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Title: 'Being there' is what matters: methodological and ethical challenges when undertaking research on the outdoor environment with older people during and beyond the COVID-19 pandemic

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'Being there' is what matters: methodological and ethical challenges when undertaking research on the outdoor environment with older people during and beyond the COVID-19 pandemic

Abstract

This paper reflects on adapting research methods and processes during the COVID-19 pandemic, drawing on our experiences of conducting research on the outdoor environment with older people (aged 50+) living in Scotland. First, we discuss the challenges to the organisation of research experienced in the context of changing government and university guidelines and managing delays to planned research timelines. The shift toward remote methods stimulated by the pandemic transformed traditional notions of the research field. We consider some of the implications of this for outdoor environment research, grounded as it is on exploring the interaction between people and the places they are embedded within. Further, despite a growth of literature highlighting the benefits of remote research, we found uses for digital and online approaches limited when working with older people. Second, we reflect on whether research with older people in the context of a pandemic can be conducted ethically. Drawing on our research we describe how developing an 'ethics of care' included negotiating with formal ethics processes but also the relational, situated ethics of qualitative health research that, because of the pandemic, had begun to shift in new ways. We describe the often intangible impacts of COVID-19 such as social isolation and bereavement that we uncovered as researchers entering into the lives of older people. In closing, we outline some of the key lessons learnt from conducting research on outdoor environments with older people to enable future qualitative health research during and beyond the pandemic.

Keywords: older people, qualitative methods, COVID-19, ethics, pandemic

1. Introduction

Due to its exploratory nature, there is always an element of the unknown when embarking on qualitative research. Qualitative research aims to develop in-depth understandings of social phenomena (or aspects of phenomena) in context, without

knowing in advance what might be discovered. While qualitative researchers are adept at managing this uncertainty as part of the research process, these abilities were significantly tested during the COVID-19 pandemic as many researchers found themselves 'unwittingly doing disaster research' (Buckle, 2021). Globally, research teams sought to adapt methods in light of national government guidelines restricting in-person contact and update ethical approval processes to address the novel challenges of conducting research in a pandemic.

In this paper we share our experiences of navigating the uncertain research landscape during and beyond the COVID-19 pandemic, detailing the challenges we faced in designing and delivering a research project which focused on some of the populations and activities most affected by the pandemic. Specifically, we draw on our experiences of conducting a study that explored the outdoor activities of older people (aged 50+) living in Scotland, UK. The study aimed to engage with people living in areas of high and low socio-economic status as defined by the Scottish Index of Multiple Deprivation. This ongoing study aims to explore how outdoor environments support older people to undertake the 'personal projects' (Little, 1983) that enable them to flourish in older age.

The impact of the pandemic on older adults has been rightly highlighted (Richardson et al., 2020), with the crisis posing a 'triple jeopardy' to older adults due to their being: '(1) more likely to develop COVID-19 and experience higher mortality; (2) less likely to source high quality information or obtain food, supplies, and services online; and (3) more likely to experience social isolation and loneliness' (Xie et al., 2021, p. 462). Older people living in socio-economically disadvantaged neighbourhoods have been disproportionately impacted by the pandemic: suffering the effects of enforced social isolation (as a result of COVID-19-related instructions to shield and self-isolate) while also living in places affected by the loss of services and social infrastructure (Buffel et al., 2021). Furthermore, the role of the outdoor environment and ensuring people have easy and convenient access to outdoor open environments (in particular access to green and blue spaces) has taken on renewed importance following the COVID-19 pandemic, as indoor social activities were largely curtailed and travel was restricted to a small geographical area. The impact of social distancing restrictions on people's use of, and access to, outdoor spaces has been

especially felt by groups with higher vulnerability to infection, such as older people (Phillipson et al., 2021).

Although the study was designed before the pandemic, it was within this context that we set out to explore the role of the outdoor environment in supporting older adult's health and wellbeing. The multiple impacts on older people during the pandemic, especially for those living in deprived areas, increased the pertinence of the research in many ways through our aim of better supporting older adults to spend time outdoors and in turn enable social interaction and improve physical mobility and mental wellbeing. However, the restrictions on travel and social interaction during the pandemic presented us with the challenge of researching the role of the outdoor environment while both we as researchers and potential participants were restricted to spending most of the time indoors.

