Once upon a time: Storytelling as a knowledge translation strategy for qualitative researchers

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Abstract

Qualitative research should strive for knowledge translation in the goal of closing the gap between knowledge and practice. However, it is often a challenge in nursing to identify knowledge translation strategies able to illustrate the usefulness of qualitative results in any given context. This article defines storytelling and uses pragmatism to examine storytelling as a strategy to promote the knowledge translation of qualitative results. Pragmatism posits that usefulness is defined by the people affected by the problem and that usefulness is promoted by modalities, like storytelling, that increase sensitivity to an experience. Indeed, stories have the power to give meaning to human behaviours and to trigger emotions, and in doing so bring many advantages. For example, by contextualizing research results and appealing to both the reason and the emotions of audiences, storytelling can help us grasp the usefulness of these research results. Various strategies exist to create stories that will produce an emotional experience capable of influencing readers' or listeners' actions. To illustrate the potential of storytelling as a knowledge translation strategy in healthcare, we will use our story of discovering this strategy during a qualitative study in a nursing home as an example.

Keywords: Knowledge translation; Storytelling; Pragmatism; Collaboration; Qualitative studies; Health professionals; Writing strategies; Nursing homes.

At a convention, a nurse working with older people in a nursing home tells me about a frequent problem. "All day, I hear some of my patients screaming, 'Help! Help!'" she explains. "They stop screaming for a few minutes when I check on them, and then start all over again. This is a huge problem because often other patients join in the screaming. Sometimes I have to intervene to prevent exasperated patients from getting violent with the person who screams. Can you help us find a solution?"[1]

Listening to her, I realize this is a major issue. To fully understand it, I design a qualitative study with the staff of this nursing home. After two years of data collection and analysis, I organize a lecture in the nursing home to share the results. The lecture is mostly attended by managers since the staff is busy caring for patients. A few weeks later, I go back to this nursing home and as soon as I step into a care unit, I hear "Help! Help!" being screamed by older people, just like before my study. It makes me wonder how I can reach the busy staff members to help them use my research results to improve their care.

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1. The beginning: "Once upon a time" in clinical practice

This anecdote shows that, in nursing as in other healthcare disciplines, the ultimate goal of research is pragmatic: we seek to influence, in collaboration with stakeholders, the quality of the services we offer to the population. However, the differences between the dominant culture and the epistemology of clinicians and of researchers sometimes make it difficult to transfer results and improve practice

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[1] Remarks of a nurse working with cognitively impaired patients in a nursing home.

(Wolfe, 2012). Clinical practice is characterized by the need for rapid solutions, the

presence of many healthcare providers, and a complex work environment (Kitson,

2009) that is very often structured by rules and protocols. Scientific culture may

be more or less present depending on the clinical settings (Weng et al., 2013).

Various strategies can be used to benefit scientific culture and to translate

research results into practice. As such, storytelling is a pragmatic strategy that

can be used for knowledge translation.[2]

In this article, we use a story about storytelling as an example of this

pragmatic strategy for knowledge translation. First, we define storytelling and offer

a pragmatism-based perspective on it. Then, we describe storytelling as a

strategy for knowledge translation and present its advantages. We go on to

expose the principles guiding the creation of such stories. To illustrate the

features of this strategy, we share our story of discovering storytelling during one

of our study.

2. Defining storytelling

Storytelling is one of the most ancient and widespread forms of everyday

communication in most, if not all, cultures (Scott, Hartling, & Klassen, 2009; Stein,

1982). It is the action of telling or writing stories that combine fictitious or real

events experienced by characters who are transformed by these events (Ricoeur,

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[2] There are several related terms for the activity of knowledge translation, namely, knowledge transfer, knowledge exchange, research utilization, implementation, diffusion, and dissemination (Graham et al., 2006). We have preferred using the term 'knowledge translation' because it best reflects our pragmatic position on the contextual and collaborative nature of the creation of knowledge among researchers and potential knowledge users (Baumbusch et al., 2008).

1984). Stories are often defined as presenting goal-based events. They have a setting, a beginning, and an ending, and they trigger an emotional response. Stories can play various functions. These include preserving a culture, instructing others, solving social problems and restructuring an experience to usher in deeper understanding. As such, stories are considered therapeutic (Stein, 1982).

