



Open Research Online

Citation

Myatt, Tanya (2021). Exploring online gaming use by young people in a paediatric setting: An ethnographic approach. Student dissertation for The Open University module E822 Masters multi-disciplinary dissertation: education, childhood and youth.

URL

<https://oro.open.ac.uk/81190/>

License

(CC-BY-NC-ND 4.0) Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Policy

This document has been downloaded from Open Research Online, The Open University's repository of research publications. This version is being made available in accordance with Open Research Online policies available from [Open Research Online \(ORO\) Policies](#)

Versions

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding

E822- Masters Multi-disciplinary dissertation: Education and Childhood and Youth

Tanya Myatt

Tutor: Maggie Gidney

Exploring online gaming use by young people in a paediatric setting: An Ethnographic approach.

Tanya Myatt

Tutor: Maggie Gidney

Abstract

The aim of this ethnographic study is to explore gaming use by young people in paediatric settings and examine how adult perceptions of gaming shape the way in which young people engage with gaming. The findings from the extended literature present key themes that gaming is used in paediatric settings for key purposes which is often adult led. Using a critical theory framework, with underpinnings from the work of Foucault and Bourdieu highlights how power is exerted through adult-child relationships in hospital settings and these relationships will be observed. The data derived from the observations will be analysed using the inductive approach so that data can be grouped, and patterns and relationships identified.

Gaming, Paediatrics, Relationships

Contents

Chapter 1: Introduction	4
1.1 Rationale for research	4
1.2 Childhood and Youth Studies	4
1.3 Conceptual Framework and Framing of the literature	5
1.5 Development of research question	5
1.6 Contextual information	5
PART A: Extended Review of Literature.....	7
Chapter 2- Literature Review: The Topic	8
2.1 Introduction.....	8
2.2- Gaming as distraction	8
2.3 Gaming as a tool for Education.....	12
2.4 Gaming for Social Support.....	13
2.5 Mainstream games vs Healthcare games.....	17
Chapter 3- Literature Review: The Conceptual Framework	19
3.1 Introduction.....	19
3.2 Ontological and Epistemological perspective: Working from a Critical Theory perspective .	19
3.3 Theoretical Frameworks.....	22
3.4 Methodology: An Ethnographic Approach.....	25
3.5 Reflexivity and Ethical considerations.....	26
PART B: The research proposal	27
Chapter 4: The Research Proposal	28
4.1 Proposed research- Conceptual framework and positionality	28
4.2 Development of research question	28
4.3 Research Question/s	29
Chapter 5: Research Design, research methods and methods of analysis.	30
5.1 Research Method.....	30
5.2 Research participants.....	32

5.3 Practical issues.....	33
5.4 Ethical considerations	35
5.5 Method of analysis.....	36
5.6 Conclusion:	37
Postscript: Narrative Critical Reflection.....	38
References:	40
Appendices.....	47
1:1 Observation template	47
1:2 Consent Form	48
1:3 Information leaflet.....	49
1:4 NHS Health Research online resources and application	50
1:5 Ethical Appraisal Form	51
1:6 Ethical Grid	55
1:7 EMA Reflection Grid.....	62

Chapter 1: Introduction

The following extended literature review and research proposal highlights the use of gaming by young people in paediatric settings and explores gaps in the literature, it then presents a proposal for further research in this area, detailing how this would likely take place. A critical reflection of the entire process is also provided as a postscript to demonstrate the progression and development of the individual researcher.

1.1 Rationale for research

Part A of this piece of work, consisting of chapters 2 and 3 is concerned with the literature and the conceptual framework in which it has been studied from. In Chapter 2, focus is placed on the literature around the topic of gaming use by young people in paediatric settings, it is through this literature that three key themes are highlighted and analysed. Distraction, education, and social connection are the key themes highlighted as the purpose for online game use by young people in paediatric settings. The literature is critiqued in terms of the validity and relevance, and it was found that these key themes happen to appear when detailing games that have been designed for specific health issues. These games are primarily adult led and designed. The use of more mainstream games tends to have more negative views attached to them. As young people in paediatric settings are vulnerable, it is important to focus on their experiences and how gaming is used and influenced by adult perceptions within the setting.

1.2 Childhood and Youth Studies

The rationale behind this piece of research has been derived from the module themes and literature specific to the Childhood and Youth Studies pathway. It explores the inequalities and the social and cultural capital that young people within a hospital setting may face and how moral panics can impact on them. Within this research the aim is to allow children and young people, who may not, for a variety of reasons have a voice and explores how adult perceptions impact upon their everyday lives. Throughout, professional contexts are focused on and learning from children and young people experiencing a health crisis is highlighted.

1.3 Conceptual Framework and Framing of the literature

When undertaking any form of research, it is imperative to understand and be clear of the conceptual framework in which the piece of research has taken place. This is explained in depth in Chapter 3, Part A . The ontological and epistemological framework of the researcher is established as a critical theory perspective, and this is explained and applied to the literature around the topic of gaming in paediatric settings and in turn has led to the research question. The key theoretical frameworks of Bourdieu, Foucault and Cohen are explained and examined as the underpinning, or ‘big ideas’ that have informed of this piece of research. Through this, the notions of power and moral panic are discussed and analysed. It is through this that the methodological framework has emerged, and focus is placed on how the ethnographic approach aligns with the framework in which the researcher has taken. Justification has been given as to why this approach is most suited to this piece of research, whilst acknowledging and highlighting key ethical considerations that have also played a part in the direction of this study.

1.5 Development of research question

In Part B of this piece of work, the proposal for research and the research design are explained. Firstly, the piece of research being proposed will be presented. It is here that focus is placed on the ways in which, via the literature, the research has developed. The conceptual underpinnings, in tandem with the positionality of the researcher will be described and supported. Through this a detailed explanation will be given as to the process and development of the research question and how past studies and professional practice has shaped an interest in this topic and influenced identity as a researcher. It is here that the final version of the research question will be presented. Through critical analysis in the post-script narrative reflection the way in which the research question has evolved will be detailed and how obstacles have been tackled and negotiated explained.

1.6 Contextual information

To follow on from this, the second section of Part B will be concerned with looking at how the research will be designed, the research methods to be used along with how analysis will take place. The way in which the decision of using an ethnographic framework has been

informed by the interrogation and decision making around the conceptual framework and paradigm position will be scrutinised and the how the method of non-participant observation fits within this framework will be explained. This piece of research will take place on a paediatric ward of a county hospital in England over a period of 6 months with six young people between the age of 15-16, these contextual details will be explained in detail in Chapter 5 and justification as to why these were chosen will be given.

The practical issues of ensuring validity and reliability regarding the piece of research will also be addressed in this section of the paper. It is imperative here, too to look at ethical considerations that may arise, or have arisen throughout the research process. Issues such as confidentiality, anonymity and power must be acknowledged and how they will be handled explained in detail. Trust is an important part of the research process, and therefore this will also be highlighted. The proposed methods of analysis will be detailed, and arguments will be provided as to how participant observation fits the data that is proposed to be gathered. It is within PART B that the research design is explained and how it links to the literature review, the topic and conceptual framework is made clear. Both Part A and Part B, offer understanding of how the literature and the researchers perspective influences how literature is sought and viewed and in turn reflects on the research design, methods, and analysis. It offers explanation of the importance concise reasoning so that the reader is clear on the perspective of the researcher.

PART A: Extended Review of Literature

Chapter 2- Literature Review: The Topic

2.1 Introduction

Online gaming use by young people in a paediatric setting has not been widely researched. However, the research that has been conducted appears to present the notion that gaming within paediatric settings is used in three main ways. Firstly, it is used as a tool for distraction, to distract young people from the complexities of stresses that they face. Education, to enable young people to learn about their illness and explore different coping techniques and what their journey may entail. Gaming is used within paediatric settings through health related games to offer young people support and link with support groups. Within the literature there appears to be a stark contrast in perceptions of the use of health-related games by young people, to that of more mainstream games within paediatric settings. In the below review of literature around these topics key themes will be explored in detail and gaps in the literature will be identified. These gaps will in turn inform further research within the area to build upon the already existing research.

2.2- Gaming as distraction

Clinical settings are often a stressful place for young people and as this becomes more acknowledged the need to distract young people from the stress and the emotional and physical pain, they may endure is becoming more common practice according to Kohut et al (2017). As the use of gaming is becoming more understood, paediatric settings are using it more for this purpose. Young people who have a long-term illness are often isolated and unable to participate in the same activities as their peers. They spend long periods of time away from friends, family, and daily routines, such as school. Gaming allows a way to distract young people away from their illness and situation in an environment that is familiar to them. It offers an opportunity to escape and take on an identity away from their illness. According to a study by Jones et al (2014) game play has been found to contribute to emotional stability and reduction of emotional disturbances in children and young people as it acts as a mode of distraction and emotional release. Although these findings are positive, this

study is generalised and does not focus on young people in a paediatric setting, therefore it could be argued that the unique situation and potential vulnerability that this group may face. Kohut et al (2017) on the other hand offers a more focused study and presents that the virtual interaction away from a young person's illness is essential for young people as it allows a sense of normality and escapism and allows a tool for distraction away from the stressors that are faced. This qualitative descriptive study across three differing hospitals with young people with varying illness alludes to game use but primarily focuses on internet use.

Although this study is not entirely focused on gaming offers a springboard for further studies and offers suggestions on how gaming can be used within paediatric settings as a tool for distraction. Chin and Tsuie (2014) highlight this in their study and suggest that the use of a multimodal digital game is being used for the purpose of distracting children from the difficulties faced within the hospital setting. Unlike Kohut et al (2014) who merely highlights game play in their study of young people with long term illness, Chin and Tsuie (2014) pay particular focus to a game that has been specifically designed for children who are hospitalised with chronic illnesses. Although this study provides useful insights, by using a sample size of three children all with the same health condition it raises questions of validity and lacks explanation on how and why these young people were chosen.

Stress felt by young people does not occur within a vacuum, it is multifaceted. Add to this, a long-term illness and there is an extra layer of associated stress that comes along, including, but not limited to appointments, procedures, and often long periods in hospital. This disruption to one's life can cause a multitude of physical and mental health problems.

Therefore, there is a need to distract young people from the daily stressors they may endure. According to Ferguson and Olson (2013) the use of gaming for cathartic purposes has been explored more recently and research is emerging that suggests that it could be of benefit in relieving and distracting young people from stressors. However, like DeRosier and Thomas (2018) this study is focused on young people with psychosocial problems and their motivations behind their engagement in game play. Through their review of literature DeRosier and Thomas (2018) explore numerous games and how they can replace or coincide with more traditional methods of therapeutic interventions, therefore raising questions on how some of these can be applied to paediatric settings as a mode for distracting young people from the stresses faced by young people. Durkin and Barber (2002) concur with the benefits of gaming as a mode for distracting young people, however their study was

conducted in an educational setting, and although raising questions, it is unclear as to whether young people engaged with these games.

