

ORIGINAL RESEARCH

Nursing students' learning to involve elderly patients in clinical decision making – The student perspective

Kirsten Nielsen*, Jette Henriksen

Health and Welfare Technology, Program for Research in Aging, VIA University College, Gl. Struervej 1, 7500 Holstebro, Denmark

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ABSTRACT

The increasing number of elderly people in the population triggers a need for more nurses in the eldercare services. Therefore, a need exists to encourage nursing students' interest in eldercare. International research found both positive and negative attitudes towards eldercare. The challenge is to facilitate students' learning about and interest in geriatric care. This study aimed to investigate whether listening to older patients' narratives may facilitate nursing students' competencies related to and their interest in eldercare. A phenomenological-hermeneutic approach was employed to investigate whether an intervention in which nursing students conduct narrative interviews with older patients may promote their competencies to involve these patients in their own care while concurrently enhancing their interest in eldercare. New knowledge was generated through the interpretation of transcribed narrative interviews with the students conducted before and after the intervention. Four themes emerged: the significance of the narrative for the patient-nurse relation, for involving patients in clinical decision making, for person-centred care and for students' interest in eldercare. The students valued the impact of the narrative interview. After the interview, they experienced a better patient-nurse relation and they found that it was easier to involve elderly patients in clinical decisions and to provide person-centred care. Students expressed a more positive interest in eldercare. This research addresses geriatric care, as it conveys experiences with the use of narratives to facilitate students' learning about eldercare.

Key Words: Qualitative research, Nurse education, Baccalaureate, Eldercare, Narrative interview, Learning

1. INTRODUCTION

This study focused on learning about eldercare mediated through an intervention in which nursing students interviewed elderly patients and citizens with a need for nursing. A literature review indicated that, worldwide, the increasing number of elderly people in the community triggers an additional need for nurses dedicated to the care of elderly citizens with complex care needs. Therefore, a need exists to encourage nursing students' interest in eldercare. International research has indicated that nursing students' expectations of their career are not directed towards elderly care.^[1-3] Studies

have showed that the nursing programme and role models of teachers and supervisors greatly influenced students' career choice.^[3-5] Nursing students' attitudes towards older people have been investigated in various studies, four of which reported negative attitudes among nursing students.^[1,2,6,7] Five studies found a mainly positive attitude towards older people.^[8-12] Zisberg, Shulyaev and Son^[7] confirmed that even students with positive attitudes did not desire to work with older adults. So, the share of nursing students interested in working in elderly care is not solely determined by attitudes. Okuyan, Bilgili and Mutlu found that students

*Correspondence: Kirsten Nielsen; Email: kirn@via.dk; Address: Health and Welfare Technology, Program for Research in Aging, VIA University College, Gl. Struervej 1, 7500 Holstebro, Denmark.

were reluctant to join gerontological nursing due to a lack of knowledge and skills and due to negative experiences from clinical placements.^[6] The challenge, then, is to develop nursing programmes in a manner facilitating nursing students' acquisition of knowledge, skills and competences in relation to gerontological and geriatric nursing while concurrently allowing them to perceive the complexity and exciting challenges related to involving older patients in decisions concerning their own treatment and care. Dahlke et al.^[13] investigated how nursing students learn to care for older people and found that nursing students were ill-prepared for the complexity of eldercare. For the majority of students, their lack of preparation created a negative view of their first experiences with caring for older people. The authors suggested that in the context of caring for older people, meaningful learning activities that engage students in active learning in a range of contexts are needed in the nursing education programme. Hovey et al.^[5] investigated how nursing education affects nursing students' attitudes towards elderly persons. They found that student engagement in gerontological nursing in the classroom or clinical placements lead to a more positive attitude towards elderly people. Chai, Cheng, Mei and Fan^[2] found that changes towards choosing gerontological nursing as a career path were related to the students' empathy for older people. Similarly, Bahadir-Yilmaz^[14] found a relationship between nursing students' values and their attitudes towards the elderly and suggested that professional values should be emphasized in the curriculum in order to improve students' attitudes towards elderly. Furthermore, Salin et al.^[12] suggested to make elderly care more appealing to the students by offering lectures imparted by experts and by moving teaching in gerontological nursing away from the classroom and into the clinical setting where caring for older people takes place. Alteren,^[15] Beard and Morote^[16] studied whether narratives were useful in the development of nursing students' knowledge. The study of Beard and Morote showed that learning occurred owing to the use of narrative pedagogy. Alteren^[15] also investigated the use of narratives in clinical courses and concluded that it was possible to use narratives to increase nursing students' knowledge in clinical placements as the narratives trigger reflections and because the students' decisions and actions were made evident through the narratives. Both Scheel^[25] and Benner et al.^[23] argue that patient narratives are important for clinical judgements. Scheel emphasized that to substantiate their clinical judgements and act in an ethical way, nurse students must learn to listen to the patient's perspective and to reflect on the patient's understanding while taking into account scientific knowledge, ethics and building an understanding of the situation.^[25] Benner et al. argued that a qualified judge-

