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Title: Working in a Storied Way - Narrative based approaches to person-centred care and practice development in older adult residential care settings

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Working in a Storied Way - Narrative based approaches to person-centred care and practice development in older adult residential care settings

ABSTRACT

Aims and Objectives: To evaluate the effects of the implementation of a methodological framework for a narrative based approach to practice development and person-centred care in residential aged care settings.

Background: Care in long-term residential settings for older people is moving away from the biomedical approach and adopting a more person-centred one. Narrative can help shape the way care is planned and organised. The provision of person-centred care that is holistic and that takes account of resident's beliefs and values can be enhanced by incorporating narrative approaches to care within a practice development framework.

Design The chosen methodology was participatory action research.

Methods Between 2010 and 2014, a methodological framework of narrative practice was implemented in two residential care settings, comprising 37 residents and 38 staff, using an action research approach. Three action cycles: (i) narrative practice and culture

identification, (ii) developing narrative practice and (iii) working in a storied way emerged during the implementation.

Results Key outcomes emerged in relation to the findings. These were based on narrative being, knowing and doing and centred around the key outcomes of: (i) how people responded to change (narrative being), (ii) the development of shared understandings (narrative knowing) and (iii) intentional action (narrative doing).

Conclusion: The implementation of a framework of narrative practice demonstrated that how people respond to change, the development of shared understandings and intentional action were interrelated and interlinked. It illustrated the importance of ensuring that practice context is taken account of in the implementation of action research and the importance of ensuring that narrative being, knowing and doing are clear and understandable for change to occur.

Relevance to Clinical Practice: Implementation of a narrative approach to care can develop new ways of working that value biography and promote the development of a co-constructed plan of care.

Key Words: practice development, person-centred care, older person, nursing, narrative, action research.

What does this paper contribute to the wider global clinical community?

- This paper provides insight into the implementation of a methodological framework using an action research approach. It further contributes to the existing body of knowledge on participatory action research.
- It highlights challenges and approaches needed when implementing a change initiative that can assist other researchers undertaking participatory action research and practice development.
- The research describes the implementation of a new framework that is based on using narrative and narrative experiences to assess, plan, develop and implement person-centred care that could potentially be used in all healthcare settings.

INTRODUCTION

Care in long-term residential settings for older people is moving away from the biomedical approach and adopting a more person-centred one. Narrative can help shape the way care is planned and organised. Narratives, life stories and story all have been used in nursing research to explicate lives and value human experience (Frid *et al.* 2000). In times of change or emotional uncertainty, individuals often look back on experiences in order to plan for the future. Narration allows the narrator to create his/her identity. Often the way the individual evaluates their existing life situation is shaped by their experiences in the past and their expectations for the future (Paley & Eva 2005, Bluck & Habermas 2000). Older adults in residential care settings want to find meaning in their life events and this desire is often motivated by a need to see a purpose to their life, or to be seen as important (Gaydos 2004). In their narratives, they may explain their current situation as a natural progression of their life, in other words being in residential care was not their choice but the next step in their life. To date, narrative approaches have focused on either using stories to describe residents' experiences or as a method of reminiscence therapy.

Practice development (PD) gained popularity in the 1980s with the establishment of the Nursing Development Units (NDUs) in the UK. In a healthcare system that is constantly striving for quality improvement and excellence, practice development has been defined as a broad based concept encapsulating a wide range of activities aligned to change management (Unsworth 2000). Emancipatory PD (ePD) is influenced by critical social science (Manley & McCormack 2003). It focuses on recognising the views of staff and services users, using reflective practice and critical thinking to transform workplace cultures by engaging with all relevant stakeholders. Habermas (1984), in his theory of communicative action, suggests that we become ourselves by our interaction with others and we adjust how we are by taking account of the reactions of others to us. He believes that actions are something a person does that have a purpose (Habermas 1984) and that knowledge gained by self-reflection is emancipatory. McCormack *et al.* (2009) argue the explicit intent of ePD is the promotion of person-centred care with a focus on the culture of the organisation where that care is occurring. This enables practice change that is underpinned by an ePD methodology to become embedded within the organisation. The driving force of ePD is to provide practitioners with opportunities to bring about transformational change. These opportunities result in practitioners becoming aware of the way they practise, critically reflecting on practice and on themselves, and empowering a practice modification.

In this study we present the findings of a project that implemented and evaluated a framework of narrative practice in two residential care settings in the Republic of Ireland. The study took a narrative stance on the implementation of an organisational change using an action research (AR) approach. This is the second stage of a larger action research study. The first stage, the development of the Framework of Narrative Practice (FNP) and the conceptual and theoretical underpinnings of narrative and person-centred practice have been reported in a previous publication pertaining to this study (Buckley *et al.* 2014). The framework has two key components. The first component comprises the foundational pillars,

which consists of three pillars from the person-centred nursing framework (McCormack & McCance 2010) – prerequisites, the care environment and care processes. An additional pillar, 'narrative aspects of care' was based on key themes derived from an analysis of focus group interviews with staff and residents in two residential care settings. The second component comprises the operational elements: narrative knowing, narrative being and narrative doing. These elements were developed collaboratively with staff in focus groups considering how the framework could be implemented in practice. The purpose of the framework is to enable staff to work in a storied way. The person-centred nursing framework of McCormack & McCance (2006, 2010) underpins the FNP. It was used as a tool to help staff to identify existing culture and practices and as a guiding framework to develop narrative strategies to improve care.

