

Narrative Nursing: *Inspiring a Shared Vision Among Clinical Nurses*

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Narrative nursing is the practice of storytelling to share the essence of nursing. Through narrative nursing, nurses engage together to share their most meaningful relationships with patients. These stories of the essence of nursing become the shared culture of a group of nurses, inspiring a shared vision of what it means to be a nurse. Storytelling in nursing serves to highlight our shared values and communicate the moral, ethical, scientific, and professional practice basis for our profession.¹

Nursing has a rich history of storytelling. Many educational programs use a form of storytelling in the educational process, for example, through case study presentations and scenarios in simulation. In practice, experienced nurses often orient new nurses by sharing their caregiving stories. Yet often narrative nursing is not formalized as either an educational tool or a way for nurses to gain practical wisdom in the clinical setting.

In spite of the lack of formalization of narrative nursing as a teaching methodology in the clinical setting, several examples of the use of story in nursing are evident in the literature. Most of the explications of the use of story are related to its use as a teaching modality for students, as a component of an educational philosophy that has narrative pedagogy as a foundation for teaching and learning. There are few applications in clinical practice. Rice and colleagues² used story telling for grieving oncology nurses. Rabinowitz and colleagues³ used storytelling to translate TeamSTEPPS skills into practice, and Stacey and Hardy⁴ used digital storytelling to bridge the gap between education and practice for new nurses. And in applying Benner's novice to expert model, Cathcart and Greenspan⁵ used narrative to assist new managers to learn from the practical wisdom of their peers, some of whom had considerable experience in the role. In a strong argument for the value of story to nursing, Wolf⁶ provided an argument that not only do stories help nurses share their culture, but that importantly, stories reveal the essence of nurses' work. Also, story theory has been developed as a middle-range theory to guide nursing research and practice.⁷ Embedded in story theory is the core component

of the nurse-patient relationship as the foundation for professional nursing practice. Within the relationship, the nurse elicits the individual's perspective on their health/illness so that the nurse can better understand the whole person, and not respond only to the illness. An underlying assumption in story theory is that as nurses we can better understand and assist the person in their health journey if we understand the context in which they live and experience their health and illness.

WHY INSPIRING A SHARED VISION IS IMPORTANT

Transformational leadership is a model that is widely acclaimed in nursing management and leadership as an important component for advancing our professional practice. One of the key components of transformational leadership is that of inspiring a shared vision.⁸ Storytelling provides a concrete way to inspire other nurses, to share our practical wisdom, as nurses at the bedside, and as nurse managers and leaders, nurses who care for and lead other nurses.

THE NARRATIVE NURSING PROGRAM WE IMPLEMENTED

The narrative nursing workshops that we have held range from 4 to 6 hours a session, depending on the scheduling availability of the nurses. Each session is designed to be highly interactive. The objectives are as follows:

1. Discuss narrative pedagogy as a learning strategy.
2. Describe how to tell one's story effectively.

3. Utilize stories to deepen one’s understanding of the nurse–patient relationship.

Participants were invited to bring a story of their most poignant nursing experience. In the workshop, each participant shared a story with their nursing colleagues. All participants listened to the stories of their colleagues; tears and laughter were prominent as nurses told their stories. The following stories are reflective of the meaningful and personal stories that the nurses shared regarding the relationships that they had had with specific patients and family members.

To Touch a Life by Beverly S. Karas-Irwin, RN

Like myself, I am sure many of you get up in the morning and come to work having lost sight of the reasons we chose a career in nursing. We take for granted the number of lives we touch on a daily basis. Attending the storytelling workshop at the hospital a few weeks ago reminded me of how deeply we touch the lives of others.