Giving young people the opportunity to release stress is vital within paediatric settings and gaming is one way in which this can be achieved as it possesses the intrinsic qualities necessary for young people to release this stress according to Ferguson and Olson (2013). Adachi and Willoughby (2012) agree and present the notion that given the stressors faced by young people with a long-term illness, gaming has the potential to benefit in numerous ways. Their study showed that when participating in gaming young people have the potential to learn new ways of coping and releasing stress, however it is unclear as to how they engaged with the game and how this was measured.

When looking at studies that have taken place in paediatric settings, the focus tends to be on games designed for a specific purpose and not on mainstream games, in which young people are often engaged with. When considering mainstream games within medical settings there is a strong focus on the negative impacts these have on young people. Research such as Anderson and Dill (2000) have researched these negative effects extensively in relation to gaming and the link to aggression.

However, as a more nuanced approach is being presented literature is emerging of the benefits of gaming and its ability to aid young people in coping with stress that they may face. This is pivotal when considering young people in paediatric settings. According to Baronowski et al, (2008) play is an important part of children and young people's development, it is essential for young people's education and social lives. It also acts as a tool for distraction and diversion, something that is becoming more commonly used in paediatric settings. Throughout the articles reviewed by Baronowski et al (2008) a wide range of video games were explored, and although most of the articles presented a positive perspective to games as a mode of distraction from medical procedures, they were more concerned by changing behaviours around medical interventions. This study also focused on adults as well as young people, therefore questions are raised about the relevance to young people's use of gaming in paediatric settings. In contrast, Chin and Tsuei, (2014) primarily focus on young people's experiences and found that computer games are being more readily used as a vehicle for play for young people who are otherwise unable to engage in more traditional forms of play due to their illness.

Distracting young people from the stress, loneliness, and isolation they may feel is important for mental wellbeing. Whilst gaming is used as a tool for this, it can also be used as a form of escapism to distract from painful and often invasive procedures. Rokkum et al, (2018) explores this notion of escapism, and suggests that it can be useful, but if used too much can cause adverse effects for young people. Although this study acknowledges that gaming can be used as a mode for distraction, it is not without caveats. Like Anderson and Dill (2000) the use of mainstream games in paediatric settings is often dismissed or presented as the cause of mental ill health and criminal behaviour.

In contrast Kohut et al (2017) promotes the idea that whilst the young person is engrossed in the game that they are engaged in, clinical staff can proceed with medical intervention. With this contrasting research in mind, both studies have been undertaken from differing conceptual frameworks and although they offer valid points it perpetuates a dichotomy of good vs bad in relation to the use of gaming within paediatric settings, which in turn affects perceptions of gaming and how it is used by young people in paediatric settings.

Although gaming is being used as a tool for distraction these games have often been designed for this exact purpose by medical professionals and therefore mainstream games are often not used for this purpose. The games are often selected by medical staff as they deem them as appropriate. Jones et al (2014) found that gaming can be utilised to distract young people from the emotional stress they may be feeling and advocates game play as a means of 'letting off steam'. It should be used as a tool for reducing and distracting from emotional disturbance. This piece of literature is poignant when focus is placed on young people with a long-term illness. Studies such as Boyle, Connolly and Hainey (2011) and Granic, Lobel and Engels (2014), agree with this and although not primarily focused on a health care setting both are studied from a sociological background, therefore offering a more nuanced view of how gaming can be used as a tool for distraction amongst young people.

According to Granic, Lobel and Engels (2014) gaming needs to be looked at from a more sociological perspective and can provide young people with opportunities that they may not necessarily have been afforded. Although this study is not undertaken within a paediatric setting, this study has acted as a springboard for further studies in challenging the dichotomous perceptions around gaming and how it can be used more widely in paediatric settings. As research and opinions start to shift around mainstream gaming it may be that paediatric settings start to adopt a more balanced approach. It is hoped that by looking at

gaming from a more sociological perspective that the perceptions held can be challenged and the use by young people in paediatric settings can evolve.

2.3 Gaming as a tool for Education

As well as a tool for distraction, gaming is often used as an educational resource in paediatric settings. It is used as a tool to discuss and inform young people of their illness and explore options for treatment. Battles and Weiner (2002) highlight the Starbright World programme which offers young people with long term illness an opportunity to explore what their treatment plan may look like and looked at the impact this programme had on young people. Although this offers an insight into young people's use of this programme, it can be argued that in using surveys with both staff and young people in an outpatient environment with young people primarily with HIV, they miss the individual uniqueness and reinforce power dynamics by assessing effectiveness through carers. Adult perceptions are recorded regarding the specific programme, which were all positive and it then raises the question of how power relations play into these responses. This notion can also be seen in Lieberman's (2001) study where a randomised control trial reported that health related games in asthma and diabetes prevented hospital admissions. Although this is positive, as the games were provided to patients at home, there was no clear evidence provided on how these young people engaged with these games and it is not clear how this was correlation was measured as other factors could have played a role, although this was not acknowledged. Similarly, Boyle, Connolly and Hainey's (2011) study in looking at gaming use from a sociological focus on the impact of health-related games on young people found that the majority of cancer patients agreed that the game-based approach to learning about cancer was acceptable and they would play the game, however there was no evidence provided on if they did in fact engage with the game. This raises the question as to whether the young people felt they needed to 'please' the researcher.

According to Chin and Tsuei (2014) health related games have been shown to effectively educate and facilitate healthy behaviours and self-management of illnesses and chronic conditions. Using a qualitative case study methodology, it explores how gaming can be used as an educational tool. As this study is focused on three younger participants, all with leukaemia it raises questions its relevance and importance. Extending on this, Aldiss et al (2015) provide a critical review that evaluates the effectiveness of health-related games that

have been designed to educate young people of their illness. There is strong critique on the current methodologies that have been used to assess this effectiveness which could be for many reasons, but here it needs to be acknowledged that data collection involving young people with chronic or long-term illness adds dimensions of complexity and challenge and this may give reasoning as to the size of studies and what can actually be studied.

The use of these games offers a medium that is familiar to young people and less confronting than a medical professional explaining diagnosis and procedures. It allows opportunity for young people to become educated and informed and young people can refer to it any stage throughout and seek information that they may well miss or not be comfortable asking face to face. Charlier et al (2015) meta- analysis found that educational video games can be effective in improving knowledge and self-management in young people with chronic illness, although there were a vast number of participants accessed through random control trials in this systemic review, the studies were focused on diabetes and asthma, therefore other long-term conditions were disregarded.

Although games are a useful tool for educating and informing young people of their illness, they are often designed by adults in medical professions, therefore medical terminology is often used. Battles and Weiner (2002) provide an example of this is the online virtual environment of Starbright World which has been designed to link young people together to learn about their illness. It raises the question of how adult perceptions shape what a game should involve so that it is educational and appropriate. The number of young people who fully engage with these specific tools is unknown and how adult perceptions of gaming play a part in this is under explored. As well as distracting and educating young people gaming is being utilised for connecting young people and offering support.

2.4 Gaming for Social Support

The use of gaming in paediatric settings as a catalyst for social support is another key theme that is present in the literature. Young people are often engaged in social situations such as education, sport, and recreation. However, if a young person is hospitalised these social support systems are likely to breakdown or at very least change accordingly. Battles and Weiner (2002) explore this and suggest that social breakdown is a factor that has been relatively under explored in the literature to date. However, within their study they focus on

one game and primarily young people with one illness, therefore dismissing the unique experience of young people. The game they focus on has been designed specifically with adult monitoring. In contrast Granic, Lobel and Engels (2014) offers a perspective on mainstream gaming, those games not that have not been specifically designed for health-related purposes and suggests that these games are of benefit to young people's ability to form relationships. Although primarily focusing on mainstream games Granic, Lobel and Engels (2014) details the success of the health-related game 'Re-Mission' in promoting friendships amongst young people with cancer. Jones et al (2014) and Boyle, Connolly and Hainey (2011) also found that young people with cancer found this beneficial in linking with other young people in the same situation. However, there were no details on how this was assessed in all three studies, therefore it could be contested as to whether young people engaged and how adult perceptions affected not only how it was implemented but the conclusions drawn.

Friendships are multifaceted and complex and do not occur within a vacuum, they are no longer the historical interactions they once were. Online friendships are mostly understood and placed as 'other' or discussed as 'real' or 'online'. It is this separation that may inform why mainstream gaming and its benefits have been scarcely studied in the past, this is the key theme presented in a study by Kowert and Oldmeadow, (2013). This study quantitatively assesses involvement in video games and although it is primarily focused on adults, it offers a platform to explore how gaming can be used as a form of social support and connectedness. In comparison DeRosier and Thomas (2018) explore this in relation to social skills training to build a social connectedness and alleviate feelings of isolation, something that is prominent in young people who are hospitalised or unable to participate in activity due to their illness. The research found that this programme was successful, but how this was measured was unknown. The input from parents and staff raised questions as to whether the findings were accurate.

There is emerging literature and research around online gaming being a beneficial tool for building friendships (Granic, Hiromitsu and Scholten, 2020: Prot et al, 2014). However, when focusing on young people with a long-term illness research tends to be focused on games that are linked to the young person's illness. Therefore, the young person is potentially immersed both online and offline in a world where their illness becomes their identity. Therefore, this restricts their social contacts to those who are experiencing similar journeys to them. Whilst this can be potentially beneficial it also has the potential to take away a young

person's identity without illness. If we are to look at this critically, this research could come from the differing perceptions of gaming and how adults view what is best.

The social support being offered through these games is often limited to professionals and other young people in similar situations. Battles and Weiner (2002) suggest that these games offer young people the opportunity to engage with others who are experiencing the same thing. Through this study, young people who participated reported that they were happy with the game and that they felt it helped them through their diagnosis and treatment. However, there was little reported about how these games helped them develop friendships away from their illness and if they would have chosen to engage with this tool if it was not part of the research.

Granic, Hiromitsu and Scholten, (2020) present the notion that friendships formed online are perceived as less valuable and potentially pose more of a risk. This narrative of separation between the online and offline world diminishes the connections young people form and the experiences they have. Literature and research around gaming and its ability to help form friendships amongst young people tends to be more focused around an individual's home environment or school. Granic, Hiromitsu and Scholten (2020) offers reasoning behind this that this area is primarily studied from a psychological science perspective and has gone unchallenged, something that is pivotal to catch up and gain a more comprehensive understanding of how young people are living their lives. It is this that has informed the basis of the following study, as we look at young gaming use by young people in paediatric settings and how perceptions of adult's influence use.

Gale and Bolzan (2016) add to this, suggesting in their research that young people's engagement in online gaming can have a beneficial impact on social inclusion and social capital. Young people are given a voice through gaming and in the past, this lack of voice has inevitably led to young people with long term illness becoming oppressed. Looking at this from a sociological perspective has allowed an explanation of the unique worlds that young people live and the complexity of relationships. An example of this is highlighted through research conducted by Boyle, Connolly and Hainey (2011) with young cancer patients. The findings highlight that a game-based approach when working with young people with long term illness in a paediatric setting has benefits according to participants. However, this is primarily focused on learning about the individual illness, in this case cancer and procedures associated with it. As the study is primarily focused on purpose-built games, mainstream

games fail to be recognised as a tool that could be used to form friendships. In contrast, Jones et al (2014) found that friendships formed playing mainstream games are vital for young people as there is strong correlation between the building of friendships and social connectedness to a young person's happiness and overall wellbeing. Through these friendships young people are offered the opportunity to navigate their way through problems and build a foundation in which they can draw from at various times in their lives. Colwell (2007) supports these findings and suggests that friendships garnered from gaming offer the tools for young people to move forward and build resilience and has a heightened impact on the way in which young people gain the ability to manage everyday situations. Although this study was not undertaken in a paediatric setting, these findings are a positive steppingstone to ask further questions regarding gaming use by young people in paediatric settings. Gee (2005) adds to this and suggests that although online game play offers opportunity for friendships to develop it is something that is not yet empirically studied.

