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Research ethics in South African visual communication design: A principlist approach to non-anonymity

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Abstract

Keeping participants anonymous is a core principle in research ethics and accepted as international best practice. In this paper, we consider ways of improving the ethical quality of visual communication research in the 'new normal' situation created by the COVID-19 pandemic. Specifically, we use an argumentative discourse approach to discuss issues and concerns surrounding anonymity from a principlist perspective. The first section provides an orientation on international best practices and core research ethics principles. The second section reflects on South African research ethics committees, their functions, and the poor fit between a health research-orientated approach and research in art and design departments. Section three discusses some examples of how research students responded to the 'new normal'. In the final section of the paper, we argue for a situation where study participants may choose their preferred level of anonymity and the researchers then honour this choice. If we treat persons as autonomous, should we not allow participants to choose to remain anonymous or not, or choose their level of anonymity? Such an approach raises the participant's autonomy and, in so doing, adds to the credibility of the research results.

Keywords: Autonomy, anonymity, design research, research ethics, visual communication research

Orientation

Earlier DEFSa ethics papers considered the status of ethics and research at academic institutions (Munro, 2011), issues of accountability (Toffa, Osman & Bennett, 2015), community participation (Chmela-Jones, 2015), intervention for design education (König & Kahn, 2015), a dual mandate for research ethics committees (Gaede, 2015), and ethics and photography (Sullivan & De Lange, 2019). This paper adds to this corpus by critically reflecting on non-anonymity as an alternative ethics norm in visual communication research.

The COVID-19 pandemic and the nationwide lockdown at the end of March 2020 affected postgraduate students' data collection processes. Face-to-face data collection was no longer possible. Postgraduate students shifted to online data collection processes in compliance with COVID-19 safety protocols. The shift towards online data collection methods has raised legitimate concerns relating to the issue of anonymity. Keeping participants anonymous is a National Health Research Ethics Council (NHREC) norm, and a standard requirement set by South African university research ethics committees. The NHREC norms and standards are, however, primarily aimed at health research. However, visual communication design concerns itself with the development and use of design artefacts and operates in a humanities and social sciences environment and not within a health

sciences or health research environment. As such we endeavour to answer whether participant anonymity, primarily oriented towards health research, is always appropriate for visual communication research ethics.

The aim

The paper aims to propose a method of improving the ethical quality of visual communication research given the new normal.¹ One such method would be to acknowledge a participant's autonomy² by allowing the participant to choose their own level of anonymity and honouring that choice.

The method

We used an argumentative discourse approach to propose that non-anonymity is a valid and appropriate research ethics principle for visual communication research. There are four sections to this paper. The first section provides an orientation concerning international best practices and core research ethics principles. The second section reflects on South African research ethics committees, their functions, and the poor fit between a health research-orientated approach and the type of research conducted in art and design departments. Section three discusses examples of how research students responded to the new normal. Fourthly, we put forward our argument that providing participants with a choice on anonymity raises their level of autonomy and allows for non-anonymity. We conclude by proposing non-anonymity as an alternative to anonymising participants in visual communication research.

International best practice and core ethical principles

The World Conferences on Research Integrity, the European Code of Conduct for Research Integrity, and the World Medical Association are international bodies that advocate and promote universal research ethics principles.

The World Conferences on Research Integrity (WCRI) has taken the lead to develop principles to promote research integrity on a global scale. The WCRI's second world conference produced the Singapore Statement on Research Integrity. The Singapore Statement aims to promote research integrity worldwide by advocating honesty, accountability, professional courtesy, fairness, and good stewardship (WCRI, 2010). The WCRI's fifth world conference led to the adoption the Amsterdam Agenda (WCRI, 2017a). This Agenda established a registry for responsible research conduct. The registry aims to improve the quality of research by encouraging researchers to make their research aims, methods, and assessments transparent. Researchers are to preregister their projects on open platforms (WCRI, 2017b). The Hong Kong Principles for assessing researchers appeared two years after the Amsterdam Agenda (WCRI, 2019). These principles provide criteria for evaluating researchers. The Hong Kong principles strengthen research integrity, help institutions to minimise perverse incentives and curb questionable research practices (WCRI, 2019; Moher, et al., 2020).