BACKGROUND

Over many years, nursing as a discipline had to focus on developing practice with the aim of continuously improving the quality of care for older people and promoting well-being for the person (Reed 2008). In an effort to distance itself from the bio-medical model, nursing looked to nursing theorists for approaches to care that were theory generated. Nursing expected to uncover an all-encompassing, one size fits all, model (Reed & Robbins 1991). This model of nursing was not discovered, instead, a variety of models were developed. All have made important contributions to developing our collective understandings of the person, the environment, the meaning of care and the nursing contribution to meeting individual care needs. In the United Kingdom, the model most used to plan, evaluate and describe care in residential settings for older adults was the Roper, Logan and Tierney (Roper, Logan & Tierney 1996) Activities of Daily Living model of nursing. Two others, Orem's self-care theory (1985) and Watson's theory of human caring (1988) were often used to underpin care in these settings (Norburn *et al.* 1995). Nolan *et al.* (2004) in a critique of

nursing models, suggest that it is difficult to conceptualise the care needs of older adults in residential care within any one model of nursing. Theories often fail to take account of the perceptions of older adults regarding their expectations of care. Older adults in residential care may not be acutely ill, but they may need support with the ageing process (Kelly *et al.* 2005). They may need to have their values and beliefs recognised when planning care (McCormack & McCance 2010) and to have their life stories recognised as a basis of understanding care needs (McKeown *et al.* 2006). In recent years, person-centred models of care have gained ascendance. Dewing (2004) suggests that person-centred conceptual and theoretical frameworks are more acceptable to nurses than the older nursing theories and models, because nurses can visualise their utility in practice. The most recent person-centred theoretical framework, recognised as a model of nursing is that of McCormack and McCance (2017).

Approximately 6% of older people in Ireland live in residential care settings. Personal identity, self-esteem and recognition of the person's life story remain secondary as priorities in the way that care is planned and services delivered. Narrative and the use of narrative in practice, along with person-centred approaches, can help ensure that the voices of older adults are prioritised in the development of care-plans that privilege the person's wishes, desires and wants first. Combining person-centred practice and narrative can potentially enable a more comprehensive approach to the development of an effective workplace culture. Such a combined approach can both promote person-centredness whilst ensuring the older person's voice is heard and acted upon.

METHODS

Research Aim

The aim of the study was to evaluate the effects of the implementation of a methodological framework for a narrative based approach to practice development and person-centred practice in residential aged care settings.

Design

The chosen methodology of this study was action research (AR). This methodology was chosen because it offers a way of generating knowledge that comes from practice. It is both collaborative and participatory and seeks to change practice. Action research is different from traditional research methods in that it is less concerned with generalisability and more concerned with the processes of achieving change (Badger 2000).

Setting and Sample

The study took place in two residential care settings (Willow and Oak, pseudonyms) in the Republic of Ireland, using an AR approach with work-based learning (WBL) groups. The participants in this study were all the staff (N=38) and residents (N=37) who worked and resided in the settings at the time of the study. The data were collected at work-based learning groups with the staff and consisted of data they had collected from residents that informed the work-focus of those groups. Residents who were cognitively intact took part in focus groups and interviews. The views of residents with diminished cognitive ability were elicited through their agreement with changes or assent to activities that took place as part of the AR approach. This approach was similar to the way staff engaged with residents in their daily care episodes and did not pose a challenge. (See data collection section and table 1).

AR seeks to make sense of the problem identified in the way it is experienced by the co-researchers and stakeholders (Reason & Bradbury 2011). A skilled facilitator enables participants to become fully engaged in the process and to ultimately choose their own path,

which according to Lincoln & Guba (2000) is true emancipation. While having an emancipatory intent and theoretical basis is no guarantee of success, proceeding without this could result in a study that at best would not realise any emancipatory effect and at worse could dis-empower the research participants. This approach according to Kemmis and McTaggart (2000) enables people to own the research and use it to describe their own situation.

Ethics

Ethical approval was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals (EMC4(ggg)08/12/09) and the University of Ulster Research Ethics Committee (REC/10/0081).

Data collection

The implementation of the framework took place over a period of 18 months. Nine reflective work-based learning groups took place on each ward, approximately every 2 months over the course of the study. All work-group minutes, field notes, interviews, observations and reflections from the work-based learning groups formed part of the data collection. These were reflected upon throughout the life of the project. The data collection, analysis and implementation processes are outlined in Table 1.

Work-based learning

Evidence suggests that classroom based education activities and formal education that do not have a practice change component, have limited impact on sustainable change in the workplace (Williams 2010). According to Manley *et al.* (2009), work-based learning has the ability to change the way care is delivered. A system where learners 'soak up' learning in a

classroom, return to practice and use that learning, without consideration for workplace context, is often the reason knowledge acquisition does not translate into practice (Manley 2004). According to Williams (2010), work-based learning has the ability to ensure that deep learning occurs, thereby impacting the professional development of the learner while also improving working practices. Further, she believes that discussion, collaboration and reflection enhance the ability of work-based learning to improve the practice context and change organisational cultures, to ones where mutual learning occurs.

Data Analysis

Analysis in action research is a way of looking at an ongoing project and also a way of assessing potential benefits of the project when it is complete (McCormack & Buckley 2014). It is an integral part of action research. Throughout an action research project, judgments are made based on actions taken and their effect on the culture or environment (Heron & Reason 2008). The way that analysis occurs in participatory action research is not predetermined, but reflects the approaches taken in implementing the practice change (McNiff 2000). In this study, analysis was both ongoing (happening at each work-based learning day with participants) and overarching (at the mid-point and end of the study). Each step of the analysis is described at the beginning of Case Study 1 and the details of the processes utilised are set out in Table 1. The ongoing, participatory analysis informed minor changes or approaches to overcome challenges that were seen during the implementation of the framework of narrative practice. The overarching analysis was used to assess the effectiveness of the implementation and to look more globally at the challenges. Information gained from the analysis was used at work-based learning groups with participants in a continuous way of looking at the overall culture of care. Overarching analysis of the project occurred at two time points throughout the study. Point 1 occurred at the midway point of implementation (approximately 9 months after the commencement of the work-based learning group sessions) and point two at the end of the study (18 months after commencement). The purpose of these analyses was to reflect on the ongoing

implementation at point one, and to consider the effectiveness of the processes used. At time-point two the intention was to evaluate the overall effectiveness of the implementation of the framework of narrative practice.

