



SLOWLY

A digital reflection tool to help Dutch
nurses tell their story.

Master thesis
Merijn Irik Sabée
MSc Design for Interaction
Industrial Design Engineering
Delft University of Technology
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PREFACE

What a journey it has been. Only while writing this preface, I realize I am about to send the last report of my academic career. Many people have contributed to me being here at this moment in my life. I am not a man of many words but I am grateful for each and everyone of you.

First and foremost, I want to thank my parents for putting me on this earth and for always supporting me throughout my nine turbulent years in Delft.

Of course, I would like to thank Elif and Niko for providing me with the guidance and support in both professional and even some personal matters. You have been amazing and I couldn't have wished for a better team.

I also would like to thank Ezgi for her unrelenting support and warmth. &

Finally, I want to thank all my friends that supported me throughout this project. Especially those that had to suffer through a full week of user testing and me texting them about it.

Merijn Irik Sabée
4166612
Master thesis
MSc Design For Interaction
Industrial Design Engineering
Delft University of Technology
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Chair: Dr. Ozcan Vieira, E
Mentor: Dr. ir. Vegt, N.J.H

GLOSSARY

Abbreviations

- > COVID-19 - Coronavirus disease 2019
- > RIVM - Rijksinstituut voor Volksgezondheid en Milieuhygiëne
- > SARS-CoV-2 virus - Severe acute respiratory syndrome coronavirus 2
- > ICU - Intensive care unit
- > BIG - Beroepen in de Individuele Gezondheidszorg
- > SDT - Self Determination Theory
- > BtM - Behind the Mask

Definitions

- > Nurse - Within this project, someone working as a nurse in a hospital.
- > Corona - A popular term for the coronavirus.
- > Storytelling - The activity of telling or writing stories.
- > Story - Events in someone's life that are shared.
- > COVID department - A department in a hospital specifically aimed at providing care to COVID patients.
- > Creator - The creator of a story.
- > Sharer - The sharer of a story.
- > Consumer - The consumer of a story. (e.g., reader, viewer or listener)
- > Behind the Mask - An online peer support platform for nurses, currently in development.
- > First wave - The period between March and July of 2020.
- > BIG register - A register for healthcare personnel. Part of the BIG law that provides rules for professions in healthcare and protects patients against improper and careless conduct.
- > Frontline workers - Healthcare personnel that come into direct contact with COVID patients.
- > Situational empathy - A form of empathy felt toward the plot of a story.
- > Bounded strategic empathy - A form of empathy felt towards the author of a story.
- > Storytelling activity - An activity that results in a story.
- > Storytelling space - A space in which a story can be shared. Not exclusively physical.
- > Peer support - Social-emotional support, a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.
- > Design researcher - A designer who embeds research within their design process. Also, the person that carried out this project and the author of this report.
- > Experiential knowledge - Specialized information and perspectives that people obtain from living through their experiences.
- > Character - The people and things that a story is about.
- > Setting - The time and place in which a story plays out.
- > Plot - A sequence of events that make up the story.
- > Conflict - The problem or challenge that the main character faces in a story.
- > Theme - The main idea, belief, moral, lesson or intended insight of a story.
- > Peer - A person of the same age, status, or ability as another specified person.
- > Narrative transportation - The extent to which someone empathizes with the story characters and the story plot activates his or her imagination.

EXECUTIVE SUMMARY

The extraordinary working conditions caused by the first wave of COVID-19 patients caused stress, anxiety and lack of sleep in frontline nurses. This negatively impacted their psychological well being which is important for providing optimal care and maintaining long-term employability (Schoonhoven & Trappenburg, 2020). There is a lack of accessible and low-threshold support tools such as online peer support platforms for nurses. While storytelling driven online peer support is a promising tool, it is unclear how it should be designed. This project aimed to design a storytelling tool, specific to the psychological needs of the Dutch nurses, that best facilitates online peer support. This report describes the research, design and evaluation activities as part of the design process of SLOWLY - A tool that helps nurses reflect on their experiences, preparing them to write a story to be shared as part of online peer support.

A context and target group analysis lead to the assessment of the thirteen fundamental needs (Desmet & Fokkinga, 2020). Fulfilment of autonomy, competence and relatedness, as part of self determination theory (Deci & Ryan, 2000), was found to be critically low. This was the primary source for the design requirements of SLOWLY.

After using the design requirements to access a wide variety of design interventions, SLOWLY proved to be the most promising concept due to its potential to provide understanding about an experience in an accessible, low-threshold and safe manner. A detailed digital prototype was created, which used five storytelling prompts (character, setting, plot, conflict and theme) to guide nurses in a five day reflection process. Their responses were shown to them during the writing process to help them write stories with more details relevant to their experience.

SLOWLY was found to provide increased understanding of the experience based on user testing with seven participants. It showed potential to fulfil all three critically affected fundamental needs. An additional expert review with one nurse yielded a positive response to the likeability, ease of use, clarity and benefit of SLOWLY.

The results of this project provided insight into the potential role of storytelling in facilitating online peer support for nurses. Further research is recommended to evaluate longitudinal effects and possible interactions as a result of story sharing.

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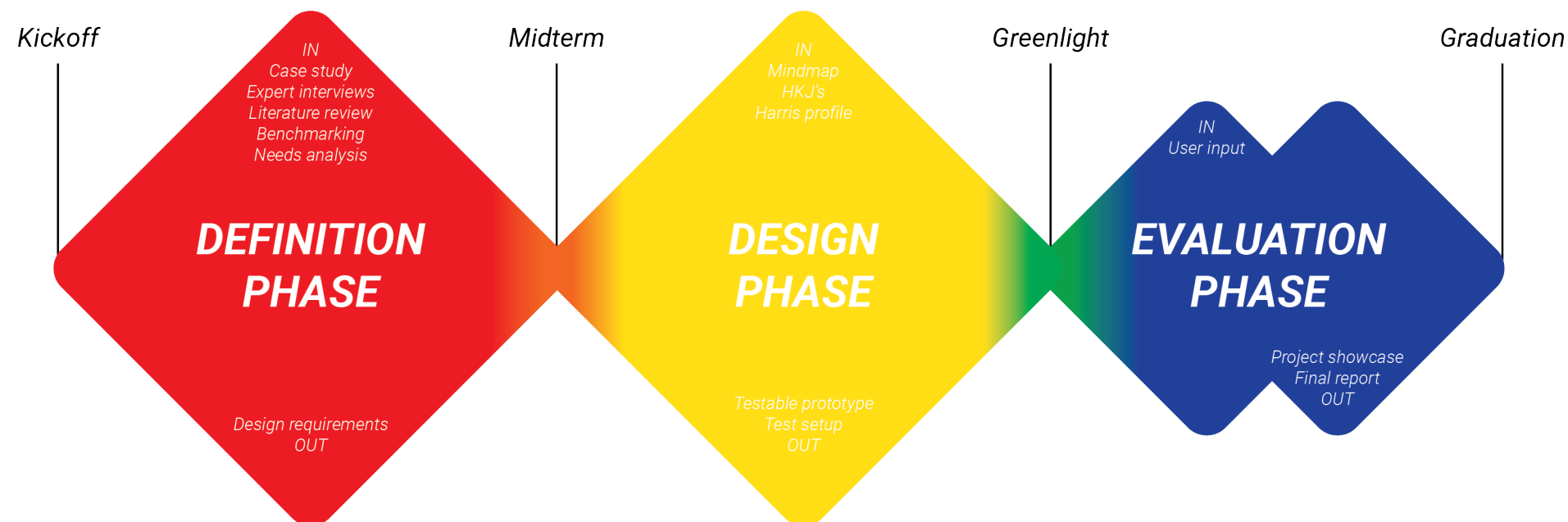
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01

DEFINITION

"The nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the mother, the mouthpiece for those too weak or withdrawn to speak and so on."

- Virginia Henderson

Introduction

These words, spoken by Virginia Henderson also known as the First Lady of Nursing, illustrate the essence of the profession. While there are many different types of nurses with various responsibilities, essentially they all share the same purpose: Supporting a patient in doing activities beneficial to their health that they would normally do independently, to help them become independent again. It goes without saying that for a nurse to provide optimal care, their wellbeing should not be compromised. For the most part, maintaining their physical and psychological wellbeing is their responsibility. Something that can be a challenge on its own, made even more challenging by the effects of the pandemic.

It is understood that the exceptional working conditions caused by the COVID-19 outbreak negatively impacted the wellbeing of nurses in Dutch hospitals. It is unclear whether sufficient tools are available to help them maintain their wellbeing. While online peer support has presented itself as an accessible, low-threshold addition to a variety of support methods, there are no initiatives targeted specifically towards nurses.

While there are multiple gradations of storytelling, peer support would not be possible without it. However, little research has been done on the role of storytelling in peer support, not to mention online peer support. This project aimed to determine how to use storytelling to facilitate online peer support for Dutch nurses.

This chapter provides the foundation of the design process. It explains the problem, background and design qualities as well as their sources.

Problem statement

Maintaining your psychological wellbeing as a nurse is important for providing optimal care and maintaining long-term employability (Schoonhoven & Trappenburg, 2020). The working conditions following the COVID-19 outbreak had a direct influence on the nurses' wellbeing and their capability to improve it. While storytelling driven online peer support is a promising tool, it is unclear how it should be designed. Looking at their specific needs, this project aims to design a storytelling tool that best facilitates online peer support between Dutch hospital nurses.

Background

This section will describe the context and target audience to which the project was aimed. While a broader analysis was done, the project focussed mostly on the first wave. The first wave is classified by the RIVM as the period from March until July 2020.

Context

To provide a complete picture, the context is described in three levels: society, hospital and online platform.

Society

In the first quarter of 2020, the SARS-CoV-2 virus (or Coronavirus) started to spread around the globe and made its impact in all layers of society. When the WHO officially declared the disease a pandemic on the 11th of March of that year (WHO, 2020), the first cases had already been reported in the Netherlands. A week later, as hospitals started filling up with cases, the Dutch prime minister addressed the nation announcing an intelligent lockdown. The day after that, people all around the country applauded from their homes, showing their appreciation for healthcare personnel. They were seen as heroes, putting their lives on the line to protect those of others. As time progressed the lockdown started to pay off and the curve started to flatten. And when societal measures started to get lifted, the narrative started to shift with it. It became less about healthcare workers and focussed more on measures, politics and the virus itself. The rest of the year, there were protests and even riots, with an all-time low of rioters trying to break into a hospital in Enschede at the start of 2021 (RTL Nieuws, 2021). The entire period saw intense media coverage about anything covid related. And the heroes that were applauded before? They were back to being healthcare personnel, with a €1000 bonus cheque for their supposed heroism.

Hospitals

Throughout all of this, working conditions for hospital nurses were harsh. The most extreme conditions occurred at the peak of the first wave in April. Context analysis, consisting of multiple interviews and a social media case study, shows that regular care was reduced to minimal levels and many nurses were transferred to existing or newly set up COVID departments. Those who were transferred often had insufficient training and experience for what was expected of them. Nurses worked extra shifts and occasionally did not have time to take breaks. Interviewed nurses also mentioned dealing with a mostly unknown virus, inconsistencies in national policies, decreased organisational structure, insufficient communication and being unfamiliar with colleagues, equipment or location, as factors that negatively impacted working conditions. The average number of patients a single nurse was expected to care for increased while the necessary protective measures decreased their efficiency, ease and comfort. Nurses felt as if they were unable to provide care that was in line with their personal views on decent healthcare. While the working conditions slowly improved alongside the decline in the number of reported cases, they would not return to normal for the remainder of the year. Protective measures and a backlog in regular care kept the workload high, inhibiting nurses from fully recovering from the physical and psychological effects of the first wave.

Behind the Mask

As the first wave of COVID-19 patients was filling up hospitals throughout the country, the first effects on the wellbeing of healthcare professionals were becoming noticeable. As was the case in the Erasmus Medical Centre in Rotterdam. They reached out to the Delft University of Technology, asking for help. A small group of professors and students started to discuss possible design interventions and decided to create an online support platform, Behind the Mask. In the following months, various professors, students, developers, consultants and advisors contributed. They represented various institutions such as UMC Utrecht, Hogeschool Utrecht, LUMC, THINC, Rabobank, Parnassia, Bol.com & the St. Jansdal Hospital.

Even though it is currently still under development, Behind the Mask served as a design context in this project. When finished, it aims to be an accessible online peer support platform that provides nurses with the tools to increase their wellbeing and resilience. It will provide a safe environment for online peer support as well as carefully selected self-help advice. Users are anonymous and communicate by sharing stories related to their work. In this, its key characteristics are accessibility, normalization and low sharing threshold. The storytelling tool that is the outcome of this project is meant as a feature of Behind the Mask or a similar online support platform.

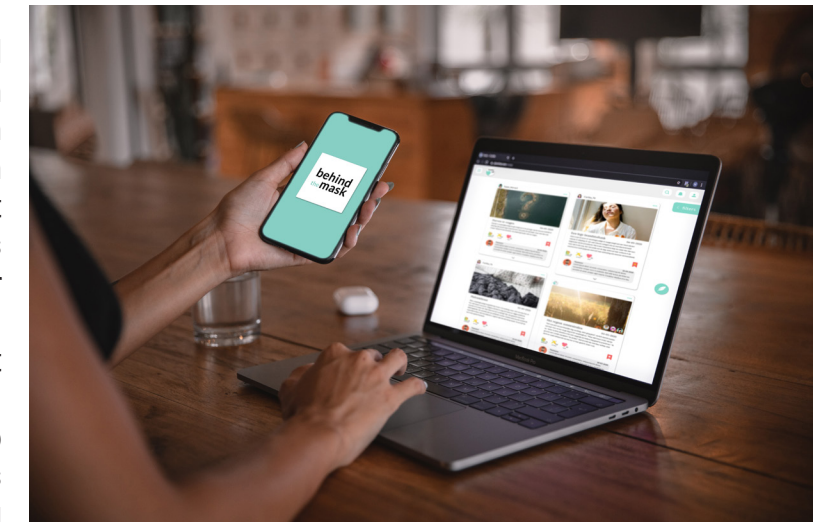


Figure 01: Impression of Behind the Mask in context.

Appendix B shows a quickstart guide created for preliminary user testing purposes. This guide is a great indication of the state of the platform at the time of writing this text. Additionally, it discusses the main features of the platform.

Target group

This project is aimed at Dutch hospital nurses that worked during the first wave of the COVID-19 pandemic. This section will first provide general information about the profession based on online research. Then, an overview of both the psychological effects and the mindset of a group of nurses is described. This group consisted of nurses from various departments, with various experiences. Their input was gathered through interviews and a social media content case study.

General information

Nurses, as opposed to caretakers, mostly work in hospitals. The tasks they carry out differ based on their department and specialisation. Some examples are washing and dressing patients, applying an iv or attending to wounds. A nurse is also allowed to

administer medicine. The function of the nurse is to support doctors during examinations and patients during aftercare. Their job description also includes some management aspects. They see to it that daily tasks are being carried out, ensure nursing quality in their department and are expected to manage files on patients that require treatment. One interviewed nurse described her job as *“being the eyes and ears of the doctor”*, which is a common view within the profession.

The CBS reported over 186 thousand nurses in the Netherlands at the end of 2017. This is expected to have increased since. To become a nurse, one has to complete an MBO level-4 or HBO level education with the option to further specialize after that. In 2016, about 9 out of 10 graduates were female. Examples of further specialization tracks include but are not limited to ICU, ambulance, anaesthetic, child care, oncology, etc. The nurses involved in this project came across as proud and passionate about their job. They often have caring personalities and wish to make a positive impact on other people's lives. Nurse (Verpleegkundige in Dutch) is also a protected title in the Netherlands and therefore requires a BIG registration. (Beroepen in de Individuele Gezondheidszorg register)

Psychological well being

The first wave had an enormous impact on the mental well-being of nurses. To what extent they were affected varied per person and was influenced by factors such as familiarity with equipment, department or colleagues, pre-existing personal problems, social safety net, personal life, values, training, prior experience, responsibilities and age.

The severity of the psychological consequences was also impacted by their exposure to certain situations or triggers. Many nurses in the frontline were exposed to excessive amounts of suffering and death without the prospect of improvement. A patients' medical condition could decline very rapidly despite their best efforts. Not all of them had sufficient training or work experience to deal with these experiences. There were no guarantees for their safety nor were superiors able to give that to their subordinates. Frontline workers had trouble providing patients with proper emotional support and often had to witness them dying alone. Sometimes, the rules (e.g. visitation limitations) conflicted with their values or views on humane care. This also caused disagreements between peers and forced some nurses to provide care in a way they were not fully comfortable with. On rare occasions, some who were transferred to ICU wards had their contribution and motives questioned by their peers while some who were not working in the frontline had trouble not being able or allowed to help.

These experiences could cause a wide range of effects. Nurses mentioned having nightmares, especially at the beginning of the first wave. Many of them were afraid of bringing the virus home to their families or spreading it among friends. Combined with the high workload, this caused many nurses to severely limit their social interactions. Some nurses questioned their contribution, actions or competence. Many of them felt anxiety or feared the near future. Some had experienced such misery that they were unable to see things positively at all and some even felt permanently altered by their experiences. Near the end of the first wave, many were taking more time for themselves when possible and showed little motivation to do anything extra such as taking on extra shifts or attending training or support sessions. At this stage, the nurses said that the

adrenaline had faded and that they were starting to notice the psychological impact of the first wave. In an Instagram post from July 6th 2020, the @breathhtakingnurses described it as follows: *“Constantly adjusting, going on when there was no energy left and crossing ethical lines has left its mark. [...] There are days I'm suddenly emotional and I notice “my battery” isn't recharged yet.”* That same month, they also mentioned having seen and experienced things that are hard to forget. Things that regularly made them tear up and some of their colleagues still didn't sleep properly or questioned the quality of care they provided.

Mindset

In March of 2020, nurses would look at the situation day by day. They didn't expect much because they simply couldn't know what to expect. As the workload decreased, they started to feel more confident about the future and also felt better prepared than in the beginning. While nurses were dealing with the effects of the first wave, their mindset was generally quite grim. The upcoming flu season, the backlog in regular care, a possible mutation of the coronavirus or a potential second wave were causing many to feel uncertain. While they expected a second wave would most likely be less chaotic than the first, they worried about their workload, preparedness and well-being. Nurses showed a lack of long term thinking and one even mentioned many of her colleagues questioned their willingness to work in the event of a second wave.

Research activity: Semi structured interviews

Seven semi-structured interviews were carried out with a selection of experts. The experts and their field of expertise are shown in the list below. The purpose of the interviews was to gain a deeper understanding of their experiences, needs and context. The interviews were conducted either through video or audio-only calls. The video calls were recorded. These videos were watched thoroughly while noting down important quotes or insights. With regards to audio-only calls, notes were made during the conversation itself. These notes were then reviewed and elaborated on immediately after the call ended. For each interview, the notes were ladderized into insights which were then translated into English. These insights were clustered into categories of which the level of abstraction allowed for combining insights of different interviews. The insights were then converted from bullet points into a summative text. Related interview materials can be found in appendix C.

Interviewees

- > Pim Groffen (Social Media Advisor - Home Instead Alkmaar)
- > Bente van de Wouw (Online Editor / Writer - Flow Magazine)
- > Oda Heerema-Snoep (Innovation Manager - Pontes Medical part of the Department of Medical Technology and Clinical Physics, UMC Utrecht)
- > Marco Groffen (Director - Home Instead Alkmaar)
- > Anja van 't Klooster (ER Nurse / Coordinator Internal Employee Care Team - Hospital St. Jansdal, Harderwijk)
- > Margo van Mol (Researcher / Ex-ICU Nurse - Erasmus MC)
- > Leoni van Gent (Senior Childcare Nurse - Wilhelmina Children's Hospital, UMC Utrecht)

Literature review

This section describes literature relevant to this project with the aim to provide an understanding of the relevant working mechanisms and theoretical foundation.

Peer support

Peer support is social-emotional support (Gartner & Riessman, 1982), a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful (Mead, Hilton, and Curtis; 2001). Solomon (2004) argues that peer support can be delineated into six categories: self-help groups, internet support groups, peer-delivered services, peer run or operated services, peer partnerships, and peer employees. The context of this project is classified as an internet support group, more specifically an anonymous online peer support platform populated exclusively by nurses.

Salzer et al. (2002) describe what they call the five theories of psychosocial processes that underlie peer support:

- > **Social support;** “The availability of people on whom we can rely: people who let us know that they care about, value, and love us and are willing to assist us to meet our resources and psychosocial needs.” (Sarason, Levine, Basham & Sarason; 1983)
- > **Experiential knowledge;** “Specialized information and perspectives that people obtain from living through the experience of having a severe psychiatric disorder.” (Borkman, 1990)
- > **Helper-therapy principle;** “Receiving personal benefit such as: an enhanced sense of interpersonal competence, a feeling of gaining as much as given to others, receiving “personalized learning” from working with others and acquiring an enhanced sense of self from the social approval received for those helped. Allowing for better helping others.” (Skovholt, 1974)
- > **Social learning theory;** “The theory that peers, because of their experiences as individuals receiving or having received mental health services are more credible role models for others with psychiatric diagnoses, and therefore, interactions with peers who are successfully coping with their illness are more likely to result in positive behaviour change on the part of other peers.” (Salzer et al., 2002)
- > **Social comparison theory;** “The theory that individuals are attracted to others who share commonalities with themselves, such as a similar psychiatric illness, in order to establish a sense of normalcy for themselves.” (Festinger, 1954)

Behind The Mask aims to be an environment in which all five underlying processes are happening, however, the design intervention will focus mainly on effectively sharing experiential knowledge and the helper-therapy principle. This focus will be further explained in the next section.

Solomon (2004) also states 11 critical ingredients of peer support (see figure 02), divided into elements of the service, characteristics of the peer providers and characteristics of the mental health service delivery system. Three of these critical ingredients are aspects that can be implemented through the design of a storytelling tool. The others are related

either to the platform itself or the type of user on the platform. The use of experiential learning processes is almost inherent to peer support through storytelling. It stresses that the stories being written should be based on the experiences of the writer. The use of mutual benefit is important to provide effective peer support as well as for evoking and maintaining interaction between nurses, which essentially means interaction between writer and reader, or peer provider and peer receiver. This interaction will most likely only occur if there is a benefit for both parties. Lastly, the voluntary nature of the service means there shouldn't be a specified place and time that the tool should be used. This element underlines the need for accessibility, which is also mentioned by a recent report on the preservation of short- and long-term physical/mental health and employability of healthcare professionals exposed to Covid-19 crisis working conditions (Schoonhoven & Trappenburg, 2020).

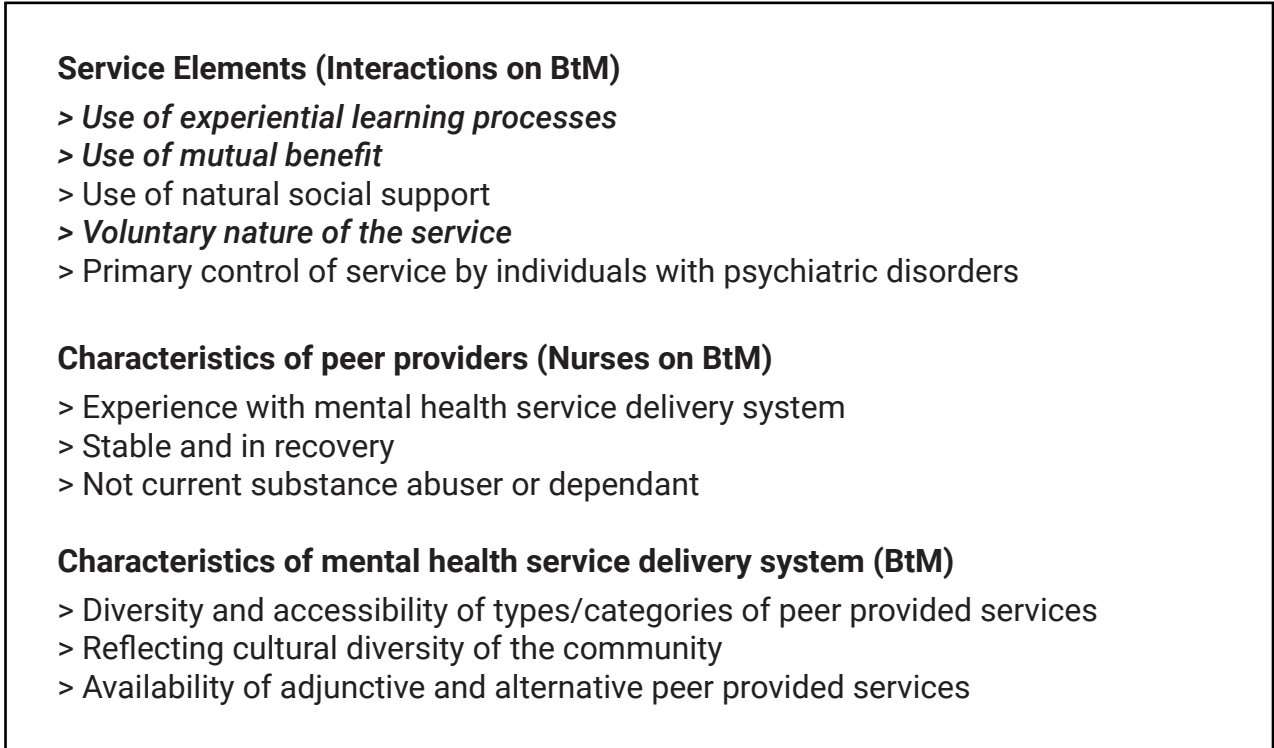


Figure 02: The eleven critical elements of peer support as per Solomon (2004). The elements relevant to designing a storytelling tool are highlighted.

Storytelling

This project aims to design a tool for storytelling driven peer support. Since the combination of storytelling and peer support is unexplored in existing literature, this chapter will first discuss literature on empathy in stories which is seen by the design researcher as an important element in storytelling driven peer support. Secondly, it shows a theoretical framework that combines the five psychosocial processes that are theorized to underlie peer support with two types of storytelling related empathy.

Empathy

The design researcher claims that peer support through storytelling relies on two types of empathy: Situational empathy and bounded strategic empathy. Situational empathy is an empathic response to plot and circumstance related to recognition of prior or current experience (Keen, 2006). This means that the reader empathises with an event in the story because it is familiar to them. Bounded strategic empathy operates within an in-

group, stemming from experiences of mutuality and leading to a feeling with familiar others (Keen, 2006). This means that, for stories that describe the experiences of the author, the reader empathises with the person sharing the story due to recognition of the experience. Since empathy has been linked to increased levels of prosocial behaviour (Schroeder et al., 2015), stories that evoke it will benefit the peer support process.

Theoretical framework

Based on the aforementioned literature research, a framework was created that shows the ingredients for an effective peer support platform, their relation to empathy and their place within the solution space. This framework is shown in a pyramid shape as seen in figure 03. It combines the storytelling literature with the peer support literature which are put into two parts: The top of the pyramid and the base of the pyramid or the storytelling activity and the storytelling space.

The top of the pyramid contains the storytelling activity, which has to facilitate the sharing of experiential knowledge that benefits both sharer and consumer. The sharing activity is also what strengthens the effect of the helper-therapy principle. As sharing a story that is more effective at helping others will make the author feel more competent in helping oneself. Without the top, the pyramid would still exist but isn't complete, therefore it will not work as effectively as it would as a whole. A bad storytelling activity can be imagined as a group of people sitting in a room not saying anything relevant.

The base of the pyramid is the storytelling space, which should be an environment that enables and urges people to share as well as containing the right people for providing effective peer support. Without the base, the pyramid would collapse and the storytelling activity would not work effectively. An example of a bad storytelling space is a group of people sitting in a room where nobody is listening to anyone.

The five psychosocial processes that are theorized to underlie peer support (Salzer et al., 2002), were put into either the storytelling activity or storytelling space sections of the pyramid. The division of these processes was done by the design researcher based on which section would influence each underlying process the most.

Finally, empathy should be seen as the two-component glue holding it all together. Situational empathy connects users through empathy for the event in the story that is shared, while bounded strategic empathy connects users by empathy for the person that is sharing the story.

Sharing Space

Within this project, the sharing space is assumed to be ideal. That doesn't mean the storytelling tool doesn't need a context to exist in. As described earlier, Solomon (2004) states a few critical ingredients of peer provided services that are relevant to the sharing space. They are shown in full in figure 02 on page 8 but have been translated to their practical implication in this section.

The ideal sharing space for this concept is an online community that is primarily controlled by nurses. It shows the stories of the nurses who have already completed the sharing activity and allows nurses to interact with each other using the stories as a focal point. Nurses can be anonymous to other users during these interactions as well as any other use of the platform.

The community of peers that populate the platform is also assumed to be ideal. The ideal group of peers consists of a stable group of active users that sufficiently reflects the diversity of the nursing community in the Netherlands. Ideally, a part of these users should already have experience with the sharing space as well as using the sharing activity. For optimal peer support, the community contains users that have been through similar experiences and struggles as the sharer but aren't anymore.

The platform itself should allow for the sharing of stories as well as interacting with these stories and their creators.



Figure 03: Visualization of the theoretical framework showing the five ingredients for an effective peer support platform, their relation to empathy and their place within the solution space.

Existing support

Existing support is categorized into two types: Self-care and support within hospitals.

Self-care

Few simple options exist for those that seek out support online. An example of an existing tool is Suportiv.com, which offers fast, anonymous, guided chats with peers. However, this platform lacks accessibility as it requires users to pay for its use. Another example is Lookingglass.com, which offers regularly scheduled real-time online peer support groups that they characterize as *“an accessible, anonymous, and non-threatening alternative to conventional support groups.”* While this platform is free in use, it is only available to Canadian residents who are experiencing disordered eating, weight, or body image issues. No online peer support platforms were found that were aimed specifically at nurses.

Websites that are aimed specifically at nurses are either limited to providing online learning (e.g. Anderehanden.com, E-nursing.nl or Nurseacademy.nl), only provide static content (e.g. Nursing.nl) or are not sufficiently focussed on wellbeing and/or lack the safe-space necessary for emotional support (e.g. nursing Facebook groups such as Verzorgenden en Verpleegkundigen, Verpleegkunde Studenten and Verpleegkundigen).

Finally, none of the nurses that contributed to this project mentioned the use of online self-care instruments. When asked about online sharing among nurses, they felt that freedom of expression, a balance between serious and less serious topics, a sense of normalcy and the possibility of anonymity for those that feel stigma or shame were important. Coping strategies that were mentioned included disconnecting from hospital events by engaging in offline activities such as reading a book or playing a board game, the use of (harsh) humor and shutting off emotions. They also discussed their experiences with family and friends but noted that they often didn't fully understand what they were going through.

(Peer) support within hospitals

Hospitals mainly offered peer support, which allowed nurses to share their experiences with people who did understand what they were going through. Peer support comes in different variants. Some nurses found peer support within their team by discussing their experiences, paying good attention to each other and having a laugh during breaks. The same nurses also mentioned biweekly guided support sessions with extra sessions on request as well as the availability of a specialized trauma team for the most severely affected nurses. Others described a mentorship in which a new nurse is paired with a more experienced nurse to provide guidance or regular (guided) reflections within the team. A similar system is the buddy system another nurse talked about, in which a novice nurse is paired with two more experienced nurses.

Based on the accounts' of nurses from four hospitals it seems that various forms of psychological support was offered in most if not all hospitals in the Netherlands, although not all of them had access to support programmes at a similar level of quality. Additionally, nurses agreed that most support methods were not widely used. They gave possible reasons such as a lack of time, energy or trust, group dynamics, shame or fear of sharing.

Examples of hospital initiatives not specifically aimed at nurses are the close monitoring of employees by management and referring them to professional help when needed, lowering the threshold to approach a hospital psychologist, providing massage chairs or relaxing VR experiences and offering 2-3 hours long corona specific reflection sessions open to all hospital staff. One nurse, who was the coordinator of an internal employee care team and facilitated these corona specific reflection sessions, noted that many seemed to be hesitant to share at first but found it to be extremely helpful when they did.

When asked about online forms of support, none of the nurses said it is currently used within their hospital. Most of them don't see online support replacing offline support but do see it as a welcome addition to the already existing range of methods. This is partly because they worry most people will prefer in-person discourse when possible. They do see a major advantage in the around the clock availability of online support.

Design requirements

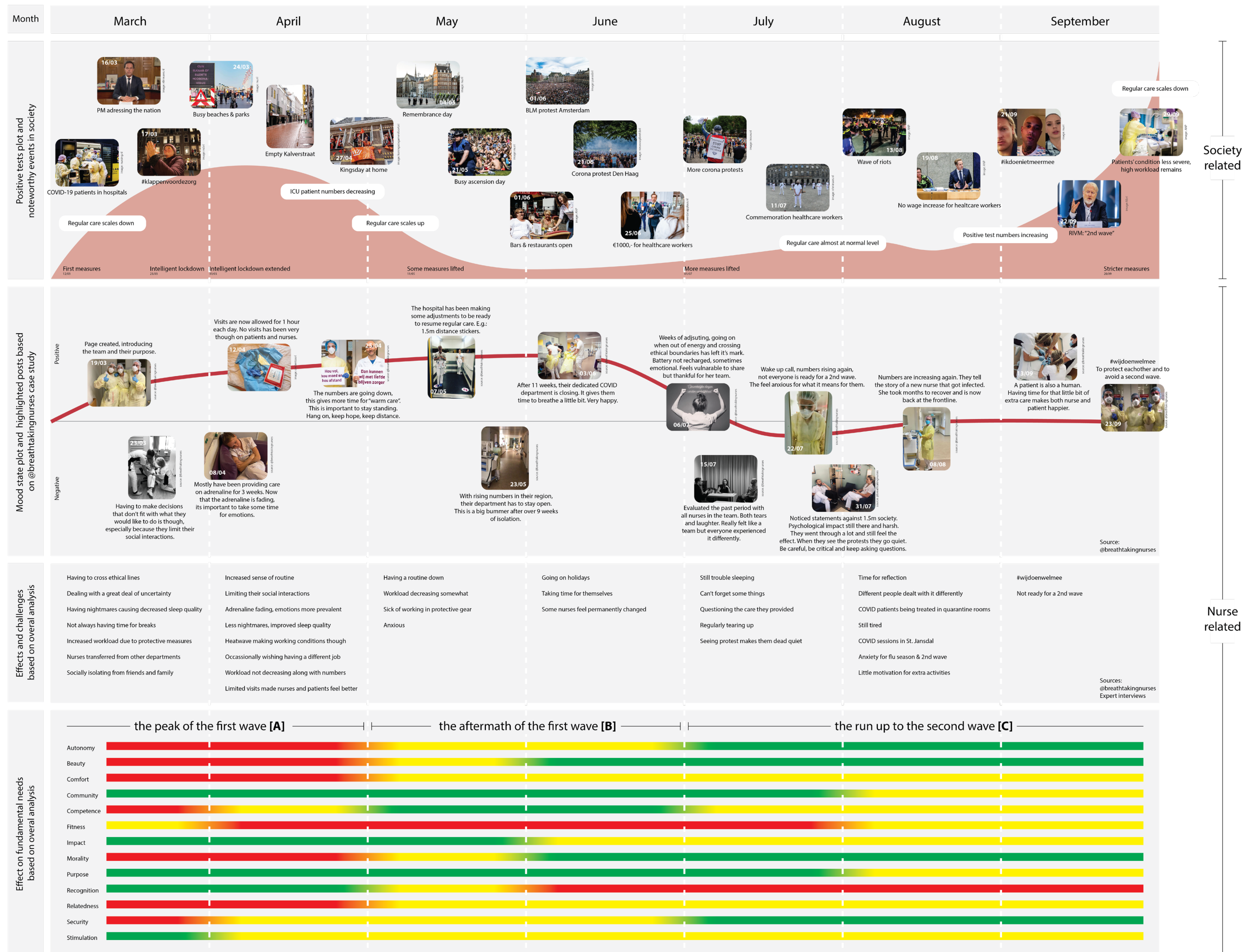
This chapter aims to describe the design requirements and the research activities and literature they were based on.

Fundamental needs

Following the problem statement of the project, one of the most important research activities was analysing the needs of the nurses. The method chosen for this analysis was the typology of thirteen fundamental needs for human-centred design (Desmet & Fokkinga, 2020). This typology builds on the strengths of Maslow's popular theory of human needs while aiming to be a more practical resource for user-centred design. By designing the storytelling tool to fulfill psychological needs, it will provide the nurses with pleasure and contributes to their long term wellbeing (Sheldon et al., 2001). This ensures a benefit for the nurses even before they share their story and engage in online peer support.

A section in the Human Experience Catalog (Desmet & Fokkinga, 2018) describes the following metaphor: “Compare your spectrum of needs to a collection of 13 jars. The fullness of each jar represents how well the corresponding need is satisfied at the moment. In order to be happy, we have to make sure that none of the jars falls empty. Overcompensation won't help: we cannot overfill a few jars and hope they will make up for some of the empty ones.” Inspired by this quote, the choice was made to identify the needs that were most severely unsatisfied. The design was aimed at filling the so called jars that were falling empty as this was where the design research could have the greatest impact.

Figure 04, on the next page, shows an overview containing the most crucial insights gained from all research activities during the period of March to September 2020. This visual was used by the design researcher to decide how to converge the project scope before the design stage of the project.



The first row aims to provide societal context to the experiences of the nurses. It does this by showing noteworthy events that transpired between March and September of 2020 as well as by giving a visual impression of the number of positive COVID-19 tests. The events were selected by reviewing the NOS news archive and picking two to three events from each month that best described the sentiment of that time (e.g. the prime minister addressing the nation for the first time since 1973) or specifically related to nurses and their work (e.g. the decision to not increase the wages of healthcare workers). The graph of positive test results was based on the numbers as reported by the RIVM.

The second row provides an impression of the results of the case study done on the @breathhtakingnurses instagram page. More details about this study can be found in the activity block on page 19. The content of the page was reviewed and a few posts were selected from each month that was deemed typical for that time (e.g. closing their COVID department) or were specifically related to the wellbeing of the nurses (e.g. numbers rising again, not feeling ready for a second wave). This row also contains a plot that shows the average perceived mood as a result of the mood state analysis. The y-axis describes either a positive or negative average mood state.

The third row shows effects and challenges that were mentioned by either the @breathhtakingnurses or the interviewed nurses. It aims to provide a more tangible overview of how the pandemic affected the nurses' activities, well-being and thoughts.

The fourth row shows the perceived effect that all of the aforementioned factors had on the fundamental needs of the nurses. Each of the thirteen needs was assessed by the design researcher after discussing the various research insights with two other designers. Per month, the needs were rated as critically bad (red), at-risk (yellow) or good (green). The months were divided into three phases: [A] the peak of the first wave, [B] the aftermath of the first wave and [C] the run up to the second wave.

When looking at figure 04, it is clear that phase A had the most severe impact on the wellbeing of nurses. This phase was characterized by an overload of intense emotional experiences, challenging working conditions and the lack of time to properly deal with it. Phase B shows a recovery of some of the needs due to some alleviation of the intense workload in phase A and the time it created to breathe for those overwhelmed. Although it has to be said that needs shown in yellow are still considered to be in an at-risk state. By phase C, nurses had started to reflect on their experiences helping many to deal with their emotions. However, the workload remained above normal levels while many were still tired, anxious, emotional or processing events. This meant they were approaching the second wave with only four out of thirteen needs classified as good. This illustrates they were not ready for providing optimal care in the second wave, as was confirmed by the nurses themselves.

At this stage, the design researcher decided to narrow the scope to just phase A because this phase contained the biggest opportunity to satisfy a critical need. Another motivation was that the design researcher theorized that the effects in phase B and C were largely a consequence of the lack of intervention in phase A. This means the tool was designed for past events, however, it does provide value in the aftermath of these past events as well as for potential similar future contexts.

Requirements

This section will show each of the requirements that were defined by the design researcher as well as their sources within the research. These requirements are shown in order of importance as classified by the design researcher.

Needs

The focus on phase A showed that eight out of thirteen fundamental needs were assessed to be in a critically bad state. Each of these eight needs has four sub-needs which would translate to 32 different factors and taking all of them into account would be too much to deal with in a single design process. A re-evaluation of the qualitative findings, internal discussion and a review of the storytelling and peer support literature lead to a focus on three needs: Autonomy, competence and relatedness. These needs were selected because they make up the self-determination theory as coined by Deci & Ryan (2000). Self-determination theory is interesting because it argues that these three needs are associated with increased motivation, performance, and well-being.

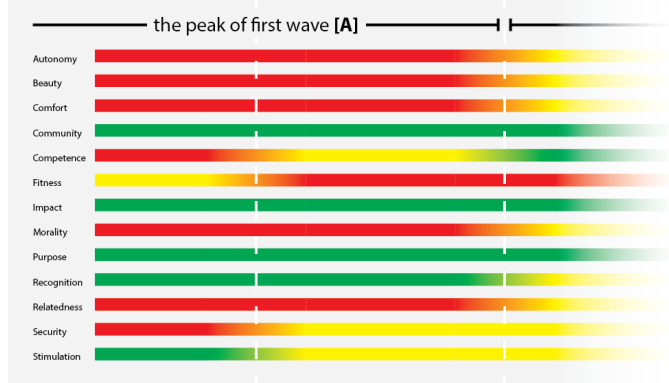


Figure 05: Affected fundamental needs of nurses during the peak of the first wave [A].

