

Can One Get Fish and Bear's Paws at the Same Time?

Ethical Dilemma of Qualitative Health Research in Chinese Culture

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Abstract— Ethical considerations of qualitative research are often likely to be ignored or downplayed. This article will follow bioethics principles to explore the dilemmas expressed in the Chinese proverb: One cannot get both fish and bear's paws simultaneously. This succinct expression relates to so many phases of a research, based on the ethical characteristics of qualitative research. Four specific ethical dilemmas will be examined in this paper: the dilemmas between "building trust and rapport" and "informed consent," finding the right balance between "providing benefit to participants" and "coercion through kindness," the trade-off between "burning out researcher" and "ending research relationship," and giving consideration to both "quoting comprehensive qualitative data" and "ensuring participant privacy." Furthermore, the paper explores the different interpretations of autonomy between Chinese culture and Western individualism and their impact on the ethics aspects of qualitative research.

Keywords-qualitative methods; research ethics; ethical dilemma; researcher-participant; inform consent; autonomy; inner freedom.

I. INTRODUCTION

Consideration of research ethics stems from World War II in 1945, when Nazi doctors performed inhuman experiments on the prisoners of concentration camps in 1946. The Nuremberg Code of 1946 established specific baseline standards to protect research participants, particularly in the aspects of non-maleficence to participants and informed consent. However, the researcher's obligation to protect participants was not required until the full text of the thirty-two paragraphs of "The Declaration of Helsinki" was made. The principles of biomedical ethics and professional-patient relationship rules, such as respect for persons/autonomy, beneficence, non-maleficence, justice, privacy, confidentiality, fidelity, veracity, etc., were then added subsequently.[1,2] Contemporary bioethics principles provide general guidelines which can be used to examine the ethical issues concerned at all levels, to assess whether the research process is ethical, as well as to regulate the research process in order to prevent the participants' body, mind, and spirit from any possible harm.

In recent years, qualitative research has gotten significant attention in many fields. Whether the subject is ontology, epistemology, or methodology, qualitative and quantitative researches are distinctively different. However, because qualitative research is deemed to cause no harm to research participants — perhaps because there are no physical intervention measures, no use of placebo, and none of the

traditional mythologies that are considered in quantitative research, such as experimental group and control group, double-blind randomized, etc. — then its ethical considerations are often neglected. [3] However, because qualitative research differs from traditional quantitative research in terms of knowledge, truth, relationship, and belief, if bioethics principles are followed, not only can it lead to the discovery of the ethical features of qualitative research, but it can also point to the ethical issues involved. When dissecting the relationship between researcher and participants, the latter could be hurt intentionally or unintentionally by the visible or invisible power struggle between the two, the language use during the process, or even the underlying ideology of the whole process. This could take us further into complicated ethical dilemmas of the various aspects of qualitative research. [4, 5]

Mencius, a Confucian thinker, said in <Gaozi> that "Fish are my favorite; bear's paws are also my favorites. If I cannot have both, I will choose bear's paws over fish." [6] This popular Chinese proverb illustrates that, when one cannot have all, priorities should be set and sacrifices made for what is absolutely essential. Despite the significant variations of qualitative research under different traditions and paradigms, the "fish or bear's paw" dilemma in qualitative research occurs constantly. In the following, four specific ethical dilemmas will be examined and discussed: the dilemma between "building trust and rapport" and providing "informed consent," the right balance between "providing benefit to participants" and "kind coercion," the trade-off between "burning out research" and "ending research relationship," and the consideration that should be given to both "citing comprehensive qualitative data" and "ensuring participant privacy" simultaneously. At the end of the paper, we will also explore the different interpretations of autonomy between Chinese culture, which emphasizes human relationship, obedience, and submission, and Western individualism, and the impact of the two cultures on the ethics aspects of qualitative research.

Does the trust and rapport relationship between the researcher and the participant obstruct the participant's inner freedom? - The dilemma between "building trust and rapport relationship" and providing "informed consent."

