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**ORIGINAL ARTICLE**

# 'Tell Me! Learning from Narratives': an evaluation of an educational programme on narrative inquiry for nursing home care students

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**Abstract**
*Background:* Narratives have the potential to promote person-centred practice, yet few studies have been undertaken on the impact of a narrative approach on learning for care professionals or students. With this in mind, we co-designed an educational programme on the use of older persons' narratives for professionals in research, education and nursing.
*Aims*: To investigate the impact of attending a narrative educational programme on the learning of nursing and healthcare assistant students, and on their person-centred practice. We also examined what factors characterised and influenced this learning.
*Methods*: This was a mixed-methods evaluation study. We evaluated the impact of a narrative educational programme on third-year healthcare assistant students and second-year nursing students. Students were invited to complete a survey before and after the educational programme. After the programme, we performed interviews with all the educators and some of the students.
*Results*: Students' learning from the narratives was varied, and there were differences in the extent to which the programme raised awareness. Some students demonstrated new understandings, actions and behaviours. Students self-reported that they had experienced learning related to 12 learning outcomes and to their person-centred practice. According to educators and students, this learning was experiential and reflective, and was influenced by the students' level of participation, personal characteristics and openness to other perspectives, as well as the educators' guidance and the workplace conditions.
*Conclusion*: This study shows that the educational programme 'Tell Me! Learning From Narratives' can contribute to the learning of healthcare assistant and nursing students in terms of their understanding of the field of narrative inquiry as well as the development of their person-centred practice. Providing support for educators is a prerequisite for the programme to work.
*Implications for practice*:
- The programme has the potential to contribute to a person-centred care curriculum
- Self-evaluation, for example via the self-scan person-centred care survey in this study, prompts awareness in students
- Educators should be supported in their use of a narrative approach, person-centred care values and didactic skills
- Educators should reflect the values of person-centred care in their practice and in their relationships with students as role models

**Keywords**: Narratives, person-centred care curriculum, nursing education, healthcare assistant students, nursing students, nursing homes

**Introduction**
In Western society, person-centred care has become the gold standard in nursing homes (Kitwood, 1997; WHO, 2007, 2105; McCormack and McCance, 2010). Nursing homes can work towards this by continuously improving quality of care through strengthening professionals' learning capacity and enhancing their person-centred practice (WHO, 2015; Zorginstituut, 2017). Person-centred practice has been defined as 'an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development' (McCormack and McCance, 2017, p 20). Developments in person-centred practice are forming a growing part of the education of future care professionals.

The narratives of nursing home residents stimulate care professionals' person-centred practice (OECD, 2013; Dewing et al., 2020) and have the potential to promote quality improvement (Buckley et al., 2014; Grob et al., 2019; Scheffelaar et al., 2021). Narratives give care professionals insight into what is important to residents in terms of their experienced quality of care. These insights can lead to a transformation in the perceptions of (student) care professionals, their relationships with residents and their approach to caregiving (Goodson and Gill, 2011; Buckley et al., 2018). To exploit the potential of residents' narratives for improving person-centred practice, and thus the quality of nursing home care, care professionals need to learn how to use narrative approaches in their daily practice (Wang and Geale, 2015). This requires special competences that take time and attention to learn properly (Grob et al., 2019; Sion et al., 2020; Scheffelaar et al., 2021). For instance, listening and analysing residents' narratives requires an inquisitive attitude and research skills. So, paying attention to the use of narrative in care education would seem to be beneficial (Dewing et al., 2020) and for this reason, an evidence-based educational programme entitled 'Tell Me! Learning from Narratives' was developed and tested.

To our knowledge, there are no studies that evaluate the impact of educational programmes aimed at promoting narrative approaches in nursing homes. This study set out to gain more in-depth insights, with a two-pronged approach:

1. To evaluate the impact of attending a narrative educational programme on care and nursing students' learning and application in practice
2. To understand the contextual factors that influenced this learning

After providing more background information about the educational programme, we will focus on the evaluation study, presenting the findings narratively and discussing factors that influence students' learning.

**Educational programme**
The educational programme was developed by professionals with a background in research, education, and/or nursing, including the first author (Muller-Schoof et al., 2023). The programme aims to support student care professionals' learning about the quality of care and person-centred practice in nursing homes by helping them develop an inquisitive attitude and improved research skills. It is based on the narrative approach described by Scheffelaar and colleagues (2021). It facilitates care professionals' use of an evidence-based approach called 'The story as a quality instrument', which uses the narratives of older adults receiving long-term care, collected by care professionals, to understand and improve their perceived quality of care (Roman et al., 2018; Scheffelaar et al., 2021).

The goals of the educational programme are operationalised into 12 learning outcomes (Table 1). The programme consists of eight lessons, each lasting 1.5 hours, with knowledge components, assignments and exercises to achieve the learning outcomes. The programme is designed for student and practising healthcare assistants and nurses at educational levels 3 to 6, based on the eight-level

European Qualifications Framework (EQF). It can be embedded in care training curricula for students but also aims to be suitable for continuing education of care professionals in nursing homes. The latter is, however, beyond the scope of this study.

The educational programme was tested during the clinical placements of EQF level 3 healthcare assistants in their third year, and EQF level 6 nursing students in their second year.

Since it was designed during the Covid-19 pandemic, it was adapted to encompass offline and online classes. Educators were allowed to tailor the programme to their situation on the condition that they paid attention to the learning outcomes. Guidance and instruction were provided to educators as necessary.

