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Using Participatory Observation to Understand Older People's Experiences: Lessons from the Field

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Abstract

This article describes how participant observation and a reflective diary were used in a study that aimed to explore how three different groups of community dwelling older people experienced and made choices about using, or refusing, a range of health and social care services. The roles of these qualitative methods are highlighted to demonstrate how they enhanced the insights gained during the course of a research study.

Keywords

Participant Observation, Reflective Diary, Health and Social Care, Older People

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Using Participatory Observation to Understand Older People's Experiences: Lessons from the Field

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This article describes how participant observation and a reflective diary were used in a study that aimed to explore how three different groups of community dwelling older people experienced and made choices about using, or refusing, a range of health and social care services. The roles of these qualitative methods are highlighted to demonstrate how they enhanced the insights gained during the course of a research study. Keywords: Participant Observation, Reflective Diary, Health and Social Care, Older People

Introduction

Population dynamics, aging and care delivery continue to be a priority issue in international policy (Nies, 2006; UNFPA, UNDESA, UN-HABITAT, IOM, 2013). However, one of the perennial problems facing those responsible for developing health and social care services, in Europe as well as the US, has been how to define, understand and support the needs of older people (Boeckxstaens & De Graaf, 2011; Zilcha & Schneier, 2012). Despite developments in health and social care, a recent survey across eleven countries of people with complex needs also found that services are often poorly coordinated, but paying for care and access to out of hours services, particularly impacted on peoples use and uptake of services (Schoen et al., 2011). While population surveys can provide broad overviews of factors that affect people's use of services, in trying to find solutions to meeting the needs of populations, work with individuals can help service commissioners and providers provide a wider and more flexible range of services that meet local community needs (Bowers et al., 2013). The study reported in this paper aimed to work with three diverse groups of older people to explore how they used, or why they refused to use, services that could support their health and wellbeing. However, in order to more fully understand these processes as a nurse, and a researcher with a specific interest in qualitative ways of working, I wanted to use methods of working that would enable me to move beyond superficial and service specific understandings of individual decision-making processes.

This paper therefore presents an overview of how the joint use of participant observation and reflective diary keeping enabled me to gain enriched understandings of the factors that affected older people's decision and choice making processes about using, or refusing to use, health and social care services. Using an analysis process based on a reflective cycle, the experiences reported by the older people who participated in the study are presented. This is followed by a reflective discussion evaluating the rewards and challenges I experienced while using participatory observation as an in-depth qualitative way of working. The findings from this study will assist qualitative researchers understand some of the challenges and benefits of using participatory observation during fieldwork. For those working in health and social care, this paper illustrates how participatory and reflective ways of working can enhance the insights into the conditions that affect older people's use of support and services.

Literature Review

Recent studies and reports identify that older people want more choice and control over the services and support they use in their everyday lives (Bowers et al., 2013; O'Sullivan et al., 2011). However, understanding what needs people have and how these might best be matched by services can cause methodological challenges for researchers. On one hand, large scale population surveys of needs at a national or international level can illustrate where there are gaps in services and identify targets for service redesign (see for example, Kaye, Harrington & LaPlant, 2010; Shoen et al., 2011), but do not provide insights into individual experiences (O'Sullivan et al., 2011). In contrast, small scale in depth studies can provide rich insights into people's lives and the contexts in which they use services (see for example Bowers et al., 2013; O'Sullivan et al., 2011), but are often criticized as they are seen as subjective, based on opinion and of limited value because they cannot be generalized to wider populations (Pope & Mays, 1995). However, a systematic review of informed decision-making in health care concluded that in order to develop interventions that can effectively support people there is a need for more research that explores how individual attitudes, biases and context collectively impact on these processes (Bekker et al., 1999). This view has more recently been supported by Le Masson, Moran, and Rohleder, (2013) who have argued that if governments across the world are to identify how public services can most effectively meet the needs of the communities they serve there is a need to work participatively and "develop deep citizen insights" (p. 3). By doing this Le Masson, Moran, and Rohleder (2013) argue that service re-design has more potential to identify flexible, creative and cost effective changes that meet need, as opposed to continuing with one size fits all services that rarely improve outcomes. This paper is therefore relevant to the arguments presented by Le Masson, Moran, and Rohleder (2013) as it illustrates how qualitative and participative approaches were used with three groups of older people to gain rich insights into their experiences and explanations of using, or refusing, health and social care services.

Participant observation

Participant observation is the preferred data collection instrument of many qualitative approaches such as anthropology, ethnography or other forms of action research as it is argued that this form of observation, over any other, enables inquirers to: observe people in their natural settings (Mays & Pope, 1995; Timseena, 2009); interweave processes of looking, listening and watching and asking questions (Pretzlik, 1994); identify stories and experiences that are of particular relevance to the research study (Lincoln & Guba, 1985); gain a better understanding of case studies or sensitive social phenomena (Wolcott, 1990, Watts, 2011). I was therefore drawn to the use of participant observation as I felt this way of working would be more enlightening than traditional evaluations of service use that tend to focus on economics or specific aspects of service design and delivery (see for example De Almeida Mello, Van Durme, Macq, & Declercq, 2012; Martin et al., 2012). In rejecting more traditional ways of working and choosing to work in natural settings, using observation and conversation, I hoped that I would gain a more holistic understanding of the factors that affected how older people made decisions and choices about using or refusing services, which took account of the everyday and cultural contexts.