Young people who are hospitalised are often isolated from family and friends and bound by a timetable dictated by medications, procedures, and medical interventions. Missing long periods of schooling due to illness potentially hinder a young persons' ability to build relationships. Chin and Tsuei (2014) highlight that young people with long term chronic illness often have difficulty in maintaining social contacts with their peers which increases feelings of social isolation. DeRosier and Thomas, (2018) and Granic, Hiromitsu and Scholten (2020) argue that by using gaming as a tool for building social support, young people are able to connect, build friendships and access and offer support to others in their situation, although these studies do not primarily focus on paediatric settings it could be argued that these tools could be utilised. However, when researching in paediatric settings with vulnerable groups there are a multitude of concerns, and these will be explored further on in this paper.

The building of friendships amongst young people is essential as peers offer a unique support network away from adults. When looking at the literature, the support networks that are often promoted to young people are often from young people who are experiencing the same illness and going through similar treatment. In limiting support in this way, the young person becomes defined by their illness and becomes restricted to what adult's feel is right for them.

2.5 Mainstream games vs Healthcare games

The literature suggests that there are three key benefits that gaming offers young people in paediatric settings are that of distraction, education, and socialisation. However, the literature that focuses on paediatric settings is often referring to games that have been designed specifically for these purposes. Aldiss et al, (2015) argues that children and young people are not involved in the development of these games, which in turn adds to the uncertainty of the benefits these games have and how young people engage with them. In addition to this Gale and Bolzan (2016) suggest that whilst they can have a positive impact on young people the narrative around more mainstream games tend to contradict these. It is this contradiction that has led to a dichotomised approach of 'good vs bad' when it comes to gaming use by young people. However, research such as Granic, Hiromitsu and Scholten (2020) is emerging with suggestions that mainstream games can be beneficial for young people and offers greater opportunity for social connections. It is a valuable tool for engaging young people in support seeking behaviour. Gaming can offer young people a chance to escape their daily lives of medical procedures and interact with others without the burden of illness. Studies such as Boyle, Connolly and Hainey (2011) suggests that young people who play games have more favourable outcomes with respect to mental health, friendship networks and self-awareness and would therefore benefit young people in paediatric settings.

The complexity of mainstream games can offer young people a chance to problem-solve and build resilience and apply this to their everyday lives. Using gaming as a tool to socially connect offers young people the opportunity to join with people with similar interests and goals and work as a team to resolve conflict. According to Boyle, Connolly and Hainey, (2011) in doing this young people build a toolbox of instruments that can be sought as and when they require them. Chin and Tsuei (2014) add that these skills can be drawn upon in times where the young person may need them and go further in stating that it is imperative that young people who are ill are afforded the same opportunities and share the need for equal access to the same life outcomes as their peers.

Gaming in paediatric settings by young people tends to be structured and adult led with a key focus on distracting, educating, and prompting young people into specific support. This is not to say that this is a negative for young people. However, a nuanced approach needs to be taken. It is important to understand why this may be the case and focus on the contextual framework in which gaming is often studied. Through this it is pivotal for the researcher to be

transparent and clear of their own positionality in relation to the study as this will in fact form the direction in which the study takes.

Chapter 3- Literature Review: The Conceptual Framework

3.1 Introduction

In this chapter, focus is placed on the conceptual framework that has underpinned this piece of research. The ontological and epistemological perspective of the researcher will be explained and an outline of working from a critical theory perspective will be provided. Foucault and Bourdieu's key theories of power have shaped this piece of research, and these will be explained in detail. In addition, Cohen's moral panic theory is also discussed as a 'big idea' that has influenced this paper. In the identification of the underpinning theories that contribute to the way in which the research is framed and the questions that have arisen adds validity and supports further research. Finally, the qualitative methodology of ethnography within a critical theory paradigm will be discussed and consideration to ethical issues that may arise given.

3.2 Ontological and Epistemological perspective: Working from a Critical Theory perspective

It is important to understand the ontological and epistemological position of the researcher, so that greater understanding can be gained. Working from a critical theory perspective, ontologically there is a belief that social structures exist historically. These social structures can be seen historically in paediatric settings, and although care of children has moved forward over time these structures still exist and within this power relations have been established and are played out in a myriad of ways, including how gaming is utilised by young people in hospital settings. Ryan (2018) details this and suggests that this privilege and oppression characterise social relations and what doctors and medical staff advise young people and other staff is often seen as right and is often left unchallenged.

Ryan (2018) adds that as a critical researcher it is vital to look back at how paediatric settings view gaming as it helps to move forward as a historical realist perspective of ontology is taken. Hammersley (2014) agrees and suggests that critical researchers resist dominant ideologies and challenge inequitable social relations. Hammersley (2014) also adds that the idea of children and young people being previously marginalised in previous research is a core theme of Childhood and Youth Studies, therefore is important to acknowledge.

In the past, literature and studies focusing on gaming use with young people has presented the negative effects attributed to gaming. However, these perceptions are now being debated

according to Bell, Bishop and Przybylski (2015). In more recent studies, as research from differing fields such as Childhood and Youth Studies are emerging, the literature is beginning to offer a more nuanced perspective. The benefits of online gaming by young people are being discussed more often and contradicting some of the past research that has taken place in this area.

According to Bunnis and Kelly (2010) epistemologically, as a critical researcher the question of what the truth is needs to be asked and subjectivity modified. Therefore, the purpose of this piece of research is to observe how young people engage with gaming in paediatric settings, looking at how adult perceptions may affect this. It seeks to find out views and challenge opinions of both staff and young people whilst focusing on underlying power structures that create these views and opinions. Gallagher (2009) suggests that by taking this epistemological position it will allow for young people's views and opinions to be observed, in turn helping adults to know more about young people and perhaps change perceptions of how young people use gaming.

A range of academic disciplines such as criminologists, psychologists and media scholars have researched gaming use by young people and these pieces of research have often been conflicting. Morrow (2008) suggests that each of the disciplines presents a differing, sometimes opposing perspective to this topic as they are working from different conceptual frameworks using different research methods. Ferguson and Colwell (2017) agree and add that these differing attitudes are relational and generational. Further to this, Kucirkova (2018) adds that the different facets are a derivative of the individual researchers' disciplinary orientation and the specific ethnotheory in which they follow. It is useful to understand this as the use of gaming in paediatric settings appears to be adult led and illness focused this is likely to be due to professionals and scholars holding different conceptual frameworks and thus influencing further research in the field whilst shaping policy and practice. Ryan (2018) suggests that this may be an outcome of research being conducted in a positivists paradigm and therefore being elitist and unwittingly producing existing power relations.

Newby (2010) suggests that in understanding the researcher's perspective and where they are coming from allows a more thorough critique of research conclusions. Regarding the topic of gaming in paediatric settings, medical staff will ultimately look at things from a medical perspective. In taking a different perspective, different opinions may emerge. It is important here to look at the literature around the subject area and look for gaps in research and

understand how this piece of research has come about. Throughout the literature around gaming use by young people in paediatric settings there appeared to be little research based on mainstream games. The research that has been presented has been somewhat focused on games that are prescribed or suggested by medical staff to distract, educate, or form support groups. Therefore, the use of more mainstream games in this setting is generally under researched even though there is emerging evidence that these games can provide a myriad of benefits. Focus needs to be placed on how adult perceptions of gaming impacts gaming use by young people within a paediatric setting.

Recognizing and acknowledging the conceptual framework from which research has taken place, allows clearer understanding and is vital. When critically evaluating previous research around gaming a positivist framework has primarily been used to look at the detrimental effects. O'Reilly, Ronzoni and Dogra (2013) explain that a positivist framework seeks to establish how something happens and what relationships exist between different factors whilst determining the frequencies. In using this approach quantitative methods are used and therefore could have possibly led to further research and had impact and influence on policy and practice in the field. It is possible that this research has led to media attention and validity to an existing moral panic around gaming use by young people.

Becoming a critical researcher does not happen within a vacuum, it is a cumulation of numerous factors over a period of time. Taylor (2019) states that as personal and professional experiences develop, so do a set of values and beliefs that will therefore essentially inform the way in which data is gathered, interpreted, and analysed.

Working with games design students within a further education institution as pastoral support worker allowed greater understanding of the benefits of gaming and its potential use in other arenas. It challenged personal and professional thinking, and this then extended to a paediatric setting where young people with long term illness were often told by clinical staff that mainstream gaming was not suitable for them and their mental wellbeing and whilst being there more traditional play methods were to be utilised. This inevitably led to questions and internal dialogue of what was appropriate in practice. It was through these experiences that values and beliefs were transformed and developed regarding the use of mainstream gaming by young people. Hammersley (2014) states that critical researchers insist that people's behaviour will often need to be explained by factors that are beyond their awareness. Kellet (2014) agrees that experiences and perceptions, which are in turn manipulated by

power structures influence the researcher and society's views on gaming use by young people. Newby (2010) highlights the importance of understanding what type of researcher you are and how your emotional attachment, in turn affects and conditions the way in which the research process occurs.

Throughout the literature examined on the topic it was clear that there were varying views and frameworks being used to examine the topic of gaming use by young people in paediatric settings. When focusing on this topic from a critical theory framework, gaps in the literature began to emerge and in turn prompted suggestions for further research presented further on in this paper. Hammersley (2014) insists that critical researchers have a responsibility to resist dominant ideologies and challenge social relations through their work. Therefore, this piece of research aims to challenge the thinking around the use of gaming in paediatric settings by exploring and how perceptions of staff impact young people's use of gaming.

Smith (2015) points out that a framework is vital as it assists researchers in ensuring that projects are clear and concise and to focus what the research is aiming to achieve. Green (2014) adds that it is important to understand and acknowledge how gaming has been researched in the past and identify gaps or areas that could be extended on. In doing this, it is vital that the researcher is clear on their ontological and epistemological positioning as well as the key ideas and theories that have underpinned the research.

3.3 Theoretical Frameworks

When exploring and critiquing the topic area of gaming use by young people in a paediatric setting, it is important to be clear of the theories or 'big ideas' that have underpinned the research process. Both Foucault and Bourdieu have shaped this piece of research and although different, the core idea of power relations is the primary focus.

In more recent studies around the benefits of mainstream gaming, sociological frameworks are being used. Kellett (2014) suggests that it is through this work of sociologists that assumptions regarding roles and relationships in society are understood, particularly power relations.

