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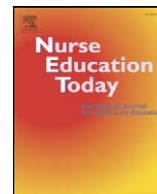
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Tell me a story – a conceptual exploration of storytelling in healthcare education

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SUMMARY

The importance of storytelling as the foundation of human experiences cannot be overestimated. The oral traditions focus upon educating and transmitting knowledge and skills and also evolved into one of the earliest methods of communicating scientific discoveries and developments. A wide ranging search of the storytelling, education and health-related literature encompassing the years 1975–2007 was performed. Evidence from disparate elements of education and healthcare were used to inform an exploration of storytelling. This conceptual paper explores the principles of storytelling, evaluates the use of storytelling techniques in education in general, acknowledges the role of storytelling in healthcare delivery, identifies some of the skills learned and benefits derived from storytelling, and speculates upon the use of storytelling strategies in nurse education. Such stories have, until recently been harvested from the experiences of students and of educators, however, there is a growing realization that patients and service users are a rich source of healthcare-related stories that can affect, change and benefit clinical practice. The use of technology such as the Internet discussion boards or digitally-facilitated storytelling has an evolving role in ensuring that patient-generated and experiential stories have a future within nurse education.

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From the ancient Egyptian 'Tale of Sinuhe' from 1875 BCE (Before Common Era) (Anon, translated, Parkinson, 1997), Homer's 'The Iliad' (c 800 BCE, translated Merrill, 2007), aboriginal dreamtime myths (Dean, 1996) and countless others, the importance of storytelling as the foundation of communicating human experience cannot be overestimated. McKibbin et al. (1999) note that the oral traditions were focused upon educating and transmitting knowledge and skills and also evolved into one of the earliest methods of communicating scientific discoveries and developments. According to Greenhalgh (2009), stories are the smallest unity by which human beings communicate their experience and knowledge of the world. This conceptual paper explores the principles of storytelling, evaluates the use of storytelling techniques in education in general, acknowledges the role of storytelling in healthcare delivery, identifies some of the skills learned and benefits derived from storytelling, and speculates upon the use of storytelling strategies in nurse education.

Data sources

A wide ranging search of the storytelling, education and health-related literature encompassing the years 1975–2007 was performed using Google Scholar. This approach is particularly useful when

undertaking searches which are multi-conceptual or inter-disciplinary as Google Scholar web crawlers have access to the databases of the largest and most well-known scholarly publishers and university presses and is comprehensive rather than disciplinarily exclusive, as in the case in a data bases such as CINHALL etc. (Jasco, 2005). It must be acknowledged that Google Scholar has its limitations, notably the file size limitation that it sets and the secrecy that surrounds the actual archives it searches (Jasco, 2005) it is nonetheless a useful tool for exploratory searches such as this one. The nature of the concepts encompassed within this paper meant search terms included, stories, storytelling, education, healthcare, nurse education. This approach provided significant amounts of literature of which key papers were selected for conceptual analysis and review. This in turn allowed citation tracking to be carried out to seek foundation information.

What is storytelling?

Numerous definitions of the concept of storytelling exist. (See for example The National Storytelling Network www.storynet.org or The Centre for Digital Storytelling www.storycenter.org). However all of the different definitions have common elements and thus storytelling can be seen as the effort to communicate events using words (prose or poetry), images, and sounds often including improvisation or embellishment. Although some authors use the word 'narrative' as a synonym for 'story', narrative can be defined as predominantly factual whereas stories are reflective, creative and value laden, usually revealing something important about the human condition. Indeed, as

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Winterson (1997) says, 'Stories are always true; it's the facts that mislead.'

Hardy and Scrivener (2004) note that the storytelling tradition and the skills associated with it are in the process of somewhat of a renaissance in Western society and a number of authors, educators and researchers are beginning to debate the value that stories hold for the preparation for and reflection upon clinical nursing practice. They acknowledge that nurse educators are beginning to be aware that stories can promote interaction with healthcare professionals, reducing feelings of isolation and promote feelings of empathy and compassion.

