

The World Café as a data collection method in qualitative research in positive psychology

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Abstract

The dialogue emerging from a more positivistic paradigm is how approaches, other than the traditional ones, can be used to gather rich data (Schieffer, Isaacs, & Gyllenpalm, 2004), for example the World Café (WC) dialogue method. WC is a dialogue-based method and the process brings together participants' knowledge and personal experience with the potential to ensure that these conversations are productive and provide rich data and insights into the discussed topic (Lewis, 2016). There is also a need to involve research participants more actively and in a positive way in order to generate richer data. Such active involvement will promote an equal relationship between researchers and participants, showing the respect that is an ethical responsibility (Estacio & Karic, 2015). The World Café was used in this study as a qualitative method to gather and validate data and to add to the body of knowledge regarding the WC method and specifically in a positive paradigm, focusing on resilience as the core construct. The challenge of collecting and analysing the data in a WC-meaningful way, can lead to researchers using the method in other contexts and with solution-focused approaches.

The objective of the study to explore the use of the World Café as a method for data collection and data analysis on the topic of resilience, involving fourth-year BCur and postgraduate nursing students at a Higher Education Institution, was reached and five categories or themes about resilience were identified, namely: the view of 1) resilience; 2) intrapersonal strengths/positive self-care; 3) managing to stay compassionate and how to bring back compassion; 4) how to maintain resilience in the workplace and how resilience can be improved; 5) work well-being and challenges/factors in the workplace hindering resilience. The research and findings were presented as a chapter (*Data Analysis: The World Café*) in a research handbook: *Nursing Research Using Data Analysis, Qualitative Designs and Methods in Nursing*.

Key words: World Café, resilience, positive psychology.

Declaration by Language Editor

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12 June 2018

To whom it may concern

This letter serves to confirm that the dissertation with the title *The World Café as a data collection method in qualitative research in Positive Psychology* has been edited. I am a registered member of the South African Translators' Institute and a qualified language practitioner.

I hereby acknowledge that sections one and three of this document have undergone a proper and professional language edit and section two has been proofread. The onus rests on the client to accept or reject any changes suggested.

Yours sincerely



Wendy Barrow

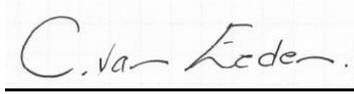
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Permission to Submit Study for Examination Purposes

As the supervisor of the study entitled *The world café as a data collection method in qualitative research in Positive Psychology*, I hereby give permission that the study as indicated above may be submitted by the candidate, MP Koen, for the purpose of examination in partial fulfilment of the requirements for the degree Master of Arts in Positive Psychology.



C. van Eeden.

Supervisor

Prof. C. van Eeden

Declaration and Preface

This mini-dissertation entitled *The World Café as a data collection method in qualitative research in Positive Psychology* is submitted in partial fulfilment for the degree Master of Arts in Positive Psychology. The curriculum of this degree consists of a total of 180 credits of which the mini-dissertation makes up 60 credits.

In line with rule 4.10.5 of the North-West University's current General Academic Rules (2018, p. 18), the research product is submitted in the form of a research article. Regarding the format of the research product, the same rule indicates that the "product must be presented for examination purposes as an integrated unit, supplemented with a problem statement, an introduction and a synoptic conclusion as prescribed by faculty rules and the manuscript submission guidelines, or the url link to the manuscript guidelines, of the journal or journals concerned". This mini-dissertation therefore consists of three chapters: 1) overview of the study, 2) guidelines and permission from the editor and Springer Publishers as well as the peer-reviewed chapter, and 3) reflection, limitations and conclusions.

The peer-reviewed chapter included in this mini-dissertation titled: *Data Analysis: The World Café*, has been published in a Springer Publications research handbook and is included in this mini-dissertation in accordance with the publisher's author agreement, which states that the author has the right to include the article in a thesis or dissertation that is not to be published commercially, provided that acknowledgement to prior publication is given.

I furthermore declare that the research product that was published, was presented in this article format. The researcher, MP Koen was the first author of *Data Analysis: The World Café*. The co-authors gave their permission that the product can be used for the purposes stated above. The declaration with their consent has been obtained.

MP Koen (Student number: 10062211)



Signature

Letter of Permission

Permission is hereby given by the co-authors that the research chapter titled “*Data Analysis: The World Café*”, as published in chapter 12, of *Nursing Research Using Data Analysis, Qualitative Designs and Methods in Nursing* (Ed., De Chesnay, 2015) may be submitted by Magdalena Petronella Koen in partial fulfillment of the degree in the Master of Arts in Positive Psychology.



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Date: 30/5/2018



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Date: 29/5/2018

Chapter 1

Overview of the Research

The overview provides an introduction and background, problem statement, paradigmatic perspective and a short discussion of the methodology, rigor and ethical considerations of this study. Chapter 2 is presented according to the guidelines of Springer Publications, which is the research product that has been published as chapter 12, in *Data Analysis: The World Café in Nursing Research Using Data Analysis, Qualitative Designs and Methods in Nursing* (Ed., De Chesnay, 2015), followed by chapter 3 that covers a reflection, limitations and conclusions of the study.

Introduction and background

Researchers are always looking for the best research designs and methods to answer their research questions and to reach the objectives of their studies. Qualitative methods mostly use focus-group discussions or semi-structured interviews that have some limitations in gaining insight from participants (Stringer, 2007). The formal and structured context of these methods can also lead to participants feeling inferior to the interviewer, discouraging them to express their feelings freely. Even though interviews and focus-group discussions provide better opportunities to explore the experiences of participants than surveys, these methods still create separation of the researcher from the participants (Gibson & Riley, 2010). This matter was referred to by Aldred (2011) as tokenism of participation, meaning methods of data collection that use the views of participants without engaging them deeply as people, or giving them a voice as part of the community being researched.

There is a growing need to involve research participants more actively in a positive way, in order to generate richer data and to promote an equal relationship between researchers and participants, showing the respect that is an ethical responsibility (Estacio & Karic, 2015). The World Café (WC) method is based on an informal setting, facilitating a relaxed atmosphere that is based on the principle that the best ideas and solutions often occur outside of formal discussion structures like in coffee breaks, over dinner, or even at the bus stop (Brown & Isaacs, 2005). World Café methods therefore recreate an informal environment, while using a structured conversation format that focuses on key questions that are relevant to the participants. This method has been used in a variety of settings including community health services (Burke & Sheldon, 2010). It can be argued that the WC is becoming increasingly popular because it understands that participants are multi-dimensional and socially-rooted

beings. The World Café philosophy further focuses on the power of conversation which enables people to recognise personal values, share knowledge and add to a better understanding of the world around us (Brown, Isaacs, & Margulies, 1997). The World Café is useful to facilitate discussions about matters of importance and these conversations link and build on each other, as people move between groups and discover new insights into the questions in their life, work or community. The facilitated group discussions of the WC leads to group ownership and the process helps to create a better understanding of the phenomena discussed (Brown & Isaacs, 2005).

The argument that this method is also fitting in Positive Psychology research, is based on the first principle of the World Café to create a welcoming and conducive environment (Brown, 2002) and a respectful relationship that promotes an equal partnership. Inviting participants to attend the event is a first step in creating an atmosphere of hospitable space (Prewitt, 2011). The World Café operates on the principle that people are at their most creative when they are relaxed (Brown, 2002). Even décor and room layout are important features in creating an informal and welcoming atmosphere and refreshments can be provided to add to the setting. The flexibility of the method and the active engagement that it promotes, engender rich and meaningful data as part of the process. The methods used to capture participants' views and insights should be as non-disruptive as possible, maintaining the informality and café-like atmosphere in the room (Brown, 2002). It is challenging to gather meaningful information in a short time when people are available to share their insights that can be useful in disciplines like the nursing profession. Furthermore, the context is often problem-saturated and more solution-focused research that focuses on positive constructs should be explored, in order to make a positive difference in disciplines like the nursing profession that are faced with adverse working conditions.