Looking at the topic of gaming use by young people in paediatric settings from a Foucauldian point of view, power is constituted through accepted forms of knowledge, therefore being mindful of how 'experts' are seen within the medical field is vital according to Rabinow

(1991). Further to this Allen (2011) explains that Foucault presents the notion that culturally specific locations can be uncovered through a power- knowledge analysis, and that subjects take up those conditions. Kellett (2014) extends on this and explains that this power held over young people can be found in justifications as acting in the best interest of the child or protecting the child as the adult claims to have superior knowledge and better judgement, which is often seen in paediatric settings.

According to Allen (2004) power is not an object of possession that can be given or taken away, it exists within relationships between individuals and groups. Therefore, this could create a challenge as these relationships are already formed and the power is already present as medical staff take on the role of 'expert'. This power, according to Neto (2018), is constituted through accepted forms of knowledge, scientific understanding, and 'truth'. In regard to gaming use by young people in paediatric settings if we are to look at this from Foucault's perspective it can be said that these perceptions, according to Rabinow (1991) are formed and reinforced as a result of scientific discourse and institutions and are therefore hugely influential in embedding norms. McLaren (2012) sums up that what Foucault provides is a framework for critiquing domination by allowing a questioning of 'truth'

According to Martin (2019) Bourdieu concurs with this notion and suggests that power is entrenched within everyday actions, much of which is subconscious but socially constructed. Therefore, it is important to look at how the actions and perceptions of adults in a paediatric setting influence the use of gaming by young people. In addition, Harker, Mahar and Wilkes (2016) states that Bourdieu's notion that power is dependent on the structural context and the meanings that other participants bear on the setting, is evident in this piece of research as medical staff are seen as 'expert' by many fields. Martin (2019) points out that by doing this it will look at the way that the social world is made up of different but overlapping fields of power that function according to their own logic or set of rules through historical time. It is hoped that through this research, Fraser, Flewitt and Hammersley (2014) ideas that expectations and perceptions that run counter to the dominant power structure that exists can be challenged and applied.

Montgomery (2018) explains that it is within different fields that power struggles are played out, and within these fields social and cultural capital are played out and become most apparent. Montgomery and Robb (2018) explain that the role of capital in children and young people's lives and how inequalities impact on young people's lives is of great importance to

Bourdieu. In addition to this Harker, Maher and Wilkes (2016) suggest that the power of symbolic systems and the domination in which they imply over the construction of reality is also important to Bourdieu. Therefore, this piece of research is underpinned primarily by Bourdieu's theory as it is trying to describe, analyse and take account of the social structures of the group.

The researcher and society are manipulated by power structures, and this is prevalent through this piece of research as power is held mainly with doctors and nursing staff as they are seen as expert. They are also influenced by their own perceptions and experiences and affected by other power structures in play such as the mass media. Young people in paediatric settings are often oppressed and constrained to medical timetables and interventions. Decisions are often made for them, with little consultation, by parents and medical professionals. Regarding gaming use by young people there are often negative connotations attached therefore attention to the process of emancipation is crucial if the research is to meet the goals of the paradigm, emancipation does not need to be obvious, it can be subtle.

Cohen's (1973) moral panic theory could also explain why literature and research is so heavily swayed to the negatives of gaming use with young people. These past studies and perspectives have contributed to the mainstream media articles and books being presented and perhaps creating a moral panic around online gaming. Ferguson and Colwell (2017) suggest that moral panics often focus on newer forms of media, those not yet embraced by the greater population and therefore a negative view is often formed. Kneer and Ward (2021) add that when a moral panic occurs, society believes that a group of people and their behaviour is of threat to society.

Young (2009) agrees that the key attribute of any moral panic is the disproportionate reaction to a particular phenomenon. This could explain the amount of literature available regarding the negative effects of gaming as policy makers, media and scholars are often driven to promote this moral panic rather than critically analyse it. Ferguson and Colwell (2017) argue that it is imperative that this is addressed as it underpins perceptions, practice and further research within the field. According to Crossman (2019) moral panics foster an increase in control, therefore like Foucault and Bourdieu's notion of power, this has underpinned the way this research has been undertaken, in exploring how adult perceptions impact gaming use by young people in paediatric setting.

3.4 Methodology: An Ethnographic Approach

A qualitative methodology within a critical theory paradigm was chosen for this study. As the central purpose is to explore the range of young people's experiences with gaming in a paediatric hospital setting and to understand how adult perceptions impact upon this. By using an ethnographic approach rich data can be gathered and interpreted. James (2001) explains that ethnography is concerned with explaining children and young people's everyday lives. Therefore, it will allow study in the natural environment and allow reflections of perspectives of young people themselves, thus promoting a view that young people are competent with rights. Neto (2018) suggests that this will give opportunity to find connections in power plays, the barriers, which together at a given moment form what will become common practice.

McCabe and Holmes (2009) states that like any qualitative research, that is conducted within critical theory is not without its challenges. It is often accused of lacking rigour and validity and not measuring up to positivists research, therefore likely to be taken less seriously. Allen (2004) argues that the field of healthcare research is permeated with the well-established traditions of biomedical research and its association with quantitative research approaches. This could create a barrier when undertaking qualitative research in a hospital setting as it may not be seen as a valid piece of research and therefore either not be approved or not taken seriously.

Neto (2018) states that Foucault suggests that the method used should be chosen depending on the study and based on the construction of the problem or object of research. Due to the nature of this research using an ethnographic approach seemed less intrusive and a way to gather rich data. Stevens et al (2010) highlights that research in this area is challenging because of the sensitive nature of the issues associated with young people and serious illness, there is a potential for vulnerability for both the young person, their family, and the researcher. By using an ethnographic approach, it allows power relations and perspectives to be observed, in a non-direct and less intrusive way. According to Arber (2006) it is important to note that participant observation is conscious work, it requires the researcher to understand the process of transformation in which they go through by being present in the field. Elden (2012) concurs, and it is hoped that by using the ethnography methodology that it will allow opportunity to challenge or confirm previous adult thinking about gaming.

It is important to reflect on how personal and professional experiences and attitudes have shaped the way in which research is conducted and from what conceptual framework the researcher is working from. It is important that this conceptual framework is conducive to the research methodology and methods being used and that this is consistent throughout the entire process, therefore reflexivity is essential for any piece of research.

3.5 Reflexivity and Ethical considerations

The need for reflexivity throughout the entire process is vital. McCabe and Holmes (2009) suggest that reflexivity is often broadly thought of as a way in which a researcher reflects and recognises their own biases and how these can affect the research process. Therefore, reflexivity does not occur at any one stage of the research process, it is ongoing and everchanging.

Stevens et al (2010) raises the importance of considering that the research process for young people in hospital settings may heighten their vulnerability. Therefore, it is important to weigh up whether research in this area is appropriate at the time. Further to this Kellett (2010) suggests that not only is it important to note the vulnerability of the young people, but for all of those involved in the process. It is important throughout the entire research process that reflexivity is used. Allen (2004) argues that it is much more than a control mechanism, it is an acknowledgement of the nature and function of power and can be used as a tool for empowerment.

Stevens et al, (2010) discusses the issue of obtaining detailed and accurate information in an ethical and efficient fashion, whilst ensuring the welfare of not only the participants but the researchers is protected is a challenge that researchers face throughout the process.

Hammersley (2000) agrees that it is important to address the consequences and implications that researchers may face so that the present circumstances of inequality and the interests of the powerful are not reinforced.

When undertaking a piece of research, it is imperative to be clear on the epistemological and ontological position and the key theories that have underpinned the study. The methodological approach being used must be conducive to the study and ethical issues must be considered throughout. The following chapters will explore this further.

PART B: The research proposal

Chapter 4: The Research Proposal

Part B of this paper is concerned with the research proposal and design. In Chapter 4, focus is placed on the research proposal. It will look at the title of the dissertation and ways in which the literature has developed conceptual underpinnings, the proposed research and researcher positionality. It will offer a detail explanation of how the research question was developed, how professional and past study in the field of Child and Youth Studies has played a role in peaking interest in this topic and how identity as a researcher has emerged.

Title of dissertation: Exploring online gaming use by young people in a paediatric setting: An Ethnographic approach.

4.1 Proposed research- Conceptual framework and positionality

A qualitative methodology of ethnography within a critical theory framework has been chosen for this piece of research as the central purpose is to elucidate the use of gaming by young people in a paediatric setting, and how adult perceptions impact this. This approach evolved over the course of the research as ethical and practical considerations became apparent. Within the critical theory paradigm, ontologically, the truth is continually contested by competing groups according to Bunnis and Kelly, (2010) and epistemologically knowledge is mediated by power relations. Using the critical theory perspective allows focus to be placed on power and relationships and perceptions. Positionality will be as an outsider, however having previously worked in the setting, it is important to acknowledge previous relationships and be aware that this may cause conflict.

4.2 Development of research question

The research question has developed over time, with the emergence of literature and the identity of the researcher becoming clearer. Over time, perspectives have shifted somewhat.

These changes have been influenced by professional practice and study. It is the introduction to key contributors such as Montgomery (2018) in the field of Child and Youth studies that have aided this progression and at times contested previous thinking. Bourdieu and Foucault's work has led to understandings of children's lives, in particular the inequalities they experience and how power is played out within different settings. This was a key component on the decision to look at how young people use gaming within a hospital setting and the effect that adult perceptions have on this. As previously employed within a hospital setting, it was seen that young people's engagement with gaming varied. Jones et al (2019) states that by gaining an understanding around critical practice and understanding of personal and professional attitudes, beliefs and values aids the development of becoming more reflexive and understanding the connections between professional power and knowledge in practice. This has become clearer throughout the course of study, which led to an interest in the topic and wanting to investigate more.

4.3 Research Question/s

How do adult perceptions inform gaming use by young people in a paediatric setting?

Chapter 5: Research Design, research methods and methods of analysis.

The following chapter will look at the overall research method and how this has been informed by the conceptual framework and paradigm position being taken. It will also focus on the characteristics of the proposed research participants, time frames and location and offer clarification and justification of why they were chosen. Practical issues of ensuring reliability and validity will also be discussed along with ethical considerations. Finally, the proposed methods of analysis will be highlighted and discussed as to how different approaches to analysis fit the data that is to be gathered.

5.1 Research Method

An ethnographic methodology was chosen for this piece of research, and the method of non-participant observation will be used. This is for several reasons. Primarily, due to the nature of the setting of a paediatric ward, it felt as this method would be the least intrusive and more likely to gain ethical clearance from gatekeepers. Over the course of the piece of research however, it became clear that using the ethnographical approach was aligned with the researcher's conceptual framework of critical theory as it seeks to emancipate the disempowered, redress inequalities and promote individual freedoms according to Cohen, Manion and Morrison (2018). The research question evolved from the literature review, which saw that gaming in paediatric settings was primarily used for three key reasons, it was primarily adult led and a dichotomy was discovered between these health-related games and more mainstream games. The conceptual framework and the researcher's critical theory perspective led to the research question being posed. Gallagher (2009) explains that relationship between these elements provides the framework for research design.

