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Title: Humanitarian nursing with Médecins Sans Frontières: foregrounding the listening guide as a method for analysing oral history data

Abstract

Aims. To demonstrate how the listening guide contributed to oral history data analysis. To better understand the continuing inclination of nurses to engage in humanitarian work, foregrounding the nurses' lives.

Background. The voice-centred relational method or listening guide is a method of qualitative data analysis used to analyse oral history data.

Design. A conventional approach to oral history interviews was adopted; intervention into the 'flow' of participants' narrative was kept to a minimum. A small number of prompts; how they came into nursing, recruitment to, life with and since Médecins Sans Frontières were used.

Methods. Oral history interviews were conducted with seven nurses who had worked for Médecins Sans Frontières. Interviews were digitally recorded. This paper will demonstrate the application of the listening guide to historical data analysis and critique its applicability and value.

The Listening Guide advocates four readings (listenings) of the text. Firstly, locating the plot in the narrative; secondly, actively listening for the use of 'I' ('we', or 'you'), the 'self' in context of the story being told and 'I poem' development; thirdly, listening for relationships and finally, locating accounts in relation to wider social, political and societal contexts.

Results. Analysis revealed: 'becoming', 'being' and 'leaving' Médecins Sans Frontières as chronological thematic areas. At one extreme creating 'I poems' foregrounded individual voices whilst cross-referencing to contemporaneous records of world events locates this in an International context.

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Conclusion. It is argued that subjecting historical data to the Listening Guide can enable legitimate, creative exploration and analysis of data.

Key words: humanitarian nursing, listening guide, Médecins Sans Frontières, nurses' voices, oral history, qualitative approaches, research methods, voice centred relational method

SUMMARY STATEMENT

Why is this research or review needed?

- To demonstrate how the listening guide contributed to oral history data analysis so as to better understand the continuing inclination of nurses to engage in humanitarian work.
- Médecins Sans Frontières was chosen for its strong international, ‘borderless’, secular ethos and seven oral history interviews were conducted with nurses who had completed missions with them.
- Analysing oral history data using the Voice Centred Relational Method or Listening Guide is a new approach.

What are the key findings?

- The use of the Guide imposed a level of discipline on the curation and analysis of the data which allowed the fragmentary picture of nurses’ relationships with each other to emerge.
- It enabled the nature of aid work with Médecins Sans Frontières to be articulated without losing the centrality of the ‘plot’ of their lives and their individual voices.

How should the findings be used to influence policy/practice/research/education?

- It illustrates that the listening guide has utility and value as an alternative method for oral history analysis and adds to the critical development of the Guide.
- Aids understandings about the motivation of nurses to undertake humanitarian work with Médecins Sans Frontières.
- It highlights the tensions inherent in the nurses' change in roles, to Médecins Sans Frontières work back to National Health Service work and how these were often difficult to circumvent.

INTRODUCTION

Using an oral history approach, this study documented the oral histories of seven nurses who undertook International fieldwork via the Médecins Sans Frontières (MSF) United Kingdom (UK) office in the 1990s. Two people, an oral historian and a voice-centred relational method (VCRM) analyst undertook this research. Interviews were conducted by the oral historian between 2014 - 2015. A significant feature of the methodological design was the use of the VCRM / listening guide to analyse the oral history interview transcripts (Brown & Gilligan, 1992; Mauthner & Doucet, 1998; Gilligan *et al.*, 2003) which this methodological discussion paper reports on. This was conducted by the analyst as she had experience of using the method. Outputs from this research include academic papers (Hargreaves & Golding, 2014, 2017) and an oral history archive (Hargreaves, 2016).

