STORYAID.EU STORYTELLING SCOPING REVIEW

ERASMUS+ PROGRAMME

2014-2020

KEY ACTION 2: STRATEGIC PARTNERSHIP

HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

AGREEMENT N°2019-1-ES01-KA203-065728

StoryAidEU
Humanizing Healthcare Education through the use of Storytelling

International Network for Health Workforce Education

Co-funded by the Erasmus+ Programme of the European Union

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STORYAID - HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

Literature Scoping Review: Storytelling

October 2020

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This scoping review is a summary of published research literature relevant to the topic of storytelling and teaching and learning methods. Our aim is to create familiarity with current research, assess emerging evidence and address future research development in the Erasmus+ StoryAidEU project.

Introduction

Storytelling is a powerful tool which has the capacity to enhance teaching and research. It is a therapeutic non-invasive human process which dignifies and respects the humanity of the person, and has existed across many cultures. It has a presence in education, the therapeutic environment, social and civic development, and in many global contexts. For example, all 50 of the African countries have aspects of storytelling in their cultures as well as many of the indigenous peoples across North America and Australasia. In Europe, cultures such as those of the Celtic nations and the Romany peoples use oral tradition and storytelling to record their history of place and people. The origins of story, storytelling, and its indigenous use, is outside the scope of this report. However, it is interesting to note that Charen (1951) links the origin of the medical profession to its linguistic roots,

> 'The word MEDICINE comes from the Latin medico from medeor (I heal, cure), which is related to the Greek verb μέδομαι (medome; take care of, think, execute with great art).' (Charen, 1951 p.216)

Charen posits the argument that medicine was always couched within a requirement to utilise narrative as an equal responsibility to support and elicit stories for the purpose of 'taking care of' the patient/vulnerable person.

In Anderson (2015), there is a concerted effort to explore and extend the connections between narrative/storytelling and medicine, to further demonstrate that both approaches are intricately connected. He suggests that the entrenchment of healthcare professional relationships excludes the patient from the process of 'getting better'. Ingemark (2013) believes (as does Mehl-Madrona, 2007) 'that people can come to terms with their problems by speaking about them' (p.8), and that there are definite positive physiological impacts upon the human being, when storytelling is employed as an embodied experience and discipline by the practitioner. Ford (2000) makes the point that the intricate roles both the physician and patient embodies is one of 'guide' and 'traveller', respectively. (p.17). Hall finds an agreement with Ford's 'guide & traveller' experience, and warns of the problems that seem to emerge as a result of the unsatisfactory power dynamic between the healthcare professional who seek to 'mend' the person, rather than engage with their stories. In this way, the healthcare professional 'interrupts' constantly the stories that are being expressed (p.5). Their training requires a systematised relationship with patients, requiring only a 'Yes/No' response prior to diagnosis.

There cannot be a 'one-size-all' approach to healthcare and healthcare education. Such approaches cause problems in interpretation and analysis, as demonstrated by Hall's (unpublished) discourse research. This links with the experiences of retired African nurses, who by sharing their stories, citing the impact of 'colonialism', also created a 'bridge' upon which other healthcare professional may walk. In so doing, they challenge and encourage cultural narratives, exploring the humanness and passion for their existence. 'Their stories provide rich texts that offer alternative concepts of nursing identity formation and professionalism. They also provide evidence of African nurses' value systems and help to clarify why they did their work' (Hall, 2011 p.22)

The themes identified above are outlined below:

- co-creating healing stories for both patient and staff are critical to healthcare.
- the celebration of, and exploration of shared of identities is fundamentally supported by utilising storytelling.
- reaffirming the humanity that exists between each person, empowers and honours all those who participate.
- ‘getting better’ is not simply a biomechanical goal, but it must also include a reintegration of mental and spiritual health.

These themes identify that the incorporation of storytelling within healthcare systems can radically affect the quality, type and depth of the training for medical professionals.

To carry out a narrative-based intervention, such as storytelling, requires training. However, it is training, combined with the knowledge of self and others, with the embodiment of specific skills that will disrupt and re-humanise healthcare and healthcare education. This will take into account the parameters of different treatment contexts and the characteristics which describe the types of intervention that are current within healthcare.