Free and informed consent is a necessary ingredient in the right of self-determination or in the exercise of autonomy. It is an important issue in medical, psychological, and nursing

clinical care. Free consent refers to when an individual who has the capacity to resist temptation or coercion, participates in a study after having voluntarily and freely signed a consent form; this person can also withdraw from the study at anytime. Informed consent refers to a procedure based on a legal-ethical principle. It is also an important communication process in this study. It is the researcher's obligation to candidly and appropriately provide participants with complete information about the research in the language the participants can understand. The information should include: research objectives, contents, process, the right to participate in this study, and the advantages and disadvantages of participating, reiteration that patients who participate in this study can take a break at any time and have the right to refuse to be tape/audio recorded, to attend meetings, and to otherwise participate. Participants should be made aware that refusal to participate will not affect the care quality the patient and the family receives, etc. While introducing the study to the participants, it should be explained to them in an open and clear manner that data will be collected during the process. Participants should be made to understand how they can protect their privacy and how the information gathered is to be analyzed and publicized. This open and clear presentation of the study and what it entails regarding the participant should lead to the potential participant's decision making as to whether to participate in the study freely. [7,8,9] In addition to ensuring a participant's right to "self-determination" and "respect for autonomy," the open and clear explanation serves also to ensure that "respect for persons" is achieved. The "Informed consent" strategy has a further connotation; the researcher using the contract is able to quickly build trust and rapport with the participants by making them feel safe and allowing them to speak their minds without reticence.[9] The researcher's obligation to reveal to the participants the abovementioned information regarding the process of the study, as well as the participants' understanding of their right to authorize or refuse biomedical intervention, have become the basic ethical code on "human subjects' research" in Western healthcare practice and policy. [1, 8]

In qualitative research, the researchers are not satisfied with an "I-it" contractual relationship with the participants; their goal is to build open, honest, and trust filled "I-thou" relationships in order to gain rich, comprehensive, and in-depth qualitative data. [10] However, this in-depth and trusted relationship, connection, and commitment between researcher and participants directly challenge the autonomy and freedom of choice claimed in traditional research. In order to invite the participant to do in-depth self-exploration and reveal rich and comprehensive data, "trust and rapport" are essential. Only after the researcher and the participants have built a relationship based on trust and rapport does getting to the core of people become possible. A fitting metaphor for such a relationship is expressed thus: "You don't really know people until you've slept with them." [11] In order to minimize the impact of the power imbalance between researcher and participants, scholars in care ethics urge the establishing of caring relationships in qualitative research. In such relationships, neither side is independent of the other; rather both parties are interrelated and affect each other greatly. The researcher is not just responding to the research work with right and obligation, but also caring for the participants

wholeheartedly, openly, and unconditionally. The researcher's aim is to build an "I and Thou" relationship. S/he is concerned about the participants' wellbeing, particularly from the standpoint of a caregiver, and is willing to respond and satisfy their needs at any time. With such a harmonious relationship, participants can then feel at ease enough to reveal their comprehensive, rich, and in-depth personal experiences and stories. [12, 13] Feminist specifically pointed out that the meaning of persons does not lie on autonomy, choice, and freedom; rather, the emphasis should be on relationality, connection, and commitment. [14]