FINDINGS

The starting point of action research may not necessarily determine how it continues but its intent is to be emancipatory (Roberts & Dick 2003). This study had no preconceived agendas. Engagement with each setting was achieved by outlining a basic agenda for work-based learning sessions at the beginning of each meeting. The agenda for each day was built on themes derived from reflections on learning from previous days, as well as work-based learning activities carried out throughout the lifetime of the project. One week prior to each session, a meeting was held with the managers to discuss and negotiate their role and the ward's participation. While there were differences, there was also some overlap in the way participation occurred. During the implementation of the framework, three action cycles were developed through the ongoing participatory analysis of the data. These were: (i) narrative practice and culture identification, (ii) developing narrative ways of working and (iii) working in a storied way. The first three reflective practice sessions were devoted to gaining an understanding of the use of narrative practice and identifying the existing culture. Staff employed a number of methods to do this, namely; creative expression, interviews with residents and observations of practice (Table 2). Data gathered from this exploration were analysed, using creative hermeneutic data analysis (Boomer & McCormack 2010) (see Table 1 for process of analysis). This analysis subsequently informed the basis of developing action plans. Throughout the process, staff utilised the framework of narrative practice (Buckley *et al.* 2014) to inform their discussions on identifying culture, developing strategies and working in a storied way. They took account of both the pillars of the framework and the operational elements in all their learning activities.

Narrative Practice and Culture Identification

Identifying the culture and gaining an understanding of the framework of narrative practice was an ongoing exercise throughout the lifetime of the study. At the beginning of the study (WBL sessions 1, 2 & 3), it was important to identify the existing culture and the basic assumptions that both staff and residents held about care delivery. Using creative media during the reflective work-based learning sessions, (e.g. collage, painting and poetry), helped the staff express what they saw and felt about the existing culture. Data gathered were analysed using creative hermeneutic data analysis (Boomer & McCormack 2010) as outlined in Case Study 1 (Willow Ward) and in Table 1. This led to the development of action plans. The way in which staff engaged with the sessions and emergent action cycles was very different on both Willow and Oak. According to Flick (2011), case studies allow for a more purposeful and infinite comparative analysis of the lived experience and problems identified. A case study approach is therefore used to describe the ways in which both wards engaged with the implementation process.

Case Study 1 Willow Ward

The staff critically explored the framework to identify what a narrative approach to care meant to them and how they could achieve this in practice. They did this using creative methods such as painting, drawing and writing poetry. They presented their creations to the whole group. Collectively the group extrapolated themes from these creative presentations (Table 3). Key themes were identified that articulated narrative aspects of care (Table 3). They discussed the themes and identified ways of achieving a narrative approach to their care delivery. The staff used these themes to form the basis of identifying their existing workplace culture. The themes identified were, communication, time, non-task orientated, giving comfort, privacy and confidentiality, commitment, providing for residents needs, acknowledging the resident, shine a light on the person's life and down a hole.

Communication was highlighted as a means of engaging with the resident in a way that was more appropriate to them. In their identification of themes, several staff expressed the importance of communication as a means of getting to know the resident and as a way of engaging in narrative practice. Staff spoke about the importance of knowing when either verbal or non-verbal means of communication were needed:

A lot of the time we rely on nonverbal methods of communication... it is really important to be able to understand the different non verbal ways of each resident. (P1)

Staff considered time pressures and the effective use of time when looking at narrative aspects of care. They acknowledged that they were under constant pressure to complete tasks. They focused on the importance of using their time wisely and effectively in order to ensure residents were being given time to express their needs and wishes. Time to just sit and talk to residents was highlighted as a way of gaining information that could be used to inform the care the resident received. It was important for everyone to see that time used in this way was essential and should be privileged:

If someone is upset and not wanting to have a shower we should be able to take the time to talk to them and not feel under pressure to get on with it or worry about what others will think. (P5)

The prioritisation of tasks, particularly those that were centred on the resident was a focus of participants' discussions. They expressed the wish to move to a culture where tasks were replaced by organising the day around what was important to the resident.

It should be ok to set aside the tasks in favour of doing something meaningful with the resident, this would surely improve their quality of life.....not sure we are doing that now....(P11)

Giving comfort was not a prioritised area of practice on Willow ward. It was important to staff that they had the ability to take time to acknowledge when residents needed reassurance and were able to offer comfort if needed. However, they conceded they were currently not doing this very well.

Residents often have emotional problems that we don't take the time to deal with because we are often under pressure trying to get the work done. (P3)

Creative expressions drawn by participants, showed there was a lack of privacy and confidentiality for residents on Willow. These expressions highlighted that inappropriate conversations were taking place among staff, where often the personhood of the resident was not acknowledged, and that frequently these conversations were not confidential. Discussions centred on the need to be aware of how staff spoke about residents in the corridors, or in conversations with others. There was a consensus that these discussions should be respectful and that the confidentiality of resident information should be protected:

I'm often shocked by what I hear people saying in the corridors.....sometimes it is not very nice. (P15)

The way participants expressed their interaction with the residents showed they were committed to establishing and maintaining relationships and to spending time with them. This was demonstrated in the participants' creative expressions as episodes of coming together. Sometimes, there was a lack of commitment by the participants to engage fully in these episodes making them fleeting, transient occasions and non-fulfilling interactions for the residents:

Sometimes it is hard to be fully there for the resident when you have other things on your mind..... my picture shows how we should be fully giving our attention to the resident when interacting with them and not rushing on or thinking about the next thing we have to do. (P9)

Participants outlined that sometimes the care did not match the desired expectations of the resident and that this was particularly evident around the dining experience:

Often we cannot give the residents the things they would have had at home...mealtimes in particular are not always as the resident would like them to be, choice is often limited and not always appealing...(P13)

The importance of acknowledging the resident was identified as a vital way of validating personhood. Discussions centred on the types of conversations staff had with residents and how they greeted and addressed them in the morning and on entering rooms.

