Teaching and Learning in Nursing 19 (2024) e11–e16

Contents lists available at ScienceDirect

Teaching and Learning in Nursing

journal homepage: www.journals.elsevier.com/teaching-and-learning-in-nursing

Research

Health humanities in nursing training: A multiple case experiment at undergraduate level

António Manuel Duarte, PhD[1*], Cecilia Beecher Martins, PhD[2], Filipe Miguel Dá Mesquita, MA[1], Patrícia Carla Pereira, PhD[3], Joana Cordeiro Gonçalves, MA[1]

[1] Faculty of Psychology, University of Lisbon, Lisboa, Portugal
[2] School of Arts and Humanities, University of Lisbon, Lisboa, Portugal
[3] Nursing School of Lisbon, University of Lisbon, Lisboa, Portugal

ARTICLE INFO

Article History:
Accepted 7 August 2023

Keywords:
Film
Health humanities
Nursing training
Patient-centered care

ABSTRACT

This study aimed to evaluate the impact of a health humanities seminar with a group of fourth year undergraduate nursing students. Thirteen participants analyzed stills and excepts from fictional narrative films which focused on the nurse-patient relationship using strategies derived from narrative medicine, and psychology of cinema. Alterations in participants' attitude of patient-centered care, using the PPOS (Patient-Practitioner Orientation Scale), and thematic content analysis of responses to an open question on the nurse's ideal interaction with the patient were evaluated. Results suggest that the seminar increased an attitude of patient-centered care in some of the participants, pointing to the potential of introducing health humanities training in nursing higher education, along with the need to consider personal and contextual characteristics that might mediate its impact.

Introduction

Nurses' attitude of patient-centered care (APCC) is significant for health care quality and trainable through the health humanities (HH). Nevertheless, few empirical studies have addressed the efficacy of such a training. Within this context, the present paper reports the results of a study that aimed to assess the impact on the APCC in a group of nursing students training that promoted the analysis of filmic material on the thematic of nurse-patient relationship (NPR).

Background

"Person-centered care" (McCormack & McCance, 2010) has been assumed as a basic value for a healthy clinical professional context and for the quality of care (Kramer et al., 2009). Nevertheless, nurses might experience difficulties in sustaining such a form of care, due to personal and professional constrains (McCabe, 2004; Tuohy, 2003), and might use an instrumental approach, focused on clinical procedures rather than on personalized care (Crotty, 1985; McCabe, 2004; Suhonen et al., 2022).

As proposed by Balint (1969) patient-centered care involves: consideration of patients' needs/desires; sharing power, control, and information; proximity to the patient; patient support; and sensitivity to patient characteristics and life. More recently, Byrne et al., and Harvey (2020) presented an integrative literature review that attempted to systematize the concept of person-centered care in nursing. Accordingly, they identified some of the main characteristics of such person-centered care as: recognizing uniqueness, partnership, and sharing of power. An APCC in nurses is conceptualized as contributing to better standards of health care quality (Grilo et al., 2014). Effectively, studies demonstrate that patient-centeredness effectively supports both patients and nurses' well-being. For example, in older nursing home residents, such a kind of care developed positive changes in their mood, behavior, and relationships with caregivers (Edvardsson et al., 2011). Besides, patient-centered nursing seems to develop a sense of confidence and positivity in patients, permitting them to build a more honest relationship with nurses and strengthen hope regarding the effectiveness of treatment (Radwin et al., 2009). Likewise, when nurses are more patient-centered quality of life is enhanced (Rader et al., 1996), and patients feel more satisfied with health care (Wanzer et al., 2004). Besides, nurses' job satisfaction and personal accomplishment are extra benefits related to the practice of a "person-centered care" (Pol-Grevelink et al., 2012).

Considering the advantages of APCC, the training of nursing students in this area seems critical. In terms of health care, Milota et al. (2019) found that reflective exercises, associated with narrative medicine-based techniques can be directly linked to an important professional skill: clinical reasoning. Moreover, Hermann (2004) found that

*Corresponding author.
E-mail address: amduarte@psicologia.ulisboa.pt (A.M. Duarte).

https://doi.org/10.1016/j.teln.2023.08.002
1557-3087/

nursing educators spoke highly of the outcomes obtained when film was used in undergraduate training in the United States, especially when film screenings were accompanied by reflective methodologies. Furthermore, Yang et al. (2018) concluded that narrative medicine training that combines theory with practice has a positive impact on nursing students' empathic ability and academic achievement. These findings support a previous study from Chen et al., and Yeh (2017) that found that a 2-month narrative medicine program improved health care providers' empathy. Regarding empathy, Adamson et al. (2018) found that an intervention with six 90-minute weekly group narrative training sessions positively impacted nurse participants in three main domains: empathy for patients and families, empathy within nursing team, and empathy for the self. These studies confirm the benefits of narrative medicine programs in formal education of health care professionals, enhancing not only the ability to process the clinical reasoning, but also their empathy toward patient's experience.