In terms of managing conversation within the participant observation process, Pole and Lampard (2002) support the use of foreshadowed questions (the inquirer's questions) as part of the inquiry process. Foreshadowed questions are general and exploratory questions that can be interwoven into the inquiry process drawing on: personal knowledge and experiences of older people's services, analects from the literature and observations and

comments made by other participants (Guba & Lincoln, 1989; Rodwell, 1998, Whitehead, 2004). However, if foreshadowed questions been part of a participative process, it is argue that these should be used as part of the hermeneutic circle to enhance the overall context and substance of participants responses (Engebretson & Littleton, 2001).

Hermeneutics are important as, drawing on the work of Heidegger, in the 1960s Gadamer developed the concept of philosophical hermeneutics to put forward an ontological argument that people's understandings of their lives and existence are not just based on the here and now but also shaped by history and culture (Linge, 1977). The hermeneutic circle was therefore developed to relate one aspect of a person's life to their whole existence and visa-versa. However, Gadamer further suggests that in order for people to understand themselves and their relationship with the world the use of language is critical as this enables people to share their experiences of being in the world (Linge, 1977). It is therefore argued that introducing foreshadowed questions into the research process can focus the inquiry. Enabling participants to make sense of their own experiences and ultimately assist the inquirer to develop constructions based on participants' stories and experiences (Guba & Lincoln, 1989; Rodwell, 1998). The use of foreshadowed questions, as part of a hermeneutic process, would therefore provide me with a very practical tool for exploring people's ontological constructions. Whilst the use of foreshadowed questions can help the inquiry process, it is advised that these must be used carefully so participants feel that they can respond to them. It is therefore suggested that they can be introduced by the inquirer using phrases such as:

- Some people believe that
- Why do?
- Does it make sense that...?
- Does the area in which you live affect?
- Would that work here?
- How do?

(Guba & Lincoln, 1998, p. 155; see also Pole & Lampard, 2002)

While participant observation and foreshadowed questions provided me with a starting point for my intended inquiry, I had to think about how to record my observations and conversations. Proponents of participatory qualitative inquiries suggest that the best way of recording notes from observations and conversations in study settings is through the use of reflective diaries (Lincoln & Guba, 1985; Mitchell & Koch, 1997; Rodwell, 1998). I therefore reviewed the literature to explore how a reflective diary might help me record my observations and interactions.

Reflective diaries

Where researchers are engaged in qualitative research it is recognized that field notes, diaries and stories can provide useful forms of data for analysis (Berlin-Hallrup et al., 2010; Housley, 2000; Sava & Nuutinen, 2003; Tedlock, 2000; VanderStaay, 2003). Rodwell (1998) argues that recording experiences, thoughts and feelings in a reflective diary enables researchers to seek the "ah-ha" of a situation or phenomenon. Indeed, Rodwell (1998) suggests that these new understandings occur because the act of reflecting enables researchers to turn intuitive/non-verbal understandings (tacit knowledge) into something that can be explicitly communicated (propositional knowledge). Janesick (1999) supports this stating that

reflective journal writing is a powerful heuristic (problem solving) and research technique that enhances understanding, suggesting that this occurs because the journal is:

...a type of member check of one's own thinking done on paper. The clarity of writing down one's own thoughts will allow for stepping into one's inner mind and reaching further into interpretations of the behaviors, beliefs and words we write. (Janesick, 1999, pp. 513-514)

In terms of the scope and purpose of a reflective diary it has been suggested that researchers should separate out what is recorded into: **the daily schedule** – which records the logistics of the study, **a personal diary** - in which experiences and feelings are recorded, **a methodological diary** - in which decisions and rationales regarding the process and progress of the study are recorded (Lincoln & Guba, 1985; Rodwell, 1998).

Reflecting on my previous experience of working on research projects I was aware that in reality it would be difficult to separate my observations and notes from conversations into different journals. I also wanted to be able to use my diary to quickly record my thoughts and feelings at the time and in the context that they occurred. I was also not sure that these would be easily separated into field notes and methodological issues. I therefore planned to keep one diary in which I would record my experiences, observations, thoughts and feelings as well as notes of conversations that I had with people. My decision to keep a diary in this way is supported by Newbury (2001) who argues that the boundaries between research logs, field notes and diaries can be blurred and that this is beneficial. The argument put forward for this blurring is that:

The research diary provides a form through which the interaction of subjects and objective aspects of doing research can be openly acknowledged and brought into a productive relationship. In purely practical terms, it is often very difficult to separate out the writing of purely descriptive observational field notes; as one records particular events, theoretical concepts, or other leads to follow up, often come to mind (Newbury, 2001, p. 3).

Newbury (2001) also makes the point that rules should not dictate how diaries and field notes are compiled, but that the form and style should fit with the needs of the research project. Having reviewed and identified methods of working that would enable me to explore and identify the factors that affect older people's decision- and choice-making processes, I then had to identify appropriate study settings.

Methods

Participants

Drawing on recommendations for qualitative study sites made by Marshall and Rossman (1999), I was looking for locations that would provide a point of entry along with a rich mix of people with whom I could interact. Drawing on my experiences of services and contacts in a large multicultural city in the north of England I was granted access to three older peoples services that provided community based support for older people and their careers.

The first study setting was a day center for black elders attached to a large community center established by the black community in the city. During the time that I attended the African Caribbean day center 25 people out of approximately 40 people who used the day care service or received support from the outreach workers signed consent forms for me to undertake participant observation. The second study setting was comprised of two day services developed to support older people with memory/cognition problems. One service provided day care and one-to-one outreach care to people who had developed

memory/cognition problems before the age of 60. The other service provided day care once a week for people aged over 65 with memory problems. Twelve older people or their careers, out of approximately eighteen people attending the two services, gave consent for me to undertake participant observation. For my third study setting I attended luncheon clubs held at a community center. The center was located in an area of the city which had a high proportion of older people. During the time that I attended the two luncheon clubs 31 out of approximately 50 people signed consent forms for me to undertake participant observation.