However, such a relationship can become a rose with thorns. From the standpoint of care ethics, either the researcher or the participant is inevitably subjected to pressure and becomes interdependent in such interpersonal relations and interaction. The connectedness and interdependence are inseparable, which cause the participant to feel unable to refuse a request made by the researcher. Thus it becomes difficult for the participant to have true "autonomy with inner freedom." [13] The study of Kraetschmer, Sharpe, Urowitz and Deber in doctor-patient relationships discovered that patients who take active control of their own medical decisions have lower confidence levels towards their doctors, while patients who are more passive in medical decision-making tend to trust their doctors blindly. [15] Some scholars have also pointed out that in the field of research, the participant will con the researcher until the researcher gains the participant's trust. Once this happens, the researcher begins to control the participant. [10] In researches where people are the subjects, participants naturally "entrust" the researcher with their autonomy when they trust the researcher. They obey the researcher in an entrusted manner. In this way, the participant's trust in the researcher may reduce his capacity for self-determination and obstruct his autonomy and inner freedom. The expectation of the participant who signs a consent form to participate in the research freely and to withdraw from it at anytime at his own will at this point has degenerated into just a claim on the surface level. The "bond" and harmony between the two may have taken precedence over the individual's will. This phenomenon is particularly true in some cultures (such as the Chinese culture) in which individual autonomy is not regarded as a prime value. Thus, there comes the trade-off and give-and-take: a "client" relationship in lieu of a "friends" relationship, a therapeutic relationship instead of a social one. The social distance between researcher and participant is the focus in the ethical dilemma in qualitative research involving "building trust and rapport relationship" versus "informed consent". How does one establish a relationship wherein the participant trusts, but not overly so, the researcher? Once the benefits and disadvantages of the study are given in detail and have been taken into consideration in the study design, can the qualitative research participant then enjoy true autonomy with inner freedom? These questions present the big challenge and test that qualitative researchers have to constantly face.

Researchers are required to state clearly to participants the benefits and disadvantages of their participation in the study. This information should be included in the consent form in order for the participant to be able to assess independently and

thoroughly whether or not to participate in the study. However, in qualitative research practice, many potential benefits and risks are unpredictable; the relationship between the researcher and the participant, the power struggle between the two - whether latent or observable, and the language and ideology each party uses can all affect the participant, purposely or inadvertently, during the research process. It is hard to accurately estimate and control the study benefits and risks for participants. The participant may be harmed during the study process without the researcher even realizing it for reasons such as inadequate planning due to the researcher's insensitivity, bad study design, mutual deceit, coercion based on kindness, etc. Besides examining the potential benefits and risks in qualitative research, we will further explore the possible ethical dilemmas that arise when a) the researcher tends to provide the study benefits using study design, or b) the researcher is also the health care provider for the participant.

II. COERCION THROUGH KINDNESS? – THE HARD-TO-MEASURE BENEFITS AND RISKS

In order to respond to a participant's helpfulness or to add benefit to participation in the study, a researcher might design various strategies, such as offering small gifts or extra services (e.g. regular meetings during a period of time, comfort care, support group meetings, etc.). Subsequently, other implied study benefits emerge accordingly — such as the additional communication channel to the qualified qualitative researcher, complimentary care, caring, companionship and listening — besides what is already being provided by the original healthcare team. This is particularly true when the researcher also plays the role of the health care provider or is an insider in the research study field. Although the researcher may proclaim that the quality of care provided by the primary HC team will remain the same regardless of whether the participant joins in the study or not, or withdraws during the process, this can still be a source of immense pressure to the participant. The participant, who is in a relatively weak position in the contractual relationship of the research, may not fully understand the potential risks and harm involved. In addition, by the researcher telling the participant about the visible or implicated benefits of the study or by his being good at giving systematic guidance, he could actually be committing another form of “coercion through kindness.” The researcher may intentionally or unintentionally utilize the caring, trust, and rapport he has with the patient to “kidnap” the participant, making the latter feel he “has to” agree to participate until the study is over, even when he is reluctant. In order to avoid such an ethical dilemma, the qualitative researcher really needs to probe in-depth into the general risks that are quite different from those of quantitative research.

