**Title:** An adaptable Discourse Analysis instrument and method to explore Caring and Compassion

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**Abstract**

**Aim:** To explain the development of a discourse analysis (DA) instrument and method for an international nursing educational research project on caring and compassion as expressed in different media.

**Background:** Narratives, particularly when visual and auditory elements are added to words, reveal cultures and behaviours, such as those present within professional and service settings. DA enables researchers to explicate meanings and understandings linking culture and behaviour. The instrument design and method drew on Gee’s work with specific attention to the analytic shortcomings of DA identified by Antaki *et al*.

**Data sources:** The instrument was piloted by7 nurse educator researchers from 5 universities in three countries (UK, Ireland and Canada) who nominated 2 books, 1 journal article, 2 poems and 2 films then used in the full project.

**Review methods:** This is a methodological paper. Gee’s ‘toolkit’ was informative but we expanded, developed and structured our data analysis instrument into seven sections creating one instrument to analyse the data. Following a pilot stage, a study design that addresses data synthesis was developed and presented here, helping ensure overall rigour.

**Discussion:** The instrument facilitated systematic, multi-modal data analysis by several researchers from different countries and backgrounds. DA seems well-suited to reveal the complexity of understandings of caring and compassion by health and social care educators capturing both ‘objectivist’ and ‘subjectivist’ accounts and whilst allowing differences also facilitated some commonality that together can usefully be used in education of care and compassion in nursing.

**Conclusion:** The discourse analysis instrument and method facilitated understanding of the complex social phenomena of care and compassion and can be adapted for use by other nurse researchers examining complex human issues.

**Key words** discourse analysis, rigour, care, compassion

The aim of this paper is to explain how we developed a discourse analysis (DA) instrument and method for an international nursing educational research project on caring and compassion as expressed in different media. Compassion is an integral component of being a ‘caring’ nurse yet, in the United Kingdom (UK) in recent years nursing failures and ‘uncaring’ nurses have led to patients suffering harm (Berwick 2013). Consequently, the 6 C’s strategy emphasising the importance of care, compassion, competence, communication, courage and commitment was launched (Commissioning Board Chief Nursing Officer, 2012). As nurse educators (specialising in ethics), it was clear to us that the strategy lacked clear understanding of the nature of care and compassion. Exploring published research on care, caring and compassion also revealed gaps in understanding of these concepts, partly through the choice of analytical approach. For example, qualitative research on caring and compassion using thematic analysis emphasises only what is said leaving a gap concerning both local (the ward) and broader (religion, politics) factors that probably influence the descriptions given by participants (Crowe 1998). This is particularly important for the nursing profession which, when focusing on individualised care, needs to be alert to, and arguably appraise, how context influences the nurse-patient relationship. Explicating such influences may be especially important when trying to understand caring and compassion which, of their nature, seem to be very dependent on context for their meanings. However, contextual influences may not be explicitly mentioned by the nurse’s or patient’s discourse during data collection and consequently the researcher may miss them.  Some hidden context can be revealed through observation (possibly filmed) or through texts not explicitly produced for the discourse of interest such as hospital policies, books or plays. Having identified weaknesses in the Six C’s strategy and published literature, we had the idea that by asking fellow nurse educators to identify the single, most influential narrative (however conveyed) and to explain why it influenced their understanding of compassion and caring we could obtain a more contextualised understanding. We recognised the need for a robust analytical method in order to be able to articulate a clearer understanding of compassionate caring. In addition, by asking how participants used their nominated narrative to educate others, we could develop a list of resources and ideas for their use in nurse education. The use of published texts not produced explicitly for professional development has been utilised by several professions such as the military to develop leadership (Stock 2013). Such texts are highly amenable to qualitative research analysis via Discourse Analysis.

**Why discourse analysis?**

Discourse analysis (DA) allows the analysis of ‘texts’, understood as not just the written word (Gee 2014), for their social and political significance which is necessary when attempting to understand the multifaceted nature of situated relationships. However, somewhat confusingly, several types of DA exist including Social constructivism (Jørgenson and Phillips 2002), Social constructionism (White), Foucauldian (Stevenson 2004), Sociological (Ruiz 2009), Metaphor-led (Cameron), Interpretative structuralism, Critical and Social linguistic analysis (O’Connor). Consequently, no one definition of DA exists. The definition of ‘discourse’ we adopted is “a particular way of talking about and understanding the world (or an aspect of the world)” (Jørgensen and Philliips, 2002, p1) and DA is the analysis of speech, writing, actions and products (texts) to identify ‘ways of understanding’ the world or aspects thereof (White, 2004, p9).

