



UWS Academic Portal

Moving stories

Roddy, Edel; MacBride, Tamsin; Coburn, Annette; Jack-Waugh, Anna; Dewar, Belinda

Published in:
The International Practice Development Journal

DOI:
[10.19043/ipdj.111.006](https://doi.org/10.19043/ipdj.111.006)

Published: 31/05/2021

Document Version
Publisher's PDF, also known as Version of record

[Link to publication on the UWS Academic Portal](#)

Citation for published version (APA):
Roddy, E., MacBride, T., Coburn, A., Jack-Waugh, A., & Dewar, B. (2021). Moving stories: exploring the L.I.F.E. session storytelling method as a way of enhancing innovative, generative outcomes in practice. *The International Practice Development Journal*, 11(1), [6]. <https://doi.org/10.19043/ipdj.111.006>

General rights

Copyright and moral rights for the publications made accessible in the UWS Academic Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please contact pure@uws.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Moving stories: exploring the LIFE session storytelling method as a way of enhancing innovative, generative outcomes in practice

Edel Roddy, Tamsin MacBride, Annette Coburn, Anna Jack-Waugh* and Belinda Dewar

*Corresponding author: University of the West of Scotland, Dumfries, Scotland
Email: anna.jack-waugh@uws.ac.uk

Submitted for publication: 5th November 2020

Accepted for publication: 12th February 2021

Published: 19th May 2021

<https://doi.org/10.19043/ipdj.111.006>

Abstract

Background: Storytelling is an important tool for enacting relational approaches to practice development in care homes. Using storytelling methods can enhance the capacity of care home communities to respond to the emerging needs of people living with dementia.

Aim: To explore the potential of the LIFE session storytelling method as a route to innovation in practice.

Method: The method described in this article is the Learning and Innovating from Everyday Excellence (LIFE) session method, developed as a culture change initiative by facilitators from the My Home Life care home initiative in Scotland. LIFE sessions aim to take stories from everyday practice and use a structured format of four questions to help people talk collaboratively about ideals and practical ideas that can be taken forward to benefit those who live, work in or visit the care setting.

Results: A total of 14 LIFE sessions took place as part of Kinnections, a broader study exploring community in care homes. The following reflections were derived using illustrative examples from three of these storytelling sessions, used in this study: the sessions helped move stories from the specific (one resident) to the universal (practice development and culture change that can benefit everyone in the home); the sessions involved a process that could in itself support development of connections among those involved; and they inspired and encouraged people to feel confident to bring their learning and ideas into practice in a timely way.

Conclusion: This article illustrates how the LIFE session method can be used to structure a discussion that uses a short everyday story as a route into a generative conversation that can inspire innovation in practice.

Implications for practice:

- LIFE sessions provide a format for illustrating the significance and potential for learning and development of everyday experiences in care homes. They can be facilitated reasonably quickly, with a wide range of people and across a wide range of topics
- LIFE sessions can facilitate generative experiences and encourage generative outcomes through those involved feeling inspired and enabled to take forward small, meaningful ideas and actions

Keywords: Storytelling, generativity, appreciative inquiry, care homes, learning, community

Introduction

Storytelling is a natural human endeavour, a primeval means by which wisdom and culture have been shared through the ages (Sole and Wilson, 2002). The telling of stories is recognised as a core human skill in the creation, sharing, management and use of knowledge within organisations (Beckman and Barry, 2009; Escalfoni et al., 2011). As outlined by Sole and Wilson (2002), storytelling has the potential to make significant contributions in organisations (see Table 1). Stories can simplify the complex, while still holding onto the nuanced, emotion-based and core aspects of their content (Snowden, 2000).

Table 1: Potential contributions of storytelling in organisations (Sole and Wilson, 2002)

- Enabling the sharing of norms and values
- Encouraging the development of trust and commitment
- Supporting the sharing of tacit knowledge
- Facilitating unlearning
- Generating an emotional connection

Sharing stories about innovation can deepen understanding of the processes that support innovative practice (Escalfoni et al., 2011). Inherent to sustaining innovative change within organisations is a curiosity about what enabled the innovation to occur. Escalfoni and colleagues add that the value of the deeper understanding arrived at through exploration of the story is realised when it leads to ongoing and sustained innovation. Stories are also said to support innovation or change in workplace cultures through their ability to create connection between those providing and those receiving care; through this sharing practice can be changed (Murray and Tuqiri, 2020). The use of story sharing within organisations can be applied across the staffing spectrum as it can enhance learning among experienced staff as well as being valuable when mentoring less-experienced colleagues (Hayes and Maslen, 2014). Indeed, a meta-analysis of themes in the literature on what helps organisations become 'learning organisations' reveals frequent mentions of the application of storytelling, particularly in European contexts (Thomas and Allen, 2006, p 123).

Digital storytelling, as defined by the Association for Progressive Communications (2020), is a person telling their story through a short video that can include the use of photographs, animation, sound, music, text and a narrative voice. It is increasingly used as a pedagogical tool in the training of health and social care staff and has for example been used for online simulation of social work practice (Goldingay et al., 2018) and to explore professional identity in health, social care and teacher education (Marin et al., 2018). A professional development area in which storytelling can be particularly effective is enhancing moral reasoning, empathy and ethical judgement (Fairburn, 2002, 2005). Within research, the exploration of stories is central to methodologies such as narrative inquiry and appreciative inquiry (Bushe, 2001; Murray, 2009; Kim, 2015). This can include capturing stories from nurses and midwives and using them to inform the development of a reflective resource to foster care and compassion across the healthcare system (Murray and Tuqiri, 2020). Cardiff and colleagues (2018) incorporated storytelling sessions facilitated by nursing team members into a participatory action research study on relational approaches to leadership within clinical nursing. In another study, stories of older people's healthcare experiences, gathered using narrative inquiry, were used by healthcare teams to inform practice and service developments (Hsu and McCormack, 2012).