The resilience construct is very prominent in Positive Psychology and has been used as an umbrella term in various studies in South Africa, also in the nursing profession. Koen et al. (2011) used it to determine how resilient professional nurses manage to stay compassionate and resilient under adverse working conditions in the health care system and the authors developed strategies to enhance resilience, based on the findings. In another study strategies to enhance resilience for nurses caring for older people have been developed (Benade et al., 2014). It is becoming more important to gain a deeper understanding of constructs in specific contexts and therefore the construct of choice in this research was resilience in student nurses

in a Higher Education Institution, which also served as a reflection on previous research done on resilience in professional nurses.

If researchers wish for participants to be engaged constructively, such participants should feel appreciated and treated with respect. Such an appreciative approach lies at the heart of scientific thinking in Positive Psychology and of all ethical considerations. A constructive strategy that is also fitting in a positive paradigm, is to frame questions that build appreciation of the positive rather than the problematic aspects of an issue or situation (Brown, 2002). The argument that this approach is fitting in Positive Psychology is in line with the first principle of the World Café methods, to create a welcoming environment (Brown, 2002) and to promote an equal partnership. The questions used in the World Café method should be formulated in a way to give the participants an opportunity to express their thought and ideas freely. In the previous study by Koen et al. (2011), such questions were posed, but were used in focus-group discussions and nurses' narratives. The website dedicated to the WC speaks of awakening and engaging collective thoughts through conversations about questions that matter and shows that the WC can be used as a research method for problem-solving, for strategic planning and also for reflection purposes, which was done in this study by using appreciative questions in the nursing context.

Problem statement

It was stated before that the dialogue emerging from a positivistic paradigm, is about how other approaches than the traditional ones can be used to gather rich data (Schieffer, Isaacs, & Gyllenpalm, 2004). The World Café could be an effective method towards such data collection. Furthermore, there is a need to involve research participants more actively and in a positive way, in order to generate richer data and to promote an equal relationship between researchers and participants, while showing respect as an ethical responsibility (Estacio & Karic, 2015). The World Café may be an ideal method that can be used to gather and validate data and exploring the use of this method can contribute to the body of knowledge pertaining to the WC method and specifically the use thereof in a positive psychological paradigm. The challenge of collecting and analysing data in a meaningful way, can lead to researchers using the WC method in various other contexts.

The following research question can thus be posed: How could the World Café method be used in an appreciative way with fourth-year baccalaureate (BCur) nursing students as well as postgraduate nursing students, to collect and analyse data regarding resilience?

Objective

The research objective is to explore the use of the World Café technique as a method for data collection and data analysis regarding resilience, with fourth-year BCur nursing students and postgraduate nursing students at a Higher Education Institution.

Philosophical positioning and paradigmatic perspective

The researcher takes the view that no research is free of values which implies that the researcher's beliefs and values could influence the research (Burns & Grove, 2005). A paradigm refers to a worldview and a philosophical position on reality with its complexities and helps us to interpret our world (Polit & Beck, 2006). The paradigmatic perspective of the researcher consists of meta-theoretical, theoretical and methodological statements and is discussed under these headings as applied in this study.

Meta-theoretical statements

Meta-theoretical statements are based on the researcher's own belief system as a Christian and comprises of her views of a person, of the environment and of nursing as a profession.

A person is viewed as a unique being created by God in His image who has an important role to fulfill on earth. The person as a whole being is in constant interaction with other people and the environment. In this study, person refers to the postgraduate and fourth-year nursing students who all practice nursing and are dealing with adverse working conditions. The person and the environment effect change in each other.

The environment has an impact on people and consists of all those forces that can influence a person. Such forces can influence a person in a positive or a negative way and a person has a choice in how she/he reacts to these forces. The environment in this study refers to the adverse working environment of the nursing students in the health care system.

Nursing refers to the art and science of caring for people and in this research refers to postgraduate and fourth-year nursing students who all practice nursing. Nursing has developed and provides comprehensive clinical health care to provide for the basic life needs for people in need of care.

Theoretical statements.

The theoretical statements comprise of the key concepts that are used in this study and consist of: World Café that is also the method explored in this research, resilience and Positive Psychology. These concepts are analysed and applied in the context of this study as follows.

World café. The World Café has been developed by Brown and Isaacs in 1995 (The World Café, 2017) as a participatory tool to facilitate community change, by listening to the ideas and opinions of as many community members as possible. The aims focus on sharing knowledge, building personal relationships and creating new ideas and possibilities for action. WC has been used internationally in different contexts, for example in community development and organisational change processes. Groups of four to five persons discuss research questions at small Café-style tables. Discussion entails at least three consecutive rounds of conversation (approximately 20 minutes each). A host is appointed at each table that facilitates the process and shares the discussion results with participants. Participants record results in the form of text, sketches or symbols on paper or on the table cloth. The discussion of insights and ideas are shared at the end of the session to conclude the process.

Generally a session is planned to take about two hours or about as long as participants can dialogue before fatigue sets in. While participants should know what they are attending to discuss, each round also requires a relevant focussing question. In most World Cafés, a central question is addressed through all the conversation rounds, but more questions of importance can also be used. Questions should be open and interesting enough to propel inspiring conversation through the successive rounds. In this research the product prepared was to focus on effective data analysis of data gathered through the WC method.

Resilience is derived from the Latin word ‘resiliens’, meaning to rebound or leap back (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O’Flaherty, 2013). It is used in various fields, and was originally used to describe the capacity of a material or system to return to equilibrium after a displacement, or having been exposed to a stress factor. The above conceptualisations imply strength, stability, resistance, flexibility and maintenance of originality in relation to the response of an object to stress. Resilience is seen as the ability to adjust successfully to adversity experienced (Jackson, 2011) and is needed to handle everyday difficulties, as well as great life-changing events. The positive adjustment must be in accordance with the difficulty experienced (Fletcher & Sarkar, 2013). The quality of bouncing back and going forward in life after difficulties, is evident in resilience (Earvolino-Ramirez, 2007). Resilience also refers to the ability to be resourceful and use all the available

internal and external resources to handle different contextual and developmental challenges (Pooley & Cohen, 2010). The main attribute of resilience is the ability or capacity to withstand, recover or bounce back from adversity (Jackson, 2011; Kruger & Prinsloo, 2008; McAllister & McKinnon, 2009; McDonald, Jackson, Wilkes, & Vickers, 2012; Truffino, 2010; Turner, 2014).

Resilience does not only refer to bouncing back from adversity but also the aspect of positive adaptation and growth following the challenging experience (Gasa, 2013; Haddadi & Besharat, 2010; Koen et al., 2011; McAllister & McKinnon, 2009; Zander, BaMedRad, Hutton, & King, 2013). These views of resilience can be summarised as a dynamic process where individuals, regardless of their experience of significant adversity, display positive adaptation. It is clear that adversity and healthy adaptation are the two themes that describe resilience or rebounding after facing a life-altering event. The determination or fixed intention to achieve a desired end after adversity, is another characteristic of resilience. It gives individuals the belief that they can overcome the hurdles they have to face, the belief in one's ability to achieve a goal or overcome hardship (Koen et al., 2011).

