ORIGINAL RESEARCH

The feasibility of the story as a quality instrument as a narrative quality improvement method

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ABSTRACT

Background and objective: Stories from older adults give insight into their personal lives and in the care they receive. The story as a quality instrument is a narrative quality improvement method with which care professionals can interview older adults about how care is experienced. Each performed interview will be translated into a portrait containing the core themes of the shared story. The objective of this study was to assess the feasibility of and experiences with the story as a quality instrument amongst care professionals and older adults receiving long-term care.
Methods: Five care locations providing nursing home care and one providing home care participated in the current study. In total 19 trained care professionals performed interviews with 52 older adults. Both the performed interviews and written portraits were scored according to preset criteria to establish the compliance to the predetermined protocol. Next to that, experiences from care professionals as insider researchers and respondents were gathered.
Results: Overall the fidelity for performing the interview was good. In 90% of cases interviewers posed one inviting open question. Following, interviewers used proposed interviewing techniques such as asking in depth questions, asking for an example or summarizing what has been said. In 20 of the interviews, the respondents input accounted for over 80% of the total number of words, and in 27 interviews the respondents' input accounted for 60%-80%. Fidelity with the protocol for drawing up portraits was sufficient in most cases. In 66% the portrait contained all important themes and in 32% the majority of important themes. One portrait missed a significant proportion of themes mentioned during the interview. The experiences from care professionals consist of successes, challenges, added value and prerequisites.
Conclusions: Care professionals were mostly capable of following the method according to protocol after being trained. The method is believed to be a promising innovation because care professionals play a key role in gathering and using stories to improve quality of care. The outcomes can be used by care professionals to learn and improve within their care location according to the quality framework for nursing home care.

Key Words: Narrative research, Long-term care, Quality of care, Client perspective, Quality improvement, Older adults, Nursing home care, Insider-researcher, Person-centered care, Feasibility

1. INTRODUCTION

As a result of the aging population there is an increasing demand for long-term care for older people.[1] Besides, there is a shift towards person-centered care, placing the client central in the care experience.[2] The focus of person-centered care is on the unique needs and wishes of persons as unique individuals.[3] Policy guidelines for quality of long-term care in the Netherlands are transforming as well towards more

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person-centered care, placing more focus on the client's perspective when assessing quality of care.[4,5] However, due to the increase in the aging population, on top of a strain on resources, the intricacy of residents' needs and the shifts in residents' expectations, care organizations are facing a challenge to maintain and enhance their quality of care.[6–8]

Until now, standardized surveys, like the Consumer Quality Index, have been used to assess quality indicators.[9] However, these quantitative surveys often do not provide information about individual levels of needs, wishes, and expectations and produce highly skewed data in which most clients appear to be satisfied.[10] On top of that, surveys include themes that are considered important from an organizational or care professional perspective, instead of from a client perspective.[10]

Opposite to these quantitative methods, qualitative instruments convey more nuance, detail, emotional content and provide a view of the client's lifeworld.[11] Moreover, qualitative data provide a readable and memorable source which professionals can use for reflection on the strengths and weaknesses of the care provided, making it easier to interpret and identify specific priorities for improvement.[12] International initiatives underline the value of qualitative data for reflection in nursing care for older adults.[13] Reflection by, and an open dialogue between, stakeholders is advocated for improving quality in a specific care context. Emphasis is placed on learning as a basis for quality improvement.[4,14]

Qualitative information helps to map the quality of care experienced by older adults receiving long-term care in order to improve it. The quality framework for nursing home care states that it is important to weigh these experiences and incorporate them into learning and improvement strategies, however does not provide a strategy on how care organizations can assure this.[4] This is not as easy as just having conversations with older adults, instead the skills and attitude of the interviewer are essential in the process of having someone tell their personal experiences. The development of reliable and valid narrative methods is quite complex, time consuming and requires close collaboration with care professionals and older adults.

A recently developed method to establish quality of care for older adults is the narrative quality improvement method named the story as a quality instrument.[15] This method has been developed to collect narratives about the experienced quality of care and is based on the theoretical principles and techniques of narrative research. Narrative research is a special type of qualitative research where respondents interpret their own experiences by telling their individual story in their own way to the researcher.[16] By telling their story, respondents can express which topics matter most to them.

