Uses of a research diary: learning reflectively, developing understanding and establishing transparency

Kathryn A Clarke explains how she benefitted from keeping a research diary during her study into chronic pain

Abstract
The author of this paper started a research diary to provide transparency to her study and to help her clarify thoughts and feelings – as well as to acknowledge factors that may have influenced her analysis. She found it helped in her development as a novice phenomenological nurse researcher through creative and critical thinking. She recommends all novice researchers keep a diary.

Introduction
It was always my intention to keep a diary while I was studying for my PhD. As such, I included it in my research proposal. Koch (1994) recommends the use of a field diary to help in establishing rigour in qualitative research, and it can also be used to help clarify thoughts and feelings. My research diary was started at the same time as I registered for my PhD. It was entitled ‘PhD ramblings’ and for the first few months it was no more than this. I jotted down ideas, wrote down questions for my supervisor and compiled lists of tasks to be achieved. Gradually, it took shape and as my writing developed I began to use it for more reflective thoughts, particularly. I noticed, when I needed some form of self-encouragement.
On reading past entries in my diary, I realised it was an excellent way to capture personal information if the writer wanted to impart it. My study adopted a phenomenological hermeneutic perspective to explore the lived and living experience of chronic pain. I planned initially to have a sample of 12 patients who attended a nurse-led chronic pain clinic. I decided to incorporate the diary as a means of collecting data for the phenomena I was studying as well as the low structured, highly focused interview. I added the research diary as an element of the research process, feeling that if I wrote reflectively at the end of each interview it could only enhance insight and develop understanding. It could also be used as an aide-mémoire when recalling the atmosphere of the interviews, the attitudes of the patients and any problems I encountered along the way.

All the diary entries following the interviews were written within two hours of the conclusion of the interview and followed the reflective framework I had developed using Maslow’s hierarchy of needs (Clarke 2004). Reflection was becoming a ‘buzzword’ in nursing and was often used as a means of learning after a critical incident. This disturbed me, as reflection was becoming associated with learning from a negative incident. As I had a dual role as clinical nurse specialist and lecturer practitioner, my reflection became based on acknowledging the negative but celebrating the positive and recognising future improvements. Reflection was no longer a means of scourging myself but became a means of recognising good practice under difficult circumstances without being an excuse for poor care.

To illustrate my research journey, my thoughts and feelings and how I developed as a phenomenologically-orientated nurse researcher, this paper uses excerpts from my research diary and some of the patients’ transcripts generated from their interviews and diaries. The patients were given codes which identify their gender and age: for example, M37 indicates a 37-year-old male patient.

**Nurse as research interviewer**

I had already done research previously, and felt comfortable with it. However, this new research demanded low structured highly focused interviews and I had decided I would undertake the interviewing of the patients myself, hoping it would increase my familiarity with the data.
Through my diary entries, I can see how I grew in confidence and skill at interviewing. The first interview [F56] I saw as a great success and the excitement I felt on completing this interview and the story it contained is reflected in my diary entry:

’I had to be very careful whilst listening to her story. On occasion I wanted to shout “yes!” I was so excited at what she was telling me.’

Not all of the interviews were as successful. In particular, the interview with M37 was ‘disastrous’. This was the only time I conducted two interviews on the same day, one in the morning [M48] and another the same afternoon [M37]. Two reflective accounts were kept and the contrast between them is remarkable:

’What a lovely interview! He [M48] made me laugh so much – I’m not sure if I should laugh whilst interviewing but it was his expressions, almost his innocence – and when I asked him about a life without pain and he said he’d think he was dead, well the two of us laughed so much. I’ve had such a lovely morning.’

’Disastrous. Absolutely disastrous! He [M37] spent the entire length of the interview looking at the tape recorder – he even turned his chair so he could speak to the recorder and not me! I laughed at one stage at something he said and then realised that it was totally inappropriate. The interview was like a text book monologue about Crohn’s disease. What a disaster.’

I did wonder whether the interview in the morning, where laughter was a frequent element, had given me a sense that this interview should follow the same course. If so, I had failed to suspend judgement and I had not given M37 the same amount of respect that each of my patients deserved. It was a lesson learned and I did not conduct two interviews on the same day again.

Now I realise that the interview was not disastrous and provided insight into the lived experience of chronic pain. The diary that M37 kept was extremely detailed and provided a glimpse into that experience. The relief I felt on reading his diary was also recorded:

’I am so glad I decided to use both interviews and diaries as a means of capturing data. M37’s diary is incredible, so detailed, so powerful and in places, so very sad.

I feel privileged to be given access to this man’s innermost thoughts and feelings.’

My emotion of feeling privileged continued. Interviews and diaries provided me with information that was extremely personal and gave me an insight into
the lives of their families, their employment and social lives and some of their innermost thoughts, feelings and concerns.