There are protective factors in the internal and external environment that are important in protecting the individual from succumbing to stressors and challenges of the workplace. The internal factors include personal factors such as one's level of autonomy and problem solving abilities and external and environmental factors such as relationship with family, support from peers, friends and other social and professional groups (Garcia-Dia et al., 2013). These are often described as agency and mastery factors, with agency referring to the importance that the individual should seek support and resources to overcome the adversity and mastery to the mobilisation of resources in the system.

Resilience is never directly measured but inferred on the basis of significant interactions between risk and protective factors associated with healthy adaptation. The key to understanding resilience is analysing risk and vulnerability factors as well as protective factors, coping, competence, personality factors, and the capacity to effectively use resources. Resilience is a multi-dimensional construct that is defined by performance outcomes, the adequacy of responses to normal and severe stressors, and how cognitive processes and the ability to modulate emotions influence the ability to utilise personal and social resources (Koen et al., 2011; Turner, 2014). Many of the Positive Psychology constructs are linked to resilience and one can use resilience as an umbrella construct, as was done in the previous studies mentioned regarding the nursing profession.

Positive Psychology. Positive Psychology refers to the science of promoting optimal health and well-being and is focused on the study and practice of the factors that allow human beings and communities to thrive (Sheldon, Frederickson, Rathunde, & Csikszentmihalyi, 2000). Positive Psychology according to Sheldon et al. (2000), strives to rectify the inattention to strengths and virtues of many previous schools of thought. New disciplines, movements and theories usually aim to compensate for the shortcomings of their predecessors. The historical role, however, need not be the promotion of positive qualities at the expense of the elimination of negative forces, nor should it be the promotion of person-based solutions at the expense of collective actions. The aim should be to reach a balance among multiple approaches (Peterson, 2006). It is important to be pro-active in Positive Psychology and act as an agent to facilitate positive social change to actively empower and positively transform communities as well as do research, by which to facilitate positive approaches and change.

Methodological statements

The methodology refers to the study of how we know the world, or gain a better understanding and knowledge of it through research. Scientific decision making is necessary in logically planning the research and deciding on the best methods which will result in the most valid findings (Denzin & Lincoln, 1994). In this research the focus was on gaining better insight into the use of the World Café method, in studying resilience in the context of nursing.

Research Methodology

In this research both a literature study and empirical research were employed.

Research methodology refers to the design of and methods used in a study and for this research it refers to a qualitative design, with the World Café as the method of data collection and analysis. A simple set of rules that have been developed, will be followed: to focus on what matters; for participants to contribute by speaking their mind and heart; to listen and to understand; to link and connect ideas; to listen for insights, patterns and deeper questions; to have fun, draw and write on a white paper or even on the tablecloth for these purposes.

Research design

A descriptive, explorative qualitative design was used based on the appreciative and relaxed World Café method, in which different steps implement seven design principles. These principles are the following: setting the context; creating a hospitable space; exploring

questions that matter; encouraging participation and contribution; connecting diverse perspectives; listening for patterns and insights; and finally, sharing collective discoveries (Lewis, 2016; World Café, 2008).

Participants and procedures

Fourth-year BCur nursing students and postgraduate nursing students who study at a Higher Education Institution and were willing to partake, were included in the study, with a total of 108 participants. Twenty seven (27) sheets of data were gathered through this method and by following the steps mentioned above. The method and analysis are discussed in detail in chapter 2.

Data collection

Groups of four to five persons discuss research questions at small Café-style tables. In this study, two groups of students were participating in two different sessions, the fourth-year BCur students and the postgraduate nursing students and they were divided into groups of four to five persons. The WC process consists of at least three consecutive rounds of conversation (approximately 20 minutes each). Each table has a host who facilitates the process and shares the discussion results with participants. Participants then record the results in the form of text, sketches or symbols. These results can be recorded on paper or even the table cloth. To conclude the process, the discussion of insights and ideas are shared at the end of the session and this is called harvesting (Lewis, 2016; The World Café, 2017). In the WC sessions on resilience in nursing, the following questions were asked: How do you manage to stay resilient? How do you manage to stay compassionate? How can resilience be improved? and What are hindering factors to resilience?

Data analysis

Qualitative thematic content data analyses principles as described by Henning, Van Rensburg and Smit (2004) (also see Du Plessis, Koen, & Bester, 2012) were used. The application of document analysis as discussed by Blakeman, Samuelson and McEvoy (2013) was also useful during data analysis of World Café data.

Rigor

The product of a research process should be valid and accountable to the truth and the researcher will keep basic standards in mind (Botes, 2003). Rigorous research will be ensured

by using the World Café method and following all the steps thereof, to give an honest report on the data gathered.

Ethical Considerations

The researcher was guided by the various international ethical principles like the Helsinki Declaration (Democratic Nursing Organization (DENOSA), 1998) and other guidelines based on values (Brink, Van Rensburg, & Van der Walt, 2006). The values of respect, integrity, justice, beneficence, confidentiality and anonymity, have become prominent in the ethics of human research in the past six decades and have provided a substantial and flexible framework for principles to guide one in the application of interventions. Among these values, respect is central and involves recognising that each human being has value and that this value must inform all interaction between people. Respect includes recognising the value of human autonomy or the capacity to determine one's own life and make one's own decisions. One should note that an ethical approach challenges ways to enhance performance, rather than simply avoiding client harm. While one should adhere to ethical standards, one should go further and seek and provide inspiration to fulfil the highest professional potential (Knapp, Handelsman, Gottlieb, & VandeCreek, 2013). Informed consent was obtained from the participants and it was explained that the questions are a reflection on previous research done, no direct quotes would be used and the themes would be used to add to the knowledge of the World Café as a qualitative method. The researcher was not directly involved with the participants and therefore lecturers of the nursing students acted as mediators. The ethical permission was covered under the research project, "RISE": Strengthening the resilience of professional nurses, other health care givers and risk groups, of M.P. Koen and E. Du Plessis. The project's ethical number is NWU-00036-11-A1 with ethical permission from 3/5/2011 to 12/5/2016.

Report Outline

The research report will be presented in the article model of the new academic rules, NWU Rule A.4.2.10. (2018). The researcher took the lead in conducting the research and was the first author of the peer-reviewed chapter, *Data Analysis: The World Café*, that was published in the research handbook *Nursing Research Using Data Analysis, Qualitative Designs and Methods in Nursing* (Ed., De Chesnay, 2015). Prof. E. du Plessis and Dr V. Koen were both involved in the research and are co-authors of the published chapter. Permission was obtained

from both of them to present the work as part of this mini-dissertation and permission was also obtained from Springer Publishers.

The research report is structured as follows:

- Chapter 1: Overview of the study
- Chapter 2: ¹Correspondence between researcher and editor and the chapter: *Data Analysis: The World Café*. M. P. Koen, E. du Plessis and V. Koen, published in a peer-reviewed Springer Publishers research handbook *Nursing Research Using Data Analysis, Qualitative Designs and Methods in Nursing* (Ed., De Chesnay, 2015) is presented in this chapter.
- Chapter 3: Reflection, limitations and conclusions.

¹ Although Chapter 2 has been published, there are minor editorial changes in the current chapter. The correspondence in Chapter 2 has not been edited.

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Chapter 2

Correspondence Between the Researcher and the Editor and the Guidelines Regarding the Chapter

E-mail from the editor:

“Dear Prof. Koen: I am the editor for the Springer Series on Qualitative Research in Nursing and wonder if you would be interested in submitting a manuscript? The series is designed for doctoral students and experienced nurse researchers who wish to try methods with which they might not be familiar. There are 7 volumes in the series: ethnography, life history, grounded theory, phenomenology, historical research, participatory action research, and data analysis. The deadline for the first three is tight-I need final drafts by Sept. 1 but the others have a deadline of Dec. It needs to be submitted as a Word document, Times New Roman, 12-pt font and can be dissertations. I am looking for 20-30 pages language edited, including references and the following is the outline: A brief description of the research issues and challenges encountered and how these were solved or addressed. There is no honorarium, however the chapters are peer-reviewed which is not always the case with books or monographs.

