aligning household obligations, childcare and scheduling interviews within the comfort of one's home can prove convenient for both researchers and participants, making data collection from home desirable (Aczel et al., 2021).

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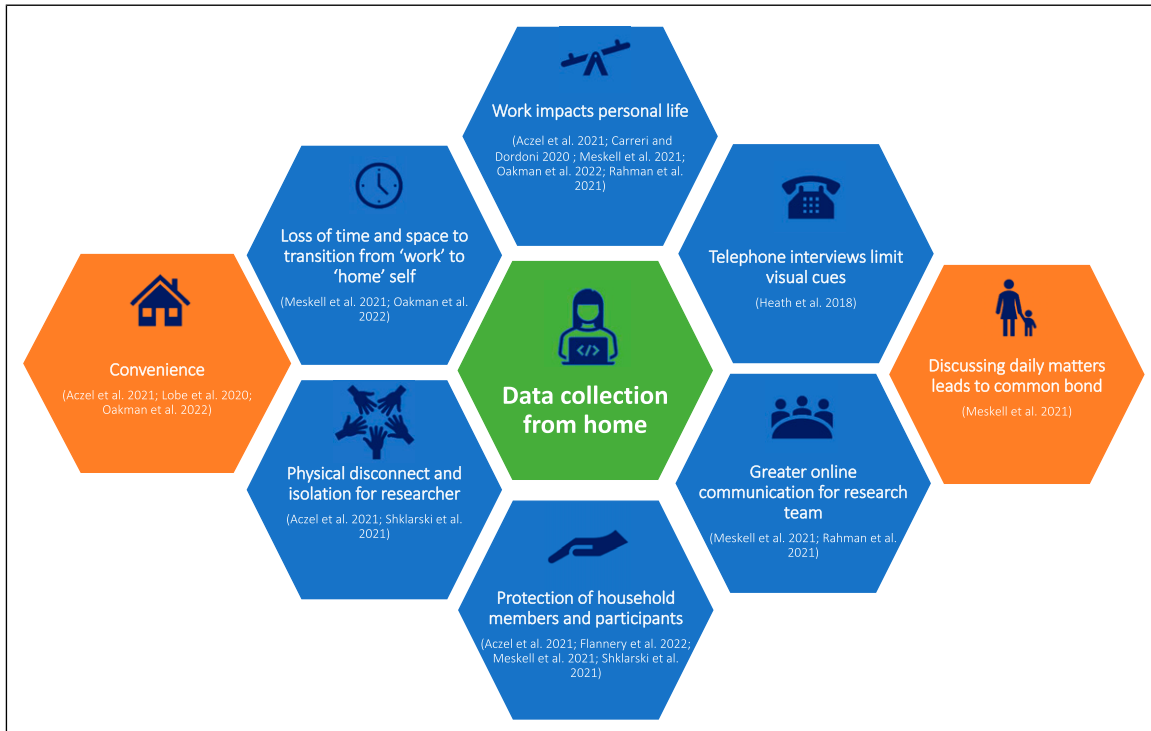
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**Figure 1.** Main findings that align with peer reviewed literature.

Despite the benefits, data collection from home can also have significant negative consequences for researchers. Balancing work and home life is challenging when they are occurring in the same space, with the likelihood of home factors intruding on work matters and vice versa. Carreri and Dordoni (2020) described how women were often negatively impacted, as they were often disproportionately caring for children and performing domestic duties, while attempting to keep up with work tasks. The barrier between work and home was removed for many people, and subsequently the sense of work versus home persona became interwoven (Oakman et al., 2022).

Various noises and interruptions such as doorbells, barking dogs and family members intrude on research tasks such as interviews, and can increase the stress experienced by the researcher (Meskell et al., 2021). Conversely, there is a risk that family members may be exposed to work matters and may inadvertently hear distressing content, thereby research work encroaches on the researcher's personal life (Aczel et al., 2021; Meskell et al., 2021). Moreover, with work and home being essentially the same space, there is a loss of time and space to transition from the 'work' to the 'home' self which previously occurred for workers on the commute home (Meskell et al., 2021; Oakman et al., 2022).