Table 1: Subjects, lesson content and learning outcomes of the educational programme 'Tell Me! Learning from Stories'

| Subject | Lesson content | Learning outcomes |
|---|---|---|
| 1: Research methods, theory | • Assessing prior knowledge about different ways (qualitative and quantitative) for investigating caregivers' perspectives on quality of care | 1. You know different qualitative and quantitative research methods that can be used to evaluate the quality of care from the point of view of care home residents |
| 2. Research methods, practice | • Applying theories from lesson 1 in healthcare practice | 2. You investigate and present how qualitative and quantitative research is applied in the nursing home where you do your internship or work |
| 3. Narrative research | • The concept of narrative research to examine quality of care, its pros and cons<br>• Practising narrative interview skills | 3. You can explain what a narrative is in the context of quality research, and you know the concept of narrative research<br>4. You know the pros and cons of narrative research and can determine when it is useful to investigate quality of care<br>5. You can apply narrative interview skills by interviewing a resident |
| 4. 'The story as a quality instrument' | • The first part of the method 'The story as a quality instrument'<br>• Ethical and privacy issues<br>• Interview skills<br>• The role as a narrative researcher | 6. You can explain the method and possibilities of the method 'The story as a quality instrument'<br>7. You can explain the ethical and privacy issues operative when using the instrument and you can apply these in practice<br>8. You can collect narratives among older adults in nursing homes<br>9. You understand your own role as a narrative researcher, can reflect on it and act professionally |
| 5. Analysing collected data | • Qualitatively analysing the retrieved narratives and overcoming interpretation bias | 10. You can explain how to analyse and interpret collected narratives and can analyse and interpret a transcription or audiotape |
| 6. Making a holistic residents' portrait | • Producing a summary of the narrative of the caregiver in a holistic portrait, based on analysis of the transcript, in which the key themes put forward by the caregiver are concisely presented | 11. You create a resident's holistic portrait based on the transcript |
| 7. Reflecting on the results | • The terms generalisability, reliability and validity and how to apply these concepts to narratives<br>• Analysing portraits | 12. You can map and discuss the yields of the portraits |
| 8. Using the portraits as a quality instrument | • Using the output of stories and portraits to improve the quality of care for the individual resident, for a team or department or a location or organisation | 12. You can map and discuss the yields of the portraits to improve the quality of care |

## Methods

### *Design*

A mixed-methods evaluation study (Palinkas et al., 2011) was conducted, adopting a pragmatist approach (Baert, 2004) to answer the following research questions:

1. Following participation in the 'Tell Me! Learning from Narratives' programme, what is the impact on nursing and care students' knowledge and person-centred practice?
2. What factors influence this learning?

The study was performed from January to December 2021 at a school for vocational education and training (VET) and at a university of applied sciences in the Netherlands. Pre- and post-test online surveys were conducted with students to evaluate their self-reported development in relation to the intended learning outcomes and their person-centred practice. We used semi-structured group interviews to evaluate the impact of the educational programme in greater depth.

***Participants***

The team that co-designed the educational programme recruited colleagues to facilitate its delivery based on their experience and availability. The team members provided instructions and support to these educators as necessary. Six educators incorporated the educational programme into their lessons (Table 2). Four VET educators facilitated the learning of third-year healthcare assistant students in pairs: a pair of educators in the spring and another pair in the autumn. Two educators facilitated second-year undergraduate nursing students; one facilitated two different groups of students, one in the spring and one in the autumn.

All 77 healthcare assistant and 35 nursing students participated in one of the five tutorial groups and, due to the pandemic, attended the educational programme online. Three groups attended the programme during the spring semester of 2021 and two groups during the autumn semester that year.

Table 2: Recruited educators, eligible students and students' responses to pre- and post-test surveys

| | Educators (n) | Eligible students (n) | Response of students pre-test (% eligible students) | Response of students post-test (% eligible students) |
|---|---|---|---|---|
| VET college | 4 | 77 | 55 (71%) | 29 (38%) |
| University of applied sciences | 2 | 35 | 28 (80%) | 18 (51%) |
| TOTAL | 6 | 112 | 83 (74%) | 47 (42%) |

All students who participated in the educational programme (n=112) were eligible to participate in the research. Students were invited by email to complete the pre- and post-test surveys, and 47 agreed to participate (Table 3). Students had to give informed consent before completing the surveys.

Table 3: Characteristics of the study participants of the quantitative part of the study

| | | Total students (n = 47) | HA students (n = 30) | Nursing students (n = 17) |
|---|---|---|---|---|
| Age | Mean age in years (SD)<br>Range in years | 25.6 (10.14)<br>17-55 | 28.3 (11.8)<br>17-55 | 20.7 (2.97)<br>18-29 |
| Gender | Female (%) | 39 (83%) | 26 (87%) | 13 (76%) |
| | Male (%) | 8 (17%) | 4 (13%) | 4 (24%) |

After finishing the educational programme, students were invited to participate in a group interview by their educator. Those who were interested received an information letter from the first author and were asked to give written consent to participate. Educators were approached directly and asked for their consent by the researchers. Interviews were held with six educators and six students (Table 4). As explained in interviews by the VET educators, healthcare assistant students did not participate in the interviews due to the consequences of measures taken to address Covid-19.