Attached please find the contributor form, which I need from each author. You can sign and scan and email it back to me or fax to me at the number below. Also attached is the permission form in case you need to reprint more than 300 words from another published source. You should avoid doing this if possible, though, since it can be expensive and take a long time. You would need to take care of this before Springer can publish your chapter, so please paraphrase as much as possible. Also attached is the biographical form- I have included mine so you have a sense of what to write that shows your expertise in your chapter's content. I need one for each author. Since this is the last volume in the series, I can give you until January 10 to send the chapters in. I will review them and then send them to external reviewers for double-blind review. Email to me as a Word document, Times New Roman, 12-pt font. Format is APA for references, but the publisher has their own format for style in the text. I am attaching a draft of one of my chapters so you can see how to do the headings and subheadings.”

Really glad to have you involved with this project!

Mary

Mary de Chesnay, DSN, RN, PMHCNS-BC, FAAN
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Dear editor

I am prof Magdalena Petronelle Koen who published a chapter in Nursing Research Using Data Analysis, Qualitative designs and methods in Nursing with 2 co-authors, Emmerentia du Plessis and Vicki Koen. I am doing a Master's in Positive Psychology and for completion purposes must submit a research product that was already published and not part of a formal qualification.

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Thank you in advance.

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Prof Daleen Koen (PhD Nursing Science; PhD Psychology M.Cur; MA; RN)

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Chapter 2

Data Analysis: The World Café

Magdalena P Koen

Emmerentia du Plessis

Vicki Koen

Introduction

After being introduced to the World Café (The World Café, 2008) as a method to facilitate social change at a symposium workshop hosted in South Africa in 2011 by Helena Agueda Marujo and Luis Miguel Neto, the authors realised that the method has great potential as a qualitative data collection technique in their structured methodology. We therefore made the decision to present the method to our postgraduate nursing students as a possible qualitative data collection technique. After the first workshop in which we presented the technique and discovered how well it worked in practical sessions in the class, we and our students alike were enthusiastic about using the method in actual research. It did not take long for this enthusiasm to turn into action and two of the authors used the method to explore home visits in a faith community as a service-learning opportunity (Du Plessis, Koen, & Bester, 2012). Some of our students also started using the method in their postgraduate research (Froneman, 2013). Soon we were confronted with the question of how to analyse data gathered using this method. The following chapter provides a description of the method and specifically, how we approached the analyses of data.

The World Café method

Initially, the World Café method was intended to facilitate large group dialogue for different events. The method was developed based on conversations with diverse groups worldwide, slowly being adapted and tested until Juanita Brown collected the work for her doctoral studies (Brown, 2001; The World Café, 2008). There is currently a variety of research being conducted regarding the World Café method, including the use thereof as a community organising strategy, as an educational intervention, and as a tool to help communities involved in metropolitan conflict (The World Café, 2008). Because the method was not initially intended as a qualitative data collection technique, the authors contacted the founders of the method to ensure that using the method for such purposes would fall within their use and copyright policies. The founders informed the authors that they could keep using the

technique as such and also that they are currently undertaking some qualitative research studies themselves through academic partners at Fielding Graduate University.

Design principles of the method

The World Café method implements seven design principles (The World Café, 2008), namely: setting the context, creating a hospitable space, exploring questions that matter, encouraging everyone's participation or contribution, connecting diverse perspectives, listening together for patterns and insights, and sharing collective discoveries.

How the method works

The participants are seated at different tables (four to six participants per table). Each table should be provided with a large sheet of paper or table cloth that participants can write on along with coloured pens and pencils. Each table will have one question and will appoint a table host. When used as a data collection technique, the table hosts can be the researchers, fieldworkers or some of the participants. The table host stays only at his/her appointed table and does not move around like the other participants. The role of the table host is to explain the question of his/her table to each new group of participants that come along, explain what the groups before them have already shared, and encourage their participation or contribution. Each round of conversation should last approximately 20 minutes. During this time, the group will be asked the question and will be given time to answer it or share key ideas on the sheet of paper by writing words, making symbols/drawings/doodles or any other contribution that they feel is appropriate. After the time has expired, the table host thanks the participants for their contribution and asks them to move on to the next table and welcomes a new group to his/her table. In doing so, each group has enough time to contribute to all of the questions. After all the groups have visited each table, a period of sharing discoveries should be initiated during which each table host can share with the whole group what his/her question was and what was shared by all the groups.

The reason why this method is so effective as a qualitative data collection technique, is the combination of certain aspects of several more traditional qualitative data collection techniques such as interviewing, drawings and narratives and it also allows for time to reflect on what was shared (almost acting as member checking). Furthermore, provided that one can get enough participants together in one place, the method allows for the collection of a great deal of data in a short period of time. Images 1 and 2 provide visual examples of the set-up when using the method.

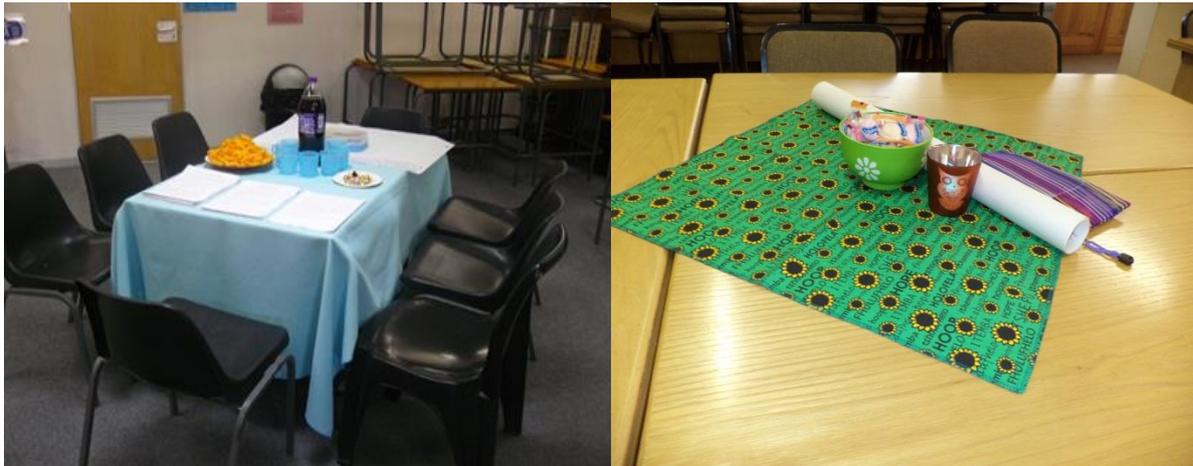


Image 1: Visual example one of set-up (Froneman, 2013)

Image 2: Visual example of set-up (Koen, Du Plessis, & Koen)

Data analysis approach

After careful consideration, the authors made the decision to use qualitative thematic-content data analyses principles as described by Henning, Van Rensburg, and Smit (2004) (also see Du Plessis, Koen, & Bester, 2012). We also found the application of document analysis as discussed by Blakeman, Samuelson, and McEvoy (2013) useful during data analysis of World Café data.

An example

We had access to a data set of 27 sheets generated through the World Café method with groups of fourth-year baccalaureate nursing students, as well as groups of postgraduate nursing students. These sheets are the result of World Café sessions on resilience in nursing, asking questions such as: How do you manage to stay resilient? How do you manage to stay compassionate? How can resilience be improved? and What are hindering factors to resilience? Data were collected as part of an exercise in research methodology workshops to illustrate the World Café as data collection method in qualitative research. Informed consent was obtained from these groups to use the data in research reports such as this chapter. Image 3 is an example of a sheet generated during a World Café session. This sheet was included in the data analysis as explained in this example.

