

Rowe, Louise (2016) Brief encounters with qualitative methods in health research: narrative analysis. *Cumbria Partnership Journal of Research, Practice and Learning*, 5 (1). pp. 23-26.

Downloaded from: <http://insight.cumbria.ac.uk/id/eprint/1807/>

Usage of any items from the University of Cumbria's institutional repository 'Insight' must conform to the following fair usage guidelines.

Any item and its associated metadata held in the University of Cumbria's institutional repository Insight (unless stated otherwise on the metadata record) may be copied, displayed or performed, and stored in line with the JISC fair dealing guidelines (available [here](#)) for educational and not-for-profit activities

provided that

- the authors, title and full bibliographic details of the item are cited clearly when any part of the work is referred to verbally or in the written form
- a hyperlink/URL to the original Insight record of that item is included in any citations of the work
- the content is not changed in any way
- all files required for usage of the item are kept together with the main item file.

You may not

- sell any part of an item
- refer to any part of an item without citation
- amend any item or contextualise it in a way that will impugn the creator's reputation
- remove or alter the copyright statement on an item.

The full policy can be found [here](#).

Alternatively contact the University of Cumbria Repository Editor by emailing insight@cumbria.ac.uk.

Sacks, H., Schegloff, E. A. & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking in conversation. *Language*, 50, 696-735.

Schegloff, E. A. & Lerner, G. H. (2009). Beginning to respond: Well-prefaced responses to wh-questions. *Research on Language and Social Interaction*, 42, 91-115.

Silverman, D. (1997). *Discourses of counselling: HIV counselling as social interaction*. London: Sage.

Silverman, D. (1998). *Harvey sacks: Social science and conversation analysis*. London: Sage.

Ten Have, P. (2007). *Doing conversation analysis: A practical guide*. London: Sage.

Tylee, A., Priest, R. & Roberts, A. (1996). *Depression in general practice*. London: Martin Dunitz.

Wodak, R. (1996). *Disorders of discourse*. Harlow: Longman.

Brief Encounters with Qualitative Methods in Health Research: Narrative Analysis.

Louise Rowe

Abstract

Narrative research is a recently developed approach to qualitative investigation in health settings which is growing in popularity. The methods and analytic procedures used, however, are diverse, have developed in very different disciplines and are often not well prescribed in the literature. This can make it difficult for those new to this approach to assess what narrative research actually *is*. The aim of this article, therefore, is to introduce the process of narrative research and open a discussion on what constitutes a 'narrative', and the defining features of narrative analysis. Some examples of narrative research in health will then be presented.

Keywords:

health; narrative analysis; participant-centred analysis; qualitative research

Introduction

Narrative research "...refers to any study that uses or analyses narrative materials" (Lieblich, Tuval-Mashiach & Zilber, 1998, p.2). Put simply it is the study of a story. The approach evolved from the study of literary works and folklore, but has since been adopted by a wide range of disciplines. It is a more recent qualitative method to emerge, with a rapid increase in popularity in the last few decades (Murray, 2000).

Although many other qualitative methods use some form of narrative as their object of study, narrative research is characterised by the use of methods and analytic procedures that examine the way that the story is told, and preserve the voice of the participant. These elements are often lost in other qualitative research procedures. For example, Overcash (2003) notes that ethnographic accounts of experience (see Benkwitz, this issue), despite putting

the participant at the centre of the research, are often over-reliant on the voice of the researcher to describe the phenomena under investigation. Narrative researchers also criticise standard thematic analysis, and grounded theory (see Earnshaw, this issue), for mechanistically dissecting text into disjointed segments which are then rebuilt into themes. This can break the narrator's intended connection between sequence and consequence, and also disrupt or obscure meaningful narratives. This cause-effect in personal meaning-making is an essential feature of narrative data.

Personal narratives can take many forms, such as research interviews, observations of conversations, journals, written accounts or even reports or discussion documents. Online stories in the form of blogs, or YouTube videos, have also been used (Wen-Ying, Hunt, Folkers & Augustson 2011). A unifying

feature is the requirement of the research objects under scrutiny to recount some event from history which can then be analysed systematically using narrative theory.