In each of the three settings eight people, a total of 24 participants with key stories relevant to the aims of the research, were also interviewed. This included 7 male, 12 female and 5 joint interviews – daughters and mothers, husbands and wives or other family members. Using a combination of the observation and interview data I developed a narrative summary for each participant which was fed-back to 22 of the 24 participants (two people were not available due to changes in their circumstances). The narrative summaries gave people the opportunity to comment on the accuracy and authenticity of the initial interpretations. This reduced researcher bias and enhanced the rigor and trustworthiness of the findings drawn from the data, all fuller account of this process is given by Tetley, Grant, and Davies (2009).

Prior to undertaking the data collection the study was granted ethics approval from a National Health Service ethics committee in the UK.

Procedure

During the time I was undertaking the participant observation I made notes the stories that people shared with me and any methodological issues that I encountered. The final diary which I kept comprised two volumes (over 280 pages) of hand written notes. While the diary providing “thick description” of my observations, conversations and experiences I felt that key issues from the fieldwork would be more clearly identified by undertaking a more systematic analysis of the diary. Borg (2001) supports this view, arguing that researchers often write about the value of reflective writing but rarely demonstrate the benefit of their journal writing to the actual research process.

Borg’s paper was of further importance to my dilemma about how to analyze my research diary as his extract from his research journal reflected my own feelings:

Another issue I’ve been thinking about recently is how to incorporate extracts from my journal into the re-presentation of the research. There’s just so much there I could actually write an analysis of the journal itself. So at some point I need to start re reading through the journal (a form of data analysis) and identifying extracts which are significant in some way. For example, where I made a move ahead in my thinking, where I struggled with a difficult problem, where I documented some aspect of field work. Such extracts, can, I feel, convey personal significance which the research process has for me and the way that I write about the process has been an important part of the same process. (Borg, 2001, pp. 157-158)

In terms of analyzing the content of a reflective diary Borg (2001) described how his analysis involved reading the journal, identifying and labeling reflective processes, identifying relationships between the processes and searching for common sequences.

This idea of systematically reflecting on the content of my diary led me to thinking about my past knowledge and experience of using reflective models to develop my critical thinking and learning as a nurse and a lecturer. I was particularly familiar with the model put

forward by Gibbs (1988) which suggests that learning by reflection on an experience can be achieved by: describing what happened; exploring personal feelings; evaluating what worked well and what had worked not so well; critically thinking about (analyzing) why things had worked well or not so well; drawing conclusions about the experience and finally identifying how the learning achieved from the reflection will affect future actions. I therefore re-visited Gibbs' model undertook an adaptation of this to develop a three stage model that was used to present and analyze the contents of my research diary in the following ways:

1. Gathering descriptions of older people's stories
2. Evaluation - including personal thoughts, feelings and analysis of the experience of undertaking participant observation
3. Drawing conclusions - how has this experience informed the research?

Using this adaptation of Gibbs' model, to work through my diary, was useful as it enabled me to start with a description of my role as a researcher and the context in which I worked with people to collect data. Wolcott (1990) argues that it is important to start with description because:

...the descriptive account is likely to constitute the most important contribution you have to make. Here you become the storyteller, inviting the reader to see through your eyes what you have seen, then offering your interpretation. Start by presenting a straightforward description of the setting and events. (pp. 27-28)

The data collected through the reflective diary was therefore analyzed using the three-stage model, and working with my diary, I therefore started the analysis by drawing out the stories that the older people had shared with me about their experiences of using or contemplating the use of health and social care services. Following on from this, I then reflected on the experiences, interactions, reactions and decisions that I had encountered, all of which shaped the conclusions I was able to draw about how my experiences could inform the research.

Results

The findings that emerged as a result of the analysis process described are now presented in the context of each of the three study settings. In each case, my role as a researcher, my observations and the stories shared by participants are presented. All participants have been given pseudonyms to protect their identities. The use of first names or surnames in the pseudonyms reflects how each person wished to be addressed.

Study setting one: Day center for black elders

I conducted my research at this site over a period of six months. I visited the center up to four times a week so that I could meet people who attended on different days and see the range of services and activities offered. When I started my field work I sat with people and talked to them there about their everyday lives. I introduced myself and explained that I was a researcher and why I was visiting the day center. Many of the men played dominoes so I spent time watching them. They were very skilled and eventually invited me to play a game or two with them. I was not able to play dominoes to their level and they seemed to take great pleasure in being able to beat a University lecturer. I also joined in or observed the other

activities that the center offered and accompanied staff when they went out to deliver specialist home support to black elders in their own home. By working in this way I was able to see the range of care and services provided by the day center.

When I first spoke to people about their use of health and social care services, people initially spoke quite generally about issues that they thought I might be interested in. After a while people became more trusting of me and started sharing their individual experiences. For example, one day an older woman (Mrs. Smith) at the African Caribbean day center called me over to talk to her. She told me that she had suffered a stroke three years ago. This had left her with a weakness down her right side that affected her leg, arm and vision. As we talked Mrs. Smith told me that she received homecare, which started after her discharge from hospital. She also explained that staff from the African Caribbean day center came to her home once a week to help her have a bath. After we had spoken I noted in my diary that:

The homecare workers visit Mrs. Smith twice a day, in the morning and at lunch time. [Her] daughter lives with her and works part time. She [the daughter] can't work more hours because of the benefits she gets. It seems from our conversation that her daughter may receive the attendance allowance for supporting her mother. Mrs. Smith receives homecare seven days a week. She seems to prefer the worker who comes in the week (one works Monday to Friday [the other] Saturday to Sunday). Mrs. Smith also told me that she was bothered by something that had happened at home. Apparently Mrs. Smith said something about the lunch that was prepared and this "vexed" the worker who then told Mrs. Smith that she had upset her.

