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Participant Diaries as a Source of Data in Research With Older Adults

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Solicited participant diaries are an excellent source of data that has not been given sufficient attention as a data collection strategy for qualitative research. In a recent grounded theory study designed to explore strategies used by older adults to manage their chronic health problems, solicited diaries, when combined with an initial and follow-up interview, provided a rich source of data about day-to-day activities of participants. There were three options for maintaining the diary: written, audiotaped, or telephone conversation. The solicited diaries were guided by a set of open-ended questions designed to encourage participants to focus on daily activities and reflect on their values. The authors provide examples of data from participant diaries and suggestions for incorporating solicited participant diaries into data collection strategies for qualitative research.

Keywords: *older adults; qualitative research methods; solicited diaries*

Researcher journals have long been an accepted source of qualitative data for health research (Smith, 1999). However, the literature contains little mention of the use of participant diaries or journals as a data collection technique (Clayton & Thorne, 2000). The diary-interview method (Zimmerman & Wieder, 1977), which combines solicited participant diaries and face-to-face follow-up interviews, can be used to approximate participant observation. This technique can be a valuable source of data for qualitative research, particularly when extended periods of participant observation are not possible. The format of maintaining a solicited diary encourages the participant to focus on daily activities and reflections that he or she values. Although diaries might lack the nuances present in verbal communication (Begley, 1996), through diaries the researcher can gather information about the day-to-day activities of participants and then explore those activities during a subsequent interview (Elliott, 1997; Zimmerman & Wieder, 1977).

BACKGROUND AND SIGNIFICANCE

Unsolicited, personal diaries are an interesting source of data reflecting the writer's point of view. In a personal diary, the writer is writing for his or her own benefit, and

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usually the diary is private and not intended to be read by another person. The topics that are included are important to the writer, or they would not appear in the diary (Allport, 1942). Historical and biographical researchers often use unsolicited diaries to explore historical events. In health care, entries about health status found in unsolicited personal diaries can provide insight into the experience of individuals interacting with the health care system. For example, Jones (2000) used an unsolicited diary to explore the experience of an older man who was diagnosed with and treated for throat cancer. From the participant's diary, Jones gained insight into the patient's perspective on his interaction with health care providers.

Solicited diaries have a different focus from that of unsolicited, personal diaries. They are written with the researcher in mind (Elliott, 1997). In this case, the writer completes the diary reflecting on issues that are of interest to the researcher and with the knowledge that the diary will be read and interpreted by another person.

Solicited diaries are often used as a reflective intervention in clinical situations to help patients reflect on their experience (Campbell, 1992; Rancour & Brauer, 2003) and by health care providers to enhance their practice through reflection (Webster, 2002). Academics have also used diaries for the purpose of reflection on teaching and learning by faculty and students (Cameron & Mitchell, 1993; Ibarreta & McLeod, 2004; Landeen, Bryne, & Brown, 1995; Patterson, 1995; Scanlan, Care, & Udod, 2002). In these instances, the participant is both the observer and informant, providing the researcher with the "view from within" (Zimmerman & Wieder, 1977, p. 484).

Diaries can provide clues as to the importance of events for the participants and their attitudes about those events. The experience and attitudes can then be explored using various methods of participant checking. Clayton and Thorne (2000) used a written summary of the diary findings for participant checking in a study of women's health care experiences in the ninth month of pregnancy. We, like Zimmerman and Wieder (1977) in their study of a counterculture lifestyle, used face-to-face interviews for participant checks and elaboration of the diaries. The combination of a solicited diary followed by an unstructured interview focused on the events chronicled in the diary is a good method of obtaining rich data (Conti, 1993).

For a researcher to use solicited diaries as a strategy for data collection, participants must have a certain abilities (Meth, 2003). The first is literacy. The individuals must have the capacity to read and write in the language in which the research is being conducted. Second is physical capacity. An individual must have the vision to read and the hand coordination to write or type. In our study, we took advantage of modern technology to overcome these challenges. Unlike earlier researchers (Zimmerman & Wieder, 1977), we offered participants three choices for maintaining their diaries: written, audiotaped, or by telephone conversation with the researcher. In this way, our participants with functional limitations were able to participate.