This 'brief encounter' will seek to explain the philosophy behind narrative research and explain how this should influence the methods employed. A brief review of narrative research in healthcare settings follows, which serves to illustrate its applications.

Philosophy & Tenets of the Approach

Narrative analysis is a qualitative-interpretative method that has gained significant popularity in recent years. The story, or narrative is the most common vehicle with which humans represent their experiences (Frank, 2012), but the retelling of events is proposed to provide more than a simple factual account (Mishler, 1995). Instead, those events are given meaning by us when they are woven into a spoken narrative which has a beginning, middle and an end. Narratives provide a "*continuity of self*" (Adler, 2012), linking past experiences to present and future events and in doing so actively construct or preserve our self-identity. Riessman (1993) proposes that stories are the organising principle for human action, and therefore, the story metaphor can be adopted to deconstruct peoples' experiences.

In addition to personal meaning-making, Frank (2012) observes that personal narratives are rarely exclusively our own. Multiple voices can be heard in any story, including the voices of the other actors in the story and embedded "*cultural narratives*". Murray (2000) identifies four levels at which narratives operate: (a) the personal level representing lived experience; b) the interpersonal level which is co-created with other; (c) the positional level between the researcher and participant and (d) the societal level which draws on wider cultural narratives. Identity, therefore, is viewed as socially constructed and the stories that people tell can be used to study wider social phenomena such as gender and power relations (Emerson & Frosh, 2009). As such, narrative research emerges as a flexible methodology which can provide a multi-layered approach to reveal the complex layers of human experience (Sparkes & Smith, 2013).

In order to draw out this complexity, narrative research analyses data on two levels: the textual level, which focuses on the content of what is said, and the 'narratology' which relates to the manner in which the information is told. However, the degree of emphasis placed on content versus narrative, and the proposed relationship between them, often differs from one study to another depending on the philosophical orientation of the researcher.

Some narrative analysts argue that the reality of 'the self' cannot be disentangled from the narrative

or rhetoric that is used to describe it (Emerson & Frosh, 2009) and that, therefore, the relationship between the content and the representational nature of the language is not hugely important. In this case the participant's story *is* their experience and the research logically focuses more on the content of the narrative in an attempt to understand the lifeworld (a core phenomenological concept, see Cronin & Lowes, this issue) of the participant (a debate articulated by Robert & Shenhav, 2014).

In contrast, some researchers adopt the more classically positivistic ontological view that an objective reality exists independent of the narrative, and that the participant's story offers an insight (either directly or indirectly) into the truth of a broader existence. In such cases, the representational nature of language becomes more important because linguistic devices, such as the form of expression, metaphors chosen, and roles the narrator assigns to themselves and other actors within the story tell the researcher something about the reality of the self or social world. As it is for practitioners of Conversation Analysis (see Miller, this issue), the function of language for these narrative analysts is primarily to modify the way in which we present ourselves to others, and its use becomes a performative act designed with others in mind.

Researchers that take this latter position will place more emphasis on the representative nature of the story and the interpretation of its true meaning. If the content of the narrative is not taken at face value it becomes more important for researchers to articulate the relationship between content and representation and to show the reliability of their research claims. For this reason, researchers undertaking narrative enquiry are advised to declare their ontological position and clarify the relationship between narrative and 'truth' before embarking on their project (Robert & Shenhav, 2014).

What constitutes a narrative?

In narrative research, collected data must be either autobiographical in nature or reflective of the unfolding of a story over time. All narrative research, therefore, places events in some sort of unfolding order. The timeframe examined could be very long, as in a life story, or much shorter, as in the recounting of a critical incident or encounter (Murray 2000). In addition, the analytic methods used should preserve the holistic nature of this account by identifying narrative themes that recurrently permeate the story.

