

Use of Storytelling to Decrease Stress

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INTRODUCTION OF PROBLEM

Nursing sick and dying patients can be a source of stress and may create the potential for burnout and compassion fatigue (Ko & Kiser-Larson, 2016). Aside from the mental health and wellbeing of nurses, potential outcomes due to stress can increase hospital costs evidenced through absenteeism, decreased work performance, and decreased quality of patient care (Fathi, Nasae & Thiangchanya, 2012; Milliken, Clements & Tillman, 2007). Stress-reducing interventions have the possibility to create positive emotional health, and in turn, create positive patient care outcomes. Storytelling is an important, efficient, and cost effective intervention to decrease stress.

HOW DID THIS BEGIN?

The Lived Experiences of Nurses Caring for Dying Pediatric Patients (Dissertation Research).

Nurses stated there was a lack of supportive care for them after a traumatic event such as patient death.

Nurses disclosed several potentially unhealthy ways in which they dealt with workplace stress.

Further research concluded many workplace settings do not provide stress reduction interventions for hospital staff nurses.

This finding lead to further investigation of stress reduction interventions.

A small study was conducted with pediatric staff nurses using the intervention of storytelling.

MEASUREMENT TOOLS

The Perceived Stress Scale (PSS)

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Name _____ Date _____

Age _____ Gender (Circle): M F Other _____

1 = Never 2 = Almost Never 3 = Sometimes 4 = Fairly Often 5 = Very Often

1. In the last month, how often have you felt nervous or jittery (just one word)?	1	2	3	4	5
2. In the last month, how often have you felt that you were unable to control the situation?	1	2	3	4	5
3. In the last month, how often have you felt that you were overwhelmed by your responsibilities?	1	2	3	4	5
4. In the last month, how often have you felt confident about your ability to handle whatever comes your way?	1	2	3	4	5
5. In the last month, how often have you felt that things were going your way?	1	2	3	4	5
6. In the last month, how often have you felt that you could not rely on your own judgment?	1	2	3	4	5
7. In the last month, how often have you been able to control the situation?	1	2	3	4	5
8. In the last month, how often have you felt that you were on top of things?	1	2	3	4	5
9. In the last month, how often have you been able to control the situation?	1	2	3	4	5
10. In the last month, how often have you been able to control the situation?	1	2	3	4	5

Please feel free to use the Perceived Stress Scale for your research.

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Cue Cards

- FIRST LISTENER: "Think of a pediatric patient you cared for and whose death you grieve. Tell me your story of being that patient's nurse."
- LISTENER WILL LET STORY PROCEED UNINTERRUPTED
- AFTER STORYTELLER COMPLETES THE STORY THE LISTENER WILL ASK:
 - So how do you make sense of that experience?
 - What benefit, if any, can you identify in having had that experience?
- PARTICIPANTS SWITCH ROLES AND REPEAT 1-3 (Macpherson, 2008)



Qualitative Questions

- How did you feel about your stress, in relation to pediatric death, before starting the storytelling process?
- How do you presently feel about your stress, in relation to pediatric death, after the storytelling process?
- Do you feel that storytelling helped decrease your stress, in relation to pediatric death?

REVIEW OF THE LITERATURE

WHAT IS STRESS?

Stress is a state of being and a result of exposure to work demands and outcomes (Laranjeira, 2011).

WHAT IS WORKPLACE STRESS?

Nursing sick and dying patients can be a source of great stress and has the potential to cause burnout and compassion fatigue (Ko & Kiser-Larson, 2016).

WHAT IS THE RESULT OF WORKPLACE STRESS?

This may eventually lead to an impact on nursing competencies and productivity including absenteeism, decreased work performance, the potential for physical and mental illnesses, and eventually a decrease in the quality of patient care (Fathi, et al, 2012; Moustaka & Constantinidis, 2010; Milliken, et al, 2007).

WHY DOES WORKPLACE STRESS NEED TO BE ADDRESSED?

Addressing workplace stress may also help reduce hospital costs associated with these issues.

The National Consensus Project for Quality Palliative Care (2013) selected specific domains to help nurses provide quality patient care through stress management.

Stress-reducing interventions have the potential to create positive work environments, positive emotional health, and in turn, positive patient care outcomes.

Lastly, there are several interventions to decrease workplace stress caused by caring for dying patients that have been utilized, however, the intervention of storytelling was researched as the most cost effective option.

WHAT IS STORYTELLING?

It is a verbal recounting of a perceived meaningful event to one or more individuals that share similar experiences.

Nurses' may be able to manage their stress while being provided the opportunity to discuss concerns and simultaneously provide support to other nurses who experience similar events (Cook, et al, 2012; Macpherson, 2008).

Through the intervention of storytelling, nurses can create meaning by reflecting on, and make sense of, the experiences they tell about.

Storytelling may allow for coping and learning when similar events transpire among individuals.