DA aims to make explicit what is implicit as taken for granted and the effect of such text in individuals’ lives as part of society (Schiffrin 1997, Cameron 2001). One such relationship is that of the nurse and patient or client, a somewhat contested relationship for reasons such as power and professional ideologies or professional identities affecting how caring and compassion are understood (Fairclough 1993, Crowe 1988, Smith 2006). As previously noted, the UK ‘Six C’s’ strategy fails to recognise that neither caring nor compassion are concrete, objective constructs nor are they completely subjective as open to being anything anyone wishes them to mean (Boghossian 2001). Rather they are both shaped by many factors which provide meaning. Thus, the context is crucial. Examining the nurse-patient relationship at its most general level, understanding it as an abstract universal nurse-patient relationship is very different to more contextual role distinctions such as “elderly care nurse” working on a ward with dementia patients. This is different still from the situationally-specific “this nurse” and “this patient” at “this time” but the understandings are not and should not be considered separately. Nor should they, on a discourse analysis account, be kept distinct. The attraction of discourse analysis is its ability to embrace the complexity reflected in the phenomena of the complex nature of relationships including that of the nurse and patient situated within institutions of healthcare (Crowe 2005, White 2004).

The study focused on how nurse educators understand care and compassion for the professional role of a nurse by asking them to identify the book, article, poem, play or film that most influenced their understanding of care and compassion and to explain the nature of that text’s importance and how they used it in teaching. Then their explanations were analysed via discourse analysis for the reasons above. Though there are many types of discourse analysis with some being much more critical than others, it can be difficult to state the boundary between them (Kress 1990, Gee 2014). We needed as straightforward a method as possible (bearing in mind what has been written above) because the study involved a team of researchers in five universities in three different countries (UK, Republic of Ireland and Canada). It is important to note that using the educators’ understanding and use of these texts as examples of caring and compassion as data for the discourse analysis meant that they were explicitly or implicitly giving an account of the nature of nursing itself. This is because both caring and compassion are taken to be essential to nursing (van der Cingel 2009). Discourse analysis elucidates particular ways of understanding the world (Jørgensen and Phillips 2002). We were conscious that the three countries have some differences that could affect interpretations of how the nurse-patient relationship should be enacted. For example, Engelhart (2014, 14) identifies that “real differences “ separate the bioethics of different Christianities thus the analysis method had to be sensitive to differing interpretations of caring and compassion from Ireland, the UK and Canada. At a more individual level, we recognized that utilising discourse analysis to examine care and compassion can be a way of critical self-reflection for nurses to adopt a more critical approach to their practice and very identity (Boyes 2004).

**A discourse analysis instrument**

Some discourse analysis texts and research reports are vague on specific method so Gee’s (2014) discourse analysis ‘toolkit’ proved an invaluable starting point with its twenty eight different ‘tools’. However, we were particularly conscious of the need to ensure rigour. Gee fails to explain how or when to use his ‘tools’ in combination or how to address the influence of having multiple researchers or how to synthesise analyses conducted on different materials. DA necessarily involves context and interpretation (White 2004) thus there is a potential for sole researchers to miss important aspects. What counts as rigour in qualitative research generally is somewhat contested and what is to count a sufficient rigour in DA more so (Nixon and Power 2006). In part, this reflects ontological and epistemological issues within social constructionism (Boghossian 2001) but also it reflects the many types and uses of DA by different disciplines. Gee and Green (1998) claim that validity for DA has four aspects: convergence, agreement, coverage and linguistic details. It counts as valid according to Gee and Green

“Because it is highly improbable that a good many answers to different questions (i.e. data from different sources), the perspective of different “inside” and “outside” observers, and additional data sets, will converge unless there is good reason to trust the analysis” (Gee and Green 1998, 159).

 A well cited paper by Antaki *et al,* (2003) lists six common errors made by (particularly novice) researchers claiming to be doing DA: (1) under-analysis through summary (e.g. merely giving a descriptive overview); (2) under-analysis through taking sides; (3) under-analysis through over-quotation (description) or through isolated quotation (thereby losing context); (4) the circular identification of discourses and mental constructs (e.g. interpreting something that was said as having a particular meaning then suggesting that what was said was actually said because of this meaning; (5) false survey (over-extrapolating findings to the world at large or treating them as true for all members of the category being investigated); and (6) analysis that consists in simply spotting features. A combination of Gee’s understanding of rigour for DA and Antaki *et al*’*s* underpinned the design of our instrument and method such that following the former and avoiding the mistakes pointed out by the latter enabled standards of rigour to be achieved thereby coming close to commonly used accounts of ensuring ‘rigour’ in qualitative research generally.