We should all be sure to greet residents when we enter their rooms or the dayroom, I think it is very rude if staff walk in and out of these places and do not interact with any of the residents. (P11)

Considering the life history of the resident and utilising that information to plan effective person-centred care was central to 'shining a light' on the real person. Where they came from and who they were in life was important for staff to be aware of, as it helped with developing relationships and with planning care:

Shining a light on the life history of the resident will help us when trying to get to know the resident and when developing care plans. (P7)

Exploring the way residents were admitted to Willow prompted some participants to identify how this could be a difficult time for some residents and how some residents experienced a sense of loss and grief on admission. This could lead to problems with sadness, physical contact, sexuality and privacy and staff did not always deal with these. This highlighted, the need for participants to use every opportunity to engage with the resident and also the importance of enabling residents to share this information:

It's important to give residents a chance to give you information in the way they want to give it, not to push for this all at once but to maybe gather it over time. (P17)

Case Study 2 Oak Ward

Similar to Willow, on work-based learning days participants from Oak ward related the data back to the framework of narrative practice and identified eight key themes that they felt identified the culture and that were related to narrative practice (Table 4). These themes

were: time to talk, attending to resident's needs, environment, staff pressures, knowing the resident, respect and responsibility, privacy, noisy atmosphere.

When identifying the existing culture, participants felt that while there were many opportunities for staff to engage in conversations with the residents, this did not always happen. Staff appeared to believe that time should not be a factor in preventing them from talking with the residents. They also considered whether it was appropriate to discuss personal interests or life issues with residents:

Don't assume they want to know about your life, only discuss your life and interests if the resident indicates they are interested too. (P2)

Participants felt that certain care practices were causing anxiety for the residents. In the creative expressions, they highlighted several areas where improvement could take place. They were conscious that they did not always answer call bells, or attend to residents in a timely manner. They were aware that this caused anxiety for some of the residents:

Answer bell promptly but if occupied with another resident ensure the resident knows you will be back when you can, don't specify a time as not returning within the timeframe causes anxiety. (P16)

Engaging in a more proactive way with residents was considered to be a mechanism for identifying sources of anxiety. By exploring the existing culture and the way it was perceived by those who lived in and visited Oak ward, participants felt that first impressions were often lasting ones. The way the environment looked reflected the way people coming into and living there perceived the way care took place in the ward:

If the ward looks shabby that gives a bad impression to the residents and people visiting, they may think we are also sloppy in the way we provide care. (P8)

Participants felt it was important to involve residents in the general decorating decisions. However, data collected from interviews with the residents revealed that they did not place as much importance on their involvement:

I don't think anything could be done to improve this place, there is a lovely corridor out there for walking up and down. I can't find fault with them. (P 18)

Surprise was expressed that the residents did not wish to engage in providing ideas for improvements to Oak. They acknowledged that this warranted further discussion and exploration with the residents:

Wonder why they didn't have any ideas for improvement? Maybe they were afraid to say. Maybe they need us to help them to work out what they want. We have involved the residents in the improvements such as picking the colour of paint and where we should hang pictures etc. Maybe they already feel they are involved. (P10)

In the data, participants recognised that there were times when staff shortages and use of agency staff impacted on care quality and this in turn impacted on the pressure felt by staff:

Having a lot of agency staff or staff rotating from others is difficult and it does not help with ensuring residents are cared for in a person-centred way. (P20)

Discussion took place about how they could bring what they perceived as risk to the attention of managers.

Knowing the resident, highlighted the importance of knowing the past life history of residents in order to respond to issues as they arose. The care of one resident who was constantly shouting was explored as an example, as this behaviour impacted negatively on the quality of life of the other residents. Staff acknowledged that having a priori knowledge of the resident and their past life history could enable the use of distraction techniques or music to help alleviate this problem. Taking a proactive approach to this problem and being on the look-out for approaches that worked, had the potential to impact on the general quality of life for all other residents:

It would be good to identify things that work to prevent shouting, I've noticed that sometimes she likes the sound of the ring toss. (P22)

Exploring and analysing the existing culture led staff to consider the environment as everyone's responsibility and that caring for it showed an intention to care about all who worked and lived there:

Caring for the environment shows respect and is not just one persons job we are all responsible...(P14)

They further accepted their treatment of the environment could be perceived by residents and families as reflective of the way they provided care. Being sloppy, untidy and not valuing the environment, could be construed as them not valuing the residents and high quality care.

It was recognised that on occasions, resident privacy was invaded by staff entering rooms or going behind curtains without first asking permission. While all the rooms had presence lights in place, when staff looked at the existing culture they acknowledged they did not use them when attending to care. There was no process in place to ensure all staff were aware that if the light was on, they should not enter. Improvement strategies were discussed such as, ensuring that curtains and doors were closed, putting up a sign if attending to care and ensuring the green occupied presence light was turned on and turned off when finished in that room:

Put up 'Please Knock Before Entering' signs or ensure all staff are aware they should knock on the door prior to entering the room could help improve this. (P4)

The level of noise on Oak at times made it difficult to interact with the residents. Some residents found it difficult when TVs or radios were loud in order to accommodate other residents who were hard of hearing. Staff were aware that the amount of noise they made could at times, impact on the environment for the residents:

... televisions are too loud because the resident is hard of hearing if this is impacting on other residents in the room investigate the possibility of getting wireless headphones. Also be mindful of the amount of noise we make, keep our voices low and avoid shouting. (P18)

Participants from both wards engaged in different approaches to analysing the existing culture. There were some similarities between them but it was clear that culture on both wards was very distinct and particular. The process of identifying the culture enabled staff to

discuss issues they had not previously considered and formulate ideas for improving the culture of care.

Developing Narrative ways of working

Having identified what the existing culture looked like in both wards, participants next looked at developing strategies to use in the 2nd action cycle, developing narrative ways of working. During the work-based reflective learning sessions 4 & 5, staff discussed the themes identified previously and critically examined them. They further refined these themes and devised ways of using them to inform improvements in the way care was delivered and in the quality of the lived experience for the residents.