I started my nursing career as a pediatric ICU nurse at the University of Pittsburgh Children’s Hospital. I met Toni when she was 8. When I met her she was very ill and debilitated. I was told in report that she and her family were “difficult.” She was to be admitted to the ICU [intensive care unit] while she awaited a liver transplant. From the moment we met, we just clicked, and I became her primary nurse for months. We made it through the transplant, hypertensive episodes, dopamine infiltrate into her scalp (it happened on a day I was off), rejection, and eventually, she was well enough to be transferred to a surgical floor. I was so upset that I was not going to be caring for her anymore. On the night she was transferred, a nurse had to be pulled to the surgical unit. I quickly volunteered. Her parents were nervous about her leaving the ICU, but I promised I would stay with her. I had a hard time leaving her to attend to my other patients, and would rush back after I completed their care. It was while I was reading her a story that she became unresponsive. I called a code, and we both went back to the ICU. She was septic. Toni spent another few weeks in the ICU. She was eventually transferred back to the surgical unit and spent another month rehabilitating. She eventually discharged and flew back home to Florida. We kept touch for a couple of years, but as so often happens, we lost touch with each other. I thought about her often. I always felt the reason I was a nurse was to be in that room for Toni that night.

Out of the blue, I received a letter from her in May 1997. (I was destined to receive the letter. I had moved 5 years from the address Toni had. The post office forwarded the letter to me instead of returning the letter to the sender.) Here is an excerpt from Toni’s letter:

“There is something special I would like to say to you. I know you took care of me in Intensive Care a lot of the time. Even though I don’t really remember it, there is one night that I know you saved my life. It was not on your regular duty in ICU, but you came down

because they were short of help. You said you would be my nurse. . . . That was the night I really crashed. Mom was really apprehensive about leaving me that night because she felt something was not right, but she felt comfortable knowing you were with me. You were reading to me, and all of a sudden, I was out like a light. Thank heaven, you were with me, Beverly . . . you were my guardian angel.”

Story Exemplar by Dani Lestrangle, RN

In my early twenties, I worked in the trauma department of a very busy New York City ED [emergency department]. Late one Saturday morning, we got the call that a traumatic amputation was on the way. It was “my turn,” so I went into the trauma room to prepare for the patient.

She was also in her early twenties. She was awake, and seemed to have an isolated crush injury to one of her lower extremities. She had been walking down the front stairs outside her building, carrying her 2 year old, when a driver lost control of the car and pinned her against the concrete step. She was brought to our trauma center to see if we could salvage the limb. It was clear that we couldn’t. She was going to need an amputation.

We had many tasks to perform to prepare her for surgery. I was a new nurse back then, and to sooth my own jangling nerves I had a habit of talking incessantly to the patients. I explained everything that would happen to her. I talked about her recovery, and how brave she was. I also arranged for her to see her daughter before they took her to the OR.

A few days later I was back at work. I decided I would visit her on my lunch break. I walked into her room and opened with the line I always used, “You don’t remember me but...”

She stopped me mid-sentence. She did not remember my face, but she instantly recognized my voice. Then she told me something terrible and something wonderful. This brave young woman told me I was the only person in the room who referred to her by her name. Everyone else called her “the leg.” She felt it was dehumanizing, and it added to her distress. Had I really been so immune to my colleagues’ behavior that I didn’t even register this at the time? How many other patients had I allowed to be treated this way?

She also told me that my voice was “a life preserver when I was drowning.” She was so grateful that I kept on talking. She could practically recite my whole conversation. She told me I provided reassurance, comfort, and strength. She reminded me that I told her one day she would dance at her daughter’s wedding, and she believed me. It seemed my nervous prattle served a higher purpose.

I have often looked back at this at the moment when I found my own voice as a nurse. I went on a mission to educate my fellow clinicians about the power of our words. Words can heal and words can

hurt. The experience this patient shared with me taught me how important it is to take every opportunity to use our healing words. We must also be the voice for our patients.

