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Critical Incident Technique: a useful method for exploring the health liaison role of the Community Learning Disability Nurse (CNLD)?

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Aims

1. To explore the nature of Critical Incident Technique and to critically reflect on its use in the context of a PhD study.
2. To discuss using qualitative interviews within the CIT approach.
3. To review lessons learned using CIT methodology.

Positioning myself...

- Registered Learning Disabilities Nurse
- Post qualifying Developmental Post (CNLD)
- Interest in Health Inequalities
- PhD study commenced looking at health liaison role
- Interest – not expert!

Critical Incident Technique (CIT)

- Developed by Flanagan (1954)
- CIT consists of ‘a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems’ (Flanagan 1954, p. 327).
- encourages research participants to recall descriptions of actual events rather than descriptions of how things should be. In other words, it is concerned with the real rather than the abstract world (Cormack 2000).

Critical Incident Technique (CIT)

- Defining features of CIT include:
 - it focuses on determining facts, as opposed to generalisations, to find solutions to practical and real problems;
 - uses either direct observation or obtains participants' clearly described memories of a specific incident;
 - incidents, rather than participants, are the units of analysis (Butterfield et al., 2005, Flanagan, 1954 and Kemppainen, 2000).

Sampling using Critical Incident Technique (CIT)

- Allows scope throughout the design of the study
 - Sample Size - critical incidents rather than number of participants
 - No set rule on how many incidents are sufficient (Butterfield et al. 2005)
 - Theoretically, sampling should continue until saturation is reached.
 - Twelker (2007) states that over 100 incidents are generally accepted to be a reasonable figure for analysis.
 - Sample size does not reflect the volume of data generated.

Data Collection

- Interviews appear to be popular. (Bailey 1956, Beech & Norman 1995, Grant et al. 1996, Jay 1996, Cheek et al. 1997, Redfern & Norman 1999, Wendt et al. 2004, Aveyard & Woolliams 2006, Persson & Martensson 2006, Hensing et al. 2007).
- Most CIT interviews are face to face, but some researchers have used telephone interviews (Bormann et al. 2006).
- A common approach among researchers performing CIT interviews is to elicit positive incidents and negative incidents from each participant (Grant et al. 1996, Kempainen et al. 1998, Redfern & Norman 1999, Wendt et al. 2004, Persson & Martensson 2006).

Qualitative Interviews

- A mixture of 13 positive and negative statements that sometimes nurses may come across in practice in regards to supporting clients to access secondary care:

'In your role as a CNLD, you have felt really excited about a piece of work you have done with your client when accessing secondary care.'

'In your role as a CNLD, you felt frustrated when supporting your client to access secondary care.'

- The statements were refined via a small pilot involving band 7 community nurses that have had some involvement in liaison with secondary care.
- Prior to the interview (at least one week), the participants were provided with statements which allowed them to reflect on their experiences.

Qualitative Interviews

- Participants were asked to choose five or six statements and recall the occasions and the context when they felt this way.
- Once the participant had identified an event, the following probing questions were used:
 - What were the circumstances leading to that event?
 - Exactly, what did you (CNLD) do?
 - What was the outcome for the person with learning disabilities?

Data Analysis

- An inductive process...
- Sharoff (2007) argues that CIT data should be analysed according to the specific type of study being conducted, for example phenomenology.
- Thematic Analysis (Polit & Beck, 2014)
- 4 themes generated from 74 critical incidents

Data Collection

– examples of responses and themes

Theme 2 - Therapeutic Relationships

"we worked jointly, myself and secondary healthcare to support him through the process and it all went according to plan it shows that when you take the time to put all those measures in place that it actually benefits the patient hugely."

"I just think I would have been there every step of the way, it is how I work and what I think my role is to support through stages from admission to discharge."

Theme 3 - Coordination

"I think my role was a coordination role, it was a matter of coordinating all the services, the breast care nurse, social services, day service and the hospital."

"It went really really well. I feel that the coordination prior to the consultation made a big difference to my client's experience."

Theme 1 - Proactive/Preparatory Work

"Prior to his appointment I contacted the rheumatology department and spoke to the consultant that was actually overseeing the care of this gentleman and we spoke quite in length about his level of anxiety and not wanting to come to appointment."

"This was going to be absolutely horrendous surgery, it was a team of people because we had to work out if this was in her best interest, we went through all that process, several MDT meetings, but the outcome of which was yes, we would proceed."

Theme 4 – Influencing Healthcare Outcomes

"I think initial frustration, quite testing, that is where I felt I needed to advocate for him. I needed to make sure that I had responded in some way on behalf of him, you know because I just thought it was so appalling how everything was managed so then to actually go there the second time and see it go according to plan from admission to discharge was amazing."

"I think if I had not been involved with this lady, I feel as though her sisters would have continued to support her, and I feel that maybe her physical health problems would have been missed."

Critical Incident

Supporting adults with learning disabilities to access secondary healthcare

The Reflective
Practitioner
(CNLD)

Lessons Learned

- Reduces interviewer bias – fundamental to a clinical/academic role.
- A practical method that allows researchers to understand complexities of the nursing role and function.
- Rich contextual information can be obtained using this technique. It generates information and uncovers tacit knowledge through assisting participants to describe their thought processes and actions during the event.
- Use of probing questions that determine how participants take part in certain events, or act in the ways they do, greatly enhances the outcome. Some participants found that giving details of the basic health liaison role may not be appropriate due to researcher being a nurse, however using probing questions minimised this.
- Reflexivity and self-reflection, both during and after data collection is essential to ensure data rigour.

Thank-you

Any Questions?

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