Storytelling is often used interchangeably with the term "narrative." However, for Labov (1997), an influential sociolinguist who has worked since the 1970s on the structure of narrative, storytelling is a broad field that includes narrative. It also encompasses the story itself and a narrative discourse. The "narrative is the representation of events, […]; story is an event or sequence of events (the action); and narrative discourse is those events as represented" (Abbott, 2008, p. 19).

Storytelling is sometimes used in research in the form of the narrative inquiry method. This latter consists of discovering stories during data collection and analyzing them to construct meaning in collaboration with participants (Bailey & Tilley, 2002). This method can help understand people better (Ollerenshaw & Creswell, 2002). One of the most cited narrative analysis approach is that proposed by Clandinin and Connelly (2000), which is based on the concept of experience as defined by Dewey, a pragmatism philosopher.

Our intent in this article is to discuss the possibility of using storytelling as a means for knowledge translation of research results by inventing stories based on qualitative results and not by analyzing specific stories (as would be done in narrative inquiry). This storytelling approach as knowledge translation can be used

regardless of qualitative design. It is less discussed in the nursing or healthcare

literature. However, the perspective based on pragmatism adopted in narrative

inquiry can also be useful in understanding how storytelling can influence this

form of knowledge translation.

3. A perspective on storytelling: Pragmatism

Pragmatism is a philosophical approach that considers that knowledge should be

judged in terms of its usefulness (Reason, 2003). Philosophical orientations are varied

within this approach (DeForge & Shaw, 2012). Early philosophers associated with

pragmatism—for example, Pierce and James—were influenced by modernist thinking,

while their later counterparts, such as Dewey, Rorty, and Habermas, were more

influenced by a postmodernist worldview (Hartmann, 2003; Isaacs, Ploeg, & Tompkins,

2009). The plural expressions of pragmatism nonetheless have three commonalities:

objectivity is considered dependant on a time and context, knowledge does not require

a starting point, and concepts should be related to practical aspects of life (Bacon,

2012). Many metaphysical divergences exist amongst pragmatists beyond these

shared grounds, some of the most discussed being between Dewey and Rorty. Some

divergences between these two philosophers that are relevant when considering

storytelling as a knowledge translation strategy will now be briefly exposed as an

example of various standpoints on pragmatism.

      Dewey's description of pragmatism focuses on the concept of experience.

According to him, experience within a social context influence the usefulness of

knowledge. He defines an experience as having a pervasive quality, a temporal

development, and historical significance (Bernstein, 2010). This implies an experience

can change in time and in different contexts. Thus, knowledge considered useful—and therefore true—within a certain context and at a given moment in time can eventually cease to be true (Cormier, 2012). Based on Dewey's pragmatism, the contextual experience that could reveal the usefulness of knowledge involves a process of interpretation that is anchored in actions and beliefs from which a meaning would emerge for the people involved (Morgan, 2014).

Rorty identifies to Dewey's pragmatism (Bernstein, 2010). He similarly considers that time and context affect knowledge (Bacon, 2012). However, he focuses on the importance of language and metaphor, instead of experience, as ways of knowing. He posits that what is useful is not defined by the researcher but by the people directly affected by the problem through the lens of their own culture and language (Isaacs et al., 2009). For Rorty, this involves a process of re-describing the experience so that we view the other as being one of us, instead of as a separated being (Rorty, 1989). This can be considered a humanist standpoint (Bernstein, 2010). By increasing the understanding of others and contributing to a "we-ness," re-describing an experience could increase sensitivity to the experience of oneself and others. Based on language and metaphors, this re-description is possible through modalities related to storytelling, such as ethnography or fiction (Isaacs et al., 2009; Rorty, 1989).

Despite their differences, both Dewey and Rorty consider that usefulness is determined by experience and language, not by ideas. According to McClelland (2008), Rorty's focus on language and metaphors serves a purpose similar to Dewey's focus on experience, i.e. to serve humans in a useful way. They also embrace a relativism standpoint (Bacon, 2012; McClelland, 2008). Their purpose and standpoint are

coherent with the epistemological nature of qualitative research and with the humanist mission of nursing. Sensitivity to other people's experiences or language to transform actions conforms with the social mission of nurses and the relational nature of their work (Isaacs et al., 2009). It is also coherent with the commitment of nursing researchers and the usual purpose of qualitative studies in applied sciences.