This incident had been reported to the homecare supervisor so Mrs. Smith hoped that her homecare worker was going to be changed. Whilst Mrs. Smith was concerned about this incident she told me that she would be unable to manage at home without the support of the homecare workers or the staff from the day center so had to accept the situation.

This comment helped me understand how older people felt, when they didn't have a good relationship with their careers, and how in some circumstances older people continue to use services because they felt they had no other choice.

Other stories helped me understand how decision and choice-making processes were affected by the tensions between what services are able to offer and what the older person themselves wants. One day I accompanied a community worker on a visit to Mrs. North. Some clients, such as Mrs. North, still received an ironing service because she had received this support for many years. The deputy manager of the African Caribbean day center told me that she was finding it hard to continue providing support with ironing and cleaning because the terms and conditions of their current contract with the local social services department no longer allowed them to do this. New referrals to the service were now asked to use private companies if they needed help with domestic chores. When I visited Mrs. North, I noted in my diary that:

Mrs. North was aware that the support team wanted to stop the ironing service but she told me that she was unable to iron herself because of back problems that were a result of a work-related injury. She explained that she was supported by her grand-daughter, but she worked full-time and had her own family so was limited in the support that she could provide. Mrs. North also told me that she didn't receive the attendance allowance and didn't see the

point of applying for it as she didn't know anyone who she could pay to help her.

Mrs. North's story was therefore interesting as this revealed how people will refuse to apply for certain benefits if they cannot see how it will help them overcome the problems they find themselves facing.

I was also taken by a support worker to a care home to visit a woman they were still supporting. Mrs. Taylor had recently had a second above knee amputation and was now a bilateral amputee. Mrs. Taylor was had been in hospital but then transferred to a care home, which provided an interim rehabilitation service for the local hospital, while she was learning to walk on thigh length prosthetics. After I had met Mrs. Taylor I noted in my diary:

Mrs. Taylor told me that she had been moved to the nursing home by the hospital who were paying the fees for her care. This was happening because the hospital had a contract with the [care] home for a number of beds that were classified as an intermediate care facility. Mrs. Taylor told me that the hospital would soon stop paying for the bed and then she would have to pay for her care herself. She told me that she really wanted to go home to her flat [but this was not going to happen].

Meeting Mrs. Taylor gave me insights into the situations and circumstances that people may find themselves using services, but with no control over, short or long-term, decision- and choice-making processes.

Study setting two: Day services developed to support older people with memory/cognition problems

I conducted my research at both day care services over a period of six months. During this time I visited the centers three times a week. I joined in activities that included crafts, baking, game playing and singing. I worked in the garden and accompanied the staff and people who attended the center on regular trips out. I also spent time working alongside staff whilst they provided one to one outreach and support. While I was visiting the support services for people with dementia/cognitive related problems, people were also able to tell me more about their personal circumstances and their experiences of using health and social care services. One of the first people I met was a man called Terry. Terry was in his early 60s and had Korsakov's dementia, a memory/cognition problem related to excessive alcohol consumption. When I spoke with Terry he told me that when he worked he had been the supervisor for gangs of brick layers on building sites and travelled away from home frequently because of his work. He also told me that he had Korsakov's dementia and that he knew it was because he had drunk a lot of alcohol. In addition to his work on building sites he told me that he had also worked as a "door-man" at a night club.

Very early on in my visits to the center I became aware that there were problems related to Terry's behavior. For example, one day I had noted in my diary that Terry:

...had caused problems this morning by refusing to go to the local shopping center. Barry [the day center manager] told me that he thinks Terry intimidates the other people who attend the day centers. As a result of this outburst Phillip [who had said that he wanted to go to the shops] stayed at [the day center].

I discussed this incident with the person who managed the day care and outreach service and we both felt that Terry had probably always behaved the way that he does at the day center. I noted:

We were talking about some of the problems when people have behaved in certain ways all their lives, which was normal/acceptable in certain settings/cultures i.e. the building trade and pubs and clubs, then have to conform with a more “genteel” environment such as a day center.

As we spoke Terry also told me about the care that he received at home in addition to the support that he received from the dementia charity day center and outreach service. He explained that his daughter had initially organized support for him at home by paying a local woman to bring him meals. As his condition deteriorated he said that he now received homecare through an agency with which he was very happy. After our conversation I wrote in my diary:

Terry is very upfront about his condition. He understands that he has Korsakov’s and that this was caused by [drinking] alcohol. Terry seems to accept this but I do think some of his more verbal outbursts may be the result of frustration. Having reflected on my time with Terry there are issues I want to check out further with him such as:

- His use/understanding and experiences of care services.
- How he was referred to the service.
- What/how he feels about the [day center] and why he gets cross/what he wants.
- His views on his future care.

Terry story highlighted how his choice-options were predominantly limited to support in day centers because of his age and health problems. Whilst the service provided by the charity was good and tried to respond to individual needs I was able to see that there were limits to this, leaving Terry receiving care and support in an environment that he did not always enjoy. The dementia charity service were trying to resolve this by offering Terry more one-to-one support through the outreach service.

While I was visiting the day centers I was also particularly struck by a woman called Margaret. Margaret probably had a form of dementia called Lewy Body (only a post mortem can currently confirm whether someone actually has this condition). Lewy Body dementia is characterized by behavior changes but in addition the person experiences auditory and visual hallucinations (Stokes & Goudie, 2002). I went out with this particular woman on trips and during the time I noted that:

I was distressed when I saw how the dementia affected Margaret. However, I find it rewarding being able to connect with her, if only for a few minutes, when she might smile at me and try to talk to me.