But why film in the context of HH training of nursing students? Metz (1974) suggested that good cinema tends to produce believable scenarios that viewers could engage with, leading spectators to suspend disbelief, and to enter the world projected. As further proposed by Bordwell and Thompson (2006), films can allow viewers to change their opinion about subjects because in cinema viewers see ordinary, everyday events differently, as these are constructed through "onscreen framing" to produce different meanings. Thus, viewers actively participate with the scenarios presented creating and readjusting expectations as different patterns develop. Moreover, as Spiegel (2008) points, when watching a movie, viewers interact with the characters onscreen within the scenario presented before making comparisons with their own reality, which reinforces Bordwell and Thompson's proposal that watching films allows viewers to walk in the shoes of others. However, the use of films in the context of HH training for nursing students involves not only viewing them, but also the use of strategies to analyze them. Within these, we highlight here those based on the methods of narrative medicine and psychology of cinema.

In narrative medicine workshops participants learn to examine artistic objects in depth through individual close reading and reflective/creative writing (Charon, 2017; Charon et al., 2016; Spiegel & Spencer, 2016). When working with film, participants can be taught how to identify the denotative elements of cinematic *mise-en-scene* (lighting, focus, blocking, camera angle, persona of actor, etc.) and instructed on how these produced connotative meaning in viewers (Bordwell & Thomspon, 2006; Corrigan, 2011). The visual close reading is followed by group discussion led by a facilitator to develop close observation, helping participants hone attention skills as they become aware of verbal and nonverbal communication (Charon, 2006). Close reading is then followed by an individual reflective/creative writing. Participants are invited to write a text—*in the shadow* of the object that had been analyzed—starting from a prompt allusive to the object, and in any format they wish. Supposedly, this type of writing produces acts of representation that "(. . .) combine complex processes of perception, neural handling, accruing of associated impressions, and then imaginative filling out, rounding out, developing that which is seen into something created anew" (Charon, 2006, p. 139). Participants then read their texts—without contextualization—in small groups. Group members do not comment on the subject matter of these texts, rather participants respond using close reading techniques. In this final close reading participants often understand their own texts better as they hear them aloud and consider their colleagues' responses (Charon, 2006). This activity also builds trust and the capacity to construct affiliations with patients, colleagues, and communities (Charon, 2016).

Parallel to the strategies proposed by narrative medicine, others can be derived from the processes involved in film appreciation and identified by psychology of cinema (e.g., Persson, 2003; Smith, 1995). One strategy involves categorizing scenes, characters, situations, and events, as well as attributing relative importance to characters and objects. Another consists of narratively organizing the events depicted in the movie. One more involves ethically analyzing characters behaviors and events. A final strategy involves gaining awareness of one's own emotional reactions to the movie. Even though the implication of the processes from which these strategies are derived depends partly on the nature and structure of different movies, this is also related to the viewer's experience, competency, and intention (Persson, 2003). Therefore, there is a hypothetic potential for training those strategies, through their exemplification and rehearsal. This is in line with evidence that cinema is an important source of behavior modeling (Bandura, 2016). Thus, it was suggested that an oriented viewing and discussion of selected films can constitute a way to develop self-awareness and predisposition to personal change (Gladding, 2016), as well as the "virtue" of humanity, including love, kindness, and social intelligence (Niemec & Wedding, 2014).

Since few empirical studies have been carried out to assess how training may impact on nursing students' attitude toward the nurse-patient relationship, the purpose was to test a training for the development of an APCC in nursing students, using HH techniques. The study involved an assessment that could produce empirical data to illustrate the advantages of introducing HH in the training of nursing students.

The goal of the study was then to evaluate the effects a HH seminar would have on participants' APCC when the participants (nursing students) analyzed stills and scenes from fictional narrative films which focused on the nurse-patient relationship using strategies derived from narrative medicine and psychology of cinema.

