

## **Exposing diversity**

A methodological approach to the use of video in interdisciplinary practices

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### **Abstract**

Video has been used extensively in professional practices to qualify communication processes. However, there has been little investigation and theorization of the interplay between the methodological use of video and how it contributes to collaborative learning processes. The purpose of this paper is to introduce an analytical framework for using video in collaborative learning processes in an interdisciplinary context. Interdisciplinary collaboration has been pointed out as one of the most important strategies in response to the complex health challenges of modern society. In the paper we draw on the findings from a pilot project in which we combine approaches from different areas of the visual research field, more specifically visual ethnography and professional development studies. We show two 5 minutes long video narratives to three interdisciplinary focus groups in a nursing home setting and the data consists of video recordings of these three focus groups, approximately 5 hours of video footage, together with written reflection just after the video and at the end of the focus group session. The analytical framework for the analysis are based on social learning theories in combination with elements from literary theory in which the video narratives can be looked on as textual structures with gaps. The meeting between the text and the reader/viewer and how these gaps are filled depends on the reader's personal and professional competences and preferences in the sense making process. The findings show that the participants interpret the video narratives very differently and that the negotiation of meaning in filling the gaps initiates collaborative learning processes.

### **Key words:**

Video, interdisciplinary, collaborative learning, elderly care

## Introduction

The purpose of this paper is to introduce an analytical framework for using video in collaborative learning processes in an interdisciplinary context.

Interdisciplinary<sup>1</sup> collaboration and education is pointed out as an important strategy in response to the complex health challenges of modern society (Oansandan & Reeves, 2005). Interdisciplinary learning rests on the development of a mutual understanding between the different professions. This implies an insight into the other professions and their contribution to a specific practice. In interdisciplinary collaboration it seems to be an inherent challenge to maintain each profession's generic traits while adapting to and integrating traits of other professions in the mediation of decision making processes. Interdisciplinary work, then, involves a synergy between different perspectives – both the explicit and seemingly more professional and, not least, the more latent, blind and common sense perceptions of the world professional practices are built on (Axelsen & Olesen, 2002; Schutz, 1964/1971). These common sense and tacit notions imply moral obligations what one can or cannot do and also what is considered to be right or wrong. Common sense ideas and values can be seen like cultural code embedded in each professional - a blind and self-evident partner, created and affirmed by professional actions in practice. Interdisciplinary and collaborative decision making processes can, therefore, be qualified if the different professionals learn more about each other's professional common sense reasoning and priorities. In this regard, we assert that a precondition for a deeper interdisciplinary learning and understanding is to facilitate an awareness of the differences in different professionals' common sense perceptions of the world.

Video has the potential to convey an understanding of tacit and common sense perceptions of the world because the visual is a pathway to the non-visible and to the domain of feelings, intellect and remaining senses (MacDougall, 2006, p. 269). It creates a sensory interchange which transforms the image into an experience of how it feels (MacDougall, 1998, p. 51). Because video integrates words and images it allows for the viewer to engage in the understanding on a deep and multifaceted level (Nørtoft & Hansen, 2013). In other words, video has the potential to elicit the viewers' silent and common sense knowledge of the world.

In education and professional development projects video is used widely whereas ethnography mostly is associated with anthropology. In recent years, video is

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<sup>1</sup> The prefixes "multi" and "inter" are often used interchangeably (Oansandan & Reeves, 2005). In this paper we choose to use the prefix "inter" together with "disciplinary" and not "professional" because some of our informants do not belong to a profession in the strict meaning of the word.

increasingly used in other arenas outside academia such as, for example, design, business and development. However, previous research using video in interdisciplinary settings have mainly focused on how video qualify communication between different professionals and not theorized learning and the way in which video can mediate collaborative learning processes in an interdisciplinary context.

In this paper, we present a pilot project in which we draw on different traditions within the arena of visual methods. We introduce video narratives for different professionals in focus groups in a nursing home setting. These focus groups are video-taped and we analyze how the focus group participants negotiate the meaning of the narratives and if/how these negotiations instigate collaborative learning processes.

The paper is divided into 4 parts: Firstly, we review the literature on video as a reflection and developmental tool in research and practice. Secondly, we introduce the pilot-study, the video narratives and describe how we have facilitated the focus groups. Thirdly, we elaborate on the theoretical underpinnings of analyses, i.e. how we understand and capture learning processes analytically and present the findings. In conclusion, we discuss the future perspectives for using video in collaborative learning processes.

### **Video as a reflection and development tool in research and practice**

The use of video in research and development projects is growing as the technology is getting more accessible (Dempsey, 2010). The technology is used in a variety of ways as the sole method or as part of method triangulation. Sociologist Edgar Morin and visual anthropologist Jean Rouch were the first to show moving audio-visual images to actors and asking the actors on the film to reflect on their own performance back in the 1950s. In visual anthropology few studies and experiments have been done since then and focus is often on the film as a final product; a film about the film where the actors are filmed while watching the first film while reflecting on it and answering to the first representation made by the anthropologist (Harper, 2002). However, with the more accessible technology the field is growing.

In connection with learning projects for professionals Ledema and colleagues (Ledema, Forsyth, Georgiou, Braithwaite, & Westbrook 2007) emphasize that video ethnography can enrich insights in three ways: 1) The researcher's own attention to certain facets of other materials, 2) professionals' acknowledgement of the problems they experience in their working practices through the articulation of these to an outsider and 3) by being 'seen' by the camera and seeing themselves, professionals can re-design their practices.