Mills, Durepos and Wiebe (2012) suggest that using non-participant observation allows the researcher the opportunity to observe and describe human interaction and behaviour through first-hand accounts. Bloomaert (2006) adds that the ontological and epistemological position taken requires the complete immersion and active involvement of the researcher in the community to be studied. Therefore, non-participant observation will be used to gather data. According to De Walt and De Walt (2002) this is a holistic method in which first-hand data can be gathered supporting an understanding of social problem or occurrence. As the central

purpose of this research is to explore the range of young people's experiences with gaming in a paediatric hospital setting and to understand how adult perceptions impact upon this, observation of how these interactions occur and the behaviours displayed will give insight into how gaming is used by young people within this setting and how power influences these interactions.

The observations will be recorded using an observation sheet (see Appendix 1:1) and will be completed after the observation, as this will be less confronting for all participants. Stevens et al (2010) highlights that the participants may feel as if they are being assessed if note taking occurs during the interaction. The observation tool will allow time, dates, and interactions to be captured. Cohen, Manion and Morrison (2018) suggests that by using observation it enables a fresh look at everyday behaviour, that might otherwise be taken for granted, expected, or go unnoticed. Hammersley (2014) suggests that using open-ended observations allows the observer to focus on what is occurring that may be of relevance or significance to the study. Given the study is taking place in a hospital setting where there is a myriad of procedures being carried out, being a non-participant observer seems to be the least intrusive. As Hammersley (2014) points out the role in which the observer takes on depends on the context as well as the expectations and role of the researcher.

However, using observation as a tool for collecting data does not come without concerns. According to Cohen, Manion and Morrison (2018) observation in general is not only time consuming but prone to bias in terms of what, why, when, where, whom and how the observer is observing. Observations are inevitably selective, and in part depend as much on the observer's attention and opportunity to observe as they do on the observational instruments and data collection techniques used. Within the hospital setting, there may be limited opportunity to observe due to the nature of the setting, therefore it is important to negotiate times and expectations prior to commencing the research process. Higham (2019) states that is important to be clear about expectations and build trust as this is a central element when working with young people and their families. According to Mills, Durepos and Wiebe (2012) the need for clarity and transparency as well as the acknowledgement of preconceptions and how they in turn could affect the observations being conducted is imperative. Brockmann (2011) also suggests that non-participant observation puts the researcher at a vantage point as co-creator of meaning therefore, it would be important to conduct a pilot of this research using the observation tool as it would help to refine it and assess the degree of observer bias according to Sampson (2004). By using a pilot Cohen,

Manion and Morrison (2018) suggest that it will also allow the researcher to determine whether the research question being asked is indeed observable or whether the research question needs to be reframed to focus more widely on how the young people use gaming. The pilot will be conducted 4 weeks prior to research commencing, with 3 young people as this will allow ample time for feedback and to make any required adjustments.

5.2 Research participants

The study will take place on a paediatric ward in an NHS hospital in England, it will involve six young people, with various long-term illnesses over a period of 6 months. This was selected due to being a past employee and having access to key gatekeepers, however it is key to note here that an outsider researcher position will be taken. Participants will be young people aged between 15-16years old. This age range was chosen as according to Children's Commissioner UK (2019) 93% of young people in this age range play online games for up to 3 hours per day. Throughout the previous literature, this age range in paediatric settings was relatively under explored and considering how many young people of this age group access gaming, it led to the decision to focus this piece of research on this age range. It is important to note here that further narrowing of the research participants may need to be considered as themes begin to emerge, and that this is then in turn reflected in the research question. Again, this demonstrates the necessity of conducting a pilot study according to Cohen, Manion and Morrison (2018) as it allows the researcher to check validity and eliminate ambiguities.

As Shaw, Brady, and Davey (2011) states, good practice entails the researcher creating and providing a relaxed and open atmosphere where all participants are comfortable. Due to the nature of this piece of research before commencing observations it is pivotal to build rapport with the young people, according to Gallagher (2009) and this can be done in numerous ways, depending on the individual young person and their interests.

Gaining access to these participants will be through a team of paediatric consultants and other specialised clinicians. It is important here to note that this will not be an easy task and may take a considerable amount of time. Stevens et al (2010) agrees suggesting that accessing children and young people with life limiting illness is complicated, and for the research to be successful, all clinical teams and managers will need to be on board. O' Reilly, Ronzoni and Dogra (2018) add to this and say that accessing young people of a vulnerable population is

complex and commonly perceived as a massive obstacle in the research process. However, this does not mean it is not achievable and should not deter the process. It is something to consider and in using reflexivity can be overcome. Montgomery (2018) suggests that academic research involves high level of critical thinking and reflection as well as self-criticism.

Stevens et al (2010) highlights the importance of acknowledging that although managers and paediatric consultants may be on board, other clinical staff may be subtly playing gatekeeper by not informing young people, or by acting in a way they think the researcher wants to see. Hammersley (2000) agrees and states that by not addressing the consequences and implications researchers enable the status quo of inequality and power imbalance. Burton and Bartlett (2011) agree with this and state that there are power implications in the use of observation and in the way it is conducted. Therefore, as a researcher particular steps must be taken to observe the sensitive nature of the situation and acknowledge the practicalities around the research.

5.3 Practical issues

Cohen, Manion and Morrison (2018) suggest that the general advice is that the field notes should be written either during the stay in the field or as soon as possible after leaving the field site. This may be difficult due to the high paced and nature of the setting, however it must be a priority so that key information is not missed. Due to the nature of this study and the participants it is important to highlight that young people with a long-term illness may be too unwell to participate and may need to discontinue with the research, therefore it is important to make note of this and consider this within the time frame. It is also important to understand that procedures and hospital stays can be sporadic and inconsistent, depending on the illness and young person. According to Mills, Durepos and Wiebe (2012) and Montgomery (2018) it is necessary for the researcher to carry out extended periods of field work to allow for full immersion and understand patterns and relationships. As the key feature of this approach is to observe people on a first-hand basis and come to understand the collective and individual behaviours, norms, and customs, it will take place over a period 6-12 months. Gallagher (2009) highlights the importance in considering what the process is if something problematic occurs or is observed and that informed consent is received and revised. Being open and transparent with young people about the entire process and

reminding them why the researcher is there on an ongoing basis is essential in research according to Gallagher (2009). Arber (2006) adds that to enhance credibility and reliability the status position taken by the researcher must be identified as this allows light to be shed on what can and can't be observed.

Horton (2008) highlights the importance of the process remaining respectful and sensitive as well as safeguarding participants from anything that may cause them harm. Therefore, it is important to understand the safeguarding procedure of the organisation as well as have tight safeguarding processes in place as a researcher so that not only the participants are safeguarded, but the researcher is also. Researchers need to acknowledge their moral obligations as adults to protect children from harm and risk, even if this means losing trust of the young people, according to Morrow and Richards (1996).

Montgomery (2014) also raises the importance of researchers negotiating their exit from the field as carefully as their entry, therefore it is important to be clear to the young people around time frames and communicate with them when research is coming to an end, as to not just disappear. It may mean that before commencing research that a relationship is built using games or activities and that a final, end of research activity is also planned. However, as Montgomery (2014) points out, this is easier in theory than in practice, as young people with a long-term illness have compounding factors that could potentially affect this. Therefore, it is important to have a plan, but also be flexible and adaptable to the situation.

Another practical issue that needs to be addressed according to Shaw, Brady and Davey (2011) is that there will be numerous levels of permissions from gatekeepers even before seeking participant consent. This would mean firstly gaining permissions from the NHS trust. This would be via the submission of an online application to the appropriate National Research Ethics Service ethics committee (Appendices 1.4) and the manager of paediatrics, prior to commencement, as this is likely to take some time, it is vital to leave enough time to complete the study. This can only occur when all are informed and understand the nature, purpose, and likely outcomes according to Alderson and Morrow (2011). It is vital to have clear, defined research objectives that are of relevance and importance, especially as Morrow (2008) states, this cohort of young people are more susceptible to exploitation by adults in research and evaluation. Along with the practical issues discussed, it is important to highlight the ethical considerations within this piece of research as this is a key component of being a virtuous researcher. In doing this it adds to the validity and reliability of the research process.

5.4 Ethical considerations

According to Burton and Bartlett (2011) there are power implications in the use of observation and in the way it is conducted, and researchers need to be clear on their ethical position throughout. There are several factors that need to be addressed for ethical practice. Although these are considered below, there will be, no doubt, more that arise as the research progresses. Therefore, it is important to use reflexivity throughout as it enables a focused reflection on one's ability to be unbiased, whilst recognising and considering the effects of pre-existing biases on the research (McCabe and Holmes, 2009).

It is vital for any piece of research that informed consent is gained and recognised that is an ongoing process. Spriggs (2010) states that participants should be informed of what the research process will entail and be kept informed throughout, they should be able to withdraw consent at any time. In addition to this Mishna Antle and Regehr (2004) suggests that the process of how to withdraw consent should also be explained and reiterated throughout. This is something that will be detailed to participants and provided in written form, so that it can be referred to and questions can be asked (Appendices 1:3). Morrow (2008) suggests that there is also the need to clearly explain that there will be no negative effect if they choose not to participate in the process.

Anonymity is vital, however this is not always possible as there will be stakeholders, for example health care staff that will question as to why the researcher is there and what Young People are involved. It can become complex as a researcher as it will be up to the young person to communicate when they are in hospital, therefore staff may question the researcher's presence. The small-scale nature of this qualitative research may leave participants open to being identified even when anonymised, therefore young people's illness will not be disclosed, and pseudonyms will be used. According to Gallagher (2009) the principle of anonymity is that individuals should not be identifiable by the research outputs and every measure will be taken to do this.

Alderson and Morrow (2011) highlight confidentiality as a key ethical consideration when undertaking any form of research. Therefore, it is imperative to not share information with others without the consent of the participant. Observations and field notes will be kept in a

lockable cabinet away from the hospital site and will not be included in patient notes. It is important to outline this to participants before commencing any work with them. (appendices 1:2) It is also important to allow the participants to see what the researcher has recorded, according to Alderson and Morrow (2011) this is also highlighted under the Freedom of Information Act, 1998. Data will be destroyed appropriately, in secure way as the data protection act 1998 states that any personal data must not be held any longer than necessary and erased when there is no further use for it.

5.5 Method of analysis

It is important to detail how the data collected will be analysed. Agar (1996) points out the importance of not writing everything down when collecting field notes as this will create too much data, it is therefore imperative to be selective without missing anything significant. This may be difficult as the hospital setting is chaotic and participants may become overwhelmed with the number of people involved in their hospital stay. Davis (2009) highlights that by using the ethnographic approach the same people day after day are visited, therefore between sessions data can be analysed and key themes and questions could be considered. The best way to follow these themes up can be thought out and therefore data, can be reassessed constantly based on ongoing experiences within the field, which in turn enables adaptation and a tailored approach to the different people involved. In analysing the data Cohen, Manion and Morrison (2018) suggest that using the inductive approach will allow the themes derived from the data analysis process ‘bottom up’ to group the data, relationships and patterns that were searched for.

