Thematic analysis examples of stages

Adam Lewis and Phoene Cave listened to all audio recordings of each interview. Adam transcribed the interviews and both Adam and Phoene read and re-read transcripts independently. Both researchers then analysed each transcript on a line by line basis and created analytic codes which were then grouped into themes and sub themes. At this point themes were discussed and regrouped. Below are examples of themes and different codes created under within these themes. Under the theme ‘Benefits of SLH’ there are some example quotes taken from transcripts. Following the presentation of themes and codes we provide direct quotations from feedback from a SLH leader who was trained by the BLF but was not involved in the Service evaluation and a member of a well-established SLH who has a respiratory disease.

The value of training

Training good for resources
Training a stepping stone
Mentoring good
Singing CD valuable
Fantastic training programme
Facebook support appreciated
Training helps prepare to deal with people who will be more severe

Components of Training

Being with patients important for learning
Practical experience of meeting people with respiratory conditions invaluable

Support needed after training

Singing leader peer support important
Did not feel prepared
Ongoing support from other leaders beneficial
SLH leader quite demanding
Contact with trainer after training important

Reflections on learning

Novice practitioner
Training gives confidence
Training good to learn breathing exercises
Interactive learning with the group
Lack of prior knowledge of respiratory conditions
Not enough time on training courses
Anatomy and physiology useful
Mentoring
Better understanding of A and P
The training was intense
Training gave good basic knowledge
Very limited knowledge prior to training
Observation of other singing groups
Little understanding of how singing impacts on breathing
Becoming an expert takes time

Suggested improvements to training

Break out groups
Suggestions for training --- more time
More focus on singing

Financially viable?
Poorly paid
Flexible use of funding
Needing large numbers to fund group
Fundraising difficult
More help with fundraising
Concerns about sustainability
Payment considerations
Effort of running and sustaining funding for group almost too much

**Group Set up**

Organisational difficulties with CCG’s
Time consuming set up
Recruitment
Safety
Early in group development
PR visit to market the programme
Not singing for lung health
Undiagnosed people joining groups
Trial and error to get best practice
Confusion from potential referrers
New experience of group set up
Reluctant to set up a group
Competition with other services
Experience of set up difficult
A group set up is like a conversation with the community
Cohesion with local health centre important in set up
Time needed for group development
12 weeks just a starter

**Venue**

Considerations of a freelancer
Guidance from BLF
Accessibility
Location important for venue
Learning from failed experience
Linked venue with PR beneficial
Venue important
A familiar venue

Singing for Lung health as a Treatment

Becoming clinical a problem
Risks of running the group in hospital
Risks of referral
SLH on Prescription
Not confident to provide medical advice

The nature of referrals

Being referred to singing for lung health a good thing
Referrals alter the nature of running a group
Singing can make people feel vulnerable

The role of singing in the NHS

Singing available on the NHS
If singing were available on the NHS

Comparisons with PR

Differences with singing and PR
Benefits of SLH

Singing as respite
Fun
Singing improves symptoms
How singing improves anxiety
Releases endorphins
Social connectedness
Creating Intimacy
Singing a way of coping with Grief
Improved lung function
Reduces social isolation
Physical Activity
Strengthens muscles
Mental Wellbeing
Community
Being able to walk again
Examples of success stories
Improved respiratory symptoms through singing
Discussing music helps social cohesion
Creating a new culture

EXAMPLE QUOTES

Benefits of SLH

Reduces social isolation
it gives them an opportunity to get out of the house and do things with other people and and socialise with other people

Physical Activity

some physical activity, and some breathing activity, and it encourages them to deepen their breath by extending the you know outbreath, it encourages the feeling of wellbeing through singing and a feeling of connection, connection with others, and I think it helps people be less isolated

Strengthens muscles

if people want to have a go at that, even if they have to take a breath halfway through, its strengthening their core muscles and their breathing muscles

Mental Wellbeing

I would say its that kind of mental wellbeing aspect and then actually from singing you get that great rush of endorphins and it makes you more alert and energetic and things so theres that kind of benefit

Community

so that element of um being in a small community you’ve got, it immensely beneficial to all of them, um, first of all and then secondly, the common the secondary feedback is they are learning about their breathing and understanding more about it and they are putting it into practice

Looking at identity rather state of health

new songs are good because it’s a leveller, brings everyone together so there’s something about singing, music, someones identity

Being able to walk again

the social which I didn’t mention about or confidence of being able to walk again at the end there is a social connection