Within the area of primary health services video recordings of consultations is an established method. Video-reflexive ethnography is used in communication development described by Carroll et al. (Carroll, Ledema, & Kerridge, 2008). Here

practice is filmed and edited sequences are shown to the actors for feedback. Hereafter the actors start solving communication problems and thereby improve their practice. The video-reflexive sessions are video recorded and this footage constitutes the data for the paper.

The use of the method stimulated recall is a way to try to understand communication between humans. Stimulated recall has been described by several researchers as for example Lyle (Lyle, 2003) and Dempsey (Dempsey, 2010). In the stimulated recall method actors watch and/or hear recordings in which they interact with others. While they watch the recording and also afterwards they explain their perceptions and intentions in the specific situation in an interview with the researcher. Stimulated recall is, therefore, a technique to investigate how people coordinate interactions in various situations. In participant observation and more traditional interviews the researcher can ask informants about situations, motivations and intentions, but informants' memories are selective. Thus the idea of the stimulated recall method is to trigger informants' memory in the process where s/he is watching a recording of a specific situation. The method, therefore, gives voice to the informant it also provides general insights into the ways people act and reflect on their actions.

Schmid (Schmid, 2011) works with video-stimulated dialogues as effective tool for reflection, self-evaluation and educational development. The method generates rich and detailed data on the participants' understandings and experiences, but it is simultaneously an effective tool in professional development for the individual participants who also gain knowledge and insight into methods of educational work. In this way video-stimulated dialogues in education research often initiate general debates about planning, ideas and pedagogical principles. However, the participants who watched video recordings of themselves teaching also experienced inherent difficulties when engaging in self-evaluation and self-reflection in collaboration with peers and trainers.

### Video narratives

Narrative approaches contain what has been called disciplined subjectivity. The researcher selects interesting and illustrative sequences and refine them while it is decided why these particular sequences are selected according to a narrative structure that might emerge. This is different from an approach where researchers used as minimally edited footage as possible. The purpose of the narrative and thick description is to make the complex comprehensible which is obtained through selection and organization of a research presentation (story) in digestible chunks and contextualize them within a narrative making them understandable. It might also involve participants as partners in the telling of the story (Derry et al., 2010)

Tobin (Tobin, 1989) has used video narratives in a comparative study of primary education and has looked at different voices of four different levels. The first voice is

the video narrative itself which is created by the researcher on the basis of footage from fieldwork. The second voice is the actors from the narrative watching and commenting the narrative. The third voice is other viewers from the same cultural or national context watching and commenting on the narrative. And the fourth voice is viewers from a different cultural or national context watching and commenting on the narrative. Tobin argues that the four voices in combination illustrate complexity and diversity without misunderstood typicality and representativity.

In a Danish context of care work Krogh Hansen (Krogh Hansen, 2006), inspired by Tobin (Tobin, 1989), has developed a model called SOPHOS, an acronym for Second Order Phenomenological Observation Scheme. Krogh Hansen has filmed and edited situations in healthcare practice and showed the Sophos films to different groups of observers or research participants. Some of the groups were actors in the film while others were not. The showing and discussion of the film by the observers was also video recorded and this footage was Krogh Hansen's empirical data. Focus was on the observers' phenomenological understandings of what they saw in the films.

Krogh Hansen argues that a film is not reality, but it is something more than the researcher's interpretation and representation of the content showed. She states that a film is an open question which, however, contains the question of the observers' expectations to the interests of the researcher. As such the film can be understood as an interview guide raising different questions (Krogh Hansen, 2006, p. 38, 46).

From the above visuals in general and video in particular appears to have great potential to stimulate reflection, discussion and knowledge generation in a different way than word based tools. Also it is used in both research and developmental work in a variety of ways. In research, for example, it can be dedicated to an ethnographic approach and epistemology while at others it is used in education and professional development projects. In this particular project we combine the use of ethnography and professional development work in a process drawing on several different traditions within the arena of visual methods.

### **The design of the pilot- study**

In the pilot study we use video narratives in focus group discussions driven by the principles from photo-elicitation in order to generate data on how interdisciplinary healthcare professionals work with older people. Besides generating data in interdisciplinary research the focus group discussions become a forum for interdisciplinary discussion, reflection and mutual understanding that the professionals can continuously use in their work and their work organizations afterwards. In this way our project has a double purpose.

Our project represents the first voice and the third voice - i.e. video narratives and viewers who are not represented in the narrative, but come from same cultural

context as the narrative (Tobin, 1989). Tobin labels the different voices according to ethnography and sociology. Our project uses the stages he calls visual ethnography which is the video narrative itself and ethno-sociology which is the output of our focus groups. In this project, we do not exercise what Tobin calls auto-ethnography in which actors in the narrative interpret themselves or ethno-ethnography where people from other cultural contexts interpret the visual ethnography.

More specifically, we introduce the two 5 minutes video narratives in three focus group discussions with different professionals in three different nursing home settings.

The narratives are ethnographic narratives derives from a PhD project about health in social relations among older people (Nørtoft, 2013)<sup>2</sup>. We have selected these specific narratives for the pilot project because they represent different types of residents and citizens. They, moreover, illustrate a variety of themes and problems professionals meet in their daily work.

