

STORYAID.EU STORYTELLING CONCEPT ANALYSIS

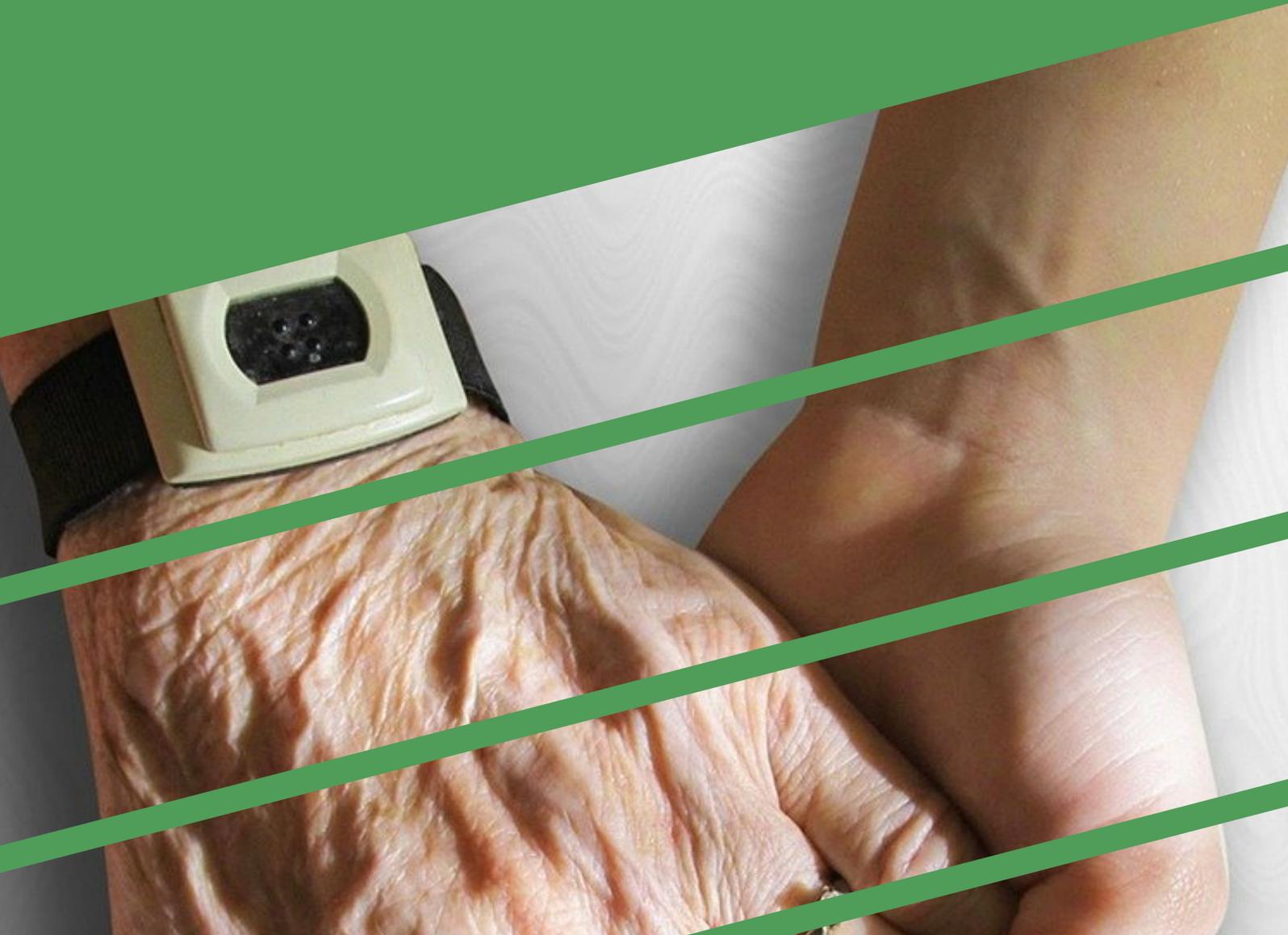
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KEY ACTION 2: STRATEGIC PARTNERSHIP

HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF
STORYTELLING

AGREEMENT N°2019-1-ES01-KA203-065728



StoryAidEU
Humanizing Healthcare Education through
the use of Storytelling



International Network for
Health Workforce Education



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STORYAID - HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

Concept Analysis: Storytelling

July 2020

Contents

Selecting a concept	2
Determining the aims of the analysis	2
Identify all uses of concept	2
Definition	4
Defining attributes	4
Identify a model case	4
Model Case	4
Contrary Case.....	4
Identify antecedents and consequences	5
Define empirical referents	5
Conclusion.....	5
References	7

The aim of this paper is to develop a concept analysis which explores the concept of storytelling in order to provide greater clarity within the context of the project *Humanizing Healthcare Education through the use of Storytelling* (StoryAid). The paper establishes an operational definition for the concept of storytelling as it relates to the health care setting. A concept analysis is a strategy that allows one to examine the attributes or characteristics of a concept (Walker and Avant 2005 p 37). Concept analysis methodology is vital in order to gain scientific and conceptual clarity to guide research (Wilson 1963). A number of different concept analysis methodologies exist within the nursing science literature (Walker and Avant 1994, Morse 1995 and Chinn and Kramer (1995). According to Fitzpatrick and McCarthy (2016) the concept analysis method proposed by Walker and Avant (2005) is the most frequently used method within the healthcare sciences. Undertaking a concept analysis is important to clarify the meaning of storytelling due the concept being of central importance to the StoryAid project.

This paper outlines the concept analysis methodology developed by Walker and Avant (2011). Walker and Avant were the first to develop an 8-step model of concept analysis for HCP based on Wilson's work. The Walker and Avant (2011) framework is a step-by-step approach which gives rise to the defining attributes, antecedents and consequences of a concept which, in turn, provide an operational definition offering greater clarity of meaning. The authors suggest that concepts are categories of information that contain defining attributes and that concept analysis is the formal, linguistic exercise which enables the delineation of these defining characteristics or attributes. It includes the following steps: (1) selecting a concept; (2) determining the aim of analysis; (3) identifying all possible uses of the concept; (4) determining concept-defining attributes; (5) identifying a model case; (6) identifying a borderline case; (7) identifying antecedents and consequences of the concept; and (8) defining empirical referents of the concept.

Selecting a concept

According to Walker and Avant (2011) the first step is to select a concept. The concept should make some contribution to acknowledge the development of the discipline and there should be some lack of clarity or consensus over its meaning or use within the context in which it is to be explored. In the context of this project, storytelling can refer to a range of processes, tools and/or techniques and therefore requires greater conceptual clarity.

Determining the aims of the analysis

Once the concept is identified, the second step is to determine the aim of the analysis. The aim of this analysis is to explore the concept of Storytelling within the health care setting in order to provide greater clarity. The analysis will focus on the following three points. Firstly, analysis selects educational methods that are related to storytelling and have a grounding in and impact on humanism. Secondly, analysis seeks to discover how storytelling influences healthcare workers and patients. Finally, analysis aims to highlight how storytelling improves the communication between patients and healthcare staff members and enables them to develop a better working relationship.

Identify all uses of concept

The third step includes the identification of all the uses of the concept. The most general definition of a story is that "one thing happens in consequence of another" (Frank, 2010). A story consists of a collection or body of scenarios about characters joined in some common problem as fixers (heroes), causes (villains) or the harmed (victims) in a temporal trajectory (plot), leading towards a resolution within a particular setting or context (Fisher, 1984; Frank, 2010; McBeth et al., 2014). Ganz sees a story as crafted of three elements: plot, character, and moral. The effect depends on the setting: who tells the story, who listens, where they are, why they are there, and when (Ganz, 2011).

