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Narrative inquiry as a research methodology exploring person centred care in nursing

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ABSTRACT

Background: Although, person centred care has for a long time been an important approach to nursing care, it is often not a reality in the clinical environment. The focus of health research has, until recently, been on the physical aspects of a persons' illness and this has influenced how care is delivered. There is a need to broaden the focus from the illness to the person who is ill. A holistic approach to the persons' social and cultural experience of their illness will aid health care professions to provide person centred care.

This paper will make the argument that narrative inquiry is a well suited to health care research in general and nursing research in particular as it focuses its inquiry on the individual person's experience of their illness – 'what matters' from the person's point of view. Narrative inquiry explores the narrative from a temporal, social and spatial view.

Conclusions: There is a need to find what is important from the patients' 'point of view' to optimise care. Narrative Inquiry is a methodology often used in education and sociology. It is a gentle relational methodology that has the capability to uncover what is important to the person in their situation. The research findings are presented narratively, that is, informally and engagingly for the consumer of the research.

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1. Introduction

Person centred care was first introduced by [Kitwood \(1993\)](#) who argued that categorising people with dementia in medical terms reduced them to objects, this resulted in them losing their personhood. More recently person centeredness has become an important approach to the delivery of care in all areas of nursing. Person centred approach to nursing focuses on the person's needs and goals, placing them at the centre of their care. The person's needs, as they define them, take priority. Person centred care values the involvement of the person in every stage of their health care. Just to allow someone to speak is not person-centred. Person centeredness means really listening and valuing what the person experiences and making their wishes central to decisions about care ([Ekman et al., 2011](#)).

People often feel a need to tell the stories of their illness and these narratives can be used to explore their experiences and

improve nursing care. [Broyard \(1992\)](#) asserts that "Storytelling seems to be a natural reaction to illness. People bleed stories, ..." (p. 21) and Frank reminds us (1995) "Whether ill people want to tell stories or not, illness calls for stories." (p. 55).

Although the concept of person centred care has been essential to the philosophy of nursing since the mid-nineties ([Binnie and Titchen, 1999](#); [Pence, 1997](#)) clinical nurses have been slow to embrace it ([Browne and Hemsley, 2008](#); [Entwistle & Watt, 2013](#)). Care decisions, to be person centred, need to acknowledge the unique individual person in care and not to undervalue their experience by objectifying and treating them as diagnostic labels. To include the person's illness and social narrative, and acknowledge their needs and wishes, contributes to person centred care ([Ekman et al., 2011](#); [Hsu & McCormack, 2012](#); [Schwind, Fredericks, Metersky, & Porzuczek, 2016](#)). Although person centred care was introduced as a gold standard for institutional care in the early 1990s ([Ekman et al., 2011](#)), there is limited evidence to guide nurses in what person centred care entails.

The relational properties of narrative inquiry provide both researcher and participant with a foundation to engage and to develop connections; hence a broader understanding of the phenomena under investigation is established. Narrative inquiry is a well suited methodology with its possibilities to gather rich data

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of personal experiences to explore what the recipient of care values. Though there is a body of literature exploring narrative inquiry (Clandinin, 2007, 2013; Green & Thorogood, 2004; Wang & Geale, 2015) there is still limited use in nursing research around the patients' experience of illness and care. The views expressed in this paper are informed by Connelly and Clandinin, 1990 and Clandinin (2007, 2013)

approach and argues for narrative inquiries usefulness in nursing research, especially when exploring person centeredness.

2. Background

Narrative inquiry, located in the interpretive paradigm, explores the experience of an individual and how their physical, social, and cultural environment impacts and shapes their individual experiences. There are different approaches or frameworks to narrative inquiry: for example, Riessman (2008) is prominent in sociology research and Czarniawska (2004) use narrative inquiry to explore organisational narratives.

Connelly and Clandinin's framework is informed by Dewey's (1938) 'theory of experience' and 'the criteria of continuity'. "... narrative inquiry is a way to understand experience and a way to study experience" (Clandinin, 2013, p. 15). Connelly and Clandinin's (1990, 2000) and Clandinin (2006, 2007, 2013) approach is unique in that they view the narrative as a whole, that is, it does not involve a dichotomy of separate themes or categories, instead threads of stories that are synthesised through a dimension of inquiry of temporality, sociality and spatiality – described in detail below.