In qualitative research generally, importance is placed on researchers 'being there', within communities and environments to gain a deep understanding of the social ecology of people's lives. Arguably this is of increased salience for outdoor environment research, grounded as it is on exploring the interaction between people and the places they are embedded within. While there is a growing body of literature reporting the advantages of remote, digital and online qualitative methods (Keen et al., 2022; Lobe et al., 2020; Teti et al., 2020; Varma et al., 2021), this may have limited use for place-based research, or for addressing research questions that cannot be explained without understanding where people are located and understanding how people experience place. Additionally, there has been little acknowledgement of how to involve and engage older people beyond the assumption that more older adults are now comfortable and confident using technology as a result of social distancing motivating them to acquire online skills (Keen et al., 2022). In this paper we present examples from our research to show how we found online and remote approaches limited for recruiting, interviewing and involving older people living in Scotland.

Alongside the practical questions concerning how to conduct research during a pandemic, we were also confronted with a more urgent question over whether it was even possible to carry out research with older people in potentially vulnerable circumstances in an ethical manner. As part of completing formal ethics processes

we anticipated risks and harms and proposed ways to mitigate these, but the relational and situated ethics of qualitative research had begun to shift in new and unanticipated ways. Gathering data in the field involved entering into the lives of individuals and communities after prolonged periods of lockdown, and we encountered experiences of bereavement, social isolation and the ongoing effects of the broader social and spatial inequalities worsened by the pandemic. In this paper we discuss the impact of this from our perspective as researchers, and how we sought to manage the ethical sensitivities of fieldwork post-lockdown.

We begin by providing the background and context to the study before turning to discuss the challenges and opportunities experienced by adapting research methods and processes. Following this we discuss the ethical implications of qualitative research during a pandemic and explore how the pandemic necessitated a broader reflection on the 'duty of care' that we as researchers seek to demonstrate for the individuals and communities we work with. In closing, we outline some of the key lessons learnt from conducting research on outdoor environments with older people to enable future qualitative health research during and beyond a pandemic such as COVID-19.

2. Background to the research

In this paper we draw on our experience of conducting an ongoing longitudinal study entitled 'Environmental support for flourishing in older age' which aims to explore the role of outdoor environments in supporting people to undertake the 'personal projects' that allow them to flourish in later life. The study is part a multidisciplinary and mixed methods work package based in the Advanced Care Research Centre (ACRC). The aim of the ACRC is to enable data-driven, personalised and affordable care that delivers independence, dignity and a high quality of life for people living in their own homes or in supported care environments.

The study explores what enables older people to spend time outdoors, acknowledging the growing body of evidence that demonstrates how improved access to outdoor environments can support people to remain healthy and active in older age (Aspinall et al., 2010; Curl et al., 2016; Sugiyama & Ward Thompson, 2007). The study is informed by social-ecological approaches to health that examine the relationships between individual health and environments, recognising

individuals as embedded within larger social systems that underlie health outcomes. This approach explores the differential effects of environment on perceptions and behaviour, and how these vary depending on the goals, capabilities, characteristics and experiences of individuals (Barton and Grant, 2006).

We explored this 'transactional' relationship between person and place through understanding people's 'personal projects'. Personal projects are the self-generated and purpose-oriented activities an individual is doing or planning to do (Little, 1983). These can vary widely for different individuals, ranging from trivial but important everyday routines to ambitious, long-term endeavours. In the study we used personal projects as units of analysis to understand a person in their social, physical, and temporal context. Individuals are asked to describe projects in which they are currently engaged; the units of analysis are thus projects related to activities that are salient to individuals.

The study recruited participants (n=43) from five areas in Scotland. Field sites were selected to explore differences in geographical locations (e.g. urban, semi-rural) and socio-economic status. Adults aged 50+ were invited to take part. Participants were primarily recruited through in-person attendance at local groups and community organisations; these included groups and services for older adults at community venues, walking groups, a local history group and community council meetings. Three waves of data collection were planned with up to a year between each time point. To date, two waves of data collection have been completed, with the third wave underway at the time of writing. The study used a mixed methods approach comprising semi-structured interviews (n=57), walking interviews (n=17) and self-complete activity diaries (n=45).

The interview asked participants about their activities or personal projects, focusing on those that usually involve going outside the home, and then asked them to rate the projects on a Likert scale of 1 to 5 on eight different project dimensions, including enjoyment, importance and supportiveness of the local outdoor environment. The interview also asked people about activities they would like to do but were currently unable to do. Along with demographic data, quality of life was measured with EUROQOL and functional status was measured using an instrumental activities of daily living (IADL) scale, adapted from Jette et al. (1986). We also invited

participants to take part in a separate walking, or 'go along' interview. The route and length of the walk was chosen by participant and designed to understand more about participants' local environment and neighbourhood and how it supports them to carry out projects. Walking interviews provide researchers with first hand exposure as to how participants navigate and perceive the environment and can stimulate memories and issues for discussion. The use of such interviews allows the processes and interactions between people and the places they walk to be explored and so are useful for understanding relationships between people and place, including any barriers older adults might face to spending time outdoors (Curl et al., 2018). Additionally, all participants were invited to complete an activity diary where participants could record day-to-day activities over a week: whether people went outdoors, where they went to and what activity they did (e.g., walking, shopping, visiting friends). All interviews were conducted by the first author, an experienced qualitative postdoctoral researcher.