I did not expect to achieve self-actualisation in my role as interviewer but my last two interviews were conducted at a time of great stress in my personal life. I had been diagnosed with breast cancer in September 2004 and this had great implications for my research and was reflected in my diary:

‘Feel so cheated. My life now on hold whilst I wait results of biopsies – decisions almost taken out of my hands. A rollercoaster of emotions. Am so drained, and yet so full of nervous energy. I telephoned my supervisor this afternoon, couldn’t get hold of him at first and left frantic messages on his voicemail for him to contact me urgently. Fair play – one returned call later and he has agreed that a sample of eight will be okay (am not sure but even think this could be called emotional blackmail!!). Have interviews seven and eight booked, one tomorrow and one next week – won’t be able to do the closure interviews because will be having surgery and whatever comes after that. What a bloody awful way of getting the time to become a full time PhD student…’

I conducted these interviews with the knowledge that I had breast cancer, knowing that I would be unable to conduct the closure interviews, and yet I was able to still give my patients their diaries and arrange for the closure interviews. I was concerned that I would bias the interviews by revealing too much of myself. But on reflecting after each interview I felt that I had achieved two interviews that were equally comparable with the 12 (six initial and six closure interviews) that had already been completed. A moment of self-actualisation but not appreciated until later.

I wrote to my last two participants and explained that I would have to cancel their closure interviews with me. I provided them with clinic dates to ensure that any unresolved issues raised from the diary-keeping could be addressed by my colleagues in the pain service. I requested that the diaries be returned to me at home. Both patients complied, allowing me to conclude the research element of the study and commence the lengthy process of hermeneutic analysis.

Following my surgery, I received cards from both. I wrote in my diary following receipt of one card:

‘Received a lovely card off M74 and his wife today. wishing me well and stating how shocked they were to hear about my diagnosis. They even wrote in my card,
“When we received your letter cancelling the interview we had no idea how ill you were…” – just shows my manic behaviour at time of diagnosis wasn’t that manic that I didn’t appear normal – my interview skills must be better than I thought!”

Nurse as analyst

Hermeneutic analysis was a skill I had to learn. I had no previous experience of conducting hermeneutic analysis and it was a daunting task. To assist with data management, I had planned to use the NVivo computer program; all my transcripts were stored in my NVivo project and I had begun to generate codes and explore the nodes in it. Unfortunately, ill health stopped this progress. I did not have remote access to the program and was limited to where I went at certain periods in the treatment regimen. This caused me great frustration and my diary served as an outlet for anger. Fortunately, it also allowed me time to think, to consider and eventually to seek an alternative. The alternative was a manual analysis, involving highlighter pens, several copies of the transcripts, envelopes and scissors:

‘What a productive day. I have had great fun reading, highlighting and cutting and placing excerpts in lots of different envelopes all marked with the appropriate category.’

Although a time consuming way of analysing data, it provided me with an opportunity for reading and re-reading the data and developing an intimacy that might not have been achieved otherwise.

A further positive outcome of being interviewed was that for some of the patients, it was cathartic. I had not considered this before starting the interviews as I had been more concerned with the negative aspects of interviewing. I was concerned with issues related to increasing the pain being experienced because of the topic of the interview and perhaps exposing patients to memories they did not want to recall.

The realisation of the potential for positive outcomes came during my first interview. This patient [F56] was emotional throughout her interview. She had a long history of chronic bladder pain and had spent many years being treated by urology consultants before she was referred to a pain clinic. I had made the mistake of not having a box of tissues in the interview room, a mistake I had to rectify in the interview and never made again. I was fortunate that fetching
the box of tissues did not interrupt her train of thought. Towards the conclusion of her interview she said to me: ‘I think it’s probably done me a bit of good because it’s bottled in isn’t it?’ When I was giving her instructions on keeping her month-long diary she also said to me: ‘I don’t mind what I write; at least you won’t see me crying in there [points to her diary]. I won’t cry though, because this doesn’t happen very often. Yet you’ve seen me teary before, that’s because of the pain but today it’s because we’ve been talking about it. But normally I’m quite a happy person [F56].’

I found it interesting that this patient felt that she had to emphasise that she was normally ‘quite a happy person’. I had made her feel that she had to explain that she did not always cry, yet I had known her as a clinic patient for several years and knew her to be a well-adjusted woman. On reflection, I queried whether rather than trying to confirm to me her happy nature she was trying to convince herself that she was happy with her life:

‘I know F56 is lovely and that her life has been altered by chronic pain but I do feel she thinks about what her life would be like if her life hadn’t been affected in this way. What a hard life she must have if she is continually trying the resist the urge to say “what if” or “if only”.’

Interviews can be described as a ‘conversation with a purpose’ (Rose 1994). Although the purpose was to gather information for future analysis it was pleasing to think that there was a positive outcome for the patients.