The storytelling process incorporates two vital elements, the reconnection and the rediscovery of the person. The healing process of storytelling is a three-stage process which involves spiritual, physical and mental dimensions. It is the incorporation of the physical, the mental and the spiritual that becomes the catalyst for holistic healing (Dalmida, 2006). This forms a medical narrative which drives the social prescription appropriate to the person - in this case, the 'patient'. Narratives are an everyday means of communicating experience and are a culturally congruent way to ascertain and understand experiences. Narrative is a concept that combines the narrative contents (story) and the narrative form (discourse). It is also commonly used in the same context as storytelling. In principle, we can understand a narrative as a fundamental way that humans make sense of the world (Bordwell, Thompson, 1997). The spiritual reconnection process can be supported with the application of mindfulness (Hall and Powell 2010). It can also play out in numerous ways, including voice, rhythm, reflection, the written word, and body movement (Hagström, Gustafsson, 2019).

Narrative medicine incorporates the whole life story of patients into the treatment plan, including taking into consideration the patient's unique value system. This is closely related to narrative ethics, where physicians listen to the past experiences of their patients, their stories, value systems, and family traditions.

To acknowledge the power of a story is to understand its ability to provide healing and adaptation (related to several social and cultural factors) for an individual. It embodies thoughts, knowledge and heritage, and reveals the language of the world and community in which we live. Storytelling strives to impress upon the reader or listener that individuals, communities and groups have a right to live, voice and realise their own story. The power of a story has been revealed in a range of diverse public and commercial sectors, including education, healthcare, fashion, mental health, and recovery/rehabilitation. A story has the power to trigger the imagination, highlight diversity, challenge injustice, confirm the humanity of an individual, and re-establish positive relationships between people (Anderson, 2019).

We can divide the essential components of storytelling into the following four elements:

Perspective: each story has a perspective to convey, thus a storytelling conveys a subjective view on a certain aspect of a story. Perspective includes story features such as cognition/emotion, rendering/presentation, and the process of encoding/decoding.

Narrative: the narrative is the actual content of the story, which is created based on story objects and narrative components. It covers features such as: mimesis/digeneis, time/space, cause/effect, and sequence/plot.

Interactivity: interaction is essential to storytelling as it involves a storyteller and a listener or reader engaging in social exchange which can include processes of modifying or disrupting the narrative flow. The emergence of digital media has diversified the types of interactions involved in storytelling so that possibilities for interaction also include, for example, human-computer-interaction (Meadows, 2002).

Medium: Whereas the above aspects of storytelling focus on the actual story, this feature addresses the technology and the medium for storytelling. It related to features such as: medium, mediation, technology, channel, digital content, and forms (McLuhan, 1994).

Definition

“Storytelling is defined as a holistic and culturally co-created experience, which authentically navigates and engages human beings in a dynamic process of sharing, learning and celebrating our interconnected lives.”

Defining attributes

The fourth step involves defining the critical attributes within the specific context of the StoryAid project. The defining attributes of a concept are described as the characteristics that consistently appear in the manner with which it is used (Walker and Avant 2005). Four defining attributes of storytelling were identified in the literature review. (i) *Communication* (interactional): storytelling takes place between two or more individuals within the health care team or with patients/families. (ii) Storytelling is an *experimental learning and socialization process* where participants learn with, from, and about one another, both within and across disciplines via the experience itself. (iii) Storytelling reflects *lived experience*: a story is a representation of the experiences and choices of a particular person, and the knowledge that they gain from these experiences and choices. Finally, (iv) *personal perspective*: a story reflects an individual and their unique point of view relating to a particular issue or experience.