STRATEGIES FOR USING DIARIES AS DATA

We solicited participant diaries as one form of data in a grounded theory study designed to explore strategies used by community-dwelling older adults living

with chronic health problems to maintain their health, dignity, and autonomy (Jacelon, 2004a). The theoretical framework for the study arose from a previous grounded theory study conducted by the first author (Jacelon, 2004b). In that research, the concept of personal integrity was proposed to explain the focus of hospitalized older adults. Personal integrity is a concept composed of the properties health, dignity, and autonomy. The 10 participants in this study were 75 years or older and had at least one self-identified chronic health problem. The range of chronic health problems reported by these participants included arthritis, high blood pressure, blindness, and postpolio syndrome, as well as others. One of the goals of the research was to explore strategies used across chronic health problems and not strategies that were for a specific disease process.

We interviewed older adult participants twice, approximately a month apart, and had them keep solicited diaries in between. During the first interview, we obtained a comprehensive health history using an interview guide based on functional health patterns (Weber, 2000), measures of functional ability (Granger & Hamilton, 1993; Lawton & Brody, 1969), and our previous research (Jacelon, 2004b). At the end of the first interview, we asked participants to keep a diary for 2 weeks. The diary was based on a set of questions designed to help the participants focus their thoughts on aspects of the concept of personal integrity (see appendix). The second interview was used to clarify information from the first interview as well as have the participant elaborate on the information in the diary (Zimmerman & Wieder, 1977). Like other researchers before us (Miller & Timson, 2004; Zimmerman & Wieder, 1977), we collected solicited participant diaries that addressed a specific set of questions, were limited in duration (7 to 14 days), and provided the foundation of a follow-up interview.

Participants lived in their own residences in the community. While participants kept diaries, we telephoned those who chose written or taped diaries approximately four times during the 2 weeks to remind them to complete the diary. For participants who chose the telephone interview diary, we telephoned every other day and asked the same questions verbally that the other participants were responding to in writing or on tape. At the end of the 2-week period, the diaries were retrieved, analyzed, and used to develop the questions for the second interview.

The researchers provided all equipment for participants to maintain the diaries. Those who chose written diaries were provided with a notebook and a pen. Participants using tape recorders were supplied with a tape recorder, two 60-minute cassette tapes, and a demonstration of how to use the machine. Of the 10 participants, 4 chose written diaries, 4 chose audiotaped diaries, and 2 chose to have telephone interviews with the researcher every other day for 2 weeks. The average length of response varied by documentation method. Handwritten diaries were an average of 12 notebook pages (range 4 to 27). The average length of typed transcripts from audiotaped diaries was 8 pages (range 4 to 16). The telephone diaries were the shortest, with an average double-spaced typed transcript length of 6 pages (range 2 to 10). The data from the telephone diaries tended to be the most concrete, lacking the introspection that was evident in the diaries using the other methods.

We analyzed data collected from all sources, interviews, diaries, telephone conversations, and field notes, using the constant comparative method (Strauss & Corbin, 1998). The questions used to guide the participants in completing diaries were not used in the data analysis. We derived the themes identified in the data analysis directly from the data during the coding process. We did not distinguish

information from diaries, interviews, participant observation, or telephone conversations in our data analysis. As subsequent interviews and diaries were analyzed, we modified the second interview questions to address the emerging theory.

EXAMPLES OF DATA FROM DIARIES OF OLDER ADULTS

One to 2 weeks is the optimal time for keeping a solicited diary. There was a pattern in the comprehensiveness of the diary entries. The first few entries were tentative and brief. The participants answered each question succinctly. For example, on Day 1 of keeping the diary, a participant made this entry: "Today I got up early in the morning. Took a bath, made breakfast, I took the medicine. I have to take one a day. I got ready to take my daughter down to the bus." There was no reflection on the meaning of the activities; the participant simply provided a chronological listing of her or his activities for the day.

At the beginning of the second week of maintaining a diary, the same participant as above made this entry.

To me every day is a good day. I'm always happy. It comes by nature and runs in the family. When I'm near people, I like them to feel good, happy too. If I see a person that I know, I give a hug and a kiss in appreciation.

The participant had become more comfortable with the format of keeping a diary and was more reflective in her writing.

As participants became more comfortable with maintaining the diaries, the introspection in the entries increased, and the self-conscious comments decreased. In reflecting on his financial status, one participant said, "While we have earned good money in the past, however, we don't have much money now. And that does affect our life. Everything we do is affected."