A main hypothesis was established, proposing that participation in the seminar would have the potential to increase APCC (H1). Inter-individual variability in the effects of the intervention was also expected (H2).

Methods

Design

Based on a design inspired in the multiple case experimental design (Cristhensen, 2007; Wilson, 2000) a before-after training contrast of APCC was performed for each participant.

Participants

The group was composed of 13 fourth year undergraduate Portuguese nursing students: nine females (69.2%) and four males (30.8%), with ages between 21 and 34 years old (M = 22.77; SD = 3.59).

The group was constituted following the optional open enrolment of the participants in the training seminar. Informed consent was obtained from the participants, and ethical approval for the study was given by a deontological commission.

Assessment Procedure

APPC was measured using a Portuguese version of the "Patient-Practitioner Orientation Scale—PPOS" adapted for nurses (Grilo et al., 2014). The PPOS was originally developed and validated by Krupat et al. (2000a), 2000b), to measure doctors' patient-centeredness orientation. The PPOS was adapted for Portuguese and applied to physiotherapy students by French (2008). The used adaptation was prepared for nurses (Grilo et al., 2014) by the modification of items considering the target population. This adapted version of the PPOS contains 18 items, using a six-point Lickert scale, where 1 = strongly

agree and 6 = strongly disagree. The scale considers two distinct dimensions of patient-centeredness measured by two subscales of 9 items each: sharing and caring. Construct validity and reliability of the Portuguese version of PPOS were assessed and found adequate (Grilo et al., 2018). Concerning construct validity, exploratory and confirmatory factor analysis confirmed a structure of two factors, explaining 31.54% of total variance: sharing (11.98%) and caring (19.56%). Regarding reliability, Cronbach alpha was 0.65 for total scale and 0.56, 0.50 for sharing and caring subscales. Sharing subscale measures the degree in which power and control should be shared between the nurse and the patient (e.g., "The patients should be treated as the nurse's partners, with equal power and position"), and the degree to which nurses should share information with the patient (e.g., "Patients generally want reassurance rather than information about their health"). Caring subscale measures the degree of warmth and support that should be present in the relationship (e.g., "If a nurse's primary tools are being open and warm, the nurse will not have a lot of success"), and the degree to which the nurse should inquire about psychosocial issues (e.g., "When nurses ask a lot of questions about a patient`s background, they are intruding too much into personal matters") and the use of a holistic approach to care (e.g., "Nursing sessions cannot be successful if they collide with the lifestyle and values of the patient").

APCC was also measured through an open question (OQ) on the ideal nurse-patient interaction (INPI): "If someone asked you to explain what the nurse's interaction with the patient should be like for you, what would you say?" Participants' written answers to this question, given before and after training, were subjected to an inductive thematic content analysis (Miles et al., 2014). There were three phases in this analysis: segmentation, categorization, and validation. In the segmentation phase the answers were subdivided into single ideas. Categorization involved the classification of segmented units to attain a system of categories describing participants' representations of the INPI which could be applied to all the answers. Finally, validation involved an independent analyst's autonomous categorization of 10% of the segmented units using the system developed. There was 80% agreement between the categorization of the analysts. Following the analysis of the answers, categories that express an APCC were selected. For this, the categories were evaluated, by two independent analysts, reflecting if these expressed or not at least one of the characteristics of an APCC, as defined by Balint (1969) and referred in the Introduction. The agreement between analysts was 92.3% and disagreements were solved by discussion. The selected categories can be consulted in Attachment, differentiated in three dimensions of participants' perceptions of the INPI: its basis, goal, and procedure.

Training Procedure

The HH seminar ran over 3 days of 1 week and comprised a total of 12 hours of training, distributed in six sessions of 2 hours each. Participants were first presented (first session) to the seminar's goal (i.e., to develop an APCC), method (i.e., to analyze movie scenes on the thematic of nurse-patient relationship) and rationale (i.e., positive impact of such analysis on that attitude). In the same first session, they were then briefly introduced (conceptually and concretely through two short case studies) to the contrast between an attitude of nurse-centered care versus an APCC in the abovementioned terms of Balint (1969). The rest of the seminar was devoted to the introduction, exemplification, and practice of analysis of selected scenes from fictional movies in the thematic of nurse care. The seminar had two distinct components: analysis based on narrative medicine (session one, two, five, and six); analysis based on psychology of cinema (session three and four).

