

*School of Linguistics and
Applied Language Studies*

*Capital Coast Health
Nurse-Patient Communication Study
Methodology Notes*

George Major and Janet Holmes

*Language in the Workplace
Occasional Papers No.8 (March 2002)*

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School of Linguistics and Applied Language Studies

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Language in the Workplace Occasional Papers

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Language in the Workplace Occasional Papers

This series of occasional papers is aimed at providing a wide range of information about the way language is used in the New Zealand workplace. The first paper outlines the aims and scope of the core project, the Wellington Language in the Workplace Project, and describes the approach adopted by the project team in collecting and analysing workplace data. The second describes the methodology adopted to collect workplace interaction, and its developments and adaptations to the very different demands of disparate workplaces. Subsequent papers provide more detailed analyses of particular aspects of workplace interaction as well as descriptions of methodologies for researching workplace communication.

These include

- an analysis of varied ways people get things done at work, or the forms which directives take in different New Zealand workplaces
- an exploration of the functions of humour in workplace interaction
- an analysis of the structure of formal meetings in relation to the way decisions are reached
- an examination of the varied literature on the role of e-mail at work
- an analysis of problem-solving discourse

The series is available in full text at this website: <http://www.vuw.ac.nz/lals/lwp>

The Research team includes Professor Janet Holmes (Director), Maria Stubbe (Research Fellow), Dr Bernadette Vine (Corpus Manager), Meredith Marra (Research Officer), and a number of Research Associates. We would like to express our appreciation to all those who allowed their workplace interactions to be recorded and the Research Assistants who transcribed the data. The research was supported by a grant from the New Zealand Foundation for Research Science and Technology.

1. Objectives

- ◆ To pilot a methodology suitable for collecting spoken data from nurses on the job in hospital wards
- ◆ To collect a small sample of representative data comprising spoken interactions between a nurse and a range of her interlocutors in her normal workplace during different shifts over the period of one week
- ◆ To evaluate the applicability of the methodology for collecting data from nurses and carers in other professional contexts (e.g. people's homes, medical centres)

2. Research site - background information

2.1 Ward 14 is the gynaecological ward, situated in the Women's Building, Wellington Hospital.

Our Key Informants are female staff nurses, who in their normal working day come into contact with a range of patients, their visitors, and other hospital staff, such as doctors, cleaners, and hospital aides.

2.2 Specific issues affecting the methodology:

- (i) Hospital environment
- (ii) Demographic diversity among participants:
All but two of those who have been recorded are female
However, there is great diversity in age, ethnicity and educational background among the participants.
- (iii) Ethical issues (see section 5.3 below)
- (iv) The work environment is very different from other LWP workplaces, and adaptations to our previously developed methodologies were required at times (see section 5 below)

3. Pilot Study

3.1 Ethics approval.

Ethical approval for this pilot study was obtained before the project commenced both from the National Medical Council and from Victoria University's Human Ethics Committee

3.2 Initial contact with Wellington Hospital

Professor Janet Holmes, the LWP Project Director, first made contact with Wellington Hospital in 2000 and discussed the possibility of LWP research involving nurses with Anita Bamford, Director of Nursing, Capital & Coast District Health Board, who was encouraging and positive.

In 2001, Janet Holmes again contacted the hospital, this time using a personal nursing contact in order to identify a nurse willing to assist with the pilot project. As a result (and after a couple of false leads), she met with Hilary Adam, the Clinical Nurse's Educator, who also proved to be very positive about the project's goal of studying the complexity of the socio-pragmatic demands on nurses' in their everyday interactions. She indicated she was very interested in co-operating with the LWP team and would find someone to collect an initial sample of data.

3.3 Piloting: Initial data collection

Tara (a pseudonym), the first Key Informant for this study was initially contacted through Hilary Adam, the Clinical Nurse's Educator, and subsequently briefed by Dr Nicola Daly, an LWP Research Associate.

The pilot study consisted of three 2-hour recordings (a great deal of which proved unusable for reasons outlined in section 5), collected over a period of one week. The material was recorded in the evening, between approximately 7pm – 9pm.

3.4 Extending the data collection

Maria Stubbe then contacted the Clinical Nurse Educator to give initial feedback. She received an enthusiastic response, and an offer to continue data collection with 1 or 2 more nurses. The Clinical Nurse Educator suggested an expansion of the scope of recordings to include more interactions with co-workers as well as patients, entailing more recording sessions during the day when the ward is at its busiest.