¹ We use the term 'new normal' to refer to the switch to online teaching and learning due to the national lockdown measures (Motala & Menon, 2020).

² Respect for research participants is to value a person's dignity and autonomy. Researchers must treat participants with respect and allow self-determination. See DoH (2015), item 2.1, page 15.

The European Code of Conduct for Research Integrity provides a self-regulatory framework for all disciplines (ALLEA, 2017). The Code is similar to the WCRI's statements and principles, with the addition of a comprehensive section on the violation of research integrity. In addition, ALLEA promotes the Code as a global model for research conduct.

The World Medical Association's (WMA) Declaration of Helsinki provides principles for medical research involving human subjects and is primarily aimed at physicians (WMA, 2013). Their principles on privacy and confidentiality, informed consent, research ethics committees, scientific requirements, risk-benefit ratio and vulnerable groups apply to research where human participants are involved.

The core research ethics principles advocated³ by the WCRI, ALLEA and the WMA provide a suitable platform for visual communication research. A thread throughout these codes and statements is integrity, doing good and the protection of participants. The section below provides a brief reflection on some of the research ethics principles embedded in these universal principles and as advocated by scholars in research ethics.

Core research ethics principles

A publication that has played a seminal role in shaping international best practice over the years is the book *Principles of Biomedical Ethics* by Beauchamp and Childress (2001). In this publication, the first edition of which dates back to 1979, Beauchamp and Childress (2001) strongly argue for principlism in applied ethics. Principlism may be defined in general terms as a type of ethical reasoning which is primarily based on a framework of four universal and basic ethical principles (Beauchamp & Rauprich, 2006). The four principles elaborated on in greater detail by Beauchamp and Childress (2001) are autonomy,⁴ non-maleficence, beneficence, and justice.⁵ As summarised by Singh (2018), (a) the principle of autonomy primarily requires that in the course of a research project, the rights and dignity of study participants, as well as all other human persons involved, must be both respected and protected; (b) non-maleficence seeks to avoid any harm emanating from the research project, mainly to the study participants, but also to all human persons and living beings in general; (c) beneficence emphasises that research should make a positive contribution and increasing the welfare of all; and (d) the principle of justice requires that both the risks and the benefits associated with a research project should be fairly distributed among all persons involved or affected.

The strengths and limitations of principlism have been extensively debated, and several authors have supplemented the four core principles by proposing additional ones, such as the principle of compassion (Gallagher, 1999). However, a full discussion of whether the four principles should be expanded is beyond the scope of this paper. More importantly, what stands out in a discussion on how these core principles apply to the field of nursing by Jecker (1997, p. 31), is that turning towards ethical principles is especially useful in a profession where the key role players "frequently encounter situations in which they are uncertain about what action to take, or in which members of the health care team disagree about the best course of action. In such instances, identifying the underlying values at stake leads to a more thoughtful resolution of the case". In other words, returning to the core ethical principles is especially helpful in previously unknown, fluid, and rapidly changing professional settings. This is particularly relevant in the context of Southern Africa and the high levels of diversity and historical complexities that characterise it. In essence, the main strength of principlism (Beauchamp & Rauprich, 2016) lies in the fact that:

³ The principles from WCRI, ALLEA and WMA came to the fore from 2010 onwards.

⁴ See Saad's (2018) counter-argument against autonomy from a bio-medical perspective.

⁵ The four principles of autonomy, non-maleficence, beneficence, and justice are sometimes collectively referred to as the 'Georgetown mantra'.

[T]he principles are universally applicable, not merely local, customary, or cultural rules. They are correlative to basic human rights and set limits to what is ethically acceptable in all societies, but they are also sensitive to particular conditions in societies and cultures that may account for legitimate differences in the ethics of medical research and practice.