Background

Historically, humanitarian nursing, in the developed world, has been associated with national responses in times of conflict such as Florence Nightingale's iconic intervention in the Crimean war (Bostridge, 2009) and with colonial or religious intentions (Sweet & Hawkins, 2015). Gill (2013) suggested that 19th century motivations for humanitarian work include developing professional expertise, evangelism, adventure and moral citizenship. By the end of the 20th century changes in social mobility and the development of military and emergency nursing as distinct specialities meant that nurses could achieve these motivations without volunteering for humanitarian work. Despite this, nurses continue to be a significant group in any humanitarian response. This research sought to understand the continuing inclination of

nurses engaging in such work. MSF was chosen for its strong international, 'borderless' and secular ethos (MSF, n.d.).

THE STUDY

Aims

To demonstrate how the listening guide contributed to oral history data analysis. To better understand the continuing inclination of nurses to engage in humanitarian work, foregrounding the nurses' lives.

Design

A conventional approach to oral history interviews (Thompson, 2000) was adopted; the interviewer explained the wish to understand the place of MSF work in their life history but kept intervention into the 'flow' of their narrative to a minimum. Thus, a small number of prompts; how they came into nursing, their recruitment to MSF, their life with MSF and their life since MSF were used. They explored how, as an individual, they joined and operated in MSF and how MSF shaped their identity.

Participants

The population of nurses who sought work with MSF via their UK office in the 1990s were sampled. MSF UK circulated an invitation to nurses who met the criteria: seven nurses, coincidentally all female, responded. Using an oral history approach, the histories of these seven nurses were recorded.

Data collection

Each nurse was invited to engage in a single oral history interview. The oral historian conducted the interviews between 2014 - 2015; six were face to face; in the person's home or workplace and one, due to distances involved, by Skype.

Following the interviews all participants reviewed their transcript and were able to clarify any biographical or other details. However, the histories stand as these nurses' own recollection of the progress of their lives and, in keeping with oral history methods (Thompson, 2000), no attempt is made to challenge recall. Transcripts were analysed using the VCRM / listening guide, referred to hereafter as the Guide and downloaded into 'Audacity', an open-source cross platform software (<http://audacityteam.org/>) for the creation of the archive.

Ethical considerations

Ethical approval was negotiated and approved via a university research ethics panel. Two issues specific to this type of research were managed. Firstly, the consent process included permissions regarding ownership of the recordings so that they could be curated as an archive collection, using the Oral History Society guidelines (Oral History Society, n.d. a). Secondly, anonymity was a consideration: often oral history archives include biographical and historical detail that is highly contextual and desirable, rendering anonymity redundant. In this case however, following discussion with each nurse, a pseudonym chosen by the nurses is used; they are not identifiable here or in the archive.

Data Analysis

Data analysis used the Guide, a method of qualitative data analysis (Gilligan, 2015). As with other qualitative research, oral history analysis can be conducted in several ways (Thompson, 2000). In addition to thematic analysis the Biographical-Narrative Interpretative Method (BNIM) offers a highly structured process incorporating all stages from the conduct of the interview through to a multi-layered analytical process (Breckner, 1998; Wengraf, 2001). There are parallels between this approach and the Guide; both aim to foreground the personal voice and lived experience of the person speaking and have links with narrative and feminist approaches to research.

The Guide was developed in response to growing concern and dissatisfaction amongst some researchers about the single coding of data (Gilligan *et al.*, 2003) and grew from research into identity and moral development (Gilligan, 1982). It is a multi-layered approach that taps into the theoretical, ontological, epistemological and methodological dimensions of the narrated subject (Brown & Gilligan, 1982).

It has been used in several predominantly feminist studies (Gilligan, 1982; Brown & Gilligan, 1992; Mauthner & Doucet, 1998, 2003; Gilligan *et al.*, 2003). More recently, the Guide has been used in several other studies; workplace transitions (Balan, 2005), known egg donation (Martin, 2008), disabled student experiences in University (Hopkins, 2010), donor egg sharing (Golding, 2011) and longitudinal studies (Edwards & Weller, 2012).