ment can never ignore the patient's experiences and lifeworld. The students need to learn to be present in the situation and consider the patient's response to their current situation, life history, physiological manifestations, social interactions and relations with the surroundings.^[23]

A lack of research exists to test interventions aiming to inform gerontological nursing education.^[10] Therefore, this study investigated whether an intervention based on narrative pedagogy may qualify eldercare in the nursing programme. As nursing students hope to find a job that offers a wide variety of tasks and allows them to make a difference for patients,^[3] we investigated whether listening to an old patient's everyday life and current situation may make clear to the students the variety in eldercare and how to involve elderly patients in clinical decisions and thereby make a difference to the patient. Specifically, the aim was to promote nurse students' competencies to involve older patients in their own care and to advance nursing students' interest in eldercare.

2. METHODS

A phenomenological-hermeneutic approach inspired by Ricoeur^[17,18] was used to investigate whether the intervention had an impact on students' learning about eldercare, as this approach has been found suitable in previous qualitative research.^[19-21] According to Ricoeur,^[18] narratives are common to all mankind. A narrative unveils what happened and the values the narrator attributed to the event. Thus, a narrative weaves together facts and values. Hermansen^[22] argues that the foundation of a narrative learning theory is that the relationship between a person and the surroundings is interpretative and aims to make sense. Narratives, then, are all about understanding oneself and the surrounding world, about developing identity and understanding of the surroundings, and about grasping the significance of what happened in the surroundings mediated by interpretation. A number of nursing theory authors^[23-25] attribute value to narratives as a mode of expression because the narrative connects theory and practice, reason and emotion, the general and the unique as well as ethical reasoning and practice. The narrative provides the nurse with knowledge about a particular patient and what matters to the patient in a particular situation. Besides, narratives may provide an opportunity to reflect on theory, nursing practice and research about nursing education.^[23,25]

2.1 The intervention

During their clinical placements, nurse students conducted narrative interviews with older patients or citizens using an interview guide with the following questions: Please tell me about: a) your everyday life as it is now b) your former life and c) how you would like your future life to be. The

interview guide was inspired by Ricoeur,^[18] who argued that telling narratives is part of being human, and that narratives are sources of realisation, experience and identity and they refer to the past, the present and the future. The guide was formulated by the researchers in Danish, as the study was conducted at a University College in Denmark.

Subsequently, the students used knowledge from the interview in a clinical activity focusing on clinical decision making and clinical leadership. The expectation was that the intervention would facilitate their learning of how elderly patients and citizens may partake in clinical decision making, and make it meaningful for students to engage themselves in eldercare.

The intervention was implemented in the community nursing services, at nursing homes or in hospitals during the students' clinical placements. Eleven third-semester students and one second-semester student volunteered to serve as participants in the project. They were all female students

and were anonymized by the following names: Anna, Bera, Conny, Dora, Eve, Freja, Gunda, Hanne, Ida, Joy, Kis and Lene. Anna and Eve from the third semester dropped out of the project as they decided to participate in another project. Thus, ten students completed the project.

Ahead of the intervention, each student was interviewed about their impression of nursing and their nursing interests. After the clinical course, they were asked to explain how they experienced conducting the narrative interviews and whether it had affected their view on nursing. Data were generated through ten interviews: three individual interviews and seven focus group interviews in which two to four students participated (see Figure 1). The choice between individual and focus group interviews was determined by what was practically possible. Six interviews were conducted before and four interviews after the clinical courses in the 2019-2020 period. In the autumn of 2020, the interviews were held online due to the COVID-19 pandemic. The interviews were transcribed verbatim.



Figure 1. Illustration of the data generation

The analysis and interpretation of the transcribed interviews with the students were conducted at three levels: A naive reading, which produced an initial impression of the texts. A structural analysis focussing on extracting quotes with a view a) to either confirm or repel the impression that had

emerged during the naive reading and b) to discover themes in the texts. Finally, we conducted a critical interpretation and discussion of the emerged themes in light of current theory and international research articles^[21] (see Figure 2).

