



Get the picture? Use of participant drawings in a novice's qualitative research

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Abstract

Introduction: This paper discusses participant drawing as data in an interpretive phenomenological research project (the 'Documenting in the Medical Record: Experiences of Engagement' (DIMREE) project), currently underway at a rural hospital. The researcher's reflections on using drawing are presented with a view to informing and encouraging other novice and early researchers about the possibilities of this method for rural health research. The paper also presents results of a review of a section of the analysed data from the DIMREE project that sought to determine how drawings add to the research.

The DIMREE project explores *experiences of engagement between patients and health professionals around medical record documentation in a rural hospital*. Semi-structured interviews and participant drawings were the methods adopted for data generation. Visual creative methods are well established as legitimate data collection approaches within interpretive phenomenology. These methods can 'give voice' where words sometimes cannot be found.

Method: Participants drew a representation of their experience of engagement around medical record documentation prior to a phenomenological interview being conducted. Participants were then asked to explain their drawing. The review looked at incongruences and similarities across three data sources: 1) participant interpretations of their drawing viewed in the context of a particular theme 2) interview data viewed in the context of that same theme 3) Participant interpretation of their drawing viewed in the context of the experience overall.. The review used one out of the four themes distilled from the data analysis. From this data two randomly-selected analysed participant data sets were interrogated to determine if the drawings as data 'added something' that might not have been identified through interviews alone. In addition to the review a personal written reflection summarised the novice rural researcher experience using the method.

Results: There was a level of incongruence between the data sources however using three complimentary data sources (drawing, participant interpretation of the drawing and interview data) was more valuable than relying on a single data source. There was context and metaphor within drawings, revealed by participants' interpretation. Drawings were a focus for the discussions that the participant reflected back to, both in their interpretation of the drawing and interview. The approach adopted may have helped maximise meaning-making for participants.

Conclusion: Asking participants to make a drawing of their experience can assist participants reflect on their experiences. Placing the drawing **prior to** the interview allows maximum time for this reflection and to share meanings of lived experience. There are limitations associated with using the method: more time is required of participants who agree to both drawing and interview. In addition analysis from multiple data collection methods is a resource intensive commitment for the researcher. Nevertheless it is recommended that qualitative researchers, both experienced and novice, consider the possibilities for the use of visual creative methods use in the rural context.

Introduction

This paper discusses a review of a section of themed data from the *Documenting in the Medical Record: Experiences of Engagement* (DIMREE) project to consider whether participant drawings contributed something unique to the project. This reconsideration of my own research is in the context that qualitative research includes creative visual methods as a key data source, and researchers using creative visual methods assert that these methods provide richer data than would otherwise be seen with interviews alone.

The researchers' reflection as a novice researcher conducting a project in a rural hospital are presented. Recommendations for other researchers contemplating the possibilities of this creative visual method are also offered.

Literature review and aim

Qualitative research methodologies, including interpretive phenomenology (2), the methodology on which the DIMREE project is based, frequently employ creative methods, which may be visual or text-based (1). In addition, the constructivist paradigm from which I enter the DIMREE project is suited to arts-based research using participant drawings, as the drawings do not present one 'fixed truth' (3).

A key motivation for my employing a creative visual method was that qualitative researchers recommend it to reveal lived experience (4) (5) (6); context (7) and elements of lived experience that might otherwise have been overlooked or ignored (8), or not readily or comfortably expressed through words (6, 7, 9, 10) – those 'inner stories' (11). These positive features I considered highly applicable to research that aimed to explore a specific hospital experience that involves patients and health professionals interacting.

Creative visual methods facilitate participants' reflection on the experience and thereby make sense of that experience (4) (12) (10) (13). I was attracted by the possibilities of drawings as a metaphor for complex emotions (11), where words might be too elusive or hurtful. And while characteristics such as stoicism and 'hardiness' may be seen as stereotypes for rural people (14), people in rural areas may benefit from methods other than 'words' to express their experiences related to illness and health care (15) (16).

It was also important to me that the visual method was practical – drawings are easy to obtain (7) with no special technology required.