Sole and Wilson (2002) also highlight reasons why stories may not achieve their intended objectives. They note that a story's detail or presentation can be so absorbing that listeners' are distracted and their ability to analyse it critically or apply it to their context is diluted. Furthermore, a story's relatability can be lessened by the understanding that it is told from a single perspective, while the impact of stories that are shared in writing can be lessened by a 'disconnection from the teller' (p 6). Other words of caution are offered by Carr and Ann (2011, p 1), who introduce the concept of 'storyselling'. This, they say, is a strategy that may be used by organisational leadership to 'sell' a particular narrative or agenda

through a story, making it more difficult for listeners to question. Carr and Ann highlight the role of reflexive processes in avoiding situations where story sharing is used to persuade, rather than as a route into a dialogue that allows for mutual sharing of perspectives and ideas.

When used to create, share or manage knowledge or information within an organisation, storytelling could be said to have resonances with a 'technical' practice development methodology. The primary intention within technical practice development is to enhance end-users' experience or measurable outcomes (Manley and McCormack, 2003); this could manifest in stories being used as case examples to help devise measures to improve a service. Emancipatory practice development is also focused on service improvement, as well as on building the capacity of people and organisations to work towards cultural transformation that addresses inherent power imbalances (Fairbrother et al., 2015). As has been described, storytelling methods are a well-recognised approach within the field of practice development. The method detailed in this article uses a format that forefronts a future focus; the story is used as a catalyst for a generative conversation about future possibilities in practice development.

The context of the storytelling sessions

The storytelling sessions on which this article is based took place as part of a three-year appreciative inquiry study exploring community in care homes, focusing on people living with dementia – the Kinnections project, which ran in Scotland from 2017 to 2020. The sessions were used in this study to engage in further exploratory work with several tentative themes emerging around what helps to enhance community in care homes. The focus of the stories explored was broadly on three of these emerging themes:

- *Learning each person's language*, focused on tapping into the ways people, particularly those living in care homes, communicate beyond words
- *Time makers and investors*, centred on the concept of 'having time' in care homes, and how we talk and think about time
- *Opportunities for connection*, focused on the possibilities for rich connection with people living with advanced dementia

So as well as being a method for practice development within an appreciative inquiry study, the LIFE sessions also served the purpose of gathering data to sense-check and deepen understanding of these tentative themes. In this study, the sessions are referred to as 'SnipChats' (see page 6). The purpose of this article is to report on the storytelling method used in the study, rather than on presenting findings concerning the broader study topic of community in care homes.

Theoretical frameworks informing the development of LIFE sessions

The theoretical models that informed the development of LIFE sessions were the Caring Conversations framework and appreciative inquiry.

The Caring Conversations framework (Dewar, 2011; Dewar and Nolan, 2013; Dewar and MacBride, 2017) is a model for relational conversations. It places emphasis on the seven Cs: celebrating what is working well; being courageous; connecting emotionally; being curious; considering other perspectives; collaborating; and compromising. In a multiphase programme of research that analysed the implementation of the framework across a range of health and social care settings, staff outcomes included greater self-awareness during interactions, greater self-confidence, development of stronger relationships and more open dialogue that supports relationship-centred practice (Dewar et al., 2017).

Appreciative inquiry proposes that the starting point to generating capacity for change is a strengths-based approach, working with people to explore what is working well and valued within the current system (Ludema et al., 2001). Beginning an inquiry (for example a practice development initiative) from this positive stance can open up space for people to explore new or previously unconsidered ways to take forward small actions or ideas to co-create their desired positive change (Trajkovski et al., 2013).

There are discernible similarities between appreciative inquiry and other strengths/assets/solution-focused approaches to health, social work, community development, workforce development, service design, coaching and leadership development (Sharp et al., 2016). Appreciative inquiry is not purely a research methodology – it offers principles and methods relevant to practice, and to organisational or culture development initiatives that do not have a research component. Some of its underpinning principles, which are enacted within the storytelling initiative described in this article, are that:

- *Questions are powerful.* Asking a question is an intervention in itself as the question has the potential to invite new ways of thinking about or making sense of the past or present. These new perspectives can then influence future developments (Whitney and Trosten-Bloom, 2003)
- *What we focus on grows and expands.* Therefore the words we use and the stories we choose to tell have the potential to influence the future we create (Bushe, 2013)

Appreciative inquiry centres on values, ideas and emotional awareness in order to bring about change (Bushe, 1995, 2013). Action for change occurs within self-organising systems where people autonomously take forward meaningful actions (Bushe and Kassam, 2005).

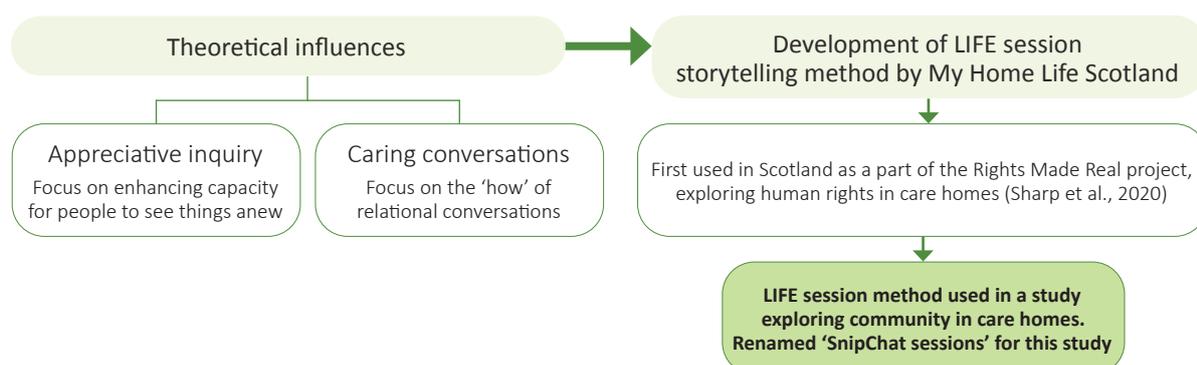
Within appreciative inquiry, storytelling and the choices made around which stories to tell are viewed as choices that hold significant power. The stories we choose to tell and, importantly, how we choose to tell them within organisations, hold the potential to shape people’s realities in positive and hope-filled ways. Because of this potential, these choices could be seen as a moral or ethical matter (Whitney and Trosten-Bloom, 2003).