Despite these common features, there are differences in the way that narratives are defined, collected and analysed in the literature and this often proves confusing to those new to this approach. Robert and Shenhav (2014) provide a helpful 'typology' of narrative types and make the distinction

between classical and post-classical schools. Classical narratology takes an objectivist stance, viewing the narrative as something which exists as an entity. Thus a narrative is defined by a set of temporal characteristics, clause structures or other relational linguistic properties. The researcher identifies them by applying a set of analytic procedures to the text (for example, the structuralist framework proposed by Labov, 1997) in an objective manner. Some analysis procedures define the whole story as one narrative, identifying plot-lines and story 'types' while others identify the many smaller narratives which are embedded into larger ones (Stenhouse, 2012). Regardless of the analytic framework applied though, classical approaches identify narratives using the temporal and structural properties of the text.

Post-classical approaches take a more subjectivist view of narrative, and maintain that it is never possible to objectively represent the experiences that are voiced in research interviews. Since the process of telling a story is the result of an ongoing negotiation between the teller and the listener, the researcher plays an active role in shaping the collected narrative. This school of thought thus treats narratives as more fluid and context-dependent because they are produced in response to the interlocutor. If this view is taken, then a more conversational interview is seen as an acceptable way to generate the research narratives. It also requires the researcher to recognise the vagaries of the researcher-participant relationship in the analysis.

The post-classical position is also grounded in the contention that narratives are not always characterised by organised stories with recognisable temporal coherence, but are often disjointed, contradictory and lack closure (Emerson & Frosh, 2009). This is particularly true in health research, which often focuses on people confronting difficult challenges like disability, trauma or illness. The challenge for the researcher is to recognise these inconsistencies and show how they reveal the tension between individuals and the social worlds they inhabit (Robert & Shenshav, 2014). This requires a more discursive form of analysis, such as Gee's (1986) poetic line-breaks, or the use of metaphors which emphasise meaning over and above the structure of clauses. If these analytical methods are taken then the transcription of the interviews also needs to record the participant's emotions, pitch, tone and emphases and the interpretation of these is also more subjective.

In reality many studies combine these two approaches. Often classical methods will be used to identify narratives or plots followed by a more subjective interpretation of meaning. It is this variety and combination of analytical approaches in narrative research which perhaps most confuses those new to the field.

Brief Review of Health Research Studies

Stories help to make sense of our experiences, particularly those which surround challenging or significant life events like illness, disability, childbirth, death and dying. For this reason narrative methods are becoming increasingly popular in healthcare settings, and can provide a useful insight into the lifeworlds of patients and service users (Albright, Epstein & Duggan, 2008). Munhall (2012) explains that the field of 'Narrative Medicine' allows people to *give voice* to their experiences, producing an account with which others can identify. The 'others' in this statement refers both to medical professionals, who can use narrative research to individualise patient care, and also to patients themselves, who can use the narratives of peers to better understand the challenges they face and develop effective coping strategies (Overcash, 2003).

Examples of narratives which focus on the personal level of the lived experience are plentiful in contemporary health research. Stenhouse (2012), for example, interviewed psychiatric patients about their recent experiences on an acute psychiatric ward, and uncovered their key concerns about safety. 'Psychological safety' was identified as a key concern for patients and distinguished from physical safety. By explicitly recognising the concerns of patients and identifying institutional factors which affected them, recommendations to improve patient care were made. Another recent study in the domain, meanwhile, focused on personal experience related to women's use of Complementary and Alternative Medicine (CAMs) during pregnancy (Mitchell, 2014). Through narratives, the author identified key concerns for pregnant women relating to control over their physical, emotional and spiritual wellbeing in pregnancy and reflected that the traditional medical model of maternity care typically neglected these things.

In addition to providing useful insight into participant perspectives, narrative research has been used to explore the experience of healthcare professionals. Greenhalgh (2012), for example, writes extensively on the process of clinical decision-making, and details how the study of narratives has revealed the subjectivity of clinical diagnosis and the role of experience in effective practice. Kucera, Higgins & McMillan (2010) conducted interviews with Australian advanced nurse practitioners, asking them to recount the everyday experience of their professional practice. From these, narratives were identified which detailed the key tacit skills required for the job. These were then developed into a model detailing a set of competencies for use in training future professionals.