Consequently, Gee’s resource was utilized and one instrument was created by the authors of this paper with seven sections to facilitate discourse analysis in a systematic way for the research project (Table 1). The sections are (1) the identities, relationships and politics embedded in the text (2) the constructs that are present (3) the words that are built into the text what they convey and how they are used (4) the main topics within the text and contextual meanings (5) the implications conveyed in the use of audio or visual images (6) the primary and secondary discourses and (7) the educational usage and impact.  The finalised instrument guided the researchers in analysing each nominated text (book, article, poem, play, film).

The instrument developed for this study was piloted by members of the research team (which comprised eight nurse educators in total) prior to being adopted for the full project. The data for the pilot study were seven pieces of literature and other media each chosen by a member of the research team, because of the way they explicated ideas of caring (or lack of such). The eighth member of the research team felt strongly that her personal understanding of care and compassion was shaped by oral stories from her cultural background). There was one journal article, two poems (one written by a patient and one by a nurse) two books (one written by a patient and one by a patient/carer), one film (based on a play written by someone with hospital experience) and one documentary based on video diaries. Each researcher completed a questionnaire asking why the item was chosen, why it was so influential to them, which particular part exemplifies what it means to them to be caring, how the item is used in teaching and its recommendation to others. For the pilot, each item was analysed by up to five members of the team. The analyses were then compared and it was clear that overall, there was little disagreement but different people would spot aspects that others might miss. For example, some had training in analysing literary sources so engaged more with aspects such as pentameter in poems; others had a philosophical background and focused on ideas of objectivity and subjectivity. It was determined that as long as each item in the main project was analysed by two researchers, the method would be sufficiently rigorous and the problem of under-analysis and circularity avoided. For the main study, once each item had been analysed by paired researchers, the completed instruments were shared with every member of the research team so each could then conduct discourse analysis across the whole data compendium. The second author of this paper analysed every nominated text which provided a consistent ‘spine’ but this was due to the workload of members of the research team, not because the pilot had indicated this was necessary. The paired researchers were from other universities. This pairing allowed holistic perspectives of the discourses within and across the texts to emerge.

Finally the two lead researchers synthesised everything to be able to make general statements from the much-nuanced particulars. The aim was to highlight “the social categories that already exist within the text and the assumptions, meanings and values that lie behind the text” (O’Connor & Payne 2006, 831). Therefore, the synthesis required first looking for themes then move beyond these to see “how language is used to ‘construct’ the ideas…” then looking for the “inconsistencies of meaning in the constructions and the assumptions they reveal” and finally considering “the implications of a particular account, to examine what the discourse achieves” (Burck 2005, 249). Synthesis of analysed data is frequently under-considered in research reports particularly when mixed data or mixed methods are employed and frequently lacks a rigorous approach (Yin 2006). The robust, replicable steps taken as shown in the diagram (Figure 1) can be adopted by other teams of researchers and allow for complementary, convergent and divergent findings to be overtly recognised.

All of the items for the pilot focused on health and social care settings rather than from the broader fields of literature exemplifying caring (unlike the main study). Interestingly, all of them reflected negative examples of caring displaying poor care as perceived by the patient and occasionally by the staff involved in the text. Ideas of caring and compassion were evident through their absence. In the main study, although there were positive examples of caring, compassionate behaviours, the main discourse in all of the contexts was the ‘invisibilisation’ of persons by people entrusted to their care. This mirrored the pilot study. This invisiblisation, or failure to see the real, suffering human being, led to task-based care delivered without compassion or kindness. The analysis identified differences in meaning of ‘care’, ‘caring’ and ‘compassion’ and revealed how difficulties encountered in interpreting life’s meaning for others came to be taken as a lack of care.

This very brief summary does not, and cannot, present our findings in any depth and eschews discussions of context. In fact, it probably makes the mistakes Anataki *et al,* (2003) warn about. Having since completed the main study, the usefulness of the DA instrument was evident by the range and depth of features associated with care and compassion (of the lack thereof. Absence of care was revealed as being understood not just as a lack of attention to physical needs but the loss of meaningful existence for the people involved. With visual data, the instrument also allowed for divergence between words, images, background music and behaviours to be explicated. The instrument allowed for the analysis of subjective meanings including meanings of deteriorating physical and mental health by various people in a variety of contexts. The DA instrument also, and perhaps inevitably, brought out contrary interpretations of aspects of the analysis produced by each researcher. The instrument facilitated a theory-driven, systematic approach to the analysis. It was especially effective in the analysis of meaning within texts and enabled these to be constructed into notions of caring and compassion. It allowed researchers based in different countries, working as nurse educators within different healthcare systems, to focus on caring and compassion in, and through, a professional context. And it allowed for discussion as to the politics and constructed boundaries of professional practice.