South African research ethics committees use these universal core ethical principles when deciding on ethical matters. The section that follows reflects on South African research ethics committees, their functions and the poor fit between a health research-orientated approach and research in art and design departments.

South African research ethics committees

Section 72 of the National Health Act 61 of 2003 established the National Health Research Ethics Council (NHREC). The NHREC is the South African national statutory research ethics body tasked with ensuring that research is conducted ethically and responsibly. Section 73 of the Act stipulates that universities that conduct health research must establish health research ethics committees. These university research ethics committees, in turn, must register with the NHREC. Universities' research ethics committees (RECs) must independently review, approve, and monitor research that involves humans, animals, and the environment within a framework of universal research ethics guidelines. The Act requires that RECs set norms and standards, adjudicate complaints, refer violations to statutory health professional councils, institute disciplinary action, and even act in an advisory capacity to national and provincial departments on ethical research issues (South Africa, 2003). RECs must further ensure that applications for ethical review stand up to scientific and ethical scrutiny, that research projects duly promote worthy social and ethical values, that applicants are held accountable for their work and, lastly, they should assess whether researchers are suitably qualified and technically competent (DoH, 2015).

Some universities have several research ethics committees; some may be geared towards animal research and health research, while others may be concerned with social and humanities research. University research ethics committees, in turn, establish faculty-based sub-committees that would typically adjudicate low-risk research projects. Faculty research ethics committees usually report to a university ethics committee. These university ethics committees, in turn, adjudicate medium to high-risk projects. University research ethics committees "must ensure that research proposals stand up to scientific and ethical scrutiny appropriate to the disciplines concerned", "hold researchers accountable for their research activities" and "promote important social and ethical values" (DoH, 2015, p.11).

The NHREC developed norms and standards⁶ and made these norms and standards available in an informative guide published by the Department of Health (DoH). This NHREC guide (DoH, 2015), aimed at all researchers, provides detailed guidance on ethics in research, operational procedures, research ethics committees, health research ethics infrastructure, and qualitative research. The ethical principles are the same as those found in the Georgetown mantra, namely respect for persons (dignity and autonomy), beneficence and non-maleficence, and distributive justice (equality). The norms and standards, as listed and described by the NHREC are relevance and value, scientific integrity, role-player engagement, a fair selection of participants, fair balance of risks and benefits, informed consent, ongoing respect for participants (including privacy and confidentiality) and researcher competence and expertise. These norms and standards apply to "all forms of research that involve humans or use of animals" and also "health and safety issues include those that may arise in the

⁶ See DoH (2015), section 2.1, pages 14 to 16.

environment of research, for example, viruses, parasites, bacteria, as well as the air, water and land” (DoH, 2015, pp. 9, 14-16).

Design concerns itself with the development and use of design artefacts and usually operates in a humanities and social sciences environment, not within a health environment. The National Health Act and the NHREC norms and standards are primarily aimed at health research and research involving humans, animals, and the environment. The NHREC, incidentally, does address this concern. Sections 1.1.6 and 1.1.7 in the NHREC guide, for example, specify that “[t]hese guidelines do not advocate the so-called ‘medical model’ of ethics review, especially not for social science, behavioural or humanities research” and “[t]he core ethical principles outlined in these guidelines apply to all forms of research that involve living human participants and use of animals, placing their safety, welfare and interests of both humans and animals as paramount” (DoH, 2015, p. 8).

What is clear from the above is that the core research ethical principles apply to all research that involve living human participants and the use of animals, but that research ethics committees do not necessarily have to use the ‘medical model’ of ethics review for visual communication research. The following section provides examples of research students’ response and the poor fit of using the ‘medical model’ to assess such research projects.