This paper provides a critical reflection of challenges encountered by a researcher working from home, conducting sensitive interviews to explore the experiences of significant

others of patients with severe burn injury. This reflection aligns with various previous research themes (see Figure 1). The unique aspects involve the experiences from the perspective of a health professional conducting interviews from a home setting, rather than a hospital. The account reveals insights into the learned experiences and strategies implemented to be able to collect data and listen to stories of trauma while working from home.

## Reflections of the Researcher on Psychological Safety, Ethical Considerations, and Rapport Building

### *Psychological Safety of the Researcher*

As a registered nurse with more than 20 years' experience in critical care, I have witnessed trauma in the lives of many patients and their families in the ICU. The patients had typically suffered severe burn injury and required specialist intervention, including life supporting strategies and mechanical ventilation. The impact of the burn injury and subsequent life-threatening condition is an unexpected and devastating life event for both patient and family. In the past in my work as both ICU nurse and researcher, hearing the stories of trauma and interacting with survivors of trauma was contained within the ICU setting. I had time to transition from my work persona to that of a parent, child, family member and friend while travelling home.

At the time of data collection, in response to the COVID-19 pandemic, the Australian government had enacted lock-down laws which mandated working from home for all non-essential work, including academics and researchers (Australian Government Department of Health, 2020). Consequently, I had to consider the personal implications of collecting data and hearing stories of trauma within my own home and how to prevent my family from inadvertently hearing these stories. Added to this, I was required to navigate the transition of my own children to home schooling in response to changing government restrictions. As a single parent I encountered additional responsibilities of home schooling my children, further decreasing time and space for research planning, data collection and time to process stories of trauma.

To mitigate the absence of my usual travel time to process information before returning to home life, I scheduled interviews with participants when members of my household were occupied or not at home. This was aimed at allowing time for a transition between finishing an interview and being met with a family member who would expect me to instantly be in a different role. While this time and space proved beneficial in processing information, I still noticed a discomfort at being in my home and moving on to household tasks, while continuing to think about the emotive or distressing topics discussed in the interview.

When considering the usual process of travelling between work and home, I understood this time was valuable in allowing myself to reflect on the day and transition to my home persona. I previously understood this as transitioning, but now understand this process allowed me to compartmentalise the trauma that I had witnessed, so that it did not exist in my home life. Once I returned home, I did not think about the trauma I witnessed until I next returned to work, which acted as a buffer against vicariously experiencing the trauma of those I cared for in the work setting. Similarly, I noted that I did not think about my personal life when I was in the work setting, giving each setting my full presence and undivided attention. With data collection now taking place in the home, I realised the blurring of these previous boundaries in my life when I was attending household tasks such as emptying the dishwasher, and thinking back to interviews, participants' stories, and their trauma. I realised hearing stories of trauma was now encroaching on my personal space, and careful consideration of the need to maintain my own psychological safety and avoid vicarious trauma was immensely important.

Isobel and Thomas (2022) identify personal coping strategies to protect or provide a buffer against vicarious trauma include preserving a sense of self through personal boundaries. As my previous boundary of compartmentalising was blurred through conducting research at home, I attempted to recreate the transition phase by going for a walk post interview. Manning-Jones et al. (2017) identify the importance of self-care strategies, such as walking, as beneficial in reducing the threat of vicarious trauma through hearing others'

traumatic stories. This process allowed me the time and space to contextualise my experience, and transition to my home persona by the time I arrived back home. Although I found this a useful strategy, it was not always practical. Therefore, I needed to consider other strategies to allow contextualising of the traumatic stories, so that my own mental well-being was not impacted by lingering thoughts intruding on my personal life.

