



Storytelling/narrative theory to address health communication with minority populations



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ABSTRACT

Purpose: To explain the development and application of storytelling/narrative theory in health disparities intervention research as a way to promote health communication and behavior change among racial, ethnic, and minority populations.

Findings: The proposed storytelling theory helps explain that storytelling affects changes in attitude and health behavior of the viewer through realism, identification, and transportation.

Conclusions: The proposed storytelling/narrative theory can be a guide to develop culturally grounded narrative interventions that have the ability to connect with hard-to-reach populations.

Clinical Relevance: Narrative communication is context-dependent because it derives meaning from the surrounding situation and provides situation-based stories that are a pathway to processing story content. Although storytelling is grounded in nursing practice and education, it is underutilized in nursing interventional research. Future efforts are needed to extend theory-based narrative intervention studies designed to change attitude and behaviors that will reduce health disparities among minorities.

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1. Introduction

Human beings make sense of their experiences by telling fictional or nonfictional stories to provide coherence and meaning to the whole of their lived experiences (Fisher, 1984). The findings of recent studies point to the fact that storytelling may be a particularly effective way to enhance health communication and promote behavior change within those racial, ethnic, and minority populations who possess a rich tradition of storytelling (Houston et al., 2011; Kreuter et al., 2007; Larkey, Lopez, Minnal, & Gonzalez, 2009; Murphy, Frank, Chatterjee, & Baezconde-Garbanati, 2013). The study findings also have indicated that storytelling may have the potential to facilitate identification of sociocultural factors that influence population health outcomes. Nurses have always listened to patients' stories and used them to affect positive health outcomes through research, practice, and education (Sandelowski, 1991; Smith & Liehr, 2014). Furthermore, nurses frequently use methods that provide opportunities for patients, families, and community representatives to share narratives about how they experience wellness and illness within the context of their values and health-related behaviors. Sandelowski (1991) claimed that a narrative framework affords nurses special access to the human experience and obligates them to listen to the human impulse to tell stories.

A growing body of literature has focused on the types of narrative methods and ways in which storytelling enhances health communication in education, practice, and research (Houston et al., 2011; Robin, 2006; Smith & Liehr, 2014). In general, types of storytelling include: (1) personal narratives—stories that contain accounts of significant incidents in one's life; (2) historical documentary—stories about dramatic events that help people to understand the past, and (3) stories designed to inform or change the audience/listener's attitudes about a particular concept or behavior (Robin, 2006). The purpose of this paper is to examine the potential of storytelling/narrative theory to inform narrative-based interventions designed to reduce health disparities. The paper also includes discussion of the application of storytelling as a way to promote health communication and behavior change among racial, ethnic, and minority populations.

2. Storytelling for health communication intervention

Major western science is based on logical deductive reasoning and, therefore, communicates health messages as a list of risk factors, recommendations, prevention steps, symptoms, and treatment options (Kreuter et al., 2007). In contrast, non-western societies have relied on an oral tradition, narratives, and storytelling as primary means to help people understand and make sense of their wellness and illness experiences and to change their knowledge, attitudes, and health behaviors. Storytelling includes the elements of concept, character, theme, structure, and voice, and all of which are transmitted through oral, pictorial, written, or film media forms. The purpose of storytelling is not only to

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describe a situation but also to motivate people to act in a certain way (Kreuter et al., 2007). Study findings have indicated that health communication interventions are most effective when used with populations who have a strong storytelling tradition, such as African American and Hispanic people, when their relevant cultural elements are represented (Houston et al., 2011; Kreuter et al., 2007; Larkey et al., 2009). Furthermore, storytelling expands our understanding of social determinants of health by illustrating culturally grounded messages and experiences of the target audience in their local settings. Therefore, it is possible that storytelling is a powerful way to raise awareness about the factors that could reduce health disparities.

3. Storytelling/Narrative theory

Two theories are especially appropriate guides for nursing interventions using storytelling—story theory (Smith & Liehr, 2014) and narrative theory (Fisher, 1984).

Smith and Liehr (2014) explained that the essence of their story theory always has been the story and pointed out that “The ontology [of the theory] affirms that ‘story is an inner human resource for making meaning,’ and the epistemology is based on the understanding that ‘middle range theory bonds research and practice in a method of knowledge development’” (Reed, cited in Smith & Liehr, 2014, p. 225). They regard story as “central to nursing practice” (p. 245).

The three interrelated concepts of story theory and the definitions of these concepts are:

- Intentional dialog, defined as “purposeful engagement with another to summon the story of a complicating health challenge” (Smith & Liehr, 2014, p. 230).
- Connecting with self-in-relation, defined as “the active process of recognizing self as related with others in a story plot” (Smith & Liehr, 2014, p. 231).
- Creating ease, defined as “an energizing of the ease experienced as the story comes together in movement toward resolving” (Smith & Liehr, 2014, p. 232).