The concept analysis already undertaken in the project explored what was meant by ‘storytelling’ and provided more context as to its relevance in the ‘Humanizing Healthcare Education through the use of Storytelling’ (StoryAidEU) project. A concept analysis is a strategy that allows one to examine the attributes or characteristics of a concept (Walker, Avant, 2005). The framework used was proposed by Walker and Avant and it is the most frequently used model in healthcare practice settings. Storytelling is fundamentally a process whereby its very nature is interactive, participatory, and experiential and creates opportunities to experience and learn in challenging and difficult personal and professional circumstances, but in a safe environment.

The purpose and mission of the StoryAidEU project is to rehumanise healthcare through teaching storytelling. This requires a respectful and dignified understanding of the person. This has already become an acceptable way of ‘enhancing the education of an individual’ (Anderson, 2015). Using the techniques of storytelling and applying them to patient care will allow healthcare professionals to understand the validity of its application, further highlighting the need for teaching and learning the topic in the healthcare curricula.

Scoping the review

The aim of this review is to describe Intellectual Output three, Storytelling. There is a need to identify whether there is a role within healthcare professionals' training for the addition of Storytelling. The concept analysis already reported (please see StoryAidEU :Storytelling Concept Analysis), and this scoping review of the literature will build the evidence base for the development of the Delphi study.

A scoping review method was used to explore literature sources in relation to storytelling and narrative medicine in a healthcare setting. This method has become an increasingly popular approach for identifying and collating research evidence in a specific field of interest (Pham et al, 2014; Sucharew and Macaluso, 2019). It is suited to examining both the breadth and depth of literature available in terms of volume, nature and characteristics in order to present a narrative or descriptive overview. It is particularly appropriate to hypothesis generation, and has become an increasingly common approach for mapping broad topics (Arksey and O'Malley, 2005).

The scoping review differs from a systematic review in that it incorporates all study methods and designs, all types of literature sources and all types of interventions, including published, unpublished and 'grey' literature (Tyndall 2010). It does not seek to evaluate the quality of studies or research findings. It does however, follow the principles of systematic reviews in that reviews should be robust, and documented in sufficient detail to be replicable, reliable and valid, particularly as there is potential for bias due to selective inclusion criteria (Arksey and O'Malley, 2005; Grant, 2009; Munn et al, 2018).

Generally, a scoping review uses a framework for the sourcing and selection of literature. The methodological framework for scoping reviews was developed by Arksey and O'Malley (2005), and has been further refined by Levac et al (2010), the Joanna Briggs Institute (Peters et al, 2020), and Tricco et al (2016, 2018) through the development of the PRISMA-ScR guidelines to facilitate consistent reporting of findings. Arksey and O'Malley's (2005) framework for scoping reviews consists of a five-stage process, with an optional sixth stage, as a model for scoping an area of interest, and has frequently been used for scoping reviews in the healthcare setting.

- Step 1: Identify the research question
- Step 2: Identify relevant studies
- Step 3: Study selection
- Step 4: Chart the data
- Step 5: Collate, summarize, and report the results
- Optional Step 6: Consultation exercise

At the end of this stage in our research when the three scoping reviews on Storytelling, Humanism and IPE were near draft completion, a Delphi study was used as the consultation exercise (Step 6) to discover the views of possible collaborations with stakeholders, to co-create a consensus approach to the development of resources for our research project.

Step 1: Identify the research question

The research question was defined as: How is storytelling been used to inform healthcare and humanism in healthcare education?

Step 2: Identify relevant studies

Google Scholar and Mendeley were used to search for relevant literature sources during the period 2010-2020. To ensure that all documents were current in the discussion concerning storytelling and its links with healthcare, to identify the most recent documentation, or lack thereof. However, four articles were selected outside of the ten-year timeline, because they significantly added to the appreciation of the specific relevance to the definitions of 'narrative medicine and storytelling'.