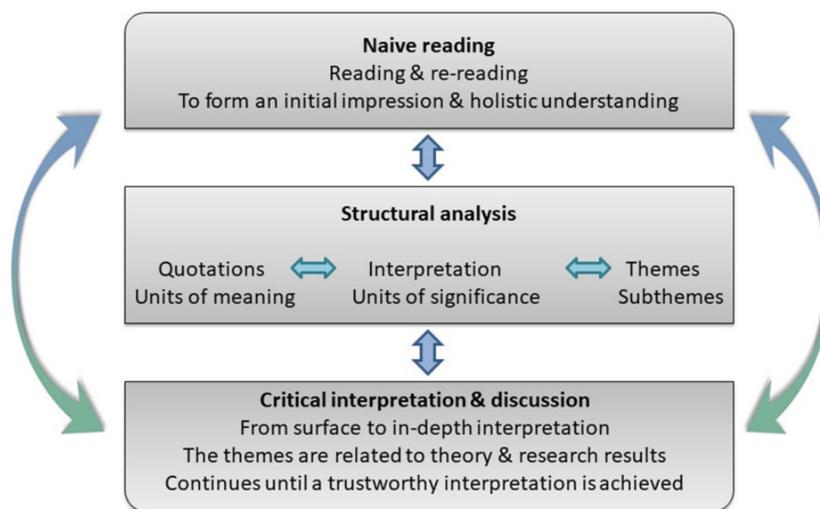


Figure 2. Illustration of the analysis and interpretation^[26]

The researchers conducted the analysis and interpretation. To qualify the analysis and interpretation, they shifted back and forth between working separately and collaboratively aiming to reach a consensus.^[27]

2.2 Ethics

Permission from National Committee on Health Research Ethics^[28] were unnecessary as the students volunteered, their names were anonymized and no personal data were obtained during the student interviews. The study was conducted according to the Danish Code of Conduct for Research Integrity.^[29] The students were introduced to the narrative interview before the clinical course and brought three documents completed by the researchers to the clinical placement: One document asking for permission to conduct interviews at the clinical placement. The second document contained information for the patient about the research project. Finally, the third document was an informed consent form to be completed by the patient or citizen. The second-semester student was not differentiated in any way from the others as it would have made it possible to identify her; besides, she contributed in the exact same manner as the third-semester students.

3. FINDINGS

The naive reading of transcribed narratives gave the impression that every student had an emerging understanding of holistic nursing. Previously, Conny, Freja, Hanne, Ida, Kis and Lene had been employed in the care for senior citizens. Similarly, Gunda had cared for disabled citizens before attending nursing school. Asked about future job interests, Bera, Freja, Hanne and Lene envisioned working in eldercare. Three students anticipated older people to be hearing impaired, in very poor health, and difficult to speak with and relate to. Some students responded that they envisioned working in acute care, anaesthesia, psychiatry, sexology or at a reception centre for asylum seekers. Others aimed for employment within childcare, cancer care, hospice care or wound care. Six students also considered the possibility of higher education and becoming a researcher, midwife or a manager. Reading the narratives after the clinical course left us with the impression that students learned much from listening to the older patient and from their narratives. Students were very surprised of the effect that the narrative had on nursing, as it was pivotal to their relationship with the patient or citizen in question. The structural analysis illustrated below (see Table 1) is based on the interviews made after the clinical course. Four themes emerged: The significance

of the narrative for the relation, for involving the patient in clinical decision making, for person-centred care and for the students' interest in eldercare. In the following text, "patient" means both patient and citizen, and the meaning of the quotations is condensed to present more clearly what was said.

3.1 The significance of the narrative for the patient-student relation

The students agreed that conducting the narrative interview had been valuable for the patient-student nurse relation. Sitting down alongside the patient and listening to the patient's narrative about everyday life, life with disease and illness and his or her wishes for a future life made a profound impression on the students.

Bera noted: *For an older lady, it was a gift from heaven to have someone to talk to when her life was chaotic. It meant a lot to her to talk about valuable things in life, not only about the disease. We built a really strong relation during the conversation. I felt that I was allowed to come close to her because I saw her – not only the cancer.*

The chaotic situation Bera referred to was that she participated in nursing for an older woman shortly after she had been diagnosed with cancer. Bera experienced that the conversation, starting with a few questions about the patient's life, was valuable for both of them. For the patient, it was a relief to talk about other issues than her cancer. She had an opportunity to take a break from the illness and talk about her everyday life and what she valued the most. This revealed her identity and she was capable of engaging in the relation on more equal terms with the student.