The statement that links the three concepts is: “[S]tory is a narrative happening of connecting with self-in-relation through intentional dialogue to create ease” (Smith & Liehr, 2014, p. 229). Story theory guides nursing practice through the nurse’s gathering of stories by engaging in intentional dialog with a patient and inviting the patient to tell his or her story of a health challenge. This middle-range theory asserts that a true connection to a story occurs through nurses’ non-judgmental listening, consistent guidance, and providing a safe environment (Smith & Liehr, 2014). Nurses assist the patients to describe the plot of their story and how the story leads to resolution of the health challenge and to uncover the previously unknown meaning to the storyteller (Smith & Liehr, 2014).

The narrative theory is based on the assumption that humans are natural storytellers who understand and interpret their life experiences as ongoing narratives (Fisher, 1984). Various branches of narrative theory explore the essential nature of stories and explain how stories/narrative messages help people make sense of their world and the process through which a listener/viewer constructs meaning from a narrative and what attributes make a narrative/stories interesting, transport, and persuasive (Busselle & Bilandzic, 2009; Fisher, 1984; Green & Brock, 2000; Murphy et al., 2013).

The core concepts of narrative theory and their definitions are: 1) transportation, defined as the mental process that integrates attention, imagery, and feelings that occur in response to narratives (Green & Brock, 2000). Transportation is a means by which narrative can influence beliefs. The concept of transportation is drawn from transportation theory (Green & Brock, 2000), which provides a distinctive foundation to understand the cognitive–affective influence of narrative communication. Inclusion of transportation in the narrative theory of health communication addresses the experience of people who are exposed to narrative and enter into the world of the narrator, which enhances the

influence of the narrative; 2) identification, defined as an experience in which readers or viewers adopt the perspective of a character and see the narrative event through the character’s eyes (Busselle & Bilandzic, 2009). Identification is an important mechanism through which narrative communication changes attitudes or exerts persuasive influence; 3) realism, defined as whether the story is perceived to be authentic and similar to the real world from the listener/viewer’s perspective (Murphy et al., 2013).

Links between these three concepts have been explained as follows: 1) transportation theory explains how a story changes attitudes, self-efficacy, intention, and behaviors (Houston et al., 2011) by breaking down cognitive resistance in the listener/viewer. This occurs through transformation and identification because the storyteller capitalizes on commonly used ways of interacting, which increases personal relevance and reduces counter-arguing for the listener/reader (Kreuter et al., 2007); 2) identification with characters increases absorption, reduces counter-arguing, and thus enhances the listener/viewer’s acceptance of the values and beliefs portrayed in the story. Individuals seem to learn more from characters whom they like, want to be like, or feel as if they know (Slater & Rouner, 2002). Similarly, according to Bandura’s (2002) social cognitive theory, individuals learn not only from direct experiences but also by observing others and modeling the observed behaviors; and 3) realism in a story increases engagement or transportation for the listener/viewers (Busselle & Bilandzic, 2009). The more the listeners/viewers perceive the character in the storytelling and the events involving the character as real, the greater the likelihood of identifying with the character.

Although the potential of story theory as a guide for holistic nursing interventions is strong, we selected the narrative theory as the basis of our proposed Storytelling/narrative communication (SNC) theory to inform storytelling/narrative-based intervention among disadvantaged and minority populations (Fig. 1). Fisher (1984) stated that communications between narrators and listeners is in the form of stories focused on the ways people structure reality, including health behavior changes. Storytelling/narrative messages in the proposed SNC theory will be used as a tool to communicate a point to the target populations; in this case, the primary beneficiary is the listener/viewer. The SNC theory posits that the quality, cultural relevance, and logic of storytelling affects changes in the listener’s behavior, attitudes, and motivation through the interactions of transportation, identification, and realism. Effective storytelling emphasizes real, first person narratives with realistic visual and literary images of people’s lives and environments.

4. Conclusions

Traditionally, health information communication has relied on the discursive paradigm approach of presenting reasons and arguments based on statistical data in favor of a particular behavior to convince the target audience to take a desired action. However, within the context of health communication, it has been repeatedly pointed out that current health communication methods have not adequately addressed the needs of diverse populations or their health disparities. Many Americans do not understand the health information they receive to

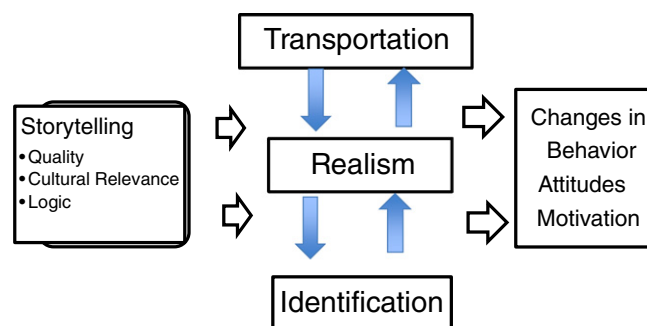


Fig. 1. Storytelling/Narrative communication (SNC) theory.

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