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Reading and reflecting on experiential accounts of hospital patients to foster a person-centered care approach: A novel educational method

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ABSTRACT

Background: Innovative teaching methods are needed to ensure end-of-life care is provided by nurses through a person-centered approach.**Aims:** This study was designed to (a) explore the self-identified impact of reading dying patient experiential narrative accounts on undergraduate nursing students; and (b) explore the teaching usefulness of patient experiential narrative accounts for enhanced undergraduate nursing student awareness of the need to provide person-centered end-of-life care.**Methods:** Qualitative descriptive study, with 31 undergraduate nursing students reading experiential narrative accounts of dying patients and reflecting on them. A thematic analysis was carried out on the written student reflections. Descriptive statistics were used to summarize student socio-demographic data and their answers to questions on a reaction response sheet designed to assess how useful this activity had been from their perspective.**Findings:** Three main themes were identified: (1) gaining an insightful understanding of the relationship between the nurse and the person with advanced-terminal illness; (2) gaining awareness of themselves as nurses in their clinical practice; (3) pointing out how nurses should behave and what they should do to place the person living with advanced-terminal illness at the center of nursing practice. Among all respondents, 87.09% of students thought this was a useful learning activity.**Conclusions:** Reflecting on patient experiential accounts is an innovative teaching method, which help with nursing students value and gain insight into person-centered end-of-life care.© 2022 The Authors. Published by Elsevier Inc. on behalf of Organization for Associate Degree Nursing. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

Introduction

Nursing has a body of knowledge that consists of patterns and characteristic ways of thinking about and acting upon diverse health phenomena. Nursing students must integrate the scientific, personal, ethic, and aesthetic dimensions of this body of knowledge (Carper, 1978), in order to acquire expected competencies. More concretely, learning to be a nurse requires the student to be open to science, imagination, creativity, clinical and moral reasoning, and empathy for others (Benner et al., 2010). Educational systems must continually adapt to enable nurses to anticipate the future while meeting the current healthcare needs of populations (International Council of Nurses, 2021).

To address patient needs, person centeredness has long been the central concept for nursing practice internationally (Cook et al., 2018). McCormack et al. (2006) identified that person-centeredness is concerned with professionals and patients coming together in a therapeutic alliance; one grounded in shared values and knowledge, and located in a reciprocal nurse-patient relationship (Cook et al., 2018). This therapeutic relationship is underpinned by values of respect for the person, and their individual right to self-determination, as well as mutual respect and understanding (McCormack & McCance, 2017). However, reviews focused on person-centeredness find it has not been operationalized in nursing curricula (O'Donnell et al., 2017). The focus of nursing education has primarily been on scientific evidence and less on understanding and applying the art of nursing for the purpose of caring holistically for others (O'Connell et al., 2014). Multifaceted dissatisfaction has resulted over this failing

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to achieve the full potential of nursing education for ensuring person-centered graduates (O'Connell et al., 2014).

From this perspective, the development of person centeredness among nursing students requires educators to use transformative and creative approaches to challenge and inspire students (McCallister et al., 2015). Innovative teaching/learning methodologies in the classroom can assist in this endeavor. A research study was undertaken to explore the effect of reading patient narrative experiential accounts on nursing students, and examine its teaching usefulness for enhancing their awareness of and intentions to provide person-centered end-of-life care. End-of-life care requires person-centered care to be effective.

Background

Person centeredness has always been a basic tenet of the nursing profession (Bing-Jonsson et al., 2018; McCormack et al., 2021). It is also the key to achieve good outcomes for patients (McCormack et al., 2011, 2021). Person-centered care is universal, with its core values important for all nursing education programs (Nursing and Midwifery Council, 2015; Waugh & Donaldson, 2016). Due to the unique needs of people who are dying (Smith-Stoner, 2011), nowhere is this person-centered requirement more apparent than in the field of palliative or end-of-life care (Öhlén et al., 2017). For dying people, nursing education should be oriented to place the person—actually the patient and their family—at the center of the provision of care (Layla, 2016). In the interpersonal relationship established between the nurse and the patient at the end-of-life phase, several key elements are evident—familiarity with one another, reciprocity, respect, confidence—and with patients strongly demanding a helping and caring relationship focused on them as unique and important people (Reference Anon_1). All this, requires innovation, interpersonal dialogue and an entire assembling of all the elements that emerge in the holistic process of care.

Unfortunately, nurses often feel they are inadequately prepared to care for dying people (Croxon et al., 2018). In an integrative review conducted by Lippe and Carter (2015), the most common teaching strategies were in-class activities, including workshops, lecture/didactic sessions, and film observation. More recently, simulation strategies have been used (Mahan et al., 2019; Tamaki et al., 2019). Despite these efforts, many nursing programs have still not incorporated much palliative nursing content nor care strategies into their saturated curricula (Ferrell et al., 2018). Given the complexities of death and dying, nursing students require innovative teaching modalities to strengthen their ability to provide person-centered end-of-life care. Accordingly, there is a need to implement new education strategies to build end-of-life care knowledge and skills among nursing students (Croxon et al., 2018).