Identify a model case

The fifth step involves constructing a model case to include all the defined attributes of humanism. A model case encompasses all the defining attributes of a concept and is a pure exemplar of the case (Walker and Avant, 2011). The following is a model case which includes the defining attributes of storytelling, narrated from the perspective of a healthcare professional:

Model Case

*One night on Emergency Medical Service duty, a fellow colleague paramedic began to tell me a story about his experience at work (**Communication / interactional**). He was taking care of a patient with an acute onset of chest pain. He examined him and diagnosed an acute myocardial infarction (**active involvement**). He administered the appropriate medication and therapy and organized transfer to the cardio-centre. Family members were very frightened regarding the prognosis for the patient (**an experiential learning and socialization process**). My colleague reassured the family and said that everything would be ok. He then went on to describe many of his experiences with patients who had similar cases and through providing these details he was able to give the family more comfort through his narrative (**lived experience**). The ambulance transferred the patient to the specialist cardio-centre because this is what my colleague believed would be the best option for the patient based on what he had previously understood about the patient (**personal perspective**). The family members were grateful and followed the ambulance to the hospital. In the hospital, the patient's condition deteriorated rapidly and he required CPR. The family came running in during CPR and were in shock and very emotional. Eventually the patient sadly died. My colleague returned to the ambulance and found the patient's bag. The family started to look for the bag and rang the ambulance crew. They arranged to meet to collect the bag and on meeting they talked for about 20 minutes. The family members told my colleague that he died following about 30 minutes of CPR. They were very sad, but they found it comforting to talk about the patient to the paramedic (**knowledge and value sharing process**). When the paramedic gave them the bag they were very thankful.*

Contrary Case

A contrary case is a clear example of 'not the concept' (Walker and Avant 2011).

One night on Emergency Medical Service duty, I witnessed a fellow colleague paramedic's experience. He was caring for a patient with an acute onset of chest pain. He examined him and diagnosed an acute myocardial infarction. He administered the appropriate medication and therapy and organized his transfer to the cardio-centre. Family members were very frightened regarding the prognosis for the patient. My colleague was very blunt and outlined to the family what the next steps were for his treatment and told them not to have high expectations for the outcome. The family members were now even more distraught and followed the ambulance to the hospital. In the hospital, the patient's condition deteriorated rapidly and he required CPR. The family came running in during CPR and were in shock and very emotional. Eventually the patient died. My colleague informed the family that they could collect their loved one's belongings at the front desk.

This contrary case demonstrates a lack of storytelling and humanism. The paramedic could have comforted and supported the family of the patient through sharing with them his lived experiences through storytelling but this opportunity was missed.

Identify antecedents and consequences

The identification of antecedents and consequences is the seventh step in the Walker and Avant framework and these are useful for highlighting the social context in which the concept would be used, and reaffirming the associated attributes (Walker and Avant 2011).

Antecedents

Antecedents are defined as those events or incidents that must occur prior to the occurrence of the concept (Walker and Avant 2005). Key antecedents for storytelling are that it should occur between two healthcare professionals (HCPs), between an HCP and a patient, or from an HCP to a patient's family. Storytelling is used in everyday life and is often an important element in building relationships and understanding other people's experiences and feelings. These factors can foster a new competency for the healthcare workforce.

Consequences

Consequence is defined by the Online Dictionary (2020) as the effect, result or outcome of something occurring earlier therefore it is the outcome of the concept. Key consequences of storytelling on the experience of HCPs include: gaining increased confidence and focus in completing their studies, increased commitment to seek out future employment, clarity about who they are as an individual, and an improved understanding about what they wish to achieve in their lives.

Define empirical referents

The eighth and final step in the process of concept analysis is the identification of empirical referents, which involves individuals being able to measure or identify the concept. Empirical referents are classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself (Walker and Avant 2011). Quantitative measures of storytelling often rely on self-reporting surveys. Identifying the use of storytelling can also involve qualitative methods in the form of interviewing and descriptive narrative.

Conclusion

Storytelling is a concept which has multiple definitions and uses throughout the healthcare literature. This paper presents a preliminary exploration of the concept and storytelling is depicted through an

array of attributes. This concept analysis paper has identified four defining attributes that constitute the concept of storytelling, presented examples of model and contrary cases of storytelling in a healthcare setting, outlined the antecedents and consequences of storytelling, and listed empirical referents for storytelling: it is hoped these can collectively provide a useful resource for healthcare professionals to identify, measure, and practice storytelling in their work.

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