The first video narrative<sup>3</sup> is about Bodil, 83 years old, and her everyday life. The narrative begins when Bodil is almost home after a walk to the supermarket. She is short of breath and talks about her health and physical functional level. Back home in her kitchen Bodil explains which kinds of medicine she uses. She also reflects on her situation and potential needs in the future – including what the health care system has to offer her. Bodil emphasizes that she would rather die at home in her bed than go to a nursing home(Nørtoft & Hansen, 2013)

The second video narrative is about Benny, 70 years old<sup>4</sup>. He is a member of municipal driven activity center for older people. In the video narrative, Benny plays billiards with other members of the center. We see how he enters the billiards room and works his way around the table playing and talking with the others and telling the same story several times while waiting for his turn.

Both narratives have been edited from approximately one hour of footage. The editing reflects our assumptions about the way in which the narratives would make the interdisciplinary focus group members talk from their professional point of view. The narrative with Bodil, for instance, starts at a dramatic point in which she is short of breath.

### The focus-groups

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<sup>2</sup> The video narratives are recorded and edited by Anne-Katrine Hansen who was a research assistant connected to the PhD project

<sup>3</sup> [Bodil's narrative can be seen at: http://vimeo.com/52031555](http://vimeo.com/52031555) starting at 4:28

<sup>4</sup> [Benny's narrative can be seen at http://vimeo.com/65540242](http://vimeo.com/65540242)

We conducted the focus-groups in three different nursing homes: A bigger nursing home in the city of Copenhagen (1) and at two nursing homes in the country site outside Copenhagen (2 and 3). The latter profiles itself as being different than traditional nursing homes by the professional approach the residents. In all the focus groups an occupational- and physiotherapist, a nurse and a nurse's assistant participated. Two of the nursing homes had an activity center and in these interviews an activity assistant also took part in the focus group.

Each focus group lasted for approximately 1 ½ hour. One of the researchers facilitated the group process. In order not to guide to participants' attention in a specific direction the narratives were introduced briefly: The facilitator merely said that the group was going to watch two five minutes long narratives about two older people – a man and a woman. She also mentions that the videos were part of a ph.d. where the purpose was to investigate older people's everyday life and health. During the focus group the informants alternated between watching video making two individual non-stop writing exercises, talking about the video and evaluating the session. Below we have made a time-schedule of the activities.

**Table 1**

<b>Activity</b>	<b>Minutes</b>
Introduction	10
Watching the two video-narratives	10
Non-stop writing exercise	8
Plenum dialogue	40
Non-stop writing exercise	8
Evaluation	10

Non-stop writing exercise<sup>5</sup>

As table 1 shows the focus group participants made the non-stop writing exercises just after they had seen the video-narratives and as an evaluative writing exercise in the end of the session. The purpose of a non-stop writing exercise was to get the participants' immediate and spontaneous reactions to the video narratives. The participants were asked to reflect on the impressions videos made on them and write

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<sup>5</sup> This exercise has been developed by Helle Merete Nordentoft and her colleague, ass. professor, Birgitte Ravn Olesen

non-stop for approximately 5 minutes. After they stopped writing, they underlined three significant key words in their text.

The writing exercise served three purposes: a) The exercise compensated for one of the weaknesses in producing data from a focus group i.e. that individual and silent voices are often dominated by stronger and more persistent voices (Halkier, 2008). The idea was that informants more likely would participate in the dialogue when they had written down their personal experience. B) The key words were used as point of departure in the dialogue about the narratives where we were open and inductive in our approach. C) We consider writing to be important tool in thinking and learning process (Dysthe, 2001).

### **Research methodology and data**

In this paragraph we describe the theoretical underpinnings of the analyses followed by a presentation of the data and process of analysis. The purpose of the analyses is to capture the way in which collaborative learning is initiated in the focus groups. To do so we combine socio-cultural perspectives on learning with reception theory, which draws on literary theory as it has been developed by Wolfgang Iser – an European literary theorists (Iser, 1974, 1978).

A socio-cultural perspective on learning is a situated perspective on learning which implies that learning processes are and must be understood as being intimately connected to the context they take place in (Lave & Wenger, 1991). Learning, then, is a construction of knowledge in a specific context. Another major point in a situated learning theory is that learning and participation are closely linked together (Dreier, 1999). In collaborative learning the learning “*is constituted in interaction between the parties who participate in the interaction*” (Nordentoft & Wistoft, 2012). The structure of the social activities structure the potential for the way in which the participants can participate and, therefore, the potential for collaborative learning.

In the pilot project we introduce a “third voice” in the format of the video narratives. To capture the interplay between the different professionals and the video narratives we draw on the thinking of Wolfgang Iser, who says that meaning-making process takes place in an oscillation between text – in this case the video – narrative –and the reader in this case the different professionals. In this regard, the video narratives can be seen as textual structures, a sort of potential, which embody an entity of pre-orientations and potential for meaning. In other words, the edited narrative appears as fictional text open for the reception of its readers. Iser asserts that the meaning of literary texts emerges in the meeting between a text and the reader. He has coined the concept of “the implied reader” to capture this point. The implied reader is defined “*both as a textual condition and a process of meaning production*” (Iser, 1974; Shi, 2013, p. 984). In other words, the text can be said to pre-structure a potential for

meaning the reader actualizes. According to Iser, the text has gaps or blanks - i.e. things that are not expressed in the text, which invite the reader to interfere actively to produce meaning. The meeting between text and reader is, therefore, affected not only by the text but also by what the reader brings with her in the form of prior knowledge and experiences - personal as well as professional. In the reading process, the reader forms her own experience by “filling the gaps” and possible contradictions between various positions and/or elements in the text. The potential of the text can, therefore, be said to be concretized by the reader “*according to their different extra-literary standards, views values or personal experiences*” (Shi, 2013, p. 985).

