

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.