Recruitment and data collection were carried out in Scotland during February-September 2022. The study started in April 2021. Scottish government COVID-19 rules and restrictions shaped how we sought to deliver the study from this point forward. In 2020 the Scottish government developed a tiered system to manage lockdown restrictions. Between March 2020-2021 all parts of Scotland were under some level of lockdown restrictions, with the strictest level banning people leaving their home except for essential purposes. During April 2021 restrictions slowly began to lift, with travel within Scotland and outdoor socialising permitted, and the reopening of some services including hospitality venues such as cafes and pubs. By August 2021, Scotland moved beyond level 0, which removed legal requirements for social distancing and limits on socialising. Face coverings in all indoor public settings was required until April 2022. The shielding list, which included those at highest risk from COVID-19 infection, was ended on 31st May 2022. We now turn to outlining how we sought to manage and adapt to the challenges posed by the pandemic in order to conduct a qualitative study with older people during this period.

3. Adapting qualitative methods during a pandemic

As detailed above, the project began in Spring/Summer 2021, a time when social interaction and travel was still considerably restricted in Scotland. Overall, public

mood suggested that people remained cautious about mixing with others, particularly indoors. Moreover, as a research team we were working from home. Within this context, it seemed unfeasible that we would be able to deliver the proposed research plan developed prior to the pandemic. Given the higher risk of COVID-19 to the demographic we aimed to work with, we were forced to consider alternative ways of conducting research. We explored the potential of alternative remote methods, including carrying out interviews online and paper 'activity diaries' which participants could complete at a distance. In addition to gaining university ethical approval through the usual processes, there were further checklists to complete including the requirement to explain how we would adhere to government COVID-19 guidelines while carrying out fieldwork.

Like many other universities, our institution took time to adapt to working remotely, and enabling research to be conducted online. For example, at the start of the study the online video calling software Zoom was not approved for university research purposes, only Microsoft Teams was permitted. To ensure data security and privacy we had to complete a separate data protection assessment to use Zoom and WhatsApp. The ability to use these online platforms was important as we felt that Zoom and WhatsApp were technology that people would be much more familiar with than Teams and therefore assist in improving accessibility. Accessibility was of particular importance as we were already concerned that we would face difficulties using online methods to recruit and involve older people.

Making the necessary revisions was time-consuming and we experienced delays to our planned research timelines. Fieldwork that was due to begin by September 2021 was delayed due to a new wave of the 'Omicron' variant of COVID-19. Research plans therefore had to be adapted and planned 'waves' of data collection were changed. Participant recruitment eventually began in earnest at the beginning of 2022, though at this time we were limited to advertising the study through online means only, primarily through local community Facebook groups but also by starting to contact local organisations with the view that government restrictions would begin to lift in the near future. At this time many of the community groups from which we hoped to recruit participants were not operating or meeting face-to-face and this initially limited our scope.

It was only when community centres and other venues began to open and local groups began to meet in-person again that recruitment to the study began to gather pace. By meeting people in venues they would have visited anyway, we felt that our presence was not presenting any additional risks to potential participants. However, we ensured that visits were planned and agreed in advance with an invitation from the relevant organisation/venue and undertook precautions such as undertaking a lateral flow test prior to any in-person activities and wearing face masks when required.

3.1. Remote and in-person approaches

Like many research teams, the pandemic disrupted our research plans and forced us to consider alternative methods. The pandemic's early stages sparked the publication of literature by others outlining ways to carry out qualitative research using remote, online and digital methods (Howlett, 2021; Keen et al., 2022; Newman et al., 2021; Pocock et al., 2021; Roberts et al., 2021; Tungohan & Catungal, 2022; Varma et al., 2021). The challenge presented by the pandemic to look beyond 'traditional' qualitative methods has clearly been fruitful in many ways, encouraging researchers to think creatively and question taken-for-granted assumptions about what approaches are considered the 'gold standard' (Self, 2021). Advantages of remote methods that have been noted include: less geographical restrictions on the participants that can be involved in a study and increased flexibility over where and when data collection takes place (Engward et al., 2022; Keen et al., 2022; Khan & MacEachen, 2022). Researcher safety is also an important benefit of remote methods (Self, 2021). Overall, researchers tend to agree that conducting qualitative research remotely does not present any significant ethical issues compared with in-person approaches (Khan 2022, Engward 2022).

