An evaluation of storytelling in NHS organisations has revealed it has great potential to improve services and patient experience, and can develop staff caring capabilities.

In this article...
- The role of storytelling in nursing
- How storytelling can drive service improvement
- Resources to help embed storytelling within organisations

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Abstract

Capturing the stories of patients, carers and staff can help drive service improvement. An evaluation among NHS organisations in NHS Midlands and East found that organisations are committed to using storytelling but how it is used varies widely. Where organisations took a systematic approach to storytelling, positive outcomes were more readily evident. This article gives examples of how individual trusts have used storytelling.

The use of storytelling by nurses is becoming an important tool for understanding how patients perceive the healthcare they have received. Patient stories build on survey information by allowing patients to give qualitative insights needed to improve the delivery of quality and flow of care.

Following the introduction of the Health and Social Care Act 2012 and architectural changes to the NHS, the newly formed NHS England, Midlands and East Patient Experience Network felt it was important to understand the impact of patient stories (NHS Midlands and East, 2012). The strategic health authority NHS Midlands and East (now defunct) wanted to create a revolution in patient and customer experience, with the use of patient stories at board level being central to this region-wide ambition.

In 2013, an online survey was carried out across the region to capture information from 100 organisations on the use of patient stories, supported by case-study interviews across 11 trusts. This highlighted that, although the use of patient stories across NHS Midlands and East’s area was relatively recent, it was widespread among trusts. There was, however, limited evidence of its use by commissioners. The survey concluded that “hearing” the patient voice enables a greater understanding of the issues affecting patients and brings reported experiences to life. It was unclear whether progress was continuing.

Background
After this survey, we conducted a study to look at the use of patient stories and their impact on NHS organisations in the Midlands and East region (as defined by NHS England). This comprised three strands of work; the main focus was understanding patient story programmes in action.

Using the Department of Health’s (2012) Compassion in Practice strategy to underpin the delivery action plan, the regional network highlighted that using patient stories to understand patient experiences is still a priority for the NHS. We therefore decided that conducting a formative evaluation would help gain a baseline from which developments could be targeted.

Aims
The study aimed to:
- Understand patient stories in action;
- Ensure rigour in the findings by using research-based methodology;
- Appreciate the organisational context critical to achieving the best outcomes from it

Within the new NHS structure, many organisations are still exploring how to use patient stories effectively

A storytelling programme framework and resources are available to guide organisations

Frontline health and social care staff can develop their compassion and caring capabilities through storytelling.

5 key points
1 Storytelling has a valuable role to play across health and social care
2 Understanding organisational purpose, culture and storytelling context is critical to achieving the best outcomes from it
3 Within the new NHS structure, many organisations are still exploring how to use patient stories effectively
4 A storytelling programme framework and resources are available to guide organisations
5 Frontline health and social care staff can develop their compassion and caring capabilities through storytelling.

Stories can help improve healthcare.
complexities in which storytelling was happening;
» Build strategic relationships and working partnerships while NHS England was in its first year as a commissioning body;
» Capitalise on any desire to progress the use of storytelling while the study was being done;
» Identify the progress of storytelling in the region since the 2012 survey had been carried out so the findings of this new study could be mapped against the results of the 2012 survey;
» Enable NHS England to learn from the study approach and method.

Method
Realist evaluation was the preferred approach to understand the:
» Complex causal relationships between the mechanisms used to support a patient story programme;
» Context in which the mechanisms were operating;
» Resulting outcomes.
Realist evaluation does not ask whether a programme works but seeks to understand what works across the region for whom and in what circumstances (Pawson and Tilley, 2004; 1997).

It was important to recognise and value the work done in the 2012 survey. This formed a basis for this study and helped to develop the initial theories to be tested.

NHS organisations (healthcare providers and commissioners) were invited to participate through identified patient experience leads from each regional area team. Data was gathered via an evaluation form that had previously been developed and tested. Additional supporting evidence was also submitted.

Through the responses, natural groupings of the different NHS organisations emerged, along with insight specific to each group. The findings were peer reviewed to give the analysis process rigour.

During the study a potential patient story programme framework emerged. This, with other resources identified during the literature review, gave a basis for a potential improvement framework. The realist evaluation findings were used to find out more about regional progress.

The initial stage of any realist evaluation is concerned with working through theories derived from previous understanding. For this study, the initial theory to be tested emerged from conversations, feedback from the pilot work, patient revolution literature, academic literature and personal knowledge.

A draft or hypothesised patient story programme was developed from this initial theory (White, 2013). To arrive at a final programme specification or framework, the data from the returned evaluation forms and supporting evidence were examined for relationships or outcome
In some commissioning organisations, stories are used on an ad-hoc basis to set context at meetings or raise awareness. It is clear that not all are using patient stories or placing value on them to inform commissioning work. Commissioning organisations that are using patient stories for internal or personal learning tend to use them in unstructured and informal ways, so it is difficult to evaluate the impact of their use.