Fundamental need	Explanation	Sub-needs	How nurses were affected
Autonomy	Being the cause of your actions and feeling that you can do things your own way, rather than feeling as though external conditions and other people determine your actions.	- Freedom of decision - Individuality - Creative expression - Self-reliance	During the first wave, it was mostly the clinical picture of Covid-19, hospital management, the government or societal behaviour that determined the nurses' workload, way of working and social life. This didn't leave much for them to decide on themselves.
Competence	Having control over your environment and being able to exercise your skills to master challenges, rather than feeling that you are incompetent or ineffective.	- Knowledge and understanding - Challenge - Environmental control - Skill progression	There was little time to reflect in order to understand the emotions they were experiencing. Additionally, due to the novel nature of the virus, knowledge about effective treatment was sparse. This meant that even their most intense efforts could have a limited impact on the condition of patients.
Relatedness	Having warm, mutual, trusting relationships with people who you care about, rather than feeling isolated or unable to make personal connections.	- Love and intimacy - Camaraderie - To nurture and care - Emotional support	Nursing is more than providing medical care, nurses often nurture and bond with their patients. Due to the working conditions, they were not able to do so. Besides not being able to provide patients with the emotional support that they desperately needed due to restricted visitation, they also did not receive much emotional support themselves due to limited social interactions.

Figure 06: The three SDT needs, their explanation, sub needs and how nurses were affected specifically.

Out of the remaining five needs, four other needs were also deemed relevant for evaluation: Beauty, Comfort, Recognition and Safety. Fitness was left out because its physical nature did not fit the scope of this project. These four needs were classified as "other" and carried the same weight together as the three primary evaluated needs did individually. Evaluation of the needs requirement was therefore a combination of the scores of the three primary needs and the other category. The first design requirement was formulated as follows: The design will be evaluated on its potential ability to fulfill the need for autonomy, competence, relatedness and, to a lesser degree, beauty comfort recognition and safety.

Research activity: Co-fit & Behind the Mask

In the run-up to the first wave in Europe, a group of researchers conducted a rapid review of literature on the COVID-19 outbreak and similar outbreaks such as SARS or MERS. They also conducted interviews with experts and experience experts. The result was Co-fit, a concise overview of practical recommendations to help preserve short- and long-term physical/mental health and employability of healthcare professionals exposed to Covid-19 crisis working conditions. These were valuable and credible recommendations that played a major role in the development of Behind the Mask and as the foundation of this project. During development of Behind the Mask, the design researcher worked closely with one of the authors of this report.

Safety

The Co-fit report recommends providing healthcare professionals with a safe area in which they can catch their breath or blow off steam (Schoonhoven & Trappenburg, 2020). The creation of a safe space is especially important in online peer support. With privacy concerns becoming synonymous with online platforms, the tool designed to help share on an online platform should be safe. The nurses should feel like they can share personal emotional experiences without judgement or negative consequences as to not limit the peer support to superficial matters. The extent to which anonymity can be guaranteed also plays a big factor in the evaluation of this requirement. Anonymity is crucial for those who feel apprehensive to share due to shame or stigma.

Accessibility

The aforementioned Co-fit report warns not to deploy psychological interventions widely but rather to offer a wide range of accessible psychological support. It also advises to provide support if indicated, offer support by means of a 24/7 telephone helpline and always have someone around that healthcare professionals can spar with before, during or after their shift. Additionally, analysis showed that nurses had little time to spend taking care of their well-being during the first wave. Lastly, one of the eleven critical ingredients of peer support is the voluntary nature of the service. These three sources all underline the importance of high accessibility of the storytelling tool. Nurses should be able to access the tool as quickly and easily as possible at as many times and places as possible. When they feel the need to access it, they should be inhibited as little as possible. Accessibility also means that the use of the tool should not be overwhelming. As this was mentioned by nurses as a reason not to seek out some forms of psychosocial support offered by the hospital.

Experiential knowledge

The reviewed peer support literature states that (the exchange of) experiential knowledge is one of the underlying processes of peer support. Additionally, the use of experiential learning processes is mentioned as one of the eleven critical ingredients of peer support. Both these sources highlight the importance of a storytelling tool to focus on experiential knowledge. The tool was evaluated based on its ability to facilitate the transfer of this type of knowledge from one nurse to another.

Ease of use

In order to maximize the chance that a nurse uses the storytelling tool, using the storytelling tool should be as simple as possible. Every nurse, young and old, experienced or novice, should be able to use the concept to share their experience. There shouldn't be a huge learning curve or a requirement of special conditions, tools or equipment. It also should take a reasonable amount of time to complete an activity. While this requirement might seem similar to accessibility, it is different because it concerns accessibility of the benefits of use rather than accessibility of the tool itself.

Normalizing

Nurses mentioned the importance of making nurses feel normal while sharing their experiences. This is especially relevant for novice nurses that often don't have the necessary professional confidence to determine that they are having a normal response to abnormal circumstances. If a nurse feels abnormal, they might be apprehensive to share because of the risk of judgment by their peers.

Mutual beneficiality

One of the critical ingredients of peer support is the use of mutual benefit. This ingredient is in line with the helper-therapy principle, one of five processes theorized to underlie peer support. Both show that people benefit from helping others. For a storytelling tool, this means that it should facilitate the exchange of stories that both benefit the writer and the reader as best as possible. High mutual benefit will most likely contribute to increased use of the tool, which causes more stories to be created and therefore more stories to be potentially shared as part of online peer support.

Encouraging

The Co-fit report advises to encourage communication, sharing and togetherness. This through personal and open conversations about both positive and negative topics, humour, as well as sharing and celebrating success. This means that the storytelling tool was evaluated on its ability to encourage nurses to use and/or keep using the tool. As communication, sharing and togetherness are assumed to be effects of effective storytelling driven online peer support.

Problem statement

This requirement states that the storytelling tool was evaluated on its potential to solve the problem that was stated in the beginning of the project. See page 02. This requirement was formulated to guide the design researcher in evaluating the potential impact of the concept.

Feasibility

This requirement states that the storytelling tool should be feasible with the technology that was available in 2020. This is important due to the urgency of the problem and the impact of this project will most likely be greater, the sooner it can be implemented and used by nurses. It also states that the storytelling tool should be realisable within a reasonable budget.

Research activity: Case study

A case study has been done on an Instagram account called @breathhtakingnurses. This is an instagram page that was created on the 19th of March, 2020 by three nurses working in department D2, pulmonary medicine in the St. Antonius Hospital in Nieuwegein. The reason they started this page was: "To give our families but also the families of patients a look into our closed covid department. Since it was created, they have been sharing regular content in the form of posts and stories. Occasionally they organized a Q&A session. The answers to the questions were analysed along with post content up until the 25th of September, 2020. The study aimed to use their content as a source for a qualitative analysis providing insights on how a sample of nurses felt over time as well as what, how, when and why they shared.

The outcome of this analysis was threefold. First, an overview of the topics of the Q&A sessions over time was made. This gave a sense of what topics were important in different moments during and after the first wave. Secondly, a timeline was made showing the design researchers emotion as a response to reading and the writer's perceived mood state. This plot gave a sense of the differences between reader and writer as well as the assumed general psychological state of the nurses over time. Finally, the overall content of the page was analysed and briefly summarized to gain insight in their general interest, needs and feelings.

Q&A sessions



Figure 07: Q&A Topics over time. X-axis is time.

The timeline, created from analysing the questions and answers from the Q&A sessions, says something about which topics their followers were interested in throughout the first few months of the pandemic. This is interesting because it gives a very rough indication as to how society viewed nurses in different phases of the pandemic. It seems that during the peak of the first wave, almost all questions were focussed on what it was like in the hospital and how the nurses were doing. Their followers were mostly concerned about them as humans as opposed to them as healthcare professionals. Over time, as the wave flattened and they gained more followers, the questions became more diverse. They were no longer just aimed at the wellbeing of the human behind the profession. When,

for society, the first wave seemed to be over, the nurses were asked about the psychological effects, their opinions and career information. The last Q&A session contained a very broad topic list that included reflective questions as well as inquiries about the number of patients. This shows that their followers also started to look at nurses for first-hand information on the effects of the outbreak in the hospitals.

Posts

This section shows a timeline of the reader's perceived emotion and the writer's perceived mood state. The reason emotions are used for the perception of the reader is that emotions are directed at a particular cause or object (Desmet et al., 2019). The perceived emotion was determined using PrEmo (Desmet et al., 2000) based on the researcher's emotional response to a post. The perceived mood state was determined by the design researcher, using the Mood State booklet (Xue et al., 2020) by analysing the style and general tone of the content. This process was similar as to how people perceive moods in other people during a conversation. The reason moods were used as opposed to emotions is that moods are low-intensity, diffuse feeling states that typically last for hours or days (Desmet et al., 2019). This better fits the purpose of showing the nurses' general state at the time of sharing something. This study acknowledges the difference between the mood of the content and the mood of the creator. In this case, the perceived mood of the creator was more interesting as it said more about how the nurses felt rather than how they chose to present themselves to the outside world.

The emotions and moods were classified as positive (value = 1) or negative (value = -1) and plotted over time. The mood state "serious" was classified as neutral (value = 0) as the description in the mood booklet even mentions "you do not feel any particular strong emotion".

Results

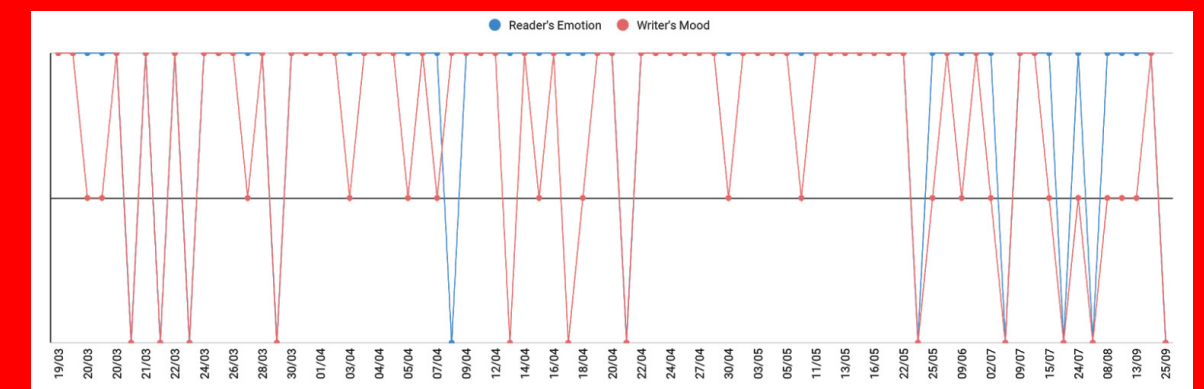


Figure 08: Plot of the perceived emotion of the reader (blue) and the perceived mood of the writer (red) over time. The y-axis represents the valence of the mood and emotion, classified as +1, 0 or -1.

Two observations can be made from these results:

- > Taking the average of both emotions and moods gives 0.7 for emotions and 0.5 for moods. The posts were perceived by the design researcher as more positively received than intended. Both intention and reception were predominantly positive.
- > As time progressed and the number of positive COVID-tests went down, the nurses became more positive and posted less frequently. When the number of positive tests increased, the nurses were more negative and posted more frequently. (See figure 09)

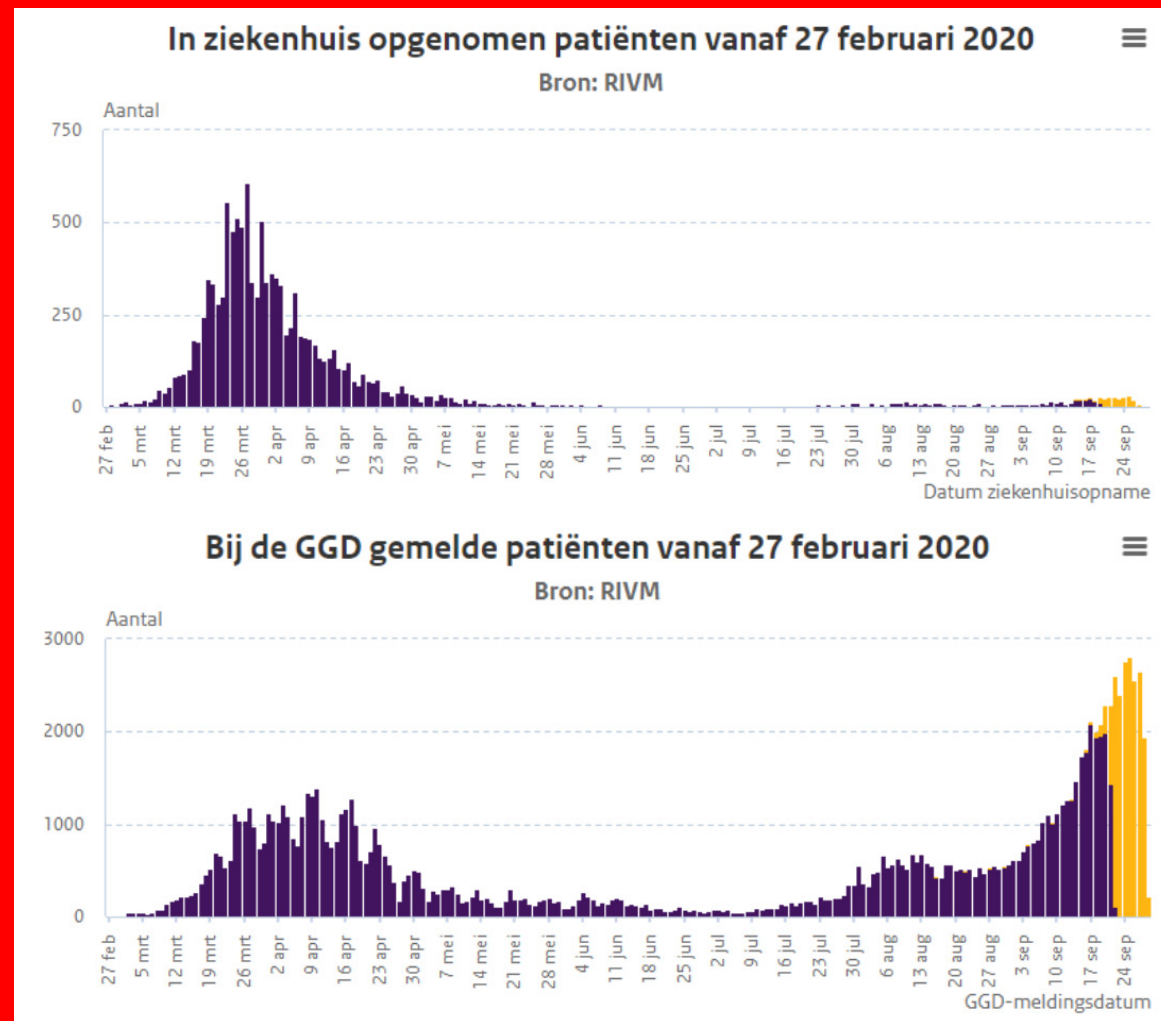


Figure 09: Graphs showing COVID related hospital admissions and reported positive COVID tests over time. Consulted on 02-10-2020.

When looking at the first observation, it shows that the experience of the reader and the writer of the same content can indeed differ. This is important to take into account when designing a storytelling tool as it might not be possible to maximize mutual benefit for both reader and writer. The fact that the average of the perceived reader's emotion is higher than the perceived mood of the writer is hard to explain but could be caused by the use of fascination (a mood classified as positive) as a response to serious (neutral) content. Both averages being predominantly positive, during a crisis situation that did not seem positive overall, could be caused by the skewed image often displayed on social media or

a positive mindset the nurses behind the page might have used to cope with the situation.

One might expect the mood state of the nurses is related to the number of hospitalizations, this seemed to be the case during the first wave. However, their mood state became more negative in late May even though the hospitalizations stayed relatively the same. The second observation suggests that the mood state of the nurses might be related to the number of positive tests. However, this would only explain the more negative mood in March/April and the increase starting in July. However, from the post content we can see that the nurses mentioned an increase in infections on the 23rd of May. A regional increase could explain the more negative mood state in May, further strengthened by the nationwide increase later in the year. Since there is a delay in receiving a positive test result and needing hospital care, it suggests their mood state could be a response to a possible negative future perspective.

Limitations

There are a couple of possible limitations to this analysis. The first is that doing this analysis in September of 2020 might've caused a weakened emotional response in the design researcher as opposed to analyzing it while the crisis was still unfolding. However, it can be argued that this only affects the arousal level and not the valence of the response. The second limitation is that the appraisal is done by a single researcher whose bias can affect the results. The third limitation is that this Instagram account shows the experience of nurses working in a COVID cohort department. It could be that different nurses working in different departments, such as the ICU, had a very different experience. Finally, social media posts rarely provide a 100% true or accurate view on the situation and is therefore often a tinted source of information. Nonetheless, this study provided valuable insights about the emotional state of the nurses in relation to societal events as well as highlighting the difference between sharer and consumer that caused the focus later in the design process.

02 DESIGN

This chapter describes SLOWLY, the storytelling tool that was designed based on requirements formulated in the previous chapter. First, it will provide a high-level description and the expected interactions. Next, it describes the various components of SLOWLY in detail. Lastly, the use of SLOWLY is explained.

Overview

This section shows the final concept of this project: SLOWLY. It first provides a high-level description and the intended interactions. Then it describes the development process, shows a flow diagram and discusses all of the parts in detail. Finally, it shows the use of SLOWLY.

SLOWLY

SLOWLY is a storytelling tool that helps nurses reflect and write about their experiences. Writing a SLOWLY story is intended to take six days; five days of reflection and one day of writing the story. It is created this way to compartmentalize the reflection process into manageable chunks. The target group has enough on their mind and with SLOWLY, they are not expected to move mountains. Each reflection day focuses on one of five story elements: Character, setting, plot, conflict and theme. These elements were translated into prompts, which are comprehensible questions that are meant to make the user reflect about a specific component of their experience without focussing too much on storytelling theory. However, because the prompts are based on storytelling theory, it helps them reflect on their experiences in such a way that writing a story becomes much easier.

Within the theoretical framework described on page 09, SLOWLY is the storytelling activity. As the storytelling activity, it is not intended as a standalone application but rather as a feature of a storytelling space such as Behind the Mask, accessible through a smartphone.

SLOWLY has three intended effects:

- > Increasing the understanding of the self and the experience through guided reflection.
- > Reducing threshold for story sharing through compartmentalized story creation.
- > Increasing the number of effective interactions by creating stories that evoke higher levels of situational empathy and narrative transportation.

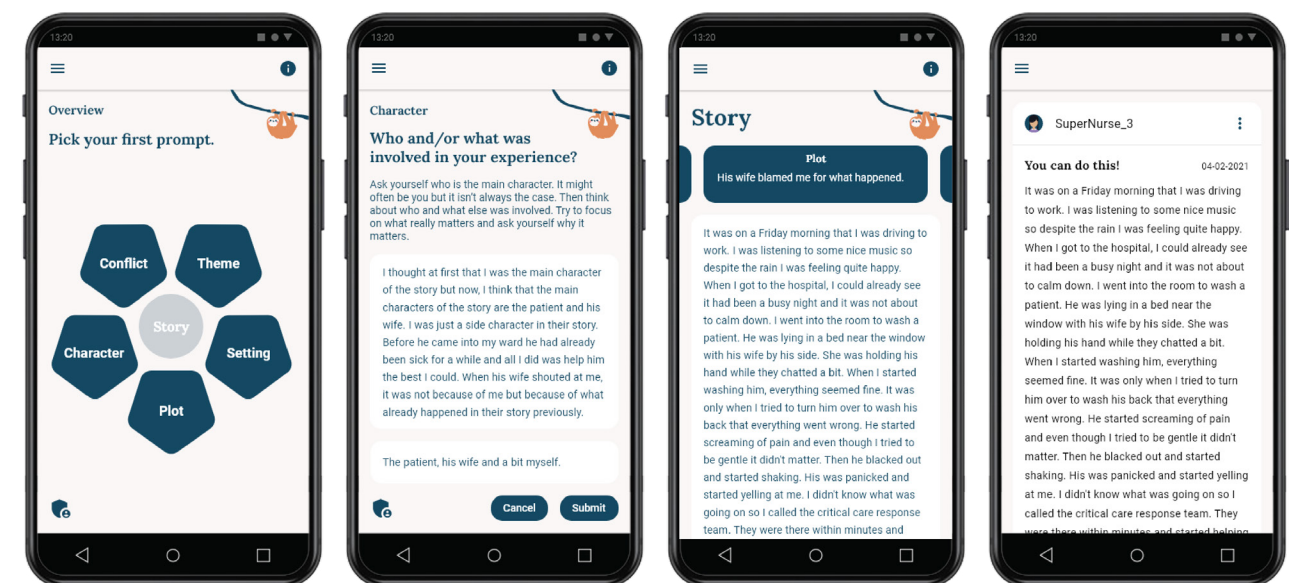


Figure 10: SLOWLY impression

Intended interactions

Figure 11 shows the intended interactions surrounding SLOWLY. The big texts represent an entity such as an event, activity or person. The arrows represent the exchange of something such as knowledge or a story. The next paragraph will discuss the figure in detail.

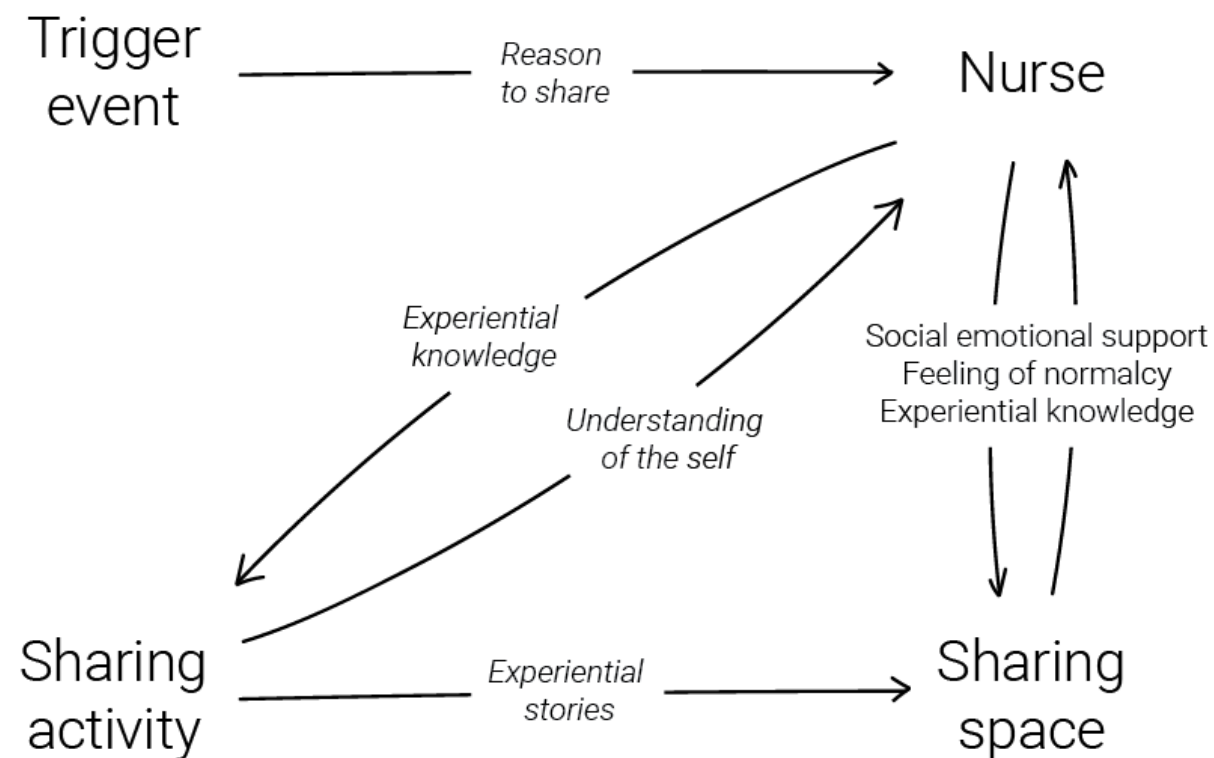


Figure 11: Intended interactions of SLOWLY.

First, an event transpires. This event creates a reason to share something for the nurse that experienced it. This nurse then has two options. Either to interact directly with the sharing space, potentially exchanging some degree of social-emotional support, a feeling of normalcy and experiential knowledge with the nurses in that sharing space. Or, to first go through the sharing activity (or SLOWLY), giving experiential knowledge and receiving a better understanding of the self. The sharing activity will help create an experiential story that can be used to interact with the sharing space and creates an exchange of social-emotional support, a feeling of normalcy and experiential knowledge with the nurses in that sharing space. This exchange should be more effective than interacting with the sharing space without going through the sharing activity first.

Detailed description

This section shows how the design came to be and provides a detailed description and motivation for each part.

Development process

To generate a large number of relevant ideas, multiple methods were used. Ideation related materials can be found in appendix D.

Ideation

First, a mind map was created about everything related to support through storytelling. This included but wasn't limited to the type of experiences, pitfalls, opportunities, generation methods, relevant peer support qualities and manifestations of needs.

Next, various methods of "telling" a story were explored; this included but wasn't limited to: writing, typing, Morse, wear and tear, music, x-rays, texture, games, photos and video.

Then, ideas were generated based on the twelve sub needs associated with autonomy, competence and relatedness. Ideas were also generated for situational and bounded strategic empathy.

The next activity was a timed how-to based idea generation session. Again the sub needs of autonomy, competence and relatedness were used to complete the question: "How to achieve ... through storytelling?". The designer took 5 minutes per sub need to sketch as many ideas as possible.

Conceptualization

All ideas were put on one big sheet of paper and eight basic concepts were created by detailing and/or combining ideas, selected based on their promise. Each of these eight basic concepts was based around a theme:

- > Guidance in sharing by providing a story structure that limited creative expression.
- > Using temporality as a structure for reflection on an experience.
- > Evoking a sense of competence through the visualisation of progress (by addition).
- > Evoking a sense of competence through the visualisation of progress (by degradation of the sharing tool).
- > Stimulating (situational) empathy by personalizing others' stories to the users.
- > Stimulating (bounded strategic) empathy by simulating existing team dynamics in an online environment.
- > Learning to share by sharing about hypothetical VR experiences.
- > Evoking greater levels of empathy by projecting experiences on a shared cast of characters.

These concepts were then discussed and eliminated or used to create four detailed concepts. These four concepts were presented and discussed internally. They were then further detailed and subjected to a structured evaluation.

Each of the four concepts each had their own theme:

> **Nurse World** - A digital 3D world in which nurses would create anonymous avatars and voice chat to move around en communicate. Focussed on familiarity by simulating a break room, moderated group sessions and private conversations in a digital environment.

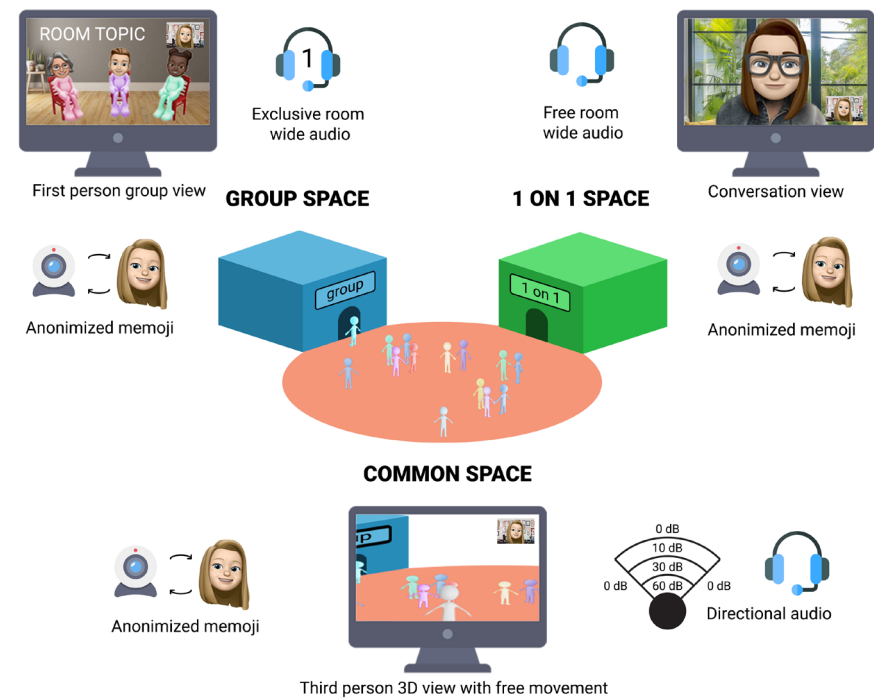


Figure 12: Sketch of concept 1 - Nurse World

> **Showtime** - A digital toolkit aimed at guiding nurses in creating a short animation about their experience. Focussed on projecting all stories on common characters.

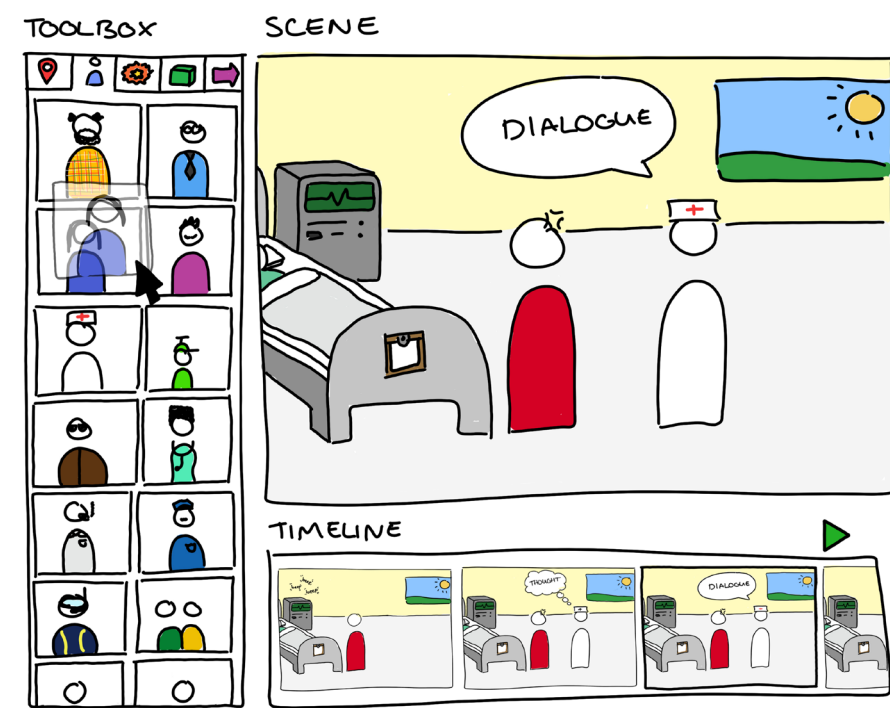


Figure 13: Sketch of concept 2 - Showtime

> **SLOWLY** - A digital tool that guides nurses in reflecting on their experience over time using storytelling inspired questions. Focussed on lowering the sharing threshold by reflecting on an experience in more manageable chunks that help you write a story.

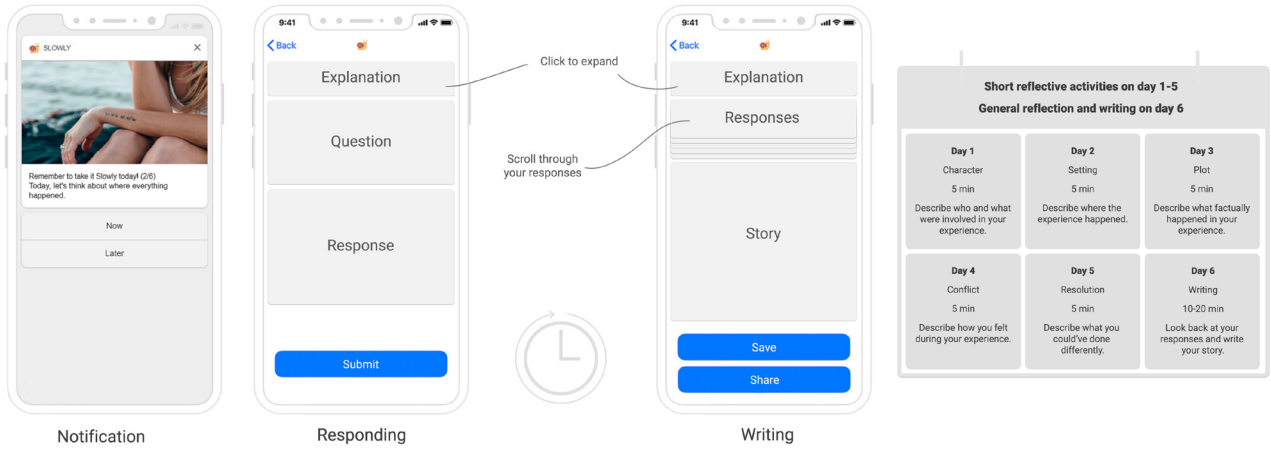


Figure 14: Sketch of concept 3 - SLOWLY

> **Enlightening** - A toolkit that separates three reflection methods written on the same piece of paper by using light, coloured ink and colour filters. Focussed on fully fathoming an experience before writing a story about it.

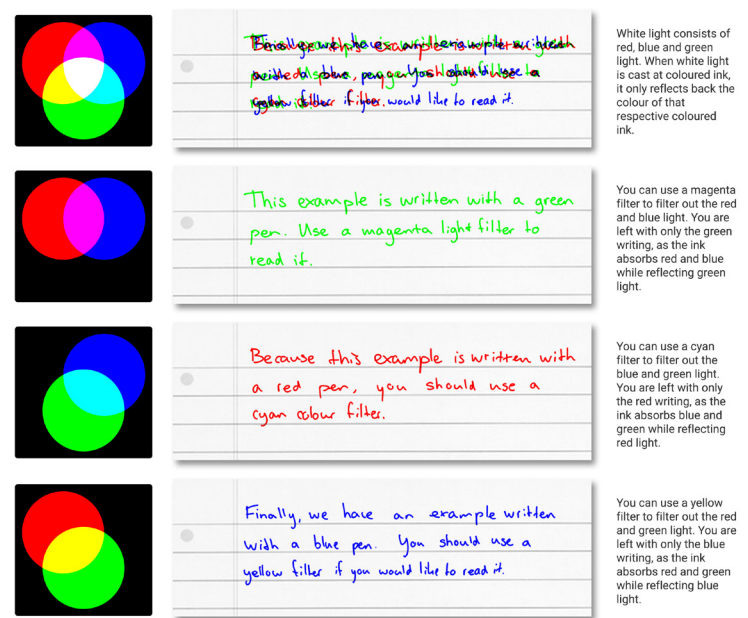


Figure 15: Sketch of concept 4 - Enlightening

More detailed information about these four concepts can be found in appendix E.

Selection

The four concepts were subjectively evaluated by the design researcher relative to one another. The criteria used in this evaluation were consistent with the requirements described at the end of the definition chapter. Cool, the final criteria, was added to provide room for the overall opinion of the design researcher. Using a Harris profile, the concepts were each given scores of -2 (very bad), -1 (bad), +1 (good), +2 (very good). These scores were then visualized in bars. Figure 16 shows the completed harris profiles for each of the four concepts. The next section briefly describes the main motivation behind the scores per criteria.

Needs

The needs were scored based on their ability to fulfill the sub-needs (see figure 06 on page 16) of autonomy, competence and relatedness. For the other category, the average was taken from the scores given to beauty, comfort, recognition and safety.

Autonomy

Concept 1 and 3 both scored high on autonomy due to their potential to fulfill all sub needs of autonomy. They both showed high potential user benefit in individual use and allowed for freedom of decision in how to approach the beneficial activity. Concept 2 and 4 both did not allow for much benefit through individuality while concept 2 also lacked potential for self-reliance.

Competence

Concept 3 stood out because of its potential to fulfill all sub needs of competence. It could provide creative freedom in story writing while it could fulfill the other three through reflection. Concept 4 was not expected to allow for much skill progression. Concept 2 was not expected to allow for much knowledge and understanding while also limiting the environmental control. Concept 1 could potentially be used without fulfilling any of the sub-needs and therefore scored the lowest.

Relatedness

Concept 1 stood out because of its potential to fulfill all sub-needs of relatedness. This concept mostly provided a space and minimal guidance for its interactions creating the potential for caring, friendly, emotional and even intimate relationships as a result. Concept 2 scored lower because it is possible to use it without sharing. However, the more artistic nature of its result seemed more likely to be shared than a written story. That is also why concept 3 and 4 were rated the lowest. Both were possible to be used without any interaction with others and had a result that was less likely to be shared compared to concept 2.

Safe

Concepts 2, 3 and 4 all received maximum scores for safety as they all consist of an individual activity of which the result can optionally be shared with others. Concept 1 scored lower due to the more unpredictable nature of live discourse.

Concept 1 - Nurse World

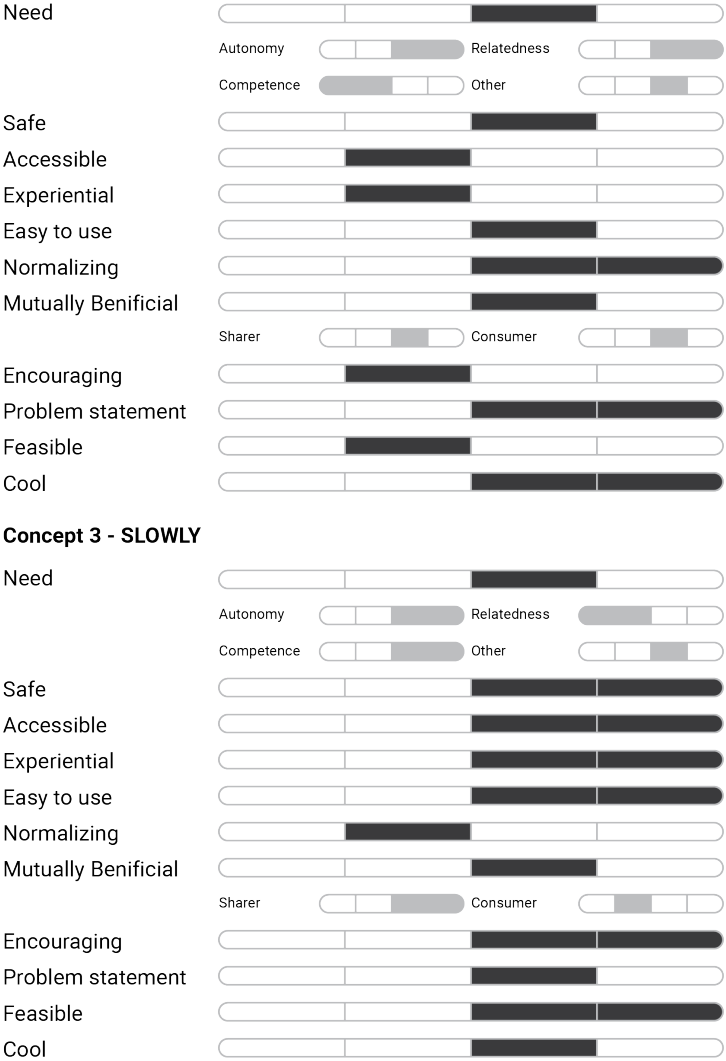


Figure 16: Harris profiles for each of the concepts.

Concept 2 - Showtime

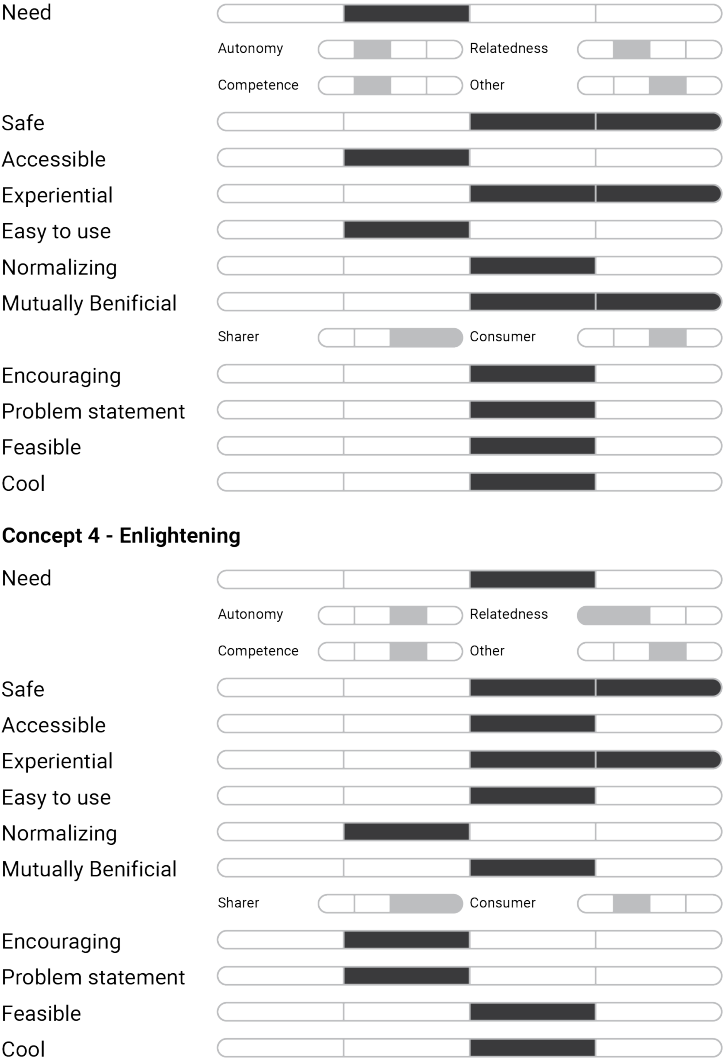


Figure 16: Harris profiles for each of the concepts.