As a novice researcher I took guidance from the recommendations of published researchers about visual methods in my research, as follows:

In design: I used different data methods – drawings, drawing interpretations by the participant and interviews, for improved validity; (13) (12). I considered the ethical implications, that can arise before, during and after drawings are produced (8), for example, the personal and intimate nature of drawings should be considered when publication is contemplated. I sought separate consent from participants to ensure they were comfortable that their drawings were published.

In conducting: For smooth narrative flow, I ensured the drawings were a contiguous part of the interview (12). Mays (7) and Guillemin (12) both asked participants to draw after interview questions. I placed the drawing **before** the interview: I was curious to see how the interview might be influenced by having the drawing in view.

In analysis: To avoid mis-interpretation, I did not interpret drawings but asked the participant to interpret or describe them, with some appropriate questions but allowing the participant to 'tell the story' – participants' drawing interpretation was then part of the data that underwent thematic analysis (7) (4) (5) (12). Field notes taken after drawing and interview informed analysis (17).

In publication: As well as using drawings as **process** (the data that is gathered, explored, analysed and interpreted), drawings are also be the **product** to disseminate new knowledge and help research reach diverse audiences (6). Burles (13) indicates that the images can communicate to others, including health professionals, what it is like living that experience. Thus I began to plan how drawings could be part of publications for different audiences

Armed with this information I conducted the DIMREE project and thematically analysed the data, but was prompted to conduct the review discussed in this paper by a published review that called for researchers using arts-based research to, in their writing, reflect and determine why the arts are important in research (6).

The review therefore aimed to consider in what way participant drawings might be contributing to my research: how were drawings increasing the possibility I could really 'get the picture' of a participant's experience?

The second aim for this paper was to reflect on my use of drawing as a creative visual method, as a novice researcher conducting a qualitative research project in a rural hospital. I offer insights into what I learned, and present recommendations for other researchers contemplating the possibilities of using drawing as a data generation methods - although my research was guided by phenomenology, creative visual methods can be employed by qualitative research that uses other methodologies.

Method

The method was a review and analysis of a section of the already-analysed data from the DIMREE project and a reflection on use of drawings as a method in the research.

The DIMREE project explores *experiences of engagement between patients and health professionals around medical record documentation in a rural hospital*. The project was conducted in a rural NSW hospital during 2014-2015 and analysis is currently just at the point of completion. Participants were invited to first do a drawing of their experience, they then interpreted their drawing for the researcher and lastly a semi-structured interview was conducted. Of the eight interviews conducted (three patients and four health professionals) seven participants agreed to do the drawing.

For this review to be of manageable proportions, just **two** participants' analysed data (one patient participant and one health professional participant) were randomly selected and reviewed. The source data for the review was:

- The transcripts of the participant's interpretation of their drawings in the context of the experience as a whole.
- The thematically analysed transcripts of the participants interpretation of their drawings in the context of a sub-theme
- The thematically analysed interview transcripts in the context of that same sub-theme

Theme 1 'Treat me as a person' was the selected theme, along with its subthemes 'person-centeredness'; 'depersonalisation'; and 'patient as activist'. This paper presents a summary of review findings for the sub-theme 'patient as activist', as an example. This sub-theme came out of several participant representations - both patients' and health professionals' - of patients who became frustrated with an aspect of engagement around the medical record documentation, with the result that they became their own advocate, and took action.

In addition to the review, I undertook a reflection on how I have used drawing as a method and what I have learned, in the context of being a novice researcher in a rural setting, and what I could do differently to improve my use of drawing as a method.