Connelly and Clandinin's approach has been used successfully in sociology and educational research (Clandinin, 2006; Clandinin & Rosiek, 2007). Narrative inquiry research has supported curriculum development (Connelly & Clandinin, 1990; Lessard, Caine, & Clandinin, 2015), practice development in mental health (Grant, Biley, Leigh-Phippard, & Walker, 2012) and in exploring the therapeutic relationship in nursing (Haydon and van der Riet, 2014; Haydon, van der Riet, & Browne, 2015; Sheilds et al., 2015). Work environment for newly graduated nurses (Law and Chan, 2016; Lindsay & Schwind, 2016) communication and time management (Chan, Jones, & Wong, 2013) have also been explored. The use of narrative inquiry research into family members (van der Riet, Jitsacorn, Junlapeeya, Thursby, & Thursby, 2015) and the nurses' experience of a Fairy Garden for sick children in a hospital setting (van der Riet, Jitsacorn, Junlapeeya, Dedkhard, & Thursby, 2014) revealed how through narratives social, cultural and environmental surroundings shape the individual's experience.

In Connelly and Clandinin's approach to narrative inquiry a person's current experience, is viewed as a direct product of their previous experiences and is "Honouring lived experience as a source of important knowledge and understanding" (Clandinin, 2013, p. 17). Clandinin and Connelly first published narrative inquiry in the 1990s and they have continued to develop narrative inquiry as a methodology. From the beginning it was clear that narrative inquiry is a "way of understanding and inquiring into experiences" (Clandinin, 2013, p. 13) and they have, over time, highlighted the relational aspects of narrative inquiry (temporality, sociality and spatiality) including the relational aspect between the researcher and participant (Josselson, 2007). The narrative inquirer sees research as a puzzle whereby both researcher and participant add pieces to the 'whole' to create a clearer narrative of the experience under study.

There is a notion that experiences will change and that there is no absolute truth to be found (Clandinin, 2013). Understanding of experiences as narratives, and findings from these narratives will support and strengthen future knowledge, inform decisions and contribute to practice development (Clandinin, 2013). Clandinin

and Rosiek (2007) argue "... the focus of narrative inquiry is not only on individual's experience but also on the social, cultural and institutional narratives within the individuals' experiences of which are constituted, shaped, expressed and enacted. Narrative inquiry is the study the individual's experience in the world" (p. 42). Using narrative inquiry to explore an individual's experience of healthcare can find where and what are the important parts of person centred care. The narrative of a person with a health problem is a recount of their individual experience of their situation, influenced both by surrounding, such as hospitals, homecare and GP surgeries, previous illness experiences, significant others and life experience. The connectedness between these dimensions is observable in the final narrative and can provide a rich detailed view of the person's illness experience.

3. Narrative inquiry

The inclusion of social, cultural and environmental influences on experiences makes narrative inquiry particularly suitable for research in health as it incorporates all dimensions that impact the person's experience. These human experiences are captured in the living and telling of narratives, and can be studied by listening, observing, reading and interpreting text. Narrative inquiry is a way to understand experience and a way to study experience (Clandinin, 2006, 2007, 2013; Clandinin & Connelly, 1990, 2000).

In narrative inquiry the researcher does not observe the participant objectively; instead they take a subjective position in connecting relationally with the participants' social and private world (Clandinin, 2006; Pinnegar & Daynes, 2007). Narrative inquiry can capture the experiences of people cared for by nurses, and thereby provide a better understanding of what the person sees as vital components of their care.

By using the narrative inquiry approach of Clandinin (2006, 2007, 2013) the researcher invites individuals to tell their stories and presents them, using a framework of temporality, sociality and spatiality, to allow a deeper understanding of their experience. These stories can bridge the gap of nurses' exposure to people's narratives and provide nursing staff with an understanding of the person's experience in their care. Ekman et al. (2011) illustrate the power of illness narratives when they argue that the narrative can consider the persons wishes and desires in planning future care. By narratively describing the person's situation, it becomes clear where their wishes collide with and bump up against the health-care providers' view, and changes can be made to accommodate a person centred care approach.

4. Methods in narrative inquiry

'Relational' is a term used in narrative inquiry; it focuses on two different areas which can be confusing to one new to narrative inquiry. Relational refers both to the relation between researcher and participant as well as the relations between the interwoven dimensions of inquiry in to temporality, sociality and spatiality.

One of the characteristics of narrative inquiry is that, during the data collection phase of narrative inquiry, there are multiple meetings between participant and researcher. In health research, patients often are in a vulnerable position with their bodies exposed to vulnerable procedures. The challenge is to attain equality in the relationship. This relational perspective within narrative inquiry during the research process gives participants' time to build a relationship, importantly of trust with the researcher and share their story, resulting in greater depth and richness in the data/field text collected. In Clandinin's (2013) approach to narrative enquiry the term data is replaced with the term field text. Narrative inquiry has the potential to provide a connection that offers participants

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