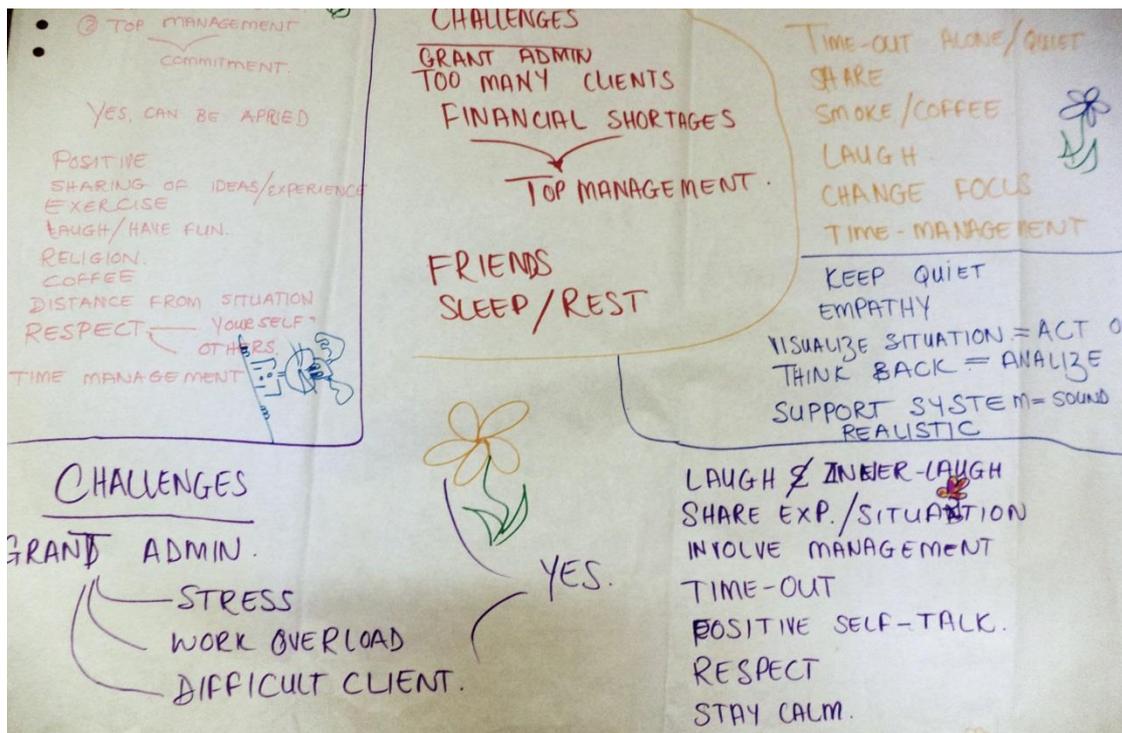


Image 3: Example of data generated through the World Caf  method

The following steps were followed during data analysis

The unit of analysis was phrases that represented an answer/idea/suggestion with regards to the broad categories and overall theme: resilience.

The data was initially analysed by one author, whilst the other authors acted as co-coders, meaning that they independently analysed the data, each following the same steps of data analysis, as explained below. After separately analysing the data, the authors had a consensus meeting to finalise the results.

The steps of data analysis of the World Caf  data were as follows: Firstly, a broad, rough sorting of the sheets, to get a sense of the whole, keeping the main theme (resilience, nurses, strengthening resilience in nurses) in mind.

The sheets were glanced through a second time, and broad categories were identified based on the headings/main phrases appearing on the sheets. These broad categories included:

- What is resilience?
- Positive self-care/intrapersonal strengths
- Compassion – how do you manage to stay compassionate, how to bring back compassion?
- How to maintain resilience in the workplace/how do you stay resilient/how can resilience be improved?
- Work well-being
- Challenges in the workplace/factors hindering resilience

Keeping these broad categories in mind as a guideline to what may be expected in the data, we then looked at each sheet separately and by a process of grouping similar words and phrases together and doing constant comparison (comparing phrases with one another, with headings on the sheets (if present) and with the overall theme), we could identify sub-themes.

Thereafter these sub-themes were constantly compared with one another and with the main topic (resilience), and clustered together to arrive at themes. Once a draft framework of sub-themes and themes was established (three to five sheets), the remaining sheets were studied intensively to enrich, refine and confirm sub-themes and themes. During this analysis, the authors engaged with the data (spent time trying to understand, in-depth reflection), looking at not only the words and phrases itself, but also at the use of colour, the overall impression of the sheets, the use of the sheet by the participants (whole sheet or partly) and quality of words/pictures (readability, size). For example, we saw that the answers on resilience and how to maintain resilience tended to be colourful, positive, creative, happy, sunny, whilst the sheets with information on challenges and hindering factors tended to be mono-coloured lists of words/phrases, often in capital letters, as if to shout or emphasise the words. These insights not only enriched the data analysis, but also enabled us to start seeing patterns and interrelationships.

After these steps, the draft framework of themes and sub-themes was then compared with the initially identified broad categories. This enabled the authors to group these broad categories into two overall categories, namely resilience in nurses, and resilience in the nursing profession, within which several themes and sub-themes could be identified.

After the categories, themes and sub-themes were identified, the authors went back to the data set and compared the results with the raw data, to ensure that the results are a true reflection of the raw data. In addition, the results could also be compared to an existing theoretical framework. In this case we have observed that the results show similarity to strategies to strengthen resilience in nurses as developed by Koen (2010). For example, Koen's strategies of "developing a personal ethos" and "I know therefore I can" can be seen in these results. Diagram 1 provides an illustration of the data analysis process.