Findings

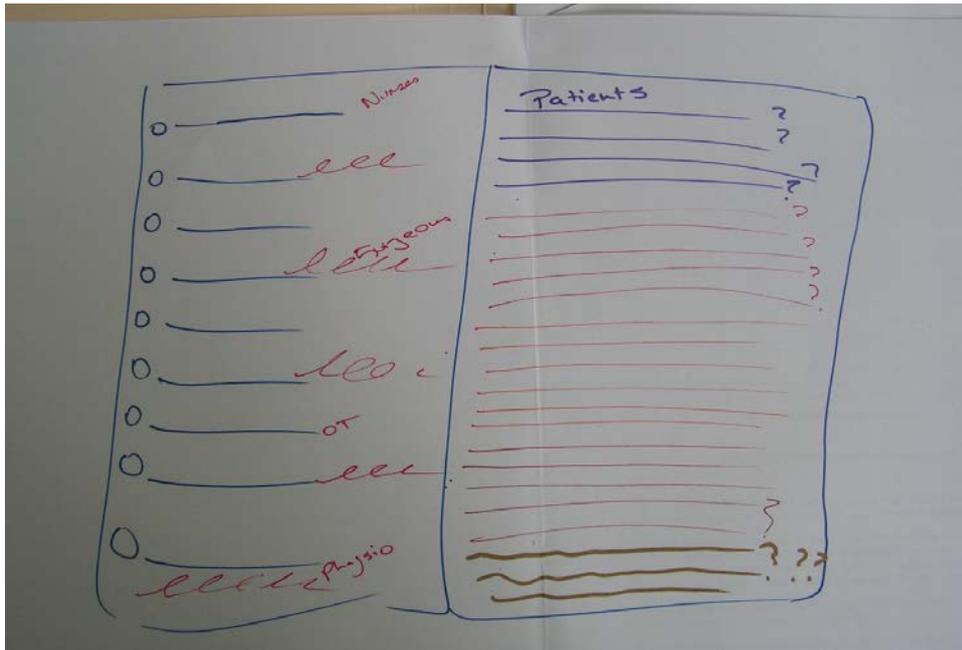
Findings are summarised through presentation of the drawing with **examples** for each of the two participants.

Examples firstly identify congruence or difference across themed data sources **within the sub-theme 'patient as activist'**. These data sources are 1) participant's interpretation of their drawing and 2) Interview data for the participant.

Examples secondly look at **participant interpretation of their drawing as a representation of the patient's experience as a whole** and highlight where the drawing and its interpretation, and the drawing process, seemed to contribute uniquely to the research.

Participant quotes are in *italics*.

Participant 'Lori' (health professional)



Example 1

A) The participant's interpretation of her drawing in the context of sub-theme 'patient as activist'

The participant's drawing takes up the whole page: it shows an open medical record with two pages of writing.

The participant's interpretation of the drawing describes her experience of how patients might react in a confused or angry way when they do not understand or agree with what is documented 'What does that weird shorthand mean'? And... 'Oh, I didn't know that was happening!' –

The interview transcript reveals a dramatic experience around this sub-theme, giving an example that builds on the patient's tension described above: 'This guy had just ripped out part of his medical record because he didn't like what had been written about him'.

The above two quotes illustrates shows how creative visual methods can be a **beginning** from which the participant develops their thinking: this is an anticipated development (12) (10) (5) (13).

In another part of the interview transcript, an idea about 'patient as activist' is introduced which was absent in the drawing interpretation. The participant promotes the health professional's need to assume responsibility for their own effective engagement with the patient, when the patient is 'being an activist':

'If someone has made a complaint about what has gone on then you shouldn't be defensive, but you might say "well obviously I could have done that better", or "there is something about my communication style that needs adjusting"...' This example of incongruence between the drawing interpretation and themed interview transcript illustrates why it is important to conduct analysis of all data sources **combined**. It may also be a manifestation of the instability of the drawing (12) (9): possibly if the participant had done the drawing after the interview or indeed in the following weeks it may have looked very different.

B) The participant's interpretation of their drawing in the context of the experience as a whole

'It's always kind of that balance between caring for the patient and you know getting to actually document.'