Table 4: Participant group interviews

| Dates | Online group interviews | |
|---|---|---|
| | VET college | University of applied sciences |
| Feb-Apr 2021 | 2 VET educators | |
| Mar-April 2021 | | 1 educator<br>1 nursing student (separate) |
| Mar-Jun 2021 | | 1 educator |
| Sep-Nov 2021 | 2 VET educadors | |
| Sep-Dec 2021 | | 1 educator + 5 nursing students (together) |
| **TOTAL: 6 group interviews (n=13)** | | |

***Data collection***

*Quantitative data*

The pre-test survey was conducted before students entered the programme. Background characteristics (age, gender and educational level) were collected. Students were also asked to complete two questionnaires. The first concerned self-measurement of the 12 learning outcomes (Table 1) on a four-point Likert scale designed for the educational programme (Muller-Schoof et al., 2023). The scale ranged from having no command to complete command of a given skill.

The second survey was a self-scan person-centred care questionnaire, an instrument that had previously been developed by experts in a Delphi study (Muller-Schoof et al., 2022). The self-scan questionnaire measures the degree of self-reported person-centred practice. It was tested for practical validity, understandable language and time taken to complete the scan, but not for content validity. Cronbach's alpha measured the internal consistency ($\alpha > 0.8$) of the scan. The self-scan has 25 items, categorised into the following six themes:

1. Knowing the resident
2. Acknowledging the resident
3. Coordinating, making contact and establishing a relationship
4. Taking a respectful approach
5. Making decisions jointly
6. Offering feedback and personal development

The six-point Likert-scale used ranged from having no command to excellent command of the topics.

A post-test survey consisting of both questionnaires was conducted at the end of the last lesson of the educational programme.

| **Self-scan person-centred care questionnaire** | |
|---|---|
| What is your assessment of your level in respect of the topics below? Circle the most suitable score. | |
| **1. Knowing the resident** | |
| What I know about the residents to whom I provide care | My score |
| a. their care plan | 1 2 3 4 5 6 |
| b. their life cycle | 1 2 3 4 5 6 |
| c. their personal characteristics | 1 2 3 4 5 6 |
| d. their nearest and dearest (family and loved ones) | 1 2 3 4 5 6 |
| e. what they consider important | 1 2 3 4 5 6 |
| f. what they dislike | 1 2 3 4 5 6 |
| g. what they still like to do | 1 2 3 4 5 6 |
| h. what their further wishes are | 1 2 3 4 5 6 |
| *Scores for Q1: 1 = very poor; 2 = unsatisfactory; 3 = almost sufficient; 4 =satisfactory; 5 = good; 6 = excellent* | |
| **2. Acknowledging the resident** | |
| When I provide care, I see the whole person | 1 2 3 4 5 6 |
| **3. Coordinating, making contact and establishing a relationship** | |
| a. I first coordinate with the resident, and I meet their needs and/or wishes before providing care | 1 2 3 4 5 6 |
| b. The care I provide is not a one-way thing; I establish a relationship | 1 2 3 4 5 6 |
| **4. Respectful approach** | |
| a. I treat the residents with respect | 1 2 3 4 5 6 |
| b. I treat their nearest and dearest (or representative) with respect | 1 2 3 4 5 6 |
| c. I listen without judging | 1 2 3 4 5 6 |
| d. I ask for input from residents and loved ones rather than making assumptions | 1 2 3 4 5 6 |
| **5. Making decisions jointly** | |
| a. I consult with the resident/representative and involve their nearest and dearest in decision making, if applicable | 1 2 3 4 5 6 |
| b. I consult with colleagues | 1 2 3 4 5 6 |
| c. We make decisions jointly with the resident/representative | 1 2 3 4 5 6 |
| **6. Feedback and personal development** | |
| a. I check regularly whether the care I provide contributes to the resident's wellbeing and satisfaction | 1 2 3 4 5 6 |
| b. I regularly ask the resident's loved ones for feedback | 1 2 3 4 5 6 |
| c. I regularly ask colleagues for feedback | 1 2 3 4 5 6 |
| d. I do something with the feedback that I receive | 1 2 3 4 5 6 |
| e. I take part in intervision | 1 2 3 4 5 6 |
| f. I regularly check that I am not overstepping my own limits and I regularly check my wellbeing | 1 2 3 4 5 6 |
| g. I know my own norms and values | 1 2 3 4 5 6 |
| *Scores for Qs 2-6: 1 = no command; 2 = insufficient command; 3 = almost sufficient command; 4 = sufficient command; 5 = good command; 6 = excellent command* | |
| **Total score (minimum score = 25, maximum score = 150)** | |

*Qualitative data*

Semi-structured interviews lasting 60 minutes (n=5) and one group interview (Table 4) were held by the first author within two weeks of the educational programme ending. A topic list was used that included the following topics:

- General experience with the educational programme
- The programme's appropriateness to the educational level of the students
- The nature of the impact of the programme and self-scan on students (i.e. did they change their assumptions and/or behaviour afterwards)
- Examples of students' learnings
- Advice for how to adjust the educational programme

Interviews were audio recorded with interviewees' consent, anonymised and transcribed verbatim.