A fundamental reason for using stories within appreciative inquiry is to enhance the potential for generativity. Here, generativity can be summarised as the capacity to see things anew, by raising core questions about what we can learn from when things work well and what people value, thereby opening up new possibilities for the future (Gergen, 1978). Zandee (2013) further describes how generative questions and actions inquire into the small things, giving due regard to previously unheard voices, with a generative outcome characterised as people thinking or acting in new ways (Bushe, 2013). The following section describes the LIFE storytelling method, underpinned by appreciative inquiry principles, which used generative questions to evoke generative actions and outcomes.

Methods

This article’s storytelling method is termed a Learning and Innovating from Everyday Excellence (LIFE) session. It was first developed in My Home Life, an international initiative to promote quality of life for those living, dying, working in and visiting care homes, through relationship-centred and evidence-informed practice. It was tested in practice in a large hospital setting in New South Wales, Australia and as part of a Scottish-based project, Rights Made Real, exploring human rights in care homes (Sharp et al., 2020). Figure 1 illustrates the development of the LIFE session method.

Figure 1: Development of LIFE session method



The essence of a LIFE session is that it:

‘Shows how to make best use of the everyday stories and conversations to explore more deeply what matters and what is valued. It uses the experience of residents, their relatives, the managers and staff of care homes and the wider community to help us all talk about the ideals and practical ideas that can be taken forward to benefit everyone who lives in, works in or visits the home’ (Sharp et al., 2020, p 3).

Some of the benefits of LIFE sessions identified in the Rights Made Real project include that the process unites people around discussing how to make a difference to the quality of care and life for all, and promotes:

- Making human rights an everyday reality
- Trying things out together
- Sustaining innovation through local ownership
- Development of new practice-based knowledge
- Valuing staff
- Spreading curiosity

(Sharp et al., 2020)

A LIFE session structure involves a group of people coming together for between 30 and 90 minutes, to discuss a short story from everyday life in the care home. Participants may include care home staff, residents, relatives and friends, as well as others who are connected to the care home, such as inspection staff or visiting health or creative practitioners.

The stories discussed at each LIFE session were collected from an observation or account of an everyday experience or event in the care home. Before the sessions took place, its facilitator visited the care homes involved in the study to invite staff, residents, relatives and friends to take part, explaining the nature of involvement and also capturing an initial observation or account of practice that would form the starting point for the initial session. This observation or account of practice was then broadly related to the broader study’s emergent themes, described earlier. It was often a daily aspect of care home life that may not previously have been verbalised. Any stories generated were discussed with those involved in the observation/account of practice and consent was gained for use in the LIFE sessions. After that, other stories were generated during the sessions themselves by those taking part, as the very act of exploring stories resulted in more stories being shared. Working with participants, the facilitator would purposefully notice what stories created energy, and discuss and agree with those involved. Stories would then be taken forward to future LIFE sessions. The stories used are concise, usually no longer than a few sentences, and focus on a particular moment rather than giving a detailed background to the specific experience or event.

An example of a story could be:

When I introduced a new resident, Jane, to two other ladies in our home, I stayed with them at the table until they found things to chat about. I then left them to it and they chatted away for ages, and have since become great friends.

The LIFE session begins with an ‘opening round’, where a creative resource such as KeyCard questions (Kinectons, 2020) is used to invite people to share something about themselves. This helps group members feel comfortable with each other, and also ensures the session begins with everyone having a chance to speak.

The session follows the format of each person having a copy of the story and one person reading it out, with everyone then responding in turn to four questions. The My Home Life team developed the questions in alignment with generative questioning within appreciative enquiry and the Caring

Conversations framework. The framing of these helps people to notice what works well and what is valued, however small, and foregrounds curiosity and tentativeness rather than delving into detailed judgement about why something might not be as people would like it to be.

The four questions are:

- What was there to celebrate in the story?
- What are you wondering about after hearing the story?
- What would you like to see happening more of the time?
- What one thing would you like to ask/think about/try out after discussing this story?

The facilitator guiding the session invites each person who wishes to respond to the first question to do so. It is timed to encourage people to keep their response focused on the story. After each person has responded to the question, the guide may ask if anyone would like to respond further before repeating the process for each of the remaining questions. In responding to the fourth question, people are invited to think of an idea, question or action they may like to take forward on their own or with others. They are not required to reach a consensus as each person may wish to explore something slightly different. The facilitator also responds to each of the questions, in contrast to other practice development discussions in which the facilitator may remain silent.

The facilitator takes notes of people's responses and places them where all participants can see and revisit them, to help each question build on what has been already been shared in the discussion. The session ends with a 'closing round', which can, for example, involve people sharing how they feel at the end of the discussion. Notes from the discussion are subsequently shared with those involved; in this study this was among staff, but there is the possibility to involve residents and others if they wish. A video example of a LIFE session conversation can be found at [My Home Life Scotland](#).