Students’ response to the new normal

The concerns relating to a poor fit between a medical model ethics approach by university research ethics committees in South Africa and the type of academic research conducted in university art and design departments were compounded by the onset of the COVID-19 pandemic. Shortly after the outbreak of COVID-19, governments worldwide announced curfews and lockdown measures and South Africa followed suit. Soon thereafter it became apparent that these developments would affect local art and design postgraduate students in two ways.

First, the lockdown and curfew measures pushed some postgraduate students’ personal lives into disarray. Apart from the psychological burden caused by the lockdown, having to adjust to a reduced income, and coping with unforeseen additional responsibilities such as caring for family members, postgraduate studies were increasingly seen as a luxury that had to wait for a time of greater stability. As a result, the number of postgraduate students who applied for termination or an interruption of studies increased. Second, those students who with their projects were forced to re-evaluate their data collection approach and to take pragmatic decisions were needed. For students who were working on their proposals or literature review chapters, this usually meant following the advice of research ethics committees to insert a caveat phrase in the proposal that the envisaged data collection procedures may need to be conducted online if possible or adjusted in other ways in response to COVID-19 pandemic measures. This is not to suggest that online data collection methods are a new approach. However, with the onset of the COVID-19 pandemic, their importance moved to the foreground.

Such a caveat phrase avoided the time-consuming process of applying for an amendment each time minor adjustments had to be made to the data collection processes. In this regard, it is debatable and requires further discussion whether a shift to online data collection methods – assuming that the questions to be posed to the study participants remain unchanged – constitutes a ‘minor change’, as potential study participants who do not have internet access may now be excluded from the study, unless alternative arrangements can be made, and because the quality of internet access may vary significantly between participants. In contrast, students who were about to commence, or who were already busy with fieldwork when the lockdown measures were announced, were in many cases faced with a situation where (a) the lockdown meant that they no longer had access to the envisaged study participants; and (b) where access to the envisaged study participants was still possible online, there was a relatively high risk that a large number of the prospective participants would either choose not to participate or that participants would withdraw in the course of the data collection process due to

personal reasons related to the COVID-19 pandemic. This could ultimately lead to a low participation rate meaning that the data collection phase of the study would have to be repeated.

Some examples of how postgraduate students had to adjust to the 'new normal' include a researcher who planned to collect data in a sample of university students using a questionnaire that contained multiple intricate visual illustrations. The implementation of the lockdown measures resulted in the closure of the university campus, which required a shift to an online data collection approach. The researcher planned to make the questionnaire available to the study participants in a digital format in one of the computer rooms on campus and collect the responses via an online form. While it was still possible in principle to proceed with the study by interacting with the study participants in an online environment, in practice, it was no longer possible to ask the participants to complete the online questionnaire on campus where the workstations have a reliable internet connection and large, high-resolution computer screens. In other words, even though the questionnaire itself remained unchanged, the level of control the researcher had over the data collection conditions changed significantly. As the intricate visual illustrations in the questionnaire were not suitable for a smartphone screen, asking the study participants to complete the questionnaire on their own devices with their internet connection meant that the overall level of fairness during the data collection process, which was in place when each study participant had access to the same type and quality of workstation in the computer room on campus, could no longer be guaranteed.

In other cases, postgraduate students had to significantly adjust the information contained in the information leaflet that they distributed to prospective study participants before the data collection commenced, and on the basis of which those who were invited to participate decided whether or not to give their informed consent. A postgraduate student who had planned to visit study participants in their homes, make video recordings of personal interviews and then anonymise the transcripts prior to the COVID-19 pandemic lockdown measures came into effect had to change to online meetings as the primary data collection tool. In line with the protection of personal information (POPIA) guidelines published by Universities South Africa (USAf), the researcher intended to 'de-identify when you can', to 'be transparent' and to 'keep information safe' (USAf, 2020). Regarding the latter, it was no longer realistic, however, to indicate in the information leaflet that the video recordings would be password-protected and stored in a safe manner and the researcher being the only person with access to the recordings. This was the case because during online meetings, a meeting may be recorded by anyone who is part thereof (by means of screen recording software, for example). The implication is that, for all practical purposes, researchers can no longer control who has access to meeting recordings, as all who joined the meeting collectively own any recordings thereof. At best, the researcher can appeal to all who joined the online meeting to be transparent about the use of screen recorder software and to store and share any recordings in a responsible, considerate manner. Even though the researcher may subsequently de-identify or anonymise study participants in the interview transcripts and in the final research report, this form of anonymisation will always be relatively weak in nature as the researcher would not be able to store the original recordings in a safe manner in the first place.