Challenges reported have focused on the additional data privacy and security issues related to online software, and the extra work involved to develop the same rapport over the telephone or online as would be achieved in-person (Engward et al., 2022; Lobe et al., 2020). Researchers report mixed experiences as to whether close engagement can be achieved through online methods. Though remote interviews may tend to be more 'rapid' (Engward et al. 2022) and 'straight-to-the-point' (Phillipson et al. 2021), connecting online or by telephone could also foster intimacy

in other ways. For example, in their study of older people's experiences during the pandemic, Phillipson et al. (2021) found that some participants reported that speaking over the telephone allowed them to feel more comfortable and at ease than if the interview was conducted in-person. Carrying out longitudinal research online may present further challenges, and Melis et al. (2022) found that keeping participants engaged in the study required extra effort on the researchers' behalf. The authors speculated whether online methods had played a role in this, with online encounters being less memorable and fostering less of a sense of belonging or feeling 'part of' a project.

There has been some acknowledgement that certain groups may be underrepresented when conducting research through remote or online means only, due to variations in digital access and literacy, and further that this may serve to further exclude groups that are already experiencing marginalisation (Kusumaningrum et al., 2021; Morgan et al., 2022; Newman et al., 2021; Pocock et al., 2021; Sevelius et al., 2020). At the same time, assumptions are frequently made that as a result of the pandemic, populations, including older people, are now largely familiar and comfortable with digital methods of communication such as Zoom or mobile messaging applications. For example Keen et al. (2022) state, referring to older adults, that: 'while it used to be thought that digital data collection would bar older age groups from the research, increasing older-age familiarity with digital methods means that older participants are not significantly precluded from virtual interviewing' (p.4).

From our own experience, we found that exploring online networks and communities on social media sites such as Facebook was useful for learning more about what is happening in a community, but we had little success with using social media platforms for recruitment. Two out of 43 study participants were recruited through online methods. In the literature on remote qualitative methods, there has been little focus on recruitment and a predominant emphasis on data collection, leaving little guidance for researchers struggling with online recruitment approaches. Studies that have effectively recruited older people and other groups hard to reach through online methods emphasise that existing relationships (often built prior to the pandemic) with community partners were key to enabling recruitment at a distance (Archer-Kuhn et al., 2021; Melis et al., 2021). This finding reflects our own experience, as once we

were able to engage face-to-face with community groups, recruitment to the study improved.

The reasons for our limited success with online recruitment became evident as we began in-person fieldwork and were able to engage in conversation with older people in communities. Below is an excerpt from field notes written by the first author describing a visit to a local community group in a semi-rural area of Scotland attended by people aged 50 and over:

The subject of technology came up which generated some very impassioned opinions. Most described a discomfort with technology and commented on how everything is now online. A couple of the group commented that with the shift to online they felt left out, or that because things were online they couldn't voice their opinion. The current Scottish census was provided as an example of this, and clearly had caused annoyance and distress to many of the group. The census has been designed to be completed online with paper versions available only on request. (Field notes, 21st March 2022)

As fieldwork continued, the topic of technology came up repeatedly in discussions across different groups of older people. This sense of digital exclusion was especially marked for those living in areas experiencing multiple deprivation – though it was certainly not exclusive to these communities. Most of the participants in our study lived in urban environments, or close to large urban areas, and therefore lived in areas with reliable access to the internet and had exposure to computers and digital technology, often through grandchildren and other family members. Yet a lack of confidence using email, computers, mobile phones and the internet, and a sense of being left out, was apparent as participants referred to services and systems such as banking and shopping becoming digitised and reported facing difficulties accessing information about local services and activities that were only publicised online. This perhaps explained why there were only two participants in the study with whom we had online contact with only, and when given the option of in-person, telephone or online interview, most participants opted for an in-person interview.

Rather than improve digital capabilities, the pandemic may have served to introduce new forms of inequality within the older population through differences in the use of technology (Phillipson et al., 2021; Salma & Giri, 2021). In their study examining the

impact of the pandemic on people aged 50 and over in Manchester, Phillipson et al. found that those without access to online media were disadvantaged in a variety of ways: 'notably in being unable to maintain contact with friends...and in being deprived of services and activities which were only available online' (p.11). Melis et al. (2021) in their study of the experiences of older people in Italy during the pandemic found that issues of trust, fear and anxiety were obstacles when seeking to engage with older people, and they needed to help familiarise participants with using video calls. As Engward et al. (2022) note, even if people have digital access, it does not necessarily mean that they have the knowledge, confidence and trust to use it. These findings reflected our own experiences, confirming that at least some groups of older people experience a sense of social exclusion because of lack of internet use, and that this perceived sense of social exclusion has remained despite an increase in digital literacy in the general population as a result of the pandemic (Seifert et al., 2019).