Normalizing

Concept 1 received the maximum score for normalizing because it puts users into a space with peers, which allows for a direct sense of normalcy. Concept 2 scored lower because it did not allow for direct communication with peers but did provide a common cast of characters that all users would project their experiences on. Concept 3 and 4 scored the lowest because only by sharing the result of use, a sense of normalcy could be achieved.

Mutually beneficial

Concept 2 received the maximum score for mutual beneficiality due to its shared cast of characters. This increases the potential for situational and bounded strategic empathy that is evoked by the result of use. Concepts 1, 3 and 4 scored lower. Concept 1 did so because its potential benefit for both parties relied heavily on the quality of the discourse. Concepts 3 and 4 did so because the benefits of the reflection process were not directly shared with the consumer of the story.

Accessible

Concept 3 received the maximum score for accessibility because it can be accessed practically anywhere through a smartphone. Concept 4 scored slightly lower because it requires a separate equipment that is not as easily carried as a smartphone. Concepts 1 and 2 scored the lowest due to the likelihood that they would only work effectively on a computer.

Experiential

Concepts 2, 3 and 4 all received the maximum score for experiential knowledge because they do not work without an experience to reflect on. Concept 1 scored lower because not all discourse could be guaranteed to revolve around experiences.

Easy to use

Concept 3 received the maximum score for ease of use because it required users to simply answer a daily question on their phone. Concept 1 scored lower because it required users to learn to navigate an online environment. Concept 4 scored lower because users had to use light and colour filters to effectively use it. Concept 2 scored the lowest because, even with the toolbox, creating an animation requires quite the learning curve.

Encouraging

Concept 3 received the maximum score for encouragement because it pushes users to spend time on reflection on a daily basis. Concept 2 scored lower because the potential variety and entertainment value of the resulting animations was expected to inspire others to make their own. Concepts 1 and 4 scored the lowest because they relied heavily on the user's motivation to engage in use.

Problem statement

Concept 1 received the maximum score for this requirement because it provides users with three familiar methods of peer support. Concepts 2 and 3 scored lower because while the results of use were expected to facilitate peer support better than unguided sharing, their facilitation was limited to a single method. Concept 4 received the lowest score because it focussed heavily on individual understanding without much storytelling related guidance.

Feasible

Concept three received the maximum score for feasibility because it is quite a simple application at its core. Concept 2 scored lower because development of a toolbox containing a recognisable cast of characters for all users requires intense additional research and testing. Concept 4 scored lower because it was expected that a special light source, special pens and colour filters needed to be developed and tested. Concept 1 scored the lowest because it required the development of an entire virtual environment including state of the art technology such as face tracking and directional audio.

Cool

Concept 1 received the maximum score for this requirement because the design researcher felt that a concept like this could mark the beginning of an entire virtual support world, helping millions across the globe given enough time and resources. Potentially surpassing its initial purpose of providing peer support. Concepts 2, 3 and 4 all scored lower albeit still positive. Concept 2 had the potential to create a huge

collection of animations describing all sorts of experiences by nurses. This collection could potentially be used as inspiration for an animated movie about nursing. Concept 3 was exciting because of its large potential impact relative to its simplicity and accessibility. Concept 4 was exciting to the design research because of his affinity with lighting design and because it stood out as the only offline concept.

Overall decision

After evaluating all concepts, concept three was found to be the most promising. It showed great promise in safety, accessibility, experiential focus, ease of use, encouragement and feasibility. Four out these six criteria were rated the top five most important. It did not score very well in the criteria of normalization because of its individual nature as normalization often requires relative comparison to others. This individual nature of the concept also negatively impacted its needs score.

Evaluation and improvements

Concept three was then developed into a detailed testable prototype following the process shown in figure 17. First, the concept [1] was detailed by drawing wireframes [2] on paper. The wireframes helped determine what elements and screens were necessary. Then, the content of each of the screens was written [3] in a document. This helped to determine the size of the elements and screens. Next, digital black and white wireframes [4] were created in Adobe XD. This helped further detail the layout, app flow and structure. Finally, a fully detailed prototype [5] was created in Adobe XD, based on the black and white wireframes. At this stage, the visual style and app flow were finalized.

This prototype was then tested with users and improved based on their feedback. That improved prototype is the final concept shown in this section of the report. More information on the user study can be found in chapter 03.

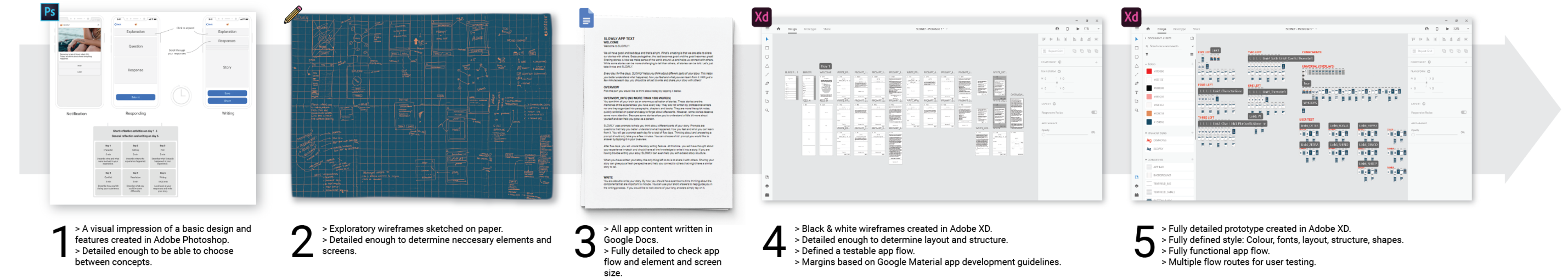


Figure 17: Development process of the concept.

Flow diagram

Figure 18 shows a flow diagram of SLOWLY. The legend in the top left corner shows the different interactions. Note that the use of SLOWLY is dynamic due to freedom of prompt choice. In order to preserve legibility, this flow shows but one of the possible flows.

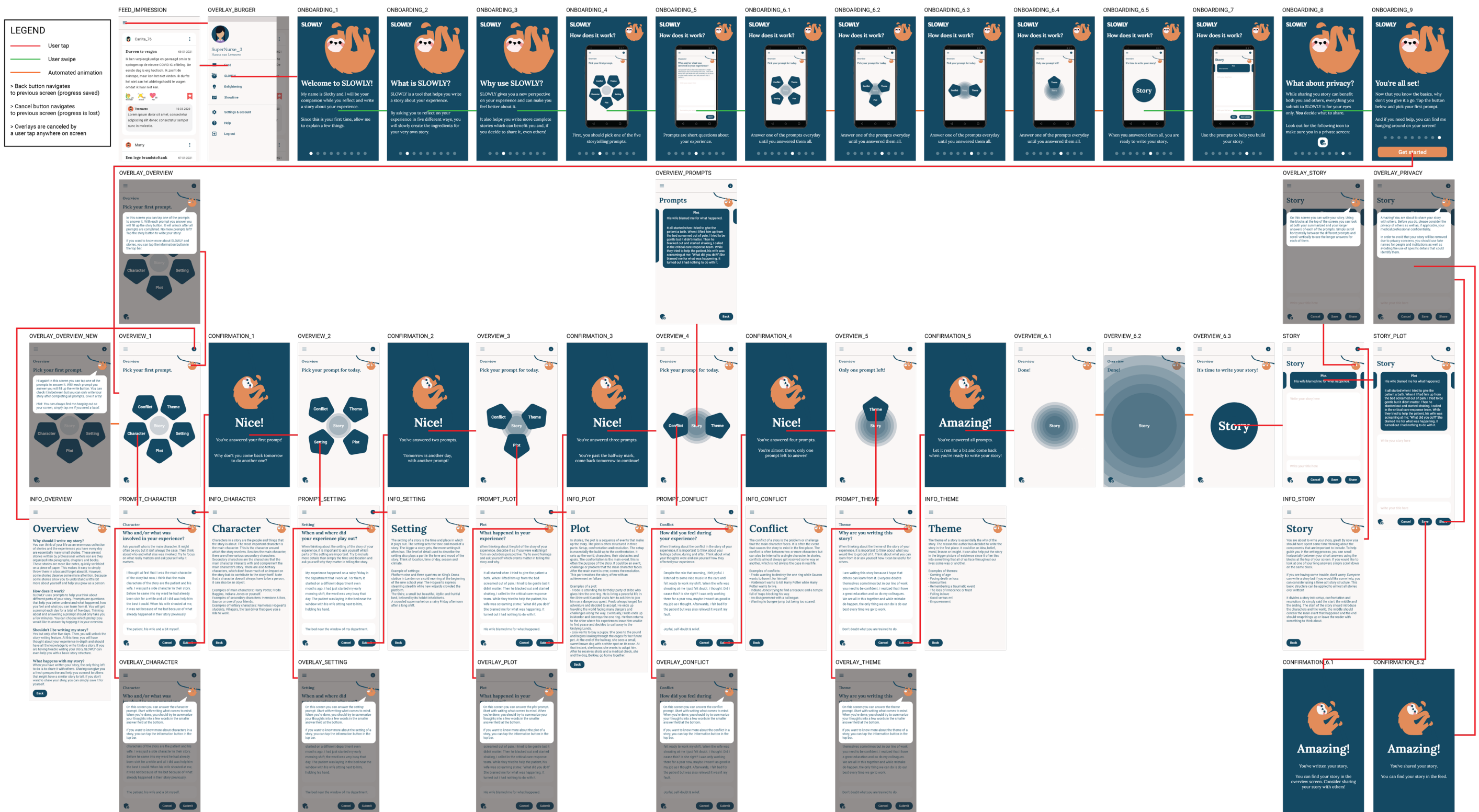


Figure 18: Flow diagram of SLOWLY showing one possible flow.

Visual style

The flow diagram screens also show a glimpse of the visual style. The main goal in the design of the visual style was to keep it simple, clear, uncluttered, calm, approachable and friendly. This meant no sharp corners, overlapping or unnecessary elements, borders, drop shadows or transparency. This also meant flat (mostly) geometric shapes, consistency, limited actions per screen and a simple hierarchy. While the onboarding screen shows a higher degree of creative freedom, the other screens show a more simplified style of the application.

During onboarding, Slothy (Figure 19) is introduced to the user. This is the user’s companion within SLOWLY. The idea behind having a companion is that the user can always look at Slothy for help. Slothy is also used as the voice of the application. A sloth was chosen for its associations with taking things slow. It is a symbol of calm and composed living.

Figure 20 shows all colours used in the prototype. However, the majority of the application is built around three colours: Dark blue (primary), soft dark orange (secondary) and almost white pink (background). The choice to go with softer versions of blue, orange and white was deliberately made to make it feel calm. Blue was chosen due to its associations with knowledge, calmness and sincerity. Orange was chosen due to its associations with joy, creativity and warmth. Pink was chosen due to its associations with softness, compassion and nurturance. Additionally, brighter pink and black were used as minor accents, mainly in Slothy.

The application uses two fonts (figure 21). Lora is mainly used for titles, subtitles or in some story related components. The choice for this font was motivated by its storytelling esthetic. Roboto is used for normal text, buttons and menu elements. The choice for this font was motivated by its legibility and simplicity.

Pre-use

SLOWLY is not meant as a standalone application. It is meant to be part of a wide range of tools within an online support platform. This also means that users do not need to create an account for SLOWLY, since they are expected to already have one for the platform itself.

Figure 22 shows how the feed of such a platform could look like. Note that the support platform was not in the scope of this project and the image that is shown is but an impression. The figure also shows a burger menu. This menu is always available and allows users to choose which method of sharing they prefer. Enlightening (concept 4) and Showtime (Concept 2) are shown as possible examples of other sharing tools.



Figure 19: Slothy

Primary #154862	Background #f9f4f2	Surface #ffffff
Secondary #e28c5b	On primary #ffffff	On secondary #ffffff
	On background #154862	On surface #154862
	Extra 1 #ff9c97	Extra 2 #000000

Figure 20: Used colours for SLOWLY.

Lora
The quick brown fox jumps over the lazy dog

Roboto
The quick brown fox jumps over the lazy dog

Figure 21: Fonts used in SLOWLY.

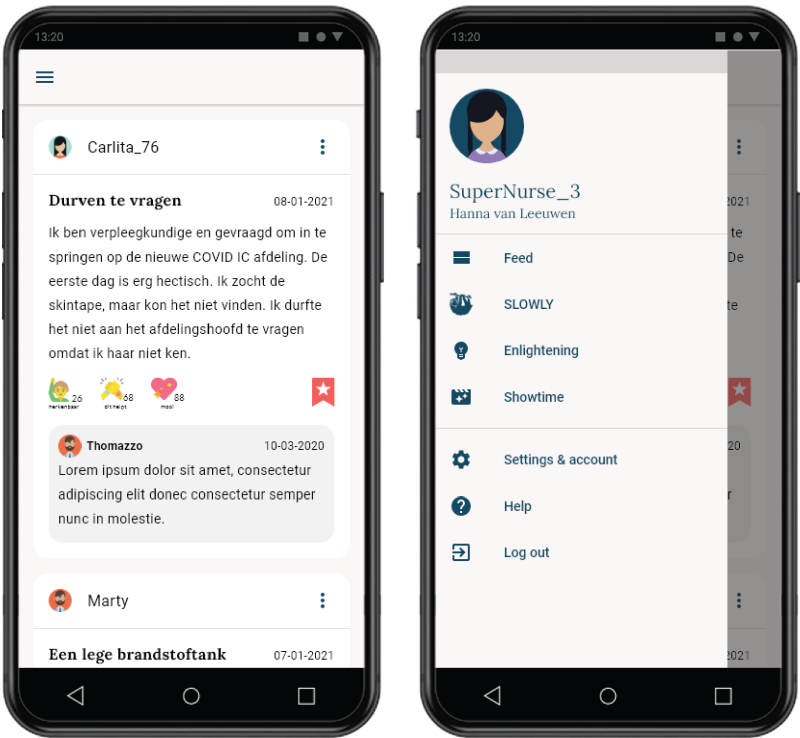


Figure 22: Feed impression and burger navigation menu.

Onboarding

Figure 24 shows the onboarding process that new users have to go through. It starts with a welcome message by Slothy, introducing the user to their companion. Slothy then explains what SLOWLY is and why the users should use it. Next, the user is introduced to the overview, an example of a prompt, the process of answering a prompt each day and writing a story. These steps illustrate the desired use and are supported with screenshots. Finally, Slothy addresses privacy before concluding the onboarding process. This process has the secondary aim of introducing the user to the style and tone of the tool.

Overview

Figure 23 shows the five-day journey users will take. The five prompts are shown in pentagons around a circular story button. Before completing all prompts, the story button will show an overview of previous responses to prompts (figure 25). To avoid confusion, the layout of this overview was inspired by the prompt overview users encounter while writing their story. The user will fill up the story circle by answering prompts, before unlocking the story writing feature on day six. The growth of the circle shows users their progress. Users should be allowed to choose their own path, therefore, the overview was designed to always avoid prioritizing one prompt over another.

These screens also show the privacy indicator icon (figure 26) that was introduced to users in the onboarding process. This icon is shown to let users know their input is private to them.

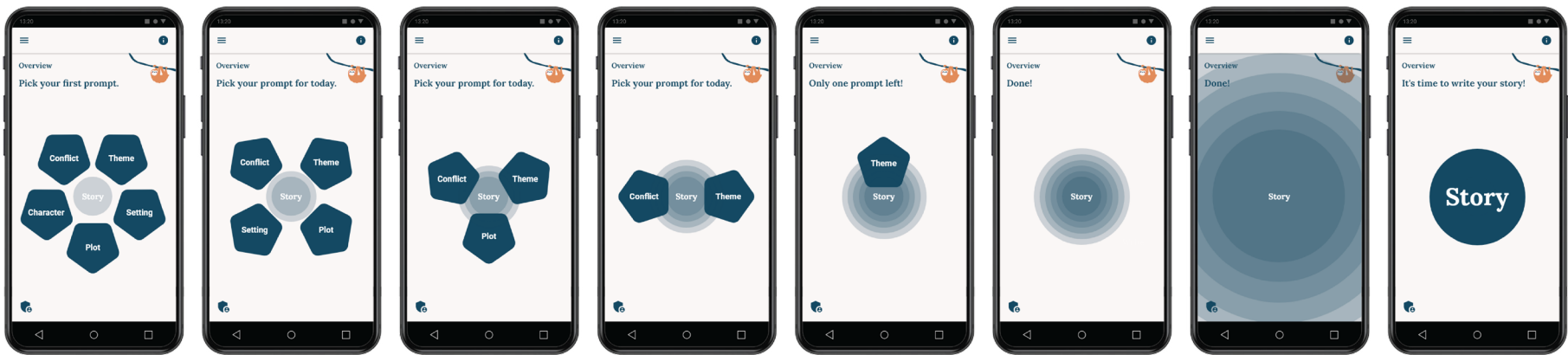


Figure 23: User journey from five prompts to story.

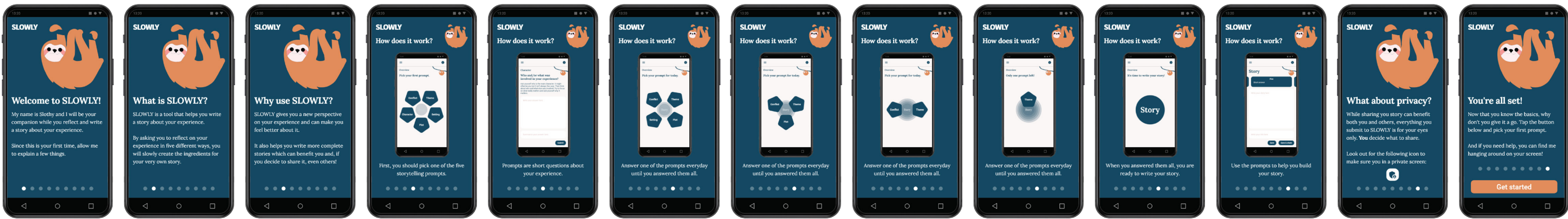


Figure 24: The onboarding screens for new users.

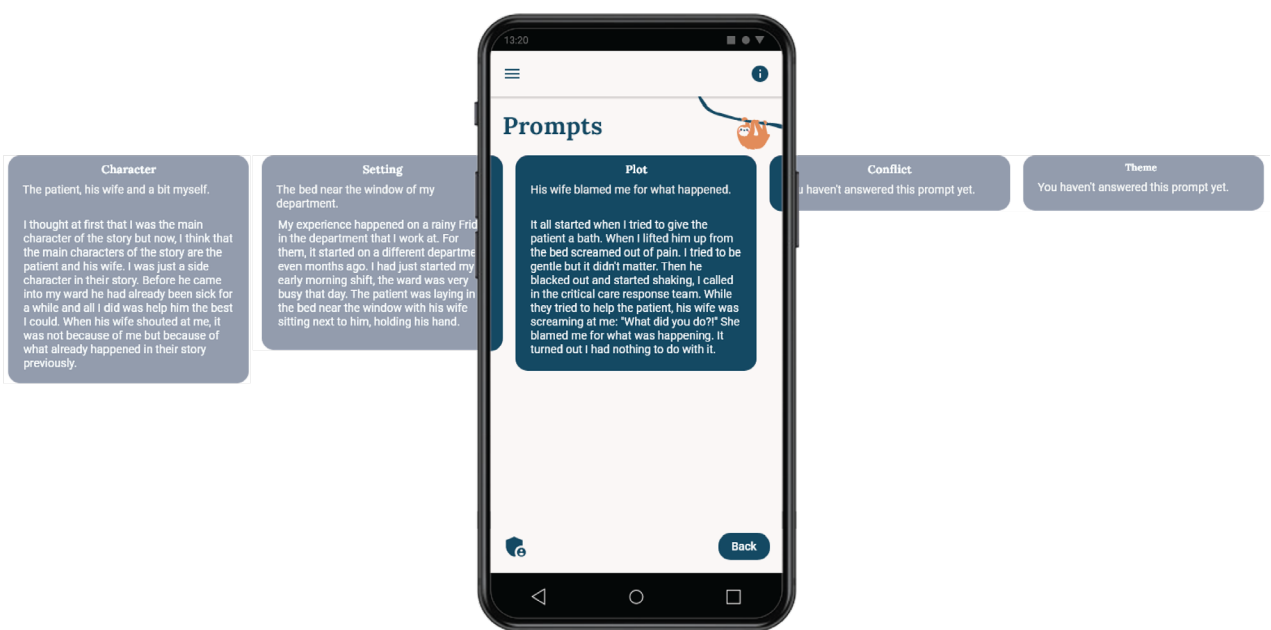


Figure 25: User journey from five prompts to story.



Figure 26: Privacy indicator icon.

Prompts

Each prompt submission page has the same structure: Prompt title, prompt question, prompt description, long answer text field and summarized answer text field. Users are expected to use the page from top to bottom, left to right. The title ensures the user is on the right screen. The prompt question is an easy question anyone should be able to answer. The prompt description provides some guidance on how to answer the prompt question. As stated in the prompt description, the user is expected to write what comes to mind in the long answer text field. This is to avoid that users think too much about what to write down, limiting their input into the app. Finally, they are asked to summarize their long answer into a few words. The reason for this is twofold. It will help to quickly show them their answers during the writing process as well as to make them think about what the most important part of their long answer was.

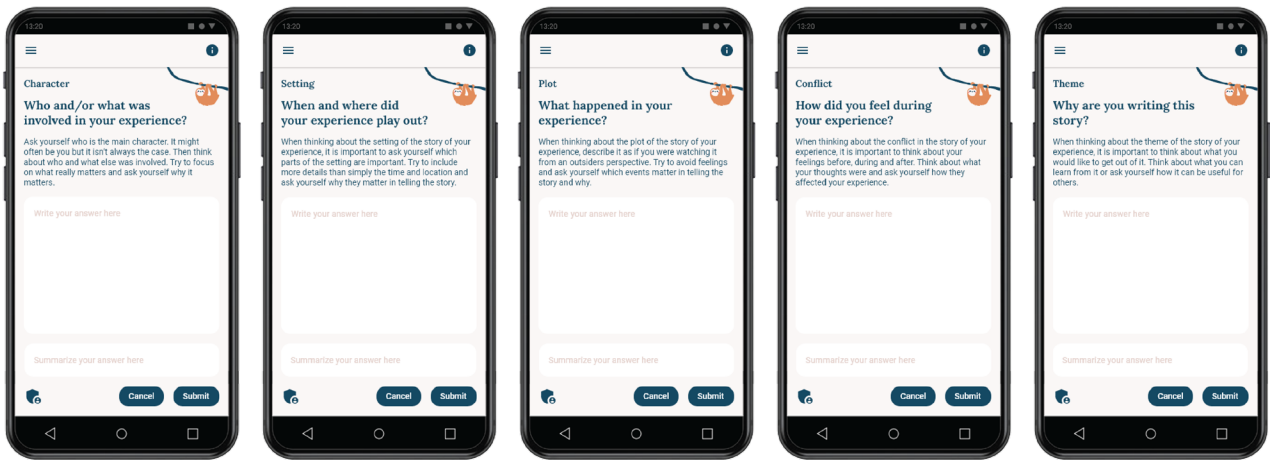


Figure 27: All five prompts and their submission screens.

Writing your story

After five days of reflection, users can write their story. While the structure and layout are similar to the prompts, there are differences. The prompt description is replaced by a scrollable overview of their short answers. At this stage, the users are expected to have thought about their experience for the past five days. While this should give them a good foundation to start writing, users can scroll horizontally to quickly remind themselves what they wrote for each of the prompts. If they are really having trouble remembering more about their answer, they can tap a prompt block to reveal their longer answer.

Users should first write their story in the large text box before coming up with a suitable title. The title is asked last to make it easier to come up with one that fits the already written story the best. Lastly, the user can choose to just save it or share their story directly. This choice is provided to accommodate users that might not be comfortable yet with sharing their story to the platform. By saving it, they can still access it for their benefit or to decide to share it later.



Figure 28: The writing screen with horizontally scrollable prompts both in their compressed and expanded state.

Optional extra information

As can be seen in the previous screens, the top navigation bar has an information button in the top right. Users can use this button if they are interested in a deeper understanding of storytelling. It can help more advanced users to write even better stories while having it hidden behind an optional button doesn't overwhelm less experienced users.

For each of the prompts, the information screens explain how each of the story components is often used in stories. There are also examples provided from both well-known stories as well as recognizable situations. The information screen that is associated with the overview screen explains why users should write their story, how the app works, why it takes multiple days and what users can do with their story once they are done. Finally, the story information screen explains how the prompts can be used in the writing process and provides them with a basic story structure that can be used to write.

Slothy - your storytelling companion

Throughout the app, Slothy has been hanging around in the top right of the screen. This is to make the user feel Slothy is always around to help. When a user decides to tap on Slothy, they will get an overlay with a tip relevant to that particular screen. This could be on how to approach answering a prompt or to help explain what you can do on a screen. The last example in the visual will be used on screens, such as the optional information screens, that don't have additional tips. This is important because you can't leave out Slothy from a screen because it would compromise the feeling of always hanging.

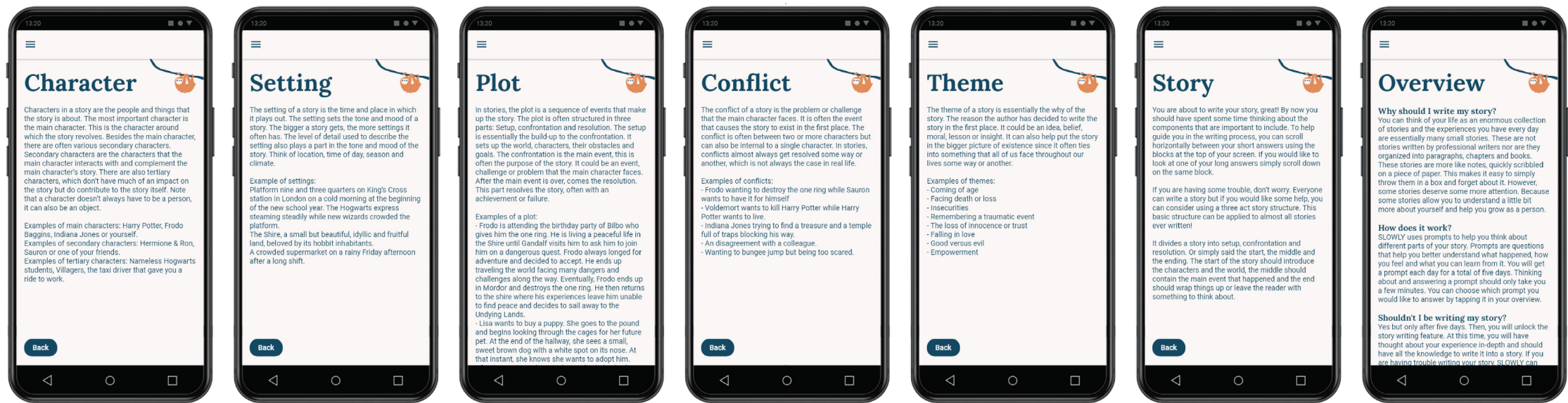


Figure 29: All optional information screens.

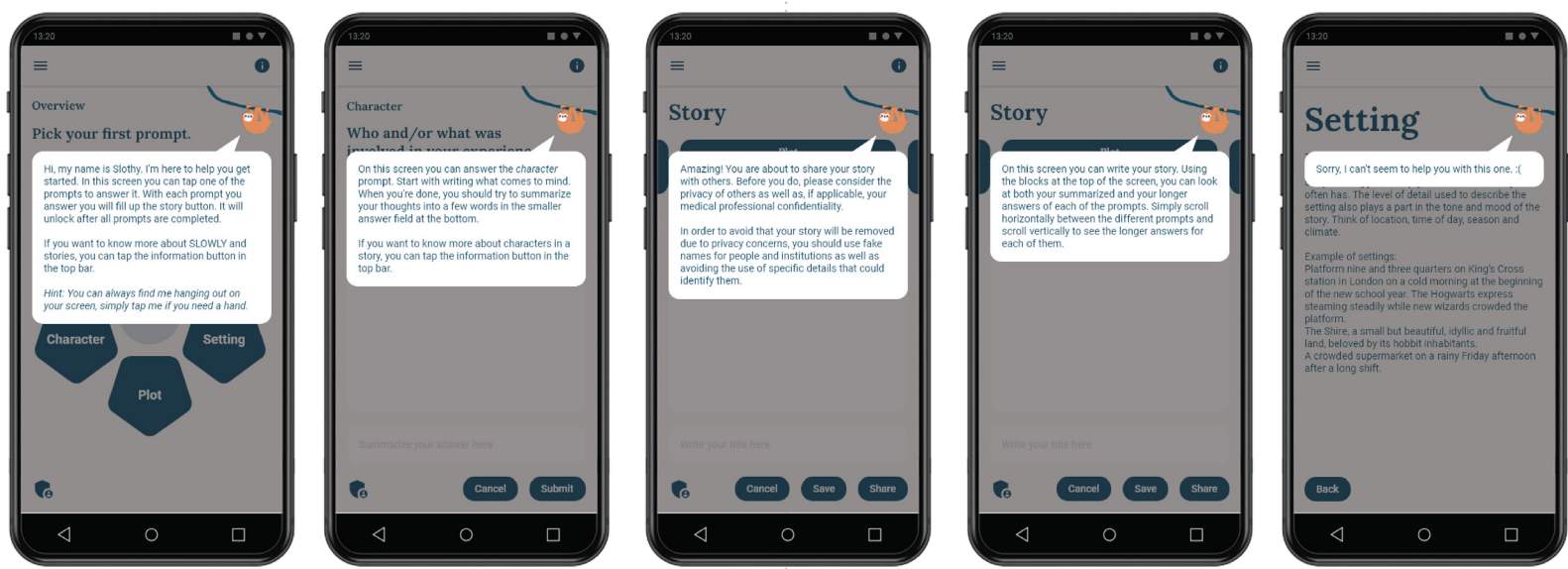


Figure 30: Examples of tips that Slothy can give the user.

Confirmation, guidance & encouragement

These screens aim to motivate users, they are complemented with completing a prompt or story. They are also encouraged to come back the next day to continue their process or to share their story with others. By fully covering the previous screen, these screens also symbolize the ending of a reflection. While users have the freedom to do multiple prompts per day, they are guided towards one prompt per day use.

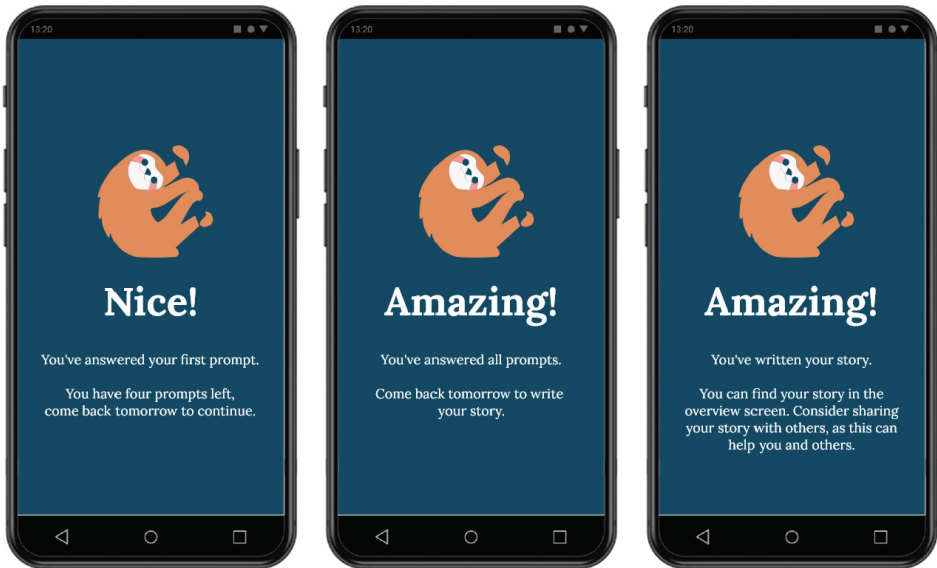


Figure 31: Three examples of confirmation, guidance and encouragement.

Notifications

These notifications aim to motivate and remind users using a light and playful tone of voice. It uses different characteristics of sloths that are relevant to their reflection process.

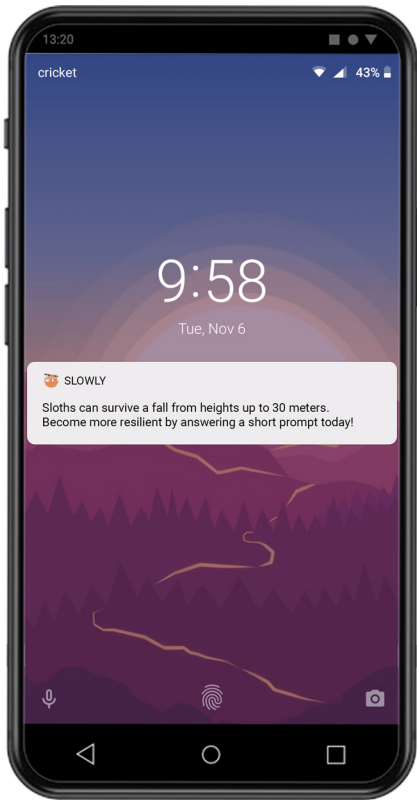
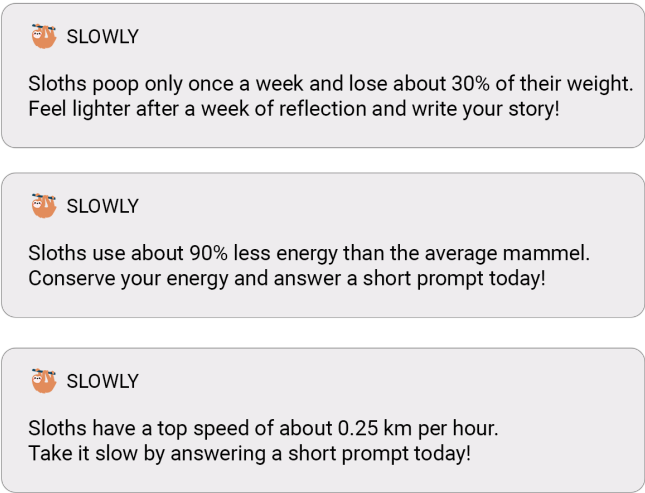


Figure 32: Examples of possible notifications used to motivate and remind users of SLOWLY.

03

EVALUATION

This chapter is about the evaluation stage of the project. It describes the overall approach of the evaluation phase and provides a recap on the requirements that were evaluated. Then it will discuss the prototype that was used. After that, it will discuss the method and results of the user study and the expert review. Lastly, it will provide a conclusion, discussion and recommendations section to the project.

Overview

This section describes the overall approach and the goals of this phase.

Approach

After concept 3 was turned into a testable prototype, it was evaluated in a user test. The outcome of these user-provided improvements that were implemented in the prototype. This resulted in the final concept version of SLOWLY as described in chapter 2. The final concept was used in an expert review to gain nurses specific feedback that would shape the final recommendations at the end of this chapter.

Goals

The primary goal of the user test was to evaluate the intended effects of SLOWLY. The three intended effects were:

- > Increasing the understanding of the self and the experience through guided reflection.
- > Reducing threshold for story sharing through compartmentalized story creation.
- > Increasing the number of effective interactions by creating stories that evoke higher levels of situational empathy and narrative transportation.

These intended effects were formulated based on the design requirements in the definition phase. These three effects were translated into fourteen testable statements shown in figure 33. This table shows an overview of the statements and which design requirement they relate to.

The secondary goal of the user test was to gain qualitative insights into the design. These insights could then be used to improve the prototype for the expert review.

Statement	Related to
SLOWLY decreases the duration of story writing.	Accessibility / Autonomy
SLOWLY helps users to learn something about themselves.	Autonomy / Competence / Normalization
SLOWLY helps users to learn something about their experiences.	Competence / Experiential knowledge / Normalization
SLOWLY guided reflection affects the emotion of the user towards an experience.	Competence
SLOWLY guided writing affects the emotion a user has towards an experience.	Competence
Users feel writing a story is easier with SLOWLY.	Accessibility / Ease of use
Users feel helped by SLOWLY while reflecting on their experience.	Accessibility / Ease of use / Encouraging
Users feel helped by SLOWLY while writing their story.	Accessibility / Ease of use / Encouraging
Users prefer writing a story with SLOWLY.	Accessibility / Encouraging / Experiential knowledge
Users feel more positive about their day when using SLOWLY.	Autonomy / Encouraging
Users feel more connected to themselves after using SLOWLY.	Autonomy / Competence
Users feel more energized after using SLOWLY.	Autonomy / Competence
Users would share their story with peers if it benefits themselves.	Experiential knowledge / Normalization / Relatedness / Safety
Users would share their story with peers if it benefits others.	Experiential knowledge / Mutual benefit / Normalization / Relatedness / Safety

Figure 33: Table containing the evaluation statements and their related requirement.

Evaluation activities

Two evaluation activities were carried out: A user test and an expert review. This section describes both of these activities in detail.

User test

This section describes the participants, materials, design & procedure, results and discussion of the user study.

Participants

From the personal circle of the design researcher, 7 participants with similar demographic characteristics were selected. The participants included 5 males and 2 females between the age of 25 and 31, of which 5 completed higher education in design, 1 in medicine and 1 in psychology. The nationalities of the participants varied, including Turkish, Dutch and Polish.

Materials

An embedded link was used to allow participants to interact with the Adobe XD prototype. Google Forms was used to create 7 questionnaires. The questionnaires used 7 point Likert-type questions to gather quantitative scores for which were later used to gain qualitative insights through semi-structured interviews. To gain insights into the emotion of participants towards their experience, PrEmo was used. [REF] The emotions were also discussed in the aforementioned interviews.

To allow participants to fill a questionnaire while using the prototype, Notion was used to create a webpage that could embed both of them side by side. An example is shown in figure 34. Participants were provided with support when needed using Whatsapp and the interviews were conducted using Zoom.

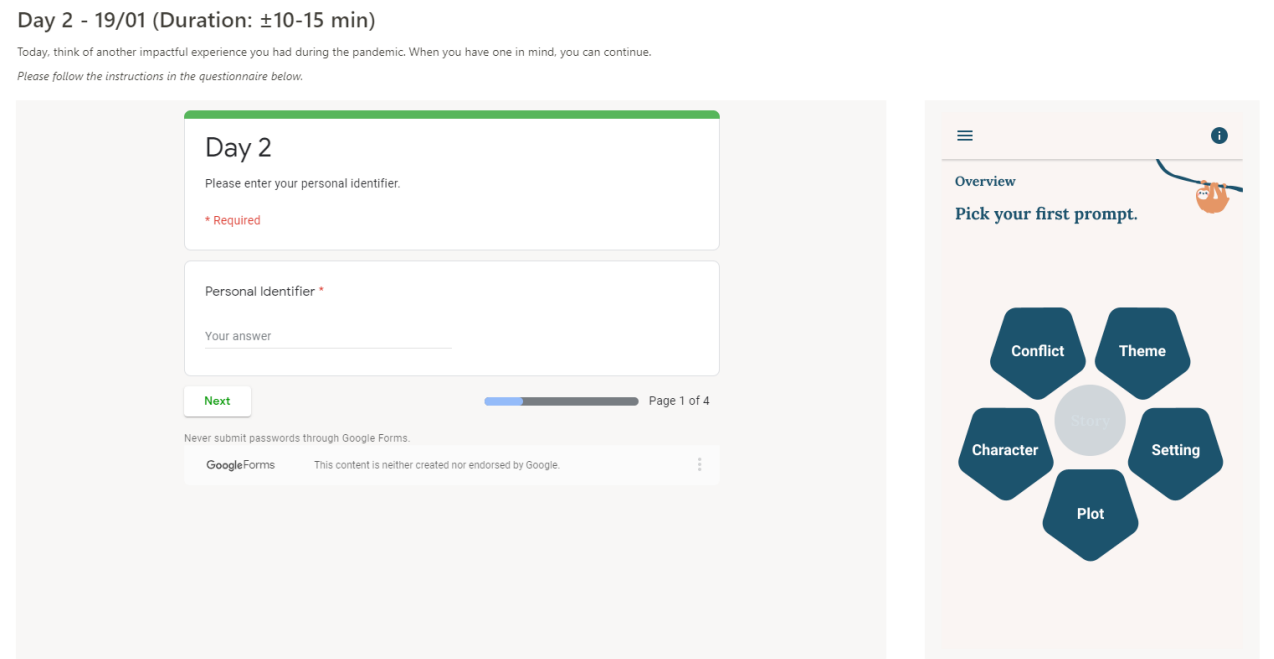


Figure 34: Example of day 2 of the study, showing the Google Forms questionnaire on the left and the interactive Adobe XD prototype on the right.

Prototype

The prototype that was used in the user test was quite similar to the design described in the design chapter. However, there were a few major differences. These differences are presented in this section.

Figure 35 shows how the prompt overview was designed in the prototype used in the user test. As opposed to the tap to expand method used in the final design, this version used both vertical and horizontal scrolling within the prompt block.

The second major difference was the onboarding process. As can be seen in figure 36, the version that was used in the prototype was much more limited compared to the version used in the final design.



Figure 35: The prompt overview as part of the prototype used in the user test.

The tested prototype also did not give users the option to access their previously submitted prompts until they completed all five of them. Nor did it include the privacy indicator icon. Some language was more complicated in this prototype, there was also no notification or reminder.

A complete overview of the prototype can be found in appendix H.

