

Journal keeping - an important tool for  
health education researchers.

#### ABSTRACT

The dynamic nature of health education practice requires researchers in the field to utilise a variety of means to understand that practice. This paper will examine how learning can occur through journal keeping creating 'reflective practitioners' in the field of health education. The sensitive nature of the content that many practising health educators may confront - HIV/AIDS, child protection and loss and grief involves personal attitudes, experiences and beliefs of the educator. Health education is based on principles of empowerment, participation and collaboration, that is, the process is an important part of practice. These processes need to be understood and elaborated. Journal keeping can be useful to bring all of these issues to consciousness.

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The practice of health educators in Australia has undergone enormous change in the last decade. Those at the forefront of their field are now likely to be working with individuals and groups to bring about policy or structural change, creating supportive environments for health. A far cry from the information giving sessions or poster and pamphlet production of 15 years ago.

In this changing field, how do health educators develop skills to work in a different way, learning from and improving their practice? This paper will outline the contribution journal keeping can be to this endeavour.

For the purposes of this paper, health education will be defined as:

....the combination of planned social actions and learning experiences designed to enable people to gain control over the determinants of health and health behaviours, and the conditions that affect their health status and the health status of others (Dhillon & Tolsma 1991, p.1).

Health education researchers are all those involved in this endeavour, the academic researchers, the grass roots practitioners and the 'clients', those included and empowered by the activities. They are all researchers because their involvement will increase the knowledge in the field. These people need a mechanism to assist them to reflect on their experiences. Journal keeping has the potential to provide such a mechanism. It is a technique that has been used widely, for therapeutic purposes (Progoff 1975) for teacher professional development (Holly 1989) and in varying forms in anthropological research (Van Maanen 1988). For the purposes of this paper:

A journal is a reconstruction of an experience with both objective (facts) and subjective (feelings and interpretations) dimensions with a consciousness of the differentiation in the form of a dialogue between and among the various dimensions of experience..... A research journal is a tool for focussing on a specific topic, documenting ideas, data, evidence along the way for both formative and summative evaluation. It allows

comprehensive descriptive documentation, the keeping of analytical and interpretive notes and a record of procedures and interactions (Holly 1989, pp.20,21).

Journal keeping is a form of story-telling of how human beings experience the world (Connelly & Clandinin, 1990). It, as a research tool for health educators reflects an ecological perspective of health - a social view of health that is not concerned with 'tracking down risk factors' (Owen and Lennie in Baum, Fry and Lennie 1992) but with understanding health as an interaction of individuals with their environment.

To suggest journal keeping (a qualitative technique) is a valuable tool for health education researchers also reflects an orientation to how knowledge can be developed in the field, that is by studying and documenting in depth, the environment of interest, and by 'observing our observing' (Holly 1989, p.143). It provides the means for critically looking back on documentation of experiences and observations and their interpretation.

Journal keeping as a tool for researchers in health promotion and health education may not be readily accepted by the positivists in the field, but the very nature of what we are trying to document in many instances dictates the necessity for methodological tools suited to our research inquiry. This paper will not argue for the paradigm shift, that has been done elsewhere (Baum 1992), but it will establish the contribution of journal keeping to this new paradigm.

Journal keeping has been utilised extensively in professional development of teachers, (Smyth 1986, Holly 1989, Kemmis & McTaggart 1988b, Oberg 1990) but it is a technique that has intrinsic value for professional development of health educators as well. We need to understand how health educators construct the world, because of the burgeoning knowledge in the field. As researchers we need to develop means of distancing ourselves from the field in order to delineate what is happening. For academic health education researchers the rapid growth in knowledge requires us to develop a means for theory building, critically looking at what is occurring.

Some of us are also involved in the training of health educators, how do we encourage them to be 'reflective practitioners' (Schon 1986)?

For the second year in a row I have involved some final year undergraduate Bachelor of Education Primary students in an action research project with the local primary school. I had the aim of trying to teach them about the Health Promoting School through an action research mode, so that they would come to an understanding of the role of such processes as collaboration (with school students, teachers and parents) and empowerment (of themselves and others). They documented their experiences by keeping a journal, writing in it once or twice a week, depending on their current activity. Numerous benefits can emerge from this process (Fulwiler 1987). As a final entry I asked them to write what they had learnt. Their entries reflect their experience of empowerment and collaboration:

'I really feel proud of our efforts and I feel we have gained so much from being active participants in such a large scale project. I know I at least applied myself to the task and although it was stressful and strenuous at times, I can look back now and see it to have been worthwhile. We have developed important essential skills which we will need when we begin work in schools and will know how to function as responsible members of a team.'

'At the beginning of the project I thought this year would be a waste of time. But it hasn't. It has taught me many skills - communication, co-operation, equal workload, how to work together and it has allowed us to get to know each other a little better. We've learnt all the steps in a project, how to liaise with people and submit grant applications and reports.'

Journal keeping for my own current research has helped me in two ways. Firstly, with ethical concerns that have practical implications (Cowles 1988, McElroy 1990). I am researching the area of loss and grief and schools. This is a sensitive area of people's lives - in this instance the lives of the school students, teachers and parents. I am interviewing people about their experiences. The value the journal has been for me is in documenting where I am 'at' as a researcher during the research process. For example, an entry I made about 3 months ago:

'As I contemplate probing more deeply about loss and grief I feel worried about opening up a "can of worms" - either activating things people would rather not talk

about, or opening up things and leaving them vulnerable, because in my research role I am not able to support them except by referring them on'.