The first of these recordings took place between 11am and 1pm on a relatively quiet weekday, with Staff Nurse Rebecca. Because the shift was so quiet much of the disc was blank, but about half (approximately one hour) of the data was useable. To date, all of Rebecca's useable interactions have been transcribed. While we had intended to expand Rebecca's dataset, it was temporarily put on hold, as soon after she was off on holiday.

Professor Janet Holmes then contacted Hilary Adams again, and another Staff Nurse, Holly, agreed to participate in further recording. We recorded two two-hour sessions with Holly, concentrating on the busiest period in the ward, this being around midday during the week. Because of this, a further problem was encountered (see section 5.4). From these recordings, approximately one hour of useable data was collected.

This is the point the project has reached. At present, data is being transcribed, and an initial analysis into directives and humour in nursing communication has been begun.

4. Data collection

Our methodology for this study was refined as the pilot proceeded (see section 5 for a description of initial problems and how they were resolved).

A flexible approach is essential, with responsiveness to the nurse's work conditions of paramount importance.

4.1 Equipment: hardware

- Portable Sony minidisc recorder (MZ-R50)
- Lapel microphone
- Back-up equipment: 3 extra blank discs, 1 extra battery pack

(see also sections 4.3 (ii) and 5.5 for equipment issues)

4.2 Equipment: information sheets etc

We designed Descriptive Information (DI) sheets briefly outlining the recording process, Background Information (BI) sheets collecting information from all participants to be recorded, and Consent forms obtaining participant's agreement to be recorded and for their recordings to be used for research purposes. Initially these sheets focused on patients, and so needed adjusting when the project expanded to include other staff members and visitors as participants (see section 5.3). Copies of these forms are included below, see section 7.

Another challenge which required an adjustment was the problem of recording people accidentally (see section 5.3 for more details). An expanded and enlarged information sheet was produced for posting on notice boards around the ward, and at the entrance to the ward. Additional "recording in progress" notices were also prepared when the project expanded to include new participants. Copies of these forms can be seen in section 7.11.

4.3 Briefing - Key Informant

The research assistant and project support person (RA) discussed with the KI

- (i) the Descriptive Information sheet, the Background Information sheet and the Consent form, and answered the KI's questions. The KI then

filled out the BI sheet and Consent form

- (ii) and demonstrated the use of the recording equipment. The most effective technique proved to be to lock the controls of the minidisc recorder, and to ask the nurse to use the remote control for pausing or stopping if necessary. The remote control is simpler to use and more accessible, as it can be clipped onto the KI's sleeve.
- (iii) the best way for her to introduce patients to the project. Typically, the nurse would introduce the project by saying something like:
“For the next couple of hours, my conversations are going to be tape recorded as part of a nurse/patient communication study being done by Victoria University. If you’re interested in participating, I’ll send in the research assistant, and she can give you some more information. If not, that’s no problem at all, and I’ll just turn off the recorder whenever I come in here”
- (iv) the importance of providing as much background and contextual information as possible.
- (v) what to do when she or anyone else wanted a conversation, or part of a conversation, deleted. The most effective technique was for the KI to say into the recorder what needed to be deleted.

4.4 Debriefing – Key Informant

The following questions were generally asked at the end of the recording session, unless it seemed more appropriate to ask about them during the recording process.

- (i) Was this a typical shift? Was it quieter or busier than normal?
- (ii) Did anything out of the ordinary happen?
- (iii) Are there any interactions to be deleted?

- (iv) How did you feel about it? Is there anything you think we should do differently next time?
- (v) Did anything else of interest or relevance come up during recording, for example conflict, private jokes, etc.

4.5 Recording procedure - Research assistant (current practice)

The RA stayed on site throughout the recording process, usually sitting out of the way in the nurse's lounge, which is close to the nurse's station. This was desirable so that she could

- (i) provide technical backup, and check unobtrusively on the recording equipment that the KI was wearing to ensure it was running smoothly and had not accidentally been left on pause.
- (ii) post notices, especially "recording in progress" notices (see section 7.11)
- (iii) organise DI sheets, BI sheets, and Consent forms, and provide information to participants.
- (iv) brief and debrief the KI.

5. Problems encountered and resolved

5.1 Background and contextual information

The RA could not follow Tara (pilot study KI) around because it would invade the patient's privacy. She could however gather and note down relevant background information: e.g. if it was a busy or quiet shift, which patients had

their own rooms and which were in shared rooms, which staff were working, etc.

The easiest strategy for collecting this information was to get the KI to talk about what she was doing as she was being recorded. She typically gave a brief description of which patient she was going to see next, and any other relevant medical information. This worked very well, as the KI did not forget to do it. (Some of the other staff had a good laugh, however, when they saw her walking around "talking to herself"!)