Although there are no physical intervention measures, no use of placebos, and none of the traditional mythologies considered in quantitative research, such as experimental group and control group, double-blind randomized, etc., there are indeed immeasurable potential benefits and risks associated with qualitative research which could have significant impact on participants. Different types of qualitative research are imbued with different beliefs and

philosophies, but in general, the participants' narrations are no longer viewed using concepts like “information” and “evidence” in qualitative research. Instead, their stories and experiences, with their individual and emotional contexts, are listened to from the perspectives of “culture” and “society”. On this basis, the qualitative researcher can claim that the “narrating” process is not simply a process that provides information, but a process of thinking, sorting, summarizing, and reorganizing the participant's self-identity. Participants can thus discover new meaning through the retrospective narration of past stories and experiences, gain new insights, and grow from the process [16]. Through the process of being interviewed and of narrating, they may also form their identity gradually, find their new selves as well as new perspectives on their problems. Positive meaning is given to life, and the participant's life is transformed during the process [17]. The in-depth interview method commonly used for data collection is also considered no longer useful just for testing the theoretical framework the researcher sorts out from references; it is also instrumental in enabling the interviewees to reconstruct life experiences and to then think about their meaning. In many studies, the in-depth interviews have also been given the function of listening to the voices of silence that cannot be spoken out in mainstream society – a minority's viewpoint and the silence of the disadvantaged under majority domination [18]. In so saying, the narrating and listening process led by a qualitative researcher includes a therapeutic function in it.

This therapeutic function in qualitative research that emphasizes the power of “language,” however, also complicates the qualitative researcher's ethical considerations. The language and narration give therapeutic strength to the study, but they can also bring an inherent weakness, which can cause the researcher to violate the non-maleficence principle, intentionally or unintentionally. The participant may not understand the seriousness of the potential risks and unsuspectingly think that the qualitative research is all “just harmless talk”. Little do they realize that during the retrospective narration process, the good and bad events of their past, the joy and sorrow, sweetness and bitterness may all be brought out. Sometimes the participant discloses to the researcher inner secrets that he is as yet not ready to share, even with those closest to him. [9]. The interview process can exhaust the energy of the participant's body, mind, and spirit and cause emotional drain. Many study interviews on sensitive issues (e.g. interviews relating to child abuse, domestic violence, bereavement, experiences with major disease, etc.) may not do any good to the participant and the claimed “therapeutic effect” may never arrive. Instead, they might dredge up the participant's woes, forcing the finally formed scar to open up again. The participants may not be informed of these potential risks, or even if they are, they may not fully understand the seriousness of these risks, making it difficult for them to actually exercise their autonomy freely.

There are other potential disadvantages which are hard for the researcher to predict and estimate, thus precluding him from warning the participant beforehand. Researchers are expected to have ethical capacity, sensitivity, and the ability to hold talks. Based on their professional background and

instincts, they should be capable of detecting such sensitive dilemmas and pause data collection as soon as possible to avoid any harm to the participants [9]. In qualitative researches, the researcher is the main research instrument [19]. The researcher's academic background, ethics capacity, capability, character, experiences, sensitivity to the theories and phenomena, and professional competence on the study subject, not only have a direct impact on research quality and the rigorous standard of the research process, but are important elements in the ethics of qualitative research. Hence, good researchers need to have good communication skills and be capable of self-awareness and self-reflection and writing. Additionally, they must have experience and preparation on the study subject and its relevant concepts in order to appreciate subtle clues and nuances and detect problems during the interaction process. They must utilize their communication skills to make the participant willing to open up his mind and heart and to talk in confidence. They also need to collect, write, generalize, and present the texts and files rigorously and thoroughly [20, 21, 22, 23, 5, 18, 24]. Besides the researcher's capacity and capability, scholars in the ethics of care emphasize the significance of a caring relationship. It is suggested that researchers not present themselves as self-appointed specialists or as outside observers, but rather as persons who establish caring relationships with the participants and who genuinely respect their emotions, ideas, and needs and give appropriate responses [26, 13, 25]. How then to best increase the "benefits that are provided to the participants by the study and the research" and to lead to the decision with more gains than losses to the participant while avoiding any threats or inducements that may affect the participant's autonomous decision? The researcher must constantly reflect on the art of balancing both sides. However, the dilemma in qualitative research does not occur just in the initial stage of research. After researchers overcome various difficulties and complete most of the tasks in the study process, problems often appear again. Who should call an end to a study? Does the relationship between the researcher and the participant terminate along with the study? If so, what kind of controversial ethical issues would arise? We will discuss these further in the following section.