Care professionals as insider researchers perform a central role as interviewers in the instrument.[17] However, care professionals do not interview clients with whom they have a direct care relationship. This is believed to increase the support base among care professionals for using this method, since they can be in control of quality improvement, next to having an opportunity for personal development. By having insider researchers, the interaction between care professional and older adult is central, creating an environment for flourishing of all parties. Insider researchers can stimulate learning, increase understanding of the client perspective, and create support for the improvement measures emerging from quality research.[15] They act as both data collectors, posing questions to the interviewee, and as analysts, interpreting the told story.[18] The inevitable influence of the insider researcher should be accepted as part of this method.

Although the use of narratives in order to structurally assess quality of long-term care is relatively new, the story as a quality instrument is deemed promising for practice to collect narratives of older adults receiving care in a thorough manner. However, so far little is known about the use narratives and about their feasibility in practice.[19] Feasibility is defined as the extent to which the method can be successfully carried out within care organizations providing long-term care for older adults.[20] Within this study, this is measured through the fidelity, whether the method was conducted as instructed, and interviewers' experiences when using the method.

Before future implementation, it is necessary to determine how care professionals perform their roles as insider researchers and to assess the quality of the collected data. Factors that may play a role are care professionals' formal education and personal interests or capabilities. Empirically testing the feasibility of this instrument is therefore a necessary step during the development of the instrument. The current study aims to present how to use the narrative method the story as a quality instrument in practice and establish its feasibility.

2. METHODS

2.1 Design

A cross-sectional design was chosen for this study and data collection took place between June 2021 and January 2022. First, the content of the story as a quality instrument is described, followed by the exportation of feasibility, demographics of the participants, data-collection and data-analysis used to assess the feasibility and experiences of the participants.

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2.2 The story as a quality instrument

The narrative interviewing method 'the story as a quality instrument' (hereafter referred to as 'instrument') is described in detail elsewhere.[15] The method aims to establish experienced quality of care by older adults receiving long-term care. Professional caregivers were appointed as insider researchers and were instructed how to interview older adults.[21–23] The narrative in this interview is prompted with one open invitation: "You have been receiving care at organization X for a while. Please tell me about this.".

Care professionals received a training consisting of three training days each lasting three hours to guarantee the quality of the interviewing process.[15] During the first day of training, care professionals got acquainted and practiced with open interviewing using a two-stage approach. An open interview approach of the biographical narrative interviewing method was used as the main foundation for the interview process.[24,25] To allow the older adult to talk about their experiences freely, the first part of the interview was based on one open invitation as described above. Interviewers were encouraged to only summarize what has been told, repeat the last sentence spoken by the respondent, or ask for an example in the first part, but not to ask in-depth questions or probe new themes. When the older adult seemed to have finished their story, the interview moved into the second part in which probing in-depth questions can be posed to supplement information shared by the older adult using their own wording.[24,25]

Alongside attending the training days, care professionals performed interviews with older adults within the care organization in which they work, but only with older adults they do not know already from care provision. Interviewers were allowed to take the interview help sheet presented in appendix 1 with them to the interview, as a reminder for the most important interviewing techniques. Each interview was audio-recorded to allow a verbatim transcription of the interview.[26]

In the second and third meetings of the training, an important element was joint reflection on the interview experiences to stimulate learning. Next to that, care professionals were taught how to analyze the interview using the verbatim transcript and summarize the most important themes in a portrait.[27,28] The first step in this analysis was to establish major themes covered in the interview, with a specific interest in themes relating to received care. In this step it was very important to read the transcript several times, while remaining objective when looking for themes during every iteration. The second step was to summarize the analyzed story in a portrait, starting with getting to know the older adult without revealing any traceable private information, then a central preoccupation, followed by a personal reflection of the respondent before rounding of the story.[29]

2.3 Setting and participants

This study was conducted within the Academic Collaborative Center (ACC) Older Adults of Tilburg University,[30] located in the southern part of the Netherlands. In total six locations from four different cooperating care organizations providing long-term (nursing) home care participated in this study. Four of these locations included nursing home residents, one included nursing home residents all with Huntington's disease, and one location provided home care.

2.4 Interviewers

Care professionals employed at one of the participating locations within the ACC Older adults were invited to apply when they had interest in the study. Selection criteria were: (1) level of education at least intermediate vocational; (2) having a personal interest in stories from older adults receiving care; (3) experience or affinity with conducting research, specifically interviews. Selection aimed at involving at least four interviewers from each care organization. Care professionals selected as interviewers signed a confidentiality agreement before attending the training and conducted the interviews during their shift. Besides a certificate after completing the training successfully, they were not provided any additional incentives.