In the analyses we investigate how the different professionals understand “what goes on” in the video-narratives. Possibly, they will see different gaps in the narratives. Perhaps they will surprise each other with the difference in their approach to the narratives. Maybe, they will disagree on the events. Anyhow, in the analyses we will try to unravel how and why they “read” the video narratives individually and negotiate their meaning collaboratively. Finally, it is our ambition to contemplate how these negotiations may initiate collaborative learning. Therefore, our research questions are as follows:

#### Research questions:

- How do the different professionals define, understand and negotiate available gaps in the video- narratives?
- How can the negotiation of the meaning of video-narratives initiate collaborative learning?

#### **Data and process of analysis**

Our data mainly consist of video-footages of three focus group discussions - in total 5 hours together with the exercises the participants made just after watching the narratives.

The process of analysis followed the principles of inductive thematic analysis (Braun & Clarke, 2006). First, we familiarized ourselves with the data. We watched the all of the video and made a note of our immediate impressions. This first phase was followed by a more detailed time registration and coding of the video footages followed by meaning condensation and categorisation (Kvale, 1996). During this process we alternated between working individually, meeting, comparing and discussing our respective analyses. In sum, analytical rigour was ensured via method triangulation (the written non-stop exercises and video footage), and multiple codings (by both researchers).

The analytic work was guided by the two research questions: At first, we uncovered the topics and questions which the professionals raised in the talk about the narratives in three tempi: 1) the topics in which they explicitly referred to what they saw in the

videos and 2) the topics which were implicitly but not explicitly connected to the video narratives 3) The topics they disagreed on and how they negotiated this disagreement. Then, we investigated how we could connect the negotiations of these topics to learning. Here we, for instance, distinguished between how the participants commented on their learning themselves and what we uncovered analytically by looking at the difference between what each participant expressed in the beginning, during and at the end of the focus group interview and also how they commented on each other's exposition and understanding of the gaps in the narratives in their meaning making processes. We then transcribed the sequences verbatim we selected for a closer analysis.

### **Ethical considerations**

All participants in the video narratives and focus groups have signed a written consent in which they are informed of the project's objectives and the use of video recordings. They have, moreover, been informed of their right to withdraw from the study at any time with no repercussions. Data are stored securely at Aarhus University. All participants and places have been anonymized and renamed in the paper.

### **Findings**

The findings section has two parts in accordance with our analytical work. In the first part we present how focus group participants understand and fill out the gaps in the video narratives. In this first part of the analysis we look into how and why the professionals interpret Bodil's and Benny's narrative like they do. As mentioned previously, the narratives can be seen as textual structures which offer the premises for possible interpretations. By looking into which observations the professionals draw on in their argumentation we can get closer to the premises of the meaning making of the focus group participants – i.e. both their professional explicit and tacit and common sense reasoning. In the second part we investigate how the organization of the pilot study and the video narratives initiates collaborative learning.

#### Filling the gaps: The mental condition of Bodil and Benny

In their initial descriptions about Benny and Bodil the focus group participants' mostly commented on the mental state of both characters. It almost seemed like the health care professionals anticipated to "get into the head" of both main characters by imagining and contemplating their thoughts and use this interpretation as point of departure for relevant professional actions. This theme reflected an important gap in the narratives since neither Bodil nor Benny expressed any of the emotional states the focus group participants allocated to them.

A majority of the participants quickly agreed that Bodil was a self-sufficient old woman and the all the participants were impressed with her clarity of mind. Similarly, the general conception of Benny was that he was not really interested in the billiards but

more in talking to the other players and having a good time. But as the conversation evolved other gaps were filled and extended interpretations were formed. In table 2 we have listed these main points of discussion. These topics were raised in all focus groups but from different perspectives. In the analyses there are differences between a) how the professionals in the different nursing homes fill out the gaps in the narratives and also b) differences between how the different professionals do so. Lastly, there are differences between c) how they look at both Benny from their initial impressions of him and to their concluding remarks in the focus group. The ambition of this paper is not to perform an organizational analysis. Therefore, we do not discuss in depth the differences between the different nursing homes. Future studies can expand more on the interplay between organizational values and how professionals interpret video narratives. Below we expand on the nature the differences in how the main topics were addressed by the different professionals. When we analyse the perspectives for collaborative learning we illuminate c) the difference the negotiations in the focus group has made for the way in which some of the professionals fill the gaps in the Benny's narrative.

#### An independent or lonely old woman?

One of the topics that came up when participants talked about Bodil was whether or not she was lonely. The activity assistant in one of the nursing homes (2) wrote the following three keywords down about Bodil after he had watched the video: Loneliness, illness and concern. When he elaborates on these keywords he says:

She seems very concerned about the future – nursing home or not. She seems very busy with illness and her medication. Yes I think she is lonely". And he comments: "Perhaps if she went to an activity center.