The Guide, as method, acknowledges that human beings are embedded in complex webs of intimate and larger social relations (Gilligan, 1982). The adoption of a ‘relational’ ontology allows the generation of a different way of understanding human nature and human interaction - not in isolation from, but in relation to – wider social, cultural and structural constructs (Mauthner & Doucet, 1998). This ontological position views people as “interdependent rather than independent” (Tronto, 1995, p.142). It is a method where “one gets a sense of a real individual with complex layers of individual, social and cultural voices” (Hopkins, 2010, p.6). Hence the decision to use this approach to analyse the oral histories.

The guide employs sequential readings, listenings to, the text to gain greater insights into emergent meanings (Gilligan *et al.*, 2006). This process enables the human psyche to become evident; rendering visible the previously silent, salient, invisible inner life-world of a person through their accounts of their experiences. It focuses on the distinct characteristics of individuals and the embodied nature of their experiences, situating them culturally, historically and relationally (Gilligan *et al.*, 2003). This approach fitted with the analyst’s

earlier work (Golding, 2011) and, as this paper illustrates, is a method that has proven utility when working with oral history data.

Using the listening guide to analyse the oral history interviews

In the attempt to elucidate meaning from the oral history data the sequential listenings, described in the Guide, were employed (Gilligan 1982; Brown & Gilligan 1992; Mauthner & Doucet 1998, 2003; Gilligan *et al.*, 2003). This listening approach focuses on voice and uses a basic set of questions attuned to voice: “Who is speaking and to whom, telling what stories about relationship, in what societal and cultural framework?” (Brown & Gilligan, 1992 cited in Gilligan *et al.*, 2003, p.255). Texts are then read, listened to, multiple times (Gilligan *et al.*, 2003), each serves a distinct purpose. The listenings are described below and shown in Figure 1, to illustrate how multiple listenings have the potential to generate deep, rich meanings.

[INSERT FIGURE 1 HERE]

Reading one: listening for experiences of becoming an MSF nurse

The first listening, has two stages, identifying the plot (Gilligan *et al.*, 2003) and ‘reader-response’; how the listener responds to the participant’s narrative (Mauthner & Doucet, 1998, p.126). The researcher attends to the nuances of the story being recounted to establish the main events (the plot), subplots and protagonists, behind the narratives and the ways they are vocalised. Thus, providing an opportunity to extrapolate the influential moments in participant’s experiences.

Crucially, as the oral historian had conducted the interviews it meant the analyst needed to familiarise herself with the data. This process involved reading the transcribed oral history interviews and listening to the audio recordings. At this stage, as the analyst had used the Guide previously her familiarisation with the nurses' oral histories was incorporated into the first listening as she attended to and responded to, the narratives as they unfolded.

The second stage locates the reading in relation to personal reactions to the stories that are being told. In this way the analyst situates themselves in relation to the participants' narratives by integrating her own background, experiences and history into this reading (Mauthner & Doucet, 1998; Gilligan *et al.*, 2003). Using this approach enabled the shared experiences of the MSF nurses to be heard.

Reading two: listening for personal pronoun use in nurses' stories

The second listening involves actively listening for the use of 'I' ('we', or 'you'); the 'self' in the context of the story being told (Brown & Gilligan, 1992). It is about being attuned to the story and participants personal pronoun use during the telling process. Listening, in this way, to the oral histories, enabled a clearer understanding of the way participants voiced their work with MSF over the years. Undertaken in two stages: this reading comprised of identifying the use of the personal pronoun followed by the construction of 'I' poems (Golding, 2011, 2013).

Transcripts were coded to highlight personal pronoun use (Mauthner & Doucet, 2003) which illuminated the ways that participants spoke about the missions; their humanitarian work with MSF. It amplified personal pronoun use; when participants switched from the first person voice; the 'I', to using 'we' or 'you'. This was important because often the stories shared

involved their versions of the realities of the aftermath of conflict, death, famine, fear, genocide, natural disaster and war.

These aspects were illuminated further with the 'I' poem development which was undertaken in the attempt to get closer to the nuances of meaning in the data. 'I' poem development encourages the researcher to assess further the ways participants speak of themselves. They create a "tuning in" to the data whereby the distinctive rhythms and cadences of the voices can be heard (Brown & Gilligan, 1992).

