

## **Story telling and audio podcasts within qualitative research.**

### **Abstract**

The author discusses the use of service user story telling through the medium of audio podcasts, in service evaluation. The author argues this is an effective way to promote service user participation in service improvement projects and highlights how audio podcasts can stimulate emotional connections in service evaluators leading to informed identification of priorities for change.

### **Introduction**

Health professionals are often required to actively engage in evaluating the services they provide or quality improvement initiatives (de Souza et al., 2017; Cooper et al., 2016) and patient and public involvement in the evaluation of NHS care has become fundamentally important in recent years (Mockford et al., 2012). Notably, the use of service user narratives to evaluate and improve health services is becoming a well established approach amongst qualitative researchers involved in service evaluation (Piper et al., 2012; Tsianakas et al., 2012 ;Locock et al., 2014). Collating service user's stories of how they experience healthcare lies at the heart of Experience Based Co-Design (EBCD) (Point of Care Foundation, 2018) which provides a qualitative framework for health service improvement initiatives.

Traditionally, EBCD involves creating a film from video recorded service user interviews, which service evaluators or co-designers use to promote discussion and identify areas for improvement. In an EBCD study which aimed to evaluate sleep services for children with developmental disabilities (DD) (Sutton et al., 2019) this approach was adapted by developing an audio podcast rather than visual film. Interviews with parents of children with

DD and sleep problems were audio recorded and the author created an audio podcast from parent narrative accounts to stimulate quality improvement debate in an EBCD event.

## **Aim**

This paper sets out to describe the author's experiences of utilising an audio podcast created from interviews with parents of children with DD, to guide and stimulate debate amongst a small team of co-designers tasked with evaluating sleep services. This paper aims to contribute to the wider discussion around service user participation using story telling in service evaluation.

## **Method**

EBCD recommends a series of steps to plan for change with co-designers, which involves listening to service user experiences and sharing these stories with individuals who can influence change within services such as service users and health professionals. This communication of service-user experience is utilised as a springboard to identify service improvement priorities. One of the EBCD steps involves organising workshops attended by both service users and professionals, therefore as guided by the EBCD framework a co-design event was organised: six sleep practitioners and eight parents of children with DD presenting with sleep problems were recruited as co-designers and invited to listen to and deliberate a fifteen minute audio podcast. This had been readily prepared in advance by the author using an audacity software package (Audacity 2.0.6. Retrieved from <http://audacityteam.org/2014/09/>), from parent interviews collated in an earlier exploratory study, focusing on perceptions of sleep services and the first-line behavioural sleep intervention - sleep hygiene education (SHE) which advises care-givers on creating optimal sleeping conditions for their child.

## Discussion

Guided by the EBCD method the podcast aimed to highlight emotional ‘touch-points’ in co-designers, defined by Bate and Robert (2006) as key experiences “*Where people come into contact with the service and where their subjective experience is shaped, and therefore where the desired emotional and sensory connection needs to be established*”(p.308). Sharing parent’s perceptions and emotional experiences, intended to encourage co-designers to personally connect with parents’ stories and use this as a basis to plan for improving the way sleep services and SHE were delivered.

The decision to produce an audio rather than visual podcast, was primarily based on the understanding that the audio channel of communication can be particularly powerful in terms of stimulating the creation of mental images in the minds of listeners and evoking memories of personal experience (Rodero, 2012). Notwithstanding, there were some initial concerns that losing the visual element of parent’s stories could limit the power of their portrayal. It was found that restricting the recording of parent interviews to audio meant increased anonymity for participants (Kenyon et al., 2016) and limited the need for emotional support for parents around the screening of their visual accounts (Cooper et al., 2016). Furthermore, in the presentation of the audio podcast to co-designers, there was a sense that asking them to mindfully attend to parent’s voices, words and emotional expression un-clouded by visual imagery, stimulated rich and meaningful discussion. For example, a podcast participant parent’s exasperated tone describing their experience of trying to secure sleep support: “*it’s like falling on deaf ears as far as I’m concerned, (..)I think they’ve always seen it as a parental issue rather than my daughter actually having real difficulties with sleep*”, prompted the following united, ardent response from co-designers:

Co-designer 1 *“So it’s getting the professionals then to understand as well that maybe sometimes; the (sic) ‘Your child will grow out of it’ will not ever happen”*

Co-designer 2: *“I think that is part of the problem, that the not sleeping is just part of their condition, no it’s not!”*

Co-designer 3: *“Yes!”*

This triggered further debate and agreement that investment was needed in training generic practitioners such as general practitioners and health visitors and sleep practitioners in recognising and screening for sleep problems in children with DD.