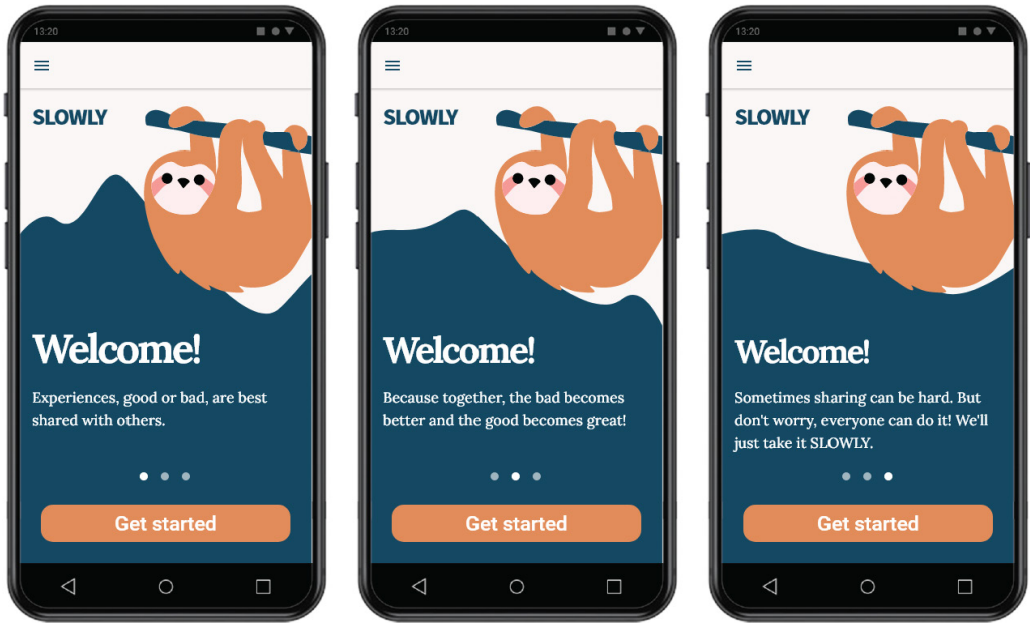


Figure 36: Onboarding process of the prototype used in the user test.

Design and Procedure

The study consisted of 7 daily assignments ranging from 5 to 20 minutes in duration. Participants were sent a link to their personal web page that included: Information about the study and the project it was a part of, as well as a link to more information about privacy, data and contact. Additionally, it stated their personal identifier as well as all of the daily assignments, questionnaires and prototypes. The questionnaires first asked participants for their personal identifiers, which consisted of 5-letter animals and were used to group the responses of individual participants. All questionnaires concluded with the option of providing additional comments.

On day 1, participants were asked to write a short story, with a title, about an impactful experience they have had related to the pandemic. They were asked to record the time at the start and end of their writing process. Furthermore, they provided their strongest PrEmo emotion towards their experience before and after writing as well as the level of difficulty of writing on a 7-point Likert scale.

On day 2, participants were asked to think of another impactful experience they have had related to the pandemic. Next, they indicated their emotion before picking and answering one of five prompts. Afterwards, they indicated their emotion again.

The assignments on day 3, 4, 5 and 6 were identical to day 2 with the exception of participants only indicating their emotion after picking and answering each prompt.

On day 7, the participants were again asked to write a short story, with a title about their chosen experience. They recorded their start and end time as well as their strongest emotion and level of difficulty. The final section of the questionnaire consisted of 4 multiple-choice questions, 11 statements that were measured on a 7-point Likert scale and one 10-point overall rating.

After completing all of the assignments, a semi-structured interview was conducted with each participant to discuss their responses. These interviews lasted approximately 45 minutes each and were recorded by note-taking. All relevant materials used can be found in appendix G.

Results

Figure 37 shows the median that was calculated for each of the effect and experience related 7-point Likert-type questions. The vertical axis shows 1 to 7, with 1 being the most negative response and 7 the most positive response, therefore, a bigger surface area of the plot is desirable.

Effects of use

Despite both medians of the statements related to a better understanding of the experience and the self being 6, not all participants admitted to learning something about themselves. All participants stated that they learned something new about their experience. A fresh, new, different and/or more positive perspective towards the experience was mentioned most as newly gained understanding. Some participants said they gained more intense and vivid memories of the experience.

Medians of the effect and experience related statements

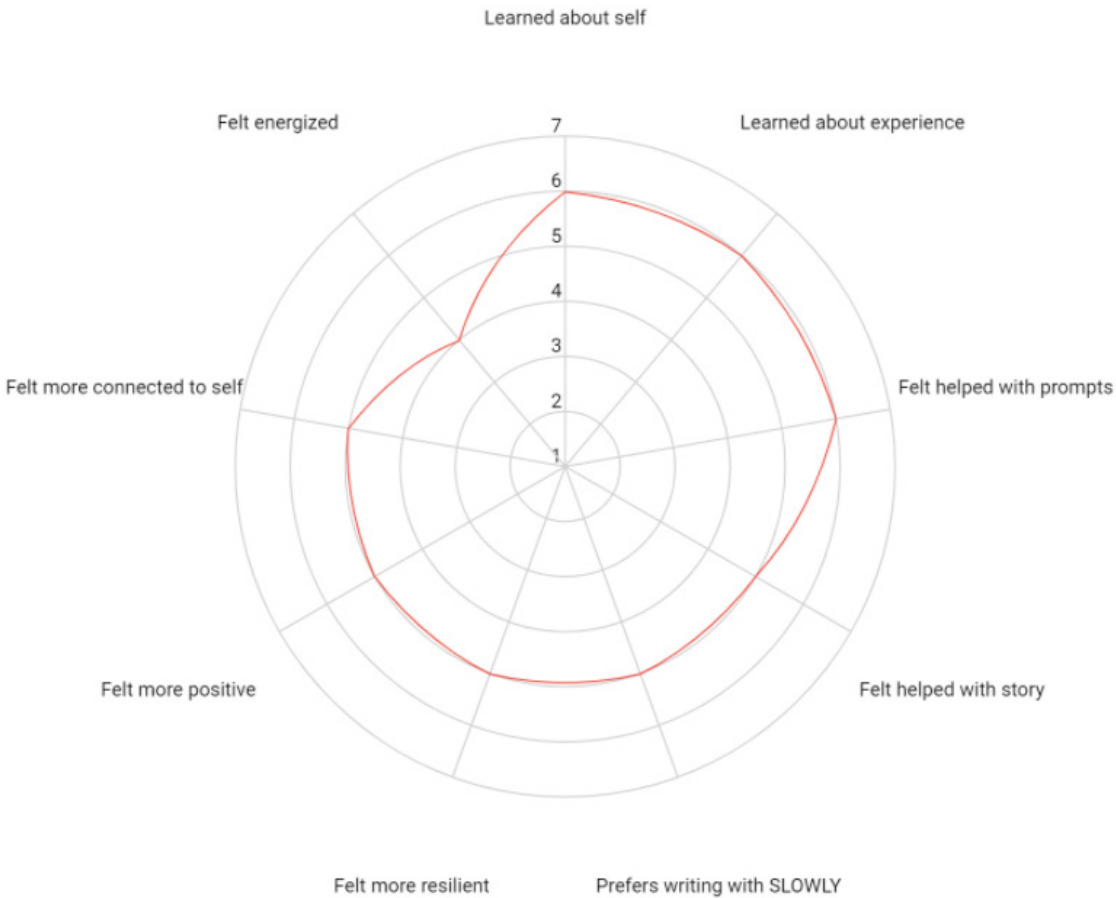


Figure 37: Median of each of the 7-point Likert-type questions.

With a median of 4, feeling energized was judged the lowest out of all statements. Participants stated that completing a prompt cost energy, while some of them reported feeling more rested afterwards.

None of the participants indicated that they disagreed with feeling more resilient, more connected to themselves or more positive about their day. These three statements shared a median of 5. Nevertheless, most participants indicated that these effects were not strong.

Writing about experiences

No significant difference in writing difficulty was found between the control story and the SLOWLY story. One participant reported having a harder time with the control story, one participant reported having a harder time with the SLOWLY story while the remaining participants reported the same level of difficulty for both stories.

All participants saw an increase in writing time, ranging from 33% to 250% increased time spent on writing a SLOWLY story compared to a control story. Most participants mentioned their desire to write a more complete story as a possible explanation.

The median of participants feeling helped while writing their story was 5, however, two participants scored it a 2 or lower. These were the same participants that were unaware

they could scroll vertically or horizontally within the prompt overview. One of these participants realized it after completing the story and felt it would have been useful for her. The other participants agreed the prompt overview helped them write a more complete story. As one participant stated: *“The first time [without SLOWLY] I just shared, the second time [with SLOWLY] I wrote a story”*

Out of 7 participants, 4 indicated their preferred writing a story with SLOWLY over without. The median of this statement was 5 out of 7. One participant responded negatively to this statement, she later explained it was because she did not know how to access her previous prompt answers while writing the story. The remaining two participants did not have a preference.

Participants did not always understand the storytelling terms used to name the prompts. They did all read both the prompt question as well as the prompt description before answering. While the information provided to answer a prompt was sufficient for most participants, one participant said he had searched the web for further explanation in order to “have a clear understanding of the assignment.” Another participant suggested adding a brief explanation for each of the prompt names, which she indicated would not have been necessary but would have been nice.

Reflection process

None of the participants shared a common order in which they completed the prompts. When asked about their reasoning behind their choices, reasons varied. Some choose the prompts that were perceived to be the easier first. Others indicated they tried to do them in a, to them, logical order. One participant said he chose randomly. Out of 7 participants, 5 answered the plot prompt on the last day. When this was further explored during the interviews, one participant said he thought: “I will do the plot last because I need the others for it.” while another participant said he chose plot last because he expected the least out of it. No common explanation was found.

Participants showed no coherent preference for one single prompt. When asked about why a particular prompt stood out for them, they mentioned it caused them to look at their experience differently compared to how they normally would or that it gave them the most interesting insight.

Multiple participants indicated they would like to have more flexibility in the number of prompts they could answer daily, as well as in viewing and editing previously submitted prompts. One participant said: “If I’m having an outburst and I want to write, the app shouldn’t stop me.”

None of the participants managed to finish the study within seven consecutive days. All participants had trouble sticking to one prompt per day. Some said it was because of the lack of routine and they all pointed out the lack of a reminder.

Design

Only a single participant indicated to have used both the information button for more information on storytelling and Slothy for assistance every day. One participant used the information button once while another participant used Slothy once. All other participants

indicated to never have used either features. When asked about possible reasons, most participants explained they didn’t notice the features, of which a few indicated they did not feel the need for help in the first place.

Three participants realized they could scroll both horizontally and vertically in the prompt overview. Two participants only realized horizontal scrolling was possible. Two other participants did not realize scrolling was possible at all.

Sharing & anonymity

All participants indicated they would be willing to share their story for both their personal benefit as well as for the benefit of others. Two participants indicated anonymity was an important consideration in choosing to share their story with others. One participant would like the privacy of the submissions clearly displayed.

General

Most participants said that doing daily reflections was difficult/unenjoyable at first but became easier/enjoyable over time. One participant stated: “In the beginning, I was bored like a 9-year-old [doing homework] and then you really focus on coming up with the perfect story and then it becomes easy.” All of them found the overall experience to be positive. Participants reported increased self-awareness, changed perspectives, having a daily moment of peace or outlet, increased positivity towards the experience, remembering more details, a greater appreciation of the little things or a sense of accomplishment as reasons for their enjoyment. One participant said: “I told things to the app in a way I have barely even told my partner”. The median score of the overall experience with SLOWLY was 8 out of 10.

Discussion

Understanding

While the generalizability of the results is limited by the small sample size, the results suggest that using SLOWLY to reflect on an experience causes an increased understanding of that experience. However, the findings suggest only a minor increase in the understanding of the self for some. This difference can be explained by the different experiences the participants chose to reflect on as some experiences are more impactful than others. Additionally, as participants only reflected on a single experience, it is possible that prolonged use of SLOWLY can cause a stronger increase in understanding of the self over time. Prompts were the main factor in evoking a greater understanding as they challenged participants to think about their experience differently than how they ordinarily would. The importance of doing all five prompts is underlined by the differing impact each of the prompts had on the participants. Moreover, it seems that the relevance of each prompt depends on the experience.

Story sharing threshold

The study demonstrates that using SLOWLY to reflect on an experience does not reduce the threshold of story sharing. The participants reported equal levels of difficulty and increased writing times. Furthermore, anonymity and personal or public benefit are more important factors in the decision to share a story with peers. On the other hand, participants found the reflection process to be enjoyable and in general felt helped

by SLOWLY in writing a more complete story. The majority of them also indicated they preferred writing a story using SLOWLY and all of them gave SLOWLY a score of 7 out of 10 or higher. Whether these predominantly positive user experiences actually contributed to a reduced story sharing threshold, should be further researched. A limitation of these results is that assumptions were made on what factors affect the sharing threshold and how these factors affect it.

Empathy and narrative transportation

This study did not evaluate the stories that were generated, therefore further research is needed to evaluate whether stories written with SLOWLY evoke higher levels of situational empathy and narrative transportation. Nevertheless, participants stated that they felt the stories they wrote with SLOWLY were more complete, contained more details and newly gained insights. Because situational empathy and narrative transportation are a response to relatable elements of a story, it is likely that a more complete story has a greater chance of evoking these concepts.

General

The study shows that participants were predominantly positive about the storytelling driven reflection process. However, how the process is presented, explained and how the user is guided in it should be improved. Features such as the prompt overview, optional storytelling information and Slothy's tips were not noticed or understood by the user. Results also show that users want more control over their reflection process by allowing for multiple prompts per day and being able to see their previous submissions. The interviews suggest that the terms and language that were used were somewhat hard to understand for some participants which indicates a slight simplification is desirable. Lastly, all participants struggled to maintain a routine which suggests a reminder is needed.

Improvements

Based on the results of the user study, a number of improvements were made to the prototype. The result is the final design as discussed in the design chapter. Below is a list of the changes that were implemented.

- > Improved onboarding process: Now explains Slothy, SLOWLY, user benefit, basic use and addresses privacy.
- > The interaction with the prompt overview during writing was redesigned. Now a tap instead of vertical scrolling.
- > Plot instructions were clarified.
- > Privacy indicator was added.
- > Notifications were added. (Using relevant qualities of the sloth)
- > Previous prompt submission overview screen was added.
- > One prompt per day limit was removed. Still guides/recommends one per day.
- > Encouragement/confirmation screen text was changed to suggest one prompt per day.

Expert review

After the aforementioned improvements were implemented, the final design was evaluated during an expert review with one 21 year old female nurse. While perhaps not an expert in storytelling reflection tools or design, she acted as the expert of her own experiences as a nurse. The goal of the expert review was to get feedback on the design by someone from the actual target group as well as evaluating the changes made after the user test.

The expert review consisted of a semi-structured interview with said nurse using Zoom. First, some general questions were asked about her, her work and her wellbeing. Next, a basic cognitive walkthrough was done with the interactive design shown through screen share. The nurse was asked what she would do if she had installed SLOWLY on her phone and wanted to write a story about something she had experienced. For the purpose of this walkthrough, prompt answers and a story were pre-written by the design researcher. Throughout the walkthrough, the nurse was asked to think out loud and to instruct the design researcher what elements to click. The researcher occasionally suggested the nurse to comment on features she did not seem to notice. Lastly, the semi-structured interview continued, discussing the design she had just used and her thoughts about it. Since the nurse did not use SLOWLY independently over the course of a few days, no questions were asked regarding the effects of use.

With the permission of the participant, the meeting was recorded. The recording was later viewed and transcribed by the design researcher. Based on this transcript, insights were formulated and sorted into categories. The full interview structure and transcript can be found in appendix F.

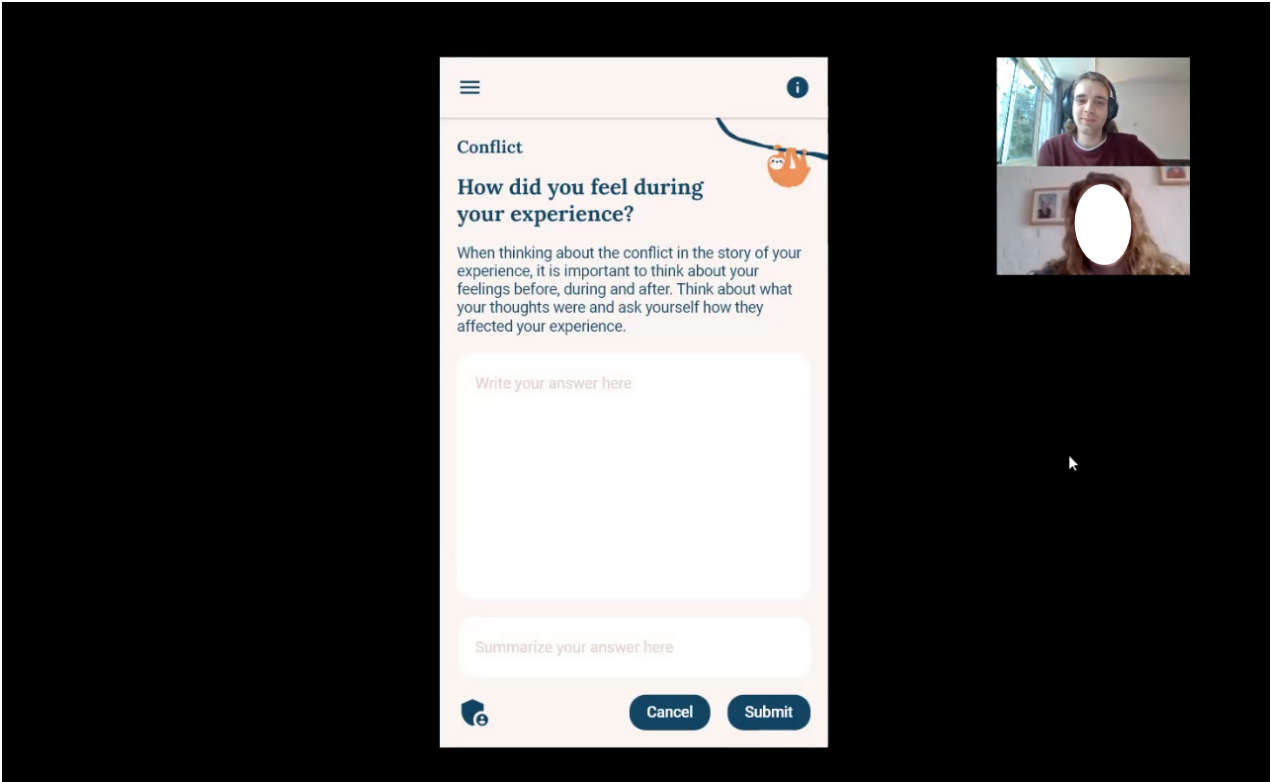


Figure 38: A still from the video recorder during the walkthrough.

Results

Onboarding

The nurse took her time to read and follow the instructions. She understood she had to swipe to navigate the onboarding and that the white dots represent progress. She correctly understood the purpose of SLOWLY after reading the first three onboarding screens.

Overview

When the first Slothy overlay explained that it would be hanging around on every screen, the nurse noted she found that useful. She understood she was expected to choose one of five prompts on the overview screen.

The nurse correctly used the story button in the overview screen to write her story after answering all prompts.

Prompts

The nurse felt the structure of the prompt submission screens were clear. She understood what was expected of her. She recognized the privacy indicator icon and correctly remembered its meaning.

When asked about Slothy and the information icon, the nurse stated the purpose of Slothy was clear. She did not know what the i icon was for. When asked to explore the extra information screen, she thought it was nice for people that don't know straight away what to do and want to take a step back, to have the option (extra information). She found the explanation and examples provided to be clear.

The nurse said that it would depend on the impact of an experience on her wellbeing whether she would do one prompt per day or all at once. She would do more per day if something is really bothering her.

In the last part of the interview, the nurse noted that at first, the prompt names were not clear to her. However, after reading the explanations on the prompt submission screen, it became more clear.

Writing

The nurse correctly described the purpose of the prompt overview blocks. She was able to correctly navigate them without help. However, she did not correctly identify the purpose of the title text field. She thought it was for summarizing her story.

The nurse said she would save her story first and decide later whether to share or not.

Sharing

The nurse preferred sharing her story on a nationwide platform rather than a hospital or department-specific platform because she felt it would allow for more honesty in sharing. She feared that nurses would be apprehensive if they were close to the people they share with.

When asked if anonymity would make a difference, the nurse said she would be more open if she could be anonymous. Although she expressed her desire for some form of recognizable name for users. "Not like hello anonymous. That would perhaps be a bit weird."

General

When asked for a general opinion, the nurse said the following: "I think it's a very good idea. The appearance of the app is clear, also with the information [onboarding]. "You're new, I will walk you through", so to say. Furthermore, you have the possibility to ask for information in places you don't know something. I think you can do the circle [prompt order] differently than what we did now. In that way, you can click the one you would want. Sharing online with other users in the app, I think it's handy and easy. You can basically reach anyone on the platform and receive tips or remarks which you can benefit from. I think it's quite good, quite handy."

The nurse understood why Slothy is a sloth, appreciated it being there and when asked if it wasn't too childish, she noted it did not feel childish but rather quite friendly.

When asked to comment about ease of use the nurse went over the features in her mind. She said it was clear and that she never felt as if she did not know what to do because there weren't too many options on each screen.

Lastly, she said that she would probably use it. Especially because there is a lack of time at work because of the workload. She imagined herself using it briefly for about 5 minutes on the bus home or when having a drink on the couch in her house and could see herself doing it again the day after. As a reason, she pointed out that you don't have to write a whole essay but instead just spend 5 minutes per day. Then, the design researcher pointed out that she claimed earlier that she did not experience anything that had a severe impact on her and asked if she would use it still. The nurse said she would still use it, also for small things. She noted it felt handy for small things because it allowed her to look back on them and see if there is anything she could have done differently.

During the walkthrough, the nurse asked if she had to write in English because that was the language of the app. When told that she could use Dutch, she was delighted.

Discussion

Overall, SLOWLY received positive feedback. There are indications that nurses will use it to reflect on both minor and major events in the intended usage context (E.g. bus or at home). The usability is perceived as good, the visual style is liked and the potential benefit is clear. The textual information is also clear to users although there is a need for a Dutch version. Private reflection is appreciated and anonymous sharing on a nationwide platform is desired.

The improved onboarding process better introduces users to SLOWLY, its benefit, basic use and privacy. Introducing Slothy during the onboarding process also helped in recognizing it as a help feature and in providing understanding as to why it is a sloth. Slothy was liked and perceived as friendly.

The new privacy indication icon was clear, although the extra information icon is not.

This might not be a problem because it is meant as a feature for advanced users. After adjustments to guiding text, the intended one prompt per day flow was clear and the optional nature of this flow was appreciated.

The redesigned prompt overview blocks showed improved usability and understanding. The writing screen is clear, however, it was unclear that the share button also saved the story.

However, it has to be said that the final evaluation was quite limited, as only one young nurse with relatively little working experience was consulted. In order to properly evaluate SLOWLY, further user research with a larger sample of the target group is required.

Expert information

The nurse that was interviewed has worked in the Spaarne Gasthuis in Hoofddorp for 3 years of which 1 year in the surgery department where they deal with a lot of stomach, chest and fracture-related surgery. She noted that there were fewer surgeries due to corona, those that remained were mostly urgent cases such as patients that experienced complications from previous surgery. The workload has not decreased because many colleagues are “borrowed” to covid departments, leaving the remaining nurses with more workload. She herself worked in a covid department once. She also noted an increase in absent colleagues due to sick leave. She said that March of 2020 was worse than now and that because of the declining numbers, her department was slowly turning back to normal.

She described herself as the eyes and ears of the doctor. Regarding her psychological well being, she said it was fine. When asked if she noticed anything in her colleagues she said that colleagues that were transferred did struggle as well as one colleague in her own department. Simply by the sheer amount of work and the little time to do it in.

She said that she never had an experience that severely impacted her but she did have some that she carried with her somewhat. She was happy to have colleagues that told her no to worry, that she did nothing wrong and asked her how she was doing. In her opinion, it didn't make a difference that she already knew the colleagues that supported her.

Her hospital does offer professional support in the form of an appointed nurse counsellor. This person can also refer severely affected cases to more intense support. She has some experience with writing about her work because that was also part of her education. She did not particularly enjoy doing it. She classified her English skills as decent enough.

04

WRAP-UP

Conclusion

This project found that using SLOWLY's storytelling prompts to reflect on an experience over five days provides users with an increased understanding of that experience. Because of this, it is likely that using SLOWLY will contribute to fulfilment of the universal need for competence.

Additionally, using SLOWLY to write a story after reflecting, helps users include more relevant details in their story. Because these stories include more information about the events and the author, they have an increased potential to evoke situational and bounded strategic empathy. However, further research is required to evaluate this statement and to what extent it facilitates online peer support.

SLOWLY provides users with an individual, creative reflection tool in which they are free to choose their prompt order, subject and level of depth. Therefore it is likely that SLOWLY will contribute to the fulfilment of the universal need for autonomy.

Users of SLOWLY would anonymously share their stories if it benefits them or others. Sharing stories is essential in facilitating online peer support. However, additional research is needed concerning sharing these stories on an online platform in order to evaluate the effect on the universal need for relatedness.

There are indications that SLOWLY is well liked, easy to use and clear to nurses. There is a high chance of adaptability although additional research is needed to confirm these indications.

Recommendations

This project served as an exploration into the potential of storytelling in online peer support for Dutch nurses. The results on the effects of its use, while promising, show the need for further research into longitudinal effects and possible interactions. Therefore, the next step should be to test the effects of its use as part of a functional online peer support platform, over a longer period of time and with a representative sample of nurses. The sample should be larger and more diverse. In order to better fit the target group, it is advised to translate SLOWLY into Dutch.

Additionally, SLOWLY shows the potential to benefit non nurses. Therefore, another study could access the need and benefit for other similar target groups such as caretakers or even firefighters or police officers.

SLOWLY also has the potential to benefit participants of offline peer support groups by using it as a preparation activity. It's storytelling focus could help those less skilled in storytelling share more about their experiences.

Reflection

At the start of this project, I stated that I am interested in designing anything that will improve the world and the lives of the people living in it. I believe that a tool like SLOWLY has the potential to improve the lives of many. However, I realise that it will not in its current state and that more work is needed to truly make a difference. While I recognize the value that my results add to the field of storytelling in relation to online peer support, I would have liked the result of this project to be a more direct solution due to the urgency of the problem.

I also stated that I wanted to test my ability to manage my own process. Taking responsibility, planning and organising my activities. To this, I feel somewhat conflicted. While I am not completely satisfied with the organisation of my process, I acknowledge the personal challenges I experienced in the past seven months. These challenges, as well as the additional challenges that came with conducting a project during a pandemic did teach me how to motivate myself after multiple setbacks and how to manage a messy but flexible design research project.

The final personal challenge I formulated was that I wanted to challenge myself in digital design. I feel that SLOWLY's design, interactive prototype and interactive user test helped me improve my ability to design for a digital context. I also enjoyed it quite a lot and I feel increasingly interested in the field of UX/UI design.

When I reviewed the report that lies in front of you myself, I felt proud of what I had achieved. At the same time, I did see some potential improvements. If I would have more time I would improve the overall visual unity and structure of the report and I would rework the evaluation results section to be more concise, adding more visual support.

Overall, I'm quite satisfied with what I managed to accomplish in these past seven months. While I would describe my time working on this project as one of the most challenging periods in my life, I already feel it has taught me a lot about myself, both as a designer and as a person. And I believe that more valuable lessons will reveal itself after taking a step back from it all.

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Appendix

A. Project brief

DESIGN
FOR our
future

TU Delft

IDE Master Graduation

Project team, Procedural checks and personal Project brief

This document contains the agreements made between student and supervisory team about the student's IDE Master Graduation Project. This document can also include the involvement of an external organisation, however, it does not cover any legal employment relationship that the student and the client (might) agree upon. Next to that, this document facilitates the required procedural checks. In this document:

- The student defines the team, what he/she is going to do/deliver and how that will come about.
- SSC E&SA (Shared Service Center, Education & Student Affairs) reports on the student's registration and study progress.
- IDE's Board of Examiners confirms if the student is allowed to start the Graduation Project.

!

USE ADOBE ACROBAT READER TO OPEN, EDIT AND SAVE THIS DOCUMENT

Download again and reopen in case you tried other software, such as Preview (Mac) or a webbrowser.

STUDENT DATA & MASTER PROGRAMME

Save this form according to the format "IDE Master Graduation Project Brief_familyname_firstname_studentnumber_dd-mm-yyyy". Complete all blue parts of the form and include the approved Project Brief in your Graduation Report as Appendix 1 !

!

family name

Sabée

4356

initials

M.I.

given name

Merijn

student number

4166612

street & no.

zipcode & city

country

phone

email

Your master programme (only select the options that apply to you):

IDE master(s):

☐ IPD

☒ Dfl

☐ SPD

2nd non-IDE master:

individual programme:

- -

(give date of approval)

honours programme:

☐ Honours Programme Master

specialisation / annotation:

☐ Medisign

☐ Tech. in Sustainable Design

☐ Entrepreneurship

SUPERVISORY TEAM **

Fill in the required data for the supervisory team members. Please check the instructions on the right !

** chair

E. Ozcan Vieira

dept. / section:

ID/DA

** mentor

N.J.H. Vegt

dept. / section:

ID/DA

2nd mentor

organisation:

city:

country:

comments (optional)

While from the same dept. and section, my supervisory team has a very different area of expertise. I choose this team due to the combination of experience with designing for storytelling (mentor) and healthcare (chair)

Chair should request the IDE Board of Examiners for approval of a non-IDE mentor, including a motivation letter and c.v..

!

Second mentor only applies in case the assignment is hosted by an external organisation.

!

Ensure a heterogeneous team. In case you wish to include two team members from the same section, please explain why.

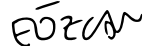
!

IDE TU Delft - E&SA Department /// Graduation project brief & study overview /// 2018-01 v30

Page 1 of 7

APPROVAL PROJECT BRIEF

To be filled in by the chair of the supervisory team.

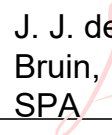
chair E. Ozcan Vieira date 25 - 08 - 2020 signature 

CHECK STUDY PROGRESS

To be filled in by the SSC E&SA (Shared Service Center, Education & Student Affairs), after approval of the project brief by the Chair. The study progress will be checked for a 2nd time just before the green light meeting.

Master electives no. of EC accumulated in total: 30 ECOf which, taking the conditional requirements into account, can be part of the exam programme 30 EC

List of electives obtained before the third semester without approval of the BoE

☒ YES all 1st year master courses passed☐ NO missing 1st year master courses are:name J. J. de Bruin, SPA-IO date 26 - 08 - 2020 signature Digitally signed
by J. J. de
Bruin, SPA
Date:
2020.08.26
14:27:44
+02'00'

FORMAL APPROVAL GRADUATION PROJECT

To be filled in by the Board of Examiners of IDE TU Delft. Please check the supervisory team and study the parts of the brief marked **. Next, please assess, (dis)approve and sign this Project Brief, by using the criteria below.

- Does the project fit within the (MSc)-programme of the student (taking into account, if described, the activities done next to the obligatory MSc specific courses)?
- Is the level of the project challenging enough for a MSc IDE graduating student?
- Is the project expected to be doable within 100 working days/20 weeks ?
- Does the composition of the supervisory team comply with the regulations and fit the assignment ?

Content: ☒ APPROVED ☐ NOT APPROVEDProcedure: ☒ APPROVED ☐ NOT APPROVED

- but images and planning are missing (start- and end date approved)

comments

name Monique von Morgen date 01 - 09 - 2020 signature _____

Caring is sharing: Using stories to connect Dutch nurses. _____ project title

Please state the title of your graduation project (above) and the start date and end date (below). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

start date 20 - 07 - 2020 04 - 12 - 2020 end date

INTRODUCTION **

Please describe, the context of your project, and address the main stakeholders (interests) within this context in a concise yet complete manner. Who are involved, what do they value and how do they currently operate within the given context? What are the main opportunities and limitations you are currently aware of (cultural- and social norms, resources (time, money,...), technology, ...).

The first wave of COVID-19 crisis has caused emotional distress in the entire nurse population on national and international levels. It is still uncertain how long the crisis will last and a second wave is not out of the question. Nurses, who make up the majority of the healthcare system (70%), appear to be struggling in preserving optimal mental, physical, and social wellbeing. Their work is characterized by a high workload, the shift of tasks and responsibilities, the risk of contamination, tougher physical working conditions due to protective clothing and procedures, and intense exposure to emotional events. Early studies on COVID-19 from China and Italy show that a substantial part of frontline healthcare professionals suffers from stress, anxiety, depression, and lack of sleep (Xiao, 2020; Liu, 2020; Pappa, 2020; Lai, 2020). In the Netherlands, a poll from the Dutch Nursing Association showed that 70% of the nurses perceived a higher mental burden and only 30% had access to psychosocial support within their organization (V&VN, 2020).

A recent research report "Co-Fit", carried out by UMC Utrecht, emphasizes that the resilience of professionals can be positively influenced by a wide range of measures and in turn can prevent absenteeism and degrading health in the short and long term (Trappenburg, 2020). While some of these measures are the responsibility of the healthcare facility concerned (e.g., facilitating a buddy system, wellbeing monitors through regular surveys), a major part lies with the healthcare professionals themselves. Unfortunately, staying resilient by taking care of oneself and making the right choices in doing so is not always easy under pressure and unexpected stress (Edward, 2005; Costa, 2018). As a healthcare professional, asking for support is constrained by time, workload, and stigma (Hu, 2013).

Since the beginning of April, I have been part of a team developing a Dutch digital platform called Behind The Mask. The team argues that a national level of social interaction amongst nurses may help them build resilience over time by normalization of adversities, discovering emotions and regulating and expressing them, reframing problems and finding solutions, and building a community with like-minded people. The platform incorporates interactive storytelling as a key function (de Vecchi, 2016). Storytelling in eHealth applications has two major advantages over traditional eHealth applications (Goodman, 2013; Gray, 2009): 1. The self-propelling motivational nature of the system, since stories are continuously created as well as reflected upon by the interacting stakeholders. This interaction facilitates long-term motivation for platform activity which is needed for preserving mental wellbeing and which is a challenge for current eHealth design. 2. The optimal alignment of resilience information to the actual needs and capacities of the end-user (i.e. nurses), since (a) the content will be presented as a story that aligns to the interest and capacities of the end-user and (b) the end-user partakes in the creation of the story content. The first advantage is mostly what is interesting for this project.

The main stakeholders are the Dutch nurses (164.400 carers, 205.400 nurses & 4.815 nursing specialists). There are also other potential stakeholders such as healthcare institutions and insurance companies. They are not necessarily stakeholders of the to be designed storytelling tool. More accurately, they are stakeholders of the platform in which the tool will be implemented. Behind The Mask can be seen as the client of this project.

Stories come in all shapes and sizes. Within this project, this mostly means anecdotes. This can be

space available for images / figures on next page

introduction (continued): space for images

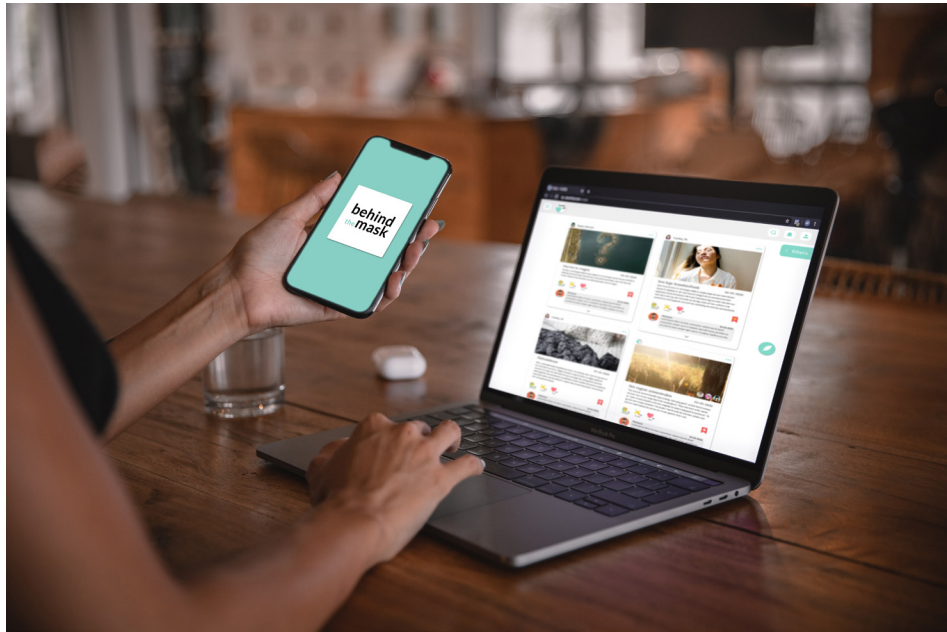


image / figure 1: Behind The Mask use visualized in context

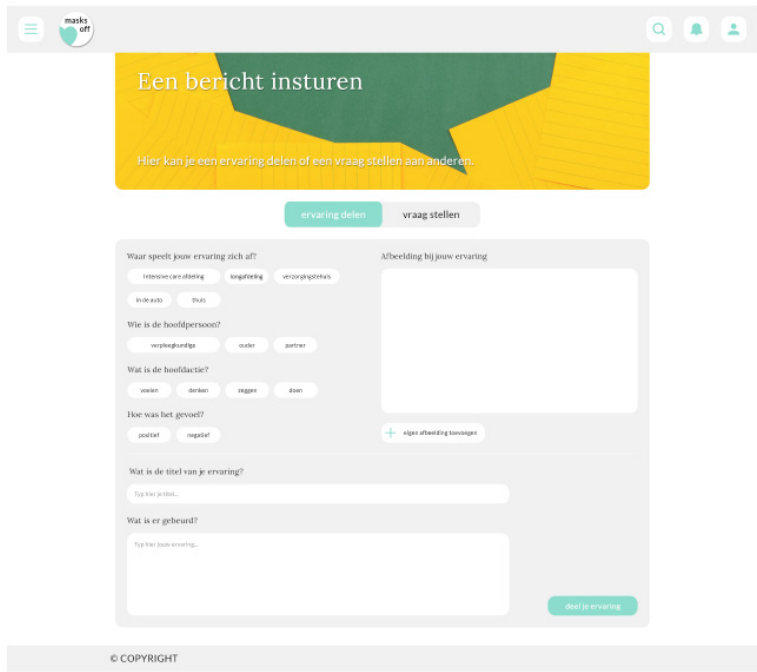


image / figure 2: The "Share and experience" page in the current prototype of Behind The Mask

PROBLEM DEFINITION **

Limit and define the scope and solution space of your project to one that is manageable within one Master Graduation Project of 30 EC (= 20 full time weeks or 100 working days) and clearly indicate what issue(s) should be addressed in this project.

The problem, as introduced in the introduction section of this brief, is that while self care is expected from nurses, it's not always easy to do so outside of their work environment. The platform itself aims to solve this problem by providing a safe space users can access pretty much anytime and anywhere. The challenge is to make users want to go there, to make users want to share their story and to make users want to interact with stories written by others. The current design of the platform is not aimed at evoking interaction between users, nor does it specifically create an incentive to keep coming back. This is the problem I intend to solve.

Because I am also involved in the platform's development, I know that no drastic changes will be made to the design, structure or core functionalities of the platform in the coming months. This means that my final design should fit into the platform as it is currently designed.

Users are able to access the platform through various devices (e.g. desktop, laptop, tablet smartphone), at various locations (e.g. public transport, home, break room, toilet) and at various times in the day (e.g. after a shift, when waking up, before going to bed, after dinner). It is assumed that the majority of users will use Behind The Mask on their phone. Because of the varying shift schedules that nurses deal with, no further specification is done on time of day. The context is then defined as: nurses on their phones outside of a work context.

ASSIGNMENT **

State in 2 or 3 sentences what you are going to research, design, create and / or generate, that will solve (part of) the issue(s) pointed out in "problem definition". Then illustrate this assignment by indicating what kind of solution you expect and / or aim to deliver, for instance: a product, a product-service combination, a strategy illustrated through product or product-service combination ideas, In case of a Specialisation and/or Annotation, make sure the assignment reflects this/these.