Development of 'I' poems is governed by two rules of construction; highlighting, then selecting, in sequence, all passages where the first-person 'I' occurs, then including associated verbs and any further words of importance (Gilligan *et al.*, 2003). The poem emerges from the highlighted text; enabling the researcher to focus on the "associative stream of consciousness carried by the first-person voice, cutting across or running through the narrative rather than being contained by the structure of full sentences" (Gilligan *et al.*, 2003, p.163).

Reading three: listening for relationships developed in humanitarian work

Listening three incorporates attending to relationships, contrapuntal voices, in participant's accounts which are contextualised with regard to wider interpersonal relationships (Brown & Gilligan, 1992; Gilligan *et al.*, 2003). Specific attention is given to the way relationships are voiced. During this listening the main aim was to examine how participants spoke about "their interpersonal relationships ... and the broader social networks" (Mauthner & Doucet 1998, p.131).

Following Mauthner and Doucet's (1998) method different colours were used to trace words specifically related to relationships. Thus, it was possible to distinguish changes in language use ('we' or 'they') and how different social relationships were spoken about. During this reading several different relationships encountered by participants were distinguished. These included: familial; those developed in the field while on missions; with other professions in the field; organizational; romantic (associated with Africa, MSF, nursing and suffering), moral responses and outrage.

Reading four: listening and attending to the socio-political nature of mission work with MSF

The fourth listening involves locating participant's accounts in relation to wider structures (Brown & Gilligan, 1992; Mauthner & Doucet, 1998; Gilligan *et al.*, 2003) locating experiences "within broader social, political, cultural and structural contexts" (Mauthner & Doucet, 1998, p.132). Consequently, this reading enabled a wider contextualising of participants' accounts in relation to these relationships. This revealed nurses' reflections on their missions with MSF, the interplay of wider social structures and contexts associated with being a humanitarian nurse, working in the field, in response to a natural disaster/man-made incidents.

Validity, reliability and rigour

In this study, we drew on some of the strategies that are routinely employed by qualitative researchers; "member checking, triangulation, thick description, peer reviews and external audits" (Cresswell & Miller, 2000, p.124). According to Schwandt (1997) one way to define validity is to assess how accurately the account provided by the participant represents their realities of the social phenomena being explored and that it is credible to them. The nurses in

this study recounted in their own way; the accounts provided were treated as valid representations of their experiences. We then checked to ensure that participants were happy with the way they had told their story and draft early publications were shared for feedback on our interpretation.

Moreover, during analysis we worked separately then met to discuss and compare emergent themes and sub-themes. This was an iterative, reflexive process that drew on our past experiences as a nurse and a user of the Guide. Thus, it enabled us to demonstrate the reliability of the findings reported here based on Kvale's (1996) question, "are interviews interpreted the same by different researchers?". We could confirm that we had arrived at congruent findings and were able to agree on themes and sub-themes. Finally, we draw directly from the oral history interviews, presenting participants words, to illustrate how data informed the development of the themes reported here.

RESULTS

The Oral History Society (n.d. b, para 1) defines oral history as "the recording of people's memories, experiences and opinions. It is a living history of everyone's unique life experiences" and the approach enables "people who have been hidden from history to be heard". In this study, using the Guide, four themes emerged: becoming MSF, nursing identity (on MSF missions and in the National Health Service (NHS)), relationships in the field and the socio-political context of humanitarian work with MSF.

Becoming MSF

The first stage of analysis encourages listening for plot and the protagonists, this stage revealed several protagonists. These included becoming a nurse, becoming MSF, being MSF

and leaving MSF. Becoming MSF is illustrated by Sam who spoke of the catalyst that led to her becoming a nurse with MSF.

