

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

Jon Harrison

PhD Education Candidate (Part-Time), UoB

Senior Lecturer – Children's Nursing, BCU





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**

Nursing is stressful - Personal lives, Academic Work and Clinical Practice (Timmins and Kaliszer, 2002 and Watson et al. 2009; Edwards, 2010)

- **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

IRAS ID number: 210738

Diary sheet – Student Version

Study Title: The understandings and experiences of student nurses and nurse mentors of the contribution that humour has to learning in clinical practice.

Please audio-record your reflections on any times in which you feel you may have experienced humour during your learning interactions with your mentor. Please describe the experience and note your thoughts and feelings in relation to this experience. Consider the nature of the humour and the ways in which this experience may or may not have contributed to your learning in anyway. Note your feelings as to why this may be. You may like to use the following suggested headings in order to help complete your audio recorded diary entries.

Participant name: _____ Date: _____

a) Describe the experience in which you experienced humour during your learning interaction with your mentor. (What happened? Who or what initiated the humour? Was the humour appropriate or inappropriate? How did the experience make you feel?).

b) Briefly, describe the environment in which the experience took place (e.g. Where did it happen? Who was present?).

c) Do you think that this experience contributed to your learning in anyway (either positively or negatively)? Please note your reasons for why you feel that this may be.

d) How do you think that are you getting on with your mentor at the moment? Please note your reasons for why you feel that this may be.

Anything else you would like to add?

Version One – 15/08/16

- 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

The Process



So this week, we had a lady with us who me and my mentor were looking after and um she come in with urinary retention and she was really, really scared about the idea of having a catheter... so as a compromise, we were like well every 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 onto - so that was the plan, we were doing that. Throughout the day 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 err 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 i built my confidence in that area of my communication with the patients, 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 diary entries – mirrors experience of Gibson et al. (2013) and Williamson et al. (2015)

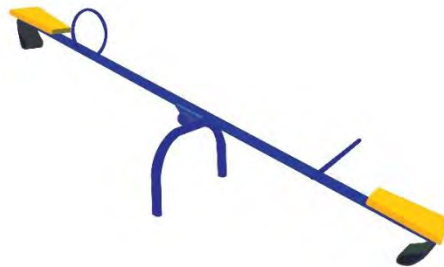
Audio-Diary Data, compared to Interview Data

- 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.

Williamson, L., Leeming, D., Lyttle, S., and Johnson, S., 2015 Evaluating the audio-diary method in qualitative research. *Qualitative Research Journal*, 15 (1). pp 20-34.

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

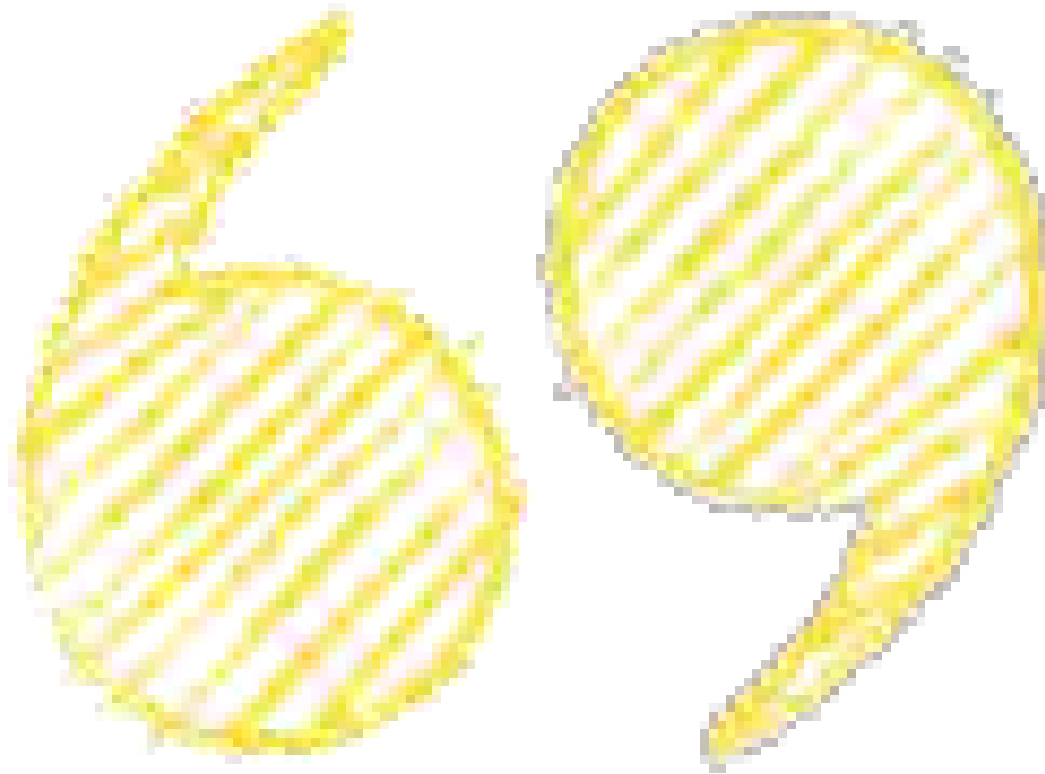
Humour is a communication skill – Knowing when and what type of humour to initiate, or how to receive it in any given context, requires a level of self-awareness and an ability to mindfully read the situation, in order to make a judgement as to an appropriate response.