When her husband dropped Margaret off at the day center he told me that they lived together in their own home and that despite the severity of her illness he had made a decision to care for his wife at home until she died. Margaret only attended the day center one day a week; however, in addition to this he told me that they also received support twice a week

from a specialist dementia service jointly funded by health and social care services. Through meeting Barry and Margaret I was able to see how these support services therefore helped him fulfill his aspiration to care for Margaret at home.

Study setting three – luncheon clubs

I visited the luncheon clubs three days a week over an eight-month period. One of the luncheon clubs had on average 40 people at each session I tried to arrive at the luncheon club between 10.30 and 11.00 am as this gave me the chance to have a chat with people as they arrived. After talking to people for an hour or so there were two sessions of bingo and a raffle for small prizes of food. The second luncheon club was much smaller and on average twelve people attended each session. When I started visiting I noted in my diary:

After some initial suspicion people started to talk to me. The issues that started to come out [about why people used the luncheon club] included:

- Recent bereavement
- Loneliness and need for company
- Using the luncheon club to cut down on food shopping and cooking at home
- Some people seem to have started using the club following an episode of health related problems; others were introduced to the club by other older people who already attended.

These stories were useful as they helped me to understand how and why people used the luncheon club as a general form of support. After a while, I started to talk more specifically to people about their individual and collective experiences. People were generally happy to talk to me about their health problems and their experiences of trying to access services to manage these. One woman, Mrs. May, told me about her rheumatoid arthritis. She told me that:

...she needed to use a handrail to get upstairs but that hers needed repairing. She had contacted the city council aids and adaptations service but she said they had made an appointment to come to do the work, but then called on the wrong day when she was out. She explained that she had tried to contact them three times on the telephone number that they had left but when she reached an answer-phone she refused to leave a message and eventually gave up.

In the context of my study, this story therefore highlighted how the management of assessment processes can deter people from pursuing support services.

The chairman of the luncheon club, Harry, also had a very disabling chest condition that was probably brought on from years of working in a bakery. As a result of this problem Harry was unable to walk more than a few steps at a time and had bought himself an electric cart so that he could more easily get from his flat to his car and round the shops etc. I noted that Harry explained that after he bought the cart he:

...found that the steps on the pavement in front of his flat meant that he could not get the cart to his car. As a result Harry had applied to social services for the pavement to be modified. He told me he was still waiting for confirmation that this work would be undertaken and had no idea how long this would take.

Harry's story highlighted how self-funding an electric cart had resulted in him having to seek help from aids and adaptation services because he could not afford to pay for the work required to adapt the pavement. So whilst people may not set out to use formal health and social care services, attempts to independently manage difficult situations will not always be successful and may result in people having to seek help from health and social care services.

Another woman Katherine told me how she:

...had moved to the city where I met her, with her husband, to be near her son, but following the death of her husband she had become very depressed. She told me how her GP had referred her to a bereavement group and whilst her son had been initially concerned that the group might make her more depressed she had found that the group had helped her in that her social network had improved. As a result she had met Violet and James who had encouraged her to attend the luncheon club with them.

Her story highlighted how peer support could influence people's decisions to use services.

Evaluation and discussion - of the experience of using participatory observation

The methods of working and the findings reported in this paper are important as Stephens (2011) highlights that researchers cannot just expect participants to "produce stories on demand to suit researcher requirements" (p. 75). In discussing the importance of personal and social stories of health Stephens further suggests that when trying to access these researchers must carefully choose methods that are relevant to the research as well as being reflective about their role and the relationships developed in the course of a study. Reflecting on the stories and experiences shared with me I could see that participant observation had been a particularly useful way of accessing stories and experiences. This in turn provided me with rich and varied insights into the factors that affected the choice and decision-making options of the people that I had met.

While the stories from the fieldwork were a positive outcome, I had also made methodological notes in my diary which illustrated that the use of participant observation had not always been straightforward. Indeed Labaree (2002) argues that whilst there are distinct advantages related to the use of participant observation to access and understand different cultures, these are not absolute. Researchers therefore have to anticipate finding themselves faced with dilemmas related to their position, shared relationships, issues of disclosure and disengagement when attempting to work as an outsider trying to understand the world of insiders (Labaree, 2002). As I re-read my reflective diary entries of my experiences of undertaking participant observation I recognized that I had encountered a number of issues in relation to access, consent and the practice of participatory observation. The challenges and benefits associated with each of these are now considered.

Gaining access and consent

Access to the African Caribbean day center and the services for people with memory and cognitive problems was facilitated by the managers of each service who introduced me to the service users. Gaining access to a luncheon club was more difficult. I initially contacted an older people's charitable organization that coordinated the services and was sent a list of

the clubs that operated in the city. I was particularly interested in those that ran more than once a week so that I could visit them more frequently and hopefully work with a wider group of older people. After a period of ringing around I thought I had found a luncheon club for my third study setting. I made the following notes in my diary:

I have found a luncheon club that operates three days a week. I rang the organizer, Harry, who when he answered the telephone was clearly very short of breath with some form of chest condition. When I asked if I could visit the day center he said that he would discuss this request with the luncheon club committee and organize a provisional meeting at his flat. I sent Harry some information about my project but a week later he rang and left a message to say that the committee had rejected my request to work with them. I was surprised so I rang him back when he then explained that he had said [to the committee members] that in order for me to do my lectures the group would have to “knock off” a session of bingo. I was horrified and explained that I didn’t need anyone to change any of their usual activities. He said he would go back to the committee and see what they would think now. I still haven’t heard from him. I contacted the organization [that] coordinate the luncheon clubs. Their suggestion was that based on their experiences the best thing to do is just to turn up at the luncheon club, half an hour before it is due to start, and try and meet the organizer and people who attend face to face.