By contrast, a nurse in the same focus group looks at Bodil's situation in a very different way and wrote down these keywords: Quality of life, very happy to be in her own home, good resources.

This difference between the way in which Bodil's mental condition is interpreted can be observed across the three different focus groups. Whether or not this difference in filling out the gaps is caused by a difference in professionalism or personality is difficult to say on the basis of only three focus groups. However, it seems significant that only one – an activity assistant – who moreover, is not an ethnic Dane and does not speak Danish fluently, is the only participant who reflect on the limitations of his interpretation of the video narrative when he says:

We only know what we see in the video. Bodil talks a lot about herself, but not about family and friends. It looks as if she keeps her routines, because it is the only thing she has got. But maybe she went to a big party the previous day or the neighbor or the daughter visited. But it is possible to be lonely anyway. You are lonely when you feel lonely. I think she has that feeling, but I cannot know.

### The missing tablet box

Bodil manages her medications without help from professionals. In the narrative we see how she opens her cupboard and takes out several medicine glasses because it is time for her medication. She then accounts for all the different tablets she gets. Unexpectedly, nobody comments much on her shortage of breath as one of the researchers expected at least some of the nurses would do. Instead, the nurses and the nurse assistants are very attentive to the way in which Bodil manages her medication.

They all notice that Bodil can account for her intake of the different medications, vitamins and minerals. Yet it quite clearly makes two of them uncomfortable how Bodil's medication seems to be a matter between her and her general practitioner. Several gaps become visible in the talk about Bodil's medication. Firstly, the nurses seem worried that she might not get the medication she needs. Secondly, Bodil may get some tablets she doesn't need – or no longer needs. Thirdly, her medicine may be too old. Who knows how long she has kept it in the cupboard? Finally, the nurses would quite clearly prefer if the pills were organized in a tablet box which indicates the weekday and the time Bodil should take the tablets. Administration of medicine appears to be a major issue among nursing home residents, one of the nurses' comments (1):

We have a lot of residents who are used to manage their medications. They receive a bit of help, but from our perspective we prefer that it is under control. We try to convince people that tablet boxes are a good idea to use because it is much easier

An occupational therapist in another nursing home (2) has a very different perception of this topic. She says:

It wouldn't make sense to Bodil if she was persuaded to use a tablet box. She has to be in her usual routines and they have to make sense to her. She has it [the medicine] under control. What does she need that box for? I imagine that a tablet box could create more confusion. I absolutely think she should stay in her daily and meaningful routines.

A nurse assistant (2) seems to be somewhere in between these different approaches to medicine administration. Her focus is on the amount of Bodil's medication, but she is not so worried about the administration of it:

I noticed her medicine and all the containers with pills and I got worried. But she had all that medicine under control so why should she get help for that?

From the above it can be seen how Bodil's medication took up some time in all of the focus groups. And talk about appeared to have a double character: Most of the participants estimated that she was a capable woman. However, they seemed worried

that she perhaps had been neglected somewhat by her practitioner and the health care system. That she still needed professional advice on how to manage her medication. In nursing homes and activity centers older peoples' medications is a big issue. So when the participants are asked to comment on Bodil's narrative and make meaning of what they observe seem to fill out the gaps with their prior knowledge and professional experience of medication as being a potential challenging issue.

#### Benny: Miserable or cheerful?

All participants in the three focus groups seem to agree that Benny is not overly interested in the billiard game. A physiotherapist reflects on Benny's reasons for joining the billiard session:

He just needed to get out and be social and talk to someone. He didn't care about billiards but he was going out to talk to someone and tell about restaurants and that he talked to his daughter. Maybe he came there [to the billiards session] because he missed that.

However, as is the case with Bodil, the perceptions of Benny, his mental, his physical condition and his relationship with the other billiard players are diverse. A nurse assistant (3) and an occupational therapist (1) think that he creates a nice and happy vibe in the group. They observe that Benny talks to everybody. Others perceive him as miserable and disoriented because he tells the same story about a visit to a restaurant several times. One participant looks at Benny as a part of the group. Another participant notes that he is forgetful and does not seem to fit in.

To summarize the narrative with Benny has many gaps and the professionals fill them and create two different story lines: One in which Benny is a cheerful and social old man – and one in which he is nearly the opposite – i.e. a forgetful older man perhaps with a current or former alcohol problem.

#### A good helper?

Only one staff member appears in the narratives. She is in the narrative about Benny where she keeps the scores and shows Benny where and how he can shoot the ball in order to get most points. This incident made a big impression on two occupational therapists who seemed disturbed by the staff member's actions. One of the occupational therapists commented:

Why does she keep the scores? Senior citizens should be allowed to play for themselves without her interference.

This observation starts a discussion about the way in which staff members in an activity center help or assist older people during the activities. An activity assistant (2) says that in her workplace staff members would not interfere. Here the players facilitate and run the game themselves and staff members always stay in the

background. Here the physiotherapist comments that the staff member probably just wants to be a 'good helper' and says:

Perhaps the staff member does not notice that she takes the initiative from Benny when she compliments and encourages him as if he was a small child.