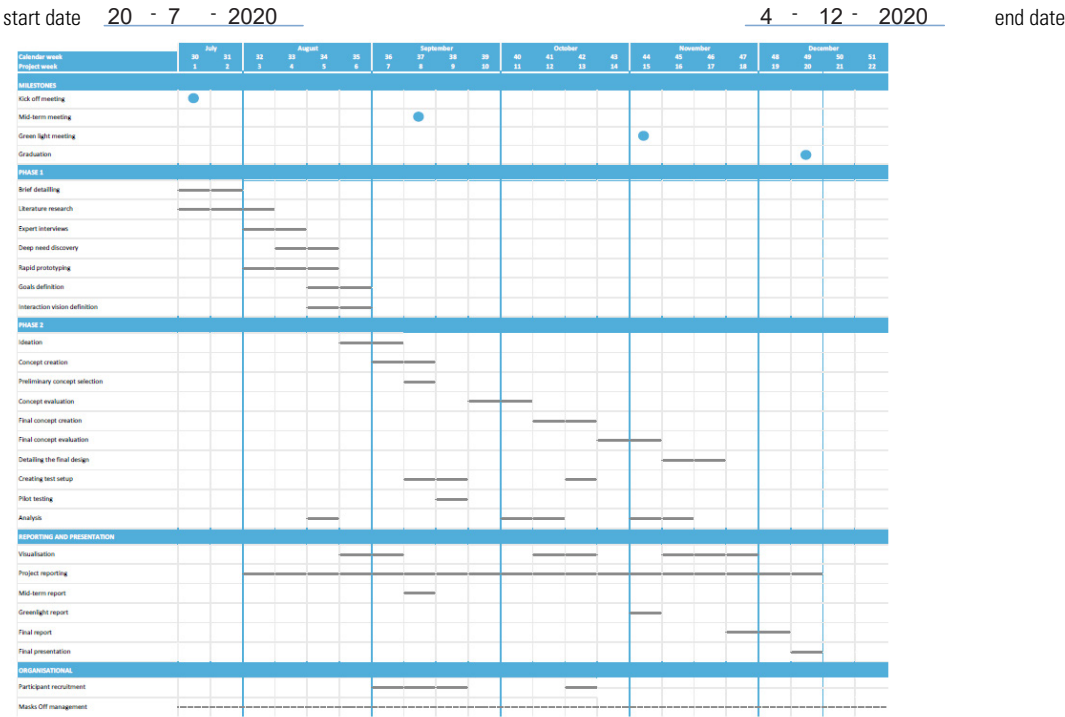
To design an online storytelling tool for BtM that evokes and maintains interactions between nurses when accessing the platform on their phone outside of their work.

The storytelling features of Behind The Mask are crucial in fulfilling its function as a support tool for the wellbeing of nurses. While the platform as a whole is being developed alongside this project, I will focus on the way nurses share their story. Currently this is done through the page depicted in image 2 on page 4. I will research the pain points, needs, concerns and opportunities for this functionality by working closely with nurses and evaluating my designs with them during my process. I will develop a storytelling tool that invites users to share and interact with one another and that stimulates long term use.

The final design will mainly consist of an online tool but, at this stage, physical components are not to be excluded.

PLANNING AND APPROACH **

Include a Gantt Chart (replace the example below - more examples can be found in Manual 2) that shows the different phases of your project, deliverables you have in mind, meetings, and how you plan to spend your time. Please note that all activities should fit within the given net time of 30 EC = 20 full time weeks or 100 working days, and your planning should include a kick-off meeting, mid-term meeting, green light meeting and graduation ceremony. Illustrate your Gantt Chart by, for instance, explaining your approach, and please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any, for instance because of holidays or parallel activities.



The activities that will be carried out in this project are divided into two phases. The first phase is about diving into the context, stakeholders and terminology of this project. Interviewing, rapid prototyping, studying literature and a deep need discovery will help define the next phase. The deep need discovery is especially interesting as this will identify the issues nurses run into when sharing personal experiences, which will then be laddered to the corresponding universal need (Desmet & Fokkinga, 2018). Concluding this phase, the goals, interaction vision, needs and current interaction will be defined.

The second phase is about iterative conceptualization. The goal is to turn ideas into concepts, evaluate these concepts and converge them into one final concept, evaluate this final concept again and, finally, detail it further into a final design. Crucial is the role of the end-user in this process. They will evaluate the usability and effectiveness of the concepts and help make sure the design follows the direction defined in phase one.

To keep the tests consistent between participants, a test plan will be contrived and pilot tested. First for the evaluation of the concepts and later, if necessary, adjusted for the evaluation of the final concept. Usability will be tested using the System Usability Scale (SUS), while the effectiveness will be tested using a questionnaire paired with a qualitative interview. PrEmo (Desmet et al., 2000) will be used to determine how participants feel during these tests.

Parallel to these two phases, reporting and organisational activities will be carried out. These are marked at the bottom of the Gantt Chart.

MOTIVATION AND PERSONAL AMBITIONS

Explain why you set up this project, what competences you want to prove and learn. For example: acquired competences from your MSc programme, the elective semester, extra-curricular activities (etc.) and point out the competences you have yet developed. Optionally, describe which personal learning ambitions you explicitly want to address in this project, on top of the learning objectives of the Graduation Project, such as: in depth knowledge a on specific subject, broadening your competences or experimenting with a specific tool and/or methodology, Stick to no more than five ambitions.

To my non-designer friends, I've always described DFI as a sort of psychology mixed with design. I describe it like this because as DFI'ers, we are constantly trying to understand a specific group of people to make sure that what we design is actually what those people want. I try to stay away from labels such as design researcher, visual designer or interaction designer though. I am interested in designing anything that will improve the world and the lives of the people living in it. I will learn or take on any task that I need to in order to achieve it. This graduation project is a good example of this mindset. A few months ago, I was in the third week of my first graduation project. I set out to research whether the emotional impact of live music could be influenced by stage lighting. Unfortunately, corona put a stop to that project. A few months down the line and I find myself again in the third week of my graduation project. This time about reflective storytelling in a healthcare setting. It might seem like these projects have nothing in common but for me they do. They both concern understanding human emotion and design that has the potential to have a positive impact on a large group in society.

Within this project, I want to test my ability to manage my own process. Taking responsibility, planning and organising my activities. While this might not sound like an ambitious goal, I feel it's going to be a big, if not, the biggest challenge for me in this project. I am a person who is very easily distracted and is generally horrible in planning. With the extraordinary circumstances we're currently living in, it will be a challenge indeed. However, I do feel that even these few months of being part of Behind The Mask has already helped me grow and I am very eager to continue this process in the next few months.

Additionally, I would like to challenge myself in digital design. While I've always been more of a hands-on workshop kind of person, I did find myself enjoy working on the visual layout, communication and logo of the Behind The Mask platform. Since at least a part of my final design will be a web page, I am looking forward to designing a tool that isn't only effective but also looks visually pleasing and fits both the target group as the overall platform style.

FINAL COMMENTS

In case your project brief needs final comments, please add any information you think is relevant.

B. Project brief

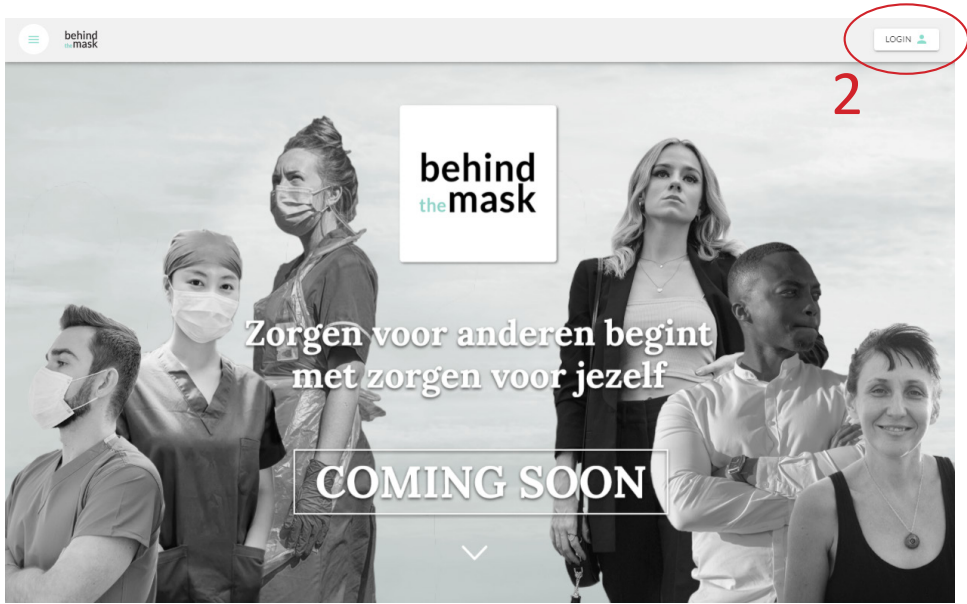


Quickstart guide

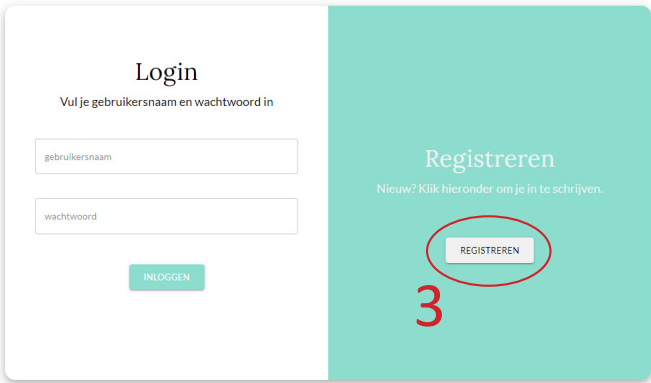


- 1. Copy and past the following URL into your browser:

https://www.behindthemask.nl/wqcvgemfudiyqubrzhzacnhmkkingm/
- 2. On this page, click on the **login** button. This will bring you to the login page.



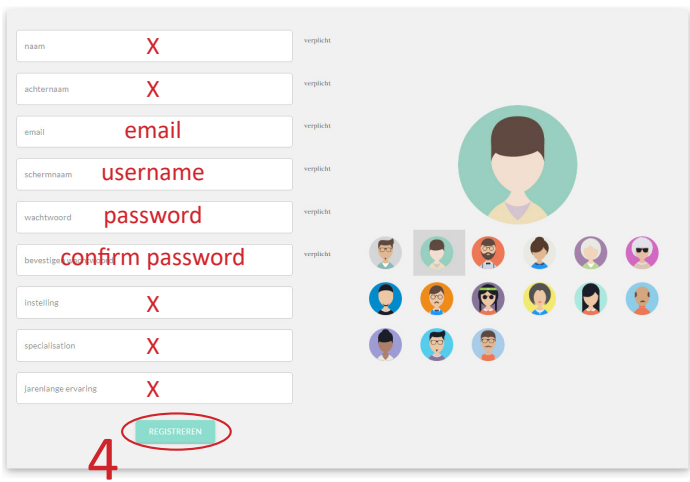
- 3. To register an account, click the **registreren** button. This will bring you to the registration page.
- (If you already have an account, fill in your **email** and **password** and click the **inloggen** button. You can skip step 4. of this guide)



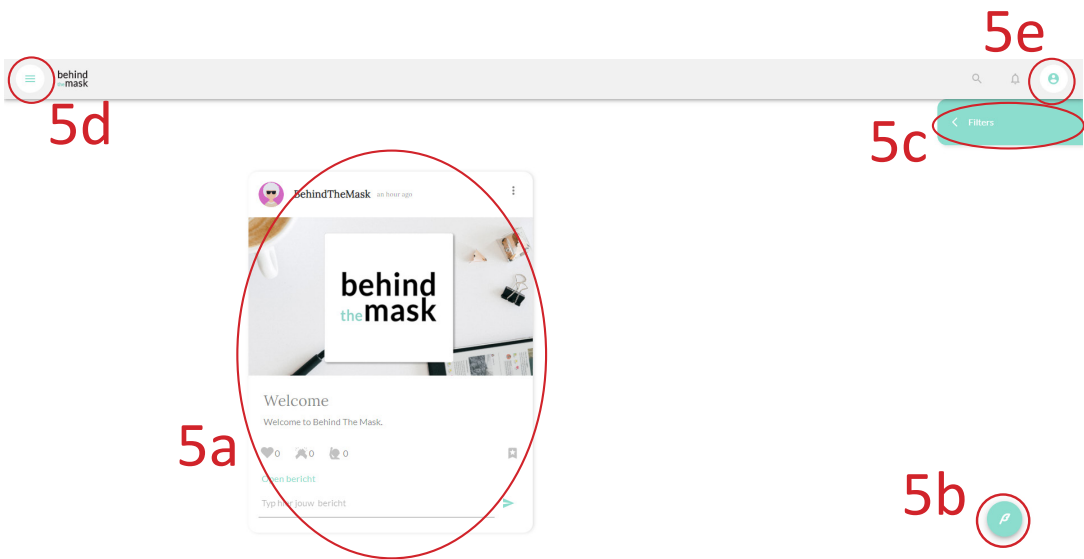
- 4. On the register page, fill in your **email (email)**, **username (schermnaam)** and **password (wachtwoord)**.
- For all other fields, fill in an **X**.

On the right, you can also choose your avatar.

Click the **registreren** button to finish your registration. This brings you to the feed page.



- 5. On the feed page, you can do a few things.
- You can interact with posts (5a), create a post (5b), apply filters (5c), acces the burger menu (5d) and access your profile (5e).



5a. Interacting with the posts

1. Click to open a menu in which you can delete the posts you created.

2. Click to add this post to your favorites.

3. These are the Behind The Mask custom emoji. From left to right; Beautiful (mooi), helpful (dit helpt) and recognizable (herkenbaar).

4. Click here to open a more extensive view of the post.

5. Use this field to quickly post a comment.

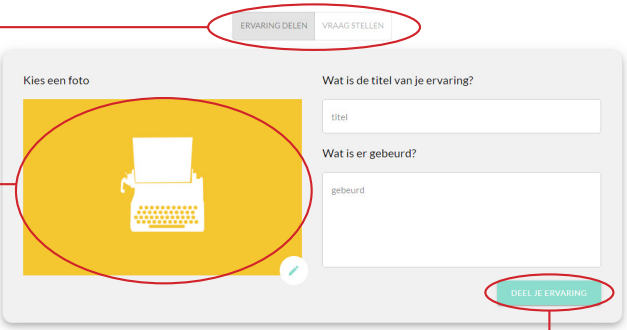


5b. Creating a post

On this page you can share an **experience (ervaring)** or ask a **question (vraag)**. You can choose what type by toggling the slider at the top of the page.

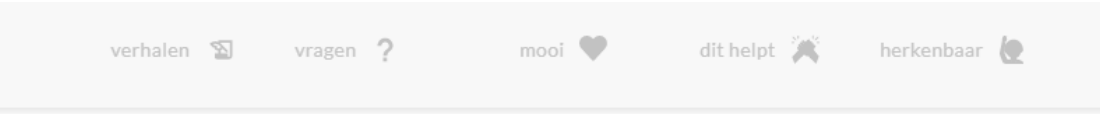
You can put your title and message in the text boxes provided. If you would like to add an image, you can do this by clicking on the preview image.

If you are happy with your post, you can click the share **experience (deel ervaring)** button.



5c. Applying filters

By clicking the filters ribbon, you can open the filter menu. Through this menu you can choose what content is displayed on the your feed page.

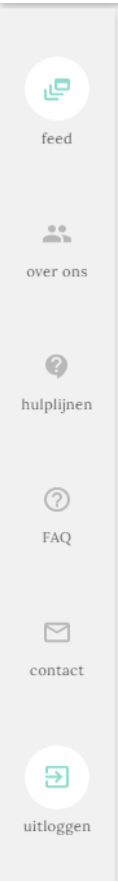


Through these two button, you can choose to only show **stories (verhalen)** or **questions (vragen)**.

Through these three buttons you can choose to only show posts that have a certain amount of Behind The Mask emoji attributed to them.

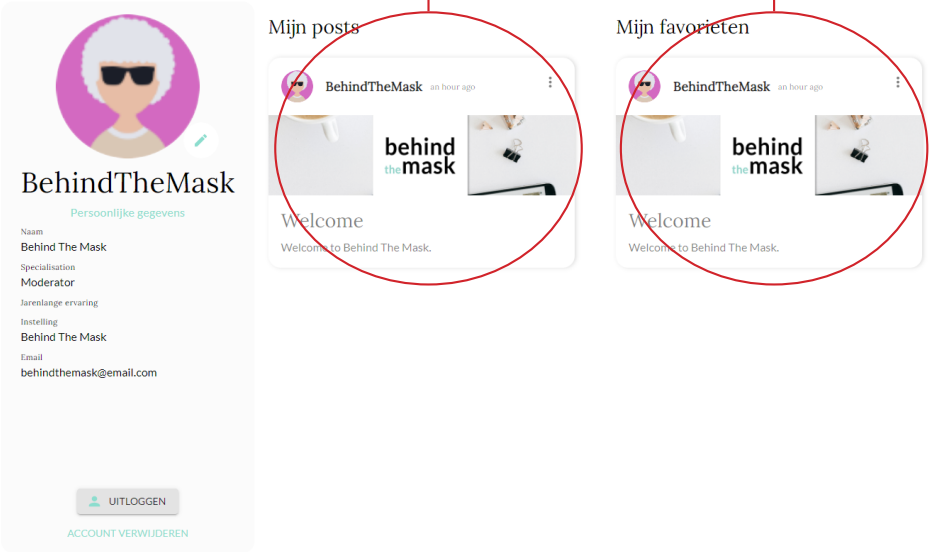
5d. The burger menu

By clicking the burger button, you can access the burger menu. For now, this menu only allows you to navigate to the feed page and to **log out (uitloggen)**.



5e. Your profile

By clicking the profile button, you can access your profile. In your profile you can view and change some of your personal details as well as your avatar. It also shows the posts that you have created as well as your favorite posts.



C. Interview notes

1. Leoni van Gent & Margo van Mol

Leoni: Kinderverpleegkundige Wilhelmina Kinderziekenhuis, per afgelopen sept. teamleider verpleegafdeling daar, werkt daar inmiddels 7 jaar

Margo: Achtergrond IC verpleegkundige, bijna 30 jaar ervaring in het Erasmus MC, nu vooral betrokken als onderzoeker, voornamelijk betrokken bij projecten voor de IC. 1 van de onderwerpen waar ze onderzoek naar doet is de vitale gezondheid van zorgprofessionals. Kijk vooral naar IC verpleegkundige. Nu breder getrokken. Om toe te voegen ook zelf gewerkt op de IC tijdens de eerste COVID golf.

Hoe gaat het nu met jullie?

Leoni werkzaam geweest op de IC van het UMCU voor 6 weken, uitgeleend, eigenlijk zonder ervaring redelijk acuut om daar de ondersteunen.

Die periode was erg pittig en zeker ook de periode erna waarbij qua opvang er wel dingen geregeld waren maar niet veel gebruik van gemaakt werd misschien ook door stigma.

Zeker in de maanden mei juni ermee geworsteld, tijdens de vakantieperiode, niet vrij, wel aan het werk, tijd genomen om het te verwerken

Nu gaat het heel goed en dat het gelukt is.

De gedachten om die kant weer op te gaan geeft wel twijfel of ze het nog een keer zou doen. Daar zit een klein beetje onrust, cijfers lopen weer op, hoe gaat het lopen de komende maanden.

Zelf de keuze gehad om naar de IC te gaan?

Ja zelf voor gekozen

Vrij vroeg in Maart een lijst ontvangen met: Wat is je ervaring, wat kan je wel, wat niet, ben je bereid om te werken?

Per toeval als enige op de IC beland, collega's naar de cohort verpleegafdeling gegaan.

Het is een bewust keuze geweest om 6 weken daar aan de slag te gaan, zeker geen sprake van dwang.

Zou je nog een keer gaan bij een 2e golf?

Met huidige functie niet echt meer mogelijk.

Weet niet of ze zo enthousiast zou zijn weer met de mentale impact die het heeft gehad.

Al zou het wel minder zijn omdat je weet wat je kan verwachten.

Is er niet over uit nog.

Verwacht je dat veel mensen dezelfde dilemma's hebben als jij?

Weet ze niet.

WKZ heel iets anders dan UMCU

De mensen die ze tegenkwam hadden vaak al wel wat feeling met een IC afdeling.

Dus voor hun misschien anders dan voor haar.

Herken jij je hierin Margo?

Ja en nee, achtergrond IC dus gelijk gezegd ik kom werken.

Had al ervaring, dus misschien niet zo heftig.

Werken zoals ze gewend waren met natuurlijk wel een aantal verzwarende omstandigheden

Wat haar treft is dat patiënten vooral alleen waren.

Gelukkigen mocht er tenminste nog bezoek komen bij ons.

Oh wauw

Ja, toevallig gisteren gehoord dat patiënten elkaar 6/7 weken niet hebben gezien, dat vind ik erg schrijnend, echt verschrikkelijk

Ook het acute van de situatie, patiënten konden enorm snel achteruit gaan

Werkte op IC dat normaal een gewone afdeling en nu een IC afdeling dus omstandigheden niet altijd perfect.

Zo hadden we monitoren maar die hoorde we niet omdat de deuren dicht waren dus we moesten ook werken met babyfoons

Als je naar een patiënt wilde moest je je vaak nog omkleden en dan sta je 5 minuten in de stress want je ziet die bloeddruk omlaag gaan en je kan niks anders dan nog sneller aankleden.

Ik herken ook het verhaal van Leoni, veel ondersteuners, ook mensen die normaal verpleegkundig specialist of hematologie poli of dermatologie poli, en je ziet mensen overlijden, ook alleen overlijden dat zijn wel echt traumatische ervaringen want je bent niet gewend daar mee om te gaan.

Zijn er ook dingen van bovenaf die jullie moesten doen die jullie zelf liever anders hadden willen doen?

Ja maar daar was eigenlijk geen andere keuze in.

Ja ik denk dat er eigenlijk helemaal geen bovenaf meer was

Letterlijk doen wat kon en tuurlijk zijn er regels die bepaald worden maar...

Heel veel dingen moeten doen dat je denkt van je bent gek, dit zou normaal nooit kunnen.

Ik ervoer ook niet dat het van bovenaf kwam of dat ik in situaties ben gekomen die tegen mijn morele gevoel indruist

Situaties waren extreem en heel anders maar dat kwam door COVID en daar kan niemand wat aan doen

Er was heel veel saamhorigheid en dat vond ik heel mooi

Iedereen voelde zich heel welkom en er was veel begrip voor de mensen die totaal onvoorbereid op de IC kwamen, gehoorde van collega's

Bij mij was dat iets anders. Waarschijnlijk ook een stressreactie. Ik kwam op de afdeling en dan werd er gevraagd: Waar kom je vandaan? Ik antwoordde kinderafdeling en dan vroegen ze: Nou wat doe je dan hier? "Op zich ben ik hier om je te helpen."

Pas nadat duidelijk werd wat ik deed/ervaring ik had; "oh dus je kan wel wat"

Dat gaf mij een beetje een nare start, als jullie niet willen dat ik hier ben waarom ben ik dan hier?

Kreeg wel op mijn 2e dag mijn eigen beademde patiënt want jij kan wat, dus schoot het weer door de andere kant op.

Later wel: Wij waarderen het enorm dat je hier bent en we zien wat je doet. Dus toen heb ik de waardering van de IC verpleegkundigen ook wel gekregen.

Ik hoor ook wel terug dat we veel geleerd hebben van die periode.

Weten nu op welke mensen we gemakkelijk kunnen terugvallen.

Zo ondersteunen is ook heel anders dan dat je op een afdeling komt en je eigenlijk niet weer hoe alles werkt terwijl alles zo enorm druk is. Dat lijkt me ook verschrikkelijk.

Ik hoorde mensen die zeiden: ik kan eigenlijk alleen maar meelopen en iets aangeven.

IC verpleegkundigen dan: Ben jij hier nou om te helpen of ben je hier voor de sensatie?

Als IC wil je iemand naast je hebben staan die weet hoe het werkt.

Dat is de andere kant. Voor IC verpleegkundige ook wel heel moeilijk want je hebt op een gegeven moment 3 patiënten in plaats van 2. En dan is het fijn als je een ondersteuner iemand naast je hebt die snapt waar je het over hebt misschien niet alles kan maar wel affiniteit dat je dingen snel kan uitleggen.

Veel IC verpleegkundige vonden het lastig om die coördinatie en sturing te geven en vooral ook uit handen te geven.

Logisch ook want als iemand op mijn afdeling zou komen zou ik het ook heel lastig vinden om dat uit handen te geven. Dat is iets verpleegkundige eigen misschien.

Je eigen stukje goed te willen doen maar daar was nu eigenlijk geen tijd/ruimte voor.

Minder controle misschien over de afdeling?

Het veranderde ook elke dag, dienstroosters bijv. Hangt ook wel samen met het gevoel van verlies van controle. Het kon bij wijze van spreken een halve dag later alweer anders zijn.

Hebben jullie meer effecten gemerkt toen jullie thuis kwamen?

Is wel wat gewend, wel wat dingen meegemaakt, knopje omzetten

Vooral schrijnende gevallen, mensen die alleen overlijden of mensen die gemonteerd gaan worden en dan nog hun vrouw willen bellen maar zelf niet meer de telefoon kunnen bedienen.

Ik maakt dat soort dingen wel mee maar niet zo veel als toen. Elke dienst had zoiets wel meerdere keren.

Moe, futloos, sneller geïrriteerd.

Gelukkig stond hele sociale leven stil maar had ook echt geen behoefte gehad om op een feestje te staan.

Uitlaatklep gehad?

Ja aan de ene kant wel, veel kunnen delen met mijn vriend of andere mensen. Maar die zullen nooit snappen hoe het is. Ik kreeg daar niet van wat ik nodig had. Kreeg dit op de IC van collega's wel meer maar was ook niet veel tijd voor. Toen die ruimte er kwam ging ik alweer terug naar mijn eigen afdeling.

Was er voor jullie ook iets van peer support?

Ja elke dag peer support maar daar ging niemand naartoe. Je stopt en gaat naar huis. Ik ging heel erg mee in wat andere deden op een afdeling waar ik zo niet thuis was

Ik had er naar toe moeten gaan en mijn verhaal moeten doen.

Ik dacht: zij werken al jaren op zo een afdeling dus zij weten hoe het moet en zij gingen niet. Maar voor iedereen is dat anders

Wat houdt peer support precies in?

Programma was opgezet is; als je iets hebt meegemaakt wordt je gekoppeld aan een peer (mede verpleegkundige) om je verhaal aan te horen. Iemand die weet hoe jouw dagelijks werk is en wat het inhoudt maar staat zodanig ver van je werk af, bij je teamleider is soms moeilijk, directe collega moet je nog samenwerken, soort onafhankelijk persoon die weet waar je het over hebt. Soms ook een medisch maatschappelijk werker aanwezig om je verhaal bij te doen.

Altijd of speciaal corona?

Bestond al, loopt al een paar jaar.

Niet in elk ziekenhuis hoor. En niet overal even goed. Wij hebben het in Erasmus MC ook. Speciaal peer support team voor de IC, levelen met een andere IC verpleegkundige werkt heel prettig. Aan een half woord genoeg. Mondjesmaat gebruik van gemaakt.

Misschien ook van is mooi geweest lekker naar huis?

Goeie vraag, is ook wel gesteld in het ziekenhuis. Ik had er zelf niet zo behoefte aan. Komt voor een deel omdat je er klaar mee was en naar huis wilde. Na je dienst of voor je dienst vaak. Mensen hadden er ook niet zo behoefte aan omdat ze het samen onderling vaak ook kon bespreken.

Kan me voorstellen dat voor Leoni het lastig geweest kan zijn om dan op een vreemde afdeling je maatje te vinden. Want je hebt toch wel iets meegemaakt waar je mee zit en dan moet er ook een soort vertrouwen zijn. Kan me voorstellen dat dat lastig geweest is.

Zelf ook peer support leoni?

Ja wordt gekoppeld/opgeroepen aan kinderverpleegkundige. Maar dat is vaak iemand die bijv een medicatiefout heeft gemaakt en die heel erg is geschrokken tot een agressie incident, noem het maar op. Dat stond heel erg los van corona.

Als ondersteuning van traumatische incidenten onder personeel; van schoonmaker tot hoogleraar. Voor iedereen is er wel een peer te vinden.

Wordt er buiten corona veel gebruikt van gemaakt, werkt het?

Ja vind ik wel.

Zat er een stigma op praten?

Ik merk wel, de IC is een stuk harder. Waar wij collega's over horen op onze afdeling wat traumatisch wordt gevonden is op IC dagelijkse kost geworden. Het is heel erg de omgeving waar je komt. Stigma is niet het goede woord. Er wordt wel gepraat maar vooral onderling op een manier die IC eigen is. Wat ook voor IC verpleegkundige ook goed werkt. Als je daar niet bekend bent of niet thuis hoort dan heb je dat gewoon niet.

Ik wil daarop aanvullen: IC verpleegkundigen en artsen, is een andere wereld. We komen hard over maar dat is niet zo, veel mensen niet. Vanaf het moment dat je de opleiding ingaat leer je al met dit soort situaties

omgaan. Het zit in je affiniteit of in je genen dat je hier goed mee om kunt gaan. Als het niet lukt dan merk je dat al in de opleiding als je struikelt en dat is heel goed. Juist in die eerste periode, als je dan al merkt dat het niet bij je past. Is het niet iets voor jou.

Als je bijv veel patiënt contact wil of aan iemands bed wil zitten dan is IC niet het juiste voor jou. En gelukkig zijn er heel veel verschillende mensen met veel verschillende kwaliteiten.

IC verpleegkundigen zijn niet alleen bezig met de techniek en harde kant hebben want ze hebben juist geleerd om met elkaar ook over dit soort dingen te praten. Je komt heel vaak morele situaties tegen, dit is echt uitzichtloos moeten we nou wel doorgaan. Is aandacht voor. IC verpleegkundige hebben daar een manier voor gevonden om mee om te gaan. Soms met harde humor of soms je eigen verschuilen achter techniek of er niet over praten (niet altijd goede methode)

Daarom ook zo moeilijk om in een IC wereld te werken als ondersteunende. Want je moet eigenlijk in een week die hele opleiding doorlopen en dat kan niet.

Denk je dat er iets veranderd in de cultuur op de IC? Lopen die werelden meer in elkaar over?

Ik denk niet dat dat heel anders zou zijn. Ik merk wel dat er meer aandacht is voor jezelf en de moeilijke kanten voor het vak. Misschien sowieso iets dat meer bespreekbaar wordt binnen de zorg. Moeilijke vraag om echt overstijgend te beantwoorden.

Behoeftte aan online peer support en IC juist meer op minder dan een andere afdeling?

Zeker voor mij WAS het mooi geweest toendertijd. Stel je voor je gaat een zoom meeting opzetten en je gaat delen. Ik miste iemand die een vergelijkbare situatie zat/had meegemaakt en ook die erkenning van: het was ook bizar en het is ook raar. Dat kunnen mijn collega's wel zeggen maar die waren er niet.

Zoiets op te zetten dan wel face to face dan wel via chat, opmerkingen, reacties posters. Je ei kwijt kan. Op anderen reageren, hart onder de riem steken, tips over zelf zorg.

Denk dat dat wel waardevol is voor als er een 2e golf komt.

Alleen 2e golf + corona of nu ook waardevol?

Opzich best leuk maar zou het minder gebruiken en daarvoor heb ik collega's en liever face to face. Maar ik denk zeker leuk om een platform te hebben met alle verpleegkundige in nederland om te kunnen delen van; hoe doen jullie dingen nou en waar lopen jullie tegenaan?

We zijn allemaal het wiel opnieuw aan het uitvinden

Zo'n platform kan ook voor verbinding zorgen

Zeker ook voor studenten, hoe ervaar jij dingen, hoe vind jij het, waar loop je tegenaan? Ik denk dat het heel leuk zou zijn.

Ik denk dat face to face wel meerwaarde zou hebben ten opzichte van tekst of film. Het moet wel dat stukje extra kunnen bieden dat andere oplossingen die er nu zijn niet hebben. (werkstress omgaan, facebook groepen etc)

Alleen een chat is niet voldoende?

Voor mij persoonlijk niet, heel persoonlijk hoor.

Ik zou het ook hebben maar sommige mensen vinden het misschien spannend om zich in een zoom meeting bloot te geven. Dus die vinden het dan misschien fijner om het anoniem in een chat te doen.

Daarin moet je misschien beide aspecten bieden. Er zijn meerdere manier om dat te uiten.

Denk ik ook hoor. Als je een chat zodanig maakt dat je 24/7 je ei kwijt kan als je bijvoorbeeld s nachts wakker wordt en je niet kan slapen omdat je nog bepaalde beelden in je hoofd hebt. Fijn als je dan even dat contact kan zoeken of dat er een soort standaard chat komt.

Een peer support heb je niet midden in de nacht en een collega bel je ook niet midden in de nacht.

Als je denkt aan een soort mentor of een vertrouwenspersoon hebt op het platform.

Als je daar mensen voor kan vinden en dat kan organiseren denk ik dat dat heel zinvol kan zijn.

Wij werken met een buddy systeem waarin een ervaren verpleegkundige een beginnende verpleegkundige begeleid. Voeren dit soort gesprekken: Welke dingen loop je tegenaan wat kan je leren van mijn ervaring en ga maar vertellen hoe je het ervaart en hoe spannend het is. Zo een soort buddy systeem kan echt heel erg fijn zijn voor mensen die dat niet altijd op hun afdeling kunnen vinden. En dan ook relatief snel te bereiken is.

Zijn er ook dingen die je juist niet met collega's wil bespreken waardoor een platform waarde heeft?

Ja ik denk het wel prettig kan zijn. Niet met directe collega's praten over je fouten. Soms prettig om die anonimiteit op te zoeken.

Speelt ervaring een rol in dat je ermee om kan gaan?

Bij ons zaten veel mensen betaald thuis en hadden niks te doen en geen invulling in hun dag.

Het verwerken van ervaringen is wel iets wat je met de jaren leert. Misschien niet per se makkelijker, maar je leert wel een bepaalde methode aan om er mee om te gaan.

Nieuwe collega's kunnen helemaal ondersteboven zijn van hun eerste ervaring.

Als ervaren persoon kan je een klankbord zijn en zeggen dat het gebeurd en dat het normaal is. Iedereen overkomt dit. Je gaat hier van leren. Je gaat ervan groeien.

Ik denk niet dat elke afdeling dat heeft helaas.

Zo'n platform is dan heel prettig om te vertellen wat je is overkomen en dat er mensen zijn die dit ook is overkomen.

Ben ik een slechte verpleegkundige of is dit part of the job?

Toevoeging: Uitstraling van zo een platform: Normale reacties in een abnormale situatie. Niet naar het traumatische toegaan.

Het gevaar van support zit hem in dat gelijk de heel beroepsgroep traumatiserend worden gemaakt.

Natuurlijk moet je erkennen dat de situaties slecht waren en kan je daar van blijven dromen of slecht van slapen of kort lontje.

Maar dat is een normale reactie op een abnormale situatie. Steek het ook op die manier in.

Educatief, ja het is normaal maar het gaat ook weer voorbij. En gaat het niet voorbij dan moet je professionele hulp zoeken want misschien ben je wel die persoon die daar last van heeft.

Educatief, niet gaan vergroten. Je moet dat evenwicht gaan bewaken.

Het vraagt ook veel van coaches of webmasters. Hun competenties, daar hangt veel van af. Hoe de ander daar mee om kan gaan.

Is begeleiding essentieel?

Ja vergeet het maar, begeleiding is essentieel. Dat is echt nodig. Anders gaat het alleen maar over salaris en hoe slecht het allemaal is. En maar mopperen, daar zijn we goed in.

Kan dat niet helpen ook?
Nee

Daar is facebook voor.

Er moet een webmaster zijn die zegt; we horen wat je zegt maar we verwijzen je naar waar je dit kan dumpen

Het gaat om positieve bekrachtiging van elkaar, ervaringen delen, hoe kan jij als persoon beter in je schoenen staan hoe kan jij je comfortabel voelen als verpleegkundige.

Het moet je verder helpen als persoon, geen beerput van wat hebben we een verschrikkelijk vak, want dat is gewoon niet zo.

Ik wil ook dat een beginnend verpleegkundige op dit platform kan kijken en denkt wow wat is dit een tof vak en wat ben ik blij dat ik dit doe en wat kan ik leren van deze mensen op een positieve manier.

Helemaal mee eens, prachtig haha.

Voelen jullie je gesteund uit het ziekenhuis om hiermee te helpen evt?

Lastig, we zijn bezig met kijken naar vitaliteit.

Durf niet te zeggen of ze dan ook open staan voor dit soort initiatieven. Je kan het onder de aandacht brengen maar soms wil het management toch een hele andere kant op. In die zin is er zeker aandacht voor de verpleegkundige beroepsgroep en willen ze daar zeker in mee denken en staan ze daar open voor maar dat wil nog niet zeggen dat het een gelopen race is en we hebben hier een prachtig platform dus kom maar daarmee.

Ik denk bij ons dat als je de juiste personen benaderd dat ze daar open voor staan en dat ze zoiets misschien wel willen promoten en dit ondersteunen.

Maar als je vraagt kunnen we verpleegkundige financieel tegemoet komen of dit in uren uit te laten betalen is het antwoord gegarandeerd nee.

Mooie toevoeging, er is niet veel financiële ruimte.

Nee nul.

Geeft steun van bepaalde partijen misschien het gevoel dat er iemand probeert te profiteren van het platform?

Ik denk dat het mooi zou zijn als je ziekenhuizen achter je zou kunnen krijgen. Door UMCU en erasmus.

V&VN?

Dat zou helemaal fantastische zijn maar je moet wel duidelijk maken van: dit is geen initiatief van V&VN

Wij ondersteunen dit omdat we personeel gezond willen houden en vinden het fantastisch dat er zo'n platform is en helemaal mooi als ze nog willen bijdragen.

Er zijn wel collega's die een allergie hebben voor het V&VN. Als het V&VN betrokken is zeggen ze laat maar.

Je moet er goed over denken wie is je partner, is het nodig dat dat allemaal op de voorgrond komt te staan.

Heel politiek. Mijn advies: Begin klein, laat zien dat het werkt en dan krijg je de ziekenhuizen vanzelf mee.

Het helpt als je al binnen bent bij ziekenhuizen. Maar dat is zo ontzettend lastig. Elk ziekenhuis gaat het wiel opnieuw willen uitvinden. Dan gaan ze hun eigen onderzoek doen.

Als ziekenhuizen zien dat er veel gebruik van wordt gemaakt dan zullen ze vanzelf ook willen aanhaken: Oh dat moeten wij ook hebben!

Het is een beetje de kip of het ei maar wel de realiteit.

Connecties leggen. Ergens een ingang vinden en een groep enthousiastelingen vinden die willen hebben met de opzet.

Kijken naar een financieel plan, subsidies van V&VN of van de overheid.

Zit in de advies raar en onze voorzitter is IC verpleegkundige dus ik kan een balletje opgooien van hoe zij hier tegenover staat. Of zij ook het idee heeft dat er op de IC behoefte heeft.

Vergeet ook niet de verzorgende, psychiatrie, gehandicaptenzorg, de ondergeschoven kindjes. De focus ligt nog steeds vooral op de ziekenhuizen.

Open over bol.com bijv ?

Hoe fantastische is het als ik lees dat bol.com heeft bijgedragen.

Verpleegkundige zijn soms complexe mensen. Er hangt vaak een label aan voordat er een ervaring opgedaan is. Want het komt vaak via via.

Kwa V&VN kan je het benoemen maar niet het initiatief van het V&VN.

Je wilt bereiken dat van: Wij moeten ook mee gaan doen.

Wat maakt nou jullie beroep zo fantastisch?

Dat vind ik een hele moeilijke, wat ik zelf heel erg mooi vind is dat je gewoon het verschil kan maken voor mensen. En ehm dat zit er in hele kleine dingen eh maar gewoon dat je er kan zijn dat je iets kan bijdragen aan het leven van iemand en dat kan zijn in de genezing maar dat kan ook zijn op het laatste stukje als iemand komt te overlijden en dat je daar gewoon je kennis en je vaardigheden hebt om ehm bij iemand te kunnen zijn. Dat vind ik eigenlijk 1 van de mooiste dingen wel.

Ja voor mij is het eigenlijk dat je met je werk, met iets wat je doet, zonder er eigenlijk over na te denken zo'n groot effect kan hebben op het leven van iemand anders en dat de dingen die jij doet, dat mensen het daar jaren later nog steeds over kunnen hebben. Dat ik wel eens ouders heb die een paar jaar later op de afdeling komen en zeggen: Dat jij toen een kopje thee voor me hebt gezet op die dag kan ik me nog zo goed herinneren en dat maakte voor mij het verschil. En ik heb geen idee dat ik dat gedaan heb, ik kan me dat niet meer herinneren. En dat je je dus niet beseft wat voor effect je hebt op een ander en ehm wat voor verschil je kan maken door de kleinste dingen te doen maar dus ook op je collega's en dus ook met z'n allen er voor zorgt dat de wereld misschien een klein stukje mooier wordt en er kan zijn voor iemand op z'n slechtste moment door dat soort dingen te doen.

2. Phonecall with Anja van 't Klooster (ER Nurse and coordinator of the internal employee care team in St. Jansdal Hospital in Harderwijk.)

Maar 2 corona patienten nu maar bij de spoed is de werkdruk is hoog

We moeten het doen met wat er is

Terug naar de oude situatie geen extra personeel, niet extreem druk kwa extra patienten

Processen zijn lastig

Extra hindernissen

Peer support systeem

130 collega's om elkaar te ondersteunen, zat in regie team mental support

Kijken wat mensen op korte en lange termijn nodig hebben

20 teams gesproken eind van de maand die te maken hebben gehad

Doorsturen naar professionals bij erge problemen

De hele accute dreiging is weg

Iedereen komt op de spoed niet meer de hectiek van de beademing

Voor het personeel en reguliere zorg moet doorgaan,

Hogere druk op de spoed ook nu

Ic was enorm opgeklust, maar de spoed is de poort van het ziekenhuis.