The personal narrative has always played a central role in mental health, with Adler (2012, p.595) arguing that "...stories **are** the currency of psychotherapy" [emphasis added]. Coherent personal narratives which show a high degree of

personal agency are often taken to be indicative of psychological wellbeing. Disrupted life-narratives can result from mental illness and psychological trauma, and research has demonstrated that increases in personal agency and coherence in patients' stories throughout their treatment can be strong predictors of their recovery (Adler, 2012).

Therapists' narratives have also been examined alongside those of their patients to elucidate common concerns or perspectives which are associated with good treatment outcomes. The co-constitutional nature of narratives was particularly explored in a recent study focused on meaningful encounters between patients, their next-of-kin and healthcare professionals (Gustafsson, Snellma & Gustafsson 2013). Participants were asked to give written descriptions of a critical encounter. This approach combined both classical and post-classical perspectives by performing a structural analysis to identify story plots, followed by a deeper analysis through metaphors and finally an interpretive or dialectic account of the encounter. The results have relevance to medical staff from all fields that would like to improve the caring nature of their interactions with patients. An example of research which focused more on the socially constructed aspect of narratives in health, meanwhile, was conducted by Busanich, McGannon & Schinke (2014) who analysed narrative interviews provided by a male and a female distance runner, both with eating disorders. As well as illuminating personal narratives relating to the participants' experiences, the authors revealed that these were affected by social constructions of gender which had an impact on health behaviour.

Conclusion

In conclusion, this review of narrative research in healthcare has ideally shown that the approach has many useful applications in the field, and has already been used extensively to gain insight into the lifeworlds of patients and practitioners. Narrative analysis is distinguished from other forms of qualitative research through its use of multi-staged analytic procedures which focus on the expression of the narrative itself. Some qualitative researchers have criticised the narrative approach for placing too much emphasis on its verbal expression, highlighting that not all experience can be expressed verbally. Perhaps, because of this, narrative research has been accused of being ethnocentric because it ignores other expressive acts which might be prevalent in certain cultures (Roberts & Shenshav, 2014).

Narrative analysis uses a diverse range of practical methods and its analytic procedures are not well prescribed in the literature (Cresswell, 2006). Although this may cause confusion in those new to the approach, this freedom offers great flexibility to

the researcher. In navigating the field it is useful for researchers to identify their ontological position on the relationship of the narrative with the world as it actually exists. Further, they should clarify whether the narratives are viewed as something that can be objectively recounted and defined, or whether their existence is more subjectively defined. For those attempting a narrative study for the first time, the reader is referred to Whiffen, Bailry, Ellis-Hill & Jarrett (2014) who published in detail the analytical processes they went through in their narrative research.

Affiliations

Louise Rowe, Senior Lecturer, Faculty of Health and Wellbeing, University of Cumbria.

Corresponding Author

Louise Rowe, Senior Lecturer, Faculty of Health and Wellbeing, University of Cumbria, Bowerham Road, Lancaster. LA13JD. Email: louise.rowe@cumbria.ac.uk

References

- Adler, J. M. (2012). Clients' and Therapists' Stories about Psychotherapy, *Journal of Personality*, 81, 595-605
- Albright, Kathie J.; Duggan, Colette H.; Epstein, Marcy J. (2008). Analyzing trauma narratives: Introducing the Narrative Form Index and Matrix, *Rehabilitation Psychology*, 53, 400-411
- Busanich, R., McGannon, K. R., and Schinke, R.J. (2014). Competitive elite male and female distance runners' experiences of disordered eating through narrative research, *Psychology of Sport and Exercise*. 15, 705-712
- Cresswell, J. W. (2006). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*.
- Emerson, P. and Frosh, S. (2009). *Critical Narrative Analysis in Psychology: A Guide to Practice* (2nd Edition). Palgrave, Macmillan.
- Frank, A. W. (2012). Practicing dialogical narrative analysis. *Varieties of narrative analysis*, 33-52.
- Gee, J. P. (1986). Units in the production of narrative discourse. *Discourse processes*, 9, 391-422.
- Greenhalgh, T. (1999). Narrative based medicine in an evidence based world. *BMJ*, 318, 323-325.
- Gustafsson, L. K., Snellma, I. & Gustafsson, C. (2013). The meaningful encounter: Patient and next-of-kin stories about their experience of meaningful encounters in health-care. *Nursing Inquiry*, 20, 363-371
- Kucera, K., Higgins, I. & McMillan, M. (2010). Advanced Nursing Practice: A Futures Model Derived from Narrative Analysis of Nurses' Stories. *Australian Journal of Advanced Nursing*, 27, 43.
- Labov, W. (1997). Some further steps in narrative analysis. *Journal of narrative and life history*, 7, 395-415.
- Lieblich, A. & Tuval-Mashiach, R. Zilber (1998) Narrative research: Reading, analysis and interpretation.