| **Topic list interviews** |
|---|
| **Translated interview topics (educators)** |
| • What was your experience with the training programme? |
| • Education |
| – How long did the training last in weeks and hours? |
| – Training materials (suitable for which level, which year of education?) |
| – What did your students learn? Examples |
| – Impact, new students' behaviour? Examples |
| – Advice/tips to improve the programme |
| • Use of self-assessment person-centred care |
| – What did students learn? Examples |
| – What development? |
| – Impact, new students' behaviour? Examples |
| – Advice/tips |
| • Learning environment |
| • Department culture |
| • Guidance/supervision |
| • Learning and improving together |
| Follow-up questions on topics: Can you give an example? What do you mean by that? What do you think could be improved? |
| **Translated interview topics/questions (students)** |
| • What was your experience with the educational programme? |
| • What did you learn? Examples? |
| • What was the effect/impact of listening to a resident on you? |
| • What would you like to do differently based on what you have heard? |
| • Learning new things is one thing, doing something is another. Is there a willingness to act based on the narratives heard? Does it really contribute something? If yes, what? Examples? |
| • Can you give an example of what you have changed in your behavior after hearing residents' narrative, if so? What prompted that? What thought is behind it? |
| • What ideas do you have for providing care differently after undertaking the programme? |
| • Do you have a different idea of how to act? Examples? |
| • What ideas do you have for improving elderly care after following the programme? |
| • What would you like to change in the organisation or in your job based on this programme? Towards the organisation, does it set something in motion? |
| • Do you have new ideas based on having listened to several narratives? |
| *Note: Some questions may appear to be duplicates. If the first question provided sufficient information, a similar question was not asked again.* |

### *Analyses and integration of data*

The quantitative data were analysed with SPSS version 27. First, we used descriptive statistics to analyse the characteristics of the participating students. Second, we analysed self-reported learning outcomes and scores on the self-scan person-centred care questionnaire, using paired sample t-tests when $n \geq 30$ and Wilcoxon signed-rank tests (Siegel, 1956) when $n < 30$. We used the Shapiro-Wilk test (Shapiro and Wilk, 1965) to measure the normality of the data distributions. We used $p < 0.05$ as the threshold for statistical significance. We calculated Cohen's d (Cohen, 1988) to assess the magnitude of the effect of the educational programme: small effect ($d = 0.2$ - $<0.5$); medium ($d = 0.5$ - $<0.8$); and large ($d \geq 0.8$). The effect size was determined using the formula $r = Z/\sqrt{N}$ when $n < 30$: small effect ($r = 0.10 < 0.3$); medium ($r = 0.30 < 0.5$); and large ($r \geq 0.5$).

Qualitative data were analysed inductively using a thematic and hermeneutic procedure, as described by Braun and Clarke (2006). The first author coded the data and clustered the codes into initial themes. The codes and themes identified were discussed with another author (MS) to check the interpretations and give further meaning to the themes. The thematic analysis was performed with ATLAS.ti version 9.

Next, the findings of the quantitative and qualitative analyses were compared and discussed, and related to each other by the authors to construct a narrative (Jacobs, 2013; van Lieshout et al., 2021). This enabled us to present our results holistically in different contexts, doing justice to the complexity, nuances and context-dependent features. Presenting our results in line with the tested narrative educational programme underpins the value of narrative as an evocative form of communication (Rodríguez-Dorans and Jacobs, 2020).

For the narrative, we constructed storylines based on the identified themes and enriched with insights gained by the quantitative data analysis (Palinkas et al., 2011). We reflected on the storylines and wrote a narrative with fictive names to clarify the relationship between themes, elements and contexts (Rodríguez-Dorans and Jacobs, 2020). We enriched the narrative with quotes from the (group) interviews, although some of the quotes are not used verbatim.

The narrative was member-checked by nine research participants. Based on the comments, we shortened the narrative by removing similar entries, structured it better for readability, and added or emphasised certain details.

**Ethical considerations**

This study was approved by the ethical review board of the Tilburg School of Social and Behavioral Sciences of Tilburg University. Participation was voluntary: all participants provided informed consent and were told they could refuse to participate or stop at any point without consequences.

**Results**

The results are presented in a constructed and member-checked narrative, supported by the quantitative results (Table 5).

Table 5: Comparison of the pre- and post-test totals, self-reported competences and self-scan person-centred care survey

| **Competences sum scores (range 12-48)** | **Mean scores** | ***SD*** | **N** | **95% CI lower** | **95% CI upper** | **Sig. (2-tailed)** | **Cohen's d** |
|---|---|---|---|---|---|---|---|
| Sum score T0 total group | 26.6 | 7.9 | 47 | 23.4 | 28.0 | | |
| Sum score T1 total group | 35.1 | 7.5 | 44 | 32.8 | 37.3 | | |
| Sum score T0 HA students | 26.1 | 8.2 | 28 | 23.0 | 29.3 | | |
| Sum score T1 HA students | 36.2 | 5.2 | 28 | 34.2 | 38.2 | | |
| Sum score T0 nursing students | 27.4 | 5.6 | 16 | 24.4 | 30.3 | | |
| Sum score T1 nursing students | 33.1 | 10.3 | 16 | 27.7 | 38.6 | | |
| **Competences sum scores T0-T1** | | | | | | | |
| Paired sample t-test T0-T1, total group | 8.5 | 9.8 | 44 | 5.5 | 11.5 | <.001 | 0.865 |
| Wilcoxon signed-rank test, HA students | | | 28 | | | <.001 | 0.538 |
| Wilcoxon signed-rank test, nursing students | | | 17 | | | 0.036 | 0.365 |
| **Self-scan person-centred care (range 25-150)** | **Mean scores** | ***SD*** | **N** | **95% CI lower** | **95% CI upper** | **Sig. (2-tailed)** | **Effect size r** |
| Sum score T0 total group | 114 | 16.5 | 29 | 108 | 121 | | |
| Sum score T1 total group | 123 | 9.4 | 29 | 119 | 126 | | |
| Sum score T0 HA students | 121 | 14.9 | 20 | 114 | 128 | | |
| Sum score T1 HA students | 123 | 10.5 | 20 | 118 | 1128 | | |
| Sum score T0 nursing students | 100 | 10.4 | 9 | 93 | 108 | | |
| Sum score T1 nursing students | 121 | 6.4 | 9 | 116 | 126 | | |
| **Self-scan compared T0-T1** | | | | | | | |
| Wilcoxon signed-rank test, total group | | 29 | | | | 0.018 | 0.31 |
| Wilcoxon signed-rank test, HA students | | 20 | | | | 0.550 | n/a |
| Wilcoxon signed-rank test, nursing students | | 9 | | | | 0.018 | 0.63 |