In a world where personal experiences and individual responses should prevail over detached care, narrative accounts could play a vital educational role. Personal narrative accounts tend to emphasize the individual's lived experience (Charon, 2001). By acquiring competence through narrative learning, nursing students could become more reflective in their own practice, and more accurate in interpreting stories of illness (Charon, 2006). Developing clinical imagination, deepening empathy for patients, acquiring awareness of the ethical dimension of clinical situations, and building capacity for attention have also been suggested learning consequences of narrative training (Charon, 2006). In the context of nursing student reflective practice, the use of clinical narratives may also lead to the acquisition of key professional competences (Reference Anon_2). Indeed, in a study conducted by (Reference Anon_3), the use of narratives accounts combined with other reflective strategies (i.e., masterclass sessions and discussion groups) proved to be effective for the development of professional competencies of nurses. Another study conducted by

Timpani et al. (2021) revealed students engaged enthusiastically with storytelling. Facilitating the process of addressing personal accounts provided opportunities to promote student engagement with patients (Timpani et al., 2021). By emphasizing the role of “story” and “storytelling,” narrative practices draw on healthcare providers' ability to listen, understand, and honour stories that have been generated by personal experience (Charon, 2001).

The experience of reading and reflecting on personal narrative accounts and other similar types of text could be a potentially formative learning exercise (Jordan, 2009; Larrosa, 2003). Yet, rather than simply seeking to understand what is being said, reflective reading is thought to serve as an insightful inspiring experience when readers can also bring their own lived experiences to the act of reading (Jordán, 2009). However, educators are needed to guide students in learning the process of approaching narrative texts reflectively. A climate of trust and providing guiding questions contributes to that learning mode (Reference Anon_3). Efforts to explore student engagement with personal stories are vital now to examine the usefulness of reading experiential narrative accounts.

Research Aim

The aims of this research investigation were to explore: (a) the self-identified impact of reading patient experiential narrative accounts on undergraduate nursing students; and (b) the teaching usefulness of patient experiential narrative accounts for enhancing undergraduate nursing students' awareness of the need to provide person-centered end-of-life care.

Research Methods

A qualitative descriptive study was carried out (Sandelowski, 2000, 2010), one designed to explore and describe the self-identified impact and also the usefulness of reading and reflecting on an experiential narrative excerpt of people who are living with an advanced-terminal illness. As pointed out by Sandelowski (2000), “qualitative descriptive studies are the method of choice when straight descriptions on the phenomena are desired” (p. 339). These types of studies “offer a comprehensive summary of an event in the everyday terms of those events [and] entail the presentation of the facts of the case in everyday language” (Sandelowski, 2000, p. 336). As such, “researchers conducting qualitative descriptive studies stay close to their data and to the surface of words and events” (Sandelowski, 2000, p. 336). Qualitative descriptive designs are typically an eclectic, but reasonable and well-considered combination of sampling, and data collection, analysis, and re-presentational techniques (Sandelowski, 2000, p. 337).

Participants and Recruitment

Following research ethics and administrative approvals, 60 final year undergraduate nursing students were made aware of the study through written and verbal information provided in one of the research courses taught to all undergraduate nursing students at the University of Alberta. The inclusion criteria were: (a) fourth year undergraduate nursing students who volunteered to be involved in a study requiring about one hour of their time, (b) capable of reading and writing in the English language. Information about the study was provided by the principal researcher (XX) who had no connection with the teaching or evaluation of this course and hence, did not know the students before this study. From the beginning, it was made clear that the opportunity to take part in this study was not a required course activity and their course grade would not be influenced by their participation. These fourth-year students would have had an annual scenario-based learning session about death, dying,

grief, and other related topics in previous undergraduate nursing courses.

Data Collection

Data collection was carried out during a one-hour class segment of the course which had been provided for students to work on class-related work. One hour was considered enough time to read the text and write the guided reflection. As the focus of the course was research, it was hoped that students would like to volunteer for a research study; however, students could choose to participate in this study or work on course assignments.

The principal data collected were reflections that undergraduate nursing students wrote after they had read one of 2 experiential patient narrative excerpts. These excerpts resulted from a prior and independent study aimed at describing the meaning of the nurse-patient relationship through focusing on the lived experience of persons living with advanced-terminal cancer (Reference Anon_4). For the current study, students were given the choice of 2 excerpts: (a) one in which the nurse-patient relationship helps patients appreciate their value as lovable persons, and (b) one in which the nurse-patient relationship enables taking care of the patient's body in a natural way (see Supplementary File 1). This gave nursing students the opportunity to choose, on the basis of the title, the excerpt that was more of interest to them. This choice was important to trigger their willingness to read it, reflect on it, and thus, participate fully in the study.

A convenience sample was used in the study in which all the 31 undergraduate students volunteered to participate in the study. They answered to the reaction response sheet and all of them but one ($n = 30$) carried out the written reflection on the text. Researchers did not change the sampling approach because of 2 reasons: (a) given the aims of the research, they did not consider it essential; (b) practical considerations in regard to students' availability to participate in a research study were considered.

In total, 16 students chose excerpt (a) and 14 students chose excerpt (b). Students were asked to read the excerpt and then reflect as directed verbally and writing: *After you have finished reading the text, please tell me what you think or feel about this text. Is there any aspect of this text that is significant for you? Please describe it. What impact might this text have on you now and your future professional practice?*

After reading and reflecting on the patient narrative, participants were also asked to complete a socio-demographic and reaction response sheet where they could comment on how useful they thought it was for them to read the text and write a reflection on patient narrative accounts. In the response sheet, they had space to express or add any comment they wanted to share with the researcher. Students were asked to write their reflections and to answer the socio-demographic and reaction response sheet anonymously in order to guarantee the free expression of their perceptions, thoughts, opinions, experiences, beliefs, attitudes and feelings. The course professor was not in the room when this study was undertaken, and no communication between the researcher and course professor occurred while the course was in progress. All the students participating in the study turned in their reflections and the socio-demographic and reaction response sheet within the one-hour segment of the course that was scheduled to this end. However, one student did not present the reflection.