Remote methods are tools equally useful as in-person 'traditional' approaches and, like all methods, they may be more appropriate to use in some contexts, and with some groups and individuals, than with others. However, drawing on our experiences from seeking to engage with older people, it is important that researchers do not lose sight of the fact that such methods remain limited in addressing certain research questions and, importantly, engaging with certain groups and individuals. Generalisations concerning internet use and digital literacy are unhelpful and continue to exclude those who already experience marginalisation. This is particularly the case for older adults who, as we found in our research, may already feel they are being left out of important decisions due to the increasing digitisation of public and private life which was already apparent before the pandemic.

3.2. *Locating the 'field'*

One of the advantages of remote methods often cited is that geographical distance between researcher and participant is no longer an obstacle to people being involved in qualitative research. At the same time the 'environmental data' that researchers can obtain from being in a shared space with someone is restricted in remote interviewing to the background view of a zoom call or reduced to voices over the

telephone (Engward et al., 2022). As qualitative researchers, we are taught that fieldwork involves 'being there', where researchers are physically located in the community, culture, or environment that is central to understanding the norms, values and beliefs of the individuals and communities under study and thus gaining an embodied understanding of the world people inhabit. Yet, the increasing spread of the digital world across many facets of daily life, arguably accelerated by the pandemic, raises the question whether such an interpretation of the research field still holds (Howlett, 2021).

Howlett (2021) explores these methodological and epistemological concerns and asks whether digital methods are appropriate to answer the same research questions without being physically co-located at the same time and space with participants. The COVID-19 pandemic, Howlett argues, has highlighted the centrality of digital platforms to many people's lives, and increasingly are the spaces where people live much of their lives. In this view, the field should thus not be limited to a geographic space 'with people and places 'on' it', rather, 'the 'field' must be conceptualized as a continuum of spatiotemporal events and relations between people in diverse socio-political contexts' (p. 396). Yet, while it may be true that technology now allows researchers to embed themselves in other contexts from a distance, this is not the case if the group or individual under study does not spend time online. Arguably the field, or what comes to be defined as the research field, is to an extent always exclusionary in that research studies focus on a defined group, area or community to address questions relevant to that group and that for reasons of feasibility and practicality needs to be suitably defined. As discussed above, our experiences working with older people demonstrated that many spent no or little time online and felt their voice and experiences were being excluded by the increasing dominance of technology. It was clear, then, for our study, focused as it was on the experiences of older people, that exploring the digital world only would reduce the potential research field to the extent that we would be unable to fulfil the aims of the study.

Furthermore, for our study, interested in the influence of the environment on people's activities and their wellbeing, understanding and capturing the geographical place where people lived and spent most of their time was fundamental to addressing our research questions. Focusing on selected localities and neighbourhoods was

important for us to distinguish what types of environments support older people to spend time outdoors. These research questions were grounded in the understanding that people's relationship with place is transactional, and therefore we could not understand an individual's experience without also understanding their experience of the place and vice versa. For this reason, our research field remained defined and located in specific places and the unlimited geographical scope of the internet for recruiting participants was therefore, for our purposes, not advantageous.

We found, similarly to Roberts et al (2021, p. 8), that online approaches did not minimise the social distance between us as researchers and potential participants and this is especially salient when researching the role of the local outdoor environment. For example, when participants mentioned a place name, an area of town, a street, park, or other aspect of their local area, it was important for us as researchers to understand the location but also its significance not only to the participant but also to the local community. Navigating the neighbourhoods and places where participants live may be an 'ancillary benefit' (Roberts et al., 2021) of conducting in-person qualitative research, but it is a key part of the data collection process for outdoor environment research.

One way we tackled this problem of not being in the field was by carrying out visits to the field sites, to get an understanding of what it is like to be in the local environment without the participant. While of course we could not inhabit the space in the same way as an older person who lived there, it provided us at least with an embodied sense of what it felt like to navigate the environment, including the sensory input of sounds, smells and observations such as the level of road traffic, that could not be gained from other means like looking at a map online.

4. Ethical qualitative research in an era of epidemic

In this section we detail the key ethical challenges we faced conducting research during the pandemic. Ethical considerations include, but are not limited to, the formal institutional processes and the various forms and checklists research teams are required to complete to ensure research is conducted in line with the principles of not causing harm to participants, whether in terms of emotional harms, financial harms, privacy or other risks. Working with people at higher risk of COVID-19 during the pandemic meant we were even more aware and cautious about taking all possible

measures to ensure that inviting people to take part in the research was not going to present any risk to their health. With such an additional present risk, the stakes of doing qualitative felt much higher. At times we reflected on whether research with older people in the context of a pandemic could be conducted ethically.