As a PhD candidate I have a team of supervisors who are registered nurses, some with specialist experience in mental health, who were aware of the benefit of decreasing the burden of trauma by researcher debriefing. Isobel and Thomas (2022) support the importance of nurses' debriefing, identifying that the lower rates of vicarious trauma in nurses when compared to psychologists and social workers is likely due to their tendency to debrief and provide support to each other. The authors identified that nurses often face trauma together by working in teams, thereby sharing the burden. It was suggested by the research supervisors that after the interviews with participants, I debrief with one supervisor. As supervisors were also working from home, they too debriefed with each other as needed. This provided both myself and my supervisors the opportunity to talk through the experiences, and gain support, prior to returning to our home selves. Additionally, supervisors were able to monitor myself and each other for signs of vicarious trauma. Moreover, debriefing promotes bonding within teams and can allow for development of personal resilience with individuals and teams working together through the trauma exposure (Manning-Jones et al., 2017).

The planning process of conducting research normally takes place with the team within the research setting. However, in this case we were all physically removed from each other, which interrupted usual processes. The physical disconnect from the research team can lead to feelings of isolation (Aczel et al., 2021). The loss of physical presence with the research team changes the group dynamic and can add greater complexity for the researcher as they attempt to ascertain their position in the research (Ravitch & Carl, 2019). Meskell et al. (2021) similarly identified that interruptions to normal team processes, require additional work to ensure continuity of team functions. Additional planning around protecting my mental health as well as the sanctity of my home were important considerations prior to the commencement of interviews. More frequent conversations with my research supervisors also helped in monitoring for threats to well-being, such as when interviews first commenced, and I noted the lingering thoughts of the traumatic stories which were intruding into my home life. Rahman et al. (2021) identify that while extra support is important when the research team is working remotely, the process of frequent online communication increases the risk of fatigue related to "techno-stress". Therefore, frequent interactions online need to be spaced out to avoid feelings of exhaustion, while continuing to allow the amount of time required to support,

debrief, and monitor the researcher for vicarious trauma associated with hearing traumatic stories in isolation.

The process of being able to compartmentalise one's work and home responsibilities is imperative for any researcher to build resilience, as well as conduct research in a time of societal change (Meskell et al., 2021; Rahman et al., 2021). It became apparent that my previous experiences with hearing traumatic stories and learning to contextualise them, was beneficial when embarking on this type of research from home. It can be argued that although I needed to change the way I approached transitioning to my home persona, I did not need to learn the process of contextualising trauma so that it did not become vicarious trauma and impact my own mental health.

### Protecting the Sanctity of the Home

As a researcher a primary concern when interviewing from home, was preventing family members from being exposed to hearing these traumatic stories. ShklarSKI et al. (2021) discuss that without clear boundaries around the workplace, there is risk to both the person listening to traumatic stories, as well as those within their home. Not only were my concerns based on protecting my household members from hearing traumatic stories, but also around the confidentiality that had been promised to participants. As a research team we had discussed these concerns and devised a checklist for the researcher and participants. The checklist included instructions such as silencing phones and blurring backgrounds to protect household members and the privacy of both researcher and participants (Flannery, Peters, Murphy, Halcomb, & Ramjan, 2022). As all interviews were digitally recorded and transcribed, it was important to ensure that participants understood how these data would be managed and that the recordings and transcripts would be deleted 5 years from the time of interview as per the research ethics.

As a researcher I notified my household members prior to all interviews, and followed the same instructions given to participants to prepare for interviews. Despite these efforts on one occasion a household member forgot I was interviewing and called out to me. Upon reaching the closed door and reading my "Do not disturb" sign, the household member was reminded not to enter and left immediately. Although the participant was at the time distracted by a noise in her own home and did not notice, I experienced a sense of anxiety that the participant may have heard and may have felt their privacy was not being protected. This made me carefully consider strategies I could utilise to safe-guard participants and my household members against interruptions in the home environment.