Another participant, an occupational therapist (2) contemplates that that the staff member frames the activity in a way which makes it easy for him to fail because she shows Benny how to hit the ball in "the right way". By contrast, the physiotherapist, comments that the intention of staff member is quite the opposite in that she tries to camouflage his poor billiards skills.

The participants (2) also discuss the other billiards players' reactions to Benny's story. Three of them agree that the others are not interested in the story because they probably have heard it many times before. The occupational therapist (2) has a different impression. She thinks that "*they do seem interested because they ask Benny questions*". The activity and social care worker comments that in her practice many clients enjoy such conversations. Many of the other players probably do not remember that Benny has told the same story before. The occupational therapist cannot see the problem if the listener doesn't remember the story and both the teller and listener are happy to have someone to talk to.

In fact, the three listeners to Benny's story respond differently. The first listener seems to be disinterested in the story and concentrating on the game. The second listener seems moderately interested. She and Benny have a short conversation in which they refer to another restaurant they both know. The final listener approaches Benny on his own initiative and wants to know more about Benny's visit.

Again we see how the focus group participants fill in their own versions of what might be going on where the video narrative don't give them any or much information. They imagine that it is an old story being repeated or that the listeners have forgotten that they've heard it before. Or they apply one listener's reaction to the story on the other listeners, because they didn't notice the different reactions. One might say that they fill the empty gaps as well as making empty gaps in places of the narrative that they did not remember or notice the content of.

This example illustrates how the meaning of video narrative emerges in the meeting between a text and the reader. They identify various empty gaps and fill them with different imagined reasons and interpretations of why the staff acts as she does and what their implications are for Benny. None of them are shown in the video narrative. Moreover, their interpretation is inflicted with a particular set of experiences, knowledge and values of what would be "the right" or "wrong" way to act..

Alcoholic or dementia?

Several of the focus group participants (2) was under the impression that Benny had an alcohol problem and were concerned about his possible alcohol intake. They based their judgment on observations of his cognitive level of function, his nutritional state and his general looks as a person who lived a short and hard life. They seem to use their experience – personal or professional – with men similar to Benny who like a beer or two to fill the available gaps in Benny’s narrative.

A nurse at nursing home 2 is convinced that Benny suffers from dementia. This reception is based on the fact that Benny tells the same story several times within a short time frame. She is even convinced that Benny’s visit to the restaurant happened a long time ago and that he has been telling the same story to people for months or maybe even years.

A nurse assistant (3) thinks that the best way to handle Benny is to accept him as he is and let him join the game and the community on his own terms. She thinks that the other billiard players are annoyed with Benny and tired of his story. However, she is selective in her interpretation of the narrative and leaves out important information which does not support her construction of coherence and meaning. For instance, she doesn’t notice that Benny’s last listener actually approaches him and invites him to tell about the restaurant visit. Also one player seems moderately interested and listens while it is only one player who takes a disinterest in Benny’s story.

#### Interdisciplinary differences?

To summarize this first part of the analyses, we have found no clear distinctions which link specific observations and/or comments with specific professionals. However, there seems to be a link between professional background and function in daily work and interpretation of the video narratives. Physio- and occupational therapists, for instance, observe bodily actions in the videos more than the other professionals and use these observations to underline their argument. An example of this is where one of the physiotherapist notes that Benny is pulling himself up by the arms supporting himself by the bannister when he walks up the stairs to the billiard room. This bodily action makes the physiotherapist suspect a neurological problem. The nurses and nurse’s assistants, on the other hand are less specific and less observant when they make a claim. Their interpretations and filling of gaps in the video appear to be based more their intuition than concrete observations.

#### From filling the gaps to collaborative learning:

In the second part of the analyses we investigate how the process of filling the gaps in the narrative has initiated collaborative learning.

#### From a routinized to a more personal approach

In the focus groups we asked if the participants could use the video narratives when they thought about their own practice. This question was the outset for broader discussions in which the participants referred indirectly rather than directly to events in the narratives. In one of the nursing homes (1) this broad question initiated a talk which seemed to address a contrast between the personal nature of the narratives with the way in which the care for the old people often is routinized and schematized. The physio- and occupational therapist, for instance, made an account of how schematized and structured their work was around certain functions which had to be done in systematized ways due to the time frames of their work. As such their work seemed to be different from the daily rhythm and practices in the occupational room where the activity assistant worked.

He opposed this schematized way of approaching the old people and gave several examples of how he insists on meeting them on respectful and equal terms with whatever they felt like here and now. For instance, he usually did not read the files of the residents before he met them. He was the only man and probably the least educated professional in the focus group. Moreover, he was not an ethnic Dane so he spoke with an accent. Still, he talked eagerly about how he approached the old people and how important the small things in life can be for your wellbeing. Perhaps, as he put it, you do not always want to sleep on the right side, drink coffee or eat mashed potatoes. Perhaps you want to sleep on the left side, drink tea and eat rice. Put in another way, he did not want to draw too many conclusions or fill too many gaps in his interpretation of the old person. The strategy of the activity assistant was to let the old people fill these gaps themselves.