5.2 Getting consent from participants

We quickly discovered that it interrupted recording if we attempted to obtain consent for recording from patients and staff as Tara saw them. It was much easier to obtain consent before recording started. This entailed allowing adequate time so as not to rush anyone unnecessarily. There were always patients who were asleep, or doctors who turned up during recording so that we had to allow extra time to approach patients when it was possible and appropriate.

5.3 Recording people without their knowledge

This was the biggest problem identified by the pilot study. A wide range of staff members were constantly popping in and out of the ward (doctors, hospital aides, cleaners), as well as visitors, including children. As a result much of the first recording session was unusable.

This is the process we adopted to resolve this problem:

- (i) The RA reminded the KI that anyone she spoke to needed to know they were being recorded. Not surprisingly, it was easy for a busy nurse to forget.

- (ii) We provided a bright pink belt bag for the minidisc recorder. This was an easily observable signal that the nurse was carrying recording equipment.
- (iii) We posted notices with relevant information about the project and the recording process, including who to contact for more information, and exact upcoming recording times and dates. These were placed (along with LWP pamphlets):
 - outside the lifts, at entrance to Ward 14
 - at the nurse's station
 - in the nurse's TV lounge

In addition, during each recording session, a large notice was posted “Recording in progress, Ward 14...etc” in the following places:

- Entrance to the building, level C
- Main entrance to the building, level E
- In each of the lifts
- Stairwell outside Ward 14
- Main doors to Ward 14
- Nurse’s station

This process potentially informed all visitors and staff about the recordings. See section 7 for samples of these notices.

- (iv) We developed consent forms for visitors as well as staff and patients (see section 7.3)

5.4 The participant observer’s challenges

A problem encountered in the most recent data collection, was that of our recording intruding into the smooth running of the shift. On this particular occasion, the ward was busy with huge numbers of staff who also had their own incidents to deal with. While there were no technical problems with our

equipment, it became immediately apparent that trying to obtain informed consent from extremely busy staff was an intrusion that some did not appreciate.

This problem illustrates that these situations need to be dealt with on a shift by shift basis. On this occasion, the Research Assistant felt that the best solution was to end recording early, so as to avoid alienating staff when we would appreciate their co-operation in future recording sessions.

5.5 Potential Problems

It is very important to reassure participants about the confidentiality of the recorded data, and ensure they are clear about the fact that they are free to delete certain conversations or withdraw at any time. In one recording, for instance, a very sensitive conversation took place, and Tara was asked to double check with the patient later that they were happy for us to include it in our data set. (They were). It is also important that patients are aware that it is the nurse's communication that is the main focus of the study.

In principle, if any person does not want to be recorded, the KI will pause recording when she visits them. (This has not yet occurred however).

5.6 Potential technical problems

It is extremely important for the research assistant collecting the data to spend as much time as necessary learning how to operate the equipment confidently, in order to be able to show the KI how to use it, and to fix any minor problems that may come up during the recording session.

6. Processing the data

- 6.1 The minidisks are labelled immediately they are recorded: WD14A for first informant, WD14B for second, etc.

- 6.2 Participant information and pseudonyms are entered into the LWP database
- 6.3 Each recording (original) is copied to another minidisc (master). The originals are then archived and the masters used for trackmarking
- 6.4 After trackmarking, the disks are sorted into:
- (i) potentially usable tracks
 - (ii) research assistant tracks
 - (iii) “can’t be used” tracks – these include people who have not given consent, including people involved in phone calls
 - (iv) blank tracks
- 6.5 Details of the tracks are entered into the database
- 6.6 The minidisc editing machine is programmed to record all the useable tracks onto tape (for our transcribing machines).
- 6.7 A description of the taped content (i.e. a detailed account similar to Minutes of a meeting) is written of all the taped tracks
- 6.8 All tracks which are less than 5 minutes in length are transcribed. Longer tracks are simply described, with transcription left till later.

7. BI forms, Consent forms, and Information sheets

7.1 Staff Consent form

Consent Form

Language in the Workplace: Research study into features of effective nurse-patient communication

I have read and I understand the information sheet dated January 2001 for volunteers to take part in this communication study.

I have had an opportunity to discuss the study and I am satisfied with the answers I have been given.

I am aware that material collected for this study will contribute to the Language in the Workplace Study being done by Victoria University.

I understand that taking part in the study is voluntary (my choice) and that I may withdraw at any time without having to give a reason. If I withdraw it will not affect my employment in any way now or in the future.

I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on the study.

I have had time to consider whether to take part.

