Narrative analysis: A method of understanding the older adult experience of cardiac surgery

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To Begin...

- Disclaimers: none
- Acknowledgements
  - Connecticut Nurses Foundation
  - Jonas Scholar
Objectives of presentation

- Overview of Narrative methodology
- Review of use of Narrative methodology with exemplar
History of Narrative

- Ricouer and discourse analysis
- Narrative perspectives specific to disciplines
  - Medicine
  - Psychology
  - Sociology
  - Nursing
Narrative methods

Foundation of method
- Interviewing and observation
- Restorying

Types of narrative analysis
- Structural approaches (Labov and Waletzky)
- Thematic (Reissman)
- Dialogic/ethnopoetic (Gee)
- Visual/Performative
- Interactional
Contrasting approaches

- **Structural**
  - Abstract
  - Orientation
  - Complication
  - Evaluation
  - Resolution
  - Coda
  - “The way the story is told” (Labov and Waletzky)

- **Thematic approach**
  - Focus in on content (text)
  - “What is told”
  - Language is a route to meaning
  - Coding via grounded theory (open coding) approach or qualitative descriptive (content analysis)
Why utilize this method to understand the experience of older adults that have cardiac surgery?
Review(s) of the literature

Symptoms and recovery

- Conceptual understanding of recovery
- Symptom experience of patients who experience cardiac surgery

Experience of cardiac surgery

- QOL as a “measures of recovery”
- Qualitative studies of patient experience of cardiac surgery
### Summary Qualitative studies of the experience of cardiac surgery

<table>
<thead>
<tr>
<th>Preoperative</th>
<th>Intensive Care Unit</th>
<th>Post operative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Symptoms</td>
<td>Physical Symptoms Acute Pain</td>
<td>Physical Needs</td>
</tr>
<tr>
<td>Uncertainty</td>
<td>Psychological: Confusion, Loneliness, loss of control</td>
<td>Shock</td>
</tr>
<tr>
<td>Psychological Symptoms</td>
<td>Relational needs</td>
<td>Life Changing</td>
</tr>
<tr>
<td>Dependency</td>
<td>Conceptual Framework: Turning points</td>
<td>Relational needs</td>
</tr>
<tr>
<td>Loss of Function</td>
<td></td>
<td>Recovery</td>
</tr>
</tbody>
</table>

**Conceptual Framework:**
- Interplay of Anxiety, Chest Pain and Uncertainty
- Turning points

**Dis_connections**
- Normalcy
- Turning points
- Women’s Recovery
- Paradoxical experiences
- Expectations
- Feelings
- Life style changes
- Well-being
Gap in knowledge of older adult experience of cardiac surgery

What is the story of the older adult experience of cardiac surgery?

- Lack of holistic knowledge of older adult experience of cardiac surgery
- Lack of contiguous studies
- Particularly compelling in face of national and worldwide demographics
## Congruency between research question and method

### Narrative methodology
- Elicit the voice of the individual and to allow an unfolding of the individual’s story
- Meanings are constructed
- To see how respondents in interviews impose order on the flow of experience to make sense of events and actions in their lives
- To uncover what is shared or different between stories

### Qualitative Approach
- Patient experience
- Subjective
- Descriptive
- Exploratory
- Contextual
Addressing the gap in research

Research Question

- What is the older adult’s story of the experience of cardiac surgery?”

Secondary question

- What are themes expressed by older adult stories during recovery from cardiac surgery?
Method

In Brief

- 3 interviews (preop, 1 month and 2 months postop)
- 13 participants
- HyperResearch 3.0.2

Process

- Interviews and Observation/Memoing
- Transcription
- Restorying
- Analysis (content analysis approach)
- Iterative/Synthesis
<table>
<thead>
<tr>
<th>Chronology (used for restorying)</th>
<th>Experiential Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Story</strong></td>
<td>Childhood, young adulthood</td>
</tr>
<tr>
<td><strong>As an older Adult</strong></td>
<td>Current life experience</td>
</tr>
<tr>
<td><strong>Health needs before surgery</strong></td>
<td>General health at home</td>
</tr>
<tr>
<td><strong>Precipitating events</strong></td>
<td>What brought the participant to acute care</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td>Includes content on decision making, waiting for surgery, participant preoperative focus, current symptoms</td>
</tr>
<tr>
<td><strong>Rehabilitation in a Skilled Nursing Facility</strong></td>
<td>Stay in rehabilitation prior to discharge home after surgery</td>
</tr>
<tr>
<td><strong>Readmission</strong></td>
<td>Two participants were readmitted post discharge</td>
</tr>
<tr>
<td><strong>Home</strong></td>
<td>Home experience (post hospital or rehabilitation facility)</td>
</tr>
<tr>
<td><strong>Cardiac Rehabilitation</strong></td>
<td>Participating in or contemplation of enrolling in a cardiac rehabilitation program.</td>
</tr>
</tbody>
</table>
Thematic findings: the beginning of the story

- *Engagement; enjoying life and awareness of time passing*

- *Noticing a change: reflecting on alterations in physical symptoms*
### Content analysis example

<table>
<thead>
<tr>
<th>Chronology</th>
<th>In vivo unit</th>
<th>Sub category</th>
<th>Category</th>
<th>Descriptive Theme</th>
</tr>
</thead>
</table>
| Life as an older adult | “I was working very hard”  
“I couldn’t stand not working”  
“I’m a good worker”  
“I’ve been working for ten years”  
“I keep busy, working in the hills”  
“Been doing and doing for a long, long time”  
“We’re really doing everything”  
“I keep busy, working in the hills”  
“My body doesn’t cooperate. Inside it says, you’re young yet”  
“I’m probably one of the oldest [working at my job]”  
“Well, I’m very old”  
“Being my age, everything seems to be going backwards”  
“Of course, I don’t consider myself old” | Working | Keeping Busy | Engagement: working and being busy |
|            | “Well, I’m very old”  
“Being my age, everything seems to be going backwards”  
“Of course, I don’t consider myself old” | Doing a lot | Diverse Experiences of aging | Conscious of aging and time passing |
We go [fly fishing], two of my sons and I go for a week every... June. That was the other thing I told the doctor. I want to get in and get out [of the hospital] because I’ve got to be ready for fly fishing.... And I’m going to be [octogenarian]. I realize all these things are catching up. And it’s never gonna be like it was when I was in my twenties but I want to be able to enjoy these things, what years I’ve got.
I couldn’t stand not working... cuz it would drive me crazy if I didn’t work... I wouldn’t know what to do. Yup. Get up and lay in bed all day. Take a shower at nine o’clock. Eat breakfast at 1030, well at two o’clock you don’t know what the hell to do. So a friend of mine,... said, ‘Do you have any work? What’s the matter with you?’ I said, ‘[John] I’m going nuts!’”. He said ‘What’s the matter?’ I said ‘I don’t have an effin thing to do’…’Right’, he said ‘Why don’t you get a job?’ I said ‘Where?’ He said at [-----] … ‘I said can you get me a job there?’ He said ‘Yeah!’ ‘Take care of it for me’. Sure enough, he got me my job,... six years ago so I work at [____]... I’m what they call on call person.... “I’m probably one of the oldest [working at my job]”
Trustworthiness

- Credibility (prolonged engagement, persistent observation, analytic memoing, triangulation, and internal and external member checks)

- Fittingness/Applicability (detailed observation, and thick description as well as demonstrating congruence of the research question to the research method)
Trustworthiness

- Audibility/Consistency (decision trail, external audits, memoing)

- Confirmability/Neutrality (Reflexivity)
Thank you!