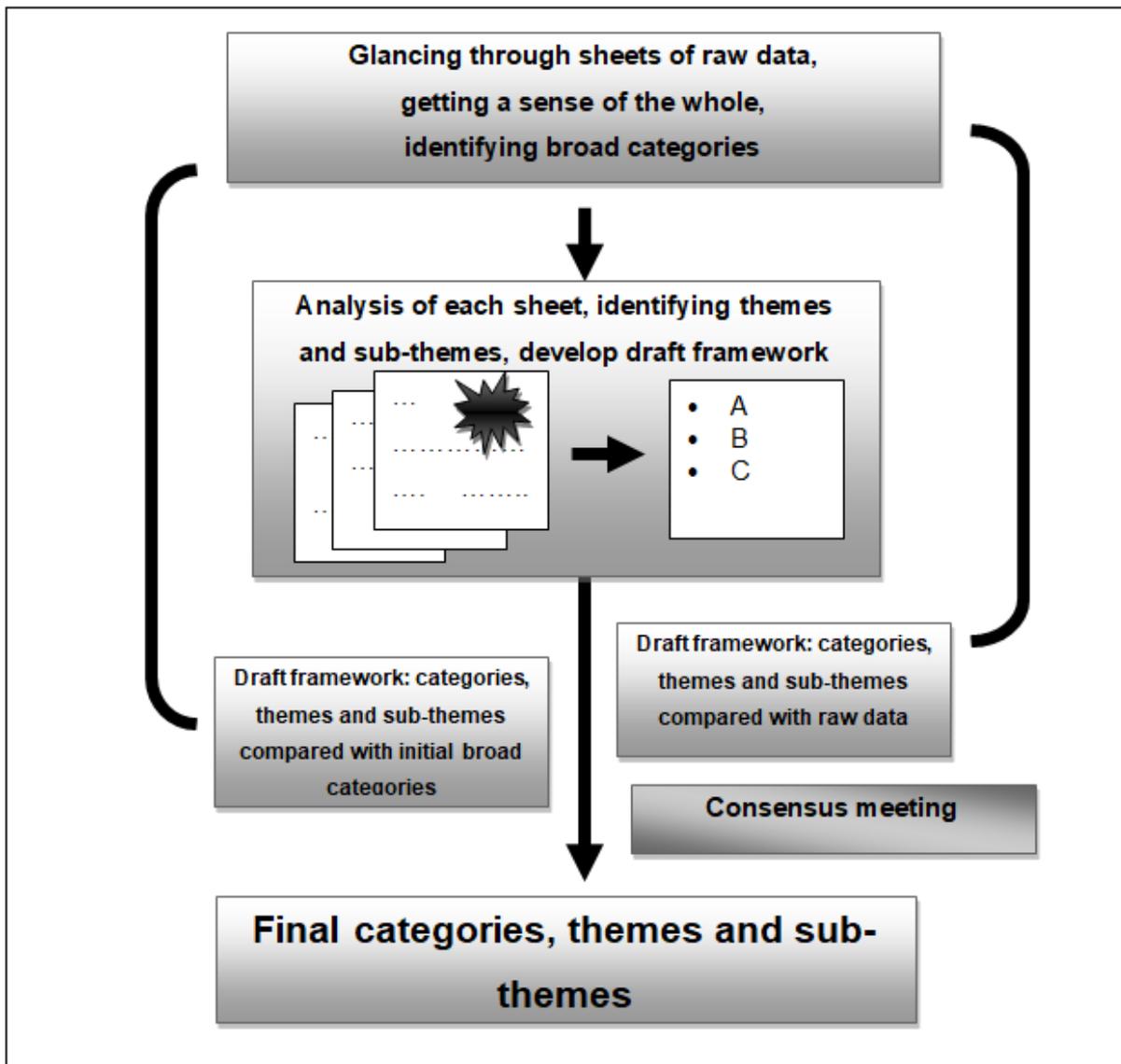


Diagram 1. Illustration of the data analysis process of World Café data

With regards to data saturation, we kept in mind that each sheet was already representative of a group's views. Thus, within each sheet, data saturation has already been reached. In this case, analysis looked at the inputs from more than one group, namely groups of fourth-year baccalaureate nursing students as well as groups of masters' degree nursing students. Data gathered from these groups were similar and could be analysed as one data set. Data saturation was reached in this data set, as is apparent in Table 1.

To enrich the discussion of the results, quasi-statistics were used in this analysis, to show frequency of phrases. Keeping in mind that data saturation was already achieved on each sheet containing words and phrases, frequencies (repetition) of these words and phrases on different sheets should thus be seen as carrying significant weight. In addition to looking at frequency of phrases, attention was given to new/novel ideas, the use of colour, space, size

and creativity, as indicators of the importance/emphasis/priority given to each phrase/idea by participants. For example, a sheet with a picture of two trees, with limited wording/sub-headings to explain the drawing, was seen as carrying equal weight to a sheet full of listed words and phrases.

Bracketing was difficult, as we have experience in and knowledge of the topic, namely resilience in nurses. We thus employed our curiosity to know the groups as a way of bracketing, being open-minded and looking forward to learn what participants shared.

Table 1 shows examples of the categories, themes and sub-themes that resulted from data analysis. The numbers in brackets indicate the frequency of the themes and sub-themes.

Table 1: Results

Category	Resilience in nurses		Resilience in the nursing profession	
Theme	Nurses' view of resilience (1 sheet)	Resilience in nurses (5 sheets)	Strengthening resilience in the nursing profession (14 sheets)	Challenges/factors hindering resilience (7 sheets)
Notes	This was the answer to the question: What is resilience? This sheet is colourful, and shows non-linear thinking: participants used the whole page, as well as lines to show relationships, and used pictures to illustrate words.	This data answered the questions: How do you manage to stay resilient? and How do you manage to stay compassionate? These sheets were lively, colourful, creative, with non-linear wording and pictures. Pictures such as trees (growth, roots, bearing fruit/blooming), butterflies, sun/sunny faces/smiley faces repeated on the various sheets.	From the questions: how can nurses' resilience be improved, how would you like to see nursing in the future? Colourful, creative sheets	Mostly mono-coloured, lists of words and phrases. Where there are pictures, these pictures are drawn with darker colours, and negative pictures, such as crying faces, clouds and rain.
Sub-themes	<p>The following describes resilience, as seen by nurses:</p> <ul style="list-style-type: none"> Focus on the positive, rather than the negative (brain with + inside), thus: positive thinking: silver lining, you'll survive, staying positive Take critics as a challenge for change, and bad times as an opportunity to learn Bouncing back after having gone down, bouncing back (Jack-in-the-box, not staying in closed box) – stronger (growth) after each time, continuous cycle (building a brick wall). Being like/having a strong, loaded battery – instead of being like a cellphone charger 	<p>Personal strengths:</p> <p>Perseverance and passion (20) = by persevering (2), having stamina (1), energy (2), fun (1), having spunk, dash (1), keeping chin up (1), bouncing back (1), self-motivated (1), passion (4), passion for people (1), enthusiasm (1), keep strong personally (1), determined (1), goal-oriented (1), inner strength and growth (1).</p> <p>Having character strengths/being trustworthy (19), such as being open and honest/trust (5), having a strong set of values (1), respect for self and others (3), having a sense of duty (1), pride (1), commitment (3), stability (1), being dependable, keeping promises (2), being accountable (1), keeping confidentiality (1), strong roots (1).</p> <p>Self-knowledge and self-acceptance (14), as evident through: value yourself (1), be gentle on yourself (1), be content with who you are and accept yourself (1), know your tolerance level, know your</p>	<p>The nurse's resilience is strengthened:</p> <p>By developing and maintaining a personal ethos (7) Strong set of values (2), nurse's pledge (2) - must be from the heart, improves care; code of ethics (1), principles (1) Lead by example, respect, trust (1), be a leader without a title (even when not asked/appointed as such) (1)</p> <p>When he/she experiences the profession as rewarding (11) (Nursing is) rewarding (1), holding the patient's life in your hands (1), helping others (1), when experiencing love for/from the community (1), personal gain (1), experiencing the reward of nursing – patient recovering and being discharged, waving (1), when the clients I see are happy (1), finding solutions to problems (1), good service to clients (1), put smile on someone's face (1)</p> <p>When he/she received recognition as a professional (3) (Thickly described, pictures on whole sheet) "Thank you" from patient (1), remuneration (1), professional/academic acknowledgement (picture of certificate) (1)</p> <p>Through development and growth (personal and professional) (20) Self-development (2), create opportunities to study (1), challenge yourself (1), self-evaluation (1);</p>	<p>Factors hindering resilience in nurses:</p> <p>Patients: Difficult patients and family members, disrespect from patients and family, verbal abuse (6)</p> <p>Nurses: Lack of commitment from individual nurses (1) Inflexibility with regards to different races, cultures (1) Negativity, lack of motivation, hopelessness (2) Low self-esteem (1) Poor communication, poor team work, poor working relationships, conflict, poor adaptation (5) Lack of training, level of education (2) Poor work ethos (agency staff) (2) Social problems (external factors) (1) Neglecting spiritual well-being</p>