An Amazing Encounter by Melanie Bongiovanni, MSN, RN, CPN, CPNP

As I reached for my wallet to pay the cab fare blinking on the screen, the cab driver asked if I worked for the hospital; a fairly standard question from cab drivers when dropped off at the Helmsley Medical Tower. I often answer with hesitancy in an attempt to avoid “work talk,” but in this case, I smiled and said, “yes, I’m a nurse.” The cab driver proceeded to tell me about his son who received care at New York-Presbyterian Hospital and was praising all he encountered. He told me how wonderful the follow-up had been from his doctor when he was having trouble getting ahold of a specific medication he needed. He had moved to this country because his son was sick and he wanted to get the best care possible for him. As he was telling his story to me, it all sounded familiar, and so I asked if he would share his son’s name. Working in pediatrics, I figured there would be a good chance I may know him. When he revealed this information, I explained that I was the nurse who spoke with him a few days prior during his routine discharge phone call. He recalled our conversation and his concern about obtaining his son’s medication. During the call, I explained I would follow up with his doctor and that someone would follow up with him. When we realized this, both of us were near tears, and completely in awe that of all the cabs in NYC, I had hailed his. He graciously tried to return my cab fare, and again expressed an enormous amount of gratitude. I’m not sure who was more grateful for the encounter, but I know the story was worth sharing and that truly amazing things are happening here.

How My Patient Helped Me: Story by Shaari Jenkins, RN

It wasn’t even 12 a.m. yet, and I already had 7 patients. The charge nurse approached me, apologized, but informed me my eighth patient was on her way. As if I, the new grad, needed to be responsible for another person’s life. I was behind on my charting and began to resent the additional workload coming up to my unit. The patient arrived on the stretcher with a C-collar in place. We transferred the patient onto the bed, and I introduced myself.

“Good evening, I’m Shaari, and I’ll be your nurse tonight.”

“Hello dear. I’m Irene,” she replied.

I started scrambling as the attending finally placed his orders.

“Are you alright, dear?”

I tried to assure Ms. Irene I was fine, but she didn’t believe me.

“Come and sit next to me and let’s talk.” I thought about declining her offer, but how can you deny a sweet elderly woman’s simple request? I pulled up a chair by her bedside, sat down, and she put my hand in hers.

“You seem busy. So I want you to take a moment and breathe,” she said. I was stunned. Clearly I wasn’t hiding my business very well.

“You’re young. And I want you to know that you’ll be alright. Everything will fall into place.”

What Ms. Irene didn’t know was during that time in my life everything felt out of place. She continued to encourage me with her kind words and told me to take a few more breathes before returning to work. So I did as I was told, took a few breaths, and felt tears start to well up in my eyes.

I was overcome with emotion because of my personal life, patient assignment, but mainly because the patient I originally resented became the calming factor I needed.

PROGRAM EVALUATION

Common themes were extracted from clinical nurses’ stories. Many of the stories told by nurses directly demonstrated the nurses’ meaningful relationships with patients, but just as important in the encounters were the key relationships that the nurses developed with the patients’ family members. Patient- and family-centered care is a key hallmark for nurses’ work, and the reflection of this component on nursing was validating of the comprehensiveness of nurses’ interactions with patients and their family members.

In their stories, many nurses reflected on the powerful and significant relationships that they had with their nurse colleagues. The role of nurse mentors was reflected in several stories, but also as important were the stories about the positive nurse-to-nurse relationship among colleagues working side by side on the clinical units. In nursing, we often reflect on the lack of civility within our ranks, but the significant stories that nurses told in our workshops were powerful reflections of the teamwork that occurs on clinical units, especially when the work is intense and overwhelmingly hard. Many nurses told stories about how they went the extra step for others, coworkers, and patients and their families.

KEY LESSONS LEARNED FROM CLINICAL NURSES’ STORIES

Nurses’ stories taught us all some key lessons about who we are as nurses. We learned that it is OK to laugh and cry together, to share our joys and sorrows as nurses experiencing the sufferings, the spirit, and the joys of being human. Importantly, we reaffirmed our understandings that meaningful relationships are the essence of nursing. No skills or technical tasks can replace the intimate professional relationship that nurses experience with patients and all persons who receive nursing care. As the stories unfolded, we experienced our own

humanity, our own vulnerabilities and strengths. Each of the nurses who shared a story described how rewarding it was to be a nurse.

PLANS FOR FUTURE PROGRAM DEVELOPMENT

Our goal is to continue to implement narrative nursing throughout the institution, asking our nurse colleagues who participated in the initial sessions if we can share their stories with new workshop participants. We will also embed the narrative nursing process into orientation for new nurses, inviting seasoned practitioners to inspire their shared vision.

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