**Conclusion**

Discourse analysis is an umbrella term for a variety of complex analysis. Gee provided a number of tools for generic discourse analysis for researchers to pick and choose. Instead, we developed one, comprehensive, adaptable data analysis instrument and method that is straightforward yet allows for complex notions such as those found within nursing, not merely care and compassion, to be explicated. Our final synthesis/abduction stage addresses the seemingly forgotten aspect of how to extract the important essences from analyses conducted by different people. We suggest that our instrument is suitable for nurses, or other professionals, carrying out case studies where they perhaps have organisational documents, interviews, videoed observations of nurse-patient interactions, public health information films and leaflets as data sources. Another use might be where researchers wish to understand how organisations approach issues such as diversity or patient empowerment. The words relating to ‘care’ and ‘compassion’ in our instrument could be substituted as necessary to explore whether the real discourse-in-action within an organisation says something different from its policy documents.

References

Antaki C, Billig M, Edwards D, Potter J (2003) Discourse analysis means doing analysis: a critique of six analytic shortcomings. *Discourse Analysis Online.* 1, 1. http://extra.shu.ac.uk/daol/articles/open/2002/002/antaki2002002-paper.html (Last accessed February 29, 2016).

Berwick D (2013) A Promise to Learn -a commitment to act. Improving the safety of patients in England. National Advisory Group on the Safety of Patients in England http://[www.gov.uk](http://www.gov.uk) /government /publications/berwick-review-into-patient safety (Last accessed December 11, 2015)

Boghossian P (2001) ‘What is Social Construction?’ *Times Literary Supplement*, February.

Boyes C (2004) Discourse analysis and personal/professional development. *Radiographer.* 10, 2, 109-117.

Burck C (2005) Comparing qualitative research methodologies for systematic research: the use of grounded theory, discourse analysis and narrative analysis. *Journal of Family Therapy.* 27, 3, 237-262.

Cameron D (2001) *Working with spoken discourse.* Sage,London.

Crowe M (1998) Discourse analysis: towards an understanding of its place in nursing. *Journal of Advanced Nursing.*  51, 1, 55-63.

Department of Health (2012) *Compassion in Practice*. DOH, Leeds.

Engelhardt T (2014) The recent history of Christian bioethics critically reassessed. *Christian Bioethics*. <http://cb.oxfordjournals.org> (Last accessed November 19, 2015).

Fairclough N (1993) Critical discourse analysis and the marketisation of public discourse:the universities. *Discourse and Society.* 4, 2, 133-168.

Gee P, Green J (1998) Discourse analysis, learning and social practice: a methodological study. *Review of Research and Education.* 23, 119-169.

Gee JG (2014) *How to do discourse analysis: a tool kit*. Routledge, Abingdon.

Jørgensen M, Phillips L (2002) *Discourse Analysis as Theory and Method.* Sage Publications, California, USA.

Kress G (1990) Critical discourse analysis. *Annual Review of Applied Linguistics.* 11, 84-99.

Nixon A, Power C (2006) Towards a framework for establishing rigour in a discourse analysis of midwifery professionalism. *Nursing Inquiry.* 14,1, 71-79.

O’Connor M, Payne S (2006) Discourse analysis: examining the potential for research in palliative care. *Palliative Medicine.* 20, 8, 829-834.

Ruiz J (2009) Sociological discourse analysis: methods and logic. *Forum Qualitative Social Research*. 10, 2, Article 26. http://www.qualitative-research.net/

(Last accessed February 29, 2016).

Schiffrin D (1997) Theory and method in discourse analysis: what content for what unit? *Language and Communication.* 17, 2, 75-92.

Smith J (2006) Critical discourse analysis for nursing research. *Nursing Inquiry.* 14,1, 60-70.

Stevenson C (2004) Theoretical and methodological approaches in discourse analysis. *Nurse Researcher.* 12,2, 17-29.

Stock J (2013) Military chief tells aspiring generals to read Sir Clive Woodward’s book on Rugby. *The Telegraph Online.* <http://www.telegraph.co.uk/culture/books/10010067/Military-chief-tells-aspiring-generals-to-read-Sir-Clive-Woodwards-book-on-rugby.html>. (Last accessed May 28, 2013).

Van der Cingel M (2009) Compassion and professional care: exploring the domain. *Nursing Philosophy.* 10, 124–136.

White R (2004) Discourse analysis and social constructionism. *Nurse Researcher.* 1, 2, 7-16.

Yin R (2006) Mixed methods research: are the methods genuinely integrated or merely parallel? *Research in the Schools*. 13,1, 41.47.