Emotional connections from co-designers were also sparked by audio clips from parents who shared their stories of disappointment with standardised SHE advice and preference for advice customised to their child’s individual needs. One parent described in a despondent tone: *“The community paediatrician was almost patronising in terms of telling me.. we need to shower sort of (sic). no television, read him a story, and I said yeah, I’m doing that(..)But I suppose what I would be looking at is there anything in addition I could be doing?”* This stimulated the following response from co-designers which resulted in the call for comprehensive and competent sleep assessment, accurate interpretation of findings and tailoring SHE advice to assessed need:

Co-designer 4: *“I’d rather they took the time to get to know the child that is my main big thing is that they don’t have enough time to get to know the child and parent”*

Co-designer 5 *“I think sometimes there’s not enough information gained before things are put into practice that might not actually be right for that family.”*

Parents also shared positive stories of receiving sleep support .In an audio clip one parent described how she felt reassured by a sleep practitioner who informed that sleep problems were very common in children with DD and services regularly helped parents to improve their child’s sleep: *“I think they were used to it, and erm ... they were very confident, they said “This happens to a lot of children, you’re not the only one””*. This triggered the following response from co-designers who went on to define the importance of building a supportive, non-blaming parent/practitioner relationship whilst delivering SHE:

Co-designer 1: *“She did it very positive (..) it kept him [son] hoping (..) the biggest thing you want to hear is you’re not a bad parent.’*

## **Conclusion**

Sharing parents’ stories through the medium of an audio podcast with co-designers/ service evaluators, felt like a powerful way to unearth the complexities of parents’ experiences and deepen understanding of how sleep services and SHE should be delivered. It allowed co designers to be present and mindful in their listening to parents’ accounts, undistracted by the visual presentation of parent contributors. It is argued, that verbal narrative accounts help spark emotional connections with real and personal issues, helping co-designers to identify priorities for change. Furthermore, as Locock et al (2014) purport it is usual for parents’ voices to be very memorable, potentially staying with co-designers for some time (Locock et al., 2014). This in turn leads to a more informed level of analysis and service evaluation. Therefore, in achieving a complex understanding of the strengths and challenges of health services, service user stories and audio podcasts offer an effective way of supporting service user participation in service evaluation. As quality improvement

involvement becomes more prevalent in the roles and responsibilities of health professionals, this provides a usable and meaningful way to engage with those who use our services.

## **References:**

Bate P, Robert G (2006). Experience-based design: From redesigning the system around the patient to co-designing services with the patient. *Quality and Safety in Health Care*, 15, 307–10.

Cooper, K *et al* (2016) Experience-based co-design in an adult psychological therapies service. *Journal of Mental Health* 25(1): 36-40.

Kenyon, SL *et al* (2016) Improving the care pathway for women who request Caesarean section: an experience-based co-design study *BMC Pregnancy and Childbirth*, 16:348.

Locock, L *et al* (2014) Testing accelerated experience-based co-design: A qualitative study of using a national archive of patient experience narrative interviews to promote rapid patientcentred service improvement. *Health Services and Delivery Research*, 2(4).

Mockford, C *et al* (2012) The impact of patient and public involvement on UK NHS health care: a systematic review. *International Journal for Quality in Healthcare*. 24. 28-38.

Piper, D *et al* (2012). Utilizing experience based co-design to improve the experience of patients accessing emergency departments in New South Wales public hospitals: an evaluation study. *Health Service Management Research*, 25(4), 162-172.

Rodero, E (2012). See it on a radio story. Sound effects and shots to evoked imagery and attention on audio fiction. *Communication Research* 39(4), 458-479.

De Souza, S *et al* (2017) Patient involvement in rheumatology outpatient service design and delivery : a case study. *Health Expectations*, 20.508-518.

Sutton, JE *et al* (2019). Sleep hygiene education and children with developmental disabilities: Findings from a co-design study. *Journal of Intellectual Disabilities*, 1-21. DOI: 10.1177/1744629518818950.

Tsianakas, V *et al* (2012) Implementing patient-centred cancer care: using experience-based codesign to improve experience in breast and lung cancer services. *Support Care Cancer*, 20. 2639-2647.

The Point of Care Foundation (2018) *Experience based co-design toolkit*. Retrieved from the Point of Care Foundation website :

<https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>