This entry highlights the ethical/practical dilemma I had been facing in this research, relating to a past career as a counsellor. What kept running through my mind was the thought "at least do no harm".

I had failed to probe too deeply in earlier interviews because of lack of clarity in my mind about my role and about how I could protect my respondents. This I now understand to be a clash between what Peshkin (1988) refers to as the various "I's" we bring to the research process. In this case it was a clash between my "Research I" and my "Counsellor I". Once I identified this I subsequently accounted for it by checking with interviewees at the end of the interview about whether they felt alright to return to class. I had also been affected by feelings of anxiety 'heightened by the anticipation of interacting with vulnerable subjects involved in sensitive situations' (Cowles 1988, p.173).

Later that month another entry records my discomfort, yet admiration for the staff member I was interviewing and my formulation of a theme to pursue in my research:

'Tears welled up twice in Fred's (pseudonym) eyes when he was talking to me, but he was prepared to keep going - despite the telephone interruptions (twice). I felt uncomfortable pushing him to elaborate e.g. 'why were you distressed when the students started crying?' This is the issue for me - he was upset but had to leave twice to answer telephone calls ie to go back to 'normality' without anyone knowing he had just been talking about his own losses and how upset he was with the student's distress.....Is this the essential problem about loss and grief in schools for teachers - the need to maintain 'normality' no matter what is going on inside for you?'

For me, journal keeping is also providing a means for documenting, during the research process, the elements of personal history that I may, on later reflection, be able to link into the content thereby coming to understand the issue more clearly. All researchers bring their personal histories to the issues they are concerned about, particularly in relation to the highly sensitive issues many of us deal with, sensitivity created by:

- \* the political context e.g. in the Australian health field the move to goals and targets and performance indicators and how we feel about this approach;
- \* or the social context e.g. researching HIV/AIDS in prisons;
- \* content e.g. HIV/AIDS, child protection, loss and grief or child protection (Rowling 1991).

We need to understand how individual morality influences the roles of HIV/AIDS educators and researchers, how someone's experience of being abused as a child influences their work in child protection. We need to have the means to reflect on how our past influences our thoughts, feelings and behaviour and how they interact with the research process.

Additionally, journal keeping has provided me with a form of 'debriefing'. That is, the writing process has a cathartic effect after emotionally charged interviews.

The second way journal keeping has helped me is in documenting my experiences and observations as a participant observer on a school policy committee, a committee that is developing a critical incident management plan. The membership of this committee is quite a departure for the school. It is the first time they have involved a parent, the school nurse and the local beat police in developing school policy. My journal records seating, verbal interactions and observations.

Over 4 meetings I have developed a picture of collaboration in action, how it is operationalised. I use this as a basis for interviews with the committee members, probing more deeply about their thoughts and feelings during particular interactions. Journal keeping thus provides me with the means of understanding and articulating the process of collaboration.

So far in this paper I have been referring to, for want of a better word 'professional' health educators, but I did define health education researchers as all those involved in the endeavour. What value might there be in journal keeping for other participants for tapping the 'lay expertise' (Minkler 1989 p. 27)? Another process that health educators are concerned with is empowerment. Journal keeping provides a means for participants to identify their own development and to have the means to improve their skills, not so much

by telling people, but encouraging them to critically analyse what they are doing (Kemmis & McTaggart 1988b), in what context, documenting knowledge at a particular level (Colquhoun 1991), a level often ignored. Hopefully this will improve their skills of autonomy and participation in community life (Buchanan 1992) particularly as 'lay persons are often sceptical or unwilling to cooperate with conventional research because they fail to see how such research will benefit them' (Israel 1985, p.76).

As all involved in health education begin to document what they do, how they feel about what they do, what view of the world this reflects and the context in which it occurs - patterns, dilemmas, inconsistencies between aims and actions will emerge for further reflection. When all parties involved in the research endeavour tell stories of their research relationship, they have the possibility of being stories of empowerment - collaborative stories (Connelly & Clandinin 1990). A researcher into teacher education described the collaborative nature of that research as 'one in which all participants see themselves in the community' (Noddings cited in Connelly and Clandinin 1990 p.4). These could very easily be words describing the philosophy of a community development approach to health education, which aims to break down the barriers between health educators and community members. Reflection by all, on events (through journal keeping) will create a situation for all voices to be heard (Connelly & Clandinin 1990).

In conclusion I see journal keeping can make a major contribution to health education by:

- \* developing reflective practitioners,
- \* acting as a supervisory tool for those involved in training health educators to be socially critical,
- \* bringing to consciousness, the various 'I's' in the research process,
- \* helping delineate the levels of knowledge and the process of collaboration,
- \* providing a means of coping with the practical/ethical issues that arise in research on sensitive health issues,
- \* as a tool for empowerment.

Everyone needs to have their practice documented, for as Mohan Singh (1988) said:

It is written that the lion shall lie down with the lamb;

The lamb's opinion of this arrangement is not recorded.

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