2.5 Respondents

Respondents were selected from the participating locations and approached by the trained care professionals by sending a written information letter. The sampling technique used concerns purposive sampling, aimed at establishing variety between cases (gender, age, care needed). There were some selection criteria for respondents: (1) over the age of 65 years; (2) receiving care from the organization since at least three months, for at least three times a week; (3) capable of telling their own story. The aim was to include three respondents per interviewer.

2.6 Data-collection

To prevent confirmation bias interviewers were instructed to select older adults for the interview with whom they did not have a care relationship. Interviewers were instructed to schedule face-to-face interviews with three different older adults receiving care from their care organization. The interviews took place either at the respondents' home or when preferred in another room of the care institution. During the interview, an intermediate break was allowed, and both the interviewer and respondent were allowed to quit the interview

earlier when the respondent indicated to be tired. Confidentiality and participation on a voluntary basis are important in this respect, and both were included in the information letter and informed consent which was signed by the respondent.

Data were collected by tracking the number and duration of performed interviews for each interviewer. Interviewer characteristics were documented using a short survey, including their age, function, level of education and years of working experience within care for older adults.

Interviewers were invited to evaluate the instrument at the end of the third training day. Therefore, they were asked to complete a written evaluation assignment about the instrument, which described five different key topics: (1) the training, (2) the encountered successes, (3) the encountered challenges, (4) the added value and (5) the conditions needed to be able to continue using the instrument. Afterwards, to enhance understanding of what went well, what could be improved, and interviewers' overall satisfaction, interviewers were invited to participate in a focus group interview during which the trainer asked in-depth questions on the same sensitizing concepts.

2.7 Outcomes

To determine the feasibility of the instrument in practice, feasibility encompasses the extent to which the method was conducted as planned, captured in fidelity with the method, interview protocol and portrait protocol, and how interviewers and respondents experienced the use of this method.[31] This definition is divisible into five elements: completeness, interview protocol fidelity, portrait protocol fidelity, interviewers' experiences and respondents' experiences (see Table 1), based on the framework as presented by Sion et al.[31]

Table 1. Feasibility definitions, operationalization, and analyses

Feasibility concept	Definition	Operationalization for this study	Analysis
Completeness	Degree in which the instrument was completed as planned	All training days were attended by interviewers and the interviewers completed all planned interviews and portraits	- Background of interviewers and training attendance rate - Number of performed interviews, including duration of the interviews - Number of completed portraits, including mean length of portraits
Interview protocol fidelity	Degree in which interviews were performed as planned	All interviewers adhered to the protocol as discussed during the training	- Division of the interview into two parts - No new topics were probed - Addressed interview techniques were applied - Interviewer used wording and order as brought in by respondent - Respondent talked more than the interviewer
Portrait protocol fidelity	Degree in which portraits were made as planned	All interviewers adhered to the protocol as discussed during the training	- Major themes are included - Sufficient readability - Interviewer used wording as brought in by respondent - Interviewer included direct quotes from the respondent - Portrait was written in third person
Interviewers' experiences	Interviewers' satisfaction with the instrument and encountered facilitators and barriers	Interviewers evaluated different elements of the instrument: the training, successes, challenges, added value and prerequisites	Qualitative thematic analysis using sensitizing concepts of interviewer experiences on successes, challenges, added value, and prerequisites
Respondents' experiences	Respondents' satisfaction	Respondents were asked how they experienced the interview and time taken to complete it	Qualitative thematic analysis using sensitizing concepts of respondents' experiences

2.8 Analyses

Descriptive statistics were used to present the number of performed interviews, mean duration of the interviews, mean length of the portraits and interviewers' characteristics.

Interview protocol fidelity was evaluated for five elements as described in Table 1. Whether respondents talked more than the interviewer, was calculated by the total number of words used by the respondent divided by the total number of words during the full interview.[32] These analyses were performed for all interviews which were audio recorded. All recordings were transcribed verbatim by an independent transcription agency, and two researchers (ED, AS) independently scored the transcripts.