III. WHOSE DECISION IS IT TO TERMINATE THE CASE? THE TRADE-OFF BETWEEN RESEARCHER BURN-OUT AND CASE TERMINATION.

Researchers and participants in their studies inevitably have gaps in terms of knowledge and power. A researcher attempts to build a mutually-consenting and contractual relationship with a participant. In such a relationship, the researcher is obligated to fully provide the participant with the complete information he would need in order to make the most beneficial and least disadvantageous choice. However, this starting point where one party "informs" rather than "communicates or discusses" already implies an initial imbalance of information between the two. This imbalance further affects a patient's self-determination. Although a study design includes a consent form to ensure that researcher and participant are communicating towards the goal of full information, follow-up interviews are utilized to identify the

deductions that the participant wants to express in order to avoid misunderstanding or misinterpreting what the researcher has said. Sharing the transcripts with the participants and allowing them to participate in the discussions and conclusions of the study results contributes towards avoiding misunderstanding of participants' narratives. Adopting individual checking methods is important in order to avoid reaching wrong generalization during the qualitative analysis [27, 28, 29], etc. The abovementioned strategies are utilized to overcome the power imbalance between the researcher and the participants. However, relationships between researchers and participants are often complicated, sometimes even conflicted and difficult. Participants should not be treated like anonymous "subject" for data collection. They share their experiences as clients or patients and receive care and caring. [5] Although the research process of qualitative studies has the potential for greater control compared to quantitative research methods, a power imbalance between researcher and participant still exists [29, 5].

Many writings promote the elimination of the I-and-It relationship between researcher and participant and encourage the building of I-and-Thou relationships instead. They support the adoption of mutually collaborative methods to collect qualitative data [30,5]. The I-and-It relationship and the I-and-Thou relationship were brought up by Martin Buber (1878-1965). The former is function-oriented; it depersonalizes and objectifies participants, causing the researcher to explore them merely as subjects for data collection. The participant is treated as a nameless, anonymous sample, and there is no dialogue or two-way interaction between researcher and participant. This is not the desired relationship of qualitative researchers. Instead, they seek to nurture an I-and-Thou relationship with the participant, in which the researcher actively listens to participants with empathy and allows them to elaborate freely, recognizing them as lively, unique beings. In a relationship marked by mutual trust, openness, caring, sincerity, and collaboration, researcher and participant are able to encounter and converse [31]. A relationship such as this reveals how the researcher perceives the participant's world and sense of reality and presents the in-depth, comprehensive, and rich data from the participant's perspective. Balancing power between the two parties not only affects the quality of the qualitative researcher, the study's rigorous standard, and its power ideology, it also tackles the ethical issues.

Although the researcher expects to build his relationship with the participants over time to allow the former to find the right balance between "being totally involved" and "maintaining an appropriate distance," [32], finding the ideal balance in research practice is easier said than done. Furthermore, isn't it another form of hegemony to cruise between "being totally involved" and "to maintain an appropriate distance" based on the researcher's need? The participants, who are in a disadvantageous status, open their minds and hearts offering qualitative data until the researcher's need has been met and can then only passively accept the judgment of the researcher of what the "the appropriate distance" is. Based on the principle of non-maleficance, the researcher must evaluate the participant's physical and mental conditions before and during each

interview and monitor and access the physical, mental, and emotional loads constantly. If the participants exhibit signs of weakness, fatigue, being overburdened emotionally or physically, etc., the interview then should be paused and carried on at some other time. In order to avoid harm to the participant, researchers should be ready to pause, amend, or abort their studies at any time. However, would the decision to pause, abort, or terminate a research still be in the hands of the researcher and only the researcher? Is there perhaps a need to balance out the uneven relationship between researcher and participant? Or is there even a possibility of doing so? How does one proceed to meet the principle of non-maleficence if the relationship has no possibility of ever being equal?