There were also the less tangible ethical issues that only came to light as we began fieldwork. Entering into the lives of people during a pandemic required heightened sensitivity to the different ways in which the pandemic impacted on people lives. This included acknowledging the changing economic, political and social context of research participants but also being reflexive about the impact on us as researchers.

4.1. The impacts of the pandemic on communities and older people

Here we share some examples from our research of the impact of the pandemic in older people and communities, reported by community organisations and participants, and how this shaped the conduct of our study. Our primary method of recruiting participants was through establishing relationships with community organisations. Above, we described how this was initially delayed as many groups did not start meeting in-person until March 2022. Even then, as we began making contacts with groups in the four field sites, it was clear many organisations were still overwhelmed and overstretched by the demands of the pandemic. We found, similarly to Salma and Giri (2021), that communities were managing multiple effects of the pandemic that went beyond limiting COVID-19 transmission and included the risks of not receiving essential goods and services (need for food, shelter, healthcare services, and social connectedness) and meeting the basic needs of vulnerable members. Some organisations responded to our requests for support with study recruitment explaining that, due to the impact of the pandemic, they simply did not have the capacity to help. In our approach we always sought to emphasise that we were keen to work with communities to address the concerns and support the work of community organisations rather than create additional work burdens. Even so, at times it felt as though we were asking community organisations for time and input during a period when they were struggling to keep up with local demands. It was therefore vital for us to adapt to the needs and concerns of groups and communities, and remain flexible to the limited availability of staff, volunteers and organisations.

Though buildings were forced to close during the pandemic, many community and local services remained active throughout in supporting their community. Through fieldwork we learnt that some community organisations and groups permanently closed as a result of the pandemic, and those that had survived were clearly changed by the experience. Staff and volunteers of organisations and services would tell us how they supported members of the community by, for example, weekly phone calls to isolated older people who lived alone and people who were shielding:

[the church elder] mentioned how they tried to support people during covid. She said that things were not quite back to how they were. They lost a lot of people last year. Some people still don't want to come back. (Fieldnotes written by first author, visit to church community café in deprived urban area of Scotland, June 2022)

As this excerpt from field notes conveys, the pandemic had affected the very character of some communities, with communities experiencing the loss of older people due to death, illness, bereavement, or from a loss of confidence in social participation. This was shared by the participants in our study where, for many, daily life was now a process of navigating the pandemic aftermath.

The extent to which the pandemic had affected participants' lives varied and included some positive impacts. For some participants, the pandemic provided a renewed motivation and appreciation for spending time outdoors; whereas for others it had generated a hesitation and lack of confidence about resuming activities that involved social interaction and mixing with people outside immediate family and friend networks.

For a number of the participants, it was clear that the pandemic, and losses endured as a result, had left them feeling socially isolated and lonely. For these participants, illness and bereavement during the pandemic had altered their lives and sense of identity and were experiences that coloured their responses to many of the interview questions. Asking questions about getting outdoors and outdoor activities at times took on an unexpected emotional charge. Below is an example of this as a question about walking provokes a response about the participant's wife's recent death during a COVID-19 lockdown:

I: Do you like to go for a walk?

R: Yes. Normally I would... I did that quite a lot last year after I lost the wife, just to get out the house, because I had six months where I couldn't leave her... I always remember she died in the early hours of the Saturday morning, and on the Sunday I was sitting here and I thought, I'm needing to get out the house. And I put my coat on, I went across the road there and I thought, I don't need to hurry back today. That was a strange feeling. After being so intense focus within the sort of the four walls, and I walked all the way into the [local area] and all the way back. I didn't have a wallet with me, didn't have my bus pass, didn't have money with me, I just walked in, all the way into the [local area], turned round, came back by the road there.
(P33, White British Male, 79, suburban area of city)

When conducting qualitative research with older people, it is not entirely surprising for issues of caring, illness, dying and death to arise, even if that was not the primary intended topic of conversation. Yet our experience suggests that the pandemic provided a further layer of sensitivity to these already emotional events. Though the topic of our study would not necessarily be deemed 'sensitive', it at times became sensitive due to context of pandemic and impact it had had on the lives of older people.