Bera: *Subsequently, the conversation had a great impact on my relation to the patients. They had more confidence in me. I was truly impressed that it [the narrative] could make such a great difference. The quotation suggested that the patient felt more confident talking with Bera after the interview. This experience was fruitful to Bera. Thus, the listening approach was important both for this patient, for Bera's way of forming relations with all subsequent patients and her approach to nursing, as she used her experiences from the narrative in relation to the subsequent patients.*

Gunda explained: *The relation emerges when you know the patient. Now, you have experienced what a great difference it makes knowing where the patient comes from. Most patients like to talk about job and family and knowing something about that can make a difference in how you understand and care for the patient.*

Table 1. Illustration of the structural analysis

| Units of meaning What is said? Quotations | Units of significance What is talked about? Interpretation | Theme |
|--|--|---|
| For an older lady, it was a gift from heaven to have someone to talk to when her life was chaotic. It meant a lot to her to talk about valuable things in life, not only about the disease. We built a really strong relation during the conversation. I felt that I was allowed to come close to her because I saw <i>her</i> – not only the cancer. Subsequently, the conversation had a considerable impact on my relation with the patients. They had more confidence in me. I was truly impressed that it [the narrative] could make such a great difference (Bera). | The significance of listening to the narrative told by the patient with newly diagnosed cancer and for the subsequent relation with the patients. | The significance of the narrative for the patient-student relation. |
| You got to know the patient very well. Suddenly, I was receiving information about issues not noted in her journal and which we had decided that it was irrelevant to ask her about. It was easier to make a clinical decision that might have a positive impact on the patient's situation. When you find out what is valuable for the patient, it is easier to intervene (Lene) | The narrative interview gave students access to data about the patient's life (their life world) and allowed them to understand the patient's preferences. Thereby, it became easier to decide which nursing interventions were needed in the current situation. | The significance of the narrative in relation to involving the patient in clinical decision making. |
| I hear what is important for the patient in his or her current life situation, how the disease influenced her everyday life and her wishes for the future. Thus, you can support and encourage the patient when life is difficult. This understanding can also open for the patient's listening when I share my knowledge with her. You may say that I planned nursing together with the patient (Joy). | The narrative interview provided information about the patient's situation and wishes for the future, which made the dialogue easier and helped tailor nursing initiatives in cooperation with the patient. | The significance of the narrative for person-centred care. |
| A relief care centre is not just a place to put old bothersome people waiting for a nursing home. A wide range of patients are triaged to relief care. I really consider working in such a place. Actually, I work there now and will recommend it to other students (Kis). | The narrative interview seemed to make her reflect on her former understanding of eldercare and change her mind about working in eldercare in the future. | The significance of the narrative for students' interest in eldercare. |

Compared with her approach to the patient in her former clinical course, Gunda experienced what a great difference the narrative made for the patient-nurse relation. It grew stronger over time as she learned more about the patient's everyday life; she developed a better understanding of the patient and his values, and Gunda understood that this knowledge would strengthen the foundation for her nursing services.

Hanne agreed: *I developed a stronger bond, learnt much more about her - issues you would normally not have heard about.*

Hanne also experienced that her relation to the patient grew much stronger as the narrative revealed more data about the patient than a more goal-oriented approach might have.

Joy added: *It opened my eyes to the fact that the relationship is important. A good relationship with the patient makes nursing much easier. If something is difficult for the patient*

to talk about, it becomes easier for the patient when she or she experiences a good relation to the nurse and feels listened to and respected.

Joy experienced that a positive connection and the listening approach improved her relation and communication with the patient and allowed her to render better nursing services.

Kis noted: *You begin listening to the patient - take time to find out what is on the patient's mind, and then we can talk about nursing.*

To Kis, the narrative interview provided an understanding of the connection between listening and relating to another person. Kis had a natural habit of listening to older people and realized that listening to a person had a positive impact on her relationship with the patient. She now focused on investigating what was important for the patient in the current situation before she talked with the patient about which

nursing interventions were suitable.

The students benefitted from knowing about the patient's past, present and wishes for the future; in conjunction with their knowledge about general natural science, humanistic science (humanities) and social science, the older people's narratives became important fundamental knowledge informing the students' nursing judgements in relation to patients. They experienced that most old people were willing to talk about their lives, and they took great pleasure in really meeting the patient and providing good care for them. The students felt that the patients had more confidence in them and that the narrative provided them with more data about the patient than a goal-oriented conversation might have. They agreed on bringing along these experiences into their future nursing work, as this way of communication – letting the patient tell and then enquiring about the narrative – made sense in a wide range of situations. According to the students, the person-centred approach of the narrative interview allowed them to see the patients as whole persons, to understand what mattered in their lives – rather than simply focusing on the disease and their specific nursing needs.