I know who to contact if I have any questions about the study.

I consent to having my conversation tape recorded.

Who will have access to the data?

All tapes and other information collected as part of this project will be stored securely at Victoria University. Only authorised members of the research team will have access to this material. From time to time, we may play short excerpts from the tapes in professional contexts such as seminars, but only if we are sure that no one will recognise you.

What will the data be used for?

The recordings and other information we collect from you will be used only for these purposes: (i) linguistic research, including doctoral research; (ii) publications and presentations based on this research; and (iii) evaluation and development of professional communication at Capital Coast Health.

I wish to receive a short report on the study. Yes/ No (please circle)

I give permission for audio recordings of my talk at work and other related information collected by the Language in the Workplace Project to be used for the research purposes described above. I understand that only members of the research team will have access to the tapes and any personal information collected as part of this project, and that my identity will not be disclosed without my permission in any circumstances.

I (full name) _____ hereby consent to take part in this study.

Signature _____ Date _____

Name of witness _____ Signature _____

Project explained by _____ Project role _____

Signature _____

Consent Form

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I have had time to consider whether to take part.

I know who to contact if I have any questions about the study.

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I give permission for audio recordings of my talk and other related information collected by the Language in the Workplace Project to be used for the research purposes described above. I understand that only members of the research team will have access to the tapes and any personal information collected as part of this project, and that my identity will not be disclosed without my permission in any circumstances.

I (full name)_____ hereby consent to take part in this study.

Signature _____ Date _____

Name of witness _____ Signature _____

Project explained by _____ Project role _____

Signature _____

7.3 Visitor Consent form

Consent Form

Language in the Workplace: Research study into features of effective nurse-patient communication

I have read and I understand the information sheet dated January 2001 for volunteers to take part in this communication study.

I have had an opportunity to discuss the study and I am satisfied with the answers I have been given.

I am aware that material collected for this study will contribute to the Language in the Workplace Study being done by Victoria University.

I understand that taking part in the study is voluntary (my choice) and that I may withdraw at any time without having to give a reason. If I withdraw it will not affect my friend or relative's care in any way now or in the future.

I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on the study.

I have had time to consider whether to take part.

I know who to contact if I have any questions about the study.

I consent to having my conversation tape recorded.

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I wish to receive a short report on the study. Yes/ No (please circle)

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I (full name)_____ hereby consent to take part in this study.

Signature _____ Date _____

Name of witness _____ Signature _____

Project explained by _____ Project role _____

Signature _____

7.4 Staff Background Information

Language in the Workplace Project

Background Information

1. What is your current job? _____
2. How long have you been in your current job? _____
3. Gender: ☐ Female ☐ Male
4. Circle your age group:

16 - 19	20 - 24	25 - 29	30 - 34
35 - 39	40 - 44	45 - 49	50 - 54
55 - 59	60 - 64	65 - 69	70 - 74
5. What is your highest educational qualification? _____
6. Which ethnic group do you identify with? _____
7. Were you born in New Zealand? ☐ Yes ☐ No
If yes, please specify town or region _____
If no, (a) where were you born? _____

(b) at what age did you come to New Zealand? _____
8. Have you been overseas in the last 3 years? ☐ Yes ☐ No
If yes, for how long were you overseas in the last 3 years? ____ years ____ months ____ weeks

How long in total have you spent overseas during your life? ____ years ____ months ____ weeks

Provide approximate dates _____
9. Do you speak any languages other than English? ☐ Yes ☐ No
If yes,
 - (a) Which language did you speak first in your home as a child? _____
 - (b) Which language did your mother speak at home as a child? _____
 - (c) Which language did your father speak at home as a child? _____
 - (d) Which language(s) do you speak at home now? _____
 - (e) Which language(s) do you speak at work? _____
 - (f) At what age did you first learn English? _____

7.5 Patient Background Information

Victoria University of Wellington
Te Whare Wananga o te Upoko o te Ika a Maui
School of Linguistics and Applied Language Studies
PO Box 600
Wellington
New Zealand

LWP NURSING TALK AND CARING LANGUAGE

Ward 14

Patient Background Information Sheet

The focus of our study is the way nurses and carers talk in their everyday work. We need a little information about you to help us interpret your conversation with the nurse.

Please circle your **age** group:

16-19	20-24	25-29	30-34
35-39	40-44	45-49	50-54
55-59	60-64	65-69	70-74
75-79	80-84	85-89	90 years and over

Your **gender**?