#### The feeding cup

This account initiated a talk about different approaches to the nursing home residents and in particular a specific resident. In the department where the resident lives she has been drinking from a feeding cup since she was taken ill more than 10 years ago. It is even written in her file so new staff members and substitutes can align with this practice. However, when the resident visits the occupational room she always drinks from a normal cup. As mentioned above, the activity assistant did not look in the resident's file or ask anyone before serving her something to drink. He just gave her a normal cup and it worked fine. The nurse assistant who worked in the department where the resident lived was very surprised to hear this. When she evaluated the session she was very positive. She had simply experienced that her own knowledge and ideas had been turned upside down. Normally, she and her colleagues would talk about all the things this particular resident could or would not do. Now she had learned that the situation of the resident, her wishes and functions could be interpreted and handled differently. After the talk the nurse was very eager to approach the resident the following week in a different manner.

To summarize: In the account above (1) the collaborative reflections about the nature of the three differences below appeared to initiate a collaborative learning process:

- The contrast between the personal approach in the narratives and the routinized approach in everyday practices together
- The difference between how the therapists' and the activity worker approach the residents
- The difference between how a resident was met in the department where she lived and the activity center

#### A mirror of own practice?

In all three nursing homes the video narratives gave rise to an evaluation of how the professionals worked with their own residents and also interdisciplinary practices. For most of the participants the video narratives and not least the talk afterwards has been an eye opener. At the smallest of the nursing homes (3), however, the participants did not feel that the discussion of the video narratives had added something new to their way of sharing opinions and experiences in an interdisciplinary context. Rather, they used the session to confirm already existing practices. Interestingly enough, the nurse at this particular nursing home changed her perspective on Benny during the talk about him. The difference between her initial and last written non-stop exercise and the oral follow up dialogue illuminated this difference. First she saw Benny as a miserable old man – possibly suffering from dementia or an alcohol problem. She observed his low BMI and how he repeated himself. According to her, he seemed disoriented and perhaps he was even pleading for help. By contrast, she expressed a completely different conception of Benny in the evaluation. Here she referred to her colleague who pinpointed his experience of Benny in this way:

Benny gave and got something from the community – because I (*the nurse*) thought it was really clever what you said

In summary, the combination of watching the video narratives, non-stop writing exercises and oral dialogues seemed to initiate learning for some but not for others. An occupational therapist (1) notes that it is less emotional to watch video narratives of residents she does not know. She asserts it makes it possible to speak more openly about one's thoughts and reflections without being nervous of what the other participants might think of these thoughts. Two physiotherapists (1, 2) comment that video narratives makes them wonder about a lot of different things they would investigate if they had the option. One of the physiotherapists (2) would, for instance, have asked Benny questions about:

his breathing, his balance, his memory and how his everyday life is – if he feels like he is in control of his life. The narrative made me wonder about quite a few questions related to his cognitive functions”.

Here we see how the physiotherapist instead of making hasty judgments and fill the gaps instead formulates several relevant questions. And since asking questions can be seen as a potential source of wisdom, we argue that using video narratives holds a potential for learning. In table 2 we have illustrated the main indicators of collaborative learning.

**Table 2**

<b>What are the indicators of collaborative learning?</b>	<b>How does it show in the data?</b>
Knowledge sharing	A nurse changes her perspective on a resident after gaining new knowledge about a resident (The story about the feeding cup)
Professional positioning	All participants comment: The illumination of the differences between how/what the different professions notice/observe is an eyeopener.
Different understandings illuminate tacit assumptions	The discussions about Bodil and Benny show different understandings of their situation.
Gaps generates questions – motivates learning	The professionals mention that the video narratives raise many questions: Why does Bodil still take anti-depressiva?

## **Discussion**

The analyses demonstrate how differently the professionals seem to fill the gaps in the video narratives. We claim that the pilot study initiates collaborative learning. However, in the discussion we take a critical look at this claim by questioning the quality of what they learn and the perspectives for future research and work with video in professional interdisciplinary practices.

An inherent quality of professional practice dealing with human beings is that the professional is capable of separating personal from professional judgement. Professional empathic practice rests on this imperative. Moreover, this imperative implies that the professional can navigate between closeness and distance. Between observing, listening, imagining and identifying the nature of the troubles – in this case – the senior citizen has. Based on an analysis of all of these variables the professional makes her professional judgement of which professional actions it takes to relieve the problem. According to Holmes

Mentalizing is concerned with the meanings which we attribute to our own and other's actions – that is, to the implicit or explicit hypotheses we use to understand why we, or another, might have thought or done such and such a thing (Holmes, 2005, p. 180).

Being an empathic professional, therefore, means that you are able to mentalize and be aware of the premises for the way in which you relate to and understand yourself as well as “the other”.

In many of the previous studies, inspired by for instance the stimulated recall method, professionals have worked with video footages of themselves with the ambition to qualify their communication competences (Ledema et al., 2007). We have chosen to work with video narratives in which two older people unknown to the focus group participants appear. Hopefully, this fact could make them distance themselves from the narratives and reflect analytically. In hindsight, however, the video narratives may also be disadvantageous with regard to learning. In other words, the potential of the video narratives can also be seen as their limitation because visual technologies can be seen as pathways to the silent, non-analytical and non-visible areas of feelings and senses.

The analyses demonstrate how all of the participants are very concerned about the mental conditions of both Benny and Bodil. Still, they fill out the gaps in the video narratives and interpret their condition in very different ways. Some of the professionals think that Bodil is lonely – others don't. Some think that Benny is miserable others find him cheerful. Also we see how one nurse assistant draws on her personal and not professional experience when she evaluates whether or not Bodil would be happy at a nursing home. It is, moreover, difficult to link the judgements to specific professionalities. This raises the question if these judgements are more personal than professional?