**NHS healthcare providers**

We found providers use patient stories far more consistently than commissioners and a greater sense of value is placed on the learning they can provide. However, there is notable variation across the region in how they are used in practice.

Interestingly, staff stories were found to have an emerging important role in these organisations. The case studies in Boxes 2 and 3 highlight how trusts in the Midlands and East regions are using patient stories to improve patient and carer experiences.

**Study outcomes**

The ultimate outcome of this study was the emergence of a potential storytelling programme framework (Table 1). This, along with other resources identified through the literature review, will be published in a final report later this year. These resources, which provide the basis for a potential improvement framework, may be useful for all learning organisations in the region that want to develop the use of stories.

**Week of action**

To effectively communicate the study findings and help organisations share their storytelling learning with others, a regional week of action took place in September 2014. This created further interest in storytelling and to date has resulted in a series of personal pledges being made, and resources and storytelling templates being shared between organisations.

Patients, members of the public and health professionals were encouraged to join the conversation and share their experiences of patient stories. The hashtag #PtStories was included in tweets before and throughout the week. Fig 1 shows the most-used phrases by users of the hashtag about patient stories and the week of action.

A focus of the week was a national Twitter chat, which raised many questions about developing the regional work in conjunction with other organisations to develop a national programme or campaign. Work is ongoing in the region to develop a resource hub with an online toolkit. Organisations are being encouraged to share their case studies, templates and resources to support others and develop storytelling in the region.

**Implications for practice**

Our work has highlighted that formal structures need to be in place to help the storytelling process, particularly within meetings, to create outcome-focused thinking and action planning. This enables the learning from the story to translate down to ward and individual practitioner level, thereby creating a visible evidence trail of organisational learning that is open to external scrutiny.

Strategic and operational leadership will embed the storytelling programme into the heart of the organisation and ensures all the processes are well supported and connected internally. Formalised support for the listener and the storyteller is vital; however, this emerged as one of the least-evident components of a storytelling programme across all organisations.

Evidencing the impact of the stories – and the outcome felt by the storyteller in particular – will drive satisfaction, thereby leading to greater programme support from storytellers and organisational learning. Across all organisations, there was little observable evidence of systematic learning and programme development.

No “one-size” toolkit will fit all organisations, which is why it is important that there is a local drive progressing storytelling nationally, regionally and within individual organisations.
A widened interpretation and use of the term “patient story” is needed – as such, storytelling programmes should consider the local value of using staff and carer stories alongside patient stories.

Conclusion

The commitment and use of patient stories remains strong within the NHS England Midlands and East region and, within the new NHS architecture, many organisations are still exploring the value of patient stories and how to use them effectively.

This study provides further evidence that ongoing storytelling conversations are needed in a way that ignites and inspires action. However, understanding the local context – what works for whom and under what circumstances – and sharing that knowledge, is pivotal to achieving storytelling success for all.

Storytelling can be used in various ways, including to develop leadership skills. Denning (2005) highlighted its importance for developing leaders, stating it offers a route to the heart; this is where you must go if you are to motivate people, not only to take action but also to do so with energy and enthusiasm. He states that, in transformational change, leadership involves inspiring people to act in unfamiliar and often unwelcome ways – and that PowerPoint slides or presenting cascades of numbers or data will not achieve this goal.

Effective storytelling has the potential to translate the goal into a compelling picture that will improve the services we deliver for patients and their families as well as for staff. NT

- The full report, What’s the Story? Storytelling within the NHS (Midlands and East) (NHS England, Midlands and East, 2014), summary version and brief details of when action can be found at: tinyurl.com/NHSMESTorytelling

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<thead>
<tr>
<th>TABLE 1. FINAL STORYTELLING PROGRAMME FRAMEWORK</th>
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<tbody>
<tr>
<td>Context</td>
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<tr>
<td>CM01 – Stories are used to learn from patient/carer/staff experiences within the organisation</td>
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<td>C1</td>
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<td>CM02 – Patients/carers/staff benefit from the organisation using stories</td>
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<td>C2</td>
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<tr>
<td>CM03 – Patients/carers/staff develop the skills and knowledge that support the use of stories within the organisation</td>
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<td>C3</td>
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<tr>
<td>CM04 – Innovation and improvement to the organisational structure/process occurs based on review/evidence/evaluation findings</td>
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<td>C4</td>
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<td>CM05 – The organisation learns from stories and effectively communicates that learning</td>
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<td>C5</td>
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References


Department of Health (2012) Compassion in Practice. tinyurl.com/CompassionNurses


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