To add to this O’Reilly, Ronzoni and Dogra (2013) suggest that thematic analysis allows for similarities and differences to be compared and has the potential to highlight unexpected issues of importance in the data, this in turn may affect policy and practice. However, in contrast L’Anson and Weston (2018) claim that caution needs to be employed regarding how the perspectives of young people are represented in texts when claiming to report their point of view. O’Reilly, Ronzoni and Dogra (2013) suggests that thematic analysis is epistemology free and not tied to perspective, therefore it allows analysis to be scaled down into manageable topics and key themes that best represent data and research objectives ready for dissemination.

5.6 Conclusion:

In conclusion, this chapter highlighted how the research method of observation was informed by the ethnographic approach and the researcher as an outsider. It looked at and detailed the proposed participants in the piece of research, the location and time frames and justified why these were chosen. Practical issues were considered and highlighted as to how these would be addressed to ensure validity and reliability. Ethical considerations were also discussed, and detail given on how best to address these in terms of this piece of research were also offered. The proposed methods of analysis were also presented and how the data gathered fits within this approach highlighted.

Postscript: Narrative Critical Reflection

Throughout this process there have been times that the literature and course work have led me to doubt the validity of my study and the purpose it was serving. However, when looking at paediatric settings and the use of gaming within these settings it was clear that further research needed to be done. The literature regarding gaming use by young people in a hospital setting was abundant, however it soon became clear that these studies were specific to illness and often 'expert' led. Originally, I believed that I was an interpretivist researcher, however after much reading and engaging with the literature, I came to realise that a critical theory perspective is where I sit as I believe that power exists within relationships. In my original research design, a case study approach was going to be used, however after TMA02 and conversation with my tutor in which we discussed ethical clearance in the NHS and the issue of confidentiality and the completion of the University's Ethical Agreement Form (appendices 1.5) and research on what was required for clearance it was evident that I had to change my approach to be able to potentially access this research.

In changing my perspective to an ethnographic approach, it allowed me to concentrate fully on the young people's experiences and interactions they have. It was important to remember and consider key components of the CYS pathway from the past 3 years. Personally, Higham (2019) sums it up by stating that all professionals bring a personal hinterland to their practice as well as skills and values from their lives, just as service users do to their experiences and interactions with professionals. Therefore, this piece of research may have been very different if I had no experience within the field. On completion of the Open Badge course, becoming an ethical researcher and learning the complex nature of ethics in research lead me to change my position throughout the process (see Appendices 1.6). In the beginning I had never considered that gaining consent and accessing gatekeepers would be so challenging. I was naïve in my thinking that because I would present myself as a researcher doing something for free that could benefit the young people then people would jump at the chance. However, I now know that sometimes research will not be able to take place because it is blocked immediately or further down the line. It is with this that I have learned that the entire process can be somewhat arduous and there is a need to weigh up whether the piece of research is viable.

Being aware of my positioning in relation to the research proposed has been another key learning from this piece of research. It is being able to accept that people come from differing conceptual paradigms and do not necessarily share the same framework. It is also important to remember that because of these differing backgrounds that we are steeped in theory and practice as professionals that does not always coincide. For example, paediatric care framework is often clinical and medical, therefore does not share the same perspective as Childhood and Youth Studies. Being employed previously in this setting encouraged me to focus on this research from a differing perspective, however I feel as though this hindered me at times as I already had preconceived ideas of what the literature would say and in turn what I wanted to find out. In completing the EMA reflection grid (appendices 1.8) it allowed a continuous process of reflection and understanding of the difficulties I may face with regards to this. It made me question if I could ever truly be an outsider researcher in this process. However, as Grix (2002) states in gaining this understanding, personal reflection on positioning and awareness of how others position themselves enables an opportunity to critique and reflect, therefore if nothing else, this piece of research has given me this skill.

References:

- Adachi, P. and Willoughby, T. (2012) 'Do Video Games Promote positive youth development', *Journal of Adolescent Research*, 28 (2), pp. 155-165.
- Agar, M. (1996) *The Professional Stranger: An informal introduction to Ethnography*, London: Academic Press.
- Alderson, P. and Morrow, V. (2011) *The Ethics of Research with Children and Young People: A Practical Handbook*. (2nd Ed). London: SAGE,
- Aldiss, S., Baggott, C., Gibson, F., Mobbs, S. and Taylor, R.M. (2015) 'A Critical Review of the Use of Technology to Provide Psychosocial Support for Children and Young People with Long-Term Conditions', *Journal of Paediatric Nursing*, 30 (1), pp. 87-101.
- Allen, A. (2004). 'Foucault, feminism and the self: The politics of personal transformation'. *Feminism and the final Foucault*, pp. 235-257.
- Allen, A. (2011) 'Foucault and the politics of ourselves', *History of the Human Sciences*, 24(4), pp. 43-59.
- Anderson, C. A., & Dill, K. E. (2000) 'Video games and aggressive thoughts, feelings, and behaviour in the laboratory and in life', *Journal of Personality and Social Psychology*, 78(4), pp. 772-790.
- Arber, A. (2006) 'Reflexivity: A Challenge for the researcher as a practitioner', *Journal of research in Nursing*, 11(2), pp.147-157.
- Baranowski, T., Buday, R., Thompson, D.I and Baranowski, J. (2008) 'Playing for Real: Video Games and Stories for Health-Related Behaviour Change', *American Journal of Preventive Medicine*, 34 (1) pp. 74-82.
- Battles, H.B. and Wiener, L.S. (2002) 'Starbright World: Effects of an Electronic Network on the Social Environment of Children with a life-threatening illness', *Children's Health Care*, 31(1) pp. 47-68.
- Bell, V., Bishop, D.V.M and Przybylski, A. (2015) 'The debate over digital technology and young people', *Editorial* pp. 1-2.

- Blommaert, J. (2006) 'Language policy and national identity', *An introduction to language policy: Theory and method*, pp. 238-254.
- Boyle, E., Connolly, T.M and Hainey, T. (2011) 'The Role of psychology in understanding the impact of computer games', *Entertainment Computing*, 2, pp. 69-74.
- Brockmann, M. (2011) 'Problematising short-term participant observation and multi-method ethnographic studies', *Ethnography and Education*, 6(2), pp. 229-243.
- Burton, D. and Bartlett, S. (2004). *Practitioner research for teachers*. London: Sage.
- Bunniss, S. and Kelly, D. (2010) 'Research paradigms in medical education research', *Medical Education*, 44, pp. 358-366.
- Charlier, N., Zupancic, N. Fieuws, S. Denhaerynck, K. Zaman, B. and Moons, P. (2015) 'Serious games for improving knowledge and self-management in young people with chronic conditions: a systemic review and meta-analysis', *Reviews*, 23, pp. 230-239.
- Children's Commissioner UK (2019) 'Gaming the System', [Online] <https://www.childrenscommissioner.gov.uk/report/gaming-the-system/> [Date accessed 16/01/2021]
- Chin, J.C. and Tsuei, M. (2014) 'A multimodal digital game-based learning environment for hospitalised children with chronic illness', *Educational Technology and Society*, 17 (4) pp.366-378.
- Cohen, L., Manion, L. and Morrison, K. (2018) *Research Methods in Education* (8th edition). New York: Routledge.
- Cohen, S. (1973) 'Folk Devils and Moral Panics: The Creation of the Mods and Rockers' *Urban Life and Culture*, 2(3), pp. 380-381.
- Colwell, J. (2007) 'Needs met through computer game play among adolescents.' *Personal Individual Differences*. 43. pp. 2072–2082.
- Crossman, A. (2019). Understanding critical theory. *Thought Co*.
- Davis, J.M. (2009) 'Involving Children' In Tisdall, E.K.M, Davis, J.M and Gallagher, M. (eds) *Researching with children and young people: Research Design, Method and Analysis*. London: SAGE, pp. 154-194

- DeRosier, M and Thomas, J.M (2018) 'Video Games and Their Impact on Teen's Mental Health'. In Moreno, M.A. and Radovic, A. (eds) *Technology and Adolescent Mental Health*. pp. 237- 253. Springer: Cham.
- DeWalt, K. M., and DeWalt, B. R. (2002) *Participant observation: A guide for fieldworkers*. Walnut Creek: AltaMira.
- Durkin, K., and Barber, B. (2002) 'Not so doomed: computer game play and positive adolescent development', *Journal of Applied Developmental Psychology*, 23, pp. 373-392.
- Elden, S. (2012) 'Inviting the Messy: Drawing methods and children's voices', *Childhood*, 20(1) pp. 66-81.
- Ferguson, C.J. and Colwell, J. (2017) 'Understanding why scholars hold different views on the influence of video games on public health', *Journal of Communication*, 67, pp. 305-327.
- Ferguson, C.J. And Olson, C.K. (2013) 'Friends, Fun, Frustration and Fantasy: Child Motivations for Video game Play', *Motivation and Emotion*, 33, pp. 154-164.
- Fraser, S., Flewitt, R and Hammersley, M. (2014) 'What is Research with Children and Young People?' in Clark, A. Flewitt, R., Hammersely, M and Robb, M., (eds) *Understanding Research with Children and young people*, London: Sage, pp. 34-50
- Gale, F. and Bolzan, N. (2016) 'Online Ghettoes, perils or supernannies? Australian young people with chronic illness and disability challenge some moral panics about young people online' *Disability and Society*, 31(8) pp. 1112-1126.
- Gallagher, M. (2009) 'Data Collection and Analysis'. In Tisdall, E.K.M, Davis, J.M. and Gallagher, M. (eds). *Researching with Children and Young People*, pp. 65-88.
- Gee, J.P. (2005) 'Learning by Design: Good Video Games as Learning Machines'. *E-Learning and Digital Media*. 2(1), pp, 5-16.
- Granic, I., Hiromitsu, M. and Scholten, H. (2020) 'Beyond Screen Time: Identity Development in the Digital Age', *Psychological Inquiry*, 31(3) pp.195-223
- Granic, I., Lobel, A. and Engels, R.C.M.E (2014) 'The Benefits of Playing Video Games', *American Psychologist*, 69 (1), pp. 66-78.
- Green, H. (2014) 'Use of theoretical and conceptual frameworks in qualitative research' *Nurse Researcher*. 21 (6), pp.34-38

Grix, J. (2002) 'Introducing Students to the Generic Terminology of Social Research', *Politics*, 23(3) pp. 175-186.

Hammersley, M (2014) 'Methodological Ideas', in Clark, A., Flewitt, R., Hammersley, M. and Robb, M.(eds) *Understanding Research with Children and young people*, London: SAGE, pp. 169-187

Hammersley, M. (2000) The Relevance of Qualitative Research, *Oxford Review of Education*, 26(3-4), pp. 393-405.

. Harker, R., Mahar, C. and Wilkes, C. (Eds.). (2016). *An introduction to the work of Pierre Bourdieu: The practice of theory*. Springer. UK.

Higham, S. (2019) 'The personal, professional and maternal in children's services', in Robb, M., Montgomery, H. and Thomson, R. (eds). *Critical Practice with Children and young people*, Milton Keynes: Open University, pp. 261-278.

Horton, J. (2008) 'A 'sense of failure'? Everydayness and research ethics', *Children's Geographies*, 6(4), pp.363-383

James, A. (2001) 'Ethnography in the study of Children and Childhood', in Atkinson, P., Coffey, A., Delamont, S, Lofland, J. and Lofland, L. (eds) *Handbook of Ethnography*. London: Sage, pp. 246-257.