A summary of the terminology used in this article is given in Table 2.

Table 2: Terminology used in this article	
Term	Description
Story	A short account of a particular moment in time or experience from everyday life in a care home storytelling session
Storytelling session	A group discussion where people engage in exploration of a story from everyday practice
LIFE session	A storytelling method developed by the My Home Life Scotland team
SnipChat session	The name given to the LIFE session method as used in the study discussed in this article

Table 3 outlines a range of 'pointers', developed from the work of the human rights project in care homes (Sharp et al., 2020), to guide those wishing to use the LIFE session method in their own practice. One adaptation was applied in this study: the name SnipChat was used instead of LIFE sessions. There were two reasons for this: first, to highlight the informal nature of the conversation (a chat) and second, to incorporate the idea that all that was needed to begin the conversation was a snippet of a story. This name change reflected the prefacing within appreciative inquiry of experimenting with language to try out different words to explore what options best reflect the reality we wish to create. While the name SnipChat was used for the storytelling sessions in the study reported in this article, the essence and process remained in keeping with the LIFE session method.

Table 3: Practice pointers for trying LIFE sessions in practice (Sharp et al., 2020)

Seek out stories of all kinds	<ul style="list-style-type: none"> • Try out the different tools to gather stories from a range of people. These help to go deeper, explore emotions and talk about what is meaningful to people • Ask for and notice the stories that people naturally tell. Encourage this and make a note of the ones that resonate with you • Keep stories simple. Relate just enough of what happened and the basic sequence so that people can get the gist and understand what's going on. Stories are not like case notes: relate what was actually said, rather than talking about what was said. If you're in the story, include your own experience and say how you felt • Don't be tempted to airbrush a story to make it positive or glowing. Keep anything that might be a bit tricky in the story. Use the words that people used • It's possible to work with just a snippet of a story – a few lines – preferably of conversation, or maybe use a few lines of feedback or comments from different people • Listen first. In the LIFE session, read out the story, then hand out printed copies and give people a few moments to read it and highlight anything they feel is important or interesting
Involve residents and others in a LIFE session	<ul style="list-style-type: none"> • We have successfully involved both residents and relatives in LIFE sessions. This is our ideal, but we acknowledge that it may be best to stick to a mix of staff until you feel more confident • In time, look to involve others in the process, including social workers and care inspectors • Create your own simple written explanation of what's going to be involved to give to participants in advance
Keep learning and adapting	<ul style="list-style-type: none"> • Build in your own evaluation. Always spend some time at the end reflecting on how people felt during the session and what they learned about the LIFE process itself. Notice what has worked well and what could enhance future sessions

An initial plan was that after each SnipChat session, those involved would speak with others in the care home about the conversation. Over the following weeks, staff would fill in a poster with some prompts to pick up information on how the SnipChat session had rippled out across the home. Examples of the prompts included on the poster were:

What I've heard people saying about the SnipChat is...

One thing that seems to have touched people about the SnipChat is...

An example of a small difference I've noticed in how people are since the SnipChat would be...

It quickly became clear the poster had not caught people's attention and was not being used. As an alternative, the research team member facilitating the conversations worked with care home staff to choose one question that had emerged from the SnipChat session to share and discuss with others who had not participated. This question was shared informally with other staff in the home by staff who had participated in SnipChat sessions. An example of such a question, arising from illustrative example 1 (below) was 'What helps you feel comfy?' This highlighted the importance of working with care home staff to generate ideas for how the SnipChat discussion would ripple out.

Ethical considerations

Ethics approval was granted by the nursing and midwifery research committee at the University of the West of Scotland's School of Health. The ethics process included providing written information to participants and gaining their written consent. The researchers gathered field notes from the SnipChat sessions, and obtained process consent by verbally checking if participants were comfortable with their data being included. All names have been changed in this article to preserve anonymity.

Description and reflection on method using illustrative examples

The following paragraphs will present three illustrative examples of the SnipChat session storytelling method as it was applied in the study. In total, 14 sessions took place; plans for a further 10-15 sessions were interrupted by Covid-19 lockdown restrictions. The sessions were attended by a range of people including care home staff, residents, relatives and friends, and external therapeutic practitioners who

were engaging in work with care home residents. There were between three and nine participants at each session. The following three illustrative examples are intended to convey the process and outcomes of using this method. Therefore, the focus is on the method itself rather than on analysing the various topics discussed in each session.

Illustrative example 1

The first example was explored in a SnipChat session on the theme of ‘Learning each person’s language’.

Story: One lady places her hands under her jumper and likes to rub her tummy when she is sitting in the lounge.

The session took place with eight care home staff, including nursing and care staff, domestic staff and an activity co-ordinator and one member of the research team (the facilitator).

Table 4 presents a discussion of the first illustrative example.

Table 4: Details of illustrative example 1	
Question	Summary of responses
What is there to celebrate in the story?	<ul style="list-style-type: none"> • That the lady is comfortable enough in her home (care home) to give herself comfort by rubbing her tummy • That she has found a way of helping herself to feel content • Staff support her to be comfortable in her own home, without judgement • The sense of how much staff care about the resident, from others’ responses to the question • Staff sharing about objects and habits that bring them comfort, and how important it would be to them if they were a resident in a care home for staff supporting them to know about these
What are we wondering about?	<ul style="list-style-type: none"> • The different types of touch that people like and how we find this out through gauging how they respond. This is something we learn from a person over time • If the skin on the tummy is softer than on the arms and legs is this possibly why it’s comforting? • Thinking about the lady’s habit of rubbing her tummy, and questions we have now that we think about it – when and why did it start? Did she do it before she moved to the care home? Could it be something she started doing when she was pregnant? • As well as comfort, what are the different things we as staff do that can help to promote safety, reassurance and trust with residents?
What would we like to see happen more of the time?	<ul style="list-style-type: none"> • We could start asking people the question ‘what brings you comfort?’ • We could notice and pick up more about sources of comfort and the habits people have, and find out more about them • We could involve relatives, especially if the resident is no longer able to tell us, and ask them what habits they’ve noticed the person has
What one thing would we like to ask/think about/try out after discussing this story?	<ul style="list-style-type: none"> • To ask the lady more about why she rubs her tummy, and the comfort it gives • To be more aware to look out for habits other residents have • To ask a resident who folds napkins about this habit, and how it makes them feel • To think about how new carers could be introduced to thinking about what brings comfort