After the abortion and termination of the study, what happens to the relationship that has been established between researcher and participant? If the researcher ends the relationship with the participant when the study ends, it would no doubt cause major harm to the participant. In order to collect rich and in-depth data from participants, as well as to induce them to speak freely, the researcher tries very hard to build trust and rapport with the participants. When a participant finally lets down his guard and speaks openly to the researcher, he shares important life experiences and even past hurts that are difficult to face. When a researcher aborts or terminates the study, he could possibly just end the relationship with the participants and take off, but then the participants are bound to feel abandoned. There is the possibility of their suffering psychological trauma from the loss of relationship; this would be a serious violation of the principle of non-maleficence. But if the researcher carries on the relationships with participants, over time the researcher's burden would become heavier with the number of participants accumulating following the development of each study; eventually, he is likely to burn-out. If he were to refer the participants to other experts after the study's end, the participants may become no one's responsibility, the net results might not be beneficial to them, and the results may remain unsettled. Participants only share their stories freely because they trust the researcher. If they are referred to others, with whom they have to establish new relationships, they might feel abandoned by the original researcher. As it is always the researcher's call to end a study or to refer the participants to others, the relations they have are fundamentally I-and-It relationships, with the researcher unilaterally controlling the participants in a patriarchal fashion. But could the harm of ending relationships be avoided if researchers kept business-like relationships with participants? Maybe so, but no in-depth, comprehensive, unique, and rich data would be obtained through business-like relationships. Any information garnered might be superficial, shallow junk characterized by a lack of emotional temperature. How to choose between "researcher burn-out" and "end of the study relationship"? And how to minimize the harm at closing? This is the dilemma that confronts qualitative researchers, similar to choosing between the fish and the bear's paw.

The final ethical dilemmas that qualitative researchers need to face have to do with the reporting, publishing, and publicizing of studies after these are done. Presenting solid data while protecting participants' privacy are like the two

ends of a seesaw, testing the researcher's wisdom and writing capability.

IV. HOW TO TAKE "QUOTING COMPREHENSIVE DESCRIPTION" AND "PARTICIPANTS' PRIVACY" INTO CONSIDERATION AT THE SAME TIME?

Confidentiality and anonymity are the prime issues in doctor-patient relations. After a participant understands what the study entails and consents to participate, the researcher must then fulfill his obligations and dutifully protect the participant's privacy and all information he has provided. This process should be explained to the participant and stated clearly on the consent form for the participant's consideration before signature [33,34]. During the course of a study, the researcher must not only prudently save all the information of the participant, but also design an anonymous strategy so that the participant's name and other personal identifiable information cannot be linked with personal data; if this is accomplished successfully, sometimes even the researcher cannot identify the participant by just reading the data presented [33]. But this is the principle in qualitative research that has encountered the utmost challenge.

When writing, publishing, and publicizing qualitative reports, the researcher is required to select exact and appropriate quotes and to use quotations to express or present the participant's verbatim content. This strategy has five major features [35, 10, 36,37,38, 39]:

- a. To present Individuality: appropriately reveal the demographic or part of the personal information that is relevant to the study subject. Unique experiences and stories present participant's individuality.
- b. To engage reader: evoke the reader's emotion through a substantial description of the participants and to present the participants with empathy.
- c. To empower participants by allowing their voices to be heard
- d. To make the study results tangible: the researcher uses appropriate quotations to support his claims and uses discourse to illustrate the concepts and experiences presented in the study findings. Some researchers even generalize and summarize all relevant quotations in one qualitative data table, so that the qualitative research finding can be more tangible and understandable.
- e. To ensure research quality: the criteria to ensure quality in qualitative study is based on auditability.