Willow Ward

Working with the ten themes, communication, time, non-task orientated, giving comfort, privacy and confidentiality, commitment, providing for residents' needs, acknowledging the resident, shine a light on the person's life and down a hole, along with information gathered from interviews and observations of practice, specific areas where a narrative approach to care could improve practice were identified. Four areas (communication, changing mind-sets, spending time and meaningful activities) emerged as priorities for improvement using the Framework of Narrative Practice. Ways in which these four areas of practice could be used to improve care and quality of life for the residents were discussed. Meetings were seen as a way of maintaining the ongoing open communication, as a way of informing others (staff, residents, and relatives) of ongoing initiatives, and getting their ideas and support. Highlighting the Framework of Narrative Practice was also a concern for the staff. Ensuring everyone was aware of the framework and its purpose was key to bringing about a change in mind-sets and to ensuring that meaningful activities were occurring with the residents.

The importance of ensuring that nursing documentation reflected both the activities and hobbies residents enjoyed prior to admission was emphasised as well as any relevant discussions that occurred with the resident that helped to inform their care plan.

Ensure what the resident tells you is recorded. If a discussion highlights relevant and useful information ensure this is captured in the care plan. (P3)

'Spending time' focused on the time spent with residents and the time staff spent on tasks. Spending time needed to be based on the priority of the resident, on how they would like to spend their day, and not be dictated by tasks that staff considered important. Unfortunately, at this point in the project, several factors impacted on the ability of staff on Willow to engage fully in the project. These included severe staff shortages, reconfiguration with derogation of staff, and a bi-annual rotation of staff. Due to these constraints, there was reluctance to take on extra activities and after discussions during the work-based learning session, they decided to focus on communication as a priority action. Because the aim of the study was to be inclusive and participative and the staff had expressed concern but still wanted to continue with the project, we jointly agreed that working in this way would enable them to do so. Areas where they felt communication could be improved were; life story work, informal discussions and how this was documented or recorded in the residents care plans, as well as the interactions staff had and supports needed to maintain and implement good/ effective communication. However, they did recognise that an overarching action of communication could lead to smaller spirals of action occurring within the bigger communication plan.

Oak Ward

Staff on Oak critically reflected on the themes they had identified in the culture identification phase of the action: Time to talk, Attending to residents' needs, Environment, Staff pressures, Knowing the resident, Respect and responsibility, Privacy, Noisy atmosphere. Three areas of practice were identified, these were homely environment, having more going

on with/for the resident and intercommunication. As the staff addressed these themes at informal ward meetings between their scheduled work-based learning days, a further theme emerged from data collected; this was the theme of meals and mealtimes.

Ensuring that the ward had a homely environment, and that it was recognised as the residents' home was an ongoing issue. Participants felt this affected the way Oak ward was perceived within the hospital and by those visiting and living there. The welfare and happiness of the residents came first and sometimes it was necessary to break the rules to ensure the residents were happy. Further engagement occurred with residents to identify if they felt having a homely environment was important. Participants wanted to identify why residents did not place as much importance on being part of the improvements on Oak as the staff did. Residents stated a homely environment was very important to them but that they already felt included in discussions, as their opinions had been sought when previous improvements were being made.

Knowing the resident linked to the themes of noisy atmosphere and attending to residents' needs. It was highlighted that in-depth knowledge of residents' likes and dislikes could lead to a quieter atmosphere as this helped staff anticipate residents' needs. Working with narrative being (paying attention to and interpreting events) and narrative knowing (perceptions, reflections and shared understandings) was considered to be a way of being better able to meet the needs of residents. This discussion was linked to the framework of narrative practice and participants discussed how utilising the framework could assist with this. They felt it was important that elements of a resident's lifestyle and status would be taken into account when planning activities. Strategies such as speaking slowly, giving the resident time to respond and discussing issues pertinent to them were incorporated into action plans.

The theme of 'intercommunication' captured the different types of communication and different interactions on Oak. Staff looked at the way they communicated with residents, families and with each other. They identified elements of the narrative framework that, if focused upon, could help them improve and enhance the communication that took place. Elements such as active listening, ensuring the resident was interested in the topic and being aware of their past interests and hobbies were highlighted as ways of initiating and maintaining conversations with the residents. Keeping relatives informed about ongoing activities and the residents' condition (with the resident's permission), enabled communication that centred around them and their significant others. Further, this enhanced the communication that occurred between the resident and their visitors.

Another area of communication identified as important, was that which occurred between staff. It was emphasised that respectful communication between staff had a knock-on effect on residents and relatives. They suggested that this was the first aspect of communication that needed to be addressed. Being respectful and mindful of their colleagues meant being open to and encouraging new ideas, ensuring that efforts were supported positively. Staff identified, from observations of care, that some residents were not getting their meals at the correct temperature and that in particular Oak had an issue with keeping desserts hot (that needed to be hot). This was linked to the foundational elements of the framework and to the operational element of narrative being (caring that is centred around what is important to the resident). They subsequently devised action plans to address these issues and to improve residents' dining experiences.

Developing narrative ways of working on both wards focused on interactions staff had and supports needed to maintain and implement effective narrative informed care. The way staff

developed these action plans and the resulting improvements in practice will be outlined in the next section.

Working in a Storied Way

The working in a storied way action cycle was concerned with implementing in the practice settings the strategies and ideas identified in the 'developing narrative ways of working' cycle.

Willow Ward

The staff on Willow ward used the communication action plan to develop a suite of communication tools that they felt would both improve communication between staff, particularly those who had temporary positions, and help improve the care experience for the residents. These included a communication handover sheet, a medication communication sheet highlighting the way residents preferred to take their medications, a bed list with room and bed number for each resident and a 'my day my way' sheet. This list was used at change of shift to highlight any changes or alterations to the condition of the residents. They also explained it to temporary staff to acquaint them with the residents and their particular care needs. Staff on Willow reported that it gave them peace of mind knowing residents were looked after correctly:

This is a good method of ensuring the safety of the resident as well as ensuring their likes and dislikes are known by new staff. (P27)

Implementing these tools also helped staff recognise that the existing way they conducted handover was not effective and impacted on the amount of time they had to spend with the residents in the morning period. The ward operated in two parts and this led to a situation where two members of the night shift gave two separate reports to the day staff. This

practice was critically analysed and an approach was developed whereby one member of the night shift gave report to the oncoming day charge nurse. This ensured that all other staff were free to assist residents with their breakfasts and then receive report when ready. This led to a better flow of communication between both sections of the ward and to a better experience at breakfast time for the residents.