In this example, the exploration of this story from everyday practice created space for staff to affirm their shared valuing of the importance of residents’ freedom to express and comfort themselves. The conversation also generated connections between staff when some of them shared examples of their own habits and sources of comfort, and others expressed appreciation for this new learning about their colleagues. The conversation about staff’s habits was a deviation from the structured round of responding to the four questions. However, it did appear to be an extremely energy-full point in the conversation, which potentially influenced staff’s capacity to think about exploring habits and sources of comfort more widely in the home.

While this one-sentence story focused on a single resident at the start, by the end of the discussion it had expanded and developed questions and ideas for possible next steps with relevance for all residents. This resonates with the appreciative inquiry principle that questions are powerful in themselves (Cooperrider, 1987), so an apparent energiser for action from this storytelling session was the idea of asking residents more often about what brings them comfort.

Illustrative example 2

The second illustrative example is drawn from a story on the theme of time, and ‘time makers and investors’. This SnipChat session involved two residents, four relatives/friends of residents, one staff member and one member of the research team.

Story: The local schoolchildren were visiting the care home and we were knocking balloons about. One resident looked a little nervous when a child was hitting the balloons towards her. I took the time to sit with the resident and show her how to bounce the balloon back to the child. The next time the child directed the balloon her way she bounced it back and you could see the smile on her face – she looked like she was enjoying herself.

Table 5: Discussion of illustrative example 2

Question	Summary of responses
What is there to celebrate in the story?	<ul style="list-style-type: none"> • Connections with each other • The resident enjoyed the activity • The person took time to sit with the resident and to show how she might get involved in the activity • The person noticed the resident was nervous • It’s nice to seeing children being kind to older people • There was time to interact with different people • Taking time to include those who might be left behind
What are we wondering about?	<ul style="list-style-type: none"> • How did we notice the resident was nervous? What had changed in her body language? • How do we pick up on body language? • Did the activity triggered other memories? • How do we tune in to body language/expressions that can be louder than words? • What other connections developed during the activity? • Do we know who gets on with each other, and how do we know this?
What would we like to see happen more of the time?	<ul style="list-style-type: none"> • Time for residents to do exercises • More activities • Time for a blether • Time taken to listen • Time to talk about the past • Time taken to get to know each other • Time for residents to chat about life before and life in here • Snippets of time used to connect with each other • Time taken to find out what people enjoy
What one thing would we like to ask/think about/try out after discussing this story?	<ul style="list-style-type: none"> • There are strong connections between people • It is important only to involve people in activities when they are interested • There are conversations happening when we are not here • Remember it need only be a small snippet of time that makes a difference – it’s what you do with the time. Noticing a specific interaction can change someone’s mood – for example, if you show one resident a particular picture she smiles • Maybe think about a coffee area for private chats between residents • Chat about how we use our time during everyday tasks and experiences to connect with each other • Offer training to relatives if they want to be involved in activities – I’m going to try not to do it all myself • Take time to notice non-verbal communication

Time is often discussed from the position of there being a lack of it and of possibilities if there were more time. That perspective appeared in this SnipChat session, along with some other aspects, including a recognition that connections between people and time spent together is not solely the responsibility of staff. A private area may enhance connections between residents for conversation, and activities are something that can be shared with relatives who may be interested. The conversation moved from focusing mainly on what could happen if staff had more time, to thinking about small snippets of time, residents spending time with each other and how involving relatives in activities could be an option. This, of course, has its challenges now in the light of pandemic-related restrictions on visiting. 'Time' often has the status of an enemy as in 'time is against us'. This storytelling method invited people into a space of acknowledging the challenges of not having enough time and talking about time in ways that may not be part of the typical rhetoric, thereby opening up new possibilities. It is possible to draw connections between this story and the appreciative inquiry principle that what we focus on grows and expands (Cooperrider, 1987).

During the SnipChat session, one of the participants – a friend of a resident called Phyllis – discovered Phyllis had connected with another resident and that they enjoyed spending time together. It brought her comfort and pleasure to know that her friend had connected with someone in this way. This example illuminated occasions where just investing time in gathering with others to explore stories, without need for any further action, had a positive impact.

Illustrative example 3

The third and final illustrative example, drawn from another SnipChat session, returns to the theme of 'learning each person's language'. The session took place with three staff members, two of whom were care staff and one a member of the household staff team, as well as a member of the research team.

Story: Anne (a resident living with dementia) went up to the mannequin and carefully felt and adjusted the material on its dress. She looked at the face of the mannequin and said: 'Oh, you're beautiful.'*

*The care home staff had placed a lifesized adult mannequin in the corner of one of the living areas in the care home. This mannequin was dressed in different outfits throughout the year, based on the season or special celebrations such as Easter. At the time of the story, it was dressed in a multilayered, brightly coloured yellow taffeta skirt.