Ethical Considerations

Research ethics approval for this study was granted by the Research Ethics Board of the University of XXXX (Pro00084186) in

September 2018. All participants voluntarily took part in the study and each signed the consent form.

The invitation to take part in the study as well as data collection was carried out by the primary researcher who explained to the students that the course professor would not know who had participated and who had not participated in the study.

Data Analysis

After the data were collected, an inductive thematic analysis approach described by Braun and Clarke (2012) was used to analyze the data in the student written reflections. An inductive thematic analysis approach is a commonly used data analysis approach in qualitative descriptive studies (Kim et al. (2017); Sandelowski, 2010; Vaismoradi et al., 2013). For this to occur, each student handwritten reflective text was first transcribed to a word document and then manually analyzed, with no qualitative analysis software program used to perform the analysis. The 6-step data analysis guide of Braun and Clarke (2006) was first carried out by the researcher, and then reviewed and rechecked by 2 additional experienced qualitative researchers. Data saturation was reached before concluding the analysis of the 30 student written reflections. Descriptive statistics were used to summarize the socio-demographic data and the answers to the questions on the reaction response sheet. Trustworthiness criteria as discussed by Connelly (2016) for qualitative research including credibility, dependability, confirmability, and transferability were used. The procedures used were: peer researchers-checking, returning several times to the data in the course of data analysis, reflective journaling addressing all the decision-making throughout the research study, analysis of negative cases and providing a reach description of the research study (Connelly, 2016).

Findings

In total, 31 undergraduate nursing students (51%) agreed to participate in the study. All participants ($n = 31$) completed the socio-demographic and reaction response sheet, and all but one presented their reflection on the text ($n = 30$). The main characteristics of these participants and their answers on the reaction response form are shown in Table 1. Notably, 29 undergraduate nursing students (49%) did not choose to engage in this optional class exercise, with no information collected on these students for comparative purposes.

Most participating students were female and young adults, as expected since most nursing students enrolled in undergraduate nursing programs are female and young adults. Of these 31, 87.09% thought that reading patients' experiential accounts and reflecting on them was a useful learning activity. However, students scored the impact, usefulness, and the effect of reading the text less highly (6.64/10, 6.16/10, and 6.35/10 respectively).

The thematic analysis resulted in 3 interrelated themes, with one having 2 subthemes: (1) gaining an insightful understanding of the relationship between the nurse and the person living with advanced-terminal illness; (2) gaining awareness of themselves as nurses in their clinical practice: students resolve to improve themselves as nurses and their practice; and (3) pointing out how nurses should behave and what they should do to place the person living with advanced-terminal illness at the center of nursing practice.

Theme 1. Gaining an insightful understanding of the relationship between the nurse and the person living with advanced-terminal illness

Reading and reflecting on patient experiential accounts helped students gain an insightful understanding of the relationship between the nurse and the person living with an advanced terminal illness. They essentially became aware of what patients go through,

Table 1
Reaction response form answers

Gender	
Female	n = 26; (83, 87%)
Male	n = 5; (16, 12%)
Age	
Mean age	21,86
No answer	n = 1; (3, 22%)
Have you ever talked to or cared for a dying person?	
No	n = 4; (12.9%)
Once	n = 11; (35.48)
1-10 times	n = 12; (38.7%)
Many times	n = 3; (9.6%)
No answer	n = 1; (3.22%)
How would you rate the impact of this text on you as a nurse? (0 = no impact; 10 = extreme impact)	6.64/10
How would you rate the usefulness of this text for improving your ability to provide patient-centered care? (0 = no impact; 10 = extreme impact)	6.16/10
How would you rate the effect of this text on your ability to develop an effective nurse-patient relationship with dying people? (0 = no effect; 10 = extreme effect)	6.35/10
Do you think this has been a useful learning activity?	
Yes	n = 27; (87.09%)
No	n = 3; (9.67%)
No answer	n = 1 (3.22%)
Do you think your approach to dying people will change in any way because of this activity?	
Yes	n = 20
No	n = 10
No answer	n = 1

and how nurses and the nurse-patient relationship may influence them. Two sub-themes were also identified as well.

Subtheme 1.1. Getting closer to the other side of the nurse-patient relationship: The person living with advanced-terminal illness

Reading patient narratives helped students to better understand how patients living with advanced-terminal illness experience their condition and their nursing care. Students reflected on and gained perspective on the patient experiences in regard to their illness and the struggles they face during their hospitalization. Students became more conscious about the fact that patients living with terminal illnesses have to deal with much more than physical symptoms. They realized the extent to which the patient may have to make an effort to accept their own dying situation, the constraints and limitations they face, their weakness, their dependency, and other facts of life while dying. Three quotes illustrate this sub-theme.

“This text really opens your eyes to the perception of the patient and the struggles they face while in the hospital that goes beyond physical symptoms.” (S17).

“I believe this text is very insightful in what patients go through in times of illness” (S24).

“The patient’s accounts on accepting the situation they’re in was also significant” (S25).

Moreover, as pointed out by one student, the patient text brought to light a considerable worry that terminally ill patients often have: “they don’t want to be a burden on anyone” (S2). Likewise, the text not only helped students keeping in mind the human side of patients and themselves, but also human vulnerability as something that puts us all in the same boat: “I like the text, (as it) brings us back to “a normal part of being human,” because we are all human and all have the same vulnerability to get sick” (S4).