***Educators' preparations***

Educator Mary searches the internet for what the word 'narrative' means and dives into the topic of narrative inquiry, which is unfamiliar to her. Mary, along with her colleague Betty, has a class of third-year healthcare assistant students. Mary and Betty have been asked by a direct colleague to facilitate the educational programme 'Tell Me! Learning from Narratives'. This colleague, who co-designed the educational programme, had previously involved Mary in the project. Mary introduces the programme to her colleague Betty, who was also unfamiliar with narrative inquiry. Fortunately, there is a comprehensive manual to accompany the educational programme.

> *'That manual does really assist me to put the depth into the assignment, and especially helps with the reflection sessions. Through the manual I get a better grip on the process [of facilitating the programme], even though it's a lot and takes a lot of extra time*.'

The educators are a bit concerned about their students' taking the initiative to find a suitable resident through the workplace supervisor. As Mary says:

> *'These students often lack a bit of assertiveness to organise these things for themselves. Sometimes they lack communication skills. They don't want to be difficult. It's already so busy.'*

Both Betty and Mary resolve to support their students in being persistent, despite their own workload.

Meanwhile, educator Bob studies a PowerPoint presentation he received from his colleague, Irma. Bob has a group of second-year nursing students, who are also currently doing an internship in a nursing home. Bob and Irma were also asked to try out the new narrative educational programme; Bob thinks it's a great programme but that time is needed for preparation. Fortunately, he already knows a lot about qualitative research but he also wants to learn from the programme by exchanging experiences with Irma about the value of narrative. It appeals to him that the programme gives students the opportunity to apply new knowledge and skills directly in practice. Irma tells him she would have liked training in the qualitative analysis of texts. She says she found the manual overwhelmingly extensive and did not feel well supported.

***Experiencing narrative interviewing***

Mary's and Betty's healthcare assistant students complete the survey at the start of the first lesson: one questionnaire on competence to collect stories from residents and another on whether they provide person-centred care. By having students fill out the same survey after the programme, Mary and Betty hope to gain insight into whether students have developed and grown. Then they start the lesson and invite students to practice their communication skills. The students have a hard time getting through the manual, but their educators help them with a structured approach. They are practising how to conduct an open-ended interview with a resident. For some students, this practice is really necessary; Frank, for instance, is anxious about not being allowed to ask pointed questions during the interview. For others, interviewing feels more natural, as their communication skills are more developed. Some students are nervous because they have a hard time finding a suitable resident to interview. They react differently to this. One is going all out to find a resident, while for another it is difficult to organise this for herself.

In the next online lesson, Frank says:

> *'I did ask some questions anyway. Otherwise, my interview would have ended after half a minute because my resident replied with nothing more than "Good".'*

Even though Frank did not learn that much from this resident, he feels he became a better listener by doing it. He discovered that one resident considers caregivers to be meddlesome so he now treats

this resident differently, leaving more decisions to her. A fellow student says she already relates to residents in a person-centred way and therefore did not learn anything. Student Leila realises:

> *'We used to always have lessons in reading comprehension. Now I would say "listening comprehension".'*

> *'You get the resident's perspective on things, rather than the other way around.'*

The students are instructed to listen with a fellow student to the recording of their interview. Leila finds out that the resident she interviewed is really lonely, even though she was not aware of it. After all, this resident's children visit daily:

> *'But I think she also just misses having people her own age who have been through pretty much the same things. I think an activity can help too.'*

Her educator, Betty, asks if she knows what the resident thinks of her solutions. Leila does not know, so she will inquire. Betty asks the class what Leila's example means for nursing home care. A dialogue ensues about making assumptions about a resident that are not true. Some students actively participate in the online discussion, while others turn off their cameras and do not engage.

Across town, Bob's students also completed the first survey before starting with the assignments. They fare differently due to various circumstances. Nursing student Femke enjoys learning new methodologies. She has been instructed to ask her internship supervisor to find a resident for her to interview. During the interview, Femke only half-listens, thinking, '*What should I do if the lady stops talking?*' After 20 minutes, the resident has finished talking. At home, Femke transcribes the audio recording, quite a chore, although she says:

> *'You must really take your time transcribing. What was actually said and what does it mean? In the moment itself you are very much engaged in listening and reacting. But looking back you get a very clear picture.'*

During the online lesson that follows, Femke hears that a fellow student was unable to find a resident because his workplace supervisor was on the night shift and could not help. She notices that another student does not engage in the lesson. Several students find transcribing to be a huge job and not everyone does it. Femke's transcript is chosen to be analysed by the group. Themes are highlighted and educator Bob asks the students what they have learned. Femke has started to look at residents differently. She is resolved to chat with new residents from now on to get to know them better. Several classmates who had not completed the assignment remark that they are learning from Femke's experience and decide to really start listening and tuning in to residents better. A single student provides no input at all.