In spite of the fact that the informants are experienced professionals, the findings indicate that their analytical distance to the main characters in the narratives is reduced. An explanation could be, that they are not used to working with video in their practices. Moreover, they are 30+ and, therefore, not a native in the visual culture like the young people. It almost seem like they watch the video narratives similarly to a movie in which you identify with the main characters and try to understand their reasoning. However, our findings may also indicate that professionals are often too quick, emotional and selective in their judgement. If the latter is the case, then the methodological approach we have taken in this pilot study has potential to qualify future professional practices because it can illuminate tacit common sense differences between professional observations in way which makes it possible to discuss them. We, therefore, see that it would be a promising method to use in the future research of/and in informal learning practices.

## **Conclusion**

The ambition of this paper has been to introduce an analytical framework for using video in collaborative learning processes in an interdisciplinary context. Previous research indicates that video has a great potential to stimulate professional reflection

and knowledge. In the paper we introduce a pilot-project in which we combine different traditions within the arena of visual methods – i.e. visual ethnography and professional development. At three nursing homes we introduce two video narratives in interdisciplinary focus group discussions. We explore how these narratives in combination with written exercises make the professionals reflect on their practices and initiate collaborative learning. The data consists of 5 hours of video footage of the three focus groups. The theoretical foundation we draw on in our analyses are inspired by situated theories on learning and literary theory in which the “text” – i.e. the video narrative is seen as a textual structure in which there are many “gaps”. The idea is that the reader – in our case – the viewer “fills the gaps” in the reading process. This process of meaning making depends on the reader’s assumptions, knowledge and prior experiences. In this regard literary theory can inform the contemplation on the nature of the focus group participants’ common sense and professional knowledge and also how the negotiation of what happens in the two narratives affects this knowledge and initiates collaborative learning. In the analyses we, therefore, pose two questions: How do the different professionals define, understand and negotiate available gaps in the video- narratives? And how can the negotiation of the meaning of video-narratives initiate collaborative learning?

The findings show that there are many differences in which the professional fill the gaps: Differences between the nursing homes, difference between the professional understandings of what goes on in the video narratives and also differences between how they see it in the beginning of the focus group and in the end. However, all participants seem to be curious about and consider the mental and physical condition of both main characters in the video narratives. The differences of interpretation and meaning making are evident when they discuss the nature of these conditions. The old woman Bodil: Is she lonely or happy with her life? And the old man Benny: Is he an asset for the activity center or is his behavior annoying? The analyses indicate a small difference between what the different professionals comment on. The nurses and nurse assistants seem to comment more on purely physical aspects whereas the therapists (physio and occupational therapist) refer more to a more person centered approach – i.e. there is a problem if the old person experiences it is a problem. For instance, the nurses comment on the fact that Bodil does not have a tablet box. She seems worried that Bodil cannot keep track of her medication. To this the therapist respond: *“If it is a problem to Bodil it is a problem, otherwise I cannot see the problem”*.

In conclusion, we argue that the organization of the pilot project – i.e. the interplay between written and oral reflections on the video narratives have potential to initiate collaborative learning. The focus group participants comment that the illumination of differences in the perception of the video narratives together with the negotiation of

meaning has been an eye opener for them. We, therefore, suggest that future research studies explore the potential of video narratives in more depth.

### **Study limitations**

As described in the method section we have anticipated to create an informal and open atmosphere by the way in which we have structured the focus group by alternating between written and oral dialogues. However, previous research into the art of facilitation draws attention to the challenge of facilitating groups and the interplay between intentions and actual events (Olesen & Nordentoft, 2013). The question is how we as researchers handle our double position as both researchers and facilitators and how this double position impacts the interactions in the group. As facilitators we ask the participants to be both professional but also honest and spontaneous in their reflections on the video. At the same time they know that what they say will be used in our research and signed a written consent. As researchers we want to control and guide their talk as little as possible in order not to “affect” the talk.

Still, after going through the video footages over and over again it became more evident, that we alternate between being facilitators and researchers more than expected for instance we tell anecdotes from our previous research to contextualize our interest in the pilot project. From a critical perspective you could argue that we put the focus group participants in a difficult situation in which they are insecure of what is really expected from them. This is quite serious because this role confusion potentially affects the validity of our findings. As researchers, we have an ethical obligation to reflect on our involvement and how what we do or do not affect the people we study. A recent article on the challenges of facilitation reminds us that:

Dialogue-oriented or democratic facilitation of groups is not a skill academia provides. In our experience, it takes many discussions with practitioners, and many hours of watching yourself on video, to fully comprehend how you perform as a facilitator (Olesen & Nordentoft, 2013, p. 89).

Consequently, we suggest that when you work with video as a researcher and also a facilitator that you always video record and evaluate your own facilitation. Our evaluation of the facilitation in this project has made us decide that we would be more visible as facilitators in future projects in order to qualify the reflective but also analytical competences of the participants. We would do so by asking more questions, digging deeper and making the participants reflect on how their observations are linked to their judgments and nature of their professional differences as a premise for the informal and collaborative learning process.

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