The analysis based on narrative medicine techniques applied to cinema used selected stills and scenes from Girl Interrupted (Mangold, 1999), Chronic (Franco, 2015), and The English Patient (Minghella, 1996). Excerpts contrasted an APCC to an attitude of nurse-centered care. The narrative medicine methods presented in the Introduction were used as participants performed individual close reading exercises, followed by discussion, creative/reflective writing written *in the shadow* of the image/scene analyzed and group discussions of this writing analysis.

The analysis based on psychology of cinema used selected scenes from *One Flew Over the Cuckoo's Nest* (Forman, 1975), and *Wit* (Nichols, 2001). The scenes contrasted an attitude of nurse-centered care with an APCC. Strategies of analysis based on psychology of cinema as presented in the Introduction, in addition to a characterization of the nurses' attitudes (APCC versus an attitude of nurse- or procedure-centered care) depicted in the films.

Data Analysis Procedure

Regarding data collected through the version of the PPOS used (Grilo et al., 2014), the pretraining and post-training means of each participant, both in the total and in each subscale, were compared.

Concerning data gathered through the OQ, the pretraining and post-training presence of each category that expresses APCC were compared in the answers of each participant, independently of the frequency of their occurrence.

Results

Based on this study there are five sets of results to take in consideration. The first set of results to consider (Table 1) refers to pre- and post-training results of APCC of the 13 participants, as measured through the version of the PPOS used (Grilo et al., 2014). Considering the total score of the instrument 7 participants increased, 4 decreased, and 2 maintained their score after the training. Regarding results of the Sharing subscale, 5 participants increased, 7 decreased, and 1 maintained their score. Concerning results of the Caring subscale, 8 participants increased, 4 decreased, and 1 maintained their score (Table 1).

The second set of results concerns pre- and post-training results of APCC of the 13 participants' INPI perceived Basis, Goal and Procedure, as measured through the OQ (number of categories in each dimension). Considering the number of categories for the total of the dimensions 4 participants increased, 6 decreased, and 3 maintained

Table 1
Attitude of patient-centered care (APCC)—measured by PPOS.

	Pretraining			Post-training		
	Sharing	Caring	Total	Sharing	Caring	Total
01	4.44	4.56	4.50	4.33 <	4.44 <	4.39 <
02	3.33	4.33	3.83	3.22 <	4.56 >	3.89 >
03	4.33	4.89	4.61	4.67 >	5.11 >	4.89 >
04	5.33	5.22	5.28	5.56 >	5.33 >	5.44 >
05	4.89	4.33	4.61	4.67 <	4.56 >	4.61 =
06	4.56	4.33	4.44	4.78 >	4.44 >	4.61 >
07	4.22	5.00	4.61	4.33 >	5.56 >	4.94 >
08	3.78	4.11	3.94	3.44 <	4.78 >	4.11 >
09	4.00	4.89	4.44	3.78 <	5.11 >	4.44 =
10	4.00	4.33	4.17	4.00 =	3.78 <	3.89 <
11	3.44	4.11	3.78	3.22 <	3.00 <	3.11 <
12	4.67	5.11	4.89	3.67 <	3.78 <	3.72 <
13	3.78	4.89	4.33	4.00 >	4.89 =	4.44 >

Note: > = increased; < = decreased; = = maintained.

their score after the training. Regarding Basis, 3 increased, and 10 maintained their score. Concerning Goal, 2 increased, 4 decreased, and 7 maintained their score. Relating to Procedure, 2 increased, 7 decreased, and 4 maintained their score.

The third set of results involves pre- and post-training results of APCC of the 13 participants' categories of INPI's perceived Basis—as measured through the OQ (presence or absence of each category). Considering Network, all participants maintained their score after the training. Concerning Needs, 3 increased their score, and 10 maintained their score.

The fourth set of results contains pre- and post-training results of APCC of the 13 participants' categories of INPI's perceived Goal, as measured through the OQ. Concerning Help, 5 participants decreased, and 8 maintained their score after the training. Regarding Positivity, all maintained their score. Relating to Dignity, 1 decreased and 12 maintained their score. Concerning Autonomy, 4 increased, 1 decreased, and 8 maintained their score.