Mishler, E. G. (1995) Models of narrative analysis: A typology. *Journal of Narrative & Life History*, 5, 1995, 87-123.

Mitchell, M. (2014) Women's use of complementary and alternative medicine in pregnancy: A search for holistic wellbeing. *Women and Birth*, 27, 276-280.

Munhall, P. (2012). The landscape of qualitative research in nursing. In Munhall, P. (2012) *Nursing research* (5th ed., pp 3-32). Jones & Bartlett Learning. Sudbury, USA.

Murray, M. (2000). Levels of narrative analysis in health psychology. *Journal of Health Psychology*, 5, 337-347.

Overcash, J. A. (2003). Narrative research: a review of methodology and relevance to clinical practice. *Critical Reviews in Oncology/Hematology*. 48, 179-184

Riessman, C. K. (1993). Narrative analysis. Sage. *Thousand Oaks*.

Robert, D. and Shenhav, S. (2014). Fundamental Assumptions in Narrative Analysis: Mapping the Field. *The Qualitative Report*, 19, 1-17

Sparkes, A. C. & Smith, B. (Eds.). (2013). *Qualitative research methods in sport, exercise and health: From process to product*. Routledge.

Stenhouse, R. C. (2013). Safe enough in here? Patient expectations and experiences of feeling safe in an acute psychiatric inpatient ward. *Journal of Clinical Nursing*, 22 3109 – 3119.

Wen-Ying, S. C., Hunt, Y., Folkers, A. & Augustson, E. (2011). Cancer Survivorship in the Age of YouTube and Social Media: A Narrative Analysis *J Med Internet Res*. Jan-Mar; 13, e7, Published online Jan 17, 2011. doi: 10.2196/jmir.1569

Whiffin, C., Bailly, C. Ellis-Hill, C. & Jarrett, N. (2014). Challenges and solutions during an analysis in a longitudinal narrative case study. *Nurse Researcher*, 21, 20-26.

LEADERSHIP

Evaluating the upskilling impacts of a management and leadership training programme in the healthcare domain: Quantitative findings from a Cumbrian NHS initiative

Paul K. Miller, Nicola S. Relph, Tom Grimwood & Elaine Crooks

Abstract

This paper reports key quantitative survey results from a broader evaluation of the Foundation in Management and Leadership (FIM) programme run by Cumbria Partnership NHS Foundation Trust during 2012 and 2013. Using a large-scale quantitative survey, administered before and after the intervention, changes in a range of leadership skills and knowledge are measured. Results indicate a strong level of improvement across many key indicators among participants, and thus a high level of success for the intervention itself.

Keywords

education; evaluation; healthcare; leadership; learning; quantitative methods; training

Introduction

The Foundation in Management (henceforth FIM) programme was developed from a strong evidence-base within Cumbria PFT "...to build the foundations of effective management by setting the context of the organisation, providing essential practical skills, knowledge and behaviours..." (Cumbria PFT, 2012,

p.3) requisite for the performance of day-to-day operational roles within an enlarged organisation¹ facing a challenging NHS climate, the demands of increasing quality with reduced financial income, and recurrent negative findings from staff satisfaction surveys (Cumbria PFT, 2014).

¹ Mental Health and Learning Disabilities Services had merged with Community Provider Services some 10 months prior to the beginning of the FIM programme, and "...the scale of [the] Trust has increased by 300% from [its] FT inception in 2007." (Cumbria PFT, 2014, p.6).