Table 6: Discussion of illustrative example 3

Question	Summary of responses
What is there to celebrate in the story?	<ul style="list-style-type: none"> • It felt like we saw the real Anne, that she was being herself. The interaction seemed to spark an emotion in her • It was good that the colour of the material was bright to catch her attention, and that it was within reach so she could touch it • It was lovely to watch how she was fixing the skirt and feeling the material
What are we wondering about?	<ul style="list-style-type: none"> • What it was in particular that caught Anne’s attention – the colour of skirt, the mannequin’s eyes or hair colour? Did these reminded her of someone? • What other things there are within reach for people to stop and touch in the home? • Residents scan the staff every day, looking for anything new or different – how can staff introduce more things for people to notice?
What would we like to see happen more of the time?	<ul style="list-style-type: none"> • Thinking about giving the home/dining area an injection of colour, with different textures and materials • Staff wearing accessories that catch people’s eye, while respecting health and safety policies • Taking the idea of a box of hats in the staff room like we have at Christmas, and having a box of hairbands for those would like to give wearing one a go • Finding out more about the things staff are already doing that bring colour and personality, such as wearing bright socks or colourful laces
What one thing would we like to ask/think about/try out after discussing this story?	<ul style="list-style-type: none"> • Having a go at putting on different hair ribbons and clips – and starting a collection of them • Thinking about easy ways to bring texture into the dining room, for example using the pillars as focal points for decoration

In this session, staff participating responded to the fourth question by focusing on what other people could do to make an ‘injection of colour’ possible. At this point, facilitation of this session became about a gentle challenge to participants to hone in on what was possible for them, and they arrived at the ideas described in Table 6 above. This gentle challenge was an invitation for people to think of their potential to enact change autonomously. Ten minutes after the session ended, two of the staff members involved were in the lounge with ribbons in their hair; one had gone for a dazzling look and the other for a neat, pretty style. After the session, they had decided to go immediately to the craft cupboard, see what was instantly available and use that as a starting point for bringing texture and colour into the home. This example demonstrates how the use of the storytelling method can help generate ideas and energy for action – action that can be owned and initiated by staff members of all grades. The illustrative examples above resonated with findings from the other SnipChat sessions, and the benefits of this approach were in keeping with those reported by Sharp and colleagues (2020).

Conclusions

The context for each of the SnipChat sessions outlined in this article was the care and support of people living with dementia in care homes. It is well recognised that such care is complex, particularly for those living with advanced dementia (Brown et al., 2020). It can involve tapping into the embodied ways in which a person is communicating (Kontos, 2004), which can require intuitive and tacit knowing on the part of the care providers. The storytelling process described in this article has been designed to help articulate these types of knowing so they can be a source of imagination for what might be possible in the future.

Storytelling has been identified as a method of accessing what has been previously hidden (Sole and Wilson, 2002). While a story may simply be a few lines of someone’s experience, storytelling can move beyond simplified understandings and open up possibilities for deeper understanding. Each of the illustrative examples are representations of brief moments in time – short interactions – yet through the mining of the story for learning, powerful insights and ideas emerged. In this way, the

storytelling process bestows significance to these everyday happenings, in a context where those who live and work can feel undervalued or overlooked (Ross et al., 2016; Dromley and Hochlaf, 2018). The action of taking time with the stories was in itself an act of building connection within the care home community. While there were overarching themes to the stories at the centre of the SnipChat sessions, the illustrative examples convey the differences between the conversations and the ideas originating from them. This suggests the questions asked and the format of the sessions are sufficiently open to support discussion of a variety of topics and for each conversation to be uniquely shaped by the participants.

In many ways, the storytelling process outlined here addresses the concerns raised by Sole and Wilson (2002) and Carr and Ann (2011) described in the introduction to this article. The format allowed staff residents and relatives to come together as equals to share their perspectives on how a story from everyday practice could inform future developments within the home. It may be argued that the facilitator – in the case of this study, two researchers – also contributing to the discussion might in some sense sway how people respond. Discussions between the two researchers involved (TM and ER) on this point led to a revisiting of the valuing within appreciative inquiry of the expertise each person brings (Carter, 2006). These discussions highlighted the importance of the facilitators holding their own insights lightly and sharing them tentatively, knowing that any insight needs to be checked for its relevance to the context in which the discussion is happening. It is also in keeping with the maxim within a collaborative dialogue, of working ‘with’ people, rather than ‘on’ them: SnipChat session facilitators celebrated, practised curiosity and imagined possibilities alongside the other participants.

The story or snippet is moved from written words on a page to be reawakened in new ways through people’s wonderings and imaginings of what might be possible. This storytelling method for innovation within practice was developed quickly; each of the sessions took less than one hour, although more time was available if needed. As is the natural human tendency, one story led to the telling of others and what may be considered ‘diversions’ from responding in turn to the four set questions – for example, staff members sharing what brought them comfort, or the conversation in example 2 where the resident’s friend revealed she hadn’t known about a new friendship in the home. Both these ‘diversions’ were rich and valuable. So as with any practice-development initiative, there is a balance between adherence to the discussion plan and being attuned to aspects of the discussion that appear to be generative.

The decision in this study to call the sessions SnipChats was an effort to move away from the sole use of the word ‘story’ as this can have many different meanings and associations, such as being something that is made up or an experience that is extraordinary in some way. Both the SnipChat name and the ‘everyday excellence’ in the LIFE session acronym represent a playing around with language to demystify, while also bestowing value and significance on the idea of exploring stories from everyday life in care homes and similar settings.

Innovation and cultural transformation are supported by people feeling enabled to develop and take forward change ideas autonomously (Bushe and Kassam, 2005). Although this article does not report on how the storytelling sessions went on to inform practice, the examples suggest the sessions had elements of a generative experience with the potential for generative outcomes, namely that those involved had felt able to reconsider some previous ways of thinking, make connections between this story and enhancing day-to-day life in the home and identify tangible questions, ideas or areas for further consideration.