The final set of results comprehends pre- and post-training results of APCC of the 13 participants' categories of INPI's perceived Procedure, as measured through the OQ. Relating to Communication, 3 participants increased, 5 decreased, and 5 maintained their score after the training. Concerning Information, 1 participant increased, 2 decreased, and 10 maintained their score. Concerning Honesty, 4 participants increased, 4 decreased, and 5 maintained their score. Pertaining to Attention, 1 participant increased, 2 decreased, and 10 maintained their score. Concerning Partnership, 2 participants increased, and 11 maintained their score. Regarding Empathy, 2 participants increased, 2 decreased, and 9 maintained their score. Concerning Patience, 1 participant increased, 1 decreased, and 11 maintained their score. Relating to Respect 1 participant increased, 3 decreased, and 9 maintained their score. Regarding Sympathy, 1 decreased and 12 maintained their score. Concerning proximity, 1 participant increased, and 12 maintained their score. Finally, pertaining to Negotiation, 1 participant increased, 2 decreased, and 10 maintained their score.

Discussion

First, this study attests to the possibility of developing and implementing the developed training procedure, within the context of formal nursing training. This could be due to the alignment of such intervention with both the experience and abilities of the trainees, and the orientation of the nursing degree at the school where it was applied. Nevertheless, in practical terms, this implementation was not without limitations. Namely the constraints inherent in a short intensive training course were compounded by the fact that the seminar was run between internships. Consequently, the limitations of this study relate to the use of a small sample, without a control group. The scope of the intervention might have been not enough to attain a higher impact. Besides, the fact the OQ was answered through writing did not help participants to develop and clarify their answers. Future studies on the training procedure might benefit from interviews that also cover the perceived impact of such training.

Nevertheless, results confirm the potential of the training to increase an APCC in some students (H1), as assessed both quantitatively, by the version of the PPOS used (Grilo et al., 2014), and qualitatively, by the OQ used.

The results might be seen to indicate that this type of intense program followed immediately by evaluation does not facilitate the absorption of reflective methodologies like those proposed in the intervention. The fact that changes did not extend to a larger number of participants might mean that some were less responsive due to personal characteristics (e.g., less interest in cinema), high pretraining values on dependent variables or high focus on their clinical practice. In this way results confirm the expected interindividual variability in the effects of the intervention (H2). If the courses were longer and run over a more extended period working with varied art forms from literature to visual arts, music and graphic novels could be used, providing participants with more variety.

Moreover, as one of the goals of narrative medicine methods is the development of the awareness of the intersubjectivity and relationality of all the players in the health care relationship (Spiegel & Spencer, 2016), outcomes in general have been evaluated through qualitative rather than quantitative methods (Carr et al., 2021; Fioretti et al., 2016; Klugman & Lamb, 2019; Huang et al., 2021; Milota et al., 2019).

Conclusions

Overall, the study suggests that the training procedure, having a differentiated impact, increased an APCC in some of the participants. The study points to the potential of introducing this kind of HH training in nursing higher education, along with the need to consider personal and contextual characteristics that might mediate its impact.

The study also opened the possibility for a HH open course—available to students and teaching staff—in the same school. Working with literature and visual arts as well as cinema, it was very well received by all participants and opened the possibility of introducing HH methodologies in the training procedure in the more theoretical years of the nursing course. Such an inclusion of the HH in the formal nurse education curriculum can be envisioned to assist the development of a therapeutic relationship and enhance the *aesthetic* dimension of nursing. Therefore, the impact of the study on its population (i.e., the school's undergraduate nursing students) is that it alerted the school to the benefits of introducing training in HH before clinical practice. The study opened the school to contemplate introducing HH training that uses the arts as a way of promoting an APCC (i.e., consideration of patients' needs/desires; sharing power, control, and information; proximity to the patient; patient support; and sensitivity to the patient's characteristics and life). This APCC, acquired in the academic context, might then be transformed into an actual practice of patient-centered care when undergraduate students' transit to the profession of nursing. They could possibly then benefit from the advantages of such care as mentioned above, like patients and nurses' well-being, better nurse-patient relationship, and an increased effectiveness of treatment.

Funding

This study was conducted as part of a work package from Project SHARE (Health and Humanities Acting Together), which was funded by the FCT (Fundação para a Ciência e Tecnologia) [ref. PTDC/LLT-OUT/29231/2017].

Declaration of Competing Interest

The authors declare that they have no competing financial or other interests or personal relationships that could have influenced the work presented in this article.

Attachment

Participants' representations of INPI that express APCC.