What research comes to be considered sensitive is complex, as well as who is considered vulnerable. Older people are often considered a potentially vulnerable group to research (Attuyer et al., 2020), and this vulnerability seemed to take on new resonance during the pandemic. Going to participants' homes to conduct an interview in such a context took on a different tone, where our role as researchers also at times extended to keeping participants company, and providing a listening ear to experiences that, during the pandemic, they had had few people to speak to about. The first author details her experience of going for a walking interview with a participant (P19, White British Female, aged 85, lived in suburban area of city) experiencing loneliness:

We arranged a second walk after the awful weather last time. It seemed like she [the participant] hadn't been out for a walk since our walk to the park in

May. During the walk I felt like she wanted to keep me around and we spent quite a while sat in the park before heading back to her house.

When we got back, she said “oh, so I won’t see you for a year now?”, and I felt a sense of guilt about leaving her alone. I felt concerned about how lonely she appeared to feel. When leaving I said “oh I’ve taken up three hours of your time” and she said “Well, that’s good”.

I made sure she had my number and said I would call in September to check in. I felt incredibly sad on the way home and she remained on my mind for the rest of the week. (Fieldnotes, 27th July 2022)

From this example we hope to demonstrate the delicate and often difficult process of managing the boundaries of one’s role as researcher, a process that felt increasingly complex post-lockdown. Having visitors was a welcome change for participants who might have spent much of the pandemic shielding alone. Indeed, this may have shaped participants’ decision to take part in the study as we sensed that, for some participants, taking part in an interview provided ‘something to do’ which they appreciated. For us, too, it felt novel to visit and engage with other people, with strangers, in their communities, having spent a prolonged period enclosed within our own homes and neighbourhoods. After a long period of not being allowed into homes, we were now granted access into people’s intimate lives, and what before we had taken for granted as researchers, we were now approaching afresh. It became evident that the pandemic had had an effect not just on participants and the communities we were working with, but on us too.

4.2. *Towards an ethics of care*

Minimising potential harms and risks to participants is one way that, as researchers, we demonstrate care for the individuals and communities involved in research. Indeed, care was a central theme of our study, situated as it was within a broader research centre exploring how to improve care for people in later life. The definition of care we applied in our research was informed by work on the ethics of care by Joan Tronto (1993) and Maria Puig de la Bellacasa (2017) who describe care as ‘everything that is done to maintain, continue, and re-pair ‘the world’ so that all can live in it as well as possible. That world includes... all that we seek to interweave in a complex, life-sustaining web’ (de la Bellacasa, 2017, p.161).

In this view, care is bidirectional, including care between people and across formal and informal networks, as well as considering how care features and takes place in the broader socio-ecological spheres of people's lives, such as the physical environment.

The interdependent nature of care reflected in the description of a 'complex web' captures well, we suggest, the new ethics of care that we experienced as researchers conducting research during and beyond the pandemic. Even if for a brief period, we as researchers became part of a web of care along with the participants, community organisations and others involved in the research. This interconnected web of care encompasses the duty of care to participants that researchers strive to achieve and extends to care of researchers.

In the example of going for a walk with a participant detailed above, the first author was navigating the ethical way to respond and act in the moment, yet acting appropriately as a researcher also caused feelings of guilt and concern. The first author was aware of her emotional response to the encounter, documenting the visit in field notes and reflecting on how best to continue to engage with this participant. Guidance on adapting research processes during the pandemic have focused on the need to reduce harm and protect participants from any risks participation in the study might cause, but there has been little reflection on the vulnerability of the researcher conducting fieldwork during a pandemic. However, it would seem wise to not only acknowledge how the field has changed (as detailed above) but also how we as researchers have been affected (Oliver, 2022). After all this is integral to the qualitative researcher's ongoing process of reflexivity.

Reflexivity can be a useful aid for researchers to address such 'subtle ethical dilemmas' that surface during fieldwork and analysis, encompassing the wide array of unforeseen issues that demand 'ethics in the moment' or situational ethics (Guillemin & Gillam, 2016). Reflexivity involves explicit self-analysis on one's own role in research, and how our own role shapes knowledge production (Borgstrom & Ellis, 2020). This includes analysis of one's emotional responses while conducting fieldwork, an area that has been considered in some depth by researchers exploring areas of death, dying and bereavement (Borgstrom & Ellis, 2020; Komaromy, 2019; Mallon & Elliott, 2020).

Ethical approval processes seek to ensure that risks to the participant have been considered, and considerations of the welfare of the researcher are commonly included in this process. As Komaromy (2019, p.368) highlights, the emotional impact that research can have upon the researcher is also a form of risk. Emotional responses in the qualitative interview and fieldwork setting may momentarily blur boundaries between researcher and participant, at which point it is the researcher's duty to observe and manage these responses and to also ensure the boundaries remain clear by, for example, reminding the participant that they are meeting within the framework of a research project (Attuyer et al., 2020). Notwithstanding the emotional responses discussed so far, COVID-19 also posed a direct physical risk to researchers. When carrying out in-person fieldwork, there was a continual risk of not only infecting a participant but also being infected. While the risk of infection could not be said to be equivalent in this study due to the age of the researcher compared with the participants, this risk did present a new responsibility to monitor one's own health, and which had impacts both within and outside the bounds of the 'field'.

