



The Power of Stories

Using Narratives to Communicate Evidence to Consumers

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In the last Evidence and Outcomes column, we switched gears from discussing the implementation of research evidence for health care professionals' clinical practice to the challenges of ensuring the effective transfer of research evidence to health care consumers. In this column, we'll discuss narratives, or storytelling, as one mechanism to transfer research to health care consumers. Discussing both novel and effective ways to transfer research to consumers is important because health care professionals play an important role in assisting consumers to access the best available research evidence that

they need to make well-informed decisions. The use of narratives, or storytelling, is an emerging strategy in health care to communicate research-based evidence to consumers.

Storytelling—A Natural Human Instinct

Storytelling is one of the oldest forms of communication and is an integral part of most cultures. Stories are familiar and comfortable, which perhaps contributes to their widespread appeal as a potential knowledge transfer strategy. We all can remember the allure of stories as chil-



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DOI: 10.1111/j.1751-486X.2009.01401.x

dren and how stories were used as a strategy to teach important life lessons. Storytelling—both the telling and the listening—is a hard-wired human instinct (Gardner, 2008). Consequently, there's increasing interest on merging the art of storytelling with the science of health care. In fact, there's a tradition of storytelling use in health care with a particular interest on using narratives to transfer knowledge and share experiences among health care professionals. However, we also suggest that storytelling can be a useful strategy to transfer health information to consumers.

Storytelling in Health Care

Until recently, most of the interest surrounding storytelling in health care has focused on using stories to transfer research to health care professionals. "Narrative medicine" has evolved more recently as a means of enhancing relationships between patients and health care professionals. The central idea behind narrative medicine is that health care professionals need to thoughtfully listen to their patients' stories of illness. Listening to and understanding the patient's illness experience, as opposed to simply listing a patient's signs and symptoms, can significantly enhance the interactions between health care professionals and consumers and may optimize patient outcomes (Charon, 2000, 2006).

There's been an unprecedented demand for consumer-friendly, reliable, evidence-based health information for patients and their families. Conventional mediums to transfer health information, such as standard information sheets, have been found to be lacking in several aspects (Isaacman, Purvis, Gyuro, Anderson, & Smith, 1992). Other more innovative media, such as cartoons and videos, have been found to be superior to traditional standard medical sheets for transferring information to consumers (Delp & Jones, 1996). Thus, the use of narratives or stories holds promise as an additional innovative strategy for transferring research evidence to patients and families.

Stories and Clear Communication

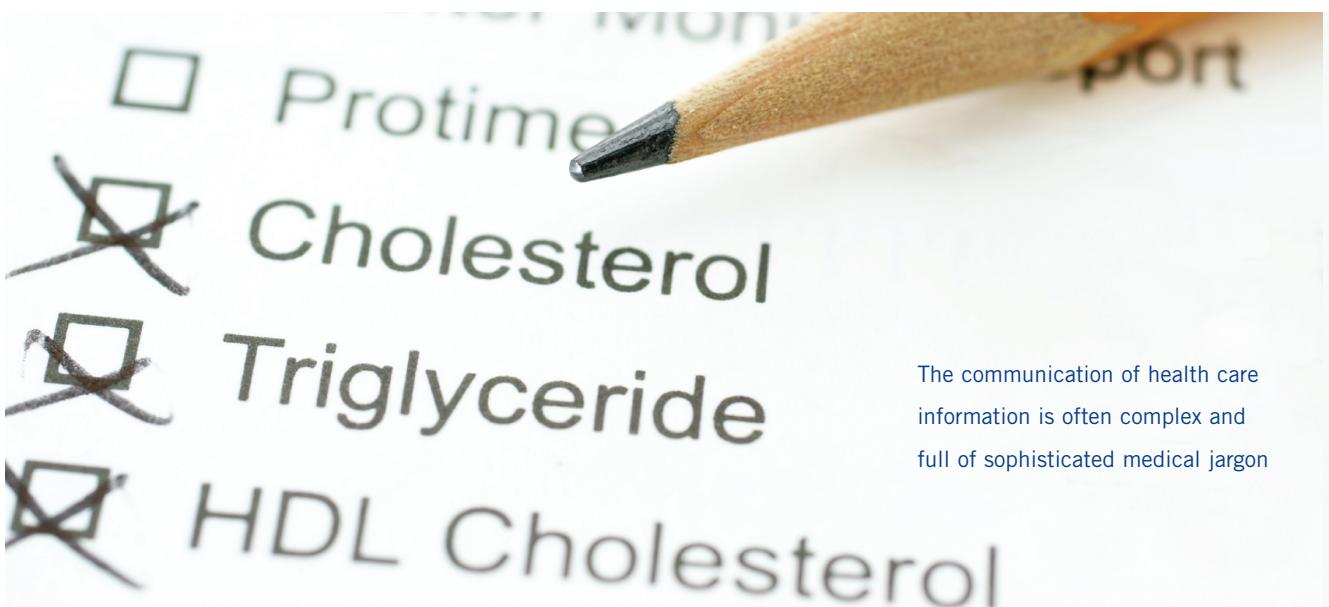
Illness causes anxiety; even common and self-limiting conditions can result in anxiety. A lack of knowledge about the illness has been identified as a major contributor to anxiety.