**Discussion**

I included a research diary in my study design because it would contribute to establishing the audit trail necessary in qualitative research (Koch 1994). I also felt that I would develop further understanding and insight into my patients’ efforts at diary-keeping if I maintained a research diary parallel to theirs. Occasionally the process was onerous. I commenced a research diary from the day I registered for my doctorate. I have used my diary through all the research stages including the interview process, transcription and analysis, and I was still recording my thoughts and reflections as I worked towards the completion of my thesis. Jasper (2005) recommends recording all ideas that a researcher generates along the way as it can be considered coherently once an idea is committed to paper and then developed or discarded.
This process contributes to the development of understanding through an exploration of a particular issue. It allows for clarifying thoughts and feelings and can contribute to the development of critical thinking (Jasper 2005), which can only enhance the analysis of the data obtained. This becomes entirely person-dependent and a research diary is only as ‘good’ as the author wants it to be. What the researcher plans to do with the research diary will also affect the amount of effort used to maintain it. My diary started life as no more than a list of things to do and people to meet, but as the research progressed, it became a great outlet for frustrations, challenges and successes and I felt it enhanced my journey as a phenomenological researcher. As my diary writing developed, I realised it would contribute to the trustworthiness of the research and that strengthened my resolve to continue maintaining my research diary.

Reflection is considered in nursing practice and education to be a necessary and useful tool for learning (Hannigan 2001). Jasper (2005) suggests that reflective writing can be a means of learning through drawing attention to the outcomes and processes involved in that writing. My learning was clearly outlined as I realised the importance of suspending judgement and the influence of my beliefs and values. This was difficult on occasion and sometimes the diary was used to help me understand a situation from my viewpoint and then it allowed me to focus on the same situation from the patient’s viewpoint. Koch et al (2005) recommend the use of a research diary to enable disclosure of personal assumptions, presuppositions and choices which may influence interpretations of data and maintain an awareness in which the researcher’s horizon is operating. This poses an ethical dilemma about who is to say which presuppositions and choices are correct. In simple terms, this might be the research diarist recording judgemental views and deeply held presuppositions which may be in direct conflict with perhaps a more liberal view held by the patient.

Mantzoukas (2005) explored the relationship between reflection, research and bias, and states that if the researcher’s bias is acknowledged and made transparent throughout the study, it is reflexive rather than reflective. Freshwater (2005) argued that a researcher’s bias can never be completely acknowledged as he or she can only acknowledge what is conscious, proving the adage ‘we don’t know what we don’t know’.
Ethical issues
Diary keeping is seen as a personal activity in western culture and the reading of someone else’s diary without permission is regarded as immoral. Using a research diary and patients’ diaries in a qualitative research study gives the researcher permission to use those personal thoughts and feelings documented in that record. Great care has to be given to this process and respect to that author of that diary. While writing this paper, I was careful when choosing extracts from my diary to illustrate my research journey and constantly had to ask how much of myself I wanted to reveal to the reader. Can this lead to a lessening of the trustworthiness that a research diary can add to the research process? Alternatively, the diary can be used simply to jot down ideas as they occur although reflection of our beliefs can often provide personal insight which is always of value.

The critical thinking defined by Jasper (2005) presents further ethical dilemmas relating to the trustworthiness of our thought processes. Recording all ideas to allow a coherent consideration of those ideas prior to developing or discarding them relies on one person to make that decision. Making these thought processes public enables others to understand the rationale used in developing or rejecting ideas.

Although this article focuses on the use of a research diary to develop understanding and establish transparency from the researcher’s viewpoint, the patient must not be forgotten or overlooked. In a research diary will be the researcher’s thoughts and feelings from an encounter with a patient. I found my diary useful as a means of identifying why I sometimes felt uncomfortable with certain issues but it also meant that I was potentially passing judgement on my patient’s behaviour or beliefs.

Lessons learned
I would highly recommend the use of a research diary for novice researchers. It acts as a great resource, whether it is just as a prompt to ensure a box of tissues are available at the time of interview, to record people’s reactions, or to aid memories of how an interview went. From the perspective of research transparency, it allows others to follow the thought processes involved through the analysis stage of the research process. From the perspective of learning,
issues in research

researchers can follow their development as their skills develop. From a personal perspective, it provides thoughts and feelings to be captured and reflected upon providing personal insight into our beliefs.

Conclusion

My research diary was an attempt to provide transparency to my study through an acknowledgement of the assumptions and presuppositions that may have influenced the choices I made in my analysis. My research diary also helped to ‘develop thinking’ (Jasper 2005) and has been a vehicle for discovery and learning in my roles of researcher and analyst. Reflective writing has provided me with a means to develop as a novice phenomenological nurse researcher through creative and critical thinking while allowing me to analyse my motivations, values and beliefs parallel to those of my patients. It has been a personal journey of enlightenment and enjoyment. I would encourage all novice nurse researchers to maintain a research diary as a comfort, a resource and a means of providing transparency to the phenomenon under study.

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