Category	Resilience in nurses		Resilience in the nursing profession	
Theme	Nurses' view of resilience (1 sheet)	Resilience in nurses (5 sheets)	Strengthening resilience in the nursing profession (14 sheets)	Challenges/factors hindering resilience (7 sheets)
	<p>(dead) – by following a healthy lifestyle, doing things to recharge.</p> <ul style="list-style-type: none"> Built in, did not choose to have it = intuition 	<p>limits (3), know yourself and what's best for you (1), learn from your mistakes (1), emotional intelligence (1), don't take things too personally (1), intuition, gut feeling (3), intelligence (1).</p> <p>Having a positive mindset (13), positive mindset (4), hope, looking forward to good things (1), we have a future (1), optimist (1), start the day in a positive way (1), friendly (1), happiness (1), instil hope and optimism as positive life skills (1), see if you can change it to positive (2), positive attitude (makes tree grow and bloom/bear fruit) (1).</p> <p>Compassion (10), compassion (2), empathy for self and others (2), love (3), patience (1), care (1), warmth (1).</p> <p>Spirituality (8), spiritual upliftment (1), prayer, bring back prayer (2), spiritual NB (1), belief system – focused, continue (1), purpose for doing, know your purpose (1), spiritual connectivity (1), inner peace (1).</p> <p>Self care (): Take care of yourself (2), Enough rest (1), Healthy food (1), Exercise (1), Gym (1), sport (1), Vacation (1), time out (1), tea break (1), a change is as good as a vacation (1), nature (1), Time management (work, family, self) (1), Pampering (shopping, pampering, manicure, facial, chocolates, romance, magazine, wine, driving around, album (old pictures)) (1), Home environment, support, love, care (1), Bucket list (1), Socialising, with colleagues (1), chatting (1), Celebrating (1), celebrate</p>	<p>training (1), education (1), ongoing training and development (1), lifelong learning (1), growth and development (1); growth (1), sharing best practices (1), mutual sharing of knowledge and experiences (1), invite experts to share knowledge (1), workshops to gain knowledge, not just to pass the time (2); stay updated, knowledge (1), strive to be the best, to improve (1), scientific knowledge (1), knowledge is power (1).</p> <p>By strengthening a positive attitude (3) Deal with your emotions, personal experiences that can be a barrier to helping process ('centering') (1), be flexible, adapt to change (1), assertive (1)</p> <p>Nurses' resilience is strengthened:</p> <p>When nurses work harmoniously together and develop as a team (47): Work harmoniously together (picture of heart with hands inside) (1) Team building: positive monthly activities, e.g. mental health day (3), bring back the fun (lift spirit) (team building, compassion for one another) (3), happiness (1), team work, be a team builder, player (6), positive (staff) relations (2); grow together (1), when the people I am working with grow and develop (1) sharing ideas / experiences enhance the feeling of belonging (support, not alone) and lead to connectedness (1), connect, but different – recognise uniqueness (1); take criticism constructively (1); build and refine social skills (1) staying positive (2), instil hope and optimism as positive life skills (1) Acknowledges one another: praise, thank you (2), respect and trust ourselves, nurses (4) Caring for peers (1), listen (2), interested (3), support, good support system, buddy system, connected to direct support system (6); sharing feelings and uncertainties (1) Accepting other cultures, values, diversity, transformation, x/y generation (1), adaptability, open to change (1), change management (1)</p>	<p>(1)</p> <p>Colleagues: Disrespectful behaviour towards patients by health caregivers (3) Favouritism (1) Incompetent staff (1) Negative image of profession, lack of respect from other professions (3)</p> <p>Work circumstances: Shortage of staff, work overload, burnout, stress (6) Low salary, financial problems, constrained budget (3) Equipment failure, lack of equipment (3) Lack of facilities (crèche, recreation) (1) Lack of training opportunities (1) Instability, rapid change (1) Lack of safety (1) Task shifting (1)</p> <p>Management – lack of support, visibility, pressure, lack of rewards, commitment (4) Lack of recognition (1) Poor debriefing support system (1) No consultation in decision making regarding nursing issues (2) No career progression (1) Political influence (2)</p>

Category	Resilience in nurses		Resilience in the nursing profession	
Theme	Nurses' view of resilience (1 sheet)	Resilience in nurses (5 sheets)	Strengthening resilience in the nursing profession (14 sheets)	Challenges/factors hindering resilience (7 sheets)
		<p>achievements (1)</p>	<p>When nurses develop/maintain a proud ethos: Value system (1), bring back morals (1) Back at bedside basics (2), focus on the patient, less paper work (1) Bring back nurses' pledge to nurses, meaning of pledge, need to be proud of profession (1) Being proud of profession: being able to compete with other professions (1), equality in all professions (1), integration with other professions (1), recognition as a profession (1) (picture – strengthen muscles), networking with other organisations (1)</p> <p>Nurses' resilience is strengthened when management:</p> <p>Provides a wellness programme, such as: Provide debriefing (5) (after a stressful period – incident, death (family/patient), high workload) Motivational sessions, motivational speakers (2) Support groups (3)</p> <p>Provides positive, visible and involved supervision (5) – check up (1), monitoring personal functioning and work challenges and act as shield – preventative of burnout (1), encourage learning from bad experiences (1), more reward and recognition – finances, status, on the spot (3) – motivation, company guidelines, values, knowledge (1), communication (1), encouragement (1), Continuous feedback on work performance (supervision), saying thank you.</p> <p>Provides acknowledgement (2)</p> <p>Markets the profession, promote a positive image, more involved (1) Recognition of profession by other staff, public (1) Role clarification (1) (positive image of nurses as competent, skilful, expert, caring)</p> <p>Attends to the needs of staff: Improved salary package (1), More money for training (1) Better hours (1), staffing levels (3), enough staff on duty</p>	

Category	Resilience in nurses		Resilience in the nursing profession	
Theme	Nurses' view of resilience (1 sheet)	Resilience in nurses (5 sheets)	Strengthening resilience in the nursing profession (14 sheets)	Challenges/factors hindering resilience (7 sheets)
			<p>(increased concentration, less frustration) (1), human resources (1)</p> <p>Improve staff facilities – dedicated dining room, garden (relax, time out) (1), equipment (1), material resources (1), infrastructure (1), improved technology (1)</p> <p>Provides in-service training (1), educate (1), empower (1), development (1), also on moral skills (1), resilience (1)</p> <p>Improves induction, orientation programmes (2), immediate, during interview: well-informed, stay longer.</p> <p>Encourages accountability: Discipline by hospital management (3) consistency, bring back probation period, SANC to control quality of nursing colleges (fly by night), selection of students, staff: expectation, criteria/objective, attitude.</p>	

The ideal is that these findings are discussed with the participants, to enrich and confirm the findings. Furthermore, these results can be discussed in a scientific publication by synthesising the sub-themes, showing the richness and uniqueness of each finding. For example:

From these World Café discussions with fourth-year baccalaureate nursing students and masters' degree nursing students, it was evident that they perceive a resilient nurse as a nurse who has the personal strength of perseverance and passion. The high number of times these participants mentioned this personal strength, as well as the manner in which this strength was illustrated in the sheets, for example a picture of strong muscles, may mean that these nurses emphasised perseverance and passion as a personal strength linked with resilience. They refer to such a nurse as being energetic, having inner strength, who can bounce back, and who is self-motivated and has a passion for people, indicative of an autonomous professional.

Such a summary may be supported with reference to relevant literature, ensuring integration of findings with existing literature.

In addition, when reading through Table 1, interrelationships can be seen, and conclusions can be drawn. For example, the “resilience in nurses” theme, with sub-themes seems to be underlying/foundational to “how to strengthen resilience of nurses”. Resilient nurses are compassionate, they experience nursing as rewarding, therefore, their resilience can be further strengthened by rewards such as a patient saying thank you.