Male / Female

How long have you been in hospital? _____

How well do you know this nurse? (tick which one applies)

not at all —

a little —

very well —

Any other comments _____

7.6 Visitor Background Information

Victoria University of Wellington
Te Whare Wananga o te Upoko o te Ika a Maui
School of Linguistics and Applied Language Studies
PO Box 600
Wellington
New Zealand

LWP NURSING TALK AND CARING LANGUAGE

Ward 14

Visitor Background Information Sheet

The focus of our study is the way nurses and carers talk in their everyday work. We need a little information about you to help us interpret your conversation with the nurse.

Please circle your **age** group:

16-19	20-24	25-29	30-34
35-39	40-44	45-49	50-54
55-59	60-64	65-69	70-74
75-79	80-84	85-89	90 years and over

Your **gender**?

Male / Female

How well do you know this nurse? (tick which one applies)

not at all ☐

a little ☐

very well ☐

Any other comments _____

Information Sheet for Staff

Language in the Workplace: Research study into features of effective nurse-patient communication

We invite you to take part in a study of nurse/patient communication.

This study focuses on the ways nurses communicate with patients and with other hospital staff involved in their care.

The material gathered in this study will also contribute to a larger one being undertaken by Victoria University's Language in the Workplace Project.

How is the study carried out?

If you agree to participate, your conversation will be tape recorded using a little lapel microphone and walkman.

You are free to decline to be taped, or to ask for any recorded material to be deleted at any time.

The tape-recording will be transcribed so that it can be analysed for linguistic features.

At the time of transcription, pseudonyms will be used and all identifying features of the conversation will be removed to preserve your anonymity and confidentiality. No material which could personally identify you will be used in any reports on this study.

What happens to the tape? The tape recording remains unchanged and is kept securely in a locked cabinet.

Your participation is entirely voluntary. You do not have to take part in this study and if you choose not to take part this will not affect your employment in any way. You are free to withdraw from the study at any time without having to give a reason.

If you would like to know more about what is involved, please approach George Major, the research assistant in charge of the recording. She will be in the ward whenever recording is taking place.

Results

A short readable report will be sent to participants if requested.

Where can I get more information about the study?

Maria Stubbe	OR	Professor Janet Holmes	OR	Hilary Adams
Ph. 463 5637 (work)		Ph. 463 5614 (work)		Education Co-
ordinator				
Maria.Stubbe@vuw.ac.nz		Janet.Holmes@vuw.ac.nz		Capital Coast Health
				Ph. 385 5999

Or Wellington Ethics Committee, Wgtn Hospital, ph 385 5999 ext. 5185.

Please feel free to take one of the Language in the Workplace Project information pamphlets.
Or visit our website: www.vuw.ac.nz/lals/lwp

7.8 Patient Information sheet

January 2001

Information Sheet for Patients

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7.9 Visitor Information sheet

January 2001

Information Sheet for Visitors

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We are asking for your consent as part of a study of nurse/patient communication.

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How is the study carried out?

If you agree to participate, your conversation will be tape recorded using a little lapel microphone and walkman, which the nurse will be wearing.

Please see below for upcoming recording dates and times.

You are free to decline to be taped, or to ask for any recorded material to be deleted at any time.

The tape-recording will be transcribed so that it can be analysed for linguistic features.

At the time of transcription, pseudonyms will be used and all identifying features of the conversation will be removed to preserve your anonymity and confidentiality. No material which could personally identify you will be used in any reports on this study.

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Who will have access to the data?

All tapes and other information collected as part of this project will be stored securely at Victoria University. Only authorised members of the research team will have access to this material. From time to time, we may play short excerpts from the tapes in professional contexts such as seminars, but only if we are sure that no one will recognise you.

What will the data be used for?

The recordings and other information we collect from you will be used only for these purposes: (i) linguistic research, including doctoral research; (ii) publications and presentations based on this research; and (iii) evaluation and development of professional communication at Capital Coast Health.

If you would like to know more about what is involved, please approach George Major, the research assistant in charge of the recording. She will be in the ward whenever recording is taking place.

Results

A short readable report will be sent to participants if requested.
Where can I get more information about the study?

Maria Stubbe	OR	Professor Janet Holmes	OR	Hilary Adams
Ph. 463 5637 (work)		Ph. 463 5614 (work)		Clinical Nurse
Maria.Stubbe@vuw.ac.nz		Janet.Holmes@vuw.ac.nz		Educator
				Ph. 385 5999
				Pager # 2088

Or Wellington Ethics Committee, Wgtn Hospital, ph 385 5999 ext. 5185.

Please feel free to take one of the Language in the Workplace Project information pamphlets below

Or visit our website: **www.vuw.ac.nz/lals/lwp**