In light of Dewey's and Rorty's orientation on pragmatism, it is possible to consider knowledge translation emerging from qualitative studies depends on the capacity to generate a contextual experience using language and metaphors. This would allow us to interpret research results as being useful, especially with re-description, and as mobilizing the sensitivity and reflection of nurses and other healthcare professionals that spur them to take new actions.

4. Storytelling as means of knowledge translation

According to Graham et al. (2006), the purpose of knowledge translation is to reduce the time lag between existing knowledge and its application to improve the health of populations. Knowledge translation is promoted by various factors, such as the nature of knowledge, the context in which it is to be implemented and the mechanism used to do so (Baumbusch et al., 2008). Several strategies can be used. Some are not very interactive (publications and conferences, for instance) while others (say, interactive educational encounters) involve a great deal of collaboration (Zarinpoush, Von Sycowsk, & Sperling, 2007). These strategies must be adapted to the type of knowledge, the target audience, and the context-associated factors (Institut national de santé publique du Québec, 2013; Lavis et al., 2003). For efficient knowledge translation,

Scott et al. (2012) underlined in a literature review the importance of combining several strategies, rather than using only educational intervention.

Influenced by pragmatism and considering the known gap in healthcare between knowledge and practice, we find it surprising that there is scarcely any mention in the healthcare literature of strategies that highlight the usefulness of knowledge in a specific context. For the most part, the literature on knowledge translation identifies the factors influencing adoption of innovations, adaptation of knowledge to a context, and evaluation of the use of knowledge transmitted through various means (Graham et al., 2006). Few concrete strategies have been identified specifically on how to present healthcare research results to enable health professionals to more easily grasp their usefulness and to trigger changes in practice. Storytelling could be such a strategy.

So far, storytelling is mostly described as an influence on management and education practices, given its persuasive effect and its capacity to influence practice (Brown, Gabriel, & Gherardi, 2009; Desgagné & Larouche, 2010; Vaara, Sonenshein, & Boje, 2016). It is used by clinicians as a strategy for data collection (Angus & Bowen, 2011; Banks-Wallace, 2002; Greenhalgh et al., 2005; Holt, 2010), as well as a therapeutic tool (Frank, 1995; Hartling, Scott, Johnson, Bishop, & Klassen, 2013; M. J. Smith & Liehr, 2005).

Based on its use in other disciplines and for purposes other than the knowledge translation of research results into practice, storytelling could be considered a concrete strategy that is particularly adapted to the translation of qualitative results in healthcare and, more specifically, in nursing (Christensen,

2012; Scott, Brett-MacLean, Archibald, & Hartling, 2013; Swap, Leonard, Shields, & Abrams, 2015). It could help health professionals better grasp the usefulness of qualitative research results, namely by targeting their sensitivity to the phenomena. This strategy could be used alone or be included in other knowledge translation strategies, such as educational encounters, publications, or visual arts (Smith & Gallo, 2007)

5. The advantages of storytelling for knowledge translation

Storytelling has many advantages for the knowledge translation of qualitative research results. Stories address health professionals, as well as patients, families, and the public, and can be used with both children and adults (Scott et al., 2013). They allow for natural oral and textual communication. Consistent with Dewey's and Rorty's perspective on pragmatism, stories make for a better understanding of characters' feelings and thoughts through understanding their experience (Ricoeur, 1984). Stories can give meaning to human behaviours in a given context by putting into perspective aspects of a phenomenon that could initially seem disconnected (Banks-Wallace, 2002; Scott et al., 2013). They also show people how to act in a meaningful way.

This is especially advantageous since stories are remembered longer than information conveyed via other communication strategies. As such, they are an effective strategy for transferring tacit knowledge and appealing to both reason and emotion (Hansen & Kahnweiler, 1993; Tobin & Snyman, 2008). In healthcare professionals, this can trigger a reflection on their practice conditions and experiences, as well as prompt a different and meaningful perspective on a

phenomenon. Such reflection is conducive to praxis, i.e. reducing the gap between research results and practice and to translating it into action (Chinn & Kramer, 2015; Prilleltensky, 2001) by making a lasting impression. These advantages are congruent with the aim of qualitative researchers who hope to translate their results into practical application.