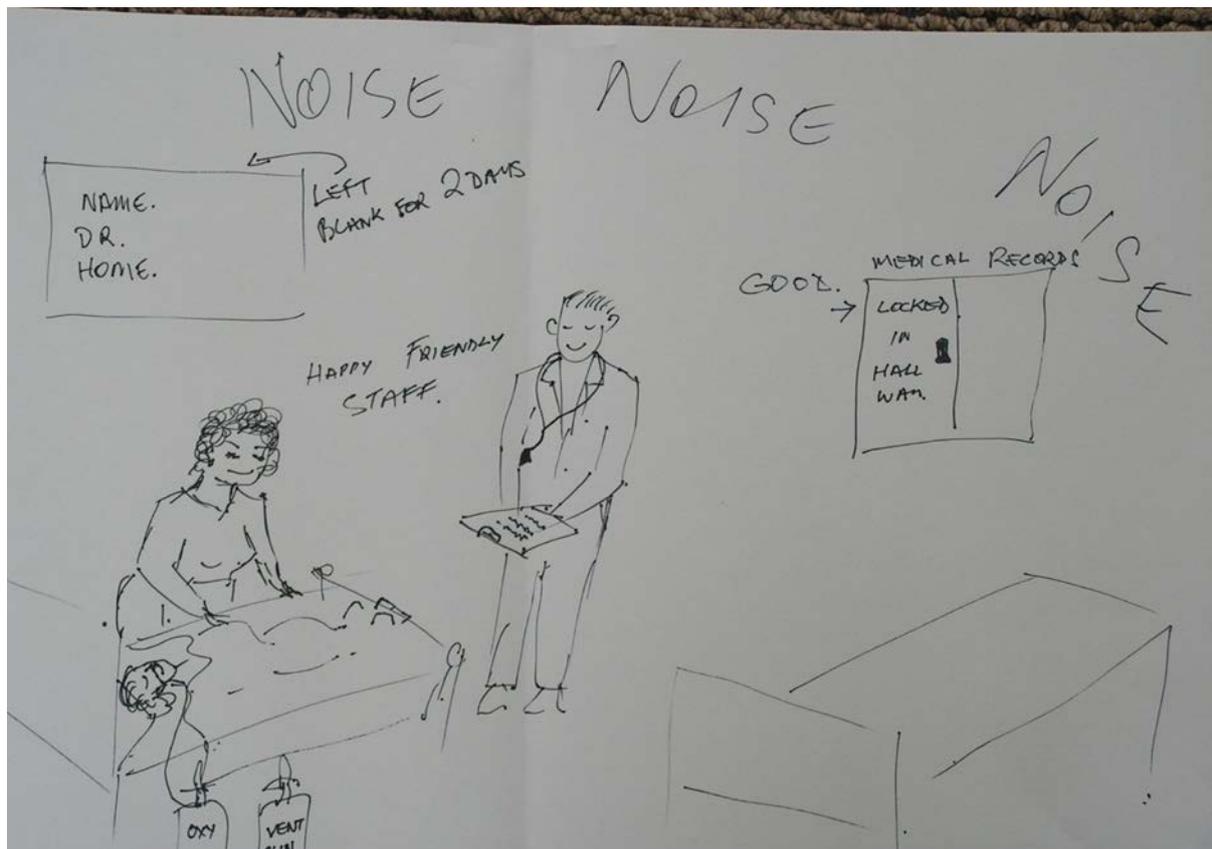
'...as much as I don't want to divide it [indicating separate pages for patients and health professionals] I guess it could be divisive from the patients point of view if they don't understand what's going on with the records'.

'...and the red pen means there's all that hurry about it you know you've got to get it documented, got to get it documented...the blue represents a nice cool calm collected day for you...'

'It's good for them [patients] to be able to read their notes as long as they are sort of happy to get an interpretation of it...but on the other hand it could be quite upsetting if they read something that hadn't been passed on to them, and [they might say] '...what does that mean?'...'

The above examples help build a 'picture' of the experience, especially when viewed alongside the drawing. **Metaphor** is seen in the use of red pen for 'hurry' and in use of separate pages (health professionals and patients 'not on the same page'). The **context** of the experience shines through: for the health professional, the experience is frequently rushed, as they try to both document in the record and engage the patient, to balance patient and health professional needs. The patient appears as potentially frustrated, being unaware of what is written in the medical record, and the health professional reveals empathy for that situation.

Participant 'Kim' (patient)



Example 2

A) The participant's interpretation of her drawing in the context of sub-theme 'patient as activist'

The drawing is of the participant - a patient- in bed with attending health professionals and medical records depicted, with multiple other content and context, both drawn and written on the page. Several additions to the drawing were made at different stages during conversation.

In the drawing's interpretation, the participant indicates she had activist intentions: 'If I could have got out...I was on oxygen [now stops to add oxygen cylinder and tubing to drawing] - so if I could've got out of bed and reach the board I would have [pause] I would have put my own name up' (she asserts

elsewhere that she sees the bedside white board as part of the medical record). The drawn oxygen is a metaphor for being very unwell, and unable to get out of bed.