Student reflections also showed that reading and reflecting on the text helped them to understand how patients living with an advanced terminal illness may experience the care provided by nurses, as well as understand the primacy of the nurse-patient relationship. Reading patient experiential narratives provided students with the opportunity to access what frequently is unattainable for them; notably patient perceptions, feelings, and thoughts about nurses and nursing care, as illustrated by 2 quotes:

“Reading the text is interesting because although I have helped patients with their most intimate of problems on a regular basis, it is not often that I have a conversation with them about such things” (S11).

“This text gives a good indication of how a palliative patient may feel about the care nurses provide and how they feel about this care.” (S4).

Students recognized the narratives provided them a chance to gain insights into the other side of the patient-nurse relationship (the patient), as well as the central focus of nursing care. They “found value” in reading patient experiences. They thought they gained an understanding of patient perspectives, and they gained thoughts that would help them to comprehend patients better and hence, open the possibility to take care for dying patients better, as described in the following 2 quotes:

“It was nice to see the patient’s point of view in this text so we may gain perspective on their side of the relationship” (S27).

“Not every day do we get to explore the other side of the nurse-patient relationship, especially when we may not have been patients ourselves. I find value in understanding and exploring the patient’s perspective as it gives me an idea on what they actually want and what I should focus on” (S28).

Subtheme 1.2. Uncovering the significance and impact that the nurse-patient relationship and nursing care may have on the person living with advanced-terminal illness

The second subtheme was that the student reflections brought to light was that the patient texts showed them a part of nursing that they “did not learn in classes sitting in a classroom” (S25). Reading the patient narrative helped them to realize the impact that nurses and the nurse-patient relationship can have on patients who are living with an advanced terminal illness, as shown in the following quote: “In a time where a patient could lose all hope and feel the loneliest they’ve ever felt, it is the relationship with the nurse that could change that” (S13). In this regard, students realized that nurse attitudes, ways of relating with, and caring for patients—including the way or mode of completing nursing interventions—may completely shift patient end-of-life experiences and also the way they feel about themselves as nurses. In the words of these students: The patient could feel “like a person,” “a human person,” or “special” versus feeling “like a patient,” “another sick person” or “just a number.” Hence, students discovered the pivotal role of nurses in their uttered words, actions, reactions, and demeanors when relating with dying patients, as well as their impact on them and their final lived experiences. Four quotes reveal this important point:

“This text helps me to realize how big of an impact nurses have on their patients” (S16).

“I think that this text is very important in helping the reader understand the importance of treating a patient as more than “just a number”. It is significant to show compassionate and make the patient feel important. The patient should feel like a person, not just another job for the nurse to do” (S12).

“Nurses have the power to shift a patient’s experience through their reactions and demeanor during patient care.” (S8).

“This text shows the power of words and actions, that the nurse takes and how greatly affects the patient.” (S22).

Students also became aware of the extent to which nurses’ “small gestures” and small actions—such as taking some time to talk with patients, acknowledging their feelings or even asking them “how are you”—may affect their wellbeing, sense of worth, and personhood. Two quotes emphasize this learning:

“After reading this text, I realized that even taking 5 minutes out of your time to talk with the patient and make them feel comfortable and special can really help them to improve their mood and make them feel special” (S16).

“Even doing a small task such as asking “how are you” or acknowledging that the patient may be feeling sad helps the individual to feel like a person rather than a patient.” (S16).

Furthermore, the student reflections showed that they gained awareness of how hard it might be for patients to be cared for by nurses in the physical intimate dimension, as well as the impact that this care may have on patient’s sense of feeling about being cared for holistically—in physical, psychological and emotional dimensions; and their need to feel free, worthwhile, and worthy. As such, students realized the value of nurses in being empathic, kind, and respectful to patients. The student reflections on patient narratives stressed to them how important it is that nurses accept the patient’s weakened condition, and address their intimate physical care needs in a natural way; while concluded that this care could facilitate knowing each patient better and help the patient maintain their feelings of freedom. Two quotes emphasize this learning:

“It was interesting how the nurses’ task was to care for the patient physically, but the manner in which they did also care for the clients’ emotions, self-esteem and self-worth” (S10).

“A nurse could normalize a situation like changing a diaper/cleaning the patient and this positively affects the patient. The nurse’s acceptance of the patient’s condition allows them to care for the patient holistically, and, which, leads to the patient feeling free and open of themselves” (S22).

However, students went a step further and recognized that the text helped them to gain an understanding that caring for patients is much more than focusing on their physical dimension or needs. They realized how important it is to perform a caring practice, as well as how significant it can be for patients living with an advanced terminal illness to feel as a person despite their end-of-life condition. In this regard, new horizons were opened for students who discovered that for terminally ill patients feeling loved by their nurses (not only by their friends and family) may be crucial to that patient and also the nurse-patient relationship. While some students thought that the “top priority would be to receive expert care” (S29), others gained the perspective that the nurse-patient relationship may result in patients feeling loved and appreciated as people, as pointed out by these 2 quotes:

“I never thought about it this way before, how the core values of nursing such as empathy and compassion could technically be viewed as love” (S14).

“Patients seem to express their desire for the nurses to love them. This repeated statement is a bit surprising to me, as I would think dying patients’ top priority from the nurses would be to receive expert care, not necessarily love” (S29).

For students who had already considered or become aware of the powerful impact of the nurse-patient relationship, reading the text reminded and reinforced this previous knowledge. Two quotes demonstrate this learning:

“The text reminded me of how impactful our words and actions are to patients” (S18).