Metacategory	Category	Definition	Illustrative excerpt
Basis of INPI	Network	The NPR should consider the patient's social network	"The nurse should contact the patient's family."
	Needs	The NPR should be focused on the patient as a person, considering individual needs and valorizing the Patient as a complete human being	"The patient-nurse interaction should be oriented to the individual needs of the patient."
Goal of INPI	Help	The NPR should involve assistance, support, care or therapy focused on the well-being of the patient	"(. . .) establishing a helping relationship."
	Positivity	The NPR should be positive or comfortable	"The nurse's interaction with the patient has to be a positive interaction."
	Dignity	The NPR should promote and defend the dignity of the nurse and the patient	"(. . .) the nurse-patient interaction has to be based on the promotion and defense of the dignity of both."
	Autonomy	The NPR should include the promotion of the patient's autonomy	"(. . .) the purpose of our action is to enable the patient to develop skills to adapt to situations."

Metacategory	Category	Definition	Illustrative excerpt
Procedure of INPI	Communication	The NPR should include open communication between the nurse and the patient	"A relationship of comfort for both parties, with time for communication and silence."
	Information	The NPR should include an exchange and sharing of information	"(. . .) for a better sharing of information (. . .)."
	Honesty	The NPR should be an honest, clear, objective, assertive, sincere, authentic, secure relationship of mutual trust	"The nurse's interaction with the patient must be HONEST."
	Attention	The NPR should include attention or active listening to the patient	"(. . .) attentive to detail, to its verbalizations."
	Partnership	The NPR should be a reciprocal relationship of partnership or balance between nurse and patient	"Nurses should see their care plan as a partnership with the person being cared for."
	Empathy	The NPR should include empathy	"The nurse should be empathetic."
	Patience	The NPR should include patience	"The interaction with the patient (. . .) should be based on, among other things, two fundamental aspects: empathy and patience."
	Respect	The NPR should include acceptance and mutual respect	"Therapeutic relationship, based on mutual respect and trust."
	Kindness	There should be kindness or tenderness in the NPR	"But also openness, sympathy, tenderness."
	Proximity	The NPR should include physical/emotional proximity	"(. . .) as people, nurses should carry their human traits into their interaction with patients."
	Negotiation	The NPR should include a negotiation between nurse and patient	"The nurse-patient interaction must be accomplished in both directions, that is, it must be negotiated."

Participants' representations of INPI that express APCC (continuation).

References

Adamson, K., Sengsavang, S., Charise, A., Wall, S., Kinross, L., & Balkaran, M. (2018). Narrative training as a method to promote nursing empathy within a pediatric rehabilitation setting. *Journal of Pediatric Nursing, 42*, e2–e9. doi:10.1016/j.pedn.2018.06.011.

Balint, E. (1969). The possibilities of patient-centered medicine. *The Journal of the Royal College of General Practitioners, 17*(82), 269–276.

Bandura, A. (2016). *Moral disengagement: How people do harm and live with themselves*. Oxford: Worth Publishers.

Bordwell, D., & Thompson, K. (2006). *Film art: An introduction*. Oxford: McGraw Hill.

Byrne, A., Baldwin, A., & Harvey, C. (2020). Whose centre is it anyway? Defining person-centered care in nursing: An integrative review. *PLoS One, 15*,(3) e0229923. doi:10.1371/journal.pone.0229923.

Carr, S. E., Noya, F., Phillips, B., Harris, A., Scott, K., Hooker, C., Mavaddat, N., Ani- Amponsah, M., Vuillermin, D. M., Reid, S., & Brett-MacLean, P. (2021). Health humanities curriculum and evaluation in health professions education: A scoping review. *BMC Medical Education, 21*(1), 1–10. doi:10.1186/s12909-021-03002-1.

Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford: Oxford University Press.

Charon, R. (2016). Narrative medicine: The essential role of stories in medical education and communication. In I. Fernandes, C. Beecher Martins, A. Reis, Z. Sanches (Eds.), *Creative dialogues: Narrative medicine* (pp. 95–110). Newcastle upon Tyne: Cambridge Scholars Publishing.

Charon, R. (2017). Close reading: The signature method of narrative medicine. In R. Charon, S. Dasgupta, N. Hermann, C. Irvine, E. R. Marcus, E. Rivera Colon, D. Spencer, M. Spiegel (Eds.), *The principles and practice of narrative medicine* (pp. 157–179). Oxford: Oxford University Press.

