

Storytelling Intervention for Patients With Cancer: Part 1—Development and Implementation

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Purpose/Objectives: To develop a nurse-led storytelling intervention for patients with cancer and implement the intervention using trained oncology nurses.

Design: Descriptive pilot project using qualitative methods to assess implementation of an intervention tool kit, with investigators blinded to control and intervention group membership.

Setting: Local regional medical center in the Pacific Northwest region of the United States.

Sample: A convenience sample of 11 patients with various cancer diagnoses was used for tool kit generation. Intervention and control groups were then formed and used to study tool kit implementation.

Methods: Participant exit interviews and facilitator debriefing questionnaires assessed the ability of a nurse facilitator to use a group storytelling intervention tool kit. Data from control and intervention groups were analyzed and compared with qualitative procedures.

Main Research Variables: A nurse-led storytelling intervention.

Findings: Analysis of interviews and questionnaires revealed implementation of storytelling tool kit principles and differences between storytelling and control groups in three patterns: finding a soft place to fall, understanding the cancer experience, and figuring out how (if) to get through it.

Conclusions: Techniques contained in the tool kit were implemented and deemed clinically useful by oncology nurses.

Implications for Nursing: Given the small testing groups, pilot project results must be interpreted with caution, but with additional research and instructional development, the tool kit could be useful to nurses in a variety of settings and locales.

Nurse educators have long used stories to transform thinking about teaching (Diekelmann, 1991) and to teach students about human experiences, such as suffering (Boykin & Schoenhofer, 1991; Kirkpatrick, Ford, & Castelloe, 1997). Stories also have been proposed as a foundation for nursing practice (Clarke, Hanson, & Ross, 2003; Leight, 2002; Moules & Streitberger, 1997; Sandelowski, 1994; Smith & Liehr, 1999). Even if they are tragic, stories facilitate understanding, encourage growth in the face of crisis, and provide direction for people's lives. Remembering stories, assigning meaning to them, and reshaping them helps people find meaning in their lives (Sandelowski). Nurses who use caring moments to acknowledge and validate patients' realities are entrusted with stories that immerse them in the tragedy and passions of their patients' lives (Moules & Streitberger). This article will report on a series of such caring moments provided by the development of a nurse-led storytelling intervention for patients with cancer and the implementation of the intervention by oncology nurses.

Key Points . . .

- ▶ Inexpensive, holistic, noninvasive psychosocial nursing interventions are needed for patients with cancer.
- ▶ Nurses welcome additional therapeutic modalities that can decrease client suffering.
- ▶ Stories help patients find meaning in their daily lives, suffering, and impending deaths.

A Nurse-Led Storytelling Intervention

Storytelling is an inexpensive psychosocial nursing intervention with minimal patient risk that may be effective for patients with chronic illness (Clarke et al., 2003; Utley, 1999). In the current study, the intervention was based on experiences in teaching caring to nursing students through story (Severson & Evans, 2000), literature that examines the worth of story in nursing practice (Carson & Fairbairn, 2002), the importance of behavioral and psychosocial interventions on quality of life (Burish, 2000; Spiegel, Stroud, & Fyfe, 1998; Ten Kroode, 1998), and use of stories as a vehicle to understand experiences (Cohen, Haberman, & Steeves, 1994; Cohen, Kahn, & Steeves, 1998; Kahn & Steeves, 1988, 1994, 1995; Steeves, 1992, 1996).

Liehr and Smith (2000) and Smith and Liehr (1999, 2003) proposed a middle-range theory in which story can be used to guide nursing practice. Many of the constructs in their theory, such as the caring-healing context of story and bringing the nurse's own humanity to the storytelling moment, defined this process. Other constructs were not as congruent with the principles, including the intervention of allowing the story to come forth at the storyteller's own pace. Rather than asking

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Digital Object Identifier: 10.1188/08.ONF.257-264