Giving voice - the use of audio-recorded diaries as a data collection method within a phenomenological study

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Humour:
‘An emotional response of mirth in a social context that is elicited by a perception of playful incongruity and is expressed through smiling and laughter’ (Martin, 2007).

Learning in Practice:

• Psychological

• Social
The most common reason for stress cited is the relationship between students and their mentors (Zuparia Gorostdi et al. 2007, Gibbons et al. 2008, Timmins et al. 2011)

The mentor-student relationship is one of the most important factors in determining the success of the student nurse’s learning experience (Spouse, 1998; Levett-Jones et al., 2009)

• Communication
Issues relating to communication remain a concern to those within education and the NHS. Indeed, a report by the Parliamentary and Health Service Ombudsmen (2014) indicates that poor communication is one of the top three reasons for complaint within the hospital setting

As learning within practice involves communication, cognition, social and psychological processes, it is clear that we need to take humour seriously!
So what role does humour have to play whilst learning in practice?

My Current Study:

A phenomenological study which explores the understandings and experiences of student nurses and nurse mentors of the contribution that humour has to learning in clinical practice.

Methods

• 18 Participant – 8 Mentor/Student Sets
• Audio-recorded diaries
• Semi-structured Interviews
• Transcribed and analysed using Nvivo 11
Ontological and Epistemological Issues

Humour – inherently contextually, embedded and ephemeral

- Contextualist framework – Knowledge emerges from contexts and reflects the researchers position – it is local, situated and therefore always provisional (Madill et al., 2000).

- Interpretive Phenomenological Analysis – in-depth exploration of experience on a small and relatively homogenous sample of participants (Eatough and Smith, 2008)

- Participants can make sense of salient experiences through their talk (Eatough and Smith, 2008)

- A double hermeneutic process through which the researcher ‘gives voice’ to the participants and then seeks to make sense of their accounts (Larkin et al., 2006).

- The analysis therefore represents a co-construction of meaning-making between participant and researcher (Smith et al. 2009).

- Diaries and Interviews – enabled an insight into the student and mentors lived experiences, whilst recognising that these accounts and the experiences themselves are inevitably shaped by both interpersonal and contextual factors
Methodological and Ethical Issues

• Debate about the use of prompts
  • Helped address aim of study and alleviate anxiety – shown as example during recruitment
  • Given to get started, but not ultimately not used
So this week, we had a jedy with us who me and my mentor were in charge of and um she come in with urinary retention and she was really ready to go and we were like well we have to do a bladder scan or any time you go to the bathroom, do it in a bed pan, we'll measure it and then we'll do a bladder scan after to see how much you are holding. So that was the plan, we were doing that. Throughout the day I was doing the bedpan and then I was doing her a bladder scan and I kept finding like 400 residual. I was like, what's wrong with your bladder and things like that and then, later in the afternoon, I was busy doing something else so it was mentor who did the bladder scan err and my mentor only found like a 100 ml in there and they called me in and they were like, what have you been doing? I've only got 100 and we were like all having a laugh, saying I'm cursed, and it is my fault that there is a lot of urine. And I'm not allowed to touch the bladder scanner anymore and I'm there... and I am not allowed to go anywhere near her and that was nice to have a bit of a laugh then. My mentor and the patient because I think it helped build my confidence. When being on my own and having a laugh with the patients is quite easy then the joking situation when really it is quite a serious situation. Is quite easy then to do that on our own with the patient and I think it built my confidence in that area of my communication with the patient, which is good.
Why Audio Diaries? - Benefits

- Rich qualitative data
- Where subject is highly contextual, ephemeral, subjective... enables real-time capture of experiences
- Coupled with semi-structured interviews – further exploration and reflection on the meanings and implications of events (Williamson et al., 2011 and 2015)
- Flexible – practical and ‘hands free’
- Accounts sequentially ordered
- Reduce the likelihood of feelings and events being forgotten
- No researcher present – participants able to elaborate on personal experiences and feelings, less inhibited – enabling
- An opportunity to reflect on and make sense of their experiences – ‘an authentic means of capturing subjective worlds’ (Williamson et al., 2015)

Written form offered – No-one took up this option
Audio Diaries - Challenges

Relatively few:

• ... although it could be argued that the participants voted with their feet in terms of non or minimal participation.

• Expensive form of data collection – Equipment and Transcription costs (Alaszewski, 2006)

• Selection bias – certain skills - ‘technophobes’, motivation, participation fatigue and data attrition (Williamson et al. 2015)

• Self conscious and inarticulate – rambling – the ‘right kind of data’

• Range in quality and quantity of dairy entries – mirrors experience of Gibson et al. (2013) and Williamson et al. (2015)
Audio-Diary Data, compared to Interview Data

• Interviews are most commonly used method for capturing qualitative data (King and Horrocks, 2010)

• Whilst similar accounts, the diaries offered ‘something different’ – fluctuation and contradiction

• Diaries – ‘more fuller, vivid picture’

• Interviews – ‘less messy, coherent and understandable’ – sense making?

• Opportunity to reflect further on experiences – explaining the meaning, rather than the experience.

• Interviews enabled the development of a ‘more nuanced and complex view’ - Probe, interrogate, and clarify.

Key Findings...

- Humour and developing a sense of identity and acceptance within the team
- Humour and being human – an individual with a name!
- Humour and addressing the power imbalance
- Humour and approachability - Asking questions
- Humour - types and timing, and knowing the difference
- Modelling humour in practice, as a communication skill
Humour as a Communication Skill

Humour is a communication skill – Knowing when and what type of humour to initiate, or how to receive it in any given context, requires a level of self-awareness and an ability to mindfully read the situation, in order to make a judgement as to an appropriate response.

Can you find the mistake?

1 2 3 4 5 6 7 8 9

A communication skill which is perhaps Caught, not Taught?
Modelling Humour as a Communication Skill – The Diary Entry
Throughout the day I was doing that with the patient, I was the measuring the bedpan and then I was doing her a bladder scan and I kept finding like 400 residual volume left in the bladder and me and the patient was having a bit of a laugh saying oh god - what's wrong with your bladder and things like that and then, later in the afternoon, I was busy doing something else so it was mentor who did the bladder scan errr and my mentor only found like a 100 mls in there and they called me in and they were like "what have you been doing?! - I've only got 100" and we was like all having a laugh, saying I'm cursed, and it is my fault that there is a lot of wee in there ... and I am not allowed to touch the bladder scanner anymore, and I'm not allowed to go anywhere near her and that was nice to have a bit of a laugh with my mentor and the patient because I think it helped build my confidence when being on my own and having a laugh with the patients because if you do it with your mentor and your mentor shows you like, how to kind of approach the joking situation when really it is quite a serious situation its quite easy then to do that on our own with the patient and I think it built my confidence in that area of my communication with the patients, which is good.
Modelling Humour as a Communication Skill – The Interview

“Recognising the Incongruity

“Patient actively involved, Tension Relieving – Feedback

“Paradoxical nature of humour and recognition of risk

“Influence of humour, self-limitations and the value of watching others

“Being actively involved and developing confidence
Thank you for listening...
- Any Questions?
References