Charon, R., Hermann, N., & Devlin, M. J. (2016). Close reading and creative writing in clinical education: Teaching attention, representation, and affiliation. *Academic Medicine: Journal of the Association of American Medical Colleges, 91*(3), 345–350. doi:10.1097/ACM.0000000000000827.

Chen, P. J., Huang, C. D., & Yeh, S. J. (2017). Impact of a narrative medicine programme on healthcare providers' empathy scores over time. *BMC Medical Education, 17*(1), 108. doi:10.1186/s12909-017-0952-x.

Corrigan, T. (2011). *A short guide to writing about film* (8th ed.). New York: Pearson.

Cristhensen, L. (2007). *Experimental methodology* (10th ed.). New York: Allyn & Bacon.

Crotty, M. (1985). Communication between nurses and their patients. *Nurse Education Today, 5*(3), 130–134. doi:10.1016/0260-6917(85)90026-7.

Edvardsson, D., Fetherstonhaugh, D., & Nay, R. (2011). The tool for understanding residents' needs as individual persons (TURNIP): Construction and initial testing. *Journal of Clinical Nursing, 20*, 2890–2896. doi:10.1111/j.1365-2702.2011.03706.x.

Forman, M. (Director), Douglas, M. (Producer), Goldman, B. (Writer), Hauben, L. (Writer), Zaentz, S. (Producer). (1975). *One Flew Over the Cukoo's Nest* [Film]. Fantasy Films.

Franco, M. (Director, Writer), Kwon, G. (Producer), Ripstein, G. (Producer), Zonana, M. (Producer). (2015). *Chronic* [Film]. Stromboli Films. Vamonos Films

Fioretti, C., Mazzocco, K., Riva, S., Oliveri, S., Masiero, M., & Pravettoni, G. (2016). Research studies on patients' illness experience using the narrative medicine approach: A systematic review. *BMJ Open, 6*,(7) e011220. doi:10.1136/bmjopen-2016-011220.

French, M. (2008). Contributo para a aferição e adaptação das escalas: Patient- Practitioner Orientation Scale e Communication Skills Attitude Scale. [Master's thesis]. University of Lisbon. Repositório ULisboa.

Gladding, S. T. (2016). *The creative arts in counseling* (5th ed.). Alexandria, VA: American Counseling Association.

Grilo, A. M., Santos, M. C., Rita, J. S., & Gomes, A. I. (2014). Assessment of nursing students and nurses' orientation towards patient-centeredness. *Nurse Education Today, 34*(1), 35–39. doi:10.1016/j.nedt.2013.02.022.

Grilo, A. M., Santos Rita, J., Carolino, E. T., Gomes, A. I., & dos Santos, M. C. (2018). Centração no paciente: Contributo para o estudo de adaptação da patient-practitioner orientation scale (PPOS). *Psychology, Community & Health, 6*(1), 170–185. doi:10.5964/pch.v6i1.148.

Hermann, M. L. (2004). Linking liberal & professional learning in nursing education. *Liberal Education, 90*(4), 42–47.

Huang, C. D., Jenq, C. C., Liao, K. C., Lii, S. C., Huang, C. H., & Wang, T. Y. (2021). How does narrative medicine impact medical trainees' learning of professionalism? A qualitative study. *BMC Medical Education, 21*(1), 1–8. doi:10.1186/s12909-021-02823-4.

Klugman, C. M., & Lamb, E. G. (2019). *Research methods in health humanities*. Oxford: Oxford University Press.

Kramer, M., Schmalenberg, C., Maguire, P., Brewer, B., Burke, B., Chmielewski, L., Cox, K., Kishner, J., Meeks-Sjostrom, D., & Waldo, M. (2009). Walk the talk: promoting control of nursing practice and a patient-centered culture. *Critical Care Nurse, 29*(3), 77–93. doi:10.4037/ccn2009586.

Krupat, E., Rosenkranz, S., Yeager, C., Barnard, K., Putnam, S., & Inui, T. (2000a). The practice orientations of physicians and patients: The effect of doctor–patient congruence on satisfaction. *Patient Education and Counseling, 39*(1), 49–59. doi:10.1016/S0738-3991(99)00090-7.

Krupat, E., Yeager, C. M., & Putnam, S. (2000b). Patient role orientations, doctor-patient fit, and visit satisfaction. *Psychology & Health, 15*(5), 707–719. doi:10.1080/08870440008405481.