***Reflecting on experiences***

After the educational programme ends, Betty and Mary have their healthcare assistant students fill out the survey again. After a colleague helped them analyse the survey data collected before and after the programme, Betty and Mary look back with their students at the impact of the education programme (see Table 5). On the assessed learning outcomes, the students achieve scores that reflect great progress (statistically significant and with a large effect size). What could have caused that? Frank says: '*For me it worked tremendously well that we practised*.' Another student indicated that she struggled with the extensive programme manual and with words such as 'narrative', 'quantitative' and 'qualitative', but that she was happy with the educators' explanations. Mary responds: '*The programme was out of your comfort zone, something new. Preparing in small groups was necessary so that you dared to put it into practice*.' One of the students was less enthusiastic about the programme, saying: '*It was education that I had to follow to finish my internship*.'

After the educational programme, there was no visible improvement in the responses to the self-scan person-centred care survey (not statistically significant, Table 5). Educator Betty thinks that an explanation could be that prior to the educational programme, students believed they were already providing person-centred care. By filling in the self-scan survey, they came to better understand what person-centred care is and that their practice was not always as person-centred as they'd thought. Because of that, a high initial score was hard to improve. Leila concurs:

> *'By following the educational programme, I found out that I did not know residents as well as I had estimated beforehand.'*

Finally, Mary asks what aspects of the educational programme strengthened students' learning experience. The students agreed that their ability to complete the assignments well was influenced by the support of the educators, the workplace supervisor and whether they were lucky enough to have interviewed a communicative resident.

Bob also discusses the surveys with his class and points to a clear improvement in learning outcomes (statistically significant and medium effect size; Table 5). What do they think about the programme? Femke says:

> *'I really liked that you could get a lot of information in a very short time, and I also learned if you don't ask them, you often don't hear. For instance, I found out that a resident really likes drumming. Then we arranged a drum kit, which the resident enjoys very much.'*

Another student states:

> *'I found the manual that came with it quite difficult and was glad for Bob's guidance. The interview didn't go so well, but I was able to practise.'*

The students also scored higher on the self-scan person-centred care survey (statistically significant and with a large effect size, Table 5). Bob asks if the students have any idea what led to this outcome. Students respond differently, but almost all recognise that just filling out the self-scan questionnaire at the beginning of the educational programme raised their awareness about person-centred care. One student indicates that she felt guilty after completing the first self-scan:

> *'I found out that I didn't actually know some of the residents very well. Because of that questionnaire, I started delving deeper into a resident's personal story.'*

Another student stated:

> *'Through that questionnaire, certain norms and values came up and for me they do matter, so I started applying them in practice because of that. It has influenced my view of what good nursing is.'*

Femke indicates that she has started looking differently at how she allocates her time:

> *'If you consider how much time you relate with residents. Not providing care, but really being with the resident. I think that's important in caregiving.'*

The students conclude that most of them learned something from the educational programme.

Educator Bob asks what the students think contributed to this outcome. They answer that the direct encounter with a resident and the indirect narratives from fellow students had an impact on them.

Femke wonders if having developed communication skills prior to attending this programme was helpful for getting as much out of it as possible. Another student suggests it was Bob's guidance that motivated them to follow the programme, which helped them learn as much as possible. Bob finally concludes:

> *'This programme is an introduction to the inquiry attitude of nursing. Have you sufficiently wondered what this might mean for nursing home care? I don't think you have taken that step enough yet, we are going to pay more attention to that next year.'*

**Discussion**

The purpose of this study was to evaluate the impact of an educational programme aimed to promote the use of narrative approaches in nursing homes. We studied what and how students have learned following participation, in terms of developing an inquisitive attitude and research skills (12 learning outcomes), and on person-centred care (self-scan survey). Factors that influenced this learning were also considered.

Both qualitative and quantitative findings indicate that healthcare assistant and nursing students have strengthened and broadened their inquisitive attitude and research skills as a result of participation. In line with prior research, the findings also show that home residents' narratives inspire students to provide person-centred care (Buckley et al., 2018; Sion et al., 2020; Scheffelaar et al., 2021). Healthcare assistant students reported greater growth in the learning outcomes than the nursing students, although they did not improve their self-scan scores significantly. One reason for this may be that they scored themselves too highly the first time because they did not really know what person-centred care entailed (Oppert et al., 2018). The interviews with educators indicated that healthcare assistant students' awareness about person-centred care increased, and that they could better recognise what contributes to providing it after completing the self-scan and following the lessons. For instance, one student admitted realising that she didn't know the residents as well as she had thought. Such enlightenment might have led to a more realistic self-evaluation on the self-scan after the programme. Nursing students had a large increase in their self-scan scores; they started at a lower level than the healthcare assistant students but ended on the same level.