Can you find the
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

ALASZEWSKI, A. (2006) Using Diaries for Social Research. Sage, London.

BREAKWELL, G. (2012) Diary and Narrative Methods. In: BREAKWELL, G. SMITH, J. AND WRIGHT, D. (Eds.) Research Methods in Psychology (4th Edition), Sage, London, p 392-410.

EATOUGH, V. AND SMITH, J., (2008) Interpretive Phenomenological Analysis. In: WILLIG, C. and STAINTON ROGERS, W. The Sage Handbook of Qualitative Research in Psychology. Sage, London. P.179-195.

EDWARDS, D., et al. (2010) A longitudinal study of stress and self-esteem in student nurses. *Nurse Education Today*, **30** (1), 78-84 7p.

GIBBONS, C., et al. (2008) Stress and eustress in nursing students. *Journal of Advanced Nursing*, **61** (3), 282-290 9p.

GIBSON, B., MISTRY, B., SMITH, B., YOSHIDA, K., ABBOTT, D., LINDSAY, S., AND HAMDANI, Y., (2013) Becoming Men: Gender Disability and transitioning into adulthood. *Health*, Vol. 18, pp. 95-114.

KING, N. & HORROCKS, C. 2010. *Interviews in Qualitative Research*, SAGE Publications.

LARKIN, M., WATTS, S. & CLIFTON, E. 2006. Giving voice and making sense in interpretive phenomenological analysis. *Qualitative Research in Psychology*, **3**, 102-120.

LEVETT-JONES, T., et al. (2009) Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing*, **65** (2), 316-324 9p.

MARTIN, R. A. (2007) *The Psychology of Humor: An Integrative Approach*. Elsevier Science.

MADILL, A., JORDAN, A. AND SHIRLEY, C. (2000) Objectivity and reliability in qualitative analyses: realism, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, **91**, p. 1-20.

SPOUSE, J. 2001. Workplace learning: pre-registration nursing students' perspectives. *Nurse Education in Practice*, **1**, 149-156 8p.

SMITH, J. A., FLOWERS, P. & LARKIN, M. 2009. *Interpretative Phenomenological Analysis: Theory, Method and Research*, SAGE Publications.

TIMMINS, F. and KALISZER, M. (2002) Aspects of nurse education programmes that frequently cause stress to nursing students -- fact finding sample survey. *Nurse Education Today*, **22** (3), 203-211 9p.

TIMMINS, F., et al. (2011) The challenge of contemporary nurse education programmes. Perceived stressors of nursing students: mental health and related lifestyle issues. *Journal of Psychiatric & Mental Health Nursing*, **18** (9), 758-766 9p.

WILLIAMSON, L., LEEMING, D., LYTTLE, S., AND JOHNSON, S., (2011) Evaluating the audio-diary method in qualitative research. *Qualitative Research Journal*, **15** (1). pp 20-34.

WILLIAMSON, L., LEEMING, D., LYTTLE, S., AND JOHNSON, S., (2015) It should be the most natural thing in the world: Exploring first time mothers breastfeeding difficulties in the UK using audio-diaries and interviews. *Maternal and Child Nutrition*, Vol. 8, pp. 434-447.

WATSON, G., GARDINER, E. AND HOGSTON, R. (2009) A longitudinal study of stress and psychological distress in nurses and nursing students. *Journal of clinical nursing*, **18**, p.270-278.

ZUPIRIA GOROSTIDI X., HUITZI EGILEGOR X., JOSE ALBERDI ERICE M., ET AL. (2007) Stress sources in nursing practice. Evolution during nursing training. *Nurse Education Today* **27**, 777-787.