Mangold, J. (Director. Writer), Loomer, L. (Writer), Phelan, A. H. (Writer), Konrad, C. (Producer), Wick, D. (Producer). (1999). *Girl Interrupted* [Film]. Columbia Pictures. Red Wagon Entertainment.

McCabe, C. (2004). Nurse–patient communication: An exploration of patients' experiences. *Journal of Clinical Nursing, 13*(1), 41–49. doi:10.1111/j.1365-2702.2004.00817.x.

McCormack, B., & McCance, T. (2010). *Person-centered nursing: Theory, models and methods*. Oxford: Wiley-Blackwell.

Metz, C. (1974). *Film language: A semiotics of the cinema*. Oxford: Oxford University Press.

Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. London: Sage Publication.

Milota, M. M., van Thiel, G. J. M. W., & van Delden, J. J. M. (2019). Narrative medicine as a medical education tool: A systematic review. *Medical Teacher, 41*(7), 802–810. doi:10.1080/0142159X.2019.1584274.

Minghella, A. (Director, Writer), Zaentz, S. (Producer). (1996). *The English Patient* [Film]. Tiger Moth Productions.

Nichols, M. (Director. Writer), Bosanquet, S. (Producer). Thompson, E. (Writer). (2001). *Wit* [Film]. HBO Films. Avenue Pictures.

Niemiec, R. M., & Wedding, D. (2014). *Positive psychology at the movies: Using films to build character strengths and well-being* (2nd ed.). Toronto: Hogrefe Publishing.

Persson, P. (2003). *Understanding cinema: A psychological theory of moving image*. Cambridge: Cambridge University Press.

Pol-Grevelink, A., Jukema, J. S., & Smits, C. H. M. (2012). Person-centered care and job satisfaction of caregivers in nursing homes: A systematic review of the impact of different forms of person-centered care on various dimensions of job satisfaction. *International Journal of Geriatric Psychiatry, 27*(3), 219–229. doi:10.1002/gps.2719.

Rader, J., Lavelle, M., Hoeffer, B., & McKenzie, D. (1996). Maintaining cleanliness: An individualized approach. *Journal of Gerontological Nursing, 22*(3), 32–38. doi:10.3928/0098-9134-19960301-10.

Radwin, L., Cabral, H., & Wilkes, G. (2009). Relationships between patient-centered cancer nursing interventions and desired health outcomes in the context of the health care system. *Research in Nursing and Health, 32*(1), 4–17. doi:10.1002/nur.20302.

Smith, M. (1995). *Engaging characters: Fiction, emotion and the cinema*. Oxford: Clarendon Press.

Spiegel, M. (2008,. June 13). Teaching film: A perspective form narrative medicine. *Literature Arts & Medicine Magazine*. http://medhum.med.nyu.edu/magazine/?p=121

Spiegel, M., & Spencer, D. (2016). This is what we do and these things happen: Literature, experience, emotion, and relationality in the classroom. In R. Charon, S. Dasgupta, N. Hermann, C. Irvine, E. R. Marcus, E. Rivera Colon, D. Spencer, M. Spiegel (Eds.), *The principles and practice of narrative medicine* (pp. 37–59). Oxford: Oxford University Press.

Suhonen, R., Stolt, M., & Edvardsson, D. (2022). Personalized nursing and health care: Advancing positive patient outcomes in complex and multilevel care environments. *Journal of Personalized Medicine, 12*(11), 1801. doi:10.3390/jpm12111801.

Tuohy, D. (2003). Student nurse–older person communication. *Nurse Education Today, 23*(1), 19–26. doi:10.1016/S0260-6917(02)00160-0.

Wanzer, M., Booth-Butterfield, M., & Gruber, K. (2004). Perceptions of health care providers' communication: Relationships between patient-centered communication and satisfaction. *Health Communication, 16*(3), 363–384. doi:10.1207/S15327027HC1603_6.

Wilson, S. (2000). Single case experimental designs. In G. M. Breakwell, D. B. Wright, J. Barnett (Eds.), *Research methods in psychology* (5th ed.). (pp. 60–74). London: Sage Publications.

Yang, N., Xiao, H., Cao, Y., Li, S., Yan, H., & Wang, Y. (2018). Does narrative medicine education improve nursing students' empathic abilities and academic achievement? A randomised controlled trial. *The Journal of International Medical Research, 46*(8), 3306–3317. doi:10.1177/0300060518781476.