Wordt onderschat wat de SEH doet

Iedereen die covid verdacht is, bijna alles,

Straks komt de griep golf en we maken ons borst nat. Straks in het najaar, in volle toeren

Maatregelen hetzelfde maar de eerste opvang moet in isolatie. Dat geeft werkdruk, neit prettig, veel handelingen doen. Gaat tijd verloren, normaal kon je voor een aantal tegelijk zorgen maar in dat pak kan dat niet

Werkdruk verhogend

En je ziet de getallen weer oplopen, geen stress van ingrijpende gebeurtenissen

Mensen die vakantie hebben gehad komen niet uitgerust terug. Sommige zijn erg trots maar over het algemeen moe

Heel erg bang voor een 2e golf, hopelijk neit zo erg als toen, zeker ook veel geleerd hebben. We weten meer

van de ziekte meer van de behandeling, voorraden op peil gehouden,

Het hele ontwrichtende maakt veel impact,

We hebben veel overuren en overuren opmaken

Bereidwilligheid voor terugkomen voor opleiding, extra dingen oppakken is minder

Mensen kiezen echt voor zichzelf op dit moment, bij 20 mensen op de IC komen ze echt wel weer.

Mensen zijn serieus moe, en gedemotiveerd (misschien)

Maar wel gemotiveerd om patientenzorg te leveren. Niet iets extra's.

SEH is vergeten in alle corona berichtgeving. SEH stond aan de poort.

ALs je kijkt wat er in de politiek gebeurd is wel demotiverend.

We hebben een heel goed team, veel vanuit het team en dat grote gevoel is wel een beetje weg.

“Ik heb 160 overuren in 2 maanden tijd gemaakt”

Wat mensen heel erg prettig vinden nu, dat we corona sessies hebben gedaan.

Hoe was het voor je? Wat heeft je geholpen? Wat heeft je niet geholpen? Hoe ga je er in de toekomst mee op?

Geholpe: Met het hele team bij elkaar waren, met het hele team ervaringen delen.

Niemand vond corona sessies nodig. Aan het einde van 2 a 3 uur durende sessies vond iedereen het enorm beukpzaam

Persoonlijke ervaring en

Laagdrempelig naar de psycholoog, een systeem dat monitort, dat mensen opvallen bij collega;s, mensen in beeld

Ikmerk dit aan je, misschien is het goed om even met de psych te praten

Hele nare beelden waar ze last van hadden of al een rugzakje, verantwoordelijkheid en veiligheid van het team bij jonge leidingevende.

Alles met het mental support team,

Wat heel erg geholpen heeft was de VR bril, izz: vrelax onderzoek van hoogleraar in groningen. Als therapie voor mensen met depressie en angststoornissen. Mensen gebeld en ontdeckingsreis. In het heetst van de strijd,pilot met 5, 15 brillen gekregen, heel veel uitgeleend maar nu liggen ze weer in de kast.

Je bent echt even ergens anders, je aandacht wordt zo in beslag genomen.
Meditatie is lastig want je hebt toch gedachten maar dit slokt je helemaal op

Belang van peer support is ongelooflijk waardevol gebleken, organisatie investeren heel erg in trainingen en peer support.

2e golf niet minder impact maar het heel onvoorspelbare is er vanaf.

Je hoopt dat je goed voorbereid bent maar er zaten gaten in de dijk.

Wat het traumatisch maakt is dat het onverwacht was. Geen controle.

Ook in de privé best veel angst voor hun gezinnen.

Angst voor moeders

Bakhuisje, binnen douche en weer weg.

Het doet ook wat met je als persoon

Dat is de meerwaarde van de corona sessies. Tech diesnt, stond te bevoorraden en 2 meter ernaast sterft er iemand wiens tijd het nog neit was. Daar heb ik echt veel last van gehad.

Hele zware verhalen. Mensen die niet mogen helpen vaak meer last dan die wel mogen. Jullie zo hard gewerkt en ik mocht niet.

In die tijd is er zoveel opgelegd. Door Rutte, door het ziekenhuis. 9/10 keer is dat blind opgevolgd. Ik heb eigenlijk maar gehandeld, je weigert kinderen om die moeder te troosten. We hebben daar nu wel last van.

Wat je meemaakt op je werk, sociaal, dingen die je gedaanof niet gedaan hebt. Dingen die niet overeen komen met je eigen visie van menswaardige zorg.

Je kunt mensen geen veiligheid bieden.

Discrepantie tussen collega's, de een wil coulant zijn met regels de ander neit

Groep moet alleen zijn voor delen van verhalen.

Alleen reageren op dingen, niet teveel vrijheid

Ik zou daar behoefte aan hebben, sommige vinden top down prima.

Dit is wel vertrouwelijk hoor trouwens:

Ik heb een heel erg leuke tijd gehad met de mensen die ik heb ontmoet. Het is een heel erg leuke tijd geweest. Het is een heel erg leuke tijd geweest. Het is een heel erg leuke tijd geweest.

Er is zoveel schade aangericht. Lang niet iedereen is aan de lat. Ik ben moe maar ik ben oke. Goed vangnet , goeie thuissituatie, thuissituatie op orde.

Geen goeie tijd gehad, bijzondere tijd

Er is een Anja voor en een Anja na corona.

De ellende maakt je sterker maar daar komt niet iedereen mee weg.

Sommige mensen hebben zulke erge dingen meegemaakt. Dat ze het positieve even niet zien.

Mensen zijn moe iedereen is geraakt op een andere manier.

Rol als E-coach, coach therapeut spec in trauma en verlies. Vraag iets aan de E-coach module.

Een soort online opvang, doorverwijzen.

Soms vinden mensen schrijven makkelijker dan spreken.

Een soort mentor groep.

3. Phonecall with Marco Groffen (Director - Home Instead Alkmaar)

(HI=Home Instead, CG=CAREGiver)

Home Instead is van oorsprong een amerikaans concept

Franchise formule

Je hebt franchise gevers en nemers

Wij (Marco & Babbette Groffen) hebben de rechten gekocht om het concept HI uit te rollen.

Alles is centraal gereguleerd

Als franchise nemer ben je een zelfstandige ondernemer dat betekend zelf investeren, verlies of winst maken, klanten en personeel werven.

De thuiszorg is eigenlijk een soort uitzendbureau

Iedere vestiging begint vanaf nul

Wij leveren alleen niet medische thuiszorg. Bijvoorbeeld infuus, injecties, medicijnen toedienen,

wondverzorging, doet HI niet.

Wat HI uniek maakt is dat bij de meeste concurenten wordt gewerkt met looproutes, tussen 12 en 2 komt er iemand bij je langs.

Bij HI bepaald de klant hoe laat, zijn we er minimaal een uur en werken we met vaste gezichten

Werkzaamheden zijn vooral wassen douchen aankleden. Veel begeleiding, bijv helpen mensen met dementie/alzeihmer.

Dan kan je denken aan even naar de winkel, een stukje lopen met iemand in een rolstoel, een potje rummikub, een bakje koffie drinken. (Zowel verzorgen als prikkelen (vooral bij alzeihmer patienten)

HI trainen de mensen intern. Onderandere een EHBO cursus, voornamelijk praktijk lessen.

HI zoekt in hun werknemers vooral naar twee kwaliteiten

Je moet het echt leuk vinden om met ouderen om te gaan

Je hebt een bepaalde mate van levenservaring

We hebben niemand in dienst onder de 30, de meeste zijn 50/60 jaar oud.

Dit zijn mensen zonder zorg diploma

Wij verzorgen patienten met dementie/alzheimer/parkinson/die op sterven liggen

Laatst nog een melding: meneer schoppen, agressiviteit komt veel voor bij mensen met dementie
We maken wel wat mee maar niet in extreme mate.
Onze doelgroep zijn de mensen waarvoor thuis wonen nog verantwoord is
We maken ook echt wel mee dat klanten overleiden of naar het ziekenhuis gaan en daar overleiden.

Mentaal is het zeker zwaar

Stel je komt al 6 maanden bij iemand over de vloer en diegene overlijdt.

“Wij waren de enige die binnen kwamen bij ouderen”

Zorgkaartnederland.nl - zorg reviews home instead staat er ook op.

Werken heel veel samen met thuiszorg organisaties die wel medische zorg doen.
Conculata bijv (Misheard the name probably, can't find it online)

Klantbelofte: Klant het gevoel heeft dat we er echt zijn.

Corona crisis heeft ons een enorme boost gegeven. 3x meer omzet in het afgelopen halfjaar
Dat komt vooral door dat concurrent aan het afschalen waren. Evenan bijv, bepaalde klanten afschalen.
Ziekenhuizen gevraagd of hun verpleegkundig personeel stand by kon staan om bij te springen.

Klanten met niet medische hulp stopte ze mee.

Na de persconferentie van Rutte waarna alles dicht ging, hebben wij iedereen lopen te bellen met de boodschap: Wij hebben capaciteit en de mensen om zorg te blijven bieden.

Sommige konden normaal gesproken naar de dagbesteding maar de dagbesteding ging dicht.

Andere partijen gebeld, wij kunnen leveren.
Evenan heeft ons zelfs gebeld of we klanten konden overnemen
Nu is de helft van de extra klanten weer terug naar dagbesteding maar de helft is bij home instead gebleven

HI instead den Bosch heeft wel klappen gehad, klanten/caregivers positief getest. Schrik zat er daar goed in

Kinderen zeiden; ik wil niet dat er iemand nog bij mijn ouders langskomt. Brabant dalende omzet en “paniek”

Voordeel van een franchise; iedere week een call. Contact met RIVM

Wij zeiden vanaf het begin: wij volgen het RIVM. Je moet duidelijk zijn.

Soms lastig want die ene klant zegt: ik wil dat je een mondkapje draagt maar het RIVM zegt dat een mondkapje niet nodig is.

Wij hebben aan onze medewerker iedere vrijdagavond een uitgebreide nieuwsbrief verstuurd

Lokaal waren we zelfs strenger dan RIVM. We gaven elke CG'er alcohol en handschoenen. Bij binnenkomst en weggaan handen wassen, handschoenen gebruiken bij aanraking van patient en weggooien bij de klant thuis

Nog steeds niet verplicht mondkapje. Caregivers nooit om mondkapjes gevraagd. Hebben ze hier wel liggen.

Wat betreft erkenning in de maatschappij: Maakt niet uit wat de zorg is, je moet verpleegkundige diploma.

De politiek is te traag in het stellen van de juiste keuze.

Zondag avond belletje caregiver: ik moet hoesten proesten, ik bel de ggd. Gelijk uit de zorg gehaald, geen risico. Volgende week pas naar de teststraat, 3 dagen later pas uitslag, dat kan niet. Cruciale beroepen moeten voorrang krijgen.

Totale lockdown was een idee, brieven klaar dat ze de straat op konden want cruciaal beroep.

De GGD kan het niet aan.

Met name cliënten geweest waar de kinderen niet kwamen.

CG's vonden het spannend.

September is vaak de aanloop dat mensen gaan snotteren.

Ik voel me niet goed koorts, helemaal na bellen.
Als je een kind moet bellen dat onze cg's positief getest. Dat is niet leuk.

Als directeur kijk ik als volgt naar de toekomst: Wij zijn dit begonnen omdat wij geloven dat dit concept een plek heeft in de zorg.
Thuiszorg is in groei: waarom? Steeds meer ouderen blijven langer thuis. Vergrijzing, betere medicijnen, tekort aan verpleeghuizen. Een speerpunt van het kabinet is zo lang mogelijk thuis blijven wonen. Voor de maatschappij het goedkoopst.
Vraag naar thuiszorg is een groeiende vraag. En wij dachten, kunnen wij een stukje van de cake krijgen?
De grootste onbetrouwbare partij is de overheid. Financieel het meest betrouwbaar. Maar kwa beleid totaal niet. 1 andere wet en het kan allemaal anders zijn. In beginsel positief want goeie markt maar lange termijn onbetrouwbaar door overheid.
We hebben er gestaan 1e golf, 2e golf gaan we het weer doen.
Zorgen: Veel testen maar niet meer opnames.
Nu al bij caregivers: testen testen als ik het niet weet meld ik me ziek.
Kan ik het personeel beheersbaar houden. Bij verkoudheid gelijk een week thuis. (dus testen)

Vooropleiding: mbo niveau, iedere maandagavond wel een training. Leiden mensen zelf op. Zeer intensief.
Allerlei achtergronden, primera, horeca, resibureau. Wel mantelzorg ervaring. Niet alleen dat ze HI snappen.
We zijn beroemd om onze alzheimer training.

Caregiver is eigenlijk een hele eenzame functie. Jij ziet maandag moet je naar meneer Jansen en dan naar mevrouw Pietersen en dan ga je naar huis. Je ziet je collega's niet.

Je ziet collega's op trainingen en een borrel.

Caregiver moet een kort verslagje maken wat er gebeurd is.

Mensen op kantoor: hbo-v'ers die coachen en begeleiden die caregivers.
Als ze het even niet weten: kunnen ze met die verpleegkundigen praten en die zullen hun adviseren hoe verder.

Niet heel actief op Instagram of Facebook. Tenminste bij hun doelgroep. Werkgerelateerd weinig social media.

De grootste mentale gevolgen zijn bijvoorbeeld dat mensen met dementie kunnen je uitschelden.

Ik had laatst een sollicitant die oorspronkelijk uit Suriname kwam en heb gelijk gezegd: Sommige mensen waar je over de vloer komt gaan jou zwart noemen. Hoe ga je daar mee om? Stel je komt bij iemand thuis en die man is gevallen en ligt daar met een bebloed hoofd, hoe ga je daar mee om?

Fysiek kan het bijvoorbeeld zwaar zijn als je een ouder iemand die slecht ter been is naar de douche moet brengen, lichaam is 2 x zo zwaar als een lichaam dat meewerkt.

Psychologisch is het zwaar vanwege de relatie met de klant die eigenlijk relatief vaak tegen het einde van hun leven zitten.

Wij verzorgen ook mensen die stervende zijn en dat thuis willen doen.

Je moet het echt leuk vinden omdat het relatief slecht betaald. Ik krijg van de overheid ook de ruimte niet om er winst op te maken. Wij krijgen budgetten van verzekeraars en daar moeten wij het mee doen. Wij pellen dat er helemaal af. Je mag bijvoorbeeld niet meer dan gemiddeld 8% rendement maken.

Moet jaarcijfers afgeven, overheid staat niet toe dat ik 500.000 euro winst maak op een miljoen omzet. (ik zeg maar wat)

Je mag als eigenaar ook niet meer dan x% salaris ontvangen.

Tarieven worden bepaald door de potjes van verzekeraars. Heel weinig particulieren als klant. Wij worden voornamelijk uit potjes betaald.

Wij investeren relatief veel in social media. Als de klant wordt getipt door iemand dat ze kunnen googlen. En dat we positief Naamsbekendheid! Naamsbekendheid! Naamsbekendheid!

Hoofdkantoor doet wel actief de website. Ze hebben geen landelijke dekking. Beetje linkedin. Tig advertenties etc etc hoofdkantoor helpt daar graag mee.

Intramuraal en extramuraal

In ziekenhuizen heb je best wel weer wat. Onze mensen zien niemand.

Caregivers gaan niet in een chatgroep met verpleegkundigen “denk ik “

Als je kijkt naar thuiszorg en zorg in ziekenhuizen dan is het beide zorg maar het is toch totaal verschillend.

4. Videocall with Oda Snoep - Pontes Medical - Afdeling Medische Technologie en Klinische Fysieka (MTKF)

Ik adviseer dat je iets maakt wat kan blijven draaien

Structurele financiering:

Patient
Verpleegkundige
Zorgverzekeraar
Overheid
Ziekenhuis
Huisarts
Industrie

Ziekenhuis baat erbij dat hun werknemers gezond zijn.

Zorgverzekeraar heeft er ook baat bij dat mensen gezond blijven.

“Parnassia is ook slim om als partner te hebben”

Als een bepaalde zorggroep meewerkt aan zo een platform kan een positieve impact hebben op het beeld

van die organisatie.

De overheid zal zeker incidenteel kunnen helpen maar structureel weet ik niet.

Wie betaalt ervoor en waar betalen ze dan voor?

X% minder uitval en X% hogere score in werkbelevingsonderzoek. Hier is Jaap heel goed in.

Ik loop er niet rond, ik kan het alleen beoordelen op basis van wat ik hoor. Bronnen: Raad van bestuur en wat er op het intranet staat. Best wel eerlijk maar ook bepaalde belangen.

Hoe het nu gaat: Voor een heel groot deel de zorg weer op geschaald. Het idee dat iedereen best wel op de oude voet verder kan met alle regels in acht nemend.

Artsen maken zich heel erg zorgen over achtergestelde zorg. Diagnoses, operaties. Geloof is er dat ze dat niet meer inhalen. Ik kan me voorstellen dat je je daar onprettig bij voelt. Patiënten die ongeneeslijk ziek zijn omdat ze nu pas terecht kunnen.

Hoe het was in de corona piek: Mega veel respect voor iedereen, heel erg onder de indruk hoe professioneel ze het deden in het UMCU. Nieuwsbrief elke dag, informatieve filmpjes (op youtube ook) over bijv het ziektebeeld, hoe ze aankwamen, hoe tech afd het deden, nieuwe cohort afd, hoe het ventilatiesysteem, hoe mensen die de was doen ook overuren draaien,

Iedereen zat thuis, helpt thuis en helpt werkte zich het schompes.

Vooraf voor intern

Academisch ziekenhuis belangrijk als je exposure krijgt. Ik vond dat toen heel dubbel.

Om intern mensen betrokken te houden, te informeren, gerust te stellen of te alarmeren. Kom niet naar het ziekenhuis, let op op vakantie etc.

Best wel redelijk hoofd boven water, geen paniek, onder controle.

Ze zagen Italië en gingen reguliere zorg afschalen, lijkt me vreselijk voor artsen.

Impact van persoon tot persoon soms heel groot, geloof ik best.

Patiënt die we in slaap gaan brengen die vraagt of ze nog 1 keer haar man kunnen bellen. Dat kan je je niet voorstellen, daar ben je niet voor opgeleid.

Het overkomt je niet 1 keer maar soms wel 5 keer, die verhalen kreeg ik kippenvel van.

“Ik heb de verpleegkundige niet gesproken, informatie is wel door een bepaald filter gegaan”

Verantwoordelijk voor het beheer en onderhoud van producten. E.g. beademingsapparaten, infusen etc.

Een aantal waren keihard aan het werk, verzamelen, uit de kelder halen, producten die net niet afgeschreven waren. Alles aan het checken en mensen aan het trainen.

Inventarisatie, excel.

Wij werden ingezet om triage te doen. Goed dat ze dat deden. Iedereen die daar voor open stond en behoefte aan had kon zo zijn steentje bijdragen.

Zelf innovaties die langskomen gescreend, elke week anders. We hebben geen tekort aan beademingsapparatuur dus laten we naar andere dingen kijken.

Of dingen sneller/makkelijker konden.

Zelf lang bezig geweest met het draaien van patiënten. Hadden een team van 4 of 5 man voor, getraind, volledig in pak en dan tegelijk, 1,2,3 hup alles goed en op de buik etc.

Onderzoek online en bij leveranciers, zaten allemaal thuis en kwamen met mooie oplossingen.

Degene die daar feedback op moest geven waren aan het werk en de rest van de tijd sliepen ze of moesten ze naar huis rijden. Je kreeg niemand te pakken om te vragen wat hebben jullie nou echt nodig, wat heb je al, wat vind je prettig etc.

Rapport gemaakt, eerst niet gelezen, uiteindelijk doorgestuurd. Sorry geen tijd voor, het loopt nu. We zijn getraind, laat maar.

Iets meer rust eind april. Inderdaad mooie oplossingen. Conclusie is eigenlijk een extra handeling, moet getraind worden, moet veilig zijn. We kunnen het al.

Je wil verpleegkundige zeker niet lastig vallen maar wij merken wel vaak, elk persoon is anders, er zijn genoeg personen die willen meedenken, die zien het niet als werk en vinden het leuk. Ze willen toch wel graag.

Puur gericht op technische innovatie. Niet mijn expertise.

Als er een product voor nodig is, wil ik wel helpen. Maar anderen zijn er beter in denk ik.

Past meer bij THINC dan bij ons. Ik ben IPD.

Het multimedia team, ene Marieke (kent Jaap ook wel)

Is wel een afdeling voor psychologische ondersteuning maar die ken ik niet.

Als je dat platform wil gaan testen, zet mij er ook maar op.

Er moeten heel veel verpleegkundige zijn die de behoefte hebben hun verhaal te doen maar dat niet kunnen want op de werkvloer hebben ze weinig tijd en in je privéleven, dat is bij iedereen anders.

Je maakt nogal wat mee, je wilt dat toch kwijt uit medische interesse of enthousiasme.

Een platform waar verpleegkundige dat kunnen delen heel zinvol is.

Er zijn ook mensen die liever lezen dan schrijven of liever praten dan schrijven. Er zijn mensen die willen 1 op 1 en sommige vinden het prettig in een groep van 30.

Doe een poll, mensen kunnen zien, oh ik ben niet de enige die dit meemaakt of er zo over denkt.

Er zijn best wat ontwerpbureaus die in interaction design zitten maar ook in zorg.

Ijsfontein - Amsterdam. Gewerkt aan een platform voor kankerpatienten tussen 18-25 jaar. Die zitten psychologische in een vrij heftige situatie. Gesubsidieerd door het KWF. Rosanne Dotinga.

Evert - Werkte bij Ijsfontein, wil voor zichzelf beginnen. Software kant. Kan tips geven.

Valorisation centre - Frank Althuis (Baas) - Puck van de Bovenkamp (Medisch)

Richard Goossen - Med Tech IPD IDE

5. Videocall with Pim Groffen & Bente van de Wauw

Het is het belangrijkste dat mensen zich herkennen in het verhaal

En om mensen zich te laten herkennen moet je super open zijn en kwetsbaar zijn.

Dus eigenlijk moeten mensen gewoon openen met: persoonlijke struggle van die dag waarbij mensen denken ooh ik ben niet de enige die dat heeft zegmaar

Make users feel they can be open and vulnerable.

Als je dat hebt dan gaat het lopen want mensen denken oh ik ben niet de enige oh wacht dan kan ik mijn verhaal misschien ook wel delen want ze reageren heir goed op en dan gaat het lopen zegmaar. Wat je eigenlijk meot hebben is dat mensen zich kwetsbaar op durven te stellen op dat platform en ik denk dat je dat voor elkaar krijgt door van tevoren alvast verhalen te hebben.

Make sure there are examples of stories that people already shared.

En de verhalen hoeven niet goed te zijn; je kan je ze ook interviewen, ik stel altijd vragen per mail en dan kun je zelf verhalen maken van hun antwoorden.

Je kunt ze eventueel ook bellen, daar haal je heel veel uit.

Het belangrijkste is dat ze zich kwetsbaar durven op te stellen in tekst en dat bereik je door dat zelf ook te doen.

Ik snap dat jullie die ervaringen erg belangrijk vinden maar een groep gaat pas open zijn als ze zelf van alles mogen delen

Voorbeeld van NOBS (nobullshit) mensen zijn daar super kwetsbaar, we praten daar over depressies, burnout struggles, meiden die kanker hebben, iedereen deelt daar z'n levensverhaal maar ze zijn open om ook vragen te stellen. Er worden ook vragen gesteld van: Wat is de beste e-reader op dit moment? Jongens ik weet even neit hoe ik dit moet doen.

Misschien is het een idee om het een communitie gevoel te geven. Je kunt dan wel bijvoorbeeld in de regels zetten dat het alleen over het ziekenhuis leven mag gaan. En wat dat dan ook is; welk mondkapje weetikveelwat dat maakt niet uit.

Ik denk dat zij heel erg zelf het gevoel meoten hebben dat zij iets mogen zeggen in plaats van dat het moet zegmaar.

Make users feel they can share but don't have to. Provide a certain amount of freedom without losing a certain focus.

Als ik een blog schrijf let ik er eerst op van: wat willen zij horen wat willen zij voelen
Aan de hand daarvan begin ik met schrijven. Als ik een artikel moet schrijven over mindfulness en mensen hebben behoefte aan tips voor mindfulness apps dan hou ik het kort en krachtig omdat ik weet dat ze iets zoeken en dan werk ik vaak met bullet points of met praktische taal
En als ze echt iets willen voelen of iets teweeg wil brengen
Ze lezen iets over hoe is mijn burnout ontstaan dan ga ik er echt persoonlijk op in en dan wordt het vaak meer een column achtig dus de doelgroep is wel echt super belangrijk en wat ze willen.

Sommige mensen vinden het lastig maar ik ben daar heel open in. Hoe persoonlijker je bent in je verhaal hoe meer mensen zich aangetrokken voelen tot je verhaal. Als je dan je verhaal naar buiten brengt doe dan al in zegmaar.

Ik werk altijd vanuit mijn eigen naam. Mijn vriendin wil gewoon prive blijven. Niemand mag iets over haar leven weten. Heeft moeite met insta, eigen fotografie business en moeite om over zichzelf te praten omdat ze niet wil dat mensen zoveel over haar weten. Maar met dat soort mensen is anoniem perfect want dan

kunnen ze wel hun ei kwijt maar weet niemand dat zij het is.

Zodra mensen merken van ok het heeft wel zin, er zit iets bij waar ik ook iets aan heb door open te zijn dan gaat die drempel weg.

Ik kan me voorstellen, iemand zit in de bus terug naar een lange werkdag en die opent BtM, die is helemaal kapot en heeft wat shit meegemaakt en die leest dan verhalen van: ik heb dit meegemaakt, persoonlijke verhalen in de ik vorm, dat lijkt mij best wel fijn om te lezen. B: Ja mij ook. Er moeten meteen verhalen zijn dat ontspannen is en dat heel vergelijkbaar is met je eigen ervaring. Even de app openen, misschien staat hier wel wat leuks nja als er goeie verhalen staan dan blijven ze wel terugkomen.

People will come back if they notice that:
Using the platform is beneficial for them
Content is easily accessible and consumable

En je wilt wel dat een verhaal raakt maar het mag niet te zwaar worden. Humor is super belangrijk.

“Hoi ik ben bent, ik heb een kutdag vandaag hoe was jouw dag?”

The tone of voice should be casual and approachable

Ik zou voor de mensen die even snel wat willen lezen niet 10 verhalen in 1 blog stoppen maar 10 verhalen in 10 blogs verspreidt over 10 weken (ofzo)

The stories shouldn't be too heavy, humour is a strong tool for this.

Wat je kan doen om het een beetje los te maken is een vraag stellen: Bijv hoe kom jij tot rust?
Dan herkennen mensen zich in elkaars antwoorden en dan gaan ze zelf wel reageren.
Als iemand een antwoord heeft gegeven kan je ook zeggen van: dit is interessant zou je hier een verhaal over willen schrijven? Zo heb je meer interactie en voelen mensen zich sneller veiliger om dingen te delen.

Dat is een veel te grote stap denk ik, stel je zit in de bus je krijgt 9 vragen voor je tjah ik zou wegspringen en voetbalwebsite bezoeken. De aandachtsspan is belachelijk laag en vooral de mensen die hard gewerkt hebben of savonds even wat luchtigs willen die stap moet niet te groot zijn. Gewoon 1 stelling/vraag, heel direct, heel praktisch.

“Oh ik had echt een kutdag vandaag, hoe was jullie dag?” Eerst iets over jezelf te vertellen en dan een vraag te stellen dan denken mensen oh ik kan ook eerlijk zijn.

It might be better to present an existing something to respond to as opposed to asking them to start doing something new.

Dan ontstaat er een dialoog en soms heb je mensen die een nieuw stukje starten om het uitgebreider te vertellen en dat zijn je verhalen en dan gaat het helemaal rollen en dan heb je een community.

Ik denk ook niet dat je moet focussen op super lange teksten, soms kan het gewoon 4 zinnen zijn. En die kunnen net zo hard raken als een tekst van 600 woorden.

“Soms zijn het maar 4 zinnen en die kunnen net zo hard raken als een tekst van 600 woorden.”

“Een reactie kan ook een verhaal zijn”

Niet onderschatten hoe dom de meeste mensen zijn. Mensen gaan vol in discussie met onbekende online terwijl die mensen misschien hardstikke dom zijn

NOBS
Eigenaar doet laagdrempelig Q&A

Ze stellen allerlei vragen, ze vragen elkaar om allerlei advies

Ze delen puppy fotos als betaling voor antwoorden

Je kunt regels opstellen, zorgen dat die balans behouden wordt.

Het is een safespace om iets te delen van depressies tot ik heb een puppy.
Regels:
Transformation picture free zone
Not every post will resonate with you and that's ok

No self promotion

Platform ground rules (or code of conduct) are very important as they can:
Discourage unwanted behaviour (as it will be removed anyway)
Set the scope for topics and content
Attract like-minded people
Promote certain behaviour (such as empathy for others)

Not to be confused with terms of use. Which states behaviour that is illegal or reasons for instant account termination.

Ik vind het fantastisch omdat het hier niet bestaat van: kijk mij leuk zijn, kijk mij gelukkig zijn, kijk mij succesvol zijn. Hier zitten gewoon de shit verhalen in dus dan denk je van oh wacht, ik heb last van een burnout en er zijn dus ook anderen die hier last van hebben. Ik ben niet de enige en er zijn dus mensen die ook strugglen in het leven en hier zie je dat. En nergens anders zie ik dat. Ik ben superblij met deze groep, juist omdat mensen zo open zijn, zo kwetsbaar zijn en mij het gevoel geven van: ik ben niet raar.

Ik: gelijkgestemd, veiligheid, heel puur.

Users should feel surrounded by likeminded people and safe to say anything. (Target group might not be all nurses...)

Waarom zouden mensen naar jou platform gaan en niet naar een ander platform. Ik denk dat je ze het gevoel moet geven dat het een plek is zonder bullshit. Praten over echte dingen.

Ik denk dat als verpleegkundigen moet je je constant sterk houden voor patienten en collega's. En dit is een plek waar je je carrière eindelijk even kan laten vallen.

Nobs gebruikt soort van titels: “gespreksstarter” : deze gebruiker maakt consistent berichten die zorgen voor betekenisvolle discussies.

Users who often start a thread should be rewarded.

Het belonen van vaak iets delen is belangrijk. En mensen hun eigen identiteit laten kiezen.

Users should be able to show their identity.

Give the platform a face.

Je wil geen sletjes die een foto maken van zichzelf in een spiegel met onderschrift: oh zo'n super zware dag gehad, die moet je gewoon verwijderen.

Dit is een beetje vanzelf gegaan dat mensen zeggen van: AFR (actually fitness related) of NFR (non fitness related)

Give users a way of categorizing their content. This allows users to choose to ignore certain posts quickly.

Ik zou niet zozeer de focus leggen op fotos maar wel mensen de mogelijkheid geven om ze te gebruiken.

Uploading an image should be possible but not mandatory

Wat mensen hier ook doen is bijvoorbeeld zeggen: Possible trigger warning. Triggers van suicide of sexueel misbruik of anorexia etc. Dat kan je er wel bij zetten maar dat mensen wel zelf bepalen wat ze willen delen of niet.

Flagging certain posts as potential triggers might protect those who are vulnerable.

Je kunt die facebook groep promoten en als je bijv een mooi verhaal voorbij ziet komen kan je die persoon benaderen en vragen of je het verhaal publiekelijk mag maken.

By highlighting the best stories to the public, you can create interest in the platform and possibly attract more users.

Zouden we zelfs bij flow (moet ik even checken) een artikel kunnen schrijven erover met een link naar die groep.

De mooiste berichten kun je samenvatten in een artikel, laten schrijven door iemand en regiseren door iemand en naar buiten brengen in het nieuws. Ik weet zeker dat je zo in de spotlight komt.

Iedereen heeft emotie in zich en ik denk dat er in ieder verhaal emotie zit. Het enige verhaal zonder emotie is een instructie van een ikea kastje. Ik zou me daar niet zoveel zorgen over maken.

Humans are emotional beings if you give them a safe space, they will share their emotions.

Ik denk dat je je daar niet zo zeer op kan richten maar dat je het moet laten groeien. Het gaat ook vanzelf.

Ook niet teveel instructies geven. Mensen moeten zich veilig voelen en je geeft mensen dat gevoel door ze alles te kunnen laten zeggen wat ze willen. En dan krijg je de mooie verhalen.

Tuurlijk zitten er bullshit verhalen tussen maar als je daar een moderator op zet of in de regels zet van; als dit niet bij je past scroll gewoon verder als dit niet bij je past dan gaan de mooiste verhalen toch de aandacht krijgen.

Don't give too many instructions, keep the threshold of entry low and the best stories will get the most attention. (Or make intense instructions optional)

Het hoeven geen likes te zijn maar je kan emojis maken die zeggen wat je wil.

Mensen willen zien wat de beste reactie is. En het is een extra drijfveer om iets te plaatsen want mensen willen de beste zijn. Dat heeft iedereen.

Some form of appraisal system (e.g. likes) will allow for two things:
Something to compete, trying to write the best post
Something to find the "best" post, the most liked story

Ik schrijf vaak op in bullet points wat ik wil behandelen in een column. En iedere bullet point verwerk ik dan in een alinea.

Persoonlijke inleiding werkt altijd het best

Cirkel rond: Begin met "ik ging naar de bus" en dan aan het einde: "ik ging dus naar de bus maar die bus was er helemaal niet"

Korte zinnen, simpele woorden, veel vanuit de eigen persoon, vanuit gevoel, benoemen van emoties, geraamte maken, kern, bullet points.

IDEA: Give them the option to keep notes to be used as a basis for a story later.

Een verhaal hoeft niet goed geschreven te zijn om goed te zijn. Vooral verpleegkundigen onder elkaar. Het boeid hun niet of ze bepaalde schrijftechnieken hebben of niet ze willen zich gewoon herkken in het verhaal dus je hoeft helemaal niet goeie technieken te hebben in principe alleen het is wel fijn om te weten van: hoe begin je een verhaal. En dat is gewoon: Hoe je je voelt, schrijf op wat je voelt. Schrijf op wat je over wil brengen en gewoon starten.

Met social media kun je zelf bepalen wat voor ervaring je hebt. De bullshit zoals de selfies van kim kardashian die hoeft je niet te zien als je haar neit volgt. Als je het toevallig wel ziet kun je er voorbij scrollen. Ik bepaal zelf wie ik volg en wie ik niet volg.

Je kunt niks weren in deze wereld. Je kunt er voor kiezen om het te horen maar niet naar te luisteren.

Bij flow hebben we ook een paper lovers groep en als we daar iets zien wat wij niet vinden kunnen dan verwijderen we dat gewoon. Je kan ook in de regels zetten dat bepaalde dingen niet getolereerd worden en dat die reacties zonder pardon worden verwijderd.

As with laws in a society, terms of use give the boundaries of freedom. If users agree with these terms, they agree to the consequences of crossing these boundaries as well.

Als papier liefhebbers al tegen de tien duizend zit.

B: Ik zou mensen ook niet een titel geven, dat geeft ze stress misschien om iets moois te moeten schrijven.
P: Ik juist wel maar simpeler. B: ik zou het geen titel maken maar een onderwerp. Gewoon 1 woord ofzo.

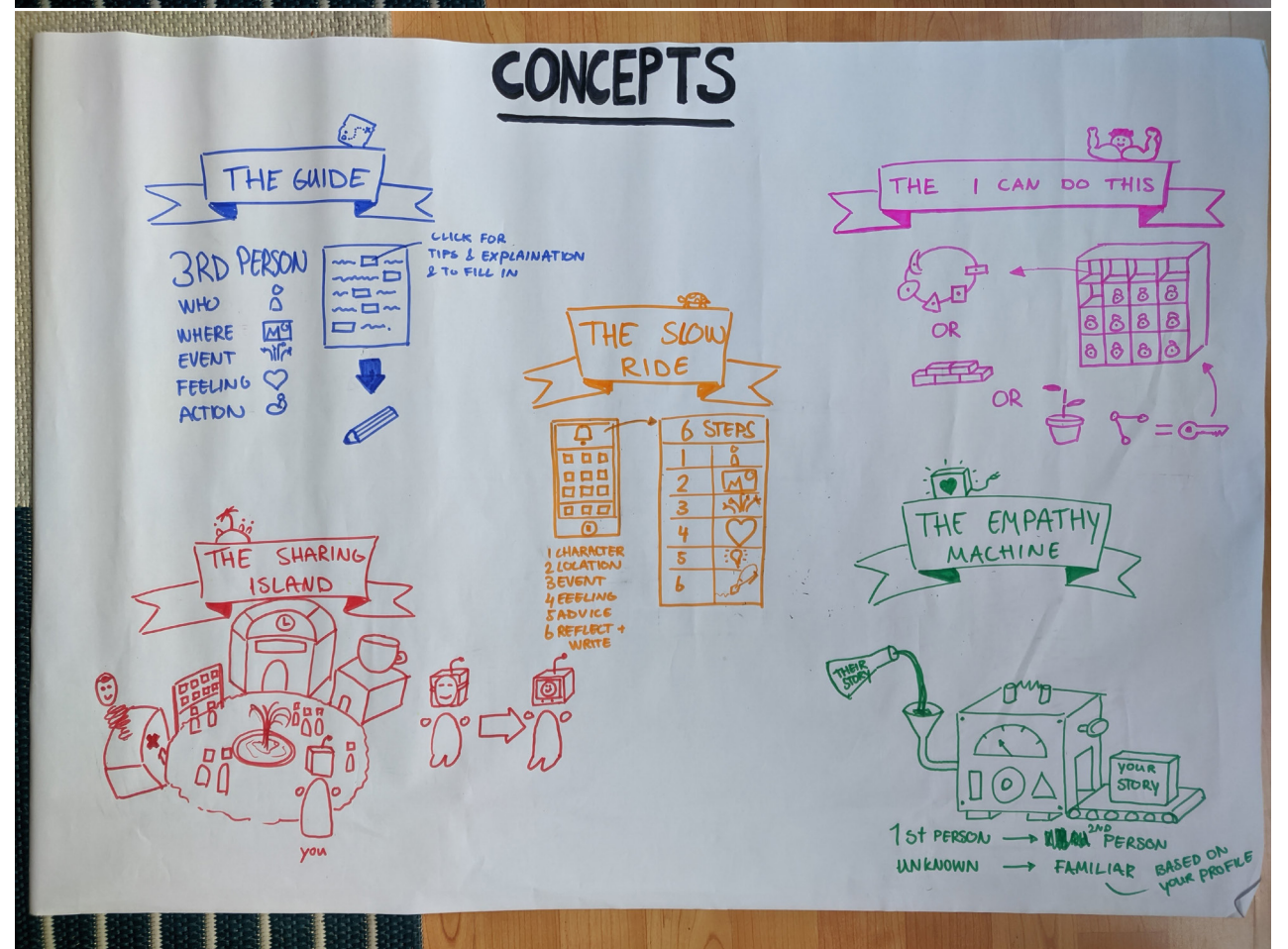
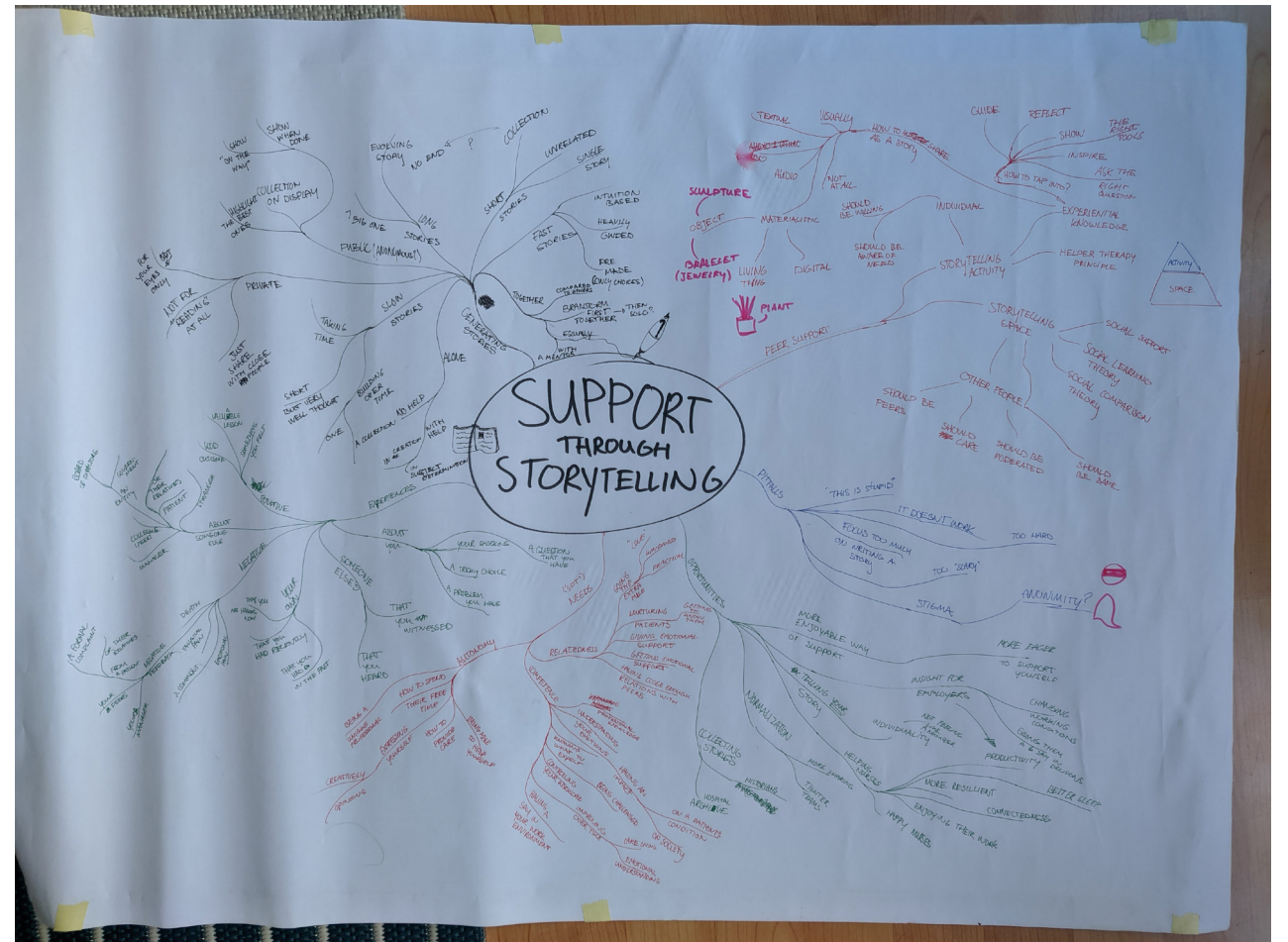
Reconsider asking a title, could be too much pressure. A subject could be an alternative.