PILOT STUDY

The Participants

- 9 female pediatric nurses working in both a neonatal intensive care unit and an inpatient pediatric unit between 29 and 61 years of age
- 9 were married
- 7 had children
- 2 had Associates degrees
- 4 had Baccalaureate degrees
- 2 had Master's degrees
- 1 had a Doctoral degree
- Experience ranged from 1 to 30 years

Data Collection and Procedures

Quantifying data was measured using the Perceived Stress Scale (Cohen, Kamarek & Mermelstein, 1983) and had participants reflect on presently perceived workplace stress levels.

Qualitative data was measured using 3 questions yielding information about stress before the intervention, after the intervention, and how a storytelling helped decrease stress.

Initial consent and responses to The Perceived Stress Scale (PSS) (Cohen, et al, 1983) was collected

- a 10-item Likert scale instrument
- the higher the PSS score the more vulnerable individuals are to traumatic symptoms resulting from stressful life events
- administered twice, once before the intervention and once after

Dyads were formed through self selection and met twice a week for 4 weeks

Dyads took turns discussing a particular pediatric death most significant to them using cue cards for discussion structure

Demographic data and responses to The Perceived Stress Scale (PSS) and 3 qualitative questions were recorded after the 4 week intervention

The Importance of the Intervention of Storytelling

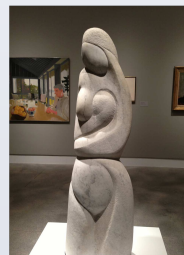
One feature of storytelling is the creation of dyads and/or small groups who self-identify with co-workers they feel comfortable with and who can provide support.

Once the storytelling intervention is understood, the steps that guide the intervention can be used for stress reduction.

Nurses who choose to participate and who believe that the intervention will help with their workplace stress levels can utilize storytelling at any time.

During the process of storytelling nurses reflect on and make meaning of the experience, justifying fellow nurses' understanding of each other's grief and alleviating painful feelings to help nurses transition back into their role (Windemere, 2017).

Verbally communicating stories of patient events promotes healing by understanding and making sense of traumatic experiences creating a sense of connectedness, providing personal resilience, increasing coping, and decreasing stress (East, Jackson, O'Brien & Peters, 2010).



QUANTITATIVE FINDINGS

*Age showed a large effect size, ($r = .65$, $p = .058$) such that older participants tended to experience greater stress at the start of the study

*A repeated measures ANCOVA was conducted controlling for age

*PSS scores showed a nearly significant decrease from pre-intervention (Estimated M = 2.133, SE = .097) to post-intervention (Estimated M = 2.127, SE = .131), with the intervention accounting for 41.4% of the variability

*In addition, there was also a nearly significant interaction of age X time, which explained another 43.1% of the variability

*Given the small sample size the storytelling intervention was significant in decreasing workplace stress levels

QUALITATIVE FINDINGS

THEMES	QUOTES
Disconnection	"It was mine alone" "I wondered if I was the only one" "It is something I keep buried inside myself" "I felt I could not talk about it the same way" "I felt hurt, saddened, disappointed in myself" "I felt somewhat stressed" "I felt like I am going to carry this guilt with me"
Connection	"I am NOT alone" "Increased comfort in discussing feelings with co-workers" "Opening up and sharing decreases stress" "Confident in my feelings knowing other more experienced nurses are dealing with pediatric death the same way" "I feel more at ease talking about my experiences" "I was able to let go" "After the storytelling process I feel less alone"
Shared Burden	"...relating those experiences to another person's" "Having another person who understands my stress, listen to my story, eased it" "It is very important to be able to discuss our feelings with others that understand thereby decreasing our stress. It gives each of us ideas of things to help eliminate stressors" "...open forum with co-workers in a safe environment to debrief..." "I am not sure this will ever get better-but being around people who understand the situation helps" "I still feel the same feelings but more comfort in knowing we (the nurses) are going through it together"
Significance	"Giving voice to these buried feelings was not only a release, it was also an awakening to my purpose, my role as a nurse, my human connection to my patients and their families" "Storytelling made me re-live the situation and look at it from a different light. I was able to make sense of things that have happened in my career."

IMPLICATIONS FOR NURSING

Significant support for staff nurses has not penetrated sufficiently into the workplace to help nurses cope with stressful events such as death and dying.

Many organizations have not aligned hospital finances, resources, and needs to support a wellness program.

If finances are not available, leadership members can be creative in producing programs that require minimal cost and equipment.

By encouraging open, trusting communication through support by peers, nurses can maintain the ability to cope with and decrease stress when support is given by coworkers (Laranjeira, 2011).

By instituting storytelling as a wellness program nurses will receive the necessary social and emotional support they need to help elevate stress, learn to effectively cope with death and dying, and help them to make meaning of their nursing actions and patient care.

In order for nurses to perform optimally and provide safe patient care, they need help to care for themselves by understanding and addressing the stressors related to their workplace environment.

Using a simple intervention such as storytelling provides peer support in an effective way to reduce the untoward emotional burden on nurses who are at the forefront for high levels of stress where grief due to death and dying is experienced.

REFERENCES

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