3.2 The significance of the narrative in relation to involving the patient in clinical decision making

The students experienced that the more knowledge and understanding they acquired about the patient, the easier it was to involve the patient in decisions about their own nursing.

Bera noted: *We had a really good talk about her wishes for the future and got a small hope to blossom. It is important that we respect them as the persons they are while living in a society where the hospitals become ever more effective and where standard procedures are made for nursing. You can easily forget that the patient is a whole person.*

One of the questions in the narrative interview concerned the patients' wishes for the future. Bera perceived a risk that nurses may simply follow standard operating procedures without adjusting clinical decision making and interventions to current patient's needs in a setting where hospitals are organised to be effective, to conclude treatments rapidly and get patients ready for discharge.

Bera continued: *With more knowledge about the patient's resources, wishes and care needs, I become better at tailoring my nursing practice to the patient's needs and to involve the patient in actual decision making.*

Specifically, Bera's patient wished to be discharged to her own home although she had cancer. By making this wish explicit, Bera created a space allowing the patient to become involved in decisions about her own care and treatment. For the student, this created an opportunity to adjust clinical

decisions taking into account the patient's wishes.

Conny noted: *It is a good way of realizing the difference it makes to have had a deep conversation with the patient, as it is their needs and wishes we are striving to meet in order to provide high quality of care and treatment.*

Conny experienced that the narrative interview served to develop a deep conversation and revealed for her data about what was important to the patient. This new knowledge allowed the student to base clinical decisions on the patient's preferences and her own professional knowledge.

Hanne added: *The narrative interview is a good tool to involve the patient. Some patients don't talk much. Still, when I sat down and asked about her younger days, I got a lot of data.*

Even if not all patients want to talk about their everyday life, the listening approach is a way to identify patients who lack resources or interest in involving themselves in clinical decision making. Furthermore, the student appreciated the significance of sitting down and showing that she was prepared to listen and allocate time for the patient.

Kis noted: *It was easier to make the clinical decision when you knew about her life and conditions of life. At the discharge meeting, I felt that I was on her side and argued for a discharge to her home as I knew about her wishes and reasons. She just needed a little support to make it possible. It was possible for me to support her case.*

Kis felt that it was easier to make clinical decisions and to support the patient's view at an interprofessional discharge meeting because she was aware of the patient's values, everyday life and reasons for wanting to be discharged to her own home.

Lene explained: *You got to know the patient very well. Suddenly, I was receiving information about issues not noted in her journal and which we had decided were not relevant to ask her about. It was easier to make a clinical decision that would have a positive impact on the patient's situation. When you find out what is valuable for the patient, it is easier to intervene.*

Lene realised that she received new and unexpected information during the narrative interview. As shown in the above quotation, the narrative interview harbours the potential to unveil what is hidden albeit it may be important to the patient for whom the nurse is currently caring. Therefore, we need to listen to the patients to take their preferences into account in clinical decision making.

The narrative interview was a steppingstone to a deep conversation about the patient's life (their life world) and provided

data about their values and preferences. Students obtained valuable information, which they probably would not have obtained by asking goal-directed questions, which are necessarily limited by the knowledge, pre-understandings and values of the student posing the questions. Through a narrative interview and by adopting a listening approach, it became easier to identify the patient's preferences and to decide what nursing interventions were needed in each situation. Furthermore, it also became easier to support the patient's view at an interprofessional meeting. Even when a patient did not want to talk about her everyday life and values, the student reflected on her own attitudes in the situation and became aware of the significance of sitting down and talking to patients.

3.3 The significance of the narrative for person-centred care

Dora noted: *The more you ask about the patient's life, the more you can plan the care so that it suits the patient's needs and preferences. Dora experienced that the narrative interview provided a large amount of data about the patient, which made it easier to tailor nursing to the patient's needs.*

Freja explained: It is not necessary to ask a lot of questions to know the patient. When you know the patient better, you can plan nursing better. Freja discovered that letting the patient tell his story reduced the need to ask questions. The narrative interview gave her deeper knowledge about the patient simply by listening. Knowledge from the interview about what was important to the patient allowed her to plan a more individual nursing than she would have been able to without the narrative interview.