Oak Ward

On Oak ward staff devised a number of action plans to address the four themes they had identified. In further efforts to promote homeliness, families and residents were encouraged to bring in their own soft furnishings or paintings from home to individualise each bed space. This not only adhered to the narrative aspects of care component of the framework but also helped to orientate some of the residents to their own personal space. In an effort to promote the independence of the residents and to provide an environment where they were able to manage their own affairs, personal safes were installed for each resident.

Endeavouring to design meaningful activities for the residents, staff had conversations with them about the types of activities liked to participate in. They used the information gathered to supplement the ongoing activities with those that the residents had specifically identified.

An initial strategy employed to address the communication theme was the implementation of life story books and memory boards (for those who were unable to complete story books). Family members of residents who were cognitively unable to complete the story books were given a copy of life story guidelines and enabled to engage in the process.

Mealtimes and homely environment actions had some overlap. In observations and interviews with residents, some people were identified as not getting their meals at the

correct temperature. A protected mealtimes strategy was implemented limiting unnecessary procedures or ward visits/rounds while meals were in progress, freeing up staff to assist residents with their meals.

DISCUSSION

During the implementation and overall evaluation of the study, key outcomes were identified. As the overall approach used in this study was narrative, and because the aim was to utilise narrative in practice, the key outcomes from the implementation of this framework in practice are based on narrative knowing, being and doing. The outcomes focus on the themes of: (i) how people responded to change (Narrative being), (ii) the development of shared understandings (Narrative knowing) and (iii) intentional action (Narrative doing). While each of these themes are discussed separately, by virtue of their interlinked nature, there is overlap between them.

How People Respond to Change (Narrative Being)

Narrative being focused on engagement and communicative spaces. Engagement is crucial to the AR process but little has been written about the difficulties of encouraging engagement within a participatory action research study (Snoeren 2011). Organisational culture literature describes responding to change and the way people engage in it as showing support for change through a combination of "emotional/affective, normative and continuance commitment to change" (Machin *et al.* 2009, p. 15). Critically reflecting on the way participants responded to change during this study, it was evident that staff on both Willow and Oak demonstrated enthusiasm and a desire to be engaged and involved in the study at the outset.

At the beginning of the implementation, staff showed emotional support and a co-operative level of engagement (Herscovitch & Meyer 2002) in addition to emancipatory intent (Reason & Bradbury 2011). However, as the study progressed, the staff on Oak exhibited an inclusive and collaborative approach to engaging with and caring for residents. They were progressing towards championing (Herscovitch & Meyer 2002) and emancipatory action. Hynes *et al.* (2012) described this as engagement with different voices and acknowledgement of different worldviews. This indicates that staff on Oak demonstrated what Manley *et al.* (2013) described as developing a shared purpose, one of the founding principles of practice development activity (Manley 2004).

On Willow ward there was a stop/start approach to their engagement. Engagement in the project started with what Herscovitch & Meyer (2002) describe as a compliance level of engagement. As the sessions progressed, there was a turnover of staff that meant that their participation in the WBL days was ever-changing. Selden (2010) describes the effects of staff turnover on psychiatric mental health programmes as having a detrimental effect on the development of quality services. Evidence focusing on quality of care and staff turnover (Spillbury *et al.* 2011) suggests there is a direct relationship between numbers of staff and quality of care. It is clear from the findings of this study that engagement in the AR processes was affected by staff turnover. In today's ever-changing healthcare environment, staff turnover and its impact on the operationalisation of action research processes may need to be considered when designing future research studies, as ways of minimising this impact should be considered at the outset.

Opening communicative spaces presented a forum for the staff to portray themselves and reflect their identities. It was envisaged that this self-revelation would enable what Gaydos (2004) outlined as the formation of trusting relationships. It is not always easy to develop shared interpretations. This was borne out in the present study by the way staff on Willow collaborated in the WBL sessions. They participated freely and openly in the early sessions but when issues of power and poor practice came to the fore, they were unable to achieve

agreement on what to do about this. They resorted to focusing on the technical aspects of care. In contrast, staff on Oak freely discussed and identified common areas that needed to be acted upon. They collaboratively identified ways of working to improve identified shortcomings and improve quality of life for the residents. This approach was similar to that described by Kemmis (2001) as a process of testing both the accuracy and moral appropriateness of communicative acts. It also helped staff identify and make sense of their own values and beliefs, which Habermas (1984) states is essential for identifying a community's shared understanding.

The Development of Shared Understanding (Narrative Knowing)

In this study the development of shared understanding was exhibited in the way staff took account of their knowledge of self and understanding of their knowledge of the identity of the residents. While the self of residents was acknowledged, little attention was paid to knowing themselves, that is identifying how staff being and doing impacts on the care experience of residents. Self-identity, according to Horowitz (2012), contains both future expectations and core beliefs and values. It predicts how we will act in a given situation and interact within relationships. While staff on both wards worked with identifying the beliefs and values of the residents in relation to the existing culture, they did not incorporate their own beliefs and values into their understanding of the culture.

According to Frie (2011), our stories and narrative identity represents who we are and where we come from, in other words our values and beliefs. Understanding the inter-relatedness of stories can enable the creation and development of communal understandings (Frie 2011). This according to Manley *et al.* (2013) is an important component when identifying the direction being focused on and when developing a shared vision for change. Further, they believe this is necessary to enable teams to support and challenge each other. In this sense

of integrating both the values and beliefs of residents and those of staff, this did not occur in a meaningful way.