Sam's describes a serendipitous encounter; travelling in an area where MSF were undertaking some work with refugees. Reflecting on this chance encounter Sam describes her perceptions of MSF as the 'big guys' when it came to humanitarian work. She took advantage of the fact that they were in the area by making enquiries about volunteering opportunities and was advised to make formal contact with the MSF UK office which she did. A successful interview led to her first MSF mission. Conversely, Chris' motivation to become a nurse was driven by seeing:

“Images on the television of famines and, people who were emaciated and ill and there were always people helping them and usually they were nurses being shown on television and I, growing up in Britain everybody had enough food and more than one set of clothes and, if you were ill you went to the doctor or to the hospital. So I sort of had this idea that, for my life to be worthwhile and not to be selfish then going and helping, the people that needed help would be a good thing to do and that nursing would be a good way to do it”.

In a similar vein, Alex describes why she became a nurse:

“I thought for quite a long time and then I, I think I got more into the humanitarian, wanting to change things, do something different in the world and, I don't know what was, I guess I was at school in the eighties, lots of stuff about Ethiopia, famines, all that kinda stuff and I think that caught my imagination but I think there was already something there roundabout nursing so I decided I wanted to go into nursing”

These insights illustrate the protagonists; the critical incidents that led to nursing careers and humanitarian work with MSF. Somewhat unsurprisingly, the media acted as a catalyst; media accounts of humanitarian events appeared to sow a seed in the psyche of some participants. For others serendipity, family histories of nursing, voluntary work and overseas travel were the catalysts for entry into nursing and working with MSF.

Nursing identity through the lens of the ‘I poem’: I joined, I saw, I left...

As discussed, ‘I poems’ provide an opportunity to further attend to the ways that participants speak of themselves in the context their story. To illustrate we draw on an extract from Bo who speaks about the motivations behind joining MSF:

“I did say earlier that I wasn’t trying to save the world but there’s a very strong impulse in me and it, it doesn’t happen now but it was happening up until a coupla years ago where I would see something on, happening on the news and I’d think I’d have to go and help in that situation. So, fortunately, I’ve got that into perspective now, but I think that’s part of my character”.

Here Bo’s account illustrates her responsiveness to international events. Though, if we focus more closely on Bo’s personal pronoun use, associated verbs and important words, in the underlined excerpt below, you become more attentive to specific elements associated with the way she includes her ‘self’:

“I did say earlier that I wasn’t trying to save the world but there’s a very strong impulse in me and it, it doesn’t happen now but it was happening up until a coupla years ago where I would see something on, happening on the

news and I'd think I'd have to go and help in that situation. So, fortunately, I've got that into perspective now, but I think that's part of my character".

Finally, when you strip back the data, retaining underlined segments only, presenting them accordingly, you are left with a poem. Bo's poem reads:

"I wasn't trying to save the world,
I would see something on, happening on the news,
I'd think,
I'd have to go and help in that situation,
I've got that into perspective now,
I think that's part of my character".

As can be seen in the excerpt, 'I poem' use re-focuses the listening to the data; it is more attentive to the personal pronoun. It centres the analysis on the person telling their story, their involvement in the story being told and how they locate themselves in the stories context.

This stage of analysis does not have to be conducted; however, it was deemed important to this study because of the oral history approach to data collection. Here the onus was on eliciting participants' account of experiences that were guided by broad thematic areas; becoming, being and leaving MSF. Consequently, the emphasis of the interviews was on enabling participants to tell their story the way they wanted to tell it. Subsequently, it illustrates how they, as an individual, operated in MSF, how they negotiated their own

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identity and how MSF mission work shaped their identity; its effect on them as people, as nurses.

Relationships in the field: providing nursing care in an International arena

The oral histories shed light on the many relationships formed both as a nurse in the UK and working with MSF on humanitarian missions. The experiences shared exemplified the importance of relationships while in the field. They also highlighted the tensions inherent in their change in roles, MSF work then back to NHS work and how these were often difficult to circumvent. This is evident when Alex describes returning to work in an NHS Accident and Emergency (A&E) department:

"Both times I'd gone back to the NHS it was really difficult to sort of settle in it because everyone, I mean in A&E anyway people will complain a lot and it's a place of high anxiety, that I remember being in, in [area] A&E and this woman coming up to me with a little cut on her finger and going I've been waiting for eleven hours to be seen. And I thought god I've just worked with people who've walked for three days with their arms chopped off" (Alex).