The diaries were particularly useful for tracking the daily health activities of participants. Each participant reported what medications he or she took and at what time of day. They included the numerous dietary supplements in the list of medications. One participant wrote, "I took my Vitamin E, Glucomine Chronitin, garlic capsule, and Zestoric along with breakfast . . . A pain struck as I bent over, this prompted taking the pain medication. I can not afford a weak back with spring in the offing." Another participant reported taking five different vitamins as well as a daily aspirin and physician-prescribed medications. Some participants noted their daily exercise routines, which included yoga, stationary bicycles, stretching, and gardening, and, in one case, using a finger ladder to maintain arm function. One participant provided detailed accounts of when she took her medications, measured her blood pressure and her daily blood sugars, and recorded her decisions about how to use her breathing equipment.

At the conclusion of the 2-week period, although most participants were still writing or recording, some participants reported "running out of things to write." During the second interview, one participant said, "Well, it [keeping the diary] was interesting in the beginning <laugh> and then it got to be a bore. It did. It really did. It [2 weeks] was too long towards the end."

After each diary was collected, we read or listened to it and formulated questions for the second interview. We phrased questions in such a way as to refresh the participants' memory about their comments, and we had them elaborate on the activity. For example, a question might begin in this way: "In your diary you mentioned . . ." or "Please tell me more about . . ." These follow-up questions were used to encourage participants to reflect on the meaning of the activities addressed in the diaries.

In addition to answering the questions posed by the researchers, the diaries were a rich source of information about the participants' values. Participants addressed many topics in their diaries beyond what was asked. Some participants included newspaper clippings, programs of events they had attended, pressed wildflowers, and prayer cards. One participant, a retired engineer with peripheral neuropathies in his hands that were too severe for him to be able to write, and severe dysphasia as well, thoroughly cleaned the recording heads on the tape recorder lent to him so that the recording of his speech would be as clear as possible. Another participant, an African American woman who was very involved in working with schoolchildren on issues of race, included materials on Martin Luther King and Black History Month. Yet another participant, who prided himself on his sense of humor, included a daily joke in his recordings.

Individuals' responses to keeping diaries varied; whereas some participants felt honored to be asked to share their lives, others found keeping a diary of daily activities difficult. One participant wrote, "I have enjoyed being an object of your research. It, in itself, has built up my respect and self esteem." In contrast, another commented, "I know I'm supposed to spend about 15 minutes on this machine [tape recorder], but I really don't have anything to say." Some participants were better disposed toward keeping journals than others; therefore, some diaries included stories, whereas others merely contained a list of activities. In most of the diaries, participants directed their comments to the researcher. This was especially true of the audiotaped diaries, which were punctuated with remarks like "That's all I have to say for now, goodnight," or "I'll give you a list of my pills, I apologize, I forgot to do it before."

CONCLUSIONS

Solicited participant diaries can be a useful strategy for data collection when periods of prolonged participant observation are not practical. The diaries can provide a rich source of data. The optimum length of time for recording solicited diaries is between 1 and 2 weeks. Less than a week, and the diaries did not have sufficient depth of data; more than 2 weeks, and participants tired of making regular entries. Using more than one strategy for obtaining diaries, such as audiotape, written, or telephone interview, broadens the participant pool by capitalizing on participants' individual styles while working within their capabilities. For eliciting intense, reflective diaries, telephone interviews were the least effective. Researcher follow-up increases the volume of data by reminding participants to write or record regularly. Solicited diaries can provide participants with a means to respond to researcher-requested topics, as well as to record reflections that communicate the stories of their daily lives.

APPENDIX

Journal Guidelines

The purpose of the journal is to give the researchers a way to see what your daily activities are like. Please spend at least 15 minutes a day either writing in the diary or speaking into the tape recorder as if you were writing. Please comment on anything you think will help me understand what it is like to live with chronic health problems. The following list contains examples of the kinds of things I hope you will comment on.

1. Health

- What activities did you do today that were related to your health? (Taking medications, going to the doctor, having your blood pressure checked, taking vitamins or herbal medicines, wearing copper bracelets or magnets, etc.)
- What time of day did you do them?
- Who was with you when you did them?
- What things did you think about today in relation to your health?
- Did you make any decisions about your health today? What were they?

2. Dignity

- What activities did you do today during which you felt dignified? Why did you feel dignified?
- What activities did you do today during which you felt undignified? Why didn't you feel dignified?
- What happened today that you felt respected by another person?
- What happened today that you didn't feel respected by another person?

3. Independence

- What physical activities did you do today? (Getting dressed, exercise, going to the store, etc.)
- Did you have any trouble with these activities?
- What activities would you have liked to do today if you could have?
- What things did you do today that someone helped you with?
- Was today a good day? What made it a good day?

4. Other thoughts or comments

- Please spend a few minutes writing or talking into the tape recorder about how your life is general and how your age and health status affect your life.
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