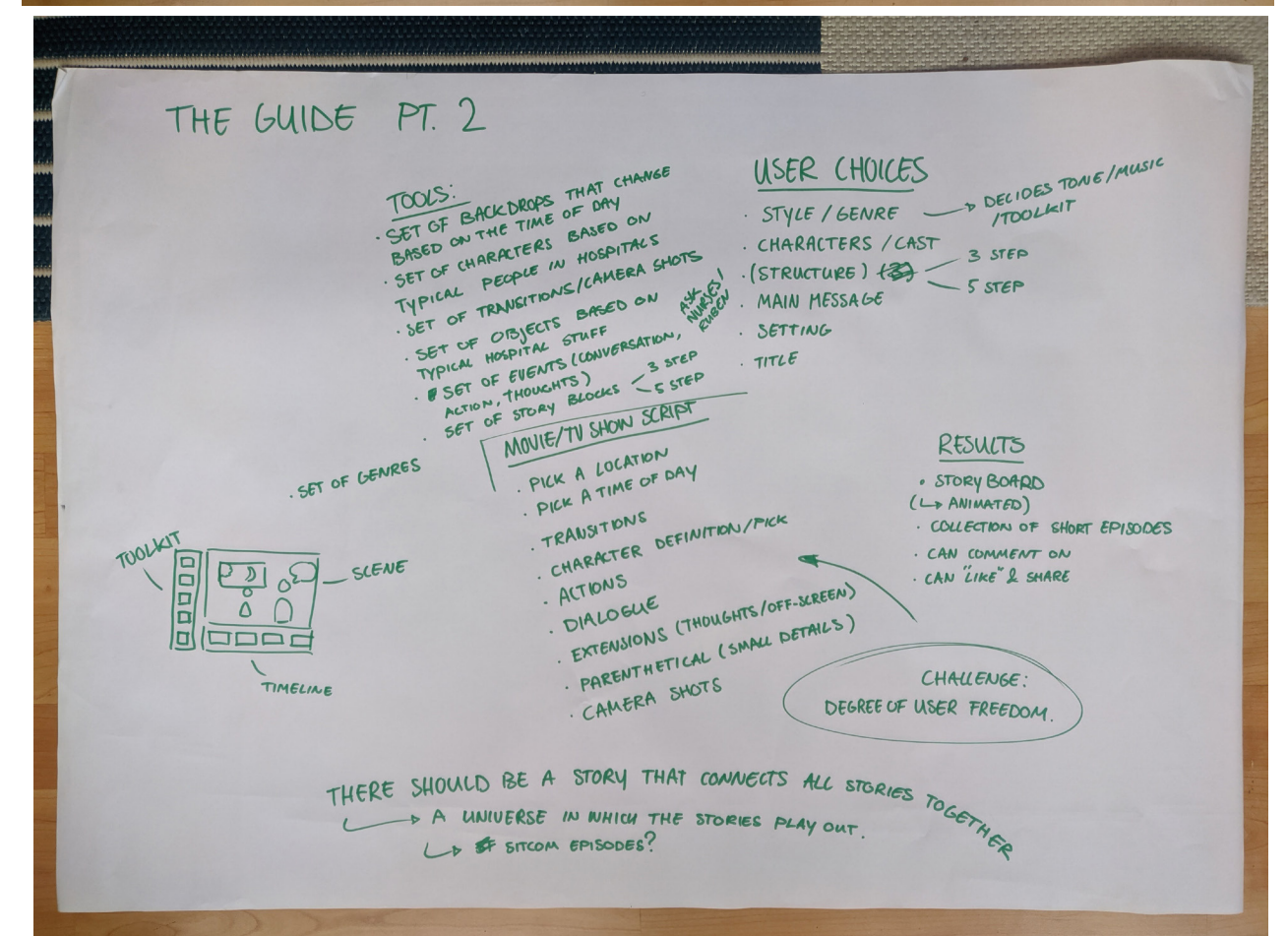
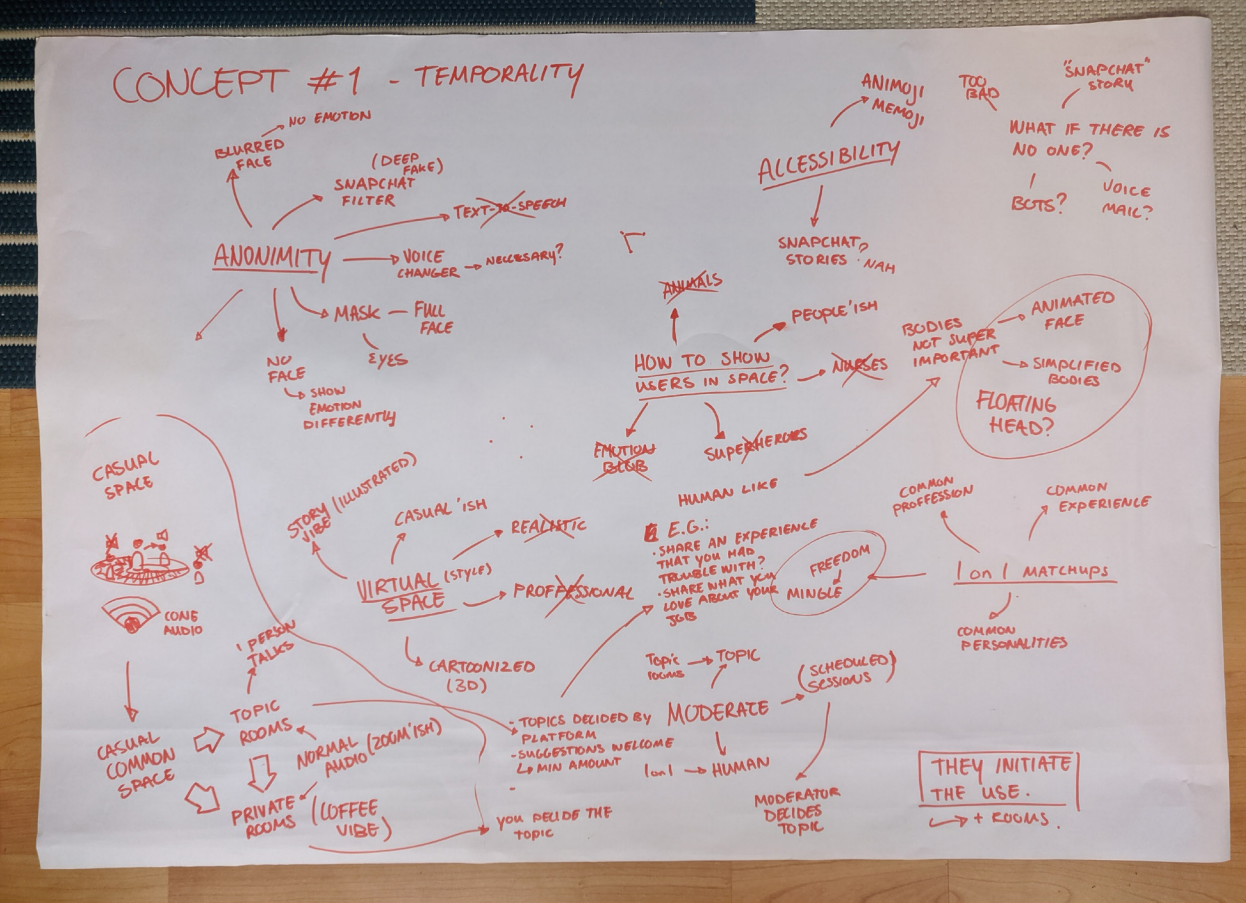
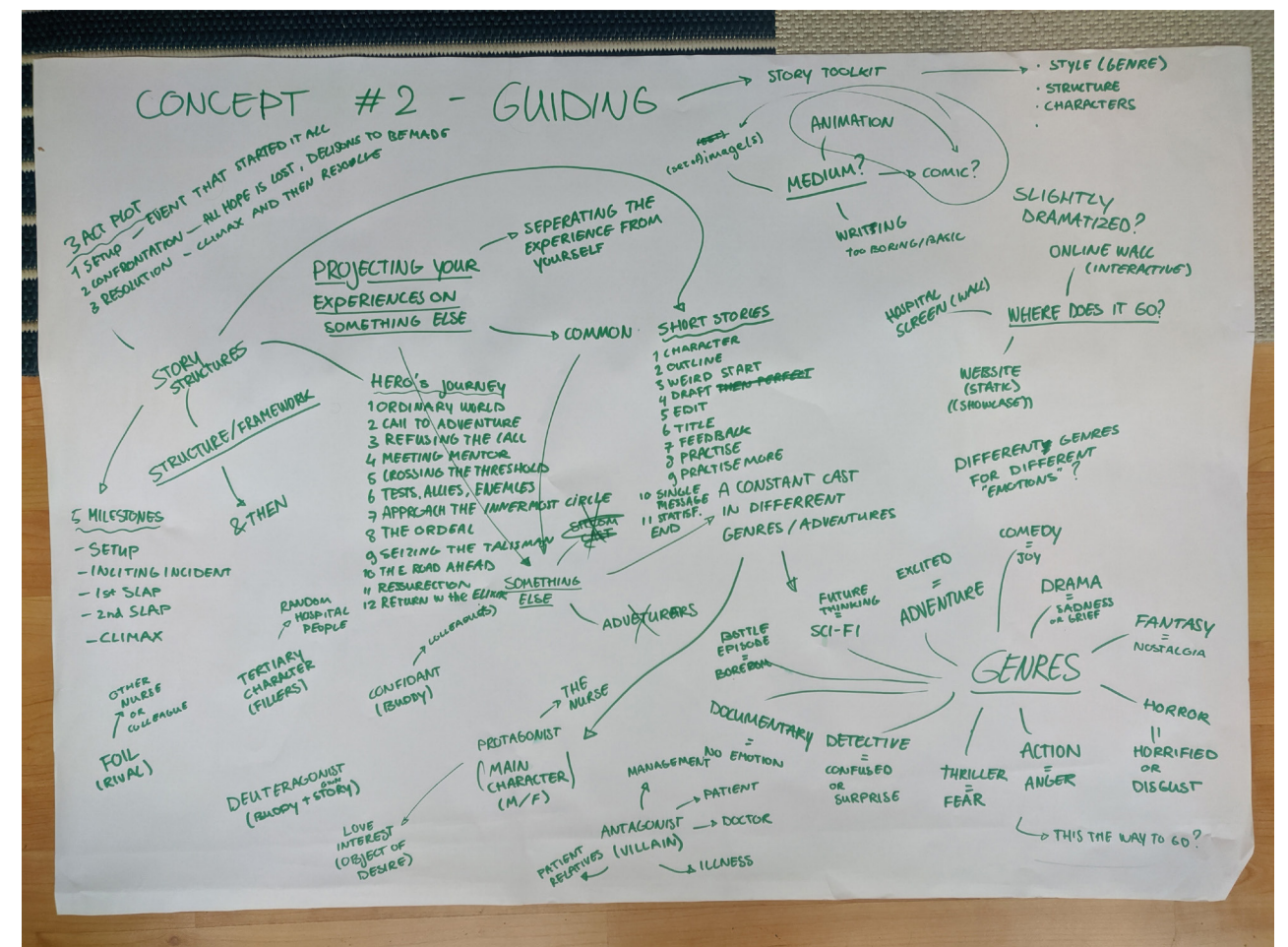
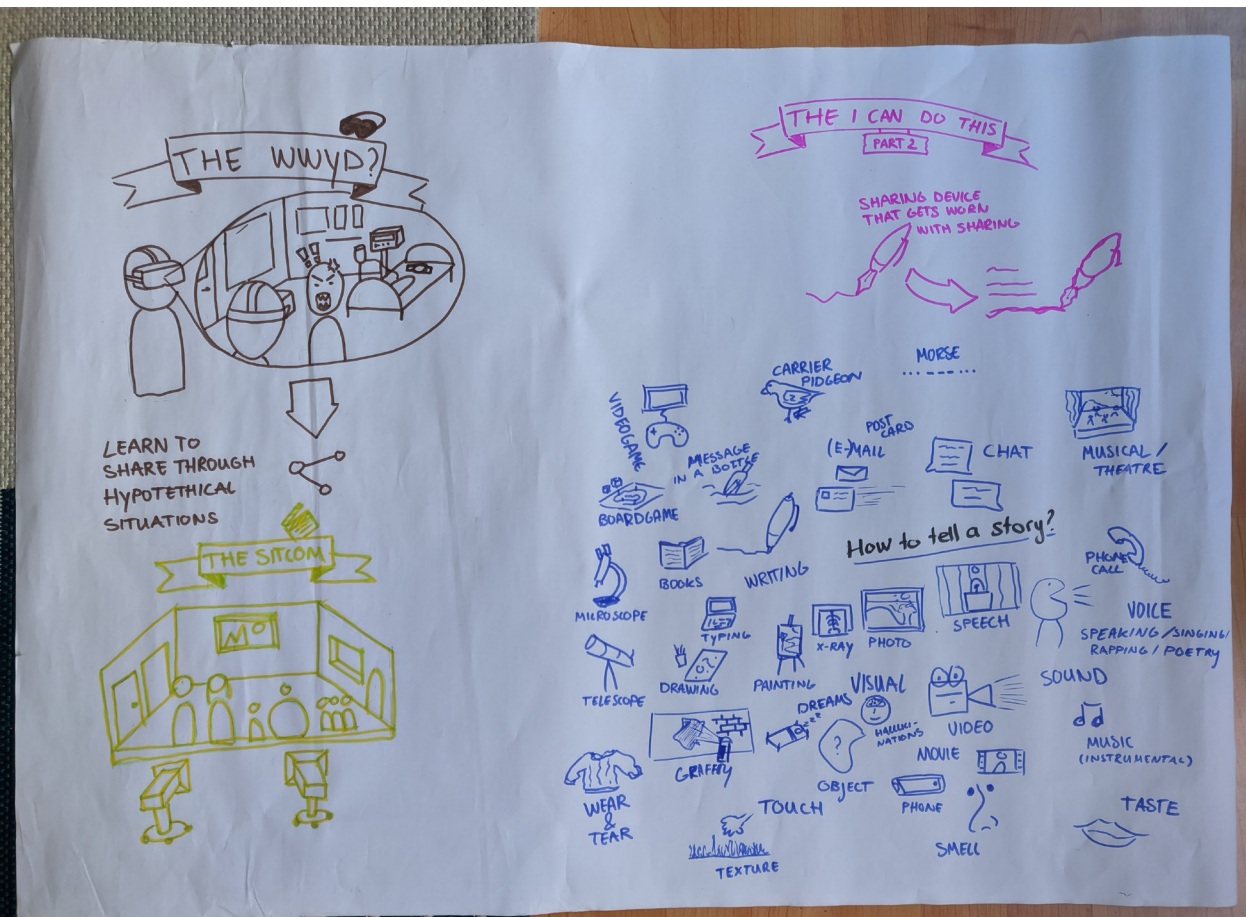
Scheiding van ervaring en vraag voegt niet veel toe.

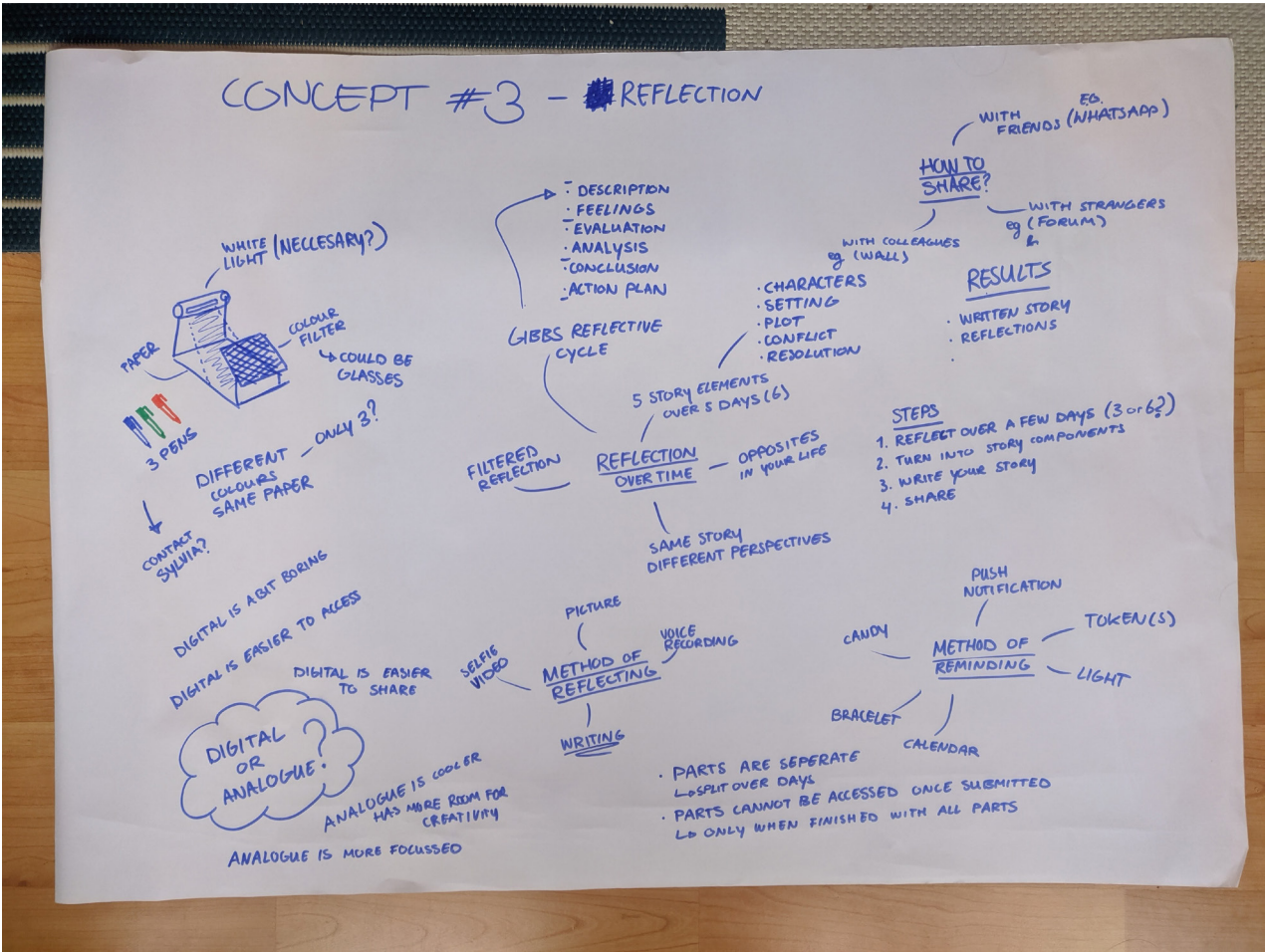
Gebiedende wijs: Hier kun je je ervaring delen Deel hier je ervaring!

Use language that excites and mobilises users; imperative.

D. Ideation/conceptualization materials







E. Four basic concepts

Concept 1 - Familiarity

Description
This concept aims to evoke online sharing for nurses by providing them with a sharing experience close to what is available to them currently. It does this by taking three forms of verbal conversation-based support from their current environment and offering them in a digital context. The advantages of this digital context are increased accessibility, anonymity and reach.

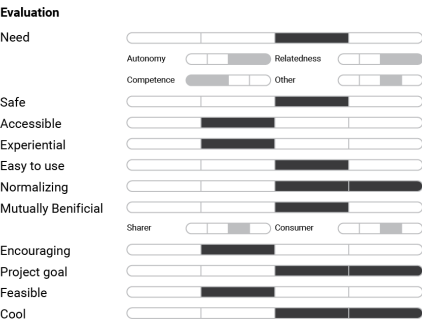
Firstly, it aims to simulate a break room by providing a common space in which nurses can move freely and can initiate conversations with one or multiple others. The directional audio system aims to evoke natural conversation behaviour.

Secondly, it aims to simulate moderated group sessions by providing group rooms that have a set topic. Topics are set by mental health professionals or by popular vote. Nurses sit on a digital chair making their position locked but are free to look around at the other nurses in the room. The group rooms have regular voice chat audio which is limited by a one person at a time policy.

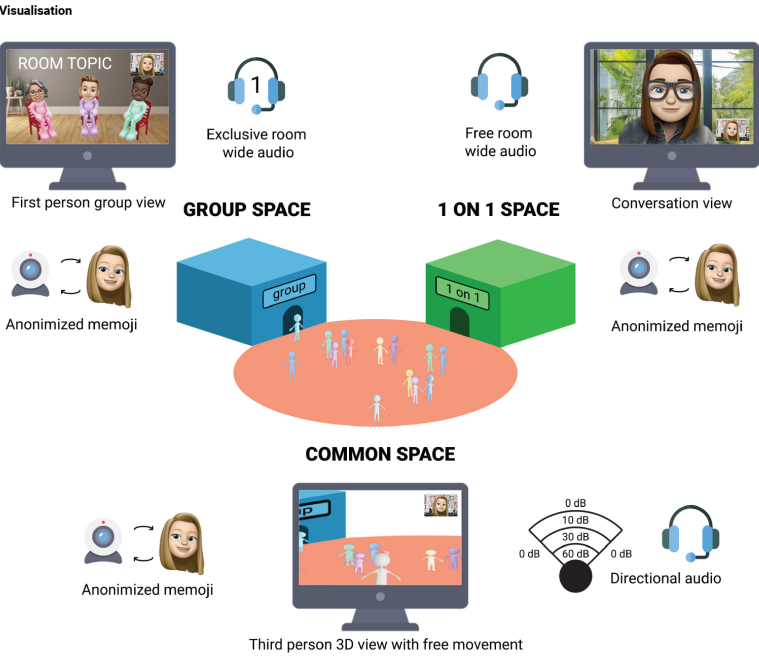
Lastly, it aims to simulate a private conversation by providing 1-on-1 rooms. Two nurses can agree to meet there and have a private conversation. There is no limitation to the conversation topic. Nurses are shown only the face of their conversation partner. The 1-on-1 rooms have regular voice chat audio.

As this concept aims to simulate real-life discourse in an anonymous way, it uses face tracking technology to overlay a digital memoji on the faces of the nurses. This allows for anonymity while maintaining facial expressions, which are deemed crucial in this concept.

Characteristics
Familiar, Safe, Community, Interactive, Human Centered, Easy.



NURSE WORLD

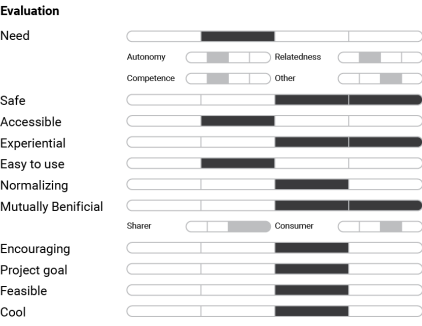


Concept 2 - Projection

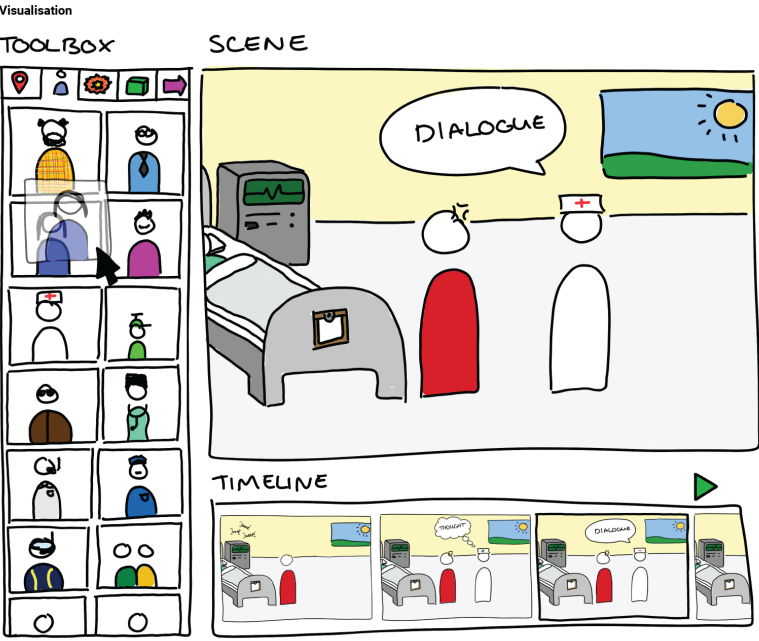
Description
This concept aims to guide nurses through the process of telling their story by creating a short animation. It does this by providing them with a toolkit containing characters, backdrops, objects and events that are recognizable to nurses. Additionally, it provides a selection of transitions/camera shots. These five categories are selected based on the format used for script writing in the movie and tv-show industry. Nurses can work scene by scene, deciding a location, placing characters and adding events such as conversation by dragging them from the toolbox into the scene. The timeline allows them to decide scene order, scene transition and choosing what scene to work on. When the timeline is finished, nurses can play their experience as an animated movie. This animated movie can then be shared anonymously on an online platform for other nurses to react to.

This concept makes nurses subconsciously reflect on their experience because in order to create an animation you need to know what happened, who was involved, how did you feel, etc. The benefits of doing it in this way are that they don't feel as if they are doing a therapeutic exercise as well as creating a fun and accessible piece of content to be consumed by other nurses. By using a toolkit, nurses sharing their experiences already have one thing in common, which plays into the idea of bounded strategic empathy.

Characteristics
Projective, Playful, Guiding, Structured, Commonality, Individual, Creative, Safe.



SHOWTIME



Concept 3 - Temporality

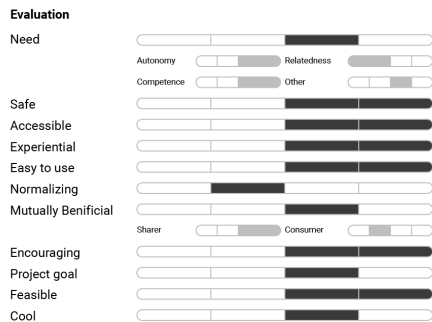
Description

This concept aims to make the act of sharing an experience easier for nurses by separating reflection and writing over the course of a few days. The result of this exercise should be a written story that can be shared with other nurses. By taking their time to think about their experience, it helps them understand what is important and teaches them that seemingly complicated feelings can be simple when split up into pieces. Additionally, it increases story quality and comprehensibility which strengthens the effect of situational empathy.

To ensure maximum use flexibility, nurses will interact with the concept through an app. Use is split over at least six days of which five are reflection and one is writing. The reflection process is split up into five basic written story components: Character, setting, plot, conflict and resolution. These components are presented to the nurses in the form of daily prompts that contain the essence of each of the story components (e.g. conflict becomes "How did you feel during your experience?" and resolution becomes "What could you have done differently?"). The nurses will be reminded to answer these prompts when and wherever they prefer and submit them to the application. The application does not allow them to view their response again until all parts are submitted. When the five parts are submitted, the nurses are presented with their own answers so they can use them to write down their story. The story can then shared anonymously on an online platform for other nurses to react to.

Characteristics

Slow, Comprehensible, Educational, Individual, Structured, Accessible, Safe, Reflective.



Concept 4 - Reflection

Description

This concept aims to help nurses get to the bottom of an experience by using three different short reflection techniques on that same experience. It does this by making nurses write three different reflections on the same piece of paper in red, green and blue ink. White light and colour filters will allow nurses to separate the different outcomes, creating this metaphor of layered reflections, that there are different ways of looking at it. The three reflection methods are: Why 5x (or laddering) backwards reflection and limited time self advice.

In Why 5x, nurses are asked how they felt during their experience. They are told to ask themselves why. This is repeated four times with the aim of uncovering the deeper reason for their feelings.

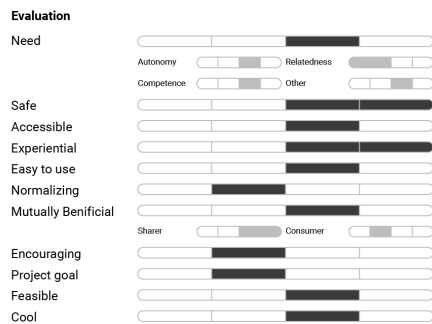
In backwards reflection, nurses are asked to think of their ideal outcome and from there, work their way back to the experience they had. This has the aim of uncovering what they could have done differently to achieve a more desirable outcome.

In limited time self advice, nurses are asked what they would advise themselves if they could travel back in time to their former selves to help them through their experience. The catch is that they only have 2 minutes to tell it. This has the aim of uncovering the essence of their experience.

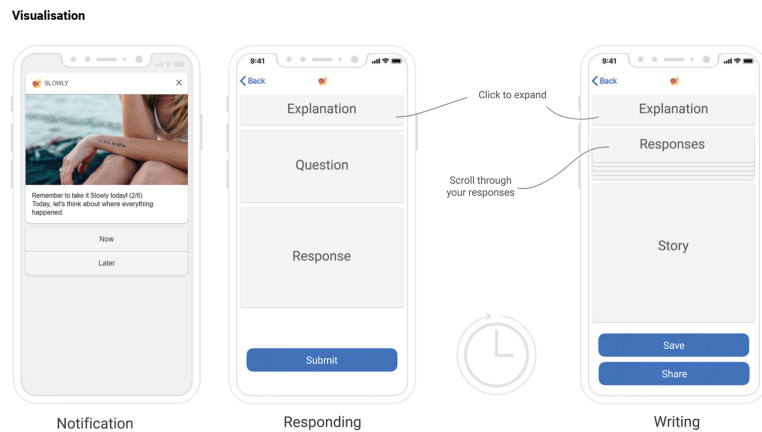
They are then asked to write down their story which can then be shared anonymously on an online platform for other nurses to react to. By going this deep into one single experience, nurses are better equipped to share their experiences with other nurses. Additionally, it increases story quality and comprehensibility which strengthens the effect of situational empathy.

Characteristics

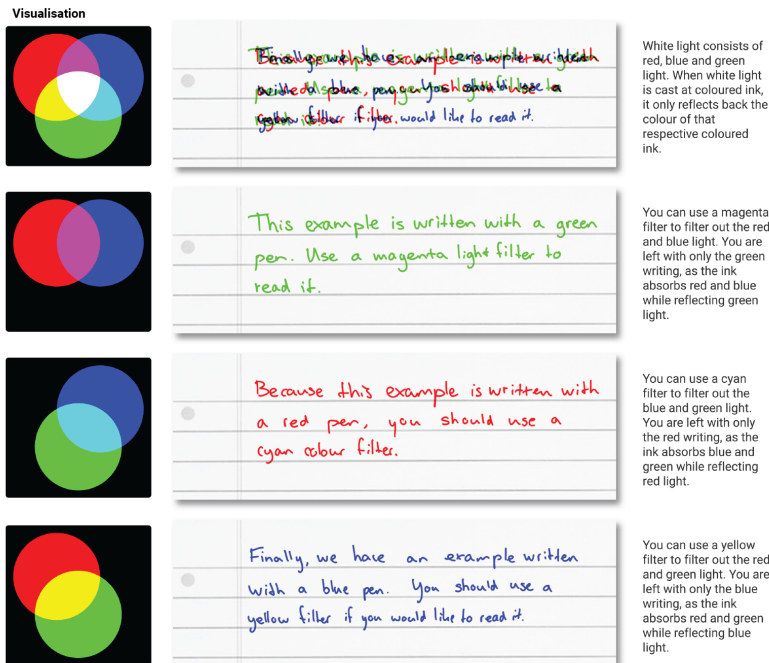
Thorough, Individual, Safe, Individual, Educational, Structured, Reflective



SLOWLY



ENLIGHTENING



White light consists of red, blue and green light. When white light is cast at coloured ink, it only reflects back the colour of that respective coloured ink.

You can use a magenta filter to filter out the red and blue light. You are left with only the green writing, as the ink absorbs red and blue while reflecting green light.

You can use a cyan filter to filter out the blue and green light. You are left with only the red writing, as the ink absorbs blue and green while reflecting red light.

You can use a yellow filter to filter out the red and green light. You are left with only the blue writing, as the ink absorbs red and green while reflecting blue light.

F. Expert review

[The nurse agrees to having the meeting recorded]

Ok laten we beginnen. Vertel eens wat wat je zoal doet.

Op die afdeling krijgen we eigenlijk veel operaties van de buik, de borst, ehm fractures krijgen we ook vaak. Maargoed met corona is het natuurlijk een stuk minder geworden.

Werkdruk omlaag gegaan door Corona?

Nja op zich valt dat wel mee, omdat ook veel collega's uitgeleend zijn naar de corona afdeling, dus uiteindelijk minder patiënt en minder operaties maar uhm de mensen die er dan wel lagen, waren in principe dan wel zorgzwaar. Maar je moet het dan wel met minder collega's doen dus kwa druk zit je dan nog best hoog eigenlijk. Ook wel veel zieken dus er valt dan toch ook wel veel af. Waardoor het ondanks dat dan toch wel weer druk is. Of kan zijn.

De echte serieuze gevallen blijven dus over?

Serieuze dingen die a la minute geholpen moeten worden blijven sowieso. Bijv complicaties bij operaties. Daar ben je best wel veel tijd aan kwijt. Naast die patiënten heb je ook je eigen patiënten waar je dan op dat moment minder aandacht voor hebt. Omdat je ook gewoon echte handen mist die het even over kunnen nemen.

Is het anders nu in vergelijking met maart april vorig jaar?

Nu is het in ieder geval terug gekeerd ook wel omdat de corona cijfers ook wat dalen. Dus op zich hebben wij nu ook wel bijna alle collega's terug die uitgeleend waren. De operaties zijn ook wel weer een beetje herstart zegmaar.

Dus het was wel erger tijdens de eerste golf?

Ja ja ja.

Ben je zelf ook uitgeleend geweest?

1 keer, naar de verdenking van covid. Degene die getest zijn maar nog niet bewezen Covid zegmaar.

Hoe zou je omschrijven wat je doet als verpleegkundige?

Kort gezegd ben ik de ogen en oren van de arts. Ik hou in de gaten hoe het met de patiënt gaat, ik hou in de gaten of er veranderingen zijn. Of er eventueel onderzoeken gedaan moeten worden en dat bespreek ik met de dokter want die moet natuurlijk verder alles regelen. Ook alles in de gaten houden maar goed de arts loopt 1 keer een rondje en dat is het zegmaar dus als er echt veranderingen zijn dan moet ik het gewoon goed kunnen observeren en kunnen handelen er op. En tijdig de arts erbij halen en actie ondernemen zegmaar.

Heel veel denken dat het alleen maar billen wassen is, heb je er ook tussen zitten maar tis best grote omschrijving.

Hoe zou je jouw mentale welzijn omschrijven op dit moment?

Op zich is dat gewoon wel prima, ook omdat ik niet zoveel op een corona afdeling stond zegmaar. En mn normale werk gewoon stabiel bleef zegmaar. In dat opzicht is er niet veel veranderd nee.

Heb je dat wel bij collega's gezien?

Nou ja opzich ook wel collega's die uitgeleend zijn maar ook bij een collega op mijn afdeling die het inderdaad gewoon teveel vond kwa zorg en ehm gewoon de drukte en de missende handjes dat t gewoon

teveel werd. Heel veel taken die ze dan had en gewoon geen tijd om er aan toe te komen dat is niet prettig voor jezelf maar het is een 24 uren bedrijf dus wat dat betreft kan je het gewoon doorschuiven maar er was inderdaad wel een collega die het het liefst allemaal zelf doet en alles wil doen wat ze moet doen. Dat was voor haar zovan: het is niet gelukt.

Inderdaad dat je er geen tijd voor hebt en dat de zorg gewoon op dat moment te zwaar is voor de aanwezige collega's.

Jouw werkdruk is op dit moment niet heel anders dan normaal?

Nu gaat het een beetje richting hetzelfde niveau kwa operaties en opnames.

Hoe lang ben jij verpleegkundige?

Ik ben afgelopen jaar gediplomeerd. Daarvoor wel twee jaar de duale versie van de opleiding gedaan. In dat opzicht ken ik het ziekenhuis al wel en was ik ook wel al in het ziekenhuis aan het werk. Dus wel de start van corona meegemaakt op een andere afdeling. Dat was dan de oncologie. Nu zit ik op chirurgie. Daar had ik als leerling ook al gewerkt. Dus ik wist al wel een beetje hoe de afdeling werkt en kende de collega's ook wel en dat soort dingen. In de corona tijd ben ik daar echt als verpleegkundige gaan werken.

Als ik het goed begrijp loop je dus al drie jaar rond in het ziekenhuis?

Ja eigenlijk wel.

Heb je wel eens iets meegemaakt waar je iets meer moeite mee had of je is bijgebleven?

Nouuu, ja. Niet zo zeer dat ik er over zat te piekeren ofzo. Maar wel dat je het meeneemt. Dat ik als leerling op de chirurgie zat in de nachtdienst. We hadden reanimatie bij een patiënt. Dat was zegmaar niet verwacht want een kwartier daarvoor had ik hem nog gezien met hem gepraat en dat soort dingen. Na een kwartiertje belde hij want hij was aan het overgeven en het bleef gaan zegmaar. En uiteindelijk was hij niet meer aanspreekbaar en mn collega was er gelukkig op tijd bij want ik had al gebeld van goh het gaat niet goed kom ff kijken. En die kwam inderdaad ook en die zei het is niet goed en meteen de reanimatie knop ingedrukt en binnen no time is het hele reanimatieteam er en dat is fijn. Het was meer dat ik hem een kwartier daarvoor nog levend gesproken had en dat het zo snel kan gaan. Dus dat vond ik wel dat ik dacht jeetje zo snel kan het gaan. Ik was blij dat mn collega's er waren en die mij geholpen hadden omdat ik natuurlijk nog leerling was. Maar goed een andere collega heeft hem gereanimeerd en die was daarna ook wel overstuurd want het was voor haar ook de eerste keer dat zij zelf moest reanimeren.

Dan was het dus fijn dat er collega's waren die zoiets al hadden meegemaakt.

Ik had daarna wel van had ik eerder iemand moeten roepen of had ik iets kunnen doen. Een collega met wie ik goed contact had zei ook wel van: Je hebt goed gehandeld en je kon niks anders doen dan erbij zijn de knop indrukken en klaar. Op dat moment als iemand blijft overgeven, kan je niet zo makkelijk iets doen. Dat was wel fijn dat regelmatig werd gezegd van hoe gaat het, niet teveel over in zitten en je hebt het gewoon goed gedaan. Dat was wel fijn om met je collega's een goede band te hebben ook en dat je dat soort dingen kan delen.

Is het belangrijk geweest dat dat collega's waren die je kende al?

Op zich denk ik niet dat dat heel erg uitmaakt. Alle collega's die ik destijds had waren ok. We zijn allemaal verpleegkundige daar dus op zich weet iedereen wel hoe het moet en hoe het gaat ook omdat ik leerling was destijds. Dan zijn collega's toch wat meer, letten ze wat meer op je. Dus wat dat betreft denk ik dat ze het goed gedaan hebben toen.

Is er ook professionele hulp in het ziekenhuis waar jij werkt?

Als het goed is heeft elke afdeling een collega die zegmaar een soort peer support doet. Als er echt iets aan de hand is ofzo gaat die collega vaak eventjes zitten met die persoon om het eventjes door te spreken en als er echt dingen zijn evt door te sturen naar iemand. Dat heb ik ook wel gehad van mn collega. Een paar

dagen erna had ik nog een dagdienst en iedereen wist ook dat het gebeurd was dus inderdaad ik hoorde dat er een reanimatie was en hoe gaat het nu met jou. Dat kreeg ik wel veel te horen. En die collega heeft mij ook even apart genomen en dan loop je het even door. Hoe ging het, wat is er gebeurd, hoe gaat het nu met jou, zit je er mee, denk je dat het goed is? Eventjes de tijd nemen om het met elkaar erover te hebben. Dat vond ik wel goed.

Is dat over het algemeen genoeg?

Ja. En mocht je er echt lang mee zitten of er is echt wat kan je zelf natuurlijk met een collega in gesprek gaan of met die collega van de peer support of je afdelingsleider.

Heb jij ervaring met schrijven over iets wat je hebt meegemaakt?

Heel ver vroeger ooit eens een dagboek, dat soort dingen en op de opleiding ging eigenlijk alles over reflecteren. Opschrijven wat er gebeurd is, samenvatting.. Op de opleiding dus wel veel aan reflecteren moeten doen. Je zit dan vaak te reflecteren over iets wat je hebt gedaan, hoe je het hebt gedaan, wat je denkt dat je anders had kunnen doen.

Vond je dat leuk om te doen?

Meestal was het in combinatie met een cijfer dus dan was het van het moet maar. Maar voornamelijk was het een opdracht. Maar losse reflecties waren er niet zo heel erg veel. Als leerling moest ik ook wel eens op mijn handelen reflecteren. Ik heb een katheter verwijderd of gezet. Wat heb ik gedaan, hoe heb ik dat gedaan, denk je dat ik het goed heb gedaan, kon het beter? Kleine terugkijk momentjes hoe iets is gegaan en of je er tevreden mee bent of dat het beter kon.