Both Willow and Oak ultimately focused on the beliefs and values of the residents and utilised those when gaining an understanding of the culture as well as developing and implementing action plans. This did not affect the engagement of the staff on Oak. It is possible that if the beliefs and values of the staff on Willow had been explored in a more critical way and integrated into the actions, barriers would have been highlighted at an earlier stage. This may have enabled them to engage more actively in the implementation.

Evidence supports the importance of having a manager that is participative in order to foster change (Case & Marner 2014, Mekki *et al* 2017). In this study it became evident that the goal of the manager on Willow, while matching the intent to promote person-centred narrative practice, did not match the emancipatory objective of enabling therapeutic relationships and promoting human flourishing. It is possible that this was due in part to the transactional style of leadership displayed by this manager. While there is evidence of differing leadership styles and their effect on culture (Solman & FitzGerald 2008, Martin *et al.* 2014, Ross *et al.* 2014) there is no literature that provides guidance for novice researchers on how to work with differing leadership styles within a PAR initiative.

Intentional Action (Narrative Doing)

Intentional action is based on the beliefs and values of the agent (the person or persons involved in the action), the belief that they can effect change and that the environment (culture) will be altered by that change (Burks 2001). Williamson & Prosser (2002) posit that people often resist change because they do not understand the intent of the change or the implications this has for their practice. Looking critically at intentional action and narrative doing in the implementation of the framework, it is possible that the researcher and the research sites saw the intent of the change i.e. 'the implementation of a Framework of

Narrative Practice' differently. A focus on a collaborative, inclusive approach may not match with managers' beliefs about being the leaders of change on their wards. On Willow ward this led to resistance to change and a focus on technical aspects of care. According to Popova (2014) intentionality is a process of interaction between agents and it is through this interaction that we ultimately define who we are.

The intent of the FNP was to enable a more comprehensive understanding of the actions and responses of the resident to change and in turn enable staff to act intentionally by providing care that was based on this understanding. Staff on both wards went some way towards accomplishing this goal although Oak developed more comprehensive actions than Willow. However, they fell short of ensuring that both internal factors and external factors were accounted for in the ensuing processes of care. Intentional action is also concerned with the process of communication (Kihlstrom & Isreal 2002). In narrative communication, there is a reciprocity between the intent of the story and understanding or making sense of the story (Popova 2014). The FNP draws on the premise that stories are interactive processes that enable participatory sense-making between narrators and listeners leading to meaningful action. It is through this understanding that communicative action takes place.

CONCLUSION

How people responded to change, the development of shared understandings and intentional action are interrelated and interlinked. This illustrates the importance of ensuring that practice context is taken account of and the importance of ensuring that narrative being, knowing and doing are clear and understandable at the outset. Nurses and health care workers need to be aware of creating and opening communicative spaces to enable them to uncover layers of meaning and understanding that otherwise may be hidden. The benefits of defining the leadership style of a manager prior to undertaking a development programme

needs further consideration and could ensure the best possible approach to implementation is adopted.

RELEVANCE TO CLINICAL PRACTICE

Implementation of a narrative approach to practice can develop new ways of working that value biography and promote the development of a co-constructed plan of care that supports interaction and acknowledges the importance of life experiences. The implementation of the framework took place in an older adult residential care setting, however it could be applied in any care setting where narrative person-centred approaches to care are valued.

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Table 1.

Overview of Data collection methods

Framework Implementation and Evaluation	DATA	PURPOSE	ANALYSIS
	Work based learning groups (WBL) Nurses, healthcare assistants and carers.	Implementation and ongoing evaluation of practice development initiative.	Thematic analysis by WBL groups on programme days -observations of care -Interviews -Identification of culture from WBL groups
	Identification of Culture		
	Observations of care		
	Resident interviews		
	Resident Care Plans	Overall evaluation of the project	Documentary analysis -Nursing notes. Using documentary analysis tool -Creative Hermeneutic data analysis (Boomer & McCormack 2010) All notes from meetings, researchers field diary, reflective log. Workplace Context Critical Analysis Tools (McCormack et al 2009) , Action Plans
	All meeting notes, and data collected throughout the programme. Researchers field diary and reflections of practice		

Table 2 **Outline and Structure of Reflective Work-based Learning Groups**

Purpose	Structure/Outline of Reflective Work-based learning group.	Processes used/ Data collection methods	Number of Participants at each session
Reflective Session 1 Getting to know the framework, and narrative aspects of care Agreeing ways of working	Overview of narrative in healthcare	Presentation and facilitated discussion	Willow Nurse=4 Carer=2
	The development of the framework	Claims, concerns and issues.	
	Linking the framework to PCC and PD	creative session with participants asking them to address meta-theme	Oak Nurse=3 Carer=2
	how can this be achieved in practice?	Agreeing an engagement contract	
Reflective session 2 Critically looking at the current workplace culture	Re-engagement with Framework of Narrative practice with more in-depth explanation of narrative elements of care	Reflection on issues identified in Claims, concerns and issues	Willow Nurse=4 Carer=3
	Working with claims concerns and issues from previous session		Oak Nurse=4 Carer=5
	Looking at observations of practice. Identifying how we can work with these observations to improve narrative practice	Creating a landscape of the workplace culture Identifying strategies to improve narrative practice.	
Reflective session 3 Identifying ways to promote narrative practice	Recap on narrative framework (any member of staff)	Staff explain to others their understanding of the framework and how they would operationalise it	Willow Nurse=3 Carer=3
	Interviews with residents/families or friends	Group work to look at interviews and identify key themes. Developing a shared vision for narrative practice	Oak Nurse=4 Carer=3
	Relooking at and reflecting on claims concerns and Issues from day 1	Linking this to the CCI and observations from previous sessions	
Reflective session 4 Using data collected to devise action plans.	Work-based learning activities how did they go and what were the outcomes.	Reflecting on learning and implications of identified practice	Willow Nurse=3 Carer=3