“The text reinforces the idea that a therapeutic relationship is essential during care. It makes patients, especially those in palliative care, feel worthwhile and loved” (S26).

Theme 2. Gaining awareness of themselves as nurses in their clinical practice: Students resolve to improve themselves as nurses and their practice

Reading patient accounts helped students to become more aware of the impact that they may have on patients. It also helped them to think about their own clinical practice. Students recalled and described general and more concrete lived experiences in course practicums. In this process of returning to their clinical practices, they conducted an introspection exercise that led them to reflect on their own current attitudes, beliefs, feelings, and behaviors. They reflected on what they usually see, observe and do in practice, and how and why they react when confronted with certain situations. Many quotes reflected this:

“This text has helped me become hyper aware of my attitudes and actions when I am caring for patients because I now realize the full impact of them on a patient that I am caring for.” (S2).

“When I worked in long term care, I cared for a palliative people a lot. I would do as much as possible to listen to their needs and make them as comfortable as possible. This text showed me the significance of making people feel important in this vulnerable time in their life” (S21).

I’ve worked with a client before, who would always apologize to me for having a MB or for having an on-going but during diaper changes. And, I’d always tell that client: ‘why are you apologizing? It’s normal, what comes in must go out, right.’ And sometimes I would use humor to tell that client that ‘it’s not as if the act was intentionally done’ because it certainly is not (S19).

“The truth for me is dealing with these things is my least favorite part of the job. I don’t enjoy cleaning people or having their bodily fluids on my gloves. But that is not what is important. I am not the sick or dying one” (*text underlined by the student*, S11).

“I recall a time last fall during one of my clinical practicums on a surgery unit. My patient was a mother in her 40s who was dying of cancer it had metastasized to her bones. I spent the week with her, giving her all my love and attention. The last day, she was very ill and I felt defeated. When I spoke to my instructor, I shed a few tears, emotional about the situation. She was cold and indifferent, and told me I’d ‘grow out’ of these emotions. When I got home, I reflected about it and discussed it with my mother. I came to terms that I did not want to ‘grow out’ of it and that this passion and innate sense of care for my fellow humans first brought me to this profession” (S9).

As a nurse, I have come to accept that we have the privilege and honor of seeing individuals being so vulnerable, not just the patients but their families as well. But I didn’t know what to do with that vulnerability. I can, such as talk to the patient about their life, joke around with them. Listen to them. I did not think this would actually have an impact though. (. . .). This text has given me value insight into how the little things, even things that to us

(nurses) are trivial, to patient can mean the world. It really makes me think about all my patients and my interactions with them when they would say a thank you. I didn't know how much that could have really meant. I get in trouble a lot for time management. But that's only because I always spend extra (too) much time talking to my patients. Now I'm beginning to think it's worth it" (S30).

In the same vein, they reflected on themselves and even made judgments about themselves—the type of nurses they considered themselves to be (compassionate, person-centered, 'good')—and also their strengths:

"I am a compassionate individual and I care for my patients" (S3).

"I believe I am one of those 'good' nurses, because I am always able to build a strong rapport with my patients" (S7).

While students became more mindful of how they could impact (for better or worse) on patients living with an advanced terminal illness (their personhood, dignity, etc.) and how they could make those patients feel, they thought about the future and thought of themselves as future nurses. They pointed out the type of nurse they would like to be and they resolved to improve their practice or to continue being as good as they thought they were. They desired to improve their way of relating and taking care of patients. They did this through making an intention to incorporate into their practice the core learning gained from reading and reflecting on the patient narrative text. This exercise highlighted their will to be compassionate, empathic nurses; and to be more diligent to address patient needs; to spend more time with patients, and to listen to them and speak with them as a means to make them feel valued, worthy, supported and loved; to focus on the person, who the patient is, being person-centered in order to make their patients feel holistically cared for; to value patient feelings and individuality more than their illness; to help other nurses take care of patients in a more holistic way; and to continue with their lifelong education for excellent person-centered patient care. Many quotes demonstrate this attitudinal growth:

"I already try to use an empathetic approach, and that is what this text highlighted to me. It is not encouraging me to change my approach, but rather enhance it" (S30).

"Patients can be extremely perceptive, so only "pretending" to be ok with providing care is not sufficient enough. I must continue to treat patients with full dignity they deserve, and I will also continue to desire to provide natural and effortless care while being cognizant of a patient's emotions and feelings about this care" (S2).

"In the future, especially with patients with terminal illness, I will attempt to allocate time to make each patient feel valued" (S6).

"In my future nursing practice, I hope to take that time to speak and listen to my patients' concerns or thoughts. To not be focused on the task but rather on the person" (S16)

"When I become a RN I don't want to look at and care for a person due to them having an illness. I want to treat them like all people should by providing support and being there for them even if that just means listening" (S20).

"I feel like I will continue to be supportive of my patients as I am now, by caring for them compassionately and emotionally. If anything I will just get better with my care and strive to be the best nurse I can be" (S23).

"As a student, I am still establishing my identity as a nurse. (...). Reading these positive experiences of patients with nurses help me identify what type of nurse I'd like to be, and helps establish value in the time I have invested in this education" (S28).

Theme 3. Pointing out how nurses should behave and what they should do to place the person living with advanced-terminal illness at the center of nursing practice

Students not only gained awareness about themselves but also they thought about the nurses and other healthcare professionals with whom they had worked with during their clinical practicums. Student reflections showed that they differentiate 2 main types of nurses: The 'good' or person-centered nurses and 'the bad' or task-oriented nurses, as shown by the following 2 quotes:

"From what I observed in my clinical practice, most of the patients are treated like [a number] by their health care providers. Although there are some who tried to have therapeutic relationships with their patients, some just treated them as a task to do or finish" (S15).