6. Creating a story

6.1. From results to story

No specific method was found on how to create stories based on qualitative results as a means for knowledge translation (vs. analyzing and presenting participants' stories, as is done in narrative inquiry). However, our experience combined with some strategies used in narrative inquiry reveal characteristics that should be considered when creating stories based on results from various qualitative research designs.

First, data collection has to generate data and results rich enough to bring a story to life (as explained above, a story must have goal-based events, a setting, a beginning and an ending, and trigger an emotional response). Also, the characters' complex experience needs to be portrayed using data and the context, and described in sufficient detail to allow readers/listeners to see events as they unfold (Ollerenshaw & Creswell, 2002). Against this backdrop, research results should be integrated into the story in such a manner that will trigger emotions and recollection.

Presenting results in this way involves additional challenges. The rigour and validity of the results must be ensured, especially because of the delicate balance

between respecting the data integrity and creativity (Sandelowski, 1998). The

nature and meaning of the data have to remain unaltered to maintain both their

integrity and the credibility of the results presented in the story (Whittemore,

Chase, & Mandle, 2001). A special attention also needs to be given to

participants' confidentiality. Since stories can make participants more

recognizable, characters based on data should encompass the characteristics of

various participants and identifiable details should be changed while respecting

the significance of data and context. These aspects should be taken into account

when planning to use storytelling as a means for knowledge translation of

qualitative research.

6.2. From story to storytelling

During creation, stories can take various forms. Whether oral or textual, a

story is based on writing techniques that differ from those of science writing.

These principles are consistent with the creative nonfiction techniques usually

associated with journalism. According to Cheney (2001), the purpose of creative

nonfiction is not just to convey fact; it also ensures the reader or listener is directly

touched by various techniques that make it possible for the context and the

meaning of actions to emerge evocatively. Caulley (2008) adds that this form of

writing allows the results of qualitative studies to become meaningful.

One principle of creative nonfiction is presenting conversations that eloquently

illustrate human interactions. Conversations must be placed within a context, and

actions must be described. To make descriptions more meaningful, verbs are

generally in the present tense (Caulley, 2008). Rather than listing the facts, actions

are described as a sequence of events which appeals to the readers' or listeners' senses; in other words, these descriptions lead audiences to imagine they too see, hear, feel, taste or touch what is being described (Caulley, 2008; Kramer, 2007). The description must reflect the emotional experience of the story's "characters." To be useful, the closing of the story must provide the reader or listener with something specific (Kramer, 2007).

To show the creation and dissemination of a story based on a qualitative study, we will present, in the form of a story, the experience that inspired our reflection on storytelling as a pragmatism-based knowledge translation strategy. The study and its results are presented elsewhere (Bourbonnais et al., 2018; Bourbonnais et al., 2013; Bourbonnais & Lavallée, 2014). The study was approved by an Internal Board Review.

7. The story of our discovery of storytelling as a knowledge translation strategy

Intrigued by the issue in the nurse's story at the beginning of this article, I conceive[3] an action research study to develop an intervention based on the meanings of vocal behaviours (VB) in older people living in nursing homes (NH). The research component of this study is based on a qualitative case study that aims to evaluate the identification process of the meanings of VB and to determine interventions that could be associated with these meanings.

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[3] To present an example of the principles of creative nonfiction, the verbs are in the present tense (although the event unfolded in the past) and first-person singular pronouns are used.

For the study, I organize several group meetings and analyze the derived qualitative data. The caregivers—registered nurses, licensed practical nurses and nurses' aides—of older people who manifested VB and their family member all participate in these meetings to obtain the most useful results possible within the NH's specific context. For example, caregivers and families sometimes invite other healthcare professionals to the meetings and I consider their comments so that the project becomes part of their daily routine on the care unit. I leave each of these meetings amazed at the depth of information that participants share and that I can use for data analysis.

After several months, I realize that many nurses' aides are especially engaged in the process. They suggest changes to daily routines and try all kinds of interventions, like seating some older people together or singing with them. After trying these new interventions, they tell me whether or not they have made a difference in the VB of older people. "I love this project," remarks one of the aides, "because it allows me to legitimately suggest improvements and change the way things are done."

Listening to them, I realize they are genuinely concerned about the well-being of the older people and are keenly interested in providing the best care possible. "These aides are truly exceptional," I comment to my colleague. "They are informal leaders and the driving force of our action research process!"