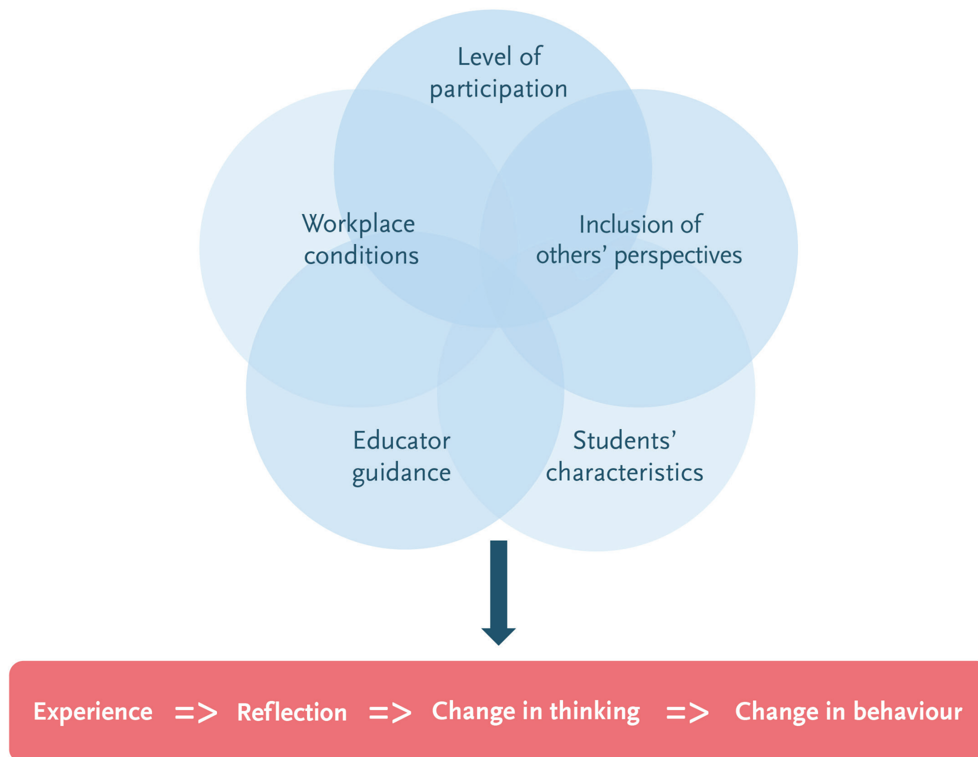
The qualitative findings showed that learning mostly started with listening to (and therefore experiencing) a resident's narrative or fellow student's experience gained by using a narrative approach. Exploring the deeper meaning of the narrative for the resident and relating this to students' own assumptions, norms and values encouraged reflection. Reflection created awareness that led to new insights, which provoked thinking and acting differently. Taking the example of the student who heard from a resident who considered caregivers meddlesome, the student changed his behaviour after reflection and left more decisions to the resident.

This type of learning is known as experiential learning (Kolb, 1984). Previous studies have reported on awareness arising from (reflection on) experiences as a basis for generating a change in students' thinking and practice (Tynjälä, 2008; Snoeren, 2022). However, the students' perceived learning differed from person to person, varying according to the categories in Kirkpatrick's (1979) four-level training evaluation model, from level 1 (students' reaction to the programme) to level 2 (increase in knowledge, skills or experience) and level 3 (change in behaviour). The findings suggest the levels of learning were influenced by the following interrelated factors:

- Level of students' participation
- Inclusion of the perspectives of residents and fellow students
- Students' characteristics
- Educator guidance
- Workplace conditions

The relation between learning and influencing factors is presented in Figure 1 and further described and discussed in the following paragraphs.

**Figure 1: Factors influencing experiential learning**




***1. Level of participation***

The degree of learning from narratives seems to be related to students' level of participation in listening to narratives and/or reflection on narratives. Listening to a resident's narrative directly and indirectly encouraged learning, but to varying degrees. For instance, one student expressed an intention to start listening better to residents after hearing a fellow student's story, which is learning at Kirkpatrick's level 2. This student might not go on to change his behaviour. A student who had listened directly to a narrative changed her behaviour by allocating her time differently (Kirkpatrick's level 3). As well as the narratives, the depth of reflection on students' experience influenced their learning. For example, a student reported that during an interview she was confronted with the resident's loneliness, which touched her deeply. After reflecting on the interview, she stated that she wanted to devise activities to alleviate this loneliness. We know from the literature that reflection on experiences contributes to learning (Rogers, 2001; Korthagen and Vasalos, 2005). It seems that the level of participation in both listening and reflecting influenced the level of learning, leading to the conclusion that active participation should be encouraged among students. Educators could do this by, for instance, offering tailormade guidance, connecting the programme activities with students' pre-existing skills, or seeking to provide active and collective forms of reflection that students enjoy (Ryan and Deci, 2000).

***2. Inclusion of the perspectives of residents and fellow students***

Learning also seemed to be influenced by being open to and including others' perspectives alongside that of the resident; students benefited from hearing other students' narratives in class as well as from the educator's way of facilitating the class. The educators offered their perspectives by, for example, encouraging a student to reflect on why she arrived at an interpretation and devised a solution without consulting the resident. Having a dialogue and exploring different perspectives in class, being confronted with others' norms and values, and making sense of residents' narratives may help students gain a better understanding of self and others (Bohm and Nichol, 1996; Weick et al., 2005; Snoeren, 2022). Weick and colleagues (2005, p 409) describe that 'sensemaking involves turning circumstances into a situation that is comprehended explicitly in words and that serves as a springboard into action'.

They argue that sensemaking materialises meanings, which makes learning, transformation and action possible. Buckley and colleagues (2014) confirm the relationship between narratives and person-centredness and the way narratives can promote learning from different perspectives by sensemaking. Sharing and exploring residents' narratives could make students aware of discrepancies between their assumptions and the perspectives of others, resulting in an adjustment of those assumptions. Therefore, sharing and exploring of narratives should be encouraged.

***3. Students' characteristics***

Students' characteristics, such as their motivation and prior competences, influenced learning. Some students already possessed well-developed communication skills, while others had to practise open-ended questions to overcome insecurity in this respect. It seemed that a successfully completed assignment contributed to more motivation – a finding supported by other authors (Ryan and Deci, 2000; Tynjälä, 2008; Manley et al., 2009). Ryan and Deci's self-determination theory (2000) suggests that motivation grows as competences develop. This highlights the role of educators in motivating students by taking into consideration their existing competences – for instance, by asking just one open-ended question with some students to allow them to build up confidence.