Items to be reviewed include the following: Has the researcher provided a clear message? Could the published data help other researchers conduct a similar study? Has it described the data providers' characteristics? Is the description of the research findings complete and thorough? Those aspects are the foundation for reviewing the study analysis' rigorous standard and quality of research.

Although the approach of using quotes may answer the abovementioned questions, yet it can also put participants in danger of being identified. Despite the original intent to benefit the participant, this approach might cause larger and unexpected harm by violating not just the privacy principle but

the non-maleficence principle as well. Researchers may use anonymity to protect the participant's privacy, but anonymity doesn't just entail not giving up the participant's name; it needs to hide the participant's individuality and uniqueness and prevent him from being identified by other readers or having his data tracked down [40,9]. Besides asking the participant's autonomous will, researchers need to further identify the more private and personal identifiable information and determine whether this should be deleted in order to protect the interviewee [41]. In the process of presenting data with individuality and character, comprehensive description, and complete and thorough research findings, researchers may delete, modify, and disguise personal and dangerous information to protect participants. Even so, participants' privacy may still be compromised. These days, powerful internet search engines such as Google, Yahoo, Pchome, etc., makes data comparison possible and may expose the participants' privacy and data [42]. Could exposing data of some disadvantaged groups (e.g. victims of domestic violence and child abuse, patients and their families who suffer from a disease with a stigma, etc.) with individuality and uniqueness cause unexpected consequences? After being identified, would this not be adding insult to injury to the participants? In order to ensure participants' privacy, the researcher must modify or delete data that is highly identifiable with an individual. However in doing so, how does one ensure that the data is still factual and faithful to the original? How and to what extent does change and modification find equilibrium between privacy and publicity?

By illustrating the four ethical dilemmas that occur before, during, and after a study, we hope to gain the attention qualitative researchers so that they can continue to reflect before, during, and after their studies. Researchers in the thrall of Chinese culture need to face not only the above dilemmas; they have additional difficulties to contend with because of the uniqueness of Chinese culture, which is different from Western culture that highlights the importance of individual autonomy. The following section will explore the difficulties of expressing individual autonomy in Chinese culture and address where the challenges for the qualitative researcher lie.

V. THE DIFFICULTIES OF EXPRESSING INDIVIDUAL AUTONOMY IN CHINESE CULTURE

The Chinese culture emphasizes the concepts of human relationship, *cong* (obedience), and *shun* (submission), and does not regard individual autonomy as a prime value. The so-called principle of autonomy in bioethics is based on the premise of not interfering with another's autonomy, the principle of respect for a patient's autonomy and self-determination. But one's self-determination is likely constrained by the influence of other people and public opinion in general [43]. Mainstream bioethics theories and principles are derived from Western culture. Western individualism respects individual autonomy and rights [44,1].and addresses autonomy as the first principle. However, not all cultures regard individual autonomy as a prime position, and the best example is the Chinese culture. Because on the concepts of *cong* (obedience), and *shun* (submission) in the Chinese culture and the Western concept of individualism,

China and the West have different interpretations of "autonomy." Such cultural characteristics not only have a fundamental impact on the exploration of ethical issues, but the cultural nuances also affect participants' direct comprehension of the relevant message and their decision-making capability.