After several weeks, my colleague and I complete the data analysis of the first phase of the project and proceed to validate the results. To do this, we organize a meeting with the help of management. Given our qualitative data,

we decide to submit the results in exemplars. While drafting the report, my colleague sees something new. "Our text looks like a story," she says thoughtfully. "We have created the fictional characters of an older person, her family caregiver and one of her nurses' aides based on our data. It seems like we are presenting the developed intervention through their thoughts and experiences." "That is so true," I confirm, taking a closer look. "It is taking the form of soliloquies on the situation of the older person who screams," I continue, my interest piqued. "Our story makes it possible to integrate the various study results and show how family and formal caregivers apply them." Our story starts with a narration by a fictional older person who screams:

> *Sometimes, I feel bored and even like I am dead already. I am always so glad when you come talk to me! I open my arms invitingly. I am always happy when my daughter visits, too. I don't always remember her name or even remember she is my daughter, but I am always pleased to see her. When she says I am screaming, I'm surprised. I am not always aware of doing it. It must be very puzzling to her but, honestly, I don't know why I do it. My screams seem to be disturbing because people avoid me. Some even become angry when I scream, but I really don't mean to bother anyone.*

This narration is followed by those by the fictional daughter and the fictional nurses' aide. As we discuss the story, my colleague realizes we can take it even further. "To empower the nurses' aides who are already very engaged in understanding the meanings of VB," she says, "it would be interesting for them to

read this story to their co-workers." I think that's a great idea, so I quickly

approach two nurses' aides who have shown great interest in improving their

quality of care. They agree to help us. "We can show our colleagues how it

works!," they say enthusiastically.

A few days later, the various caregivers are gathering for a meeting we

organized in the living room of the care unit. We overhear them complaining about

not having time to participate in this meeting. Coincidentally, an older person who

was included in the project due to her VB is sitting close to the window. The

caregivers decide to let her stay for the meeting because she loves to sit there.

A bit flustered by the cool reception I'm getting, I suggest right away that

our two nurses' aides read our story. As I listen, I realize our storytellers have

practised not only reading the story, but also taking on different intonations for the

three different "characters" in our story! They speak with a Polish accent for the

fictional older person and they roll their eyes, sigh, or slow the rhythm of their

speech to adjust to the content of the story. The older person sitting by the

window with an attentive nurse enhances the story with her VB—"Come, come,"

she screams—which just echoes the fictional story's content.

Despite their initial concern about lacking time, the caregivers decide to

stay after the storytellers' performance to share their impressions with us. "The

way the family and the caregivers acted in the story makes perfect sense," one of

them remarks encouragingly. All the caregivers then start discussing with our

storytellers the ways they can incorporate the research results into their day-to-

day work. This dialogue not only confirms our results, it also shows us that presenting results through storytelling is consistent with caregivers' experience.

It occurs to me too late that we should have invited family members, too. They surely would have also enjoyed participating in the discussion and it would have strengthened their ties with the caregivers. We decide to give the families a written copy of the story during the second phase of the study.

In the months after this experience, I continue to use stories in different circumstances, such as during a training workshop for clinicians and at a conference. Each time, I see that this knowledge translation strategy raises listeners'/readers' awareness of older people's experience. It also triggers dialogue, and helps them understand the usefulness of the intervention. Therefore, I have come to consider it effective to use storytelling as a pragmatic knowledge translation strategy. By showing the usefulness of qualitative studies' results, storytelling truly reduces the gap between research and practice.

8. Ending: And they translated knowledge better and for ever after

Our example of how a story can be used to translate research results was initially more intuitive than a science-based choice. However, although our experiment was imperfect, it showed the effects of story: the spontaneous involvement of formal caregivers and the authentic dialogue that followed the presentation. This experience stirred our interest for further research on this concrete knowledge translation strategy. As we delved deeper into pragmatic epistemology, we better understood the benefits observed, particularly caregivers' sensitivity and reflection, which can trigger praxis. Storytelling's different applications allowed us to identify new possibilities for its

implementation as a knowledge translation strategy. Several innovations might stem from the use of storytelling, such as the development of projects co-written by study participants or the use of art or technology when presenting stories. We encourage researchers in nursing to develop their skills in this type of communication so that they may usefully convey the vast knowledge our discipline is building and improve the health of the people we study.

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