Implications for practice

Storytelling can provide a useful means to develop practice in an ever-changing care home environment where flexibility and innovation are required, such as when caring for and supporting people living with dementia.

LIFE storytelling methods (on which the SnipChat Sessions were based) offer a useful format for illustrating the significance and potential for learning and development from ordinary, everyday experiences in care homes. They can be facilitated reasonably quickly and with a wide range of people, including residents, relatives, friends and staff involved in different roles. LIFE sessions can facilitate generative experiences and encourage generative outcomes through those involved feeling inspired and enabled to take forward small, tangible ideas and actions for change.

References

- Association for Progressive Communications (2020) *Digital Storytelling*. Retrieved from: apc.org/en/project/digital-storytelling. (Last accessed 15th September 2020).
- Beckman, S. and Barry, M. (2009) Design and innovation through storytelling. *International Journal of Innovation Science*. Vol. 1. No. 4. pp 151-160. <https://doi.org/10.1260/1757-2223.1.4.151>.
- Brown, M., Tolson, D. and Ritchie, L. (2020) Changing needs in advanced dementia. *Nursing Older People*. Vol. 32. No. 4. e1204. <https://doi.org/10.7748/nop.2020.e1204>.
- Bushe, G. (1995) Advances in appreciative inquiry as an organisation development intervention. *Organisation Development Journal*. Vol. 13. No. 3. pp 14-22. Retrieved from: gervasebushe.ca/aiodj.htm. (Last accessed 22nd October 2020).
- Bushe, G. (2001) Five theories of change embedded in appreciative inquiry. Chp 5 in Cooperrider, D. Sorenson, P., Whitney, D. and Yeager, T. (Eds.) (2001) *Appreciative Inquiry: An Emerging Direction for Organization Development*. Champaign, US: Stipes. pp 117-127.
- Bushe, G. and Kassam, A. (2005) When is appreciative inquiry transformational? A meta case analysis. *Journal of Applied Behavioural Science*. Vol. 41. No. 2. pp 161-181. <https://doi.org/10.1177/0021886304270337>.
- Bushe, G. (2013) Dialogic OD: a theory of practice. *OD Practitioner*. Vol. 45. No. 1. pp 11-17.
- Cardiff, S., McCormack, B. and McCance, T. (2018) Person-centred leadership: a relational approach to leadership derived through action research. *Journal of Clinical Nursing*. Vol. 27. Nos. 15-16. pp 3056-3069. <https://doi.org/10.1111/jocn.14492>.
- Carr, A. and Ann, C. (2011) The use and abuse of storytelling in organizations. *Journal of Management Development*. Vol. 30. No. 3. pp 236-246. <https://doi.org/10.1108/02621711111116162>.
- Carter, B. (2006) 'One expertise among many'. Working appreciatively to make miracles instead of finding problems: using appreciative inquiry as a way of reframing research. *Journal of Research in Nursing*. Vol. 11. No. 1. pp 48-63. <https://doi.org/10.1177/1744987106056488>.
- Cooperrider, D and Srivastva, S. (1987) Appreciative inquiry in organizational life. In Woodman, R. and Pasmore, W. (Eds.) *Research in Organizational Change And Development*. Vol. 1. Stamford, US: JAI Press. pp 129-169.
- Dewar, B. (2011) *Caring About Caring: An Appreciative Inquiry About Compassionate Relationship Centred Care*. PhD Thesis. Retrieved from: tinyurl.com/caring-Dewar. (Last accessed 17th September 2020).
- Dewar, B. and Nolan, M. (2013) Caring about caring: developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies*. Vol. 50. No. 9. pp 1247-1258. <https://doi.org/10.1016/j.ijnurstu.2013.01.008>.
- Dewar, B. and MacBride, T. (2017) Developing caring conversations in care homes: an appreciative inquiry. *Health and Social Care in the Community*. Vol. 25. No. 4. pp 1375-1386. <https://doi.org/10.1111/hsc.12436>.
- Dewar, B., Sharp, C., Barrie, K., MacBride, T. and Meyer, J. (2017) Caring Conversation Framework to promote person centred care: synthesising qualitative findings from a multi-phase programme of research. *International Journal of Person Centered Medicine*. Vol. 7. No. 1. pp 31-45. <https://doi.org/10.5750/ijpcm.v7i1.619>.
- Dromey, J. and Hochlaf, D. (2018) *Fair Care: A Workforce Strategy for Social Care*. Retrieved from: tinyurl.com/dromey-faircare. (Last accessed 22nd October 2020).
- Escalfoni, R., Braganholo, V. and Borges, M. (2011) A method for capturing innovation features using group storytelling. *Expert Systems with Applications*. Vol. 38. No. 2. pp 1148-1159. <https://doi.org/10.1016/j.eswa.2010.05.008>.

