

## **Thematic analysis examples of stages**

Adam Lewis and Phoebe Cave listened to all audio recordings of each interview. Adam transcribed the interviews and both Adam and Phoebe 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 outbreak**

**Acheivement 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**

**Its 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.