



Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Research paper

Group members' questions shape participation in health counselling and health education

Aija Logren^{a,*}, Johanna Ruusuvoori^a, Jaana Laitinen^b

^a Faculty of Social Sciences, University of Tampere, Tampere, Finland

^b Finnish Institute of Occupational Health, Oulu, Finland

ARTICLE INFO

Article history:

Received 9 December 2016

Received in revised form 7 April 2017

Accepted 1 May 2017

Keywords:

Applied conversation analysis

Client initiation

Group counselling

Group discussion

Health education

Interaction

Multiparty interaction

Participant-centred communication

Participation

Questions

ABSTRACT

Objective: This study examines how group members' questions shape member participation in health counselling and health education groups.

Methods: The study applies conversation analytic principles as a method. The data consist of video-recorded health education lessons in secondary school and health counselling sessions for adults with a high risk of Type 2 diabetes.

Results: Group members' questions accomplish a temporary change in participatory roles. They are used to 1) request counselling, 2) do counselling or 3) challenge previous talk. They are usually treated as relevant and legitimate actions by the participants, but are occasionally interpreted as transitions outside the current action or topic.

Conclusion: Group members' questions result in a shift from leader-driven to member-driven discussion. Thus they constitute a pivot point for detecting changes in participation in group interventions.

Practice implications: Observing the occurrence of group members' questions helps group leaders to adjust their own actions accordingly and thus facilitate or guide group participation. Comparison of the type and frequency of members' questions is a way to detect different trajectories for delivering group interventions and can thus be used to develop methods for process evaluation of interventions.

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Introduction

Participation, empowerment and agency are key processes that support successful health promotion [1–5]. Health outcomes are better achieved when service recipients have a sense of autonomy and control in pursuing the goals of health-promoting activities [5–7].

Street et al. [1] suggest that health outcomes are achieved through proximal outcomes in interaction, such as an increase in knowledge, shared understanding of the problem, social support, and stronger therapeutic alliance [1]. These proximal outcomes are realised through participation in interaction. In order to understand what promotes participation and what kind of participation is beneficial for reaching the proximal outcomes, we need research on the dynamics of interaction.

In this study we examine members' possibilities to participate in two group contexts of health promotion: health counselling for

adults at risk of Type 2 diabetes, and health education in secondary school. Both environments share an institutional task wherein the leader – either a teacher or a counsellor – encourages the group towards a common goal of healthier behaviour through actions such as giving information and advice and prompting participants to reflect on whether they are currently leading a healthy lifestyle. Our focus is on the ways group participation is realised in the two environments.

Health counselling and health education are commonly conducted in group settings. Interaction in health counselling has mainly been studied in dyadic settings [however, see 8,9], and these studies have mainly concentrated on counsellors' actions – questioning, advice-giving and confrontation [10–14]. Less is known about clients' actions and counselling processes in group settings. Interaction in health education has not been studied, as research on classroom interaction has focused on the teaching of languages and theoretical subjects [15–17]. Both health education and health counselling attempt to influence individuals' attitudes and behaviour. Thus it is essential to gain information on clients' and students' possibilities to participate in efforts to achieve the institutional goals.

* Corresponding author at: Faculty of Social Sciences, University of Tampere, Linna Building, 33014, Tampere, Finland.

E-mail addresses: aija.logren@uta.fi, aija.logren@gmail.com (A. Logren), johanna.ruusuvoori@uta.fi (J. Ruusuvoori), jaana.laitinen@ttl.fi (J. Laitinen).

<http://dx.doi.org/10.1016/j.pec.2017.05.003>

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Table 1
 A) HE2/II: IRE in health education B) HC7/I: IRE/F in health counselling.

A) HE2/II: IRE/F in health education	B) HC7/I: IRE/F in health counselling
A1 T: mut jos AJATELLAAN ettei käydäkään but if THINK+PASS that+not go+not but if WE THINK that we won't go	B1 C: no, entäs sitte tuo viimeinen well, what then that last well,how about that last one then
A2 o:hjatussa, liikunnassa? instructed, sport? to o:rganized, sports?	B2 mitäs sanotte, mitä hyö.tyä? what say+you+PLUR, what bene.fit? what do you say, what bene.fits?
A3 (.) niin, (1.0) miten sä silloin (.) so, (1.0) how you then (.) so, (1.0) how could you then	B3 (2.2) ((Counsellor writes on the flip chart))
A4 voisit semmosilla pienillä could some+with small+with with some little	B4 C: mennäänkö toisinpäin taas että go+we+O other+way again so do we go the other way again so
A5 jutuilla lisätä sitä sun things+with increase that your things increase your	B5 Maija alottaa siitä.= Maija starts there+from.= Maija will start there.=
A6 arkiliikukumistasi. everyday+moving. everyday physical activity.	B6 M: =mm mulla täälä on että =mm I here have that =mm I've got here that
A7 (2.2)	B7 hyvä ↑kunto good ↑stamina good ↑stamina
A8 T: ää Jelena.	B8 ja >tietenki< terveys and >of+course< health and >of course< health
A9 J: no ↑jos nyt kävelee kouluun well ↑if now O+walks school+to well ↑if one walks to school	B9 ynnä muut asiat, plus other things, and other things,
A10 tai harrastukseen or hobby+to or to hobbies	B10 (täs niin on) hyötyjä? (here then are) benefits? (here so they) are benefits?
A11 tai kaupunkiin tai jotain. or town+to or something. or into town or something.	B11 (1.2) ((Counsellor writes on the flip chart))
A12 T: eli ↑LISÄÄT so ↑INCREASE+you so ↑YOU INCREASE	B12 M: virkeämpi niinku tö:issä alert+more like work+at One would be more alert at wo:rk
A13 ↑SITÄ ↑KÄVELYN määrää. ↑THAT ↑WALKING amount. ↑THE ↑AMOUNT of walking.	B13 ois sitten kanssa. O+be+would then also. then also.
	B14 C: joo tuo on tärkeä näkökohta yeah that is important aspect yeah that is an important aspect
	B15 tuo virkeys. that alertness. that alertness.
	B16 M: mhm
	B17 (0.2)

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