"I have always believed that there are good and bad nurses in our society. This belief partly stems from my observations during personal care or during 'buddy shift' during clinical, as well as during my own experiences with patients. What makes up a 'good' nurse, in my opinion, is their ability to view the patient holistically as a person with suffering as opposed to a suffering patient" (S7).

On this basis and also considering what they read (patient experiences) and what they lived in their practice, students thought about *how nurses should be*, how nurses should *relate with and care for* patients—not only those living with an advanced or terminal stage of their illness but all patients—in order to take care of all of them as persons. Accordingly, they highlighted the need to care for the patients beyond any physical issues but also in all their dimensions; that is, holistically and with a person-centered approach. Many quotes demonstrate this growth:

"I wish more people acted this way so patients would feel the way the text is written" (S1).

"To be a nurse I believe you need to have certain qualities. (...). Nursing requires patience, compassion and hard work that might not be for everyone" (S20).

"Nursing needs to be a careful integration of technical skills and compassion" (S8).

"I do definitely agree that all patients, especially palliative patients, should be treated with the upmost care and compassion. Not just another body in a bed. I think that what the patient, Elizabeth, said about how she feels supported in every respect when the nurses find a chair and oxygen tank for her so she can go to the chapel, is something that all nurses should be doing for every type of patient, regardless if they are dying or not" (S14).

"Caring for patients is more than just doing your job and changing diapers or helping them eat; it also involves caring for the person underneath, meaning, we have to care for the non-visible and non-physical aspects in a person's life. And one of the basic aspects of patient-centered care involves treating them as a person, and not just as a set of signs, symptoms, or tasks to be done" (S7).

"Nurses shouldn't look at the person as 'having a problem'. Yes, they need to be cared for because of a particular condition or event that requires medical assistance but all patients should be

treated like any other person not needing medical care. We are there to provide physical, emotional, intellectual and spiritual support not just physical which the text exemplifies” (S20).

However, some students recognized how tough and potentially burdensome it would be to place patients at the center. They saw challenges and barriers that may hamper addressing patient individual needs making them feel valued, appreciated, and loved. As such, students were aware of some practical difficulties of nurses’ daily work, such as the lack of time to spend time with patients or having high nurse-to-patient ratios to provide a person-centered care:

“Holistically, a nurse provides care on all dimensions that a patient needs, emotionally, mentally, and physically. (. . .). However, I feel like at times this is also a really huge task for a nurse to provide, giving love and affection for every patient on the ward is a taxing job” (S5).

“It is difficult to meet everyone’s needs as an individual” (S27).

“Nurses are often given 5-6 patient loads and it may be challenging for them to spend or give their patients the attention and love they deserve. I remember talking to a nurse asking her how she is able to balance everything while at the same time giving the patients the best care possible. She replied me that it’s hard and that often she can only have brief conversations with her patients. She told me that she often only has 20-30 minutes lunch break during 12 hour shift to have time to finish all the task she has to do. It’s sad to see that because nurses have heavy patient loads they are unable to provide their patients with the best, individualized patient care” (S16).

It is worthy to mention here that the text led one student to go further, making a little constructive criticism about today’s society reflecting on respect as a value of human life and about how the moral of the text should be understood:

“I find it ironic that you say it is acting professional to be respectful. I feel it is a comment on how poor our society is to point out respect and compassion is and should be a normal expectation. (. . .). I think the moral of the text should focus people into understanding two things: (1) This person lying in bed will Always remember how you treated them for they are at their worst; (2) A good way to help people (not just “don’t be rushed on embarrassed”) is by taking “Joy”, “pleasure??”, “value” or just “personal pride” in the honor you are being given to help the vulnerable or weak.

I am writing this from the position of having been that vulnerable patient and hearing myself made a punch line for those that are there because it’s a “good job”. And I am writing it from the position that even though I am a nursing student I have worked in Health Care for 18 years. I feel that if you can’t understand the point 1 and do point 2 you are only there/working for money and should find another job. You can’t teach respect, you have to learn to value life first then you will understand how to respect people” (S1).

Discussion

The nurse-patient relationship is critical for person-centered care in hospitals and other places where end-of-life care takes place (Reference Anon_1). The nurse-patient relationship has often been a focus of undergraduate courses. However, its complexity and intangibility as a human phenomenon makes it difficult for students to gain enough understanding to operationalize it, and particularly in the multifaceted context of end-of-life care. Students typically lack the opportunity to reflect on and gain insight about establishing appropriate relationships with terminally ill and dying patients. They may

not realize how significant this relationship is for those people or for themselves. As such, helping nursing students to be able to establish a good interpersonal relationship with patients living with advanced-terminal illness is a challenge, as this is not something that can be easily taught. Considerable death anxiety is often present when student nurses think about caring for people who are dying (Gurdogan et al., 2019; Jiang et al., 2019).

There are many potential benefits about the use of innovative learning strategies so nursing students gain person-centered care intensions. These approaches may help students to appreciate that health experiences are unique, personal, and culture-bound; as this understanding can facilitate person-centered care (McCance et al., 2013). Personal narratives emphasize subjective experiences of patients, and they provide an important counter-point to objectively-based learning, which is still prominent among nursing education programs and nursing students (Charon, 2001). As shown in this study, the reading and subsequent reflection on experiential narrative accounts provided students with a more insightful understanding of the relationship between the nurse and the dying patient, and helped them to gain awareness of themselves as future nurses. Furthermore, students pointed out how nurses should behave and what they should do to place the person at the center of nursing practice.