Jones, C.M, Scholes, L., Johnson, D., Katsikitis, M. and Carras, M.C (2014) 'Gaming Well: Links between Video Games and Flourishing Mental Health', *Developmental Psychology*, 5(260), pp. 1-8.

Jones, P., Chritou, C., Mercieca, D. and Nunez, X.P. (2019) 'Critical Practice in work with children and young people: perspectives from research', in Robb, M., Montgomery, H. and Thomson, R. (eds). *Critical Practice with Children and young people*, Milton Keynes: Open University, pp. 11-38.

Kellet, M. (2010) *Rethinking Children and Research: Attitudes in contemporary society*, Bloomsbury: London.

Kellett, M. (2014) 'Images of Childhood and their influence on Research', in Clark, A., Flewitt, R., Hammersley, M. and Robb, M. (eds). *Understanding Research with Children and Young People*. London: Sage, pp. 15-34.

- Kneer, J. and Ward, M.R. (2021) 'With a rebel yell: Video gamers' responses to mass shooting moral panics', *Sage Journals*, 23 (3), pp 497- 514.
- Kohut, S.A., LeBlanc, C., O'Leary, K., McPherson, A.C., McCarthy, E., Nguyen, C. and Stinson, J. (2017) 'The Internet as a source of support for youth with chronic conditions: A Qualitative Study'. *Childcare Health and Development*, 44, pp. 212-220.
- Kowert, R. and Oldmeadow, J.A. (2013) '(A)Social reputation: Exploring the relationship between online video game involvement and social competence', *Computers in Human Behaviour*, 29(4), pp. 1872-1878.
- Kucirkova, N. (2018). 'The Myth of digital childhoods', in Montgomery, H. and Robb, M. (eds) *Children and Young People's Worlds*. Bristol: The Open University, pp.283-298.
- L'Anson and Weston (2018) 'Children's voice: Bridging theory and practice with unaccompanied children seeking asylum in the UK', in Montgomery, H. & Robb, M. (Eds). *Children and young people's worlds*, Bristol, Policy Press, pp. 193-214.
- Leibermann, D. (2001) 'Management of Chronic Paediatric Diseases with Interactive Health Games: Theory and Research Findings', *Journal of Ambulatory Care Management*, 24(1), pp. 26-38
- Martin, J. (2019) 'The Making of a good teacher: past present and future perspectives', in Robb, M., Montgomery, H. and Thomson, R. (eds). *Critical Practice with Children and young people*, Milton Keynes: Open University, pp. 241-260.
- McCabe, J.L and Holmes, D. (2009) 'Reflexivity, critical qualitative research, and emancipation: a Foucauldian perspective', *JAN Leading Global Nursing Research*, 65(7), pp.1518-1526.
- McLaren, M. A. (2012). *Feminism, Foucault, and embodied subjectivity*. New York: Suny Press.
- Mills, A., Durepos, G., & Wiebe, E. (2012). 'Participant observation', *Encyclopedia of Case Study Research*, pp. 653-655.
- Mishna, F., Antle, B. J., and Regehr, C. (2004). 'Tapping the perspectives of children: Emerging ethical issues in qualitative research'. *Qualitative Social Work*, 1(4), pp. 449-468.

Montgomery, H. (2014) 'Participant Observation'. In Clark, A., Flewitt, R., Hammersley, M. and Robb, M. (eds). *Understanding Research with Children and Young People*, London: Sage, pp. 15-34.

Montgomery, H. (2018) 'Inequalities and the social and cultural capital of childhood and youth', in Montgomery, H. and Robb, M. (eds) *Children and Young People's Worlds*. Bristol: The Open University. pp.73-88.

Montgomery, H. and Robb, M. (2018) *Children and Young People's Worlds*. Bristol: The Open University.

Morrow, V. (2008) 'Ethical dilemmas in research with children and young people about their social environments', *Children's Geographies*, 6(1), pp. 49-61.

Morrow, V., & Richards, M. (1996) 'The ethics of social research with children: An overview'. *Children and Society*, 10, pp. 90–105.

Neto, J.L.F (2018) 'Michel Foucault and Qualitative Research in Human and Social Sciences', *Qualitative Social Research*, 19 (3).

Newby, P. (2014) 'Research methods for Education' (2nd edn), London: Routledge.

O'Reilly, M., Ronzoni, P. and Dogra, N. (2013) 'Research with Children: Theory and Practice', London: Sage.

Prot, S., Anderson, C.A, Gentile, D. A., Brown, S.C. and Swing, E.L (2014) 'The Positive and Negative effects of Video Game Play', in Jordan, A.B and Romer, D. (eds) *Media and the Well-being of Children and Adolescents*. New York: Oxford University Press pp.109-128.

Rabinow, P. (ed) (1991) *The Foucault Reader: An Introduction to Foucault's thought*, London, Penguin.

Rokkum, J., Blanco-Herrera, J., Faulhaber, M. and Gentile, D. (2018). 'Internet Gaming Disorder' *Technology and Adolescent Mental Health*, pp. 113-120.

Ryan, G. (2018) 'Introduction to positivism, interpretivism and critical theory', *Nurse Researcher*, 25(4) pp. 41–49.

Sampson, H. (2004) 'Navigating the waves: the usefulness of a pilot in qualitative research', *Qualitative research*, 4(3), pp.383-402.

Shaw, C., Brady, L-M. and Davey, C. (2011). 'Guidelines for Research with Children and Young People' *National Children's Bureau*, London: UK.

Smith, R. (2015) 'Educational research: The importance of the humanities', *Educational Theory*, 65 (6) pp.739-754.

Spriggs, M. (2010) 'Ethical Difficulties with consent in research involving children: Findings from key informant interviews', *AJOB Primary Research*, 1(1). pp.34-43.

Stevens, M.M, Lord B.A, Proctor M.T, Nagy S. and O'Riordan E. (2010) 'Research with vulnerable families caring for children with life-limiting conditions', *Qualitative Health Research*, 20 (4), pp. 496-505.

Taylor, A. (2019) 'Working with children experiencing disenfranchised grief: the use of supervision and reflection', in Robb, M., Montgomery, H. and Thomson, R. (eds). *Critical Practice with Children and young people*, Open University: Milton Keynes, pp. 279-296.

Young, J. (2009) 'Moral Panic its Origins in Resistance, Ressentiment and Translation of Fantasy into reality'. *British Journal of Criminology*, 49, pp. 4-16.

Appendices

1:1 Observation template

Participant Name (Code)	Date:	Time: To/From/Total time spent	Others' present/codes (parent's/carers/staff)	Environment/setting ie. Games room/bedside
Observation		Evaluation		Follow up

1:2 Consent Form

Adapted from O'Reilly, Ronzoni and Dogra (2013)

Image copied from Open University [Open.ac.uk]



Consent Form for young people

Researcher: Tanya Myatt

Young person to circle all they agree with:

1. Have you had the opportunity to consider the information sheet regarding this research and whether you would like to take part? Y/N
2. Have you been provided with time to ask the researcher any questions that you may have regarding the research? Y/N
3. You can withdraw your consent at any time throughout this process, has the researcher provided an explanation how to do this? Y/N?
4. This is a study on gaming and how it is used in hospital settings, do you use gaming whilst you're in hospital Y/N?
5. Are you willing to participate in this study? Y/N?

To take part in this research please complete the following

Your name:

(Your name will not be used in any documents)

Date:

Details of person explaining and signature

Name:

Date:

Signature:

1:3 Information leaflet

Adapted from Alderson and Morrow (2011), p91.

INFORMATION LEAFLET

Online gaming use in hospital settings

A research project

January 2022-August 2022 (this could be extended however, you will be kept informed)

This leaflet is for young people and their parents/carers.

Please will you help me with my research?

I am undertaking research with young people who have a long-term illness. This research is based around gaming and how it is used within hospital settings.

The research is being done to observe how adult perceptions of gaming effect its use within hospital settings, you won't be asked any questions, as I will be purely observing.

The project will involve other young people, but you won't know who they are as this will be anonymous.

You do not have to take part and you can drop out anytime. Every precaution is taken to ensure that there will be no problems whatever you decide, however if problems arise, you are able to contact the researcher, your doctor, or the university if you wish to discuss.

[The doctor] will know that you are in the project, but he, or anyone else will not be told what you say. The only time that I may have to tell someone is if I think that you or someone else may be at risk of being hurt. If so, I will talk to you first about the best thing to do.

I will keep notes in a safe lockable place and delete details about you after the project. I will use a different name for you so that no-one can identify you.

You may wish to ask questions before you decide and along the way, this is encouraged.

Please contact me, Tanya, if you would like any more information and/or you would like to take part in the project.

Thank you

1:4 NHS Health Research online resources and application

<https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/>

<https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/>

<https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/research-ethics-committee-review/>

1:5 Ethical Appraisal Form**E822 Masters: Education, Childhood and Youth**

NB: it should be noted that The Open University is unable to offer liability insurance to cover any negative consequences students might encounter when undertaking ‘in-person’ data collection. It is therefore very important that you follow appropriate research protocols not least in seeking Gatekeepers’ permissions to undertake any data collection within your setting and adhere to ethical principles for the safety of yourself and your participants.

Because ethical appraisal should precede data collection, this form should be included with TMA02 for those developing a Small-Scale Investigation and included as part of the submission for the EMA for those submitting an Extended Literature Review and Research Proposal

Section 1: Project details

a.	Student name	Tanya Myatt	
b.	PI		
c.	Project title	Exploring online gaming use by young people in a paediatric setting: An ethnographic approach	
d.	Supervisor/tutor	Maggie Gidney	
e.	Qualification	Masters in Education	<input type="checkbox"/>
		Masters in Childhood and Youth	<input checked="" type="checkbox"/>
f.	MA pathway (where applicable)		

g.	Intended start date for fieldwork	January 2022
h.	Intended end date for fieldwork	August 2022
i.	Country fieldwork will be conducted in <i>If you are resident in the UK and will be conducting your research abroad please check www.fco.gov.uk for advice on travel.</i>	England (UK)

Fill in section 1 of this document with your personal details and brief information about your research.

For section 2, please assess your research using the following questions and click yes or no as appropriate. If there is any possibility of significant risk please tick yes. Even if your list contains all “no” you should still return your completed checklist so your tutor/supervisor can assess the proposed research.

Section 2: Ethics Assessment		Yes	No
1	Does your proposed research need initial clearance from a ‘gatekeeper’ (e.g. Local Authority, head teacher, college head, nursery/playgroup manager)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Have you checked whether the organisation requires you to undertake a ‘police check’ or appropriate level of ‘disclosure’ before carrying out your research? ¹	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹ You must agree to comply with any ethical codes of practice or legal requirements that maybe in place within the organisation or country (e.g. educational institution, social care setting or other workplace) in which your research will take place. If required an appropriate level of disclosure (‘police check’) can be obtained from the Disclosure and Barring Service (England and Wales), Disclosure Scotland, AccessNI (Northern Ireland), Criminal Records Office (Republic of Ireland), etc.