Protocol fidelity when drawing up portraits was evaluated for five elements also described in Table 1. These analyses were performed for all available portraits and conducted by two researchers (ED, AS) independently. For the interview and portrait analyses, any discrepancies between both researchers were discussed until consensus was reached.

To increase interrater reliability, an analysis protocol was drawn up by two researchers (ED, AS) and carried out in consultation on both three different transcripts and portraits. As a result, a joint final analysis framework was established. Using this framework, one researcher (ED) analyzed all transcripts and portraits, and a second researcher (AS) performed the analysis on a randomly chosen 15% of both document types as reference check.

Interviewers' experiences with the instrument were analyzed and summarized by two researchers (ED, AS) independently. Qualitative thematic analysis was performed including sensitizing concepts. During discussions the findings were interpreted, mainly focusing on which elements interviewers valued and which were considered troublesome.

2.9 Ethics

The Tilburg University school of social and behavioral sciences ethics review board has reviewed this research project and on December 7th 2020 given a confirmation that this study comes without any ethical concerns (Reference RP331).

Care professionals signed a confidentiality form prior to the interviews to declare they treat the information confidentially and with respect to someone's privacy. By signing the form, the care professional also agreed to take care of data security by saving data exclusively to assigned secure folders. When care professionals wished to keep collected transcripts or portraits, personal data or traceable information of the older adults needed to be deleted.

Older adults received information about the goal and method of the interview. Also, they received an informed consent form from the care professional on the day of the interview. By signing the form, the older adult agreed to have understood the information, agreed with the conditions mentioned, had no more questions, and wished to participate. This is also checked verbally by the interviewing care professional before start of the interview. The older adults could at any time reconsider their participation, in which case the transcript and audio file would be deleted.

Audio records, written transcripts, informed consent forms and the key file (a list of the pseudonymized names and actual names of participants) are confidentially stored for 10 years according to the policies of Tilburg University. No data will be destroyed within this time span. The informed consent forms and the key file are stored separately from the audio records and written transcripts to ensure anonymity.

3. RESULTS

Findings of this study will be presented according to the five elements encompassing feasibility, being completeness, interview protocol fidelity, portrait protocol fidelity, interviewer experiences and respondent experiences (see Table 1).

3.1 Completeness

In total, 19 interviewers attended the training and conducted 52 interviews based on the story as a quality instrument in six different locations within four organizations. Table 2 presents details on the interviewer characteristics in total. All interviewers performed at least one interview, four interviewers managed to perform two interviews, ten interviewers performed three interviews and three interviewers managed to perform four interviews.

In total 52 interviews have been conducted, of which a verbatim transcript was made in 49 cases. For the other three interviews, the audio recording was inaudible for a large part. Median duration of the interviews was 33 minutes, ranging from five to 106 minutes.

Results show that interviewers adhered to most elements of the interview protocol (see Table 3). The majority of interviewers applied interview techniques as addressed during training. They held on to wording and order of themes as mentioned by the respondent, and most interviewers had the respondent talk more than the interviewer did. From our findings, formal education and occupation did not affect interview competencies.

Table 2. Interviewer characteristics

	Total
Total number of interviewers	19
Gender, female n (%)	18 (95)
Age in years, mean (sd)	49 (9)
Occupation, n (%)	
Nurse	6 (32)
Care aid	6 (32)
Quality officer	2 (11)
Welfare officer	2 (11)
Social worker	2 (11)
Volunteer coordinator	1 (5)
Level of education, n (%)	
Intermediate vocational training	8 (47)
Higher vocational training	9 (53)
Working experience in years, mean (sd)	24 (11)
Training presence all 3 days, n (%)	17 (89)
Training presence 2 out of 3 days, n (%)	2 (11)

Table 3. Interview protocol fidelity results

	Protocol fidelity results*
Division of the interview into two parts, n (%)	18 (37)
No new topics were probed, n (%)	25 (51)
Addressed interview techniques were applied, n (%)	
- asking for an example	47 (96)
- summarizing what has been told	43 (88)
- repeating what has been told	41 (84)
Interviewer used assets as brought in by respondent, n (%)	
- wording	40 (82)
- order	47 (96)
Respondent talked more than the interviewer, n (%)	46 (94)

*Interpret as total percentage of participants: < 60% not sufficient, 60%-80% sufficient, >80% good

Elements on which the interviewers deviated from the interview protocol were the division of the interview into two distinct parts and probing of new topics. The biggest challenge seemed to be making a clear distinction between the two parts of the interview. The interviewer either started asking in-depth questions right from the start of the interview or asked hardly any in-depth question throughout the entire interview. This had to do with the style of interviewing of a particular interviewer "I am used to ask questions continuously, so to keep quiet was a challenge for me", but also with how talkative the respondent was "When the story stagnates, you have to give them a second to gather their thoughts and continue, but we often do not let them and jump right at it.".

