

# Storytelling: How We Learn

Anne Katz, PhD, RN, FAAN

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*It is in the reflection on practice that we sort out our feelings and create our own stories about nursing as a discipline that allows for human connection.*

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Who among us does not like a good story? From childhood on, our lives are a series of stories, told by family and friends, colleagues and teachers. The best conference presentations tell a story with an interesting introduction, details in the middle, and a conclusion that leads to new research, questions or answers about practice, and perhaps further research on the topic. So, too, do journal articles, and this publication is dependent on the rigors of quality research to tell stories about our patients and their experiences and make suggestions on how we can effect change.

Qualitative studies tell stories in a way that quantitative ones do not, with rich descriptions of what participants say about their experience, direct quotes, and interpretations by the researchers that tell a story of what it all means. In this issue, you will find two such articles. One by Laing, Moules, Sinclair, and Estefan (2019) focuses on storytelling itself as a method to elicit understanding of the cancer experience of adults. The other by Rabelais, Jones, Ulrich, and Deatrick (2019) uses qualitative methodology to describe meaning making in adolescents and young adults who have survived brain tumors, as well as the experience of their caregivers.

We use storytelling in so many ways in oncology. When taking a health history, we ask patients to tell us their story and, in the listening, we learn not only about their illness, but also about their values and

beliefs. This, in turn, informs our interactions with them and becomes part of the story of their cancer that they share with others. We hear their stories as they sit in the chairs in our chemotherapy units, wait to see other members of the oncology team, or wait for blood test results. We listen to them in the dark hours of the night when sleep will not come and nurses are, as always, present in the inpatient units.

We encourage their stories in other ways, too. Journaling is an evidence-based intervention for patients with psychosocial distress during and after treatment. Some survivors have turned their journaling into self-help books for other survivors with great success. For those of us with a focus on psychosocial care, listening to the patient's story is a means to discover who our patients are to the very depths of their souls. In-person cancer support groups are themselves an outlet for storytelling, with participants sharing their experiences with the larger group.

I recently discussed a patient with our psychosocial department during their monthly case discussions. I have been seeing the widow of a patient who was treated here, and I wanted to share what we had been working on with my colleagues. One of the interesting aspects of providing psychosocial care is that there is not usually a right or wrong way to work with patients in that sphere. There are no prescriptions or care plans to follow, and the oncology care provider has multiple ways of working with the patient. I learned a lot from the opinions of and suggestions from the group and felt validated by them that what I was doing was, at the very least, on the right track.

Another form of storytelling is our own reflection on practice. Many of us were required to do this in our undergraduate program but have given up on that practice. This represents a loss because it is in

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the reflection on practice that we sort out our own feelings and create our own stories about nursing as a discipline that allows for human connection, perhaps like no other. I have the pleasure of writing a regular blog for *ASCO Connection*, and it is a reflection on practice that I enjoy so much. I sit down and write 900 words once a month about a patient or couple that I have seen. Most times, the stories have touched me in an elemental way, and I need to write to analyze my feelings about what has happened to them or my response to them. The stories that my patients tell me are meaningful in so many ways, whether it is the way they have dealt with adversity or their inability to do so. Their story may be so joyful that it lifted my spirits on a day when I felt sad in response to the pain and suffering that often comes with a cancer diagnosis. I often write about the lessons I learn from one much older or younger than me who dealt with circumstances that I am not sure would not break me. Occasionally, I am prompted to write about the injustices faced by patients who do not seem to be able to get a break from a system that seems not to respond in a way that they need.

In April, many of us will gather in California at the annual ONS Congress. We will hear presentations on a variety of tracks, including the latest oncology nursing research, practice issues, leadership, and advanced

practice topics. These tracks represent the stories of our daily working lives and serve to improve the care we provide to our patients. We will also have many opportunities to share our stories with old friends we see just once a year and learn about the stories from the new friends we make while waiting for sessions to start. Nursing is relational and relationships are based on stories. Where will your stories take you?



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