As indicated in the questions of the reaction response sheet developed for this study, most students (87.09%) thought that reading patient experiential accounts and reflecting on them was a useful learning activity. However, they scored the impact, usefulness, and the effect of reading a text less highly (6.64/10; 6.16/10; and 6.35/10 respectively). These scores may be explained by the fact that the text did not provide instructions or tips on how to care for patients living with terminal illness (S6 and S18). Also, as some students said, they were already aware of the importance of the content addressed in the texts. This is not surprising since as Albinsson et al. (2021) pointed out that nursing students, throughout their undergraduate courses, theoretically approach: (a) nursing ontological assumptions (person, environment, health and nursing) (Fawcett, 1984) with a humanistic and altruistic view; and (b) different nursing theories and theorists that describe the nurse-patient relationship (and its elements) as the core of nursing practice (Newman et al., 2008; Roy, 2007). Nevertheless, the thematic analysis of student reflections shows that reading and reflecting on experiential narrative accounts helped them go beyond theory and make a reflective back and forth process from the text to their personal experiences. As such, new horizons were opened for students as they were able to glimpse patient perspectives about their final life experiences. They became more aware of how each patient living with advanced end-stage or terminal illnesses may experience their illness, the last stage of their life, nursing care and its impact on them, and through this they recognized that nurses are very important for dying people. At the same time, they reflected on some core values/elements of person-centered care—the nurse-patient relationship, compassion, empathy, love, etc.—which placed the patient at the center of care and they acknowledged the value of the intangible aspects of the nurse-patient relationship such as important to the way or mode of addressing patient needs. Hence, it could be said that the qualitative analysis of students’ reflections showed that they gained a more insightful and broad-based and comprehensive view of the importance of the nurse-patient relationship when the patient was at the end-of-life, and they discovered additional nuances and traits of their pivotal caregiving role that they will have as practicing nurses.

Likewise, it is worthy to highlight that reading patient experiential accounts lead students to reflect on themselves as nurses, and how do they currently take care of patients and how they want to take care of patients. As such, they became more conscious about themselves as nurses and they figured out how they would like to be in future. This process of self-reflection is essential to grow in self-

knowledge, and at the same time, it is paramount for providing person-centered care (Carvajal-Varcargel et al., 2019; O'Donnell et al., 2020). In a study conducted by McAllister et al. (2015), student guided engagement with literary texts similarly helped them to examine taken-for-granted assumptions, differentiate personal from professional values, remember the link between the story and the threshold concept, and re-examine their own perspectives—all of which resulted in transformative learning.

Moreover, students reflected on what they had seen during their clinical practicums and they were able to point out the professional and personal traits that they considered important for nurses to provide person-centered care. Students felt themselves called upon as to what they should do as nurses through a person-centered care approach. Ironside (2006) argued over a decade ago that the use of narrative texts for learning purposes might challenge student assumptions and thinking, with this also exposing them to moral questions (Vaugh & Donaldson, 2016). Consequently, raising student awareness of patient experiences and feelings through lived-experience patient texts may help them to be more empathetic, thoughtful, and respectful in future, and also more likely to make right choices at the right times. Ultimately, from a person-centered perspective, experiential narrative accounts from persons living with advanced illnesses can move students morally and emotionally so that they develop a more insightful and realistic understanding of their relationship with patients, and what it means to be a nurse.

Empathy and compassion are 2 leading elements and forerunners of person-centered care (Menezes et al., 2021) that together with caring and therapeutic relationship can all be taught from innovative teaching methodologies (Richardson et al., 2015). As shown in this study, reflecting on patient narrative accounts may be a good way to learn about compassion, empathy, the nurse-patient relationship and person-centered care. In a recent systematic review, a range of education interventions (*curricula-based education, clinically based education interventions, service learning, leadership programs, end-of-life care, specific patient population programs, studentships*) as well as teaching methods (*humanities-based reflective practices, clinical simulation, role modeling, contemplative practices, other compassion education interventions*) for compassion education were identified (Sinclair et al., 2021). In this regard, reading and reflecting on patient experiential accounts could be added to what Sinclair et al. (2021) classified as “humanities-based reflective practices” that involve a bunch of different methods (*storytelling, reflective writing, family sculpting, watching movies that convey shared humanity, visual analysis of humanistic images, listening to music and multidisciplinary forums in which participants reflect on clinical experiences related to compassion*) that may facilitate compassion learning (Sinclair et al., 2021, p. 1064). However, as concluded by these authors, most studies were assessed by self-reported outcome measures, devoid of a comparator or control group, or without evaluating retention, sustainability or translation to clinical practice over time (Sinclair et al., 2021). As such, they recommended among other things to ground compassion education interventions in empirically based definitions; to adopt a competency-based approach; to use multimodal teaching methods that target the required attitudes, skills, behaviors and knowledge; and to evaluate learning over time incorporating patient, preceptor and peer evaluations (Sinclair et al., 2021, p. 1067). Likewise, as identified in another recent systematic review of educational interventions on empathy and compassion of undergraduate medical students, different teaching modalities (*didactics, small-group discussions, reflective exercises, simulations, virtual hangouts and technology enhanced interventions, etc.*) were identified as being significantly effective but not observing “any clear association between duration, frequency and complexity of an educational intervention and its effectiveness” (Menezes et al., 2021, p. 5); concluding that, different teaching

interventions have similar impact enhancing compassion and empathy (Menezes et al., 2021). Hence, in line with the results of this qualitative descriptive study, both reviews (Menezes et al., 2021; Sinclair et al., 2021), identified reflective exercises (written or verbal) as effective teaching interventions for empathy and/or compassion education—2 core elements of person-centered end-of-life care.