Joy had a similar experience: *I hear what is important for the patient in her current life situation, how the disease influenced her everyday life and her wishes for the future. Thus, you can support and encourage the patient when life is difficult. It can also make the patient more open to listening when sharing my knowledge with her. You may say that I planned nursing together with the patient. Besides providing information about the patient's situation, Joy also experienced that the narrative interview made the dialogue with the patient easier. Being listened to, the patient seemed to be more sensitive to taking in the knowledge provided by the student, which, in turn, helped her tailor nursing to the patient - in cooperation with the patient.*

Kis noted: *When she began hoping to come home, she took the initiative and did more herself. Now, she had a goal she could work with. Then she made progress all the time and was able to take much more care of herself. Kis observed how the narrative conversation nourished the patient's hope*

that she might be discharged to her own home; and the hope was a key element in motivating the patient. The student saw how the hope motivated the patient to exercise and displayed a higher level of self-care agency. Thus, she became able to support this development even more with her nursing she provided.

The narratives seemed to contribute valuable data and develop a deeper understanding between patients and students. This made it possible for the students to provide nursing, support and supervise the patients, make clinical decisions in collaboration with the patient and tailor the nursing services provided to the individual patient. Thus, the students gained more competencies allowing them to care for older patients, and they experienced that they were providing higher quality care.

3.4 Nurse students' interest in eldercare

Though Bera, Freja, Hanne and Lene could imagine working in eldercare before the narrative interview, listening to older patients' narratives seemed to enhance their interest in older people and to kindle their interest in eldercare.

In the media, the increasing number of old people is occasionally referred to as a burden for society. Therefore, Bera responded: Maybe old people feel that they are a burden. However, because they have contributed with a lot throughout a long life and have comprehensive experience, I think they deserve acknowledgement. Conny and Dora agreed that old people deserved appreciation and respect, and even though Conny had cared for senior citizens before she was enrolled at the School of Nursing, the narrative focus made her conscious of how to relate to the elderly in a more respectful manner. Joy wanted a job that would allow her to relate to the patients as: It means a lot to me. Still, she was concerned that working in a nursing home would be too monotonous.

Kis changed her mind and could now imagine working in a relief care centre: A relief care centre is not just a place to put old bothersome people while they wait for an opening at a nursing home. A wide range of patients are triaged to relief care. I really consider working in such a place. Actually, in my spare-time, I work there now and will recommend it to other students. Previously, Kis had also been employed in the eldercare services, which may have been the source of her preconceptions of old people. The narrative interview seemed to make her reflect on her former understanding of eldercare and change her mind. After the narrative interview, she felt that it was easier to advocate for the patient, so the narrative seems to have made a great difference for her. Lene continued to be prepared to take a job in eldercare

as: old patients appreciate your nursing more. It has been great to experience this. I could imagine myself working with older patients. Actually, she wanted to contribute to the development of eldercare and responded: It is possible to develop eldercare. For instance, how can nurses improve the experience of hospitalization for old people?

Ida already had a spare-time job at a nursing home, and Freja and Hanne had previously been employed for a number of years in a nursing home. Even so, they discovered more complexity in eldercare and became more aware of the significance of a deep patient-student relation for the communication and quality of nursing. All students agreed that it made a profound difference to know about a person's life story and expressed that they would use that experience in their future nursing activities. The students also suggested that the course should be made compulsory for all nursing students.

4. DISCUSSION

This study suggests that narrative interviews may facilitate an encounter between the patient and the student within which communication and interaction produce a deeper patient-student relation than the students had experienced in their former clinical courses. An empathic understanding seemed to grow from the encounter. As in our study, Martínéz-Arnau et al.^[30] found that an inter-generational contact appeared to be a useful tool when the students had time to talk about issues of interest for the older patients. Through a systematic review and meta-analysis, the study by Martínéz-Arnau et al. investigated whether knowledge-based, empathy-based and clinical skill-based interventions or a combination of these interventions were effective in improving attitudes towards older persons among undergraduate health and social sciences students. They assessed that the students had gained empathy when they could comprehend the situation from the perspective of the old patient and were capable of connecting with the old patient's experiences and feelings. Thus, they found that interventions based on empathy were most effective in improving students' attitudes towards the elderly. The students in the present study learned to see the situations from the patients' perspective and seemed to understand the old patients' feelings. So, according to the above understanding of empathy, the students developed empathy for the old patients owing to their dialogue about the old patient's life and values, which were the focus of the narrative interview.

Baillie, Merritt and Cox^[31] investigated nursing students' experiences and strategies of caring for older people with dementia in an acute hospital setting. The students recognised the benefit of spending time with the patient with dementia and creating a comfortable relation. Patients familiarised

themselves with the students because they engaged in conversation with the patients about their everyday life. The students responded that it all depended on getting to know the patient to understand their perspectives and deliver care meeting the patients' individual needs. So, in line with the present study, the students identified what mattered in the patient's life through a person-centred approach.