Storytelling in education

Storytelling as a generic educational strategy is reasonably well-established. Abma (2003) refers to the use of stories as teaching tools for 'organizational learning', noting that knowledge and appreciation of issues is gained through stories and via an ongoing group dialogue between stories. Abma further notes that stories help to form a sense of group connection and provide a non-judgemental environment for the voluntary sharing of taboo topics. This latter point can also help storytellers and their audiences to focus upon and re-evaluate core skills and attitudes which have previously been ignored for being taken for granted. Skills such as: identifying key messages, summarising and précising, communicating to an audience, attentive listening and group participation underpin attitudes such as respect and openness and a sense of being part of a team.

Abma's (2003) paper reflects the stance of Boyce (1996) who suggested that one of the main strengths of storytelling in organizational learning was that it promoted a multiplicity of viewpoints, which allows for the 'received wisdom' of the formal education curricula to be challenged, or at least grounded in a reality that is recognisable to students. Boje (1991) referred to the role of stories as 'sense making' since they can superimpose real life or shared experiences upon unknown or theoretical situations. Grisham (2006) recommends that creativity; especially stories and poetry, can contribute to the effective leadership required in complex and/or cross-cultural environments by building trust, demonstrating empathy and providing inspiration.

Swap et al. (2001) make a case for moving storytelling out of the classroom setting and into the work environment by highlighting the use that workplace mentors make of stories as methods of communicating managerial systems, norms, values and the (often implied) underpinning moral framework. Swap and his colleagues point out that stories are inappropriate for critical skills development since such things require clear, unambiguous information to be imparted. They do, however, suggest that stories are an excellent medium for conveying the more tacit dimensions of an organizational role. A similar point was made by Gold and Holman (2001) who used both group storytelling and subsequent argument analysis with management students to explore how language is used to create joint action with others. Gold and Homan argue that such approaches provide more social structure to experiential learning.

Garrett (2006) describes the use of 'external' stories (i.e. outside of the student group) with a cohort of physical education student teachers as a way of providing insight into specific client groups, in this case girls undertaking physical education (PE) classes. Garrett noted that the students valued the fact that the stories were from 'real people' but also recognised that they gave a voice to the experience of their own potential students, prompting them to discuss the importance of noticing what was happening for the girls in their classes, debate meanings around the public display of the body for young women in PE and the competitive nature of many PE activities.

Some authors, notably Abma (2003) and Garrett (2006) have injected a note of caution into the use of storytelling in education. Abma (2003) noted that there is a danger that, in a storytelling group,

counter stories from organizational members with a different voice may be repressed. Sanctions, real or implied, may deter them from sharing their experiences, or make them withdraw. Garrett (2006) reports that students showed various levels of engagement with the stories and the storytellers and some students did not appreciate the richness and diversity that the stories demonstrated. Abma (2003) suggests that such storytelling techniques only really work if student motivation and willingness to participate is high and warns that an informal setting and approach is essential to guaranteed success.

It is clear that the use of stories and storytelling in wider educational contexts has clear benefits in inculcating the tacit values of a profession into an apprentice body but also promotes group identity within student groupings.

Storytelling in healthcare

Whilst storytelling in the generic or managerial education settings is focussed upon the communication of organizational norms and values, nurse education differs in a desire to access stories that provide insights into healthcare experiences. Thus it is appropriate at this point to consider how storytelling has been used both to engage service users and to transmit health messages.

Storytelling has been used to great effect when sharing health promoting information with different cultural groups. Wilkin and Ball-Rokeach (2006) explored the use of the media in reaching at-risk groups. They suggested that strong connection between the three key storytelling sources – residents, community/non-profit organizations, and geo-ethnic media – in which they stimulate each other to tell neighbourhood-related stories promoted civic engagement. Wilkin and Ball-Rokeach also suggest useful strategies that can be implemented when wishing to 'seed' health-related stories into a previously marginalised community and conclude that a 'good' story is one that 1) provides information 2) connects people to medical and information resources and 3) promotes peer discussion within the group.