Therefore, empowering health care consumers with information is an important means to decrease anxiety and involve them in health care decision-making. Two concepts are fundamental to the task of knowledge translation to health care consumers: one is ensuring that the knowledge translated to them is based upon the best available research evidence at the time, and the second is that the messages are clear and easily understood by lay people. This is where health care professionals occasionally fall short—the communication of health care information is often complex and full of sophisticated medical jargon.

Essential to successful transfer of the best available research knowledge to health care consumers is sensitivity to the receiver of the knowledge. Health care professionals must clearly define and understand the target audience to ensure that the information is transferred in a manner that is comprehensible and meaningful. The message needs to be delivered in a form that is clear in terms of plain language and sensitive to the situational context of the individual, including cultural factors. If attention is not paid to these important aspects, the consumer of the information may be left feeling overwhelmed and confused and the information is not effectively transferred.

Hierarchies of evidence aid health care professionals in providing the best research-informed care; however, these same hierarchies typically rank anecdotes and stories as the weakest source of evidence on which to base a decision. Yet stories are powerful vehicles to deliver important research-based messages. Stories and anecdotes can personalize, illustrate and potentially transfer research by presenting it in ways that are meaningful for the consumer (Canadian Health Services Research Foundation, 2003). However, crafting effective stories takes time, skill and judgment of the end goal and audience of the research evidence. In addition, careful skill and attention must be paid to the delivery of the story, as the delivery can diminish or enhance the effectiveness of the story (Denning, 2006).

Stories can be shared as a way of simplifying complex issues or capturing the attention of others. It's thought that stories "work" through establishing an emotional connection with the reader and then provoking an emotional response that may facilitate enhanced knowledge



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retention. A simple anecdote or story may be more powerful in persuading individuals to adopt a particular approach to health care than only the results from rigorous research (Kosko, Klassen, Bishop, & Hartling, 2006).

Emerging Research on Storytelling

To learn more about the potential power of storytelling, we've combined the power of rigorous research findings with the art of storytelling to translate research-based knowledge to parents. In a research project led by Hartling and Klassen, we are testing the hypothesis that storytelling (via the use of storybooks distributed to parents) can effectively transfer research-based knowledge to parents of a child with croup (to view the registration information for this trial, see <http://www.controlled-trials.com/isRCTN/search.htm?l?srch=klassen&sort=3&dir=desc&max=10&Submit=SUBMIT>). The hypothesis guiding our research team is that storytelling reduces parental anxiety, enhances parental satisfaction with the health care encounter, improves knowledge exchange and ultimately improves patient outcomes and resource use (Kosko et al., 2006). We engaged a creative writer to acquire parents' experiences of

having a child with croup and integrated into the story research evidence regarding the most effective treatment approaches. In collaboration with an illustrator and graphic designer we developed booklets to deliver the stories in a visually engaging and easy-to-follow format. We're currently recruiting parents of children with croup into a multicentre randomized-controlled trial to test the effectiveness of the storybooks compared with standard information sheets. In addition, we're interviewing parents who participate in the study to understand why and how stories are an effective means (or not) of transferring information. Through this evolving research, we hope to learn whether stories are a viable strategy to transfer research evidence to health care consumers. If successful, we anticipate that this strategy could be used in many different types of clinical settings to help health care consumers understand their illness and make more informed health decisions. **NWH**



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