Storytelling Intervention for Patients With Cancer: Part 2—Pilot Testing

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**Purpose/Objectives:** To evaluate symptom reports and the impact of a nurse-led storytelling intervention in a supportive group setting on mood, stress level, coping with stress, pain, self-efficacy, and satisfaction with life in patients with cancer.

**Design:** Descriptive pilot project using a pretest/post-test control group.

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

**Sample:** Convenience sample of 10 patients with various cancer diagnoses; 7 completed the intervention.

**Methods:** Participants were randomly assigned to a storytelling or control group. Using a tool kit generated for this project, a nurse facilitator guided storytelling group participants in 12 1.5-hour sessions. Six instruments, symptom assessments, and a retrospective physician chart review were completed for each group. Data were analyzed using repeated measures analysis of variance.

**Main Research Variables:** Mood, stress, coping, pain, self-efficacy, and satisfaction with life.

**Findings:** Comparison of changes in group mean scores revealed a significant decrease in anxiety in the storytelling group despite disease progression. Documentation of psychosocial symptomatology by physicians is limited; however, nursing assessments were useful in determining psychosocial status before and after the intervention.

**Conclusions:** Results can be viewed only in context of a feasibility study and are not generalizable because of a limited sample size. A trained oncology nurse was able to use the storytelling intervention. Initial results are promising and warrant further study.

**Implications for Nursing:** After additional testing, the intervention could be used to enhance storytelling groups for patients with cancer or for individuals who are uncomfortable in or do not have access to storytelling groups.

**Background**

Stories allow articulation of an individual’s identity (the core of human dignity) to an immediate, interactive audience (Errante, 2000). This can be therapeutic and creates a bridge of trust, respect, and validation that ties people together (Errante; Sandelowski, 1994).

Formal storytelling has been explored in nursing education since the early 1990s (Boykin & Schoenhofer, 1991; Paterson et al., 1995). Narrative pedagogy has been called “a research-based innovative alternative for reforming nursing education” (Diekelmann, 2001, p. 53); since the 1980s, many researchers have investigated its use (Andrews et al., 2001; Ironside, 2003, 2004). Storytelling empowers nursing students (Branch, Min, & Anderson, 1999) and teaches them about clinical practice (Ramsey, 2000; Seifert, 1999) and the use of metaphor (Sutherland, 2001).

The concept of storytelling as a therapeutic modality in nursing practice has been discussed by others (Kahn & Steeves, 1995; Kirkpatrick, Ford, & Castelloe, 1997; Leight,

**Key Points . . .**

- Stress and anxiety levels of patients with cancer may be mitigated by a storytelling intervention.
- Noninvasive, inexpensive interventions that minimize anxiety and stress in patients are clinically useful to nurses.
- Many patients with cancer experience suffering, yet physicians may not treat or address psychosocial issues during office visits.
- Nurses customarily assess and intervene in psychosocial issues. Acknowledging suffering in a storytelling group could be a useful part of patient care.