Another protocol deviation was seen within the fact that nearly half of all interviewers introduced new themes themselves, i.e. themes that were not mentioned by the respondent. Most often these were about the meals or dinner time and organization of or participation in activities. "I can see that the table is set in your apartment, how is dinner arranged here?" It should be noted that when interviewers brought in themes, they kept the interpretation of the theme completely open to the respondent.

3.2 Portrait protocol fidelity

A total of 46 portraits has been collected. One of the interviewers dropped out of this study before writing any portraits due to illness. Median length of portraits was 497 words, ranging from 140 to 1126 words.

Table 4. Portrait protocol fidelity results

	Protocol fidelity results*
Major themes are included, n (%)	
- all themes	29 (63)
- majority of themes	16 (35)
Readability, n (%)	
- good	17 (37)
- sufficient	24 (52)
Interviewer used wording as brought in by respondent, n (%)	15 (33)
Interviewer included direct quotes from the respondent, n (%)	35 (76)
Portrait was written in third person	44 (96)

*Interpret as total percentage of participants: <60% not sufficient, 60%-80% sufficient, >80% good

Interviewers performed well on most protocol elements for drawing up portraits, among which writing the portrait in third person, including major themes and readability (see Table 4). When readability was insufficient, this was most often due to incomplete sentences or illogical structure of sentences.

The portrait element on which interviewers did not perform well, was adhering to the wording as used by the respondent. One of the respondents stated "When the weather is nice I go outside with my scooter to drive towards friends.", which has been interpreted by the interviewer and written down in the portrait as "It is really nice that sir is able to go outside independently to drive around.". Especially the words 'nice' and 'independently' show a clear personal interpretation by the interviewer and do not capture the meaning of the respondents' statement. Results show that portraits with low protocol adherence were often made by interviewers with an intermediate vocational training instead of higher vocational training. Interviewers with an intermediate vocational training wrote in total 21 portraits, of which ten showed insufficient protocol adherence, distributed over all those interviewers. No clear intra-interviewer learning effect could be detected when interviewers wrote more than one portrait.

3.3 Interviewers' experiences

All themes mentioned during the evaluation of interviewers' experiences are captured within a coding tree (appendix 2). Overall, interviewers appreciated the positive setting during

the training days caused by the "capable and flexible attitude of the trainer" as well as "pleasant contact with fellow participants" and showed this by actively participating and sharing their enthusiasm. "The way the training has been arranged was great, you are enthusiastic, and the method has become much clearer, for me it was a success". Most expressed to be "well enough prepared to be able to perform these interviews".

Interviewer experiences were predominantly very positive "It was an unexpectedly great experience."; however, they also experienced some challenges. First, the successes and added value interviewers experienced are reported followed by challenges and prerequisites that may contribute to adequately perform the instrument.

3.4 Successes

"I gained the confidence to interview people I do not personally know, in a really structured manner.". Within the pilot study, interviewers already experienced some successes when conducting the instrument. "My personal interest towards the older adults kept growing, I kept asking myself how they experienced certain situations.". Interviewers were surprised by the ease with which respondents shared their stories "quite special, you ask one question and then the story begins", and also by the trust they as interviewers were given "people putting their trust in you and just start telling, that was an amazing experience".

3.5 Added value

Interviewers experienced the benefit of adopting the instrument on three different levels, namely as a method on its own, for the staff members conducting interviews and for the people receiving care.

As a method, "this elicits a different experience compared to other methods, this gets really personal.". "Clients address what they consider to be important, without prioritization by the interviewer.". By probing only one question, conversations are elicited different from anything else, and consequently stories come to life and become very personal. Within the present method, interviewers also valued the audio-recording "to gather the underlying information by recording" and verbatim transcript "because when you read it, you start to notice little nuances.".