Alex's frustration at the scenario is evident. It would appear that there is a taken for granted approach to the patient's treatment seeking behaviour in this A&E context that has been affected by the length of time waiting to be seen. The patient's sense of frustration, length of time waiting to be seen for what appears to be a minor injury, is at odds with Alex's perception of the severity of the patient's injury. It forces her to reflect on some of the more harrowing experiences she has contended with on MSF missions. Byrne and Heyman (1997, p. 94) suggest that literature shows there are "differences in perception between nurses and patients about the nature and urgency of the patient's problem". However, what is clear from

Alex's narrative is that communication is not the issue, instead she appears to be clearly demarcating the severity of the injury based on her past experiences. Thus, while the A&E patient's need is genuine it no longer fully accords with Alex's perception of patient need; her mission experiences have re-shaped her views, this was something she found challenging.

Relationships on missions were also deemed to be challenging for some of the nurses:

"We had the usual dramas with various team dynamics and what-have-you but it was all do-able, it was, I mean in Somalia we were imprisoned and bunkered missions people go crazy" (Sophia)

"You have all this team dynamics going on and I, I think I was a little bit overpowered by the already existing team, I was living, living and working in a small place with just three other people and then at the weekends we weren't allowed to stay there because of insecurities so we'd come back and stay with another bigger team. And a lot of the people have been in Cambodia for quite some time before, before I got there and they had this sort of a little bit of an attitude that they were, it's a bit like I, I would, compare it to permanent staff in a hospital to bank nurses which I'm getting a little bit again now" (Lesley)

Consequently, embarking on humanitarian missions with MSF was not simply about crisis response; it was also about working together to respond to human need. However, first missions, in particular, were often isolating and unhappy times for the nurses; they were not yet established members of the MSF family with its arrogant and daring image which meant they were uncertain of their place. Nevertheless, there was also the development of camaraderie with local people and fellow workers, along with fun and the building of life-

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long friendships (Hargreaves & Golding, 2017). In turn this helped negate some of the less positive reflections of their missions shared by the nurses.

Socio-political context of humanitarian work with MSF

The nurses in this research completed missions in many African countries, plus Afghanistan, Bangladesh, Cambodia, China, Haiti, the Middle East, Pakistan and Sri Lanka. A variety of experiences were shared, but they were always arduous and often dangerous (Hargreaves & Golding, 2017) and stressful. Lesley reflects on mission stress:

“my last mission was in Haiti [...], I’d been for the earthquake [...] back for the massive cholera epidemic and I was the [role] and it was extremely stressful and by that time I was just almost completely burnt-out [...] I’d seen what happened to other people [...], I wasn’t completely but I was verging, so I decided to stop”.

Whereas, Sam said:

"I actually now know that since I’ve been indoctrinated by MSF I probably wouldn’t take the risk of working for another organisation because I know the system and I know the organisation, I know how it works".

Sam's observations helps to illustrate how MSF becomes part of the social aspect of providing humanitarian relief. This sits alongside another key aspect of MSF humanitarian work; *Témoignage* [the French word for witness]. Dr James Orbinski (1999, paragraph 5) said “we are not sure that words can always save lives, but we know that silence can certainly kill”. This principle became enshrined in the work the nurses undertook on MSF missions. This is epitomised in Chris’ words:

“the phrase is *témoignage*, ... and it’s witnessing, so you go into a situation where there is a population in danger, where there is, there is a sense of

moral outrage at what is happening and you help them and it's about the health aspect, so you're, you're dealing with the health situation and then you take that, what you have personally witnessed and ... experienced and you speak about it in order to effect change because .. whatever has caused that moral outrage you want that to stop" (Chris).