Moquin, Seneviratne and Venturato^[32] aimed to explore how nursing students understand learning within residential eldercare. They found that engagement with residents was key to students learning on person-centred care and that engagement enhanced their understanding of older adults. Similar to a Danish student in the present study, American and Canadian students learned to take on advocacy roles for residents as the students had the opportunity to engage themselves in patients' situations and build relationships.^[32] Dahlke et al.^[13] found that meeting old people may disrupt students' negative perceptions of eldercare. Drawing on experiential learning theory, Hovey et al.^[5] argued that concrete experiences allowed students to be actively engaged in gerontological nursing content, which could kindle their interest in eldercare. So, international studies have found that a meeting between patients and students served to improve students' understanding of and interest in eldercare. Our study added that an intervention in the form of a narrative interview served to mediate an empathic understanding of the old patients and to strengthen the students' interest in eldercare.

As both Scheel^[17] and Benner et al.^[18] argued, in conjunction with the Danish students' scientific knowledge, the older people's narratives became important fundamental knowledge for judgements about nursing provided to the patients. The students experienced that most old people were willing to talk about their lives, and the students took great pleasure in meeting the patient and providing good care for them. Tiffen, Corbridge and Slimmer^[33] aimed to develop a definition of and framework for clinical decision making. They defined the concept as: "Clinical decision making is a contextual, continuous, and evolving process where data are gathered, interpreted and evaluated in order to select an evidence-based choice of action".^[33] The process of clinical decision making is fluid and includes four steps. Data gathering includes collecting a history of essential data about the patient and their family, the history of the present illness and complaint, medical and social history as well as performing a physical examination focused on the medical history and pertinent laboratory and radiographic tests. Data interpretation involves examining the medical history and making a physical assessment. Therefore, it may be necessary to collect more data. Data must be evaluated to qualify the initial in-

terpretation and pave the way for a final clinical decision.^[33] In the present study, the narrative interview is similar to collecting a history of essential data about the patient and their family, in the above framework. As the students used the data collected in an assignment focused on clinical decision making and clinical leadership, they must have interpreted and evaluated the data. We cannot decide whether students chose an evidence-based choice of action. Even so, as our colleagues acknowledged all the students' assignments, and the students noted that it was much easier to make clinical decisions, they may have completed the whole process.

Hørדם and Boolsen^[34] aimed to involve and coach older adults having undergone total hip replacement to self-care after early (two-day admission) discharge during their transition between hospital and home. They developed a model coined coaching to self-care based on theory by V. Henderson, D. Orem, Murray and Maslow, and Piaget. The nursing care was planned with reference to the patient's usual activities of daily living and use of the principles embedded in primary nursing care. In the intervention group, patients' self-rated habitual health status was reached within three months compared with nine months in the control group. The study demonstrated that patients were motivated to be involved if they got the opportunity to be involved.^[34] Thus, from a social point of view, it makes sense to teach students to strive towards involving patients in clinical decisions. Another study by Solholt and Frederiksen^[35] questioned if the patient is always capable of being involved in clinical decisions about his or her own care and treatment. They found that a strong, active and involved patient with strong relatives is a construct of an ideal patient and perceived a risk of increased health inequality as some patients may feel inadequate when being unable to meet expectations.^[35] Even so, if we teach students to be present in the situation and really listen to the patient, they will likely develop the capacity to differentiate between patients with many, few or no available resources for involvement in clinical decision making about own care and treatment. Thereby, students may tailor the communication and interaction to the individual patient and avoid making the patient feel inadequate.

The narrative interviews seemed to generate valuable data and develop a deeper understanding between patients and students. The students felt that the patients had more confidence in them and that the narrative gave them access to more data about the patient than a goal-oriented conversation might have done. According to the students, this was the case because the person-centred approach in the narrative interview made them see the patients as whole persons and made them understand what matters in their lives – rather than simply revealing their diseases and nursing needs.