[Prototype introduction]

[Welcome to SLOWLY]

Stel je voor; je hebt deze app geïnstalleerd op je telefoon en je ziet dit, wat zou je doen?

Ik zou het eerst even rustig doorlezen. Even de uitleg volgen. Ik neem aan dat die puntjes de uitleg is. Dus swipen of klikken.

[What is SLOWLY?]

Ja oke, volgende bolletje.

[Why use SLOWLY?]

Het dus eigenlijk een soort app waarmee je kan reflecteren op je eigenlijk handelen of ervaringen maar je hoeft het dus niet te delen, het is voor jezelf zeg maar? Niet echt voor je afdeling of collega's tenzij je dat zelf wil?

Volgende bolletje.

[How does it work]

Ja.

[How does it work 2]

Dit is wel een beetje klein. Yess.

[How does it work 3]

Ja.

[How does it work 4]

Yes.

[What about privacy?]

Ohja, yes.

[You're all set!]

Ah ja top.

[Overview + Slothy overlay]

Ik vind dat hangende poppetje heel handig als zijnde het logo.

[Overview 5 prompts]

Dan klik ik op zo'n ding, het maakt niet uit welke. Dus doe maar conflict.

Ik ben bang dat in dit prototype character de eerste is.

Doe die maar dan haha.

[Character]

Dus nu moet ik gewoon m'n antwoord opschrijven?

Begrijp je wat de bedoeling is op dit scherm?

Ja, wat ik nu begrijp is dat je met die vijf pictogrammen op de vorige pagina, dat je per puntje aangeeft wie er bij betrokken is en wat er gedaan is en wat de reden is. En dat je dan je verhaal met deze antwoorden kan gaan maken.

Dus nu zou je je antwoord typen?

Ja. En dat dingetje linksonder is voor de privacy? Of tenminste dat het voor je eigen is?

Ja.

Is het eigenlijk ook zo want de app is nu in het engels. Is het zo dat als ik het gebruik dat ik in het engels moet schrijven?

Dat mag je zelf kiezen dus ook in het Nederlands.

Nu submit. Kan je nu bijvoorbeeld de rest doen of moet je echt terugkomen de volgende dag?

Probeer maar. Zou je nu gelijk de volgende doen of zou je toch wel wachten tot de volgende dag?

Ehm, opzich zou je het de volgende dag kunnen doen maar ik denk dat als je ergens mee zit dat je opzich ook wel gewoon alles meteen zou kunnen doen. Maar opzich kan je het ook wel gewoon de dag erna doen ja. Afhankelijk waar je op wilt reflecteren.

Wat zou je nu doen?

De volgende dan maar!

[Setting]

Ja, klik maar door.

De volgende weer.

[Plot]

Yes, klik maar door.

[Conflict]

Wat denk je tot nu toe, is het duidelijk?

Nou opzich vind ik het wel gewoon duidelijk, dat je de kop neerzet van conflict en een ondertitel met wat er verwacht wordt. En inderdaad even een uitleg erbij, dus dat vind ik wel duidelijk. Dat het duidelijk is wat er verwacht wordt in dit stukje zegmaar. Wat je op kan schrijven.

Je herkende al het privacy icoontje maar had je bijvoorbeeld het luiaardje gezien of het i'tje rechtsboven?

Op zich was het luiaardje wel duidelijk voor help. Als er iets is waar je uitleg bij nodig hebt. Geen idee wat het informatie icoontje doet. Klik er maar op haha.

[Conflict information]

Ik denk dat dit duidelijk is, ook met die voorbeelden. Gewoon uitleg hoe een conflict kan zijn, voorbeelden erbij. Ja.

Heb je hier behoefte aan?

Nja op dit moment denk ik niet. Ik denk dat het een handig extraatje is voor mensen die het misschien niet meteen weten en het wel fijn vinden om even een stap terug te nemen. Het is fijn dat de mogelijkheid er is zegmaar.

[Conflict]

Ja hij mag door.

[Theme]

Hhhmja, hij mag weer door.

[Overview story button]

Op story klikken.

[Story writing]

Hoe zou je dit aanpakken?

Nja hierboven heb je natuurlijk die dingen om te swipen met die thema's. Dat is denk ik die samenvatting van wat je hebt opgeschreven. Ik zou van deze 5 dingen, dat gebruiken om een korte samenvatting van dat dan weer te maken. Gewoon kort vertellen van goh he, wat is er gebeurd, hoe voelde ik mij, wat wil ik hier van leren, waarom schrijf ik het. Om zo een kort maar krachtig verhaaltje te schrijven. En daaronder dan ook weer een samenvatting van goh wat heb ik er van geleerd of wat wil ik anders doen.

Welke handeling zou je doen om de korte samenvattingen van je vorige antwoorden te bekijken?

Oh, swipen? Denk ik. Die blauwe dingen swipen, of klikken dat je de rest kan zien? Ik denk dat als je er op

klikt dat dan misschien het antwoord van die keer terug komt. Ja, inderdaad dan zou je bijvoorbeeld al iets van het character kunnen opschrijven. Wat je dan op wil schrijven zeg maar en dat je dan door kan gaan naar de volgende punten die kan uitklappen en erover kan schrijven en dan je antwoord intypen.

Je hebt je verhaal geschreven met een mooie titel. Wat zou je nu doen? (Cancel, Save, Share)

Ik zou het sowieso eerst opslaan. Want ik denk dat je het achteraf misschien ook nog gewoon kan delen met iemand. Maar dan heb je het in ieder geval gewoon opgeslagen voor jezelf. Het zou zonde zijn als je op cancel drukt voor al je werk. Ik zou sowieso gewoon opslaan doen.

[End of prototype tour]

Explanation about SLOWLY within a platform.

Dus het is eigenlijk een soort eigen app voor verpleegkundigen en daar kan je dan soort van in reflecteren op je eigen werk en dat je dan een soort van lid of vrienden bent met andere verpleegkundigen in jouw afdeling en dat die ook kunnen reageren daarop? Of tips kunnen geven of jouw erin kunnen helpen of iets?

Ja zeker, het zou zelfs landelijk kunnen zijn. Daarom zal het waarschijnlijk ook anoniem zijn. Veranderd dat nog iets voor jou? Dat je meer of minder zou delen met iemand waarvan je niet weet wie het is.

Nou op zich denk ik niet dat het heel veel uitmaakt, stel het is landelijk. Want op zich denk ik juist dat dat misschien wel prettiger is dan bijv met je eigen collega's van je eigen afdeling. Omdat je dan misschien juist weer zou kunnen gaan denken van ik ben verpleegkundige en ik kan het niet of ik twijfel. En dat die collega's dan misschien weer aan jou kunnen gaan twijfelen. Als je het landelijk doet en het doet met iemand die je totaal niet kent, dat je dan misschien juist sneller eerlijk kan zijn. Juist met die gene tot een plan kan komen of tips te kunnen vragen. Juist eerder denk ik.

Dus je zou opener zijn in dat geval?
Ja, dat denk ik wel. En dat je er dan ook meer uit kan halen.

Speelt anonimiteit voor jou nog een rol in of je iets wel of niet zou vertellen?

Ja opzich is het prettig om iets van een naam te zien. Iets dat je iemand aanspreek van goh hallo ik ben die en die. Niet van hallo anoniem. Dat is misschien ook een beetje raar. Dan heb je toch iemand die makkelijker benaderbaar lijkt door een naam, kort naam afkorting te gebruiken. Als je iets van een naam hebt denk ik dat je sneller opener kan zijn.

Wat denk je van SLOWLY in het algemeen?

Ik vind het een heel goed idee. Het uiterlijk van de app vind ik duidelijk. Ook gewoon met die informatie. Je bent nieuw, loop even met me mee zeg maar. Verder heb je de mogelijkheid om informatie te vragen waar je iets niet zou weten. Ik denk dat je het rondje anders kan doen dan dat wij nu hebben gedaan. Dat je zelf kan klikken welke je zou willen. Het delen online in de app met andere gebruikers, ik vind dat wel handig en makkelijk. Bij wijze van kan je iedereen bereiken die er op zit en inderdaad gewoon tips of opmerkingen erbij kan krijgen waar je iets aan zou kunnen hebben. Ik denk dat het wel goed is, wel handig.

Heb je nog verbeterpunten of tips?

Nee ik heb eigenlijk niet iets waarvan ik heb van ik zou het anders doen. Staat de naam SLOWLY nog ergens voor?

Dat is gewoon de naam inderdaad, het staat niet nog ergens voor.

Ah oke, ik dacht misschien heeft het nog een betekenis.

Wat vind je van Slothy? Zullen mensen dit waarderen, is het eventueel te kinderlijk en is een luiaard logisch?

Nou op zich snap ik waarom het een luiaard is. Ik vind het opzich wel gewoon een leuk iets erbij om inderdaad die te gebruiken als poppetje er van. Ik heb niet zoiets dat het heel kinderlijk is ofzo nee. Ja hij komt wel vriendelijk over.

Je hebt de app misschien niet helemaal zelf gebruikt zoals je normaal zou doen maar kun je wat zeggen over hoe makkelijk het was om te navigeren?

Opzich, er zijn niet te veel knoppen. Niet teveel niet te weinig. Of inderdaad je klikt op story of character. Dat soort dingen. Opslaan of cancel. Op zich is dat wel duidelijk. En je hebt natuurlijk linksboven je eigen profiel. Dat is wel duidelijk vind ik. Ik had niet van: Oh god wat moet ik nu doen. Nee.

Was het bij elk van de vijf vragen ook duidelijk voor jou wat de bedoeling was?
Ja dat was duidelijk omdat in dat kopje zegmaar werd uitgelegd wat er verwacht werd van mij. En zo niet kan je natuurlijk altijd op dat i'tje klikken. Wat dan wel duidelijk is om te gebruiken zegmaar.

En de termen die je hier ziet? (Prompts)

In het begin was het niet helemaal duidelijk maar zodra je het aanklikt komt de uitleg erbij en dan wordt het wat duidelijker inderdaad. Ja vind ik wel.

Dan zijn we bij de laatste vraag aangekomen; Zou jij dit gebruiken?

Ja ik denk het wel, ja. Zeker omdat je er op het werk vaak geen tijd voor hebt omdat je heel druk bent. Maar ik denk inderdaad als je in de bus naar huis zit of thuis op de bank eventjes wat zit te drinken denk ik dat je dan wel makkelijk gewoon even 5 minuutje iets kan opschrijven. En de dag erna bij wijze van weer. Dat je niet meteen een hele lap tekst hoeft te doen maar gewoon af en toe gewoon even 5 minuutjes van je tijd kan gebruiken om erin te vullen.

Je vertelde in het begin dat je de afgelopen drie jaar niet perse iets hebt meegemaakt wat een zware impact had op je. Zou je het alsnog gebruiken?

Nou opzich is het denk ik ook wel handig voor de kleine dingetjes. Want in het werk zijn er altijd wel kleine dingetjes waarvan je denk oh hmm had ik het anders moeten doen of dat je toch niet zeker weet van heb ik het echt goed gedaan. Dan denk ik dat het handig is om het daar ook voor te gebruiken. Dus niet alleen voor de echt grote dingen want ook voor de kleine dingen is het handig om er even op terug te kijken van goh hoe had ik het anders of beter kunnen doen. En dat dan ook te gebruiken.

Van alle kleine dingen kun je wat van leren en kan je iets uit meenemen. Al is het maar voor jezelf.

Dan zijn we aan het einde gekomen. Wilde je nog iets toevoegen?

Nou ehm nee eigenlijk niet haha.

[Interview wrap-up]

G. User test results

Nazli (01-02-2021, 12:30-13:30)

It's very good for self reflection, I'm just wondering, for example I didn't do it every day because I forgot, I'm wondering if it could be a bit more flexible.

Perceived purpose: Self reflection, reflecting on your experiences. If I want to become a better writer.

If I take my time I become better at sharing stuff. People write shitty, and with the app my stories are cooler.

I think it's not a habit and I have busy evenings and then forget about it. I would've just postponed it if it wasn't for you.

It takes energy to do so prefer

Anytime I write I write to empty my head. If I can't sleep for example. I would use it then.

If I'm having very strong emotions about an experience, I try to unwind by writing about it.

I think it would be beneficial for someone like me (not just trauma nurses).

When I get mad, my emotions go from 0 to 100 fast, that's why I usually take a couple of days and see if it's actually worth getting angry about.

I would like to have flexibility based on my mood.

I tried to pick two happy experiences. If I am in a good mood and write about something bad, I will fuck up my mood.

If my mom died, for example, I would feel like shit for a while. However, A stupid fight on the streets, I would feel mad for a day and then think ok, fine. If I then go back I would get mad again.

Some experiences are bigger than others.

Flexibility !

I was avoiding conflict. Because I didn't see the conflict. I was going for the elements I already had. Picking easy first, saving hard for last.

Setting was interesting because in my experience the setting changed (bike ride) it was interesting to think about it in a different way that I'm used to. How did the setting affect my experience? In this story, it didn't play an active role. There was no one single setting I had to rethink: what is the setting?

I did understand what was meant with each of the parts. (Prompts)

Help: I didn't use them because I didn't notice them but also I didn't need them.

How I was feeling about the experience, no subtle changes.

Writing the story the 2nd time took longer, not more or less difficult but because I had more to explain. I was trying to write it in a nicer way. First story I had less to share. I wanted to make the 2nd nicer also for myself. I tried to capture the essence of the experience better, there was more buildup.

First time I just shared, the second time I wrote a story.

I figured out scrolling vertically and horizontally, I kept clicking. I used them a little bit so I changed some things. I realized scrolling later.

I didn't feel helped while writing because there were questions and I could pick the five elements in my own order. Sometimes without inspiration I felt a little bit lost. On the last day.

I was hoping to play around with them as building blocks. (Prompt reminders day 7)

It would be nice to do more elements in one day. If I'm having an outburst and I want to write, the app shouldn't stop me.

Why are you withholding info from me? It's my info. You can always change it during the last story but yeah. I just don't like this unlocking thing.

Having an overview of previous answers. Would be nice.

It's not that the app took my energy away, at the end of the day I didn't feel energized, it didn't affect my energy level.

Reflecting was really nice, but it was with Giel (ex-boyfriend) so it makes me a bit upset. Nevertheless it was a nice story, doesn't make me feel heartbroken it makes me happy and strong. Long distance cycling journey.

It changed when I wrote the story, that it was about me that I challenged myself and I completed it.

I could look at the experience in a more positive way, that was really nice.

This one was ok, it's difficult to share with people if I feel very strong about something. It feels like writing in my diary. When it's anonymous I can still capture that feeling and share my story.

Other people's stories help me so my stories help others as well.

I don't see the value of being known. We're sharing these thoughts and we don't have to know each other.

I like the idea, the interface could be designed in a nicer way. Super nice micro interactions, in the bigger sense it could be more user friendly.

Help could be integrated a bit better.

I was trying to imagine how several logs would look like.

It doesn't feel very modular and doesn't have room for growth.

Deniz (31-01-2021, 14:00 - 15:00)

I think that I chose a positive story, so this increased my mood. The type of story that you choose is also really important.

The beginning was a bit hard, it should be easier the first day.

Purpose: breaking a story into pieces, so it becomes easier to communicate to others. Simplifying the story. That was another story. It took me longer because it was a weekend, more energy mentally and physically into this. I had some time to spend. I kind of acquired this habit of writing in the past days. I became more fluent to write things down.

Writing became a habit over the last few days. I wrote down the pieces so I knew better how to analyse the story. I knew you were more interested in that kind of story.

It became kind of fun to write about this. You made me discover parts of previous stories. I wanted to help you with more material.

Whenever you write something it's very powerful, thinking and writing are different. Writing is very powerful.

Reformulating your thoughts about something. You can see things differently. The memory becomes more intense I would say.

I never thought about the things I wrote about but after writing them down, they were almost like yesterday. They became really real again.

I chose positive stories because it's more enjoyable to write about.

Day 5 (emotion) was negative because I made them wait for almost 2 hours. I felt bad for the guy. When I'm so tired, I can't really organize my time. I lose the perception of time so that's why I was running late. I wrote about that because I wanted to come up with a conflict so that's why I used this experience. It was really a conflict. I was driving fast but also tired. I was afraid to be in an accident. Now I don't feel negative anymore.

1 night, I departed to my new home and I arrived at home

Since the pandemic is still going on, it's not over yet. I try to avoid concentrating on negative things. Choosing positive stories as a way of coping.

I acknowledged that I am so much into details, if I'm not in a hurry or anxious. When I was writing I realized that details help me remember things in a more vivid way.

Maybe I don't remember the streets or the highway but more those songs or those feelings. I was really happy but afraid that I couldn't go there on time. Somehow those details help me to remember.

Choosing one of 5, that kind of analytical approach helped me to think about the same story from different points of views, that's how I remembered so many details.

I didn't know there was an option to get help. I didn't know you could click on it.

Sometimes I searched on the internet what is meant by those 5 things in the story. I wanted to have a clear understanding of the assignment.

It takes energy, there are different feelings involved. It felt like homework in the beginning. I should get this done with. It feels a bit not so fun. But when you decide to do it. You start to do your internal database search in your brain, what to talk about. This is a bit tiring. Just came home from work. The hard part was finding the story. It's also the question of if you have a story or not. You don't know which story you are comfortable writing about. You need to make a lot of choices before starting and then it becomes easier and more fun.

In the beginning I was bored like a 9 year old and then you really focus on coming up with the perfect story and then it becomes easy.

My choice of what to share is definitely influenced by who is going to read it. Maybe it's ok when it's anonymous. Anonymous is not 100% secure for me. I need reassurance that it's safe/anonymous. Everyday reminder that it's private.

It should be clear for what purpose I am writing this.

The easiest was the theme. It's the longest one maybe. Mostly about describing the environment and how I felt and what made me feel in a certain way. I didn't really have to think.

I didn't know the meaning of some of them so the theme was easy because I know.

I think 7 days is a bit too long. On Friday I didn't do it, and then on Saturday I did two. I think it would be better to have more control over what you can do in a day.

I gave it a 9 because it was a lot of work to do. It almost felt like homework some days. These things about the cookies were frustrating. If you have an app like this, people should go every day. There can not be

anything that's frustrating. Everyday you go there and you need to do the same. It should be as little design as possible.

Such a positive experience though, memories more vivid and more intense.

The last day should be positive. The last day had a big impact on my grade: 9.

Marek (29-01-2021, 17:00 - 18:00)
Put it into parts (in story) to make it easier for you. Kind of nice to keep them separated. What I felt I wrote the story and it's done. I wrote the story for each section. If you scroll the prompt there is a field that also scrolled.

I realized that actually, I had a pretty good time during the pandemic.

I wasn't sure what I wrote before so I took screenshots. I didn't want to repeat myself.

I don't want to talk about the same thing again, waste of time.

Slightly different perspective though. They overlapped a little bit too much.

I felt pressured to make a long story because of the long box.

I think it is about sharing the experience, it seems like I'm sharing it only with me. I'm talking and thinking about my experience and at the end, I'm taking a step back with a fresh mind.

I realized my experience was quite ok.

Fun and cool experience gave me a fresh perspective on life.

My emotions were towards having to write again and again.

Sometimes, it is too much of steps (5 prompts)

Started to talk about the bigger picture. My story was a longer one. Graduation was a bit of a pain in the ass.

What could be super nice is a timeline, beginning of the story, middle ending. Felt disconnected with other days.

Extra timeline guidance.

People are lazy, I'm also lazy. I did see the slothy and the i. It was overwhelming.

I didn't know it was there, if I need help I just looked at the description.

It was hard because I felt that I said most of it you know, it felt like I am at home with my parents. How was school? Good fuckoff.

I would prefer a conversation, a new perspective (chatbot): "many people felt lonely, have you also felt lonely?"

Writing about it gave me a good feeling. We always talk about what we would be doing if the pandemic wouldn't have happened, we should stay positive and appreciate the little things. Or not even just the little things. People are really important. I realized this sort of in the middle of the week.

Character, the question was really nice, it gave me a new perspective.

I choose the least demanding for me first. (Prompt)

I'm not a good storyteller, you're writing about yourself and your own experience. Taking a step back from a different perspective is hard but it's helpful.

I wasn't sure about the prompt. Names were misleading, they should be less technical.

At the end I was extremely annoyed because I didn't know what to write about || felt I covered everything. I am not familiar with these terms. I don't like to write.

Maybe you can do it together with someone so you have direct feedback.

Example: Xiaomi heart rate shows your place in comparison to other people.

Connect it more with the other people. Then it wouldn't give a feeling of being alone.

Depends on the risk. If I would share. Only anonymous.

Something you are ashamed of, you would share online maybe more.

It changed my experience during my pandemic. It felt really nice to build a story, read it, write it, read it again maybe, not the worst you know.

Bas (29-01-2021, 16:00 - 17:00)
Eerst verhaaltje schrijven en toen SLOWLY. Eerst dacht ik wat kut en dan ga je er heel veel tijd aan besteden om het opnieuw te doen. Beetje omslachtig. Bewuster mee bezig en verwerking.

Je hebt een reminder nodig denk ik. Zit niet in je dagelijkse routine hierdoor is het niet tijdgerelateerd.

24 uur na je vorige. Of 's ochtends? (suggestion for reminder)

Keuze wel over nagedacht, gebaseerd op wat ik logisch vond. Ik dacht plot als laatste want daar heb ik die andere voor nodig. Je begint met onderdelen en dan langzaam richting t verhaal.

Ik vond conflict interessant omdat dat niet iets is waar je meeteen aan denkt. Soort van dat je na moet denken over het type verhaal of de ervaring.

Doel: persoonlijke verwerking van je ervaring maar ook dat je je verhaal kwijt kan en het van je af schrijven voor jezelf een hulpmiddel om ervaringen te verwerken.

Link met storytelling niet suuuuper duidelijk. Elke dag een nieuwe invalshoek van je ervaring. Universeler omdat je dezelfde bouwblokken en aspecten hebt. Linken aan verhalen van andere.

Moeilijk 2e verhaal - moest 6 zijn.

Info once and never again
Slothy wist ik niet, info knopje had ik t niet nodig maar bij "conflict" wel want wilde weten wat er precies bedoeld werd.

Komt wel redelijk overeen de emotie: dankbaar.

Arousal fluctueerde wel. Schrijven maakt je meer bewust: eerst iets van dankbaar maar een diepere laag. Eerst wel al een gevoel bij, maar nu soort van afgesloten en hoe je ermee verder gaat.

In principe gesloten boek maar afhankelijk van de toekomst. Afhankelijk van de situatie misschien. Door corona is t nu wat bijzonderder nog.

Over mezelf nah, doe ik altijd wel maar over de ervaring toch wel een klein inzicht, wel bijzonder. Bijzonder verhaal dat besef. Je komt er iets breder uit. Je plaatst het in perspectief.

Ik voelde me geholpen door die bouwblokken. Eerst gekeken naar de blokken en toen geschreven.

Als je er toch tijd in steekt doe t dan goed.

Leuk om er zo eens naar te kijken maar heb geen rigoureuze emotie veranderingen ervaren.

Is me niet opgevallen dat t kon (vertical scrolling).

Ben vrij open. Soms heb je wel een filter nodig. Anoniem op internet gooien doe je omdat het anoniem is. Meer risico voor jezelf maar je je verhaal minder risicovol.

Met mn KLM vak peer reviews - niet te negatief, alleen positief is niet realistisch. Moet wel een beetje persoonlijk zijn en t mag schuren. Bewust zijn van hoe je t doet.

Niet anoniem zorgt voor een soort filter van wat mensen deelt. Dat kan goed of slecht zijn.

Goede manier om bewuster van je ervaring te worden en vanaf anader perspectieven te bekijken en van elkaar te kunnen leren en hun eigen ervaringen te kunnen delen.

Pim (29-01-2021, 13:00 - 14:00)
Best verrast, in t begin nja project doe t voor een vriend. Met name de laatste 2 dagen: Volgens mij begin ik te begrijpen wat de toegevoegde waarde is.

Merkte elke dag even te noteren, best wel lekker even te spuwen. Meditative mindfulness effect.

Goal: Lastig, niet helemaal duidelijk. Benoemen ipv opkroppen, aanzet tot bewustwording en reflectie van (moeilijke) verhalen. Deze app spoort je aan. Kan me voorstellen dat als anderen het doen en ik lees andere verhalen dan kan ik me voorstellen om zelf je verhaal te doen. Eerst dacht ik van: Het zal wel en dan uiteindelijk: om shit kwijt te kunnen.

Doe gewoon de wwwwwh. Geloof wat je hebt gedaan. Storytelling focus hield me juist tegen want de focus lag op het character.

Ik ben redelijk getraind in dagelijks moeilijke vraagstukken beantwoorden. Moeite en kwetsbaarheid en als je niet gewend ben is t lastig om te doen. Reflectieve vaardigheden gevraagd die lastig zijn. Tegenop zien, ga ik even voor zitten, doe ik vanmiddag wel.

Keuze was willekeur.

Informatie en slothy niet want: niet bij stilgestaan.

Niet doorgehad dat die app er was.

5 min dag met focus op bepaald aspect dat je dan je geweten zuivert en dat je t aanpakt.

Dubbel want: is goed man maar krijg de pleuris man.

Geen voorkeur voor prompt. Modellen psych: 6 w's focussen op bepaald aspect van t verhaal, ander perspectief. De tip of the iceberg methode is ook interessant.

Premo niet duidelijk. Shame gekozen want voelde berusting.

Arousal niet veranderd gedurende de week. Voor het typen en na het typen. Nadat ik had geschreven was ik een stukje rustiger. Het verhaal bracht rust.

Ik geloof in het concept dus 8. 8 is over hoe fijn ik het vond om te doen. Effect van de app een beetje. Dat het mensen kan helpen geloof ik wel. Even snel checken, dat doet iets met je. In een minuscule vorm van ik

ga het wel missen. Dingen relevant voor mij en gelijkgestemde vinden.

Vind t niet erg om persoonlijk te delen. Want delen met gelijkgestemde.

Uitstel van executie, plot als laatste.

Geen commentaar.

Emiel (29-01-2021, 14:00 - 15:00)
Stressvolle week maar los van slowly, moment dat ik er aan werkte was moment rust voor het slapen gaan.

Bijna altijd in de avond. Was wel fijn, ga je naar bed met t gevoel dat je iets gedaan hebt.

Geeft perspectief, je zit de hele dag binnen dezelfde shit en dan is t makkelijk om jezelf te verliezen en weinig na te denken over de toekomst of t grotere plaatje.

Avonden voelen veel langer.

Denk dat t doel is: het niet wegstoppen van dingen die je voelt. Het zorgt ervoor dat je jezelf met dingen confronteerd.

Positief omdat mn gekozen ervaring positief was.

Voelde als een tool om de tijd te nemen om die dingen te verwerken. Bijna iedereen weet wel dat ze dat moeten nemen maar tis nog wat anders om t ook echt te doen.

Theme als eerste gedaan maar die had ik misschien als laatste moeten kiezen. Nieuwe conclusies getrokken door andere prompts.

Ik had de behoefte om theme te herschrijven op dag 7

Geprobeerd samenhangend te houden maar t kan nuttig zijn om jezelf tegen te spreken.

Evt dag tussen prompts en verhaal om iets toe te voegen.

Best wel lang geleden mijn ervaring. Prompts hielpen herinneren.

Character is een goede. Interessant om te kijken of anderen niet een grotere rol spelen. Echt een heel ander perspectief.

Tool om uit de drukte te stappen.

Lijkt op biecht.

Plot sucks, als toeschouwer. Alles al gezegd ok omdat als laatste.

Misschien kan je opbouwen, groeiend verhaal.

Herinneringen zijn feilbaar maar je kan er altijd iets nuttigs uit halen.

Nul overlap tussen prompts komt er niks uit.

Laatste dag eigenlijk samenvattende conclusie, wat kan ik er echt uit halen?

T hele verhaal met nieuwe inzichten (dacht dat dat moest)

Prompt gekozen naar wat ik het meest interessant vond op dat moment. Laatste dagen de prompts waar t minste uitkwam verwacht.

Dagelijks lastig want laptop, geen notificatie. Notificatie moet niet te opdringerig zijn.

Ik had t idee dat ik genoeg hulp had al dus daarom geen i of slothy. Rest van de info nuttig genoeg.

Iets beter naar voren komen hoe je moet reflecteren. De uitleg nog net iets lager niveau.

Termen zijn wel prima. Leren mensen ze op een simpele manier. Prompt namen hetzelfde houden en de uitleg versimpelen.

Anonymous if beneficial for others?

Anoniem omdat ik liever niet in een soort verhalenbank terecht komt. En opener in wat je verteld. Als je t gaat delen met mensen om het terug te lezen en bepaalde dingen eruit te halen.

Als je t altijd nog aan kan passen. Prompts alleen voor jezelf en optioneel delen en aanpassen ook.

Arousal level redelijk hetzelfde maar iets sterker gefascineerd bij dagen met bepaalde inzichten. Geïnteresseerd naar mijn ervaring.

Tool waar ik van kan leren.

Lisa (29-01-2021, 12:00 - 13:00)
Waarom het eerste verhaal? In t begin een bepaald verhaal en later nog 1 was verwarrend.

Nieuw perspectief

Je vergeet het gewoon, ik ging t op mn laptop doen, app met reminder is chiller. Laptop is kut.

Random keuzes
Uitleg was in het engels, soms begreep ik het gewoon echt niet. Denk niet dat ik heel slecht engels kan. Moet wel in moedertaal.

Ik begreep niet wat een verhaal ding is: plot character enzo
T was wel chill toch om te weten wat t is.
Ik vond het super chil

Dacht dat slothy en I hetzelfde

Soms had ik een emotie die niet in het poppetje stond

Komt denk ik omdat ik makkelijk kan schrijven, ik had al inzichten in mijn ervaring.

Maar kan me voorstellen dat je tot inzichten kan komen. Dit was t gevoel maar misschien had ik dit kunnen doen, inzichten.

Je kan beter: emoties komen in vlagen, direct na een trauma moeten doen.

Vriendin heeft dingen meegemaakt, blijft malen malen malen, voor dat soort casussen heel goed is. Over nadenken anders dan emotioneel. Dat soort traumatische casussen in de eerste week. Niet na een half jaar of na een kut dag. Bijv patiënt had buikpijn ik dacht urineweginfectie maar t was gescheurde aorta en nu issie dood.

Is al een bepaalde therapie denk ik , psychologische techniek om over een andere manier te praten

Writing difficulty from 7 to 7

Helpt niet verhaal te schrijven maar rationeel een verhaal te schrijven. Completer process.

Character was voor mij de omslag, ik kwam er achter dat Yuna (dochter) de hoofdpersoon was. Openbaring. Wattefak stel ik me aan. Ik moet hier anders naar kijken. Ik had me er al overheen gezet maar nu besepte ik me iets nieuws.

Zwangerschap was zwaar, maar nu doe ik het Yuna.

Learned new about the experience -> character

New learned self, niet iets nieuws geleerd over mezelf maar wel over de manier hoe ik naar dingen kijk. Dus niet echt over mezelf.

Wel hulp gehad in het hele process maar op dag 7 niet geholpen want had t al in mijn hoofd.

Mensen gedwongen nu maar als t vrijwillig is dan wil je niet moeilijk lopen doen. Je zit zo vol met gedachtes dat je denkt dat je geen tijd hebt er over te typen of te praten.

Het moet gewoon suuuuuper makkelijk. Heel kort.

Ziet er hartstikke mooi uit.

Moet over plot schrijven maar wat is dat?

Weetje wat je kan doen? Plot in beeld en dan door naar de vraag pas. Alleen 1e keer en als je later nog een keer doet dan kan je klikken.

Arousal veranderde wel over tijd. Door de volgorde misschien waarin je de thema's (prompts) beantwoord.

[Vaste volgorde vs vooraf bepaald?]

Op zo'n moment maakt intensiteit niet zoveel meer uit. Mensen dwingen om erover te praten.

Je praat er heel veel over en kijkt er op een andere manier naar.

Past goed tussen directe collega's en psycholoog. Sommige willen collega's niet lastig vallen. Of niet durven fouten toe te geven. Liever verhaal voor zichzelf houden soms.

Als je je schaamt ervoor ofzo

Niet t gevoel dat ik t in de lege lucht aan te schrijven. Niet naar jou maar wel naar iets.

Ik ben hier best wel positief over.

Heb het wel echt in mijn eentje gedaan.

Verteld aan app dat aan partner nauwelijks zo verteld heb.

Echt op een andere manier over nagedacht.

Er worden vragen gesteld die normaal niet gesteld worden.

(vaak 4 gedaan omdat ze t niet helemaal eens was of helemaal oneens, vragen te simpel)

Control story							CONTROL		SLOWLY			
Participant	PrEmo	Start	Finish	Duration [min]	PrEmo	Difficulty	Comment	Average writing duration control		Average writing duration SLOWLY		
OTTER	H	-	9:56	9:59	3	N	6 Writing experience	7.285714286		15		
KOALA	-	-	-	-	-	-	-					
ZEBRA	H	-	11:25	11:27	2	H	7 Ik kan er redelijk					
HIPPO	L	-	10:24	10:26	2	L	6 -	Average writing difficulty control		Average writing difficulty SLOWLY		
DINGO	I	-	22:05	22:20	15	N	4 -	5.285714286		5		
SHEEP	C	-	2:22	2:33	11	N	5 -					
MOOSE	C	-	19:45	19:55	10	A	6 It was nice to rem			4.571428571	Median	
TIGER	B	-	23:51	23:59	8	C	3 -				6	
BISON	-	-	-	-	-	-	-					
Average				7.285714286		5.285714286						
Day 2												
Participant	PrEmo	Prompt	Long	Short	PrEmo	Comment						
OTTER	C	Theme	My story is about I want to show th	C	-	-						
KOALA	-	-	-	-	-	-						
ZEBRA	H	Setting	Door de COVID / Niet samen naar	H	-	-						
HIPPO	D	Conflict	My thoughts duru My thoughts duru I	-	-	-						
DINGO	J	Theme	During the pande Instead of being i	C	-	-						
SHEEP	B	Character	The main charac Tina and My Frie	C	-	-						
MOOSE	C	Setting	It was in October Running on the AN			It was nice ti rem						
TIGER	C	Theme	I want to capture Generate motiva	C	-	-						
BISON	-	-	-	-	-	-						
Day 3												
Participant	Prompt	Long	Short	PrEmo	Comment							
OTTER	Character	The characters ir Me and my (clos	C	-	-							
KOALA	-	-	-	-	-							
ZEBRA	Conflict	Voor de afspraak Boos/bezorgdhei	H	-	-							
HIPPO	Character	The person of th The person of th	I	-	-							
DINGO	Setting	The most signific It was nice to get	C	-	-							
SHEEP	Setting	Everything happed Macro Scale Exp	N	-	-							
MOOSE	Conflict	Well this trasloco Understanding th	D	-	-							
TIGER	Setting	It was a warm an On a sunny Satu	N	-	-							
BISON	-	-	-	-	-							
Day 4												
Participant	Prompt	Long	Short	PrEmo	Comment							
OTTER	Conflict	A graduation is a My experience ci	A	-	-							
KOALA	-	-	-	-	-							
ZEBRA	Theme	Alvorens de afspraak Bellen tijdens afspraak	N	-	-							
HIPPO	Setting	The setting is my The setting is my	I	-	-							
DINGO	Character	I suppose you co My girlfriend is th	D	-	-							
SHEEP	Plot	I have understood Explorers	D	-	-							
MOOSE	Theme	Today I will write Taking a trip to th	A			Thanks for asking						
TIGER	Character	When I look back I was cycling with	B	-	-	-						
BISON	-	-	-	-	-	-						
Day 5												
Participant	Prompt	Long	Short	PrEmo	Comment							
OTTER	Setting	The location/setting The location/setting	N	-	-							
KOALA	-	-	-	-	-							
ZEBRA	Plot	Mijn kindje heeft Alleen wachten	E	-	-							
HIPPO	Theme	I think I've picked I think I've picked	I	-	-							
DINGO	Conflict	The experience v Feeling is someti	D	-	-							
SHEEP	Theme	I'm sharing my st Stay Positive / P	N	-	-							
MOOSE	Character	On the day of the Using rain as lew	H	-	-							
TIGER	Conflict	The conflict was The conflict was	C	-	-							
BISON	-	-	-	-	-							
Day 6												
Participant	Prompt	Long	Short	PrEmo	Comment							
OTTER	Plot	The real story is i My graduation(p	N	-	-							
KOALA	-	-	-	-	-							
ZEBRA	Character	Ik vind in dit verh Dochter is numm	L	-	-							
HIPPO	Plot	Well, as a matter Well, as a matter	C	-	-							
DINGO	Plot	I think I've mentio We didn't do muc	D	-	-							
SHEEP	Conflict	What had happen Pfff Ups and Do	I	-	-							
MOOSE	Plot	In the end I think Enjoying the chal	N	-	-							
TIGER	Plot	I wanted to cycle We cycled for 8 h	N	-	-							
BISON	-	-	-	-	-							

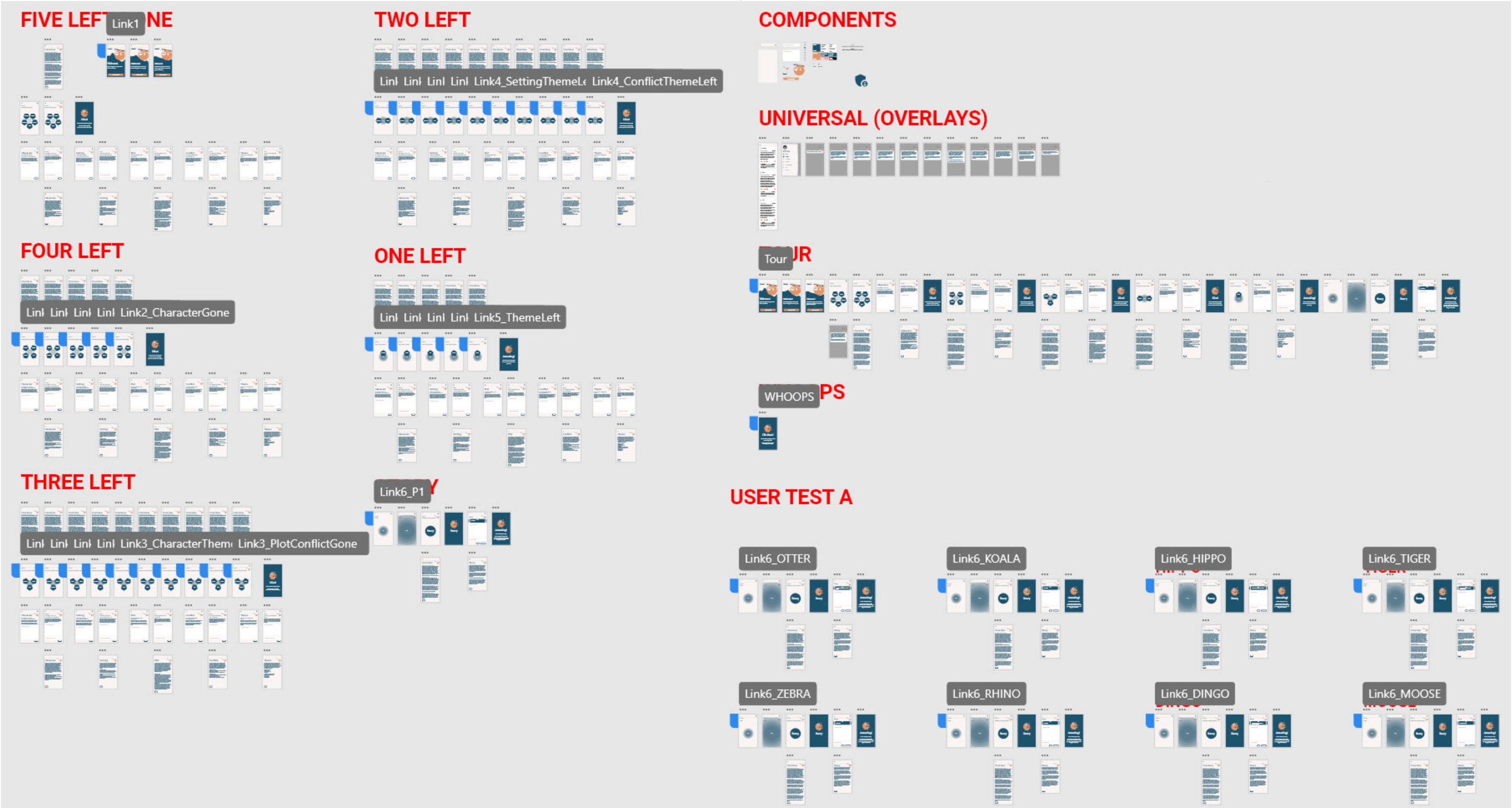
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Medians of the effect and experience related statements

This radar chart displays the medians for two conditions: 'Learned about self' and 'Learned about experience'. The chart has eight axes representing different dimensions of experience. The 'Learned about self' condition shows higher medians across most dimensions compared to the 'Learned about experience' condition.

Statement	Learned about self	Learned about experience
Learned about experience	6.0	5.5
Felt helped with prompts	5.5	5.0
Felt helped with story	5.0	4.5
Prefers writing with SLOWLY	4.5	4.0
Felt more resilient	4.0	3.5
Felt more positive	3.5	3.0
Felt more connected to self	3.0	2.5
Felt energized	2.5	2.0

H. Tested Prototype overview



I. Breathtaking nurses data

[illegible]