As an additional measure to remind household members about the interview, I sent them a text message directly before the interview commenced, which circumvented any future accidental interruptions or risk of exposure to traumatic stories. Understandably, implementing these

strategies impacts on family members, their freedom to move around the home and my emotional availability as a parent. Therefore when a family member was home, I made time before the interview to remind them I was about to start an interview and I would not be available. Aczel et al. (2021) notes that women conducting research from home experience higher levels of stress, as they are often assuming a disproportionate burden of childcare responsibilities, compared to their male counterparts. This remained an ongoing concern for me as a single mother, where I continued to monitor and implement extra strategies, while balancing my parental role. However, I realise that while the participant and I had agreed to the research, my family members had not, and despite these measures, they lost a level of agency within their own home.

### Building Rapport

With the research now taking place remotely, I was unsure how I would be able to gain the trust of participants, especially survivors of trauma, when I was not able to meet with them in person. After discussions with the research team, my initial plan when contacting participants was to explain the importance of the research, and aim to answer any questions they may have, as they had previously been provided with a participant information sheet and consent form. When given the opportunity to ask questions, all participants asked me why I was researching this topic (experiences of significant others of patients with severe burn injury). Once I had explained that I am an ICU nurse who works with patients with severe burn injury, the participants relaxed and agreed to go ahead with the interview, perhaps because they felt I would have understanding and empathy.

Initially I held concerns that unexpected noises within my home may occur during an interview, leaving the participant unsure if their privacy had been breached, or if the interview had my complete attention. After having no interruptions for a few consecutive interviews, I felt confident that my strategies around interviews were successful. However, there were interviews where a neighbour's lawn mower started, and another where a participant's child locked themselves in the car. On these occasions I spoke about how it was difficult to interview from home and I appreciated that despite this, the participant had still taken part. Discussing these daily matters which we were all exposed to in differing ways, often led to the building of increased rapport through common experiences or a shared journey. As a registered nurse I am aware that in discussing small daily matters we often share a common bond and can feel more connected with strangers by recognising our similarities (Meskell et al., 2021).

As a researcher I was concerned that without the ability to read the participant's body language during remote interviews, I would have difficulty in interpreting meaning which might

have been more obvious in person. This may have hindered my ability to build rapport as well as reduced my ability to understand the full intention conveyed in words. During the video conference interviews, I noticed the participants used hand gestures at times to communicate ideas, which I could not fully see. On these occasions I would ask the participant to clarify the meaning, to ensure I was not misinterpreting gestures. In telephone interviews participants tended to explain in more detail, as there was the awareness that we could not see each other, and so more detailed explanation was required (Heath et al., 2018). When participants sounded distressed, took longer pauses or quickened the pace of speech, it was important to ask the participant if they needed to pause the interview. This frequent engagement with the person and heightened awareness allowed for rapport building, as the researcher was keenly observing and expressing concern for the participant.

## Conclusion

This personal reflection has examined the inherent difficulty of not only bringing work into the home, but more specifically bringing traumatic stories into the home. Witnessing or being a bystander to trauma as a researcher, and then returning to the home setting requires a process of compartmentalising, so that it does not lead to vicarious trauma and violate the boundary of home as a safe space. There can be psychological impacts on the researcher when their work and home persona are suddenly occurring within the same space. This paper has provided insight into how the researcher and research team planned ways to guard against vicarious trauma pre and post interview. While some strategies, such as debriefing with the team were beneficial, some such as taking a walk post interview, were not always practical. Although these strategies helped overall with easing the psychological burden of hearing traumatic stories in the home and helped bring the research team closer, there were unavoidable negative consequences. The sanctity of the home was breached with the researcher experiencing lingering thoughts of traumatic stories while attempting to function in their home. Further, the interviewer's family members lost agency within their own home while interviews occurred, and their parent - the researcher - was unavailable to them. Coinciding with this, the researcher experienced varying levels of stress, fearful that usual household noises may breach privacy and confidentiality. Nonetheless, the researcher's reflective insights will be helpful for others in the planning and implementation of their own research in the home setting. Clearly there are inherent advantages and disadvantages to interviewing survivors of trauma in the home setting and while some aspects can be managed through careful planning, some factors will remain unpredictable.

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