During fieldwork, when the first author was involved in in-person activities, either engaging in recruitment or conducting an interview, she felt the need to consider her behaviour and activities outside of work and make judgements over the 'necessity' of activities. For example, whether attending an indoor social event with a large number of people might pose a risk of COVID-19 infection which could subsequently result in putting participants at risk, and further would mean any in-person research activities would have to be temporarily suspended, thus causing delays to the delivery of the project. This was a new type of responsibility to carry as a researcher, where it felt that we were interconnected with the lives of the participants, part of a 'web of care', in a way not experienced before.

5. Key lessons learnt to support qualitative health research during and beyond the pandemic

To help enable qualitative health research 'beyond' the pandemic we summarise below some of our key learnings:

5.1. *Remote, internet or online based methods may exclude older people and other groups with low digital literacy and confidence from participating in research*

Despite the growth in use and availability of digital and online platforms for communication, an over reliance on these methods will continue to exclude many people, in our example many older people, from being involved in research. Where possible, researchers should aim to offer a range of both remote and in-person options for being involved. Reliance on online and digital methods of recruitment and data collection risks further excluding those seldom heard, particularly for groups where in-person interaction and engagement are key to gaining trust and building relationships.

5.2. *For many people the pandemic is not ‘over’*

For many people, COVID-19 will have an enduring impact. At the time of writing (end of 2022) there is a need for researchers to acknowledge the ongoing concerns older people may have about being outdoors and interacting with other people (including with researchers). This also extends to an awareness of the emotional and psychological toll people may have experienced, e.g. death of a partner/family member and how that might emerge in qualitative health research, even for topics or studies not directly about the pandemic.

5.3. *Ensure research supports and addresses communities’ real concerns*

Many community organisations, and those who work and volunteer their time for them, have been overwhelmed by the demands of pandemic. Researchers need to understand the priorities of the communities they are working in and work flexibly with local organisations, acknowledging that many have little time or capacity to engage with research. It is more important than ever that research teams demonstrate that they are willing to listen, engage and support the needs of these community organisations. Further, for researchers exploring links between the physical environment and health, researchers should attend to the ways in which certain areas and neighbourhoods may have been disproportionately impacted by pandemic, worsening existing inequalities.

5.4. *Revisit taken-for-granted assumptions of what it means to conduct ethical qualitative research*

The pandemic introduced more ethical and health and safety approval processes for qualitative researchers to go through. During the pandemic, what was already

potentially sensitive research became even more 'risky', posing both physical and emotional risks. The pandemic provides an opportunity to reflect on the duty of care we as researchers seek to demonstrate for the individuals and communities we work with, and explore what this ethics of care involves. This involves managing both the tangible effects of this in terms of a heightened awareness of what we bring as researchers to the research encounter, as well as the often intangible impacts of COVID-19 such as social isolation, loneliness, bereavement, and multiple other forms of loss that we have uncovered as researchers entering into the lives of older people.

5.5. *Developing research resilience while acknowledging and embracing vulnerability*

During the pandemic both participants and researchers were vulnerable to risks with varying impacts, making the task of anticipating and mitigating harms in advance at times impossible. Adapting methods and research timelines requires adaptability and flexibility and developing a certain level of research 'resilience' to mitigate these challenges (Rahman et al. 2021). However, while research processes need to be robust, qualitative researchers need to allow space for vulnerabilities, and not view them as negative.

6. Conclusion

In this paper we have detailed our experiences of conducting a qualitative research project during the pandemic and the practical, methodological and ethical challenges that we experienced. Recruiting and interviewing older people presented difficulties when restricted to remote methods of engagement. Further, exploring the role of the outdoor environment was limited without an embodied experience of place. The pandemic had profoundly affected both the experiences of older people and people's engagement with outdoor spaces. As a result, our study had been undeniably shaped by the context of the pandemic. Qualitative methods enabled us to unearth the less tangible impacts of the pandemic, the losses, fears and inequalities the pandemic left behind.

Conducting research during a pandemic also caused us to reflect on our own vulnerabilities as researchers in new ways. We hope that by sharing our experiences we can open up further conversation around what an ethics of care in qualitative

health research involves. As our study continues, we anticipate these issues will arise and plan to address them, while continuing to adapt to the uncertainty inherent in all qualitative endeavours.

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