For the staff members, added value is seen in "making conversation with clients, or rather having the privilege to listen to their story.". The way care professionals look at clients changes by using this approach, "clients become human again, individuals with their own story.". Besides getting to know clients in a different way, interviewers state to have learned a lot about interviewing and asking the right questions: "Now I feel more confident to objectively ask questions.".

"For the client himself it was very special, being able to share his story with someone who was really there for him.". Using the instrument is a more friendly way towards quality improvement for older adults because they might not even notice that they are being interviewed. Clients are being heard, in a way that allows them to determine the content of the conversation. "I have heard what the client really wanted, instead of what I thought the client wanted.".

3.6 Challenges

Although the prescribed method was clearly explained, interviewers found it difficult to strictly adhere to the interview protocol "asking too many questions too soon". Also drawing up the portrait turned out to be a challenge "what do I include in a portrait to make sure it relates to a specific person.". Next to the content of the interview and the portrait, there were also some organizational challenges. Sometimes respondents started sharing their experiences before or after the audio recording was in progress "Then I heard beautiful things, but I did not do anything with that information.". Another challenge was that "It takes quite some time, tranquility, priority and organization", of which time was mentioned most often as troubling. Time relating not only to the interview itself, but also to scheduling an appointment for conducting the interview and time to analyze the interview and write the portrait.

Overall, interviewers raised a concern on the proportion of older adults receiving care that are cognitively and communicatively capable of engaging in this type of interview. Another concern heard was: "The older adults sometimes are hesitant to address points of improvement.". However, this seemed to be, at least partly, tackled by having a care professional interview a client with whom they did not have a direct care relationship.

3.7 Prerequisites

With time being experienced the biggest challenge, more time was also the most heard prerequisite for successful embedding of the instrument within an organization "I would need more time to perform a decent conversation.". "Performing the interview was achievable, however the transcription would take me too much time, so I would prefer to still have it transcribed by someone else, as is the case now." For successful embedding, the method would also have to be in line with the specific vision of an organization, some interviewers refer to "the entire fusion going on at the moment and all other work processes in need of harmonization.". When the circumstances are right, care professionals would also like to

have certainty that use of this method will lead to changes within the organization. “I think this is a beautiful instrument, but I do hope that actual action plans will be formed. Or rather be executed than just be formed.”

3.8 Respondents’ experiences

Part of the older adult respondents (36%) shared their thoughts about the conducted interview directly with the interviewer at the end of the interview. “It was fine, I just like to explain things to and talk about my experiences with anyone who is interested.” Most older adults found the interview a pleasant experience and did not have difficulties with sharing their story to an unknown person, “You are a nice person to talk to. I can easily talk, but not with everyone. You have just made me talk. It was very familiar, very personal, not hard. Not at all.”, nor with the time the interview had taken “Time has just flown by, I could go on even longer.”.

4. DISCUSSION

The story as a quality instrument assesses experienced quality of care by older adults receiving long-term care from their own perspective. This article presented how to use the narrative method the story as a quality instrument and its feasibility. Main findings show it is feasible to train care professionals to perform a narrative interview method and have the findings summarized in individual portraits. Fidelity was overall achieved, however sometimes proven challenging during the interview and while drawing up the portrait. Interviewers all had their own style of interviewing and the interaction with each respondent was different. The added value of the instrument was seen for the method itself when compared to previously used quantitative methods, but also for the care professional and respondent personally. Prerequisites for continuation were organizational issues, i.e. to be given sufficient time, opportunity, and perspective of true change.

During the evaluation among interviewers, an often-heard concern was the amount of time that needed to be invested to perform the entire method according to protocol. Nonetheless, interviewers also indicated that they found it worth their time. Narratives are overall considered worthy of investing time, since they can positively affect the caring relationship between care professionals and clients, and clients’ feelings of well-being and autonomy.[33,34] It is essential that the entire organization supports the use of this method. National policy and quality documents focused on nursing care for older adults in the Netherlands emphasized the value of and the need for qualitative research in practice.[4,14] This also underlines the importance of providing time and support for this method to be conducted.

Protocol adherence findings emphasize the need for adequate training for interviewers in which they are instructed how to perform an interview and draft a portrait and practice with interview techniques. As interviewers encompass a large part of a narrative quality assessment method, they can significantly impact the reliability of the quality data.[35] Interviewers do not just listen to or record the experiences, as there is also a component of sharing the experience.[36] Therefore, to enhance the richness of the data, it is necessary to invest in adequately training of interviewers.