- Fairbrother, G., Cashin, A., Mekki, T.E., Graham, I. and McCormack, B. (2015) Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery. *International Practice Development Journal*. Vol. 5. No. 1. Article 4. pp 1-11. <https://doi.org/10.19043/ipdj.51.004>.
- Fairbairn, G. (2002) Ethics, empathy and storytelling in professional development. *Learning in Health and Social Care*. Vol. 1. No. 1. pp 22-32. <https://doi.org/10.1046/j.1473-6861.2002.00004.x>.
- Fairbairn, G. (2005) Storytelling, ethics and empathy. *Ethical Space: The International Journal of Communication Ethics*. Vol. 2. No. 3. pp 48-55. Retrieved from: tinyurl.com/fairbairn-story. (Last accessed 22nd October 2020).
- Gergen, K. (1978) Toward generative theory. *Journal of Personality and Social Psychology*. Vol. 36. No. 11. pp 1344-1360. <https://doi.org/10.1037/0022-3514.36.11.1344>.
- Goldingay, S., Epstein, S. and Taylor, D. (2018) Simulating social work practice online with digital storytelling: challenges and opportunities. *Social Work Education*. Vol. 37. No. 6. pp 790-803. <https://doi.org/10.1080/02615479.2018.1481203>.
- Hayes, J. and Maslen, S. (2014) Knowing stories that matter: learning for effective safety decision-making. *Journal of Risk Research*. Vol. 18. No. 6. pp 714-726. <https://doi.org/10.1080/13669877.2014.910690>.
- Hsu, M.Y. and McCormack, B. (2012) Using narrative inquiry with older people to inform practice and service developments. *Journal of Clinical Nursing*. Vol. 21. Nos. 5-6. pp 841-849. <https://doi.org/10.1111/j.1365-2702.2011.03851.x>.
- Kim, J-H. (2015) *Understanding Narrative Inquiry: The Crafting and Analysis of Stories as Research*. London: Sage.
- Kinections (2020) *Key Card Questions* (adapted from Erin Waters and Momastery). Retrieved from: tinyurl.com/key-card-qs. (Last accessed 2nd March 2021).
- Kontos, P. (2004) Ethnographic reflections on selfhood, embodiment and Alzheimer's disease. *Ageing & Society*. Vol. 24. No. 6. pp 829-849. <https://doi.org/10.1017/S0144686X04002375>.
- Ludema, J., Cooperrider, D. and Barrett, F. (2001) Appreciative inquiry: the power of the unconditional positive question. Chp 13 in Reason, P. and Bradbury, H. (Eds.) (2001) *Handbook of Action Research*. Thousand Oaks, US: Sage. pp 155-165.
- Manley, K. and McCormack, B. (2003) Practice development: purpose, methodology, facilitation and evaluation. *Nursing in Critical Care*. Vol. 8. No. 1. pp 22-29. <https://doi.org/10.1046/j.1478-5153.2003.00003.x>.
- Marín, V., Tur, G. and Challinor, J. (2018) An interdisciplinary approach to the development of professional identity through digital storytelling in health and social care and teacher education. *Social Work Education*. Vol. 37. No. 3. pp 396-412. <https://doi.org/10.1080/02615479.2017.1408790>.
- Murray, G. (2009) Narrative inquiry. Chp 3 in Heigham, J. and Croker, R. (Eds.) (2009) *Qualitative Research in Applied Linguistics*. London: Palgrave Macmillan. pp 45-65.
- Murray, S. and Tuqiri, K. (2020) The heart of caring – understanding compassionate care through storytelling. *International Practice Development Journal*. Vol. 10. No. 1. Article 4. pp 1-13. <https://doi.org/10.19043/ipdj.101.004>.
- Ross, K., Strathearn, D. and Macaskill, D. (2016) *Voices from the Front Line: Exploring Recruitment and Retention of Social Care Support Workers*. Retrieved from: tinyurl.com/ross-voices. (Last accessed 22nd October 2020).
- Sharp, C., Dewar, B. and Barrie, K. (2016) *Forming New Futures through Appreciative Inquiry*. Retrieved from: tinyurl.com/sharp-iriss33. (Last accessed 2nd February 2021).
- Sharp, C., Dewar, B. and McCombie, S. (2020) 'Putting the Human into Human Rights.' *Learning and Innovating from Everyday Excellence*. Retrieved from: tinyurl.com/sharp-human. (Last accessed 22nd October 2020).
- Snowden, D. (2000) The art and science of story or 'are you sitting uncomfortably?' *Business Information Review*. Vol. 17. No. 4. pp 215-226. <https://doi.org/10.1177/0266382004237782>.
- Sole, D. and Wilson, D. (2002) *Storytelling in Organizations: The Power and Traps of Using Stories to Share Knowledge in Organizations*. Harvard Graduate School of Education, US. pp 1-12. Retrieved from: tinyurl.com/sole-storytelling. (Last accessed 22nd October 2020).

- Thomas, K. and Allen, S. (2006) The learning organisation: a meta-analysis of themes in literature. *The Learning Organization*. Vol. 13. No. 2. pp 123-139. <https://doi.org/10.1108/09696470610645467>.
- Trajkovski, S., Schmied, V., Vickers, M. and Jackson, D. (2013) Implementing the 4D cycle of appreciative inquiry in health care: a methodological review. *Journal of Advanced Nursing*. Vol. 69. No. 6. pp 1224-1234. <https://doi.org/10.1111/jan.12086>.
- Whitney, D. and Trosten-Bloom, A. (2003) *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*. San Francisco: Berrett-Koehler.
- Zandee, D. (2013) The process of generative inquiry. In Cooperrider, D., Zandee, D., Godwin, L., Avital, M. and Boland, B. (Eds.) (2013) *Organisational Generativity: The Appreciative Inquiry Summit and a Scholarship of Transformation*. Bingley, UK: Emerald Publishing. pp 69-88.

Edel Roddy (PhD, MA, BSc Nursing), Research Fellow, University of the West of Scotland, Lanarkshire, Scotland.

Tamsin MacBride (MSc, BN, RN, FHEA), Lecturer, University of the West of Scotland, Paisley, Scotland.

Annette Coburn (PhD, Dip Y&CCed; MSc APP; SFHEA), Senior Lecturer, University of the West of Scotland, Lanarkshire, Scotland.

Anna Jack-Waugh (Prof.D, MSc, RNT, BSc Hons, RMN, HEA Senior Fellow), Senior Lecturer, University of the West of Scotland, Dumfries, Scotland.

Belinda Dewar (PhD, RN, RNT), Director, Wee Culture, Gordon, Scotland.