3	Have you indicated how informed consent will be obtained from your participants (including children less than 16 years old, school pupils and immediate family members)? Your consent letters/forms must inform participants that they have the right to withdraw from the study at any time. ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Will your proposed research design mean that it will be necessary for participants to take part in the study without their knowledge/consent at the time (e.g. covert observation of people in nonpublic places)? If so have you specified appropriate debriefing procedures? ³	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Does your proposed design involve repetitive observation of participants, (i.e. more than twice over a period of more than 2-3 weeks)? Is this necessary? If it is, have you made appropriate provision for participants to renew consent or withdraw from the study half-way through? ⁴	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Are you proposing to collect video and/or audio data? If so have you indicated how you will protect participants' anonymity and confidentiality and how you will store the data?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Does your proposal indicate how you will give your participants the opportunity to access the outcomes of your research (including audio/visual materials) after they have provided data?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you built in time for a pilot study to make sure that any task materials you propose to use are age appropriate and that they are unlikely to cause offence to any of your participants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

² This should normally involve the use of an information sheet about the research and what participation will involve, and a signed consent form. You must allow sufficient time for potential participants to consider their decision between the giving of the information sheet and the gaining of consent. No research should be conducted without the opt-in informed consent of participants or their caregivers. In the case of children (individuals under 16 years of age) no research should be conducted without a specified means of gaining their informed consent (or, in the case of young children, their assent) and the consent of their parents, caregivers, or guardians. This is particularly important if your project involves participants who are particularly vulnerable or unable to give informed consent (e.g. children under 16 years, people with learning disabilities, or emotional problems, people with difficulty in understanding or communication, people with identified health problems). There is additional guidance on informed consent on the Masters: Education and Childhood and Youth website under Project Resources.

³ Where an essential element of the research design would be compromised by full disclosure to participants, the withholding of information should be specified in the project proposal and explicit procedures stated to obviate any potential harm arising from such withholding. Deception or covert collection of data should only take place where it has been agreed with a named responsible person in the organisation and it is essential to achieve the research results required, where the research objective has strong scientific merit and where there is an appropriate risk management and harm alleviation strategy.

⁴ Where participants are involved in longer-term data collection, the use of procedures for the renewal of consent at appropriate times should be considered.

9	Is your research likely to involve discussion of sensitive topics (e.g. adult/child relationships, peer relationships, discussions about personal teaching styles, ability levels of individual children and/or adults)? What safeguards have you put in place to protect participants' confidentiality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Does your proposed research raise any issues of personal safety for yourself or other persons involved in the project? Do you need to carry out a 'risk analysis' and/or discuss this with teachers, parents and other adults involved in the research?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Will the study involve recruitment of patients or staff through the NHS or the use of NHS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to questions **12**, you will also have to submit an application to an appropriate National Research Ethics Service ethics committee (<http://www.nres.npsa.nhs.uk/>).

1:6 Ethical Grid

The Open University, 2020 (adapted from Stutchbury, K. and Fox, A., 2009, pp. 495–496)

Rationale	No	Question to consider	Your thoughts
External/ecological			
Cultural sensitivity	1	What are the values, norms and roles in the environment in which I am working and are they likely to be challenged by this research?	Having worked in the organisation before, I know that there will be challenges as differing opinions are evident.
Awareness of all parts of the institution	2	What is the relationship between the group/individual I am working with and the institution as a whole? How does it affect the participant(s)?	The clinical setting can cause anxiety and fear due to medical intervention and pain which can in turn effect the participant. Also routine procedures and being fixed to medication timetables and staff workloads can cause anxiety and waiting times.
Responsive communication –	3	How might my work be viewed/interpreted by others	As I have worked in the setting

awareness of the wishes of others		in the institution? How will the language I use be interpreted?	previously, I could be seen as an insider. Therefore it is pivotal to be clear with boundaries and how I use language as to not appear critical or like I am assessing a situation.
Responsibilities to sponsors	4	What are my responsibilities to the people paying for or supporting this research (local authority, my school, external bodies)?	As this piece of work is for a university dissertation it is not funded, however I still need to be aware and follow university guidelines and organisational ethics and code of conduct, including safeguarding, data protection etc.
Codes of practice	5	Have I worked within the British Educational Research Association guidelines? Are there other relevant codes which might also be applicable? Am I aware of my	Yes, and I am also aware of NHS guidelines.

		rights and responsibilities through to publication?	
Efficiency/use of resources	6	Have I made efficient use of the resources available to me, including people's time?	I believe that I have factored this into my research proposal.
Quality of evidence on which conclusions are based	7	Have I got enough evidence to back up my conclusions and recommendations?	It is hoped that I will have sufficient evidence.
The law	8	What legal requirements relating to working with children do I need to comply with? Am I aware of my data protection responsibilities? Am I aware of the need for disclosure of criminal activity? Do I need written permissions?	Yes, I have safeguarding, police checks and DBS as well as undertaken data protection courses as part of the NHS. I would have also accessed ethical clearance prior to commencing research.
Risk	9	Are there any risks to anyone as a result of this research?	Yes, there is a risk that young people may feel anxious or stressed in undertaking this research. Also a risk to the researcher

			observing medical procedures and illness, therefore it is important to debrief and use reflexivity throughout.
Consequential/utilitarian			
Benefits for individuals	10	What are the benefits of my doing this research to the participants? Would an alternative methodology bring greater individual benefits?	Case study methodology was initially considered, however due to risk an ethnographic methodology was chosen.
Benefits for particular groups/organisations	11	What are the benefits of my doing this research to the school/department? Could these be increased in any way? How will I ensure that they know about my findings? Is my work relevant to the school development plan? Can I justify my choice of methods to my sponsors?	N/A to school environment. However, this piece of research may change practice and opinions around gaming.
Most benefits for society	12	Is this a worthwhile area to research? Am I contributing to the 'greater good'? Is it high quality and open to scrutiny?	I think that it is worthwhile, I think it could potentially lead to a contribution to

			changing perceptions around gaming in paediatric settings
Avoidance of harm	13	Are there any sensitive issues likely to be discussed or aspects of the study likely to cause discomfort or stress?	Not within the study, but it could happen within the organisation.
Benefits for the researcher	14	Am I going to be able to get enough data to write a good thesis or paper? Am I aware of my publication rights? What might I learn from this project? Will it help in my long-term life goals?	It is hoped that enough data is gathered and analysed to write a paper that highlights gaming use in paediatric settings.
Deontological			
Avoidance of wrong – honesty and candour	15	Have I been open and honest in advance with everyone who might be affected by this research? Are they aware that they can withdraw, in full or in part, if they wish?	Yes, through consent forms and this would also be ongoing throughout the research.
Fairness	16	Have I treated all participants fairly? Am I using incentives fairly? Will I acknowledge everyone involved fairly? Can I treat all participants equally?	Yes, however due to the nature of the study sometimes this may be difficult.

Reciprocity	17	Have I explained all the implications and expectations to the participants? Have I negotiated mutually beneficial arrangements? Have I made myself available when those involved might wish me to be? Are the participants clear about roles, including my own, as they relate to expectations?	Yes this would be done in the initial meeting and through the information leaflet
Tell the truth	18	If there is any need for covert research, how will I deal with this? What will I do if I find out something that the participants/school/department do not like? How will I report unpopular findings	No plans on covert research.
Keep promises	19	Have I clarified access to the raw data and how I will share findings including at publication? How will I ensure confidentiality?	By using pseudonyms and keeping documents locked away and destroying after the research is complete.
Do the most positive good	20	Is there any other way I could carry out this research that would bring more benefits to those involved?	In using reflexivity throughout, this question will be ongoing.

Relational/individual			
Genuine collaboration/trust established	21	Who are the key people involved? How can I build a constructive relationship with them?	Young People, Staff and Parents, which I already have a relationship with.
Avoid imposition/respect autonomy	22	Am I making unreasonable or sensitive demands on any individuals? Do they appreciate that participation is voluntary?	No, they are aware participation is voluntary.
Confirmation of findings	23	What steps will I take in my methodology to ensure the validity and reliability of my findings? Can I involve participants in validation? Will I report in an accessible way to those involved?	Yes, I will allow young people to look at observations once I have taken them.
Respect persons equally	24	How will I demonstrate my respect for all participants? Have I treated pupils in the same way as teachers?	By being open, transparent and accountable throughout.

1:7 EMA Reflection Grid

Category	Feedback received, targets achieved and areas of development worked on	How did this shape my dissertation
<p>Knowledge and understanding: Targets, reflections or feedback relating to knowledge of current debate and issues in your specific area of focus; drawing out concepts and themes; choosing a focus area for your dissertation; identifying and overcoming ethical issues.</p>	<p>Feedback from TMA01 ‘It will be important to consider how you might shape your research proposal given this challenge is going to be present even without the impact of the pandemic, so as you move forwards important to look at how others approach this kind of study with vulnerable respondents’</p>	<p>This changed my idea of how the research could take place, along with conversation with my tutor and development and further understanding of my positioning as a researcher, my initial plan was to look at this from a case study methodological perspective. However further research around vulnerable young people lead me to an ethnographic approach.</p>
<p>Critical analysis and evaluation: Targets, reflections or feedback relating to justifying or challenging your personal perspective; interpreting and critically analysing evidence and methodologies from your own and others’ research; analysing and evaluating themes and issues; sourcing and critically reviewing a wide range of publications; creating an academic</p>	<p>Feedback in both TMA01, TMA02 and draft chapters was generally that I was making an ‘argument’ instead of engaging with the literature on a critical level. This led to a lot of making a point and supporting it with literature.</p>	<p>Over the period of time, I read quite a few literature reviews to get the feel of the structure and what was required to move away from a more essay-based format into a literature review. Once I did this, which was a challenge and something new for me, I found that I was able to develop my piece of research.</p>

<p>argument using synthesis; comparing and connecting practice and theory.</p>		
<p>Links to professional practice: Targets, reflections or feedback relating to designing and/or applying research methods; developing ideas from previous research and frameworks; reflecting and making adaptations during the research and writing process; addressing problems in research design; identifying implications for practice and professional debate; challenging your own assumptions; managing workload and personal motivation.</p>	<p>Reflecting on my time as a professional in a hospital setting allowed me to think of how difficult this piece of research would be to conduct. This is before I even focused on the ethical concerns that may come about. In completing the Open badged course, it opened a lot that I hadn't thought about.</p>	<p>This, in turn affected my dissertation as it changed my thinking about how easy it would be to conduct research and made me consider whether this piece of research is valid and whether the benefits outweigh the difficulties.</p>
<p>Structure, communication and presentation: Targets, reflections or feedback relating to using academic style and referencing; presenting, managing and sharing information in different modes; communicating concepts, findings and ideas for different audiences.</p>	<p>In TMA01, my referencing was referred to and I was directed to the 'cite them right' link. In my draft feedback my tutor also suggested that I start a reference list ASAP as otherwise leaving it to the last thing there would be a chance on missing something</p>	<p>This changed how I organise my work and how I have reflected on referencing. In starting the reference list early helped in the completion of the dissertation.</p>