The interview builds on the idea of patient as activist with a more concrete example: *'I rubbed out [incorrect name] and put in [correct name] and I went and told the nurse'*. This is another example of how the participant refines their thinking as the discussion moves on: having used the drawing as the starting point, she later gives a portrayal of herself as 'an activist' in another scenario; when she is no longer bed-bound.

The participant moving back and forth between her drawing and her interpretation of it, adding to the drawing during conversation, highlights not only the importance in conducting a **combined** analysis of the drawing and its interpretation (11) but also the importance of reflecting on the **processes** involved in creating the drawing and the text (17), for deeper understanding.

B) The participant's interpretation of her drawing when viewed in the context of the experience as a whole

Quotes from the participant's interpretation of their drawing draw attention to the contexts and feelings about the whole experience, as shown in the next two quotes:

'I was there in the ward 2 days before they put my name up. Or my doctor or any information, it was just blank' (this was the participant's opening statement when interpretation of the drawing was invited – she has reflected, and now brings this part of the experience to the fore - it is important to her).

'I was on oxygen' [now stops to add oxygen cylinder and tubing to drawing] *so if I could've got out of bed and reach the board I would have [pause] I would have put my own name up'*. Here the participant's words convey irritation about being restricted in bed; while the drawing of oxygen and tubing is a metaphor that seems to say 'that's why I was stuck in bed'.

The next two quotes exemplify how the participant reflects between the drawing and 'talk' - the drawing process is a way for this participant to 'make meaning' of her experience, as she adds context and nuance to the drawing, that is then further discussed. Discussion in turn facilitates additions to the drawn experience.

'And the nurse was here [now adds detail to drawing] ...a little smiley face – oh dear she wouldn't like that [face picture] - we'll give her curly hair, eyebrows... eyelashes.... She's tucking the bed in [Noise of drawing pen, long pause].

'I like the idea that they don't keep the medical records on the end of the bed any more, that they put them in the hallway [now draws cupboard for medical notes in 'hallway'] ... in a locked cupboard...'

The above two participant examples illustrate how different data sources can each express something unique about the experience, contributing to a rich yet complex evocation of the experience. These findings are in common with other researchers using the method, discussed elsewhere in this paper and summarised below:

- Incongruence or different emphasis between data sources is to be expected: thematically analysing two data sources (interpretations of drawings and interview data) in combination facilitates depth of understanding.
- Drawings show context and may have inner meanings: use of metaphor, which needs explanation by the participant, makes participant interpretation of their drawing a necessary part of the process.
- The drawing's meaning or 'knowledge' may be unstable over time (and in my experience the meaning **may** change even during the course of the interview)
- Participant drawings can be a 'first look' at an experience for a participant, provoking thinking and meaning-making about the experience. Some participants may 'complete' their drawing, move to talking, then go back to add to the drawing, making meaning as they go. In my experience,

placing the drawing just before the interview rather than at the end, enabled maximum time for this meaning-making.

Reflection on use of this method in this research project

The drawing and participant's description of it enhanced my ability (and willingness as a researcher) to 'dwell with the data' beyond thematic analysis, within that interpretive act – thinking - facilitated by writing and re-writing (18).

Participants responded positively and enthusiastically drew their experience. It was clear from participants' narrative that they used the drawing to help them think about the experience and make sense of it (12). With the drawing in view for the interview duration, the participant had more time to reflect: although it's possible that using having the drawing in view could be a distraction for some participants.

As a novice researcher I realised analysis and interpretation could potentially last 'forever', as one reflects, thinks, and writes. Analysis is time consuming and as a researcher working in a resource-limited environment of rural health one must be mindful of when to conclude.

One simple practicality that can mean the difference between a drawings being produced or not, is that drawing materials (coloured pens and drawing paper) should always be to hand.

When I was considering reaching audiences to disseminate findings. I realised that the drawings are there to be viewed by others, not just the researcher, as a representation of the experience, in suitable publications. The practicality here was to ensure I had reproducible good quality images of the drawings.