Discussion

The sections above highlighted international best practice, the core research ethics principles, the functioning of South African research ethics committees and offered examples of how some visual communication researchers responded to the COVID-19 lockdown measures. Respect for persons, being a core research ethics principle, requires that researchers treat participants as autonomous and provide participant protection through anonymisation. This is of particular importance where a participant is vulnerable and exposed to risks. University research ethics committees usually require that a researcher informs participants that they will remain anonymous and that they have the right to withdraw from a study at any time (autonomy). Such a requirement is a prerequisite for obtaining ethical clearance.

Conflict arises when a researcher cannot guarantee anonymity, as illustrated in the above examples. It is at this point that we want to introduce the issue of autonomy by way of a question. If we treat persons as autonomous, should we not allow participants to choose to remain autonomous or not, or choose their level of anonymity? The answer is obvious when a study collects sensitive data, when there is the potential for reputational damage, and when data emanates from children and vulnerable participants. Scholarly articles written on artists,⁷ however, do not anonymise the artists. It would be absurd to interview an artist and report on the artist's work while keeping their identity anonymous. In light hereof we further argue that it may sometimes be imperative to list participants' names and their credentials.

Allow us to illustrate with an example. The Department of Health reportedly contracted a communications company by the name of Digital Vibes to develop a mascot for the National Health Insurance (NHI). The mascot is an anthropomorphised Nguni cow (Dr Pelo) dressed as a medical doctor. This mascot raises research questions in terms of communication value and symbolism. One can collect the professional opinion of leading persons in the graphic design industry about its potential communication value, and the opinion of leading persons in culture studies about its symbolism. The credibility of such a study would depend on the professional standing and status of the participants. Knowing who said what, their position in the industry and their credentials and professional experience would provide the credibility that one seeks. A study that seeks to report on the 'professional' opinion of industry leaders must provide information about the persons who express these opinions. News reports concerning the above-mentioned mascot, however, mentioned controversy surrounding payments and the contract value of the project.⁸ Therefore, it is understandable that some professionals would prefer to remain anonymous (in fear of not receiving a government contract), while others may deliberately choose to have their names listed in a project of such a nature. In a hypothetical case such as this, it would be desirable to respect a participant's autonomy and allow a participant to choose their level of anonymity.

Conclusion

The paper aimed to suggest ways of improving the ethical quality of visual communication research given the 'new normal' due to the COVID-19 pandemic. We conclude by arguing that non-anonymity could be an alternative ethics norm for visual communication research. Non-anonymity allows for greater participant autonomy, adds to reliability and validity, and provides credibility to the results. Giving participants a choice as regards their level of anonymity increases the autonomy of a participant.

We wish to conclude by pointing out that justice as a core principle still lacks in visual communication and fine art research. Scholars tend to interview and report on prominent cartoonists and artist such as Zapiro and Jan van der Merwe but seemingly ignore lesser persons, violating the principle of allowing equal participation. This area, as such, requires further debate and research and will lead still further to the strengthening of participant autonomy, fairness, and credibility in research ethics.

⁷ For examples, see articles about artists in the South African Journal of Art History (<https://journals.co.za/journal/sajah>).

⁸ See <https://www.dailymaverick.co.za/article/2021-06-16-digital-vibes-scandal-meet-dr-pelo-the-national-health-insurances-literal-r1-1-million-cash-cow/>.

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WCRI – See World Conferences on Research Integrity.

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