However, witnessing could also put the nurses at risk. Jo discussed this when recounting her work following the Rwandan genocide. She described observing the horror of the situation, thousands of people affected by the atrocity, which prompted her to surreptitiously photograph some of what was happening. Jo was aware this put her at risk; there was a need to ensure their protection on the ground, however, she felt the need to document evidence even when they were trying to protect a wounded soldier from the Zairian police. Jo said:

"I was going to say that was the end of the incident but it wasn't really because I had these photographs now and this was really the first documentary evidence of atrocities going, still going on in Zaire and so MSF were pretty interested in that and it was [...] just luckily in about two or three days time they were having a big convention at the UN about what was going on in the area and they said we'd really like, (a) you should get out, everyone who was in that car, you need to get out of the country for a while and (b) we'd like you to, you know, get those photographs developed" (Jo).

This documentary evidence, this witnessing, was important to MSF; it helped highlight the extent of the Rwandan crisis. It also illustrates the socio-political context where the nurses operated while on humanitarian missions. Specifically, during missions in war / conflict zones there was a need to be mindful of the political context where they were operating; failure to do so could put their lives at risk.

DISCUSSION

The use of the Guide to analyse data from an oral history project is new: thus, it adds to the critical development of the Guide and offers an alternative method for oral history analysis. The process challenged our understanding and facilitated creativity. Historical research can be undertaken quantitatively or qualitatively (Scott, 1990). This research assumed a qualitative approach commencing with a strong intention that the nurses, their lives and careers, would hold centre stage. Despite this, inevitably, information about their colleagues, aid work and the situations where they nursed for MSF, other agencies and the NHS leaked into the data, controlled predominately by their decision to select certain memories. Some nurses chose to share detailed examples of encounters with patients; others did not refer to patients at all. Certain events, for example, the 1980s Rwandan Genocide and Haitian earthquake of 2010 feature, such that they offer a deeper understanding of those events. Others spoke about returning to NHS work; pre and post mission. This is an important finding given that nurses continue to embark on International humanitarian missions with MSF UK. Some insights illustrated the impact that re-adjustment may have on nurses' returning from humanitarian missions. Whilst they quickly may settle back into previous nursing roles, perceptions of patient need, like Alex's, may change. This may have implications for practice, particularly in the current climate where global conflict continues; nurses' undertaking humanitarian missions may need support re-adjusting to UK nursing roles that are vastly different to those experienced in the field. As in Alex's case, re-adjustment may lead to frustration.

Furthermore, the use of the Guide imposed a level of discipline on the curation and analysis of the data which allowed the fragmentary picture of nurses' relationships with each other,

MSF and the nature of aid work, to be articulated without losing the centrality of the 'plot' of their lives and their individual voices. Other research into nursing identity (Johnson, Cowin, Wilson, & Young, 2012) and MSF (Fox, 2014) has sufficient congruity with these findings to suggest the Guide has facilitated a faithful interpretation.

The discipline thus imposed was also permissive, in allowing for different ways of writing about and expressing the findings. This enabled multiple but harmonious voices to emerge from the data. Further, challenge and creativity came together when the oral historian coded and created the archive and the analyst undertook detailed readings of the transcripts. The parallel work, punctuated by conversations and cross-reading, led to a depth of analysis and understanding that would not have been possible without the Guide.

Limitations

Participants in this study were women who were self-selecting via MSF UK. Thus, it offers a limited, but important, insight into humanitarian work with MSF from a UK perspective. Further, the application of the Guide is time-consuming due to the multiple data listenings however it lends itself well to small-scale studies such as the one discussed here.

CONCLUSION

This paper has drawn on oral history data to illustrate to the reader how the listening 'Guide' was applied as a method of analysis. It revealed how nurse's narratives could be analysed with sensitivity to reveal multiple layers of personal, social and contextual meaning. Consequently, these findings may be transferable to the wider population of nurses embarking on humanitarian missions with MSF UK.

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