From our findings, formal education did not seem to affect the interview competencies, however nearly all portraits showing low protocol adherence were made by staff members with an intermediate instead of higher vocational training. In order to overcome this, an option is to pay more attention to teaching and practicing writing skills during the training. Another option can be to initiate peer support pairs, in which interviewers with different educational backgrounds can assist each other when writing portraits. This is valuable since the quality of interviews was good for all included care professionals, and by including both nurses and care aids a larger support base will be created.

Within this study only older adults were included of whom the care professionals were certain they were able to have a conversation aimed at their experiences. For four locations, the sample selection represented a typical nursing home care population of regular older adults with physical disabilities and sometimes a small mental frailty. Previously, it is confirmed that in most cases, with well-trained interviewers and adapted interview techniques, it is possible to include a wider range of older adults.[37,38] Within this study, this finding was reinforced since at one of the participating locations only residents were included suffering from Huntington’s disease. This disease is characterized by cognitive, motor and psychiatric disturbance,[39] factors that might negatively affect the capability of telling one’s own story. Nevertheless, results show that the insider researchers, with the help of their specific knowledge about the clients and adapted social skills,[40] were very well capable of conducting an interview with persons with this specific condition. Results also show that the method was adequately conducted within the participating location that provided home care. This setting was different from the participating locations providing in-home long term care, however the quality of interviews and portraits was comparable between settings.

Under the conditions that organizational issues are solved, it is feasible to create a learning network in which staff members are trained as interviewers. A learning network is considered successful if knowledge is shared and interests

are balanced.[41] This stimulates reflective learning and self-development of the interviewers. By embedding the current manner of having conversations into the care professionals' routines, continuous connection with clients can be accomplished,[33] which henceforth may improve the quality of care within that care organization.[42]

This continuous connection to improve quality of care is something that has become more and more important for reflection inside a care organization, instead of just a method for external accountability, like health insurance policies and regulatory government agencies.[4] By using the narrative method, care professionals become internally motivated to address and improve quality of care. Since care professionals understand local values and knowledge, as well as know the formal and informal power structure within the organization, they are in the perfect position to translate stories into points of improvement.[17] Thereafter, recognition of stories stimulates feelings of involvement and enthusiasm to actively address the points of improvement.

4.1 Strengths and limitations

Main strength of this study is the fact that the method has been conducted in the real life setting in which it is eventually ought to be used. We were able to include currently occupied care professionals acting as interviewers, among which the majority was either occupied as nurse or care aid. Therefore, they provide a good representation of the true target audience. Also, the older adults are believed to present a true representation of the target population. The fact that 19 interviewers and 52 respondents were included adds to the credibility of the found results.

A possible limitation of this study is that not many experiences from older adults being interviewed could be captured. The present study has tried to incorporate experiences of respondents regarding the new way of assessing quality with the instrument by having the interviewer ask out experiences following the interview. However, this has proven not to be efficient, since very few experiences were captured. Possible explanations for this are that interviewers might not have recognized the importance of asking out these experiences, older adults might find it difficult to comment or that older adults might have been tired by the end of the interview. Therefore, we recommend for future research to have older adults asked to describe their experiences with this method by someone else than the interviewer and not directly following the interview.

4.2 Future directions

The story as a quality instrument has shown promising results for embedding in a range of care organizations in practice. Additionally, recent research has shown that developed care interventions are in need of self-sustaining business models, keeping the organizations' contextual factors into consideration.[43] Our study has shown that staff members foresee contextual challenges specifically concerning missing clarity in which direction an organization wants to evolve, and the accompanying priorities that need to be set. To freely perceive, critically interpret and substantiate how care can be best provided within specific organizations, this is best done on the spot and in the moment.[44] Therefore, a continuous cycle of quality improvement is key. Further development should focus on the next step towards actual quality improvement, to establish that the narrative portraits can be used to improve quality of long-term care for older adults.

5. Conclusions

The story as a quality instrument is an evidence-based method aimed at assessing quality of care as personally experienced by older adults to realizing person-centered care. It would be useful for care organizations to implement a full quality policy in which both quantitative and qualitative methods are structurally performed to gain a holistic view on quality of care and realize a culture of continuous learning and joint reflection. This can contribute to providing and receiving person-centered long-term care for older adults.

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Conflicts of Interest Disclosure

The authors declare that there is no conflict of interest.

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