I took the advice from the coordinating organization and was pleased to find that this approach worked. When I arrived at the luncheon club I found the staff who supported the service, were already at the center. I introduced myself to them and they made me very welcome. They then introduced me to the luncheon club members as they arrived. Once I had the opportunity to speak to them about my study and explain why I wanted to talk to them they said they were happy for me to be there. This alerted me to the fact that, prior to meeting me, lay perceptions of a university researcher led the older people to think that that I would want to undertake my work in a very formal manner. The perceptions of gate-keepers to research and the issues that these cause in terms of access has been identified in other studies (Bailey, Baker, Spassiani, & Meisner, 2012, Scourfield, 2012). Both studies found that negative or defensive attitudes to can create significant barriers for researchers trying to access to certain environments (Bailey et al., 2012; Scourfield, 2012). Revisiting seminal literature it was, however, interesting to note that Guba and Lincoln (1985) also recognize this issue, but advocate that in order to overcome the barriers to entering the field of inquiry, researchers should meet formal and informal gatekeepers. For me taking the opportunity to discuss my research face to face with multiple gatekeepers was key to me successfully gaining entry into the third study site.

I also encountered another unexpected problem at the luncheon club related to accessing individual stories. Everyone had a designated seat and this caused me some problems when I tried to move around and talk to different people as I was often advised that I could not sit in a particular chair because it was someone’s place. In order to speak with people I therefore often found myself seated, crouched or kneeling on the floor trying to talk to people. Having to negotiate a physical space for myself was interesting as, although the

methodological literature forewarns researchers that they will need good communication skills to negotiate their position within the field of inquiry, the advice is very much focused on the need to generally negotiate access, not to occupy a position within the physical environment (Labaree, 2002; Mays & Pope, 1995; Marrow, 1996; Mulhall, 2003).

While my initial entry to the African Caribbean day center was facilitated by the manager and staff I found, when wanted to start undertaking participant observation, people were initially reluctant to sign consent forms. Literature focused on recruitment of ethnic minority communities to research studies recommends that success is associated with close and collaborative working with the target community (Twamley et al., 2009). I therefore had to spend more time talking to people and working with respected members of the community that the elders knew. As a result of these efforts 25 people signed consent forms that enabled me to make notes based on my observations and our conversations. Towards the end of my time at the day center, I noted in my diary that:

The workers at the center told me that they felt my way of working as a researcher had been a key issue in terms of successful working with the elders and that was why I had been successful in getting people to talk to me and agree to be interviewed. They said that in the past many of the older people had refused to speak to researchers or participate in projects because they didn't know them. They also said that when researchers had been successful they had only got a small number of people to agree to participate.

The practice of participatory observation

In terms of the practical reality of undertaking participant observation a researcher's role in the field can vary depending on how comfortable the researcher feels and the extent to which the individuals being studied let the researcher participate (Walshe, Ewing, & Griffiths 2011; Zahle, 2012). Although I was eventually successful gaining consent from elder at the African Caribbean day center, staff had warned me that the elders had refused to speak to other researchers in the past because they did not trust people in authority. In working to overcome these barriers when I spoke to people I didn't just talk about my research; I also shared personal information about my life outside of work and my family which I hoped might change their perception of me. I was also pregnant with my second son and I came to realize that this was also helping me build up relationships with people more easily and seemed to affect the way that people saw me. I noted one day in my diary:

My pregnancy is now very noticeable and it is a good ice-breaker.

Being noticeably pregnant also helped me when I went out with support workers to meet black elders in the community. In one instance I was taken out to meet a woman who was supported by the specialist homecare team in the community but my car broke down making me late for my appointment to meet her. After my visit I noted:

Finally got to Mrs. Jones' house. She initially said that she didn't want to take part in the research as she said that people had asked her lots of questions about services going back to the early days of the day center. I said that I understood but then explained about my problems with my car. I went on to explain that I was pregnant and that the baby was due in about 11 weeks. Her

face [then] lit up [as she told me that] her mother had been a midwife and she could tell I was going to have a boy. This turned the whole meeting, from her dismissing me to her changing her mind and saying that she would be happy to talk about her health [and experiences of care services].

As I read these notes it helped me realize, that whilst the elders might have been wary of me as a researcher from a university, when they saw me as a woman and mother this helped break down some of the barriers. This experience was similar to Whitmore's (1994) who when working with single mothers in a deprived area noted:

I knew that it would take them time for them to trust me, for as a university professor I lived in another world. They had a long history of negative experiences with social workers and as far as they were concerned, I was "one of them." Somehow I had to become a real person and it wasn't going to happen overnight. (p. 86)

Comparing Whitmore's reflections to my own was important as I came to understand that people's perceptions of me, may also create barriers and challenges to my participation in the field.

Despite understanding that perceptions of me may create issues, each study setting presented its own unique challenges. When I worked in the two day centers for people with memory and cognition problems, these day centers employed staff who provided care and support for the older people who used the services. While the staff knew that I was a researcher, they also knew that I was a nurse and I felt that they were not sure how to cope with my presence. Whilst I was working at one of the day centers I documented my feelings about this challenge.

One of my concerns is where to pitch myself in terms of my presence. Some staff are very welcoming, others seem more hesitant. The role of the researcher as an outsider trying to become an insider comes to mind. My nursing background does seem to help in terms of being seen as having some credibility. Today, I helped with a lady who had been incontinent with Cath, a worker, who also has a nursing background. I must check with Cath if she gets left to deal with more of the physical care problems because of her background.