The Chinese culture is profoundly influenced by Confucianism, which gives it a significantly different character compared to other cultures. It puts prime importance on nation and family, and little on individualism. In such a cultural heritage, the "I" means "the family me" or "the nation me." The interest of nation, family, and community is far more important than individual autonomy, and the values of *xiao shun* (filial piety) and *shun cong* (obedience) are stressed. Hence, self-interest can only come after nation, family, and community, and decision-making more often than not follows the same priorities and takes community and family as the primary consideration, [45] and also takes interplay and harmony with one another into account [46]. In traditional Chinese culture, there are three rules and four virtues that females are required to obey. In *Yili*, it states clearly: "The female is obligated to follow the three rules with no regard for her own self – obey her father before marriage, obey her husband when married, and obey her son in widowhood." The three obediences (obey her father before marriage, her husband when married, and her sons in widowhood) and the four virtues (morality, proper speech, modest manner and diligent work) of women in ancient China [47]. Children are also required to be *shun* (submissive) as filial piety to parents is a prime value. The concepts of *cong* (obedience) and *shun* (submission) prevail in Chinese culture. When a participant considers making a decision, his comprehension on relevant information and his decision-making capacity are not only affected by his family's opinion, but may also be influenced by the great passions and benefits the researcher claims to accomplish if he participates. The participant may not say no even though he feels awkward or wronged. Another important reason that makes it difficult for the Chinese participant in qualitative research to say no is the burden of human relation he has with the researcher. The implication in the Chinese culture is that "it would be ungracious not to accept your invitation" after establishing a relationship. This is one of the characteristics that differentiate Chinese culture from Western culture, and it has a direct impact on Chinese people and makes it difficult for them to express autonomy.

Western liberalism hopes to formulate a set of universal norms and standards based on justice, to ensure ethical behavior in research and the rights of research participants, while Eastern Confucianism regards relationship as the basis for judging. Chinese culture is profoundly influenced by the Confucian ethics system. Its culture is based on human relationship, the *Qing-Li-Fa* (Senses-Rationality-Law), in which senses is the prime consideration. It stresses and hopes to achieve harmony in human relationships by utilizing conciliatory compromise and communication. When relations get tense, or there is conflict among different roles and a choice must be made, ethical dilemmas arise [48, 49, 50]. With such cultural characteristics, once the trust and rapport relationship is established, the participant sees the researcher

as a friend and opens up and speaks his mind, and further gives up his autonomy voluntarily and easily or loses his inner freedom unconsciously and says yes without thinking about the request the researcher makes. Although the participant may have some reluctance over the course of a study or may have acted against his wishes at times, he will swallow it all up for the sake of the big picture. When encountering this type of participant, the researcher should no longer wave the “informed-consent,” “autonomy” flags and accept his consent and cooperation fully after giving the routine explanations. The researcher needs to think further for the participant in every aspect and be his ethical research gatekeeper.

VI. DISCUSSION AND CONCLUSION

The theory and principle of traditional bioethics offers a direction in every stage of study – designing, conducting the study, analyzing data and publishing, following the principles of autonomy, beneficence, non-maleficence, justice, confidentiality, due diligence, etc. – to review the ethical considerations in the whole process and to prevent the participant’s body, mind, and spirit from obvious or potential harm. The ethics of caring and bioethics provide two different cutting angles to assist qualitative researchers in pondering the complex and delicate ethical issues in their researches in order to examine their own language as well as the participant’s language with self-awareness and self-reflection, as well as other issues of relationship, power, etc. at the ideological level. Also, to ensure that all ethical aspects are met thoroughly and specifically.

In this paper, the ethical difficulties and dilemmas qualitative researchers may encounter are discussed, in hopes of throwing the questions at them and to remind them to constantly reflect upon these when designing, conducting, and completing data collection in their studies. It is also aimed at bringing researchers’ attention to the details of relevant studies when they deal with ethical situations and to identify emphatically with the participant and try to understand what the researcher is expected to do and what is in the participant’s best interest. It’s not just about projecting a sympathetic image or about how the participant would feel in viewing the researcher’s language based on the participant’s relationship with others, but it’s about exhibiting care with responsive action. Ethics reviewers should also ask researchers these questions to assist them to ponder further the possible ethical issues they might encounter, so they can best protect participants’ rights. Further it is suggested that future qualitative research should establish a more appropriate standard and fundamentals for ethical review, and assess this standard’s validity and effectiveness in research practice. In Chinese culture, there is a particular need to do more in-depth exploration in order to construct a Confucian ethical system that is significantly different from the Western ethical system in terms of concepts and theories, in order to establish rules that work for Chinese and to ensure Chinese participants’ rights are protected in researches.

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