The VET educators indicated that some healthcare assistant students did not always have the courage to try something new or the assertiveness to carry out assignments. Previous research suggests that the absence of certain skills leads to uncertainty and stress, which can prevent healthcare assistants from learning (Muller-Schoof et al., 2021). Nursing students may have greater assertiveness, which could explain why they and their educators did not mention any issues with uncertainty.

VET educators stated that the programme was outside healthcare assistant students' comfort zone, and that some students' communication skills were not good enough to do the interview. The findings do not show whether the nursing students differ from healthcare assistant students in this respect and developed competency in this field or that this subject was not addressed among nursing students. This requires further investigation. A focus on practising interview skills could help VET educators instil greater confidence among healthcare assistant students.

***4. Educator guidance***

Some students reported that they needed educator guidance to find their way through the 'complex manual' that accompanied the programme, and sometimes needed the meaning of words explained. According to the students, the educators provided this guidance professionally.

Students reported that they sometimes made assumptions about themselves and/or residents. One student wanted to design activities for a resident without first consulting the resident. Her educator questioned the student about this, and through that process of inquiry, the educator helped the student to develop an inquisitive attitude. Also, students learned about themselves during collective reflection, for example, that they did not know the residents as well as they thought. The literature supports the claim that knowledge of self and others is an essential component of person-centred practice (McCormack and McCance, 2010; Buckley et al., 2018). The VET educators reported that they were not yet familiar with narrative inquiry, although educators at the university of applied sciences were. While the manual does explain narrative inquiry, additional training could be valuable for VET educators. Although the educational programme is underpinned by the values of person-centred practice, the educators were not trained on this subject. Educators need to be skilled in the values and processes of person-centred care in order to be able to integrate them into lessons. In this way, they can be role models for students. The literature confirms the importance of inspiring and encouraging educators' role concerning person-centred attributes (Bradshaw, 2009; McLean, 2012; McCormack and McCance, 2017). The educational programme may contribute to supporting educators' own person-centred competences. In summary, educators are important in enabling their students' learning and as role models in person-centred practice, and should receive training and support as necessary.

***5. Workplace conditions***
Learning was also influenced by workplace conditions, such as the perceived availability of the workplace supervisor, the workload on a ward or the ability of a resident to have a conversation lasting 20 minutes or more. The extent to which these conditions were limiting were related to students' degree of assertiveness. Earlier studies have pointed to the influence of contextual conditions on students' learning (Tynjälä, 2008; Manley et al., 2009; Muller-Schoof et al., 2021).

**Strengths and limitations**
This study evaluated the impact of an educational programme on student learning using a narrative approach. We describe a multimethod approach, in which the educational programme connects narrative inquiry with person-centred practice in care curricula at different educational levels. In addition, we describe the learning experiences of the students with depth and nuance. A limitation of this study is the use of self-assessed data concerning learning outcomes and person-centred care, which may have been influenced by the social desirability bias (van de Mortel, 2008). However, quantitative as well as qualitative data show that most of the students developed an inquisitive attitude, research skills and an increased understanding of person-centred practice. The interviews enriched and complemented the quantitative insights. As interviews with students and educators and questionnaires show the development of students' awareness and behaviour, we believe that the effect of the bias was minimal. While no healthcare assistant students participated in the interviews, this might not have significantly affected our findings and conclusions, as most findings from nursing students' interviews were also recognised in healthcare assistant students by the VET educators. Finally, the educational programme was tested during the Covid-19 period. The measures and restrictions in nursing homes and participants' personal lives might have influenced students' motivation to join the educational programme as well as our study.

**Recommendations and further research**
First, we emphasise the value of narratives for promoting person-centred practice. Based on this study, we recommend narrative approaches in care curricula, which could be achieved by integrating this educational programme. On the one hand, this programme contributes to the fostering of an inquisitive attitude and research skills and on the other, it stimulates reflection on stories related to person-centred practice. The self-scan survey could be helpful throughout training to monitor the development of students in relation to person-centred practice. To enhance learning from the educational programme, it is important to motivate students to participate by, for example, connecting the assignments to their existing skills or providing forms of reflection that they enjoy.

Educators should be trained and supported in facilitating this educational programme as needed. Support can be offered in the areas of qualitative and narrative research, person-centred practice and didactic skills, depending on the particular needs of the educators concerned.
Our study did not include residents, and therefore we could not evaluate how the impact of the students' learning was experienced by those receiving care. We recommend conducting a similar study that includes residents to learn about the effect on them of students' learning; this is level 4 of Kirkpatrick's evaluation model (1979). Our findings provide no conclusion as to whether there is a difference in assertiveness between healthcare assistant and nursing students; this could be investigated further. Future research could also provide insights into the nature and degree of support necessary for students in other disciplines, such as social work or psychology.

The educational programme is limited to learning from residents who can still express themselves, so we recommend that care students learn other evidence-based qualitative methods to find out about residents' wellbeing, such as observation (Fossey et al., 2002). Additional educational programmes should be co-designed for this purpose. Finally, we investigated the impact of the educational programme in the context of nursing homes. Further research could focus on the extent to which this programme works in other environments, such as those that care for community-dwelling older adults, younger people or people living with an intellectual disability.

**Conclusions**

This study shows that the educational programme 'Tell Me! Learning from Narratives' can contribute to transformative learning and development in the 12 defined learning outcomes and person-centred practice among healthcare assistant and nursing students. Both groups saw transformative learning because participation in the programme provided learning experiences and encouraged openness to other perspectives, with guidance from their educators. Also, students' characteristics and workplace conditions influence learning. Supporting educators to facilitate this programme is a prerequisite.

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