Mindfulness

bring a bit of mindfulness or meditation if you want the old term, mindfulness to breathing

Positivity

so theres energy, its social, the physical use of the lungs and the breathing and the awareness that they can, positiveness, positivity that they get from it and knowing that they can do this thing and not beating themselves up all the time, or their lungs.
The patient as a person

Allowing self management

Not wanting to talk about condition

People don’t want to talk about their condition singing

Embodiment

Looking at identity rather state of health

Increased awareness of breath is key

Difficult for some increasing self-awareness

Takes a long time to open up

Self-Management is learning about self again

Its about the life within them

Singing as Therapy

Singing as a lifeline

Reservations of coming to a group

Fear

Overcoming barriers just to get to group

Views of participants

Patients don’t think they can sing

Participants not really interested in the breathing exercises

Participant expectations
Dealing with lung disease

Illness expected in patient group
Concerns about caring for patients accounting for illness
Unprepared for acute health worsening
Worried about talking about condition medically
Unsure regarding the management of respiratory symptoms
Responsible for vulnerable group
Dealing with exacerbations
Not fully confident in running groups/components of the group
Being afraid of the outbreath
Achievement getting to a group
Determination

Personal Experience

Living with someone with COPD
Technical aspects

Repertoire challenging
Volunteers helpful
Adapting exercises as an expert practitioner
Limitations to singing with obstructive disease
Doing the group “in music”
Evaluation difficult
The Importance of Rhythm
A skill of adapting the repertoire
Aim to move with singing
Singing works because you are not thinking about breathing
What to include in a singing group
No one should fail
Have a safety net
Mindfulness
Positivity
Relaxation important
Making people feel safe is important
Avoided giving technical info
Diaphragmatic breathing
Counting exercises
Extending the outbreath
Rhythm naturally important for breathing
Defining SLH
A different pace needed
Call and response works
Complex repertoire and participants struggle

It's not a choir

SLH complex

A difficult balance with musicality and managing breath

Harmonies are difficult

Safeguarding

Posture Management

Don't use handouts

Choice of repertoire

Volunteer helpful

Combining singing and physical

Relaxation important

Not teaching

Meditation at the beginning good to focus

**Hard to maintain level of enjoyment**

Less enjoyment as group continues
Other codes and sub-themes

Network of support
Practical support from BLF
Representing the BLF
Structural support needed from BLF

Working with HCP
Positive local support from HCP’s
Poor response to BLF networking attempts with HCPs
Singing leaders preparation
Barriers from local HCP support
Concerns without HCP
No contact with local lead HCP
Wanting an HCP in the group
Need to see singing to believe it

Working with HCPs
Clinicians have to come to a group to witness its benefit

Singing group association with Breathe Easy
Difficulties with Breathe Easy
Close link with Breathe Easy is Ideal
Difficulties with Breathe Easy
Feedback from Jay Dowle: Singer within a SLH group:

- Nowhere in listing health/mental/social benefits does it in any way communicate or mention the sheer FUN the participants are having, which is an important draw/benefit.
- I'm right about that 'foreign' language bit. Senwa dedende, Epo I tai tai e and Yaku sine ladu banaha are chosen because they are chants and really fit with 'round' singing. They happen to come from 'world' music – Western music is not as rich with worksongs and chants – but calling them 'foreign' music is the wrong phrase. Polynesian/African music - by far the richest in tribal songs and chants – not 'foreign' in the way the word is understood.
- Although you go into quite a bit of detail about song sheets up don't touch on a very important feature. Does the teacher use a musical instrument - guitar keyboard - as part of the lesson. It makes a big difference.
- But I think it weakest feature is that it does not recognise the fact that teachers are generally coming from a performance background and it's their personalities which carry the class, rather than any standardised approach. (Far less true in Pul Rehab). Working with Ed, for example, is far more like singing along with a busker, than a 'lesson'.

Feedback from Emily Foulkes: Singing for Lung Health leader:

- I think what I would have liked to see is more clearly the components in the training perhaps with learning objectives attached to them which could then be used to assess the sessions you observed against. I think that from this you would see where there are strengths and gaps in practice (directly measured against the intended learning outcomes from the training). This could then form a set of competencies, skills and qualities needed to be an ‘expert’ SLH leader.
- Certainly, I think there could be more detail about what was included in the training and how this was used as a basis for the observations, even if there isn’t a more structured framework at this moment in time.