Lastly I reflected that using the drawing as a product in health publications had ethical implications. While participants might consent to use of their drawing as process, they may feel affronted if they saw their drawing being displayed as a product, for example in a journal, if this had not been fully explained and consented for –which I have done.

Things I could do differently

Make notes or possibly record the actual drawing **process** for analysis (17) , to capture thoughts and feelings expressed during drawing: this may be a potential source of valuable data in a research project with a phenomenological methodology.

If a participant does not wish to do the drawing I would ask them to describe what they'd like to draw: this is recommended by Guillemin (3).

I could try to be more consistent and probing when asking participants to discuss their drawing and less reliant on participants' volunteering this information (3): however given the phenomenological methodology that this research followed, it was fitting that there was not a rigid structure for questions about the drawing.

I could learn more about and employ analysis techniques used specifically for visual methods and incorporate them into future research (8).

Limitations of the review

This review considered one theme only, and for two participants in the study. A review using all of the themed data and drawings could have provided greater trustworthiness.

Although the intent of the review was to consider congruence across data sources and what each data source contributed, separating out one theme from the whole, or one data source from the others, seems somewhat contrary in the DIMREE project's overall research design and merely serves to highlight why using more than one data source, and doing analysis at more than one level, is crucial in qualitative research using creative methods.

Conclusion for the review

This review of a section of thematically analysed data from a current research project aimed to demonstrate whether drawings and participants' discussion of their drawings could reveal data not revealed in the interview alone.

In the review some incongruence between data sources was noted: this highlights the value of using multiple data sources and thematically analysing them in combination. The drawing and its interpretation, as the whole expression of the experience, showed **context and metaphor**, and in that way could add meaning to the themed data. The themed data sometimes showed an expansion of ideas first revealed through the drawings/interpretation: in common with the assertions of other researchers using creative visual methods, participant drawings can be a start for participants to think about and make sense of the experience.

An interesting finding was related to my situating the drawing just prior to the interview, rather than afterward, and leaving the drawing in view for the interview duration, which meant that during the drawing interpretation and interview process the participant could 'inform back' to the drawing (some participants took up pens spontaneously, to either emphasise part of the drawing or add different elements). This maximising of space for participants to **make meaning** throughout the drawing and during the interview may have opened up greater opportunity to fully reveal lived experience.

Recommendations from both review and reflection

Researchers using the method along with interviews should aim to maximise space for participants to 'make meaning' - during the process of drawing, during the interpretation of the drawing and during the interview. To 'inform back' to the drawing during interview requires the drawing to be done just prior to the interview, rather than afterwards, which may not suit all situations.

Researchers are advised to consider how the use of the method will be practically applied in their research, from design to publication. Especially in a rural setting, where resources for research may be relatively limited, I caution researchers that the analysis is time-intensive especially where a large data set is anticipated. Careful attention to design of the project should however lead to meaningful use of the method, and to analysis being feasible.

Researchers working in rural health care should consider using creative visual methods: **as process**, because of the possibilities to reveal lived experiences of rural people, and **as product**-in particular to reach diverse audiences including those not usually reached by health care research.

Acknowledgments

I would like to acknowledge the NSW Health Education and Training Institute (HETI) Rural Research Capacity Building program that enabled me to undertake the DIMREE research project on which this review was based. Thanks to David Schmidt from HETI, my research mentor Professor Karen Francis, and my manager Tony Robben at Southern NSW Local Health District for supporting me with helpful comments regarding this paper.

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Presenter

Sally Josh uses participant drawings as a data source along with interviews in Interpretive phenomenological research. She works as the research support/research governance officer in rural NSW, with improving patient experience and safety being a major clinical governance goal. Sally's research is into patient/professional engagement as part of medical record documentation in rural hospitals. Given that the aim of the work is to inform more useful and respectful engagement in health care, she considers the project meaningful as a health professional, as a sometime patient, and as a human. Sally has over 20 years' experience in nursing, has taught health professionals, worked as a rural health service planner, gained a public health masters by course work, and worked with a human research ethics committee. Having become interested in research methods, Sally is now enrolled in the NSW Health Education and Training Institute (HETI) Rural Research Capacity Building Program for novice researchers.