Wilkin and Ball-Rokeach's work (2006) focuses primarily upon the use of stories which are told to an immigrant marginalised community, both as initiator of discussion and also as a way of signposting access to health resources. However, such strategies are becoming increasingly important when supporting the health needs of asylum seekers. For example, Burnett and Peel (2001) note that people from cultures with a strong oral tradition, such as Somalia, will be more open to health promotion advice that is presented to them as a story than they will be to written information (indeed, written Somali dates from only the early 1970s). Storytelling as a means of communicating health messages is cost effective, is not dependant upon being literate, does not require equipment or access to a reliable energy supply and requires only imagination and understanding of the cognitive structures of the target society (Silver, 2001). The message can be memorised, repeated and sung thereby reaching numerous people. Silver (2001) concluded that 'time-honoured oral traditions of songs and storytelling offer inexpensive, culturally appropriate ways of bringing health messages to life by infusing them with the active participation and lively spirit of the people for whom they are intended' (Silver, 2001 pg58).

Storytelling as a method of making sense of the health journey is now beginning to impact upon patient groups who do necessarily have thousands of years of storytelling tradition to call upon. McWilliam et al. (1997) describe using storytelling with older Canadian adults (65 years+) as a way of generating trust between patients and nurses and as a method of empowering the older person. Likewise the stories shared by members of an online breast cancer support group were seen as both empowering and life affirming (Høybye et al, 2005) not least because the feeling of community referred to by Abma was enhanced by the sharing of the personal and

reinforced by shared humour, which may be seen as incomprehensible or inappropriate by people who do not share the storytellers' experience.

Many storytellers who have participated in the [Patient Voices Programme](http://www.patientvoices.org.uk) (www.patientvoices.org.uk) report an increased sense of well-being, as well as greater confidence gained through the process of creating their 'digital stories' of healthcare. Patients comment on the sense of solidarity generated by being part of a group of storytellers with a shared experience of a particular condition, and comment on the satisfaction of feeling that sharing their story might help someone else — their experiences and comments might be characterised as a stronger feeling of shared humanity (O'Neill and Hardy, 2008). One Patient Voices storyteller had this to say:

'These three-minute digital stories may sound insignificant, but they work on many levels. They help the participant to share the problems that have occurred in their lives: as the saying goes, a problem shared is a problem halved. As in my case, I found that I was certainly not alone with my experiences and, by talking about them and listening to other people, they vanish into the back of your mind.'

From the viewer's perspective, a story told from the heart and from the storyteller's point of view, one that has been crafted in the light of some understanding of the characteristics of a good story, and that has been distilled to its very essence, as happens in Patient Voices digital storytelling workshops, offers a compelling opportunity to walk in someone else's shoes for a few minutes.

Early research into the uses of digital storytelling in healthcare education (Hardy, 2007) suggests that there is something important about the space in both time and place afforded by the digital medium and viewers comment on the freedom afforded by not being faced by a patient or carer in the flesh. In other words, the digital stories, themselves the product of reflection, prompt more thoughtful reflection among viewers. Many viewers have commented on the personal nature of the stories and how this illuminates experiences of health and illness, bringing to life in a way that is at once effective, affective and reflective (Sumner, 2009) what may have previously only been theoretical knowledge.

Thus it can be seen that the use of storytelling in healthcare can be beneficial to patients in creating an environment for the sharing of experience and the creation of supportive groupings. Stories can be used to inform marginalised groups about health-related issues and are most effective when used with populations who have a strong storytelling tradition. Most importantly, they can be used to give students insights into the experiences of the service they provide. As Sumner (2009) says, 'Statistics tell us about the system's experience of the individual, while stories tell us about the individual's experience of the system.'

Storytelling in healthcare education

It is interesting to note that, at a time when healthcare in general is becoming increasingly obsessive about evidence-based practice; the power of storytelling in healthcare education is being explored and promoted. Charon (2006a), writing from a medical perspective, notes that until recently practitioner storytelling was often prefaced with the apology, 'at the risk of sounding anecdotal' but goes on to suggest that encouraging healthcare students to explore stories, verbal or written, can produce better practitioners at the end of the process. Greenhalgh (2001) suggests that the medical profession derides stories as non-scientific but makes the point that imagination is the greatest asset of a scientist and is the essence of competent clinical decision making. Furthermore, Charon suggests that the benefits of storytelling include;

- development of the skills required to follow a narrative thread, tolerating ambiguity and surrendering to the story

- the adoption of multiple and contradictory points of view
- an ability to enter the storytellers' reality and to understand how the story teller makes sense of that reality
- to gain insight into the use of image and metaphor
- to acknowledge the use of imagination in being transported to the storytellers' reality.