	Looking at strategies from Day 2 and discussion from Day 3 and devising action plans to be worked on over next few sessions.	Development of an action plan	Oak Nurse=4 Carer=3
Reflective session 5 Reflecting on where we are now and on going forward	Recap on WBL activities How have reflections gone?	Reflecting, making sense of and working with the data collected and looking how this informs action cycles	Willow Nurse=3
	How did interviews with relatives/residents go? Have they been completed?		Oak Nurses=3 Carer=2
	Feedback on Informal ward meeting Feedback from CNM	Getting a sense of taking ownership of actions	
	Action planning. Discussion and further work	Strategies to overcome difficulties and maximise benefits of action plans	
Reflective session 6 Making the framework real	Recap on Framework	Making the framework real using it in everyday language and continuing to build knowledge of how the framework works	Willow Nurse=4 Carer=1
	Recap on WBL activities	Gain an understanding of how to use data collected	Oak Nurse=3 Carer=2
	Discussion on the data from Documentary analysis	Looking at what you see happening/the way things are being done in the analysis and how things should be done	
	Development of a prompt sheet for nursing documentation to encourage people to document in a narrative way	Reflecting on learning and implications for ongoing activities, including the further	
	Action planning. What has been achieved? And how?	development of action plans	

Reflective session 7 Spirals and actions	Recap on activities since last day.	Reflective practice	Willow
	Group reflection on how/if the framework has improved practice.	What is it?	Nurse=3
		How to get the team involved?	Carer=1
	Spirals from action cycles looking at other activities that have arisen	What do I do with mine and others reflections?	Oak
			Nurse=3
	Looking critically and tweaking documentation prompt sheet		Carer=2
	Sustainability and going forward	Facilitated discussion on ways of improving the documentation sheet	
Reflective session 8 Evaluation	Reflection on WBL since last session	Creative exercise to	Willow
		determine how everyone felt	Nurse=5
	Evaluation of taking part in study	about taking part in the	Carer=1
		research project and to look	Oak Nurse=3
		at the changes in practice?	Carer=4
Reflective session 9 Celebration	Celebration of achievement	Celebration event involving	All staff and
		all who work and live in the	residents on
		unit.	each unit
		Celebration to focus on an	
		aspect of practice that has	
		change/improved since	
		implementation of framework	
		of narrative practice	

Table 3 Narrative aspects of care Willow

What do narrative aspects of care mean to me?	How can this be achieved in practice?
Communication Could be non verbal Figuring that out Knowing your patient Everything follows from it Getting down to residents level intellectually everything follows on	Having time to talk Gaining trust Knowing you're here to help Certain time of the day you could focus on that
Time To sit and talk with somebody Making that important	
Non task orientated	
Giving comfort	
Privacy	Ensuring that when you are doing tasks you are also talking
Confidentiality	Planning organising day
Commitment Being genuinely there Not watching clock Commit for a length of time	Need to prioritise most important Knocking /curtains/door/using presence lights
Providing for their needs Drink and food	Discussions remain in confidence
Acknowledging Resident Saying good morning	Be aware of how you talk about residents in the corridors or in conversations you have with others
Shine a light on the person/their life	
Down a hole Helping them out of difficulties people have – loneliness, loss , sadness, physical contact, sexuality, privacy Loss of adulthood	1 st thing in the morning very important to gauge mood Give resident chance to give you information in the way they want to give it. Ensuring the way the resident interacts with activities that happen on the ward is captured

Table 4 Narrative aspects of Care Oak

What do narrative aspects of care mean to me?	How can this be achieved in practice?
<p>Time to talk. can be related to doing things in a task orientated way There is no excuse for this Talking should be part of everyday activity</p>	<p>Talk to the resident when doing personal care or when cleaning their room or areas where they are sitting, when assisting with meals or drinks Ensuring resident is responding and is interested. Speak to residents like they are adults and acknowledge individuality Talk to residents about things that are of interest to them. Don't assume they want to know about your life, only discuss your life and interests if the resident indicates they are interested too</p>
<p>Attending to residents needs Resident fear that you will not return Not knowing the residents pattern or preferences</p>	<p>More staff would help this may not always be possible Allocate one staff member to answer bells Answer bells promptly Give residents realistic expectations and follow through with promises Identify the preferences of the resident and work with these</p>
<p>Environment The way people perceive the unit is also the way they perceive the care If the place is shabby then residents and relatives will think we don't care Bright light places help to promote a nice atmosphere</p>	<p>Liaise with maintenance to ensure that all repairs are carried out promptly Ensure that residents are consulted and involved in decisions about unit décor decision</p>
<p>Staff Pressures Can be a risk for residents Can cause burnout and attrition. Makes it difficult to provide good care Impacts on other aspects of care</p>	<p>Ensure management are aware of risks Provide a safe place for staff to discuss concerns Find out ideas of residents about how they feel about this</p>
<p>Knowing the resident Can help when there are issues with residents Can enable better care Will promote better relationships between staff and residents Can help to identify triggers that cause anxiety or aggression</p>	<p>Ensure that the resident's life history is complete Identify triggers from past life experiences that have caused problems for the resident Involve others who know the resident well if appropriate</p>
<p>Respect and responsibility Everyone who works or lives in the unit deserves to have respect The environment is everyone's responsibility</p>	<p>Ensure that everyone is treated with respect It is important that people do not see things as certain peoples jobs and leave them until that person is on duty. Staff should all help out where they can</p>
<p>Privacy All residents have a right to privacy Staff do not always ask permission when entering rooms or going behind curtains</p>	<p>Ensure that all staff are aware of the residents right to privacy Develop strategies that help to promote privacy Knock on doors and ask permission before entering rooms or going behind curtains</p>
<p>Noisy Atmosphere Residents have different tolerance to noise levels</p>	<p>Be aware of external noises such as T.V. and radio etc Look at strategies to help the hard of hearing that do not impact on all other residents Be mindful of the effect of noise on residents</p>