In this vein, it is worthy to mention that this study led to design an undergraduate nursing course at the University of XXXX (web page of the course) in which the central teaching methodology is the reading of narrative experiential accounts of patients about the care they receive from their nurses and then their subsequent written and oral reflections on them. With this methodology, students have the opportunity to share their experiences with their classmates and reflect not only on the texts, but also on their clinical practice and prior life experiences, which leads them to stop and think about how are they doing their job, how do they manage their relationships with patients, and how do they take care of them, especially when they are terminally ill. As such, with the creation of a dialogical and a reflective space, it is anticipated that students will become more tactful and thoughtful when they take care of their patients, more aware of the importance of the way they relate to them, and how do they take care of them; with this strengthening their humanness and therefore promoting the humanization of care.

Ultimately, this study strongly supports narrative learning approaches as appropriate means to enhance or reinforce person centeredness in the context of end-of-life care. Person centered care can also extend beyond dying people to all patients encountered. Yet, it is worthy to mention that other teaching strategies different from narrative methods have been conducted to promote person centeredness in prelicensure programs. For instance, in the study of Schwind et al. (2014) creative learning strategies related to respectful dialogue, reflection, self-awareness, and critical thinking were introduced to help nursing students develop personal knowing. For their part, Park and Choi (2020) examined attributes including professional nursing competence, empathy, and self-awareness in relation to person-centered care competence among nursing students, and Cook et al. (2018) tracked how nursing students developed caring attributes (honesty, attending spiritual needs, feeling sorry for a patient...) over 3 years in the context of a training program. Recently, O'Donnell et al. (2020) have carried out a meta-synthesis of person-centredness in nursing curricula, where they positively evaluated a range of teaching and learning approaches to promoting person-centredness.

In the field of end-of-life care, the use of team-based models has been widely regarded as a mechanism for enhancing the delivery of high-quality person-centered care (Albers et al., 2018). In this sense, the teaching of active collaboration to promote effective coordination has been consolidated as paramount to adequately deliver person-centered care. More specifically, many simulation strategies (Mahan et al., 2019; Tamaki et al., 2019) have been conducted to combine student learning outcomes in hospices compared with simulated hospice clinical experiences, and the implementation of simulated scenarios, respectively. Nevertheless, none of these approaches are built on the basis of a narrative perspective that: (a) provides students insightful understanding of the nurse-patient relationship, (b) makes them gain awareness of themselves as nurses in their clinical practice, and (c) points out how they should behave to place the person living with advanced-terminal illness at the center of nursing practice to facilitate person-centered care.

Limitations

This study has some limitations. First, all the students participating in the study turned in their reflections and socio-demographic and reaction response sheet within the one-hour segment of the

course. That time had been considered enough to read the text and write the guided reflection. However, it is possible that students might have engaged more deeply in the reflecting and writing process if this time had not been limited. Second, the participants were recruited from only one university. Including other universities with different student populations would help to strengthen the results. Third, despite the instructions provided to students to ensure they reflected on the text, a small number of the student participants only provided descriptive comments and not reflective work. In this regard, future studies may want to have students verbally sharing and discussing their reflections, opinions, and feelings about the text with other students in focus groups. In this way, students would benefit not only from their own readings and reflections, but also from establishing dialogue spaces with their classmates to promote deeper reflection. Fourth, as explained above, students were given the choice to read and reflect on 2 different excerpts to give them the opportunity to choose, on the basis of the title, the excerpt that was more of interest to them. Although both texts focused on the nurse-patient relationship through the experiences of persons living with advanced-terminal cancer, the student reflections might have been influenced by the fact that the texts addressed different elements related to the nurse-patient relationship. However, researchers did not find striking differences in the nature of the contents of student's reflections.

The results of this study show that reading and reflecting on narrative experiential accounts can be used as a learning strategy to enhance person-centered end-of-life care between nursing students. However, one might wonder how much of a learning dose is needed to truly increase patient-centered care among nursing students. While caring attributes were the focus of this research, more research should be done to continue developing and consolidating innovative effective training programs that aim to enhance person-centred practice to maximise the development of person-centeredness within prelicensure nursing education.

Moreover, providing end-of-life learning strategies from a person-centered care approach in the curriculum is beneficial, but it does not impact all nursing students in the same way. Future research should focus on assessment strategies to evaluate the learning outcomes and to determine the effect of the learning strategies on students. In this regard, different standardized tools could be used—such as the Person-centred Practice Inventory-Student (PCPI-ST), that measures students' perceptions of their person-centered practice (O'Donnell et al., 2021)—to evaluate the effectiveness of narrative learning focused on person centeredness over time.

Conclusions

In this study, reading and reflecting on experiential narrative accounts of patients who were living with an advanced or terminal illness from a person-centered care approach provided nursing students with an inspiring understanding of how to be a nurse, and a moral imperative to place the person at the center of nursing practice. The data showed the participating students really engaged with the stories of dying patients and reflected on their nursing care. The benefits of using experiential narrative accounts as innovative learning methods are many, and are compelling not only for nursing students as a required course activity, but also for the continuing professional development of nurses.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Supplementary materials

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