Charon suggests that, in addition to the benefits outlined by Abma (2003) and Boyce (1996) the imagination and listening skills that story sharing engenders in student and novice healthcare practitioners are beneficial to patients.

So, building upon and complementing the benefits described by Charon (2006a) storytelling is used in nurse education to describe the experiences of both qualified and student nurses as a way of exploring and reflecting upon the realities of clinical practice. Cangelosi and Whitt (2006) describe the effectiveness of storytelling in terms of providing graduate students (the storytellers) with new methods of teaching and as a way of developing group identity in an online community. The use of students as story tellers as a way of promoting reflection and education opportunities within their learning sets has been used to good effect with midwives (Hunter and Hunter, 2006). Stories have been used to promote reflection in nursing students (Hardy, 2007) and to develop empathy and understanding in healthcare professionals (Fairbairn, 2002). Furthermore, by using discipline derived stories from qualified healthcare professions, storytelling has also been used to explore and erode symbolic boundaries between medics and nurses (May and Fleming, 1996).

It is an interesting comment upon the nursing profession that the majority of papers used in this review, which describe the use of stories in educational setting focus, have used students and professionals themselves as story sources (see for example, Abma, 2003; Boyce, 1996). This approach disregards the rich source of information, insight and knowledge that is available to nurse educators and students from patients themselves. Patient narratives are acknowledged as a valuable contribution to the pool of resources intended to facilitate change and transformation in the health service, both in the UK and elsewhere (Charon, 2006b; Greenhalgh and Hurwitz, 1999; Greenhalgh, 2006 and Wilcock *et al*, 2003) and patients are encouraged to become more 'resourceful' (Gray, 2002) and forthright in their expectations of and contributions to their care. Increasingly this is involving the use for storytelling. In the United Kingdom, for example, patients are expected to be at the centre of healthcare delivery and reform. Since the 2001 *NHS Plan* (Department of Health, 2000), policy documents have reinforced and clarified the need to attend to patients' views and wishes and to make patients, carers and service users genuine partners in care. This has provided an increased impetus to include the use of patients' stories in nurse education. Schwartz and Abbott (2007) emphasise how the use of patients' stories in undergraduate nursing education resulted in a change of approach by students to the patients in their care and an improvement in the way that they sourced information about their patients.

New technology offers us the opportunity to empower patients (Gray, 2002), carers and healthcare staff, and update the ancient art of storytelling by means of 'digital stories', short multi-media clips whose power come from weaving together images, music, story and voice. The resulting tapestry brings depth and colour to everyday characters, situations, experiences and insights. They not only touch hearts and therefore influence minds, but they also provide opportunities for reflection (Moon, 1999; Schön, 1983; McDrury and Alterio, 2002) and collaborative learning with the potential of promoting greater understanding between patients and staff and between different staff groupings, thus playing their part in interprofessional education (Barr *et al*, 2005). Hardy (2007) in an evaluation of the role of digital stories in healthcare education suggests that the benefits of such resources is that they can be returned to many times, their brevity ensures that the message that the patient wants to impart is central

and they can create the opportunity for a different kind of relationship to form between nurses and patients, one that is founded on greater understanding and results in a different power balance.

Conclusion

This paper has demonstrated the benefits of storytelling and identified that non-healthcare educational strategies translate well into the healthcare domain. Stories have been used at the healthcare 'front line' to promote healthy behaviours and have been used effectively to promote professional identity and group cohesion. Such stories have, until recently been harvested from the experiences of students and of educators, however, there is a growing realization that patients and service users are a rich source of healthcare-related stories that can affect, change and benefit clinical practice. The use of technology such as the Internet discussion boards or digitally-facilitated storytelling has an evolving role in ensuring that patient-generated and experiential stories have a future within nurse education.

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