I also felt that the staff did not always know how to use me particularly whilst I was attending the day centers. One day I noted:

Jenny and Barry (two workers) came up with two plans for going out. Jenny changed her mind about one plan because she told me that I wasn't a first-aider. She also wasn't sure about me being able to take Carry to the toilet. We had a chat about me still being a registered nurse and she agreed that I would be ok helping Carry to the toilet.

Walshe, Ewing, and Griffiths (2011) similarly recognize this dilemma and note that for researchers undertaking participant observation, it can be difficult to know how to position themselves. However, they also acknowledge that there are difficulties for those who are being observed as for them, the researcher's role and true identity are never really known. For someone, such as myself, undertaking participatory observation in a study setting closely aligned to my own practice, I maybe should have more carefully negotiate how I would engage with staff and service users during my time working with them.

Having worked hard to build relationships, I then had to withdraw from the field. As I was starting to come to the end of my time in each study setting I started alerting people to

the last day that I would be attending. This was important for myself and the participants. As I was finishing my fieldwork and interviews with this first day center up until seven days before I had my second son. On my final visit I was touched by the response from the elders. As I wrote:

Went to [name of day center] to say goodbye. Much to my surprise the elders gave me a gift, which they had collected for. They [had] bought me some toiletries and a nightdress.

Similarly when I withdrew from the support services for people with dementia and cognitive impairments, the staff and people who attended the day centers gave me flowers, cards and thanked me for all that I had done for them. At the luncheon club I was asked to give a speech, which they all applauded. These gestures made me realize that formalizing my withdrawal from the study settings was an important to the people I had met, as it was to me.

Discussion and conclusion

The main objective of my study was to identify the factors that influenced people's decision and choice-making processes when using or contemplating the use of care services in later life. This paper, however, illustrates how my decision to use participant observation was an appropriate starting point for undertaking fieldwork as this way of working enabled me to engage with and observe people in natural settings in order to gain a better understanding of: case studies, complex social phenomena and identify stories and experiences of particular relevance to the research study. I also found that working in this way also enabled me to build relationships with communities and to access experiences that may otherwise have remained hidden.

The aim of this study was not to produce findings that could be easily generalized to a wider population, but instead to produce what Le Masson, Moran, and Rohleder (2013) described as "Deep Citizen Insights" that can give service commissioners and providers more in-depth perspectives about the ways in which services do, or do not, work for people in a range of contexts and circumstances. Moreover, similar to the work of O'Sullivan et al. (2011) the findings reported in this paper are not about number, but about people and their stories and accounts which are more likely to resonate with people who provide formal care and support than be generalizable. The stories and experiences gathered during the course of this study more clearly identify how peoples' decision and choice-making processes were influenced by a range of personal and environmental factors that would have been more difficult to access through traditional service evaluations. In particular I was able to more fully understand how changes to physical and cognitive health problems affected peoples' abilities to independently manage their everyday lives, or acted as key prompts for individuals to consider or use services. The individual accounts of people's experiences were also important as they enable those involved in service provision and planning to understand the wider range of factors that affected individual decision and choice-making processes and to see that in some instances people felt they had no choice at all. As funding for care and services continues to be challenged, because of global financial pressures, ongoing research at the "deep citizen" level is required to evaluate the impact of these changes to individuals, community groups and the people who support them.

References

- Bailey, K. A. Baker, J. Spassiani, N. A., & Meisner, B. A. (2012). Investigating factors influencing research compliance gatekeepers of gerontological research: A pilot study. *Research on Aging, 34*(5) 499–506.
- Bekker, H., Thornton, J. G., Airey, C. M., Connelly, J. B., Hewison, J., Robinson, M. B., . . . Pearmen, A. D. (1999). *Informed decision-making an annotated bibliography and systematic review*. Southampton. The National Coordinating Centre for Health Technology Assessment. Retrieved from <http://discovery.ucl.ac.uk/15902/1/15902.pdf>
- Berlin-Hallrup, L. Heikkilä, K., & Bengtsson-Tops, A. (2010). Care workers' experiences of working in a Swedish institutional care setting. *Learning Disability Practice, 13*(7) 21-25.
- Boeckxstaens P., & De Graaf, P. (2011). Primary care and care for older persons: Position paper of the European forum for primary care. *Quality in Primary Care, 19*, 369-89.
- Borg, S. (2001). The research journal: A tool for promoting and understanding researcher development. *Language Teaching Research, 5*(2), 156-177.
- Bowers, H., Lockwood, S., Eley, A., Catley, A., Runnicles, D., Mordey, M., . . . Dalziel, S. (2013). *Widening choice for older people with high support needs*. New York, NY. Joseph Rowntree Foundation. Retrieved from <http://www.jrf.org.uk/sites/files/jrf/older-people-support-choices-full.pdf>
- De Almeida Mello, J., Van Durme, T., Macq, J., & Declercq, A. (2012). Interventions to delay institutionalization of frail older persons: Design of a longitudinal study in the home care setting. *BMC Public Health, 12*(615). Retrieved from <http://www.biomedcentral.com/content/pdf/1471-2458-12-615.pdf>
- Engebretson, J., & Littleton, L. Y. (2001). Cultural negotiations: A constructivist-based model for nursing practice. *Nursing Outlook, 49*(5), 223-230.
- Gibbs, G. (1988). *Learning by doing: a guide to teaching and learning methods*. London, UK: FEU.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Housley, W. (2000). Story, narrative and team work. *The Sociological Review, 48*(3), 425-443.
- Janesick, V. J. (1999). A journal about journal writing as a qualitative research technique: History, issues and reflections. *Qualitative Inquiry, 5*(4), 504-524.
- Kaye, S. H., Harrington, C., & LaPlant, M. P. (2010). Long term care: Who gets it, who provides it, who pays, and how much? *Health Affairs, 29*(1), 11-21.
- Labaree, R. V. (2002). The risk of 'going observationalist': Negotiating the hidden dilemmas of being an insider participant observer. *Qualitative Research, 2*(1), 97-122.
- Le Mason, B., Moran, B. J., & Rohleder, S. (2013). Radically rethinking public services. *Outlook, (1)* February. Retrieved from <http://www.accenture.com/us-en/outlook/Pages/outlook-journal-2013-radically-rethinking-public-services-government.aspx> [last accessed 29th September 2013].
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Linge, D. E. (1997). *Hans-Georg Gadamer philosophical hermeneutics*. Berkeley, CA: University of California Press.
- Marrow, C. (1996). Using qualitative research methods in nursing. *Nursing Standard, 11*(7), 43-45.

- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Martin, A., Jones, A., Mugford, M., Shemilt, I., Hancock, R., & Wittenberg, R. (2012). Methods used to identify and measure resource use in economic evaluations: A systematic review of questionnaires for older people. *Health Economics*, 21(8), 1017–1022.
- Mays, N., & Pope, C. (1995). Qualitative research: Observational methods in health care settings. *British Medical Journal*, 311, 182–184.
- Mitchell, P., & Koch, T. (1997). An attempt to give nursing home residents a voice in the quality improvement process: The challenge of frailty. *Journal of Clinical Nursing*, 6(6), 453-461.
- Mulhall, A. (2003). In the field: Notes on observation in qualitative research. *Journal of Advanced Nursing*, 41(3), 306-313.
- Newbury, D. (2001). Diaries and fieldnotes in the research process. *Research Issues in Art Design and Media*, 1(Autumn), 1-17. Retrieved from <http://www.biad.uce.ac.uk/research/riadm/issueOne/default.asp>
- Nies, H. (2006). Managing effective partnerships in older people's services. *Health & Social Care in the Community*, 14(5), 391-399.
- O'Sullivan, C., Gerald, D., Norman, W., & Mizan, J. (2011). *Good days & bad days. Stories of Ageing in the Community*. London, UK. The Young Foundation.
- Pole, C., & Lampard, R. (2002). *Practical social investigation: Qualitative and quantitative methods in social research*. Harlow: Pearson Press.
- Pretzlik, U. (1994). Observational methods and strategies. *Nurse Researcher*, 2(2), 13-21.
- Rodwell, M. (1998). *Social work constructivist research*. London, UK: Garland.
- Sava, I., & Nuutinen, K. (2003). At the meeting place of word and picture: Between art and inquiry. *Qualitative Inquiry*, 9(4), 515-534.
- Schoen, C., Osborn, R., Squires, D., Doty, M., Pierson, R., & Applebaum, S. (2011). New 2011 survey of patients with complex care needs in eleven countries finds that care is often poorly coordinated. *Health Affairs*, 30(12), 2437–2448.
- Scourfield, P. (2012). Defenders against threats or enablers of opportunities: The screening role played by gatekeepers in researching older people in care homes. *The Qualitative Report*, 17(28), 1-17.
- Stephens, C. (2011). Narrative analysis in health psychology research: Personal, dialogical and social stories of health. *Health Psychology Review*, 5(1), 62-78.
- Stokes, F., & Goudie, G. (2002). *The essential dementia care handbook: A good practice guide*. Bicester, UK. Speechmark.
- Tedlock, B. (2000). Ethnography and ethnographic representation. In N. K. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 455-486). Thousand Oaks, CA: Sage.
- Tetley, J., Grant, G., & Davies, S. (2009). Using narratives to understand older people's decision-making processes. *Qualitative Health Research*, 19(9), 1273–1283.
- Timseena, B. (2009). Participant observation in field research: An overview. *Nepalese Journal of Qualitative Research Methods*, 3, 75-86.
- Twamley, K., Puthussery, S., Macfarlane, A., Harding, S., Ahmed, S., & Mirsky, J. (2009). Recruiting UK-born ethnic minority women for qualitative health research – lessons learned from a study of maternity care. *Research, Policy and Planning*, 27(1), 25-38.
- UNFPA, UNDESA, UN-HABITAT, IOM. (2013). *Population dynamics in the post-2015 development agenda: Report of the global thematic consultation on population dynamics*. Dhaka, Bangladesh. Retrieved from <http://www.worldwewant2015.org/population>

- VanderStaay, S. L. (2003). Believing Clayboy. *Qualitative Inquiry*, 9(3), 374-394.
- Walshe, C., Ewing, G., & Griffiths, J. (2011). Using observation as a data collection method to help understand patient and professional roles and actions in palliative care settings. *Palliative Medicine*, 26(8), 1048–1054.
- Watts, J. H. (2011). Ethical and practical challenges of participant observation in sensitive health research. *International Journal of Social Research Methodology*, 14(4), 301-312.
- Whitehead, L. (2004). Enhancing the quality of hermeneutic research: decision trail. *Journal of Advanced Nursing*, 45(5), 512–518.
- Whitmore, E. (1994). To tell the truth. Working with oppressed groups in participatory approaches to inquiry. In P. Reason (Ed.), *Participation in human inquiry* (pp. 82-98). London, UK: Sage.
- Wolcott, H. (1990). Writing up qualitative research. *Qualitative Research Methods Series 20*. Newbury Park, CA. Sage.
- Zahle, J. (2012). Practical knowledge and participant observation. *Inquiry*, 55(1), 50–65.
- Zilcha, I., & Schneier, N. (2012). Out of pocket health expenditures: A suggested role for social security. *Risk Management & Insurance Review*, 15(2), 153-164.

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