According to the American Geriatrics Society Expert Panel,^[36] the person-centred care is achieved when individuals' values and preferences are elicited and, once expressed, guide all aspects of their healthcare, supporting their realistic health and life goals. The expert panel emphasised essential elements to meet these definitional requirements: an individualized, goal-oriented care plan based on the persons' preferences and a thorough medical, functional, and social assessment on the basis of which the person and family may consider their goals. Goals and care plan that are evaluated continuously to tailor the care to developments in the patient's situation. Person-centred care supported by a dynamic interprofessional team where the person is a team member. A team that communicates, interacts, coordinates, educate each other when appropriate and improves the quality through feedback from the person and caregivers.^[36]

The Danish students elicited the patient's values and preferences and allowed the answers received to guide the healthcare they provided. Students responded that their deeper understanding of the patient's life situation made it easier for them to collaborate with the patient about goals and to plan individual care, possibly thanks to the patients' newly evolved confidence in the students. Thus, the patients may have been more open to students about changes in their wellbeing because the students adopted a patient-centred approach. Therefore, it likely became easier to adjust their goals and care plan, easier to render, support and in general to supervise the patients. This mechanism may also have contributed to explaining the students' experience of a higher quality in their nursing services.

The present study suggests that narrative interviews with older patients changed the students' understanding of eldercare. The students agreed that they would use their experience in their future nursing work and suggested that the course should be made compulsory for all nursing students. Both Alteren^[15] and Piekut^[37] argued that narratives are a medium for reflection and learning in social and cultural communities. In the present study, narratives seem to have mediated the participants' knowledge and enhanced their understanding of eldercare in a meaningful context in the following ways; firstly, by listening to the elderly patients' narratives and reflecting on data; secondly, by using data from the narratives in a clinical activity about clinical decision making and clinical leadership and retelling the narratives to other students, preceptors and lecturers. Danish students developed a stronger empathy for the old patients during the encounter which facilitated a more positive approach to eldercare. Our findings corroborate those of a systematic review conducted in Spain which showed that interventions seeking to promote empathy had the greatest impact with

respect to nurturing a positive attitude towards older people.^[29] Similarly, a study by Chai et al. found that as an internship progressed, participants developed more empathy and more positive attitudes towards older people and, in turn, their career motivation towards gerontological nursing was strengthened.^[2] Even eSimulation using narrative methods involving students' emotional memory appeared to be an effective approach for enhancing empathy towards caring for older people.^[38] Both our study and the study by Moquin et al.^[32] suggested that relations to older persons promoted students' knowledge of and skills in eldercare. Okuyan et al.^[6] investigated which factors had an impact on Turkish nursing students' intentions to work in geriatric nursing and found that students who were ready to make a career in geriatrics said that they preferred this field primarily because they had sufficient knowledge and skills and because they found that working in this field was more emotionally satisfying than working in other fields. Conversely, lack of sufficient knowledge and skills, negative experiences during internship and lack of incentives such as wages for employees in geriatric care were the three most mentioned reasons for not preferring a job in geriatric nursing.^[6] Similarly, in Denmark eldercare enjoys no high social recognition.^[3,13] These findings suggest that a stronger focus on geriatric knowledge and skills in the nursing programme may be one way forward as lack of knowledge and skills is one reason why nursing students report negative experiences following clinical placements. Limited exposure to professional nursing roles in nursing homes seemed to be another reason.^[32,39] As nurse students are often placed in nursing homes to learn how to provide person-centred care, the possibility to follow professional role models may be instrumental in enhancing the learning potential of these placements.

Limitations of this study are that it was conducted in a single Danish university college with ten students as participants. It is a qualitative study therefore; our findings are not generalisable to other settings and contexts. However, the study

provided insights into students' eldercare learning processes, and as our findings largely confirm those of research from other parts of the world, it seems reasonable to assume that they may be transferable to nurse education in other countries. No male students volunteered to participate, which may be seen as a limitation. Even so, the majority of Danish nurse students are female, so it might not have changed our findings much to have one male participant. Still, a need exists for further large-scale studies investigating the potential of narrative interviews in nurse education.

5. CONCLUSION

This study explored whether listening to older patients' narratives may facilitate nursing students' competencies in relation to and also their interest in eldercare. The students experienced a deeper patient-student relation and found that the patients had more confidence in them after the narrative interview had been conducted. Specifically, the interview gave them access to more data about the patients' lives and values than a goal-oriented dialogue might have. The narrative interviews provided crucial knowledge guiding the students' judgement about involving the patients in clinical decision-making and person-centred care. Thus, the students felt better prepared to advocate for the patients and wanted to implement these experiences into their future nursing work.

Implications for nursing education and nursing practice

This research addressed gerontological and geriatric care, as it presents experiences with the use of narratives that seem to facilitate students' learning processes about eldercare. The study is relevant for nursing education and practice, as it provides insight into the significance of the narrative interview as an intervention with impact on students' empathic understanding of the old patients and on strengthening the students' interest in eldercare.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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