Summary

The World Café method, initially intended to facilitate social change, could successfully be implemented as a data collection method in qualitative research. This chapter describes the World Café as a qualitative data collection method and provides an in-depth discussion of the analysis of data generated through the World Café method.

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Chapter 3

A Reflection, Limitations, Literature Integration and Conclusions of the Research

This section serves as a reflection on the study followed by a discussion on the limitations of the research done, and also provides conclusions drawn on the use of the World Café as a data collection method in qualitative research and the in-depth data analysis that was presented in Chapter 2. It will focus on the use of the method in the Positive Psychology framework and on resilience in a nursing context, based on the categories identified from fourth-year BCur nursing students and postgraduate nursing students at a Higher Education Institution.

Reflection on the study

The research chapter, *Data Analysis: The World Café* was published in a research handbook *Nursing Research Using Data Analysis, Qualitative Designs and Methods* (edited by De Chesnay, 2015) and was presented according to guidelines and expectations of the editor and the publishers, which made it difficult to address all the issues the researcher would have wanted to. Writing and reflecting on the WC method made the researcher realise how important active participation is, as well as to show respect and make the participants feel valued and appreciated and to give them a voice in qualitative research. The World Café was experienced as a valuable and user-friendly qualitative method and the data was analysed in a meaningful way.

Limitations of the research

- The WC method was only applied in the context of a Higher Education Institution with nursing students focusing on resilience as a construct in Positive Psychology and cannot be generalised.
- The chapter followed the guidelines for the purposes of a research handbook and did not address further issues like integration of literature related to the data collected and therefore the researcher decided to add a short discussion to integrate the findings with the identified categories associated with resilience in the nursing context.

Literature integration

A short discussion of literature follows that supports the findings based on the main themes of data collection done by the World Café. Data obtained was analysed and identified six broad categories pertaining to resilience in nursing, by asking questions such as: How do you manage to stay resilient? How do you manage to stay compassionate? How can resilience be improved? and What are hindering factors to resilience? The six broad categories were the following:

- The view of resilience
- Intrapersonal strengths/positive self-care
- Managing to stay compassionate, how to bring back compassion
- How to maintain resilience in the workplace, how can resilience be improved
- Work well-being
- Challenges in the workplace/factors hindering resilience

The student nurses' view of resilience explained that: they choose to focus on the positive rather than the negative; they use positive thinking and view challenges as opportunities to change and bad times as opportunities to learn to bounce back and to get stronger; they recharge by having a healthy lifestyle and they view resilience as a part of their personality. Literature also refers to the ability to bounce back (Richardson, 2002) and to view problems as challenges (Cilliers, 2002). The importance to focus on the positive rather than the negative is discussed by Kaplan (1999). The reference to the fact that it is part of your personality or personal strength is stressed by authors that mention resilience as a strength of character (Seligman, 2002). The importance of a healthy lifestyle in resilience is covered in literature (Milne, 2007).

The second category regarding intra-personal strengths and positive self-care that the student nurses mentioned as part of resilience, emphasise the importance of character strengths like perseverance and passion, being trustworthy, having a strong set of values, to be committed, being accountable and having strong roots. Self-acceptance and self-knowledge, emotional intelligence, intuition and having a positive mindset were also identified, as well as being compassionate and having empathy for others and the importance of spirituality and self-care. These themes are mentioned in literature wherein Seligman (2002) referred to the importance of a positive mindset and the importance of strengths and positive attitudes are discussed by Tugade and Fredrickson, (2004) and by Ryff and Singer,

(2003). Values and spirituality as part of resilience were mentioned by Cilliers (2002) focusing on the meaning nurses find in their work. Deveson (2003) and Polk (1997) stated the importance of a strong belief system, including personal beliefs.

The third category on staying compassionate made mention of the importance of developing and maintaining a personal ethos, finding meaning in the daily experiences that are rewarding, to get recognition for work well done, to work together as a team, that positive supervision should be available, to be acknowledged, the importance of professional development and in service training and that the needs of staff should be attended to by management. Literature in this regard refers to the uniqueness and compassion of Nursing (Schaufeli et al., 2002) and that it gives meaning to the work nurses do. The importance of ongoing training and positive supervision was discussed by Gaba (2003) while the importance of working together to reach goals and teamwork was mentioned by Morano (1993).

Image 4 shows one of the sheets on compassion, and illustrates what was explained regarding the importance of the drawings in Chapter 2. Many of the themes explained under the category on staying compassionate in the nursing profession, are clear in the drawings with descriptions on the sheet.



Image 4: Illustrating the inputs on one of the sheets on how to stay compassionate

In the fourth category on how to stay resilient and improve resilience and work well-being, the importance of getting recognition was stressed, as well as being a role model and to lead

by example, to provide quality care to patients and see them get better, to keep on developing through personal and professional growth, to develop and maintain a proud ethos and furthermore, that management should provide wellness programmes to promote a positive image of the profession and to encourage accountability. These qualities of resilience are discussed in the literature by Charney (2005) and Garmezy (1991) who mentioned the importance of caring for others that can add to the caregiver's well-being. The importance of being a mentor or role model was yet another finding in the study by Koen et al. (2011). Giordano (1997) referred to nursing as being a calling and the importance of quality care. The importance of the profession being recognised was referred to by Parse (1998).

The last category discussed in the World Café was the challenges and hindering factors in the work place that make it difficult to stay resilient. The student nurses identified the following aspects: difficult patients and family members that are abusive; nurses that are not committed to do their work well and that have a poor work ethic; incompetent staff; poor work circumstances like shortage of staff, lack of equipment, lack of training opportunities, lack of safety and the lack of support by management are the main challenges that were identified. These challenges are cited in literature mentioning the shortage of staff, lack of equipment and supervision, as well as abusive patients and family members by Cline et al., 2003, Strachota et al., 2003, and Mitchell, 2003.

Conclusion

The World Café seems to be well suited as a complementary method in qualitative research for specific purposes, such as when working with large groups, especially in the area of participatory and action research. It helps to explore and verify themes and is therefore ideal for the field of interdisciplinary research. The WC method offers mutual gain since it not only generates data for the researcher but benefits the participants, as it facilitates dialogue and mutual learning. It can be used between researchers and participants of different backgrounds and disciplines to add to the knowledge of phenomena under study.

There are various features in the use of the WC as a method in qualitative research, such as participant selection, research ethics, the café design, the development of the questions, the sequence and flow of the rounds, the capturing of the data, data harvest and analysis, that can be applied to any method used in qualitative research.

In the context of specifically action research where engagement in a unique community or a specific workplace comes into play, the WC already proved to be useful. In this study it was

applied within the context of the health care system in the work place of the nursing students and by means of the WC method meaningful data was gathered, that showed how the WC method could be used in future to make a positive difference.

What was interesting is that similar questions regarding resilience were used in a previous study by the researcher where traditional methods were used, with the difference that in this study the WC was done in only two sessions with the two groups of students and provided data that was just as meaningful and rich as the six focus-group discussions and 35 narratives done previously with professional nurses (Koen et al., 2011). Based on literature explored, it is clear that the World Café method is being used in more qualitative studies and proves to be an effective qualitative method (Lewis, 2016).

During the exploration of resilience in literature, useful information was found on spirituality, values, support systems, the importance of ongoing training and a positive lifestyle and mindset. Not many studies on resilience in a specific context could be found, but the RISE programme, focusing on strengthening resilience in professional nurses, other health care givers and at risk communities have led to more studies in the discipline of nursing (Froneman, 2013, Du Plessis et al., 2012), and these studies used the World Café method for data collection.

It can finally be concluded that the objective of the study to explore the use of the World Café as a method for data collection and data analysis with fourth-year BCur and postgraduate nursing students at a Higher Education Institution was reached.

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