The review focused on two specific themes: 'Storytelling' and 'narrative medicine', using the search terms 'Storytelling' AND ?, and 'narrative medicine' AND ?. The term 'narrative medicine' was considered appropriate as a search term as it is used in a medical approach that utilizes people's narratives in clinical practice to help with the healing process (Charon, 2006). Sources were limited to full-text journal articles in the English and Italian language because of the language skills of the two main reviewers (VB and LP). Validity was checked by another researcher from the project team with an expertise in storytelling (EA).

This resulted in the identification of a significant number of sources, with duplication across search terms: of which eight were selected for inclusion on the basis of meeting the eligibility criteria, and relevance and applicability to the definition of Storytelling used in the review and the research population.

Step 3: Study selection

Any quantitative or qualitative studies, systematic reviews of Storytelling interventions published in English and Italian, between 2010 and 2020, and capturing explicitly Storytelling and healthcare education were included. Studies outside these dates, language, and context were excluded. Data extraction was conducted by the authors of this report (VB and LP) and reviewed by a member of the project research team (EA). The criteria for the selection of the studies were based on the research question and the inclusion and exclusion criteria.

Step 4: Chart the data

The research team developed a data-charting form based on premise, methods and conclusion for the papers considered in the scoping review. These forms were used throughout the three literature reviews for the project Storytelling, Humanism and IPE to create consistency across the project. A narrative review method was used to extract context and process across the studies discussed in reviews. Below are the data charts for this topic.

4.1 Mehl-Madrona, L. (2007a). The Nature of Narrative Medicine. The Permanente Journal, 11(3), pp 83-86.

Premise: 'When we speak, we usually speak to others and we speak about something (or about others) and we do both at the same time, and by use of discursive means (such as lexical devices, syntax, and gestures). In essence, we tell a story short or long. Our conversations are full of vignettes and tales, as are our diversions and entertainment', (p.83).

The manner in which we communicate, creates opportunities to share and create stories.

Method: Treating illness without considering the lives and stories of those people suffering from those illnesses. Position Paper. Through the doctor-patient dialogue, patients learn how to be patients, what to expect from life with an illness, and how to approach their illness. The conventional paradigm takes all accountability away from the sufferer except for taking medications as prescribed. The life story is not explored. Unfortunately, expectation is important in predicting outcome. A pessimistic expectation leads to a more pessimistic outcome. The 'patient's story' has huge effects on the course of the illness.

Conclusion: Narrative medicine: appreciating the rich stories we have gained in our training, appreciating the stories our patients and their families bring us, and seeing ourselves as co-authors in the creation of new stories that have uncertain endings, at least while they are being written.

4.2 Hall J. M., Powell J. (2011). Understanding the person through narrative. Nursing Research and Practice, (May).

Premise: 'What is your story?' The narrative approach to mental health patients, both ensures they are participant in their recovery, but also become a significant agent in their own healing.

Method: This paper outlines the positive impacts of sharing stories. The purpose of this paper is to provide basic conceptual information about narratives, and to provide useful approaches to mental health nursing care when the client is understood from a narrative perspective.

Conclusion: A narrative approach stands in contrast to a yes/no algorithmic process in conversing with clients. Eliciting stories illustrates the social context of events, and implicitly provides answers to questions of feeling and meaning. It is useful to include background on narrative, insights from narrative research, and clinical wisdom to explain how it is possible to understand the narrative of the person; which can improve mental health nursing services. Implications for theory, practice, and research are discussed.

4.3 Wall B. M., Dhurmah K., Lamboni B., Phiri E. (2015). 'I Am a Nurse': Oral Histories of African Nurses. Continuing Education, 115(8).

Premise: African voices have long been suppressed and excluded by Western academic disciplines. The shared oral histories of the retired African healthcare professionals not only provided insight into the impact colonial systems had on their stories, but also provided evidence of value and cultural systems that created passion, which underpinned their work.

Method: The writers wanted to better understand the local history of nursing from the perspectives of indigenous people, drawing particularly upon the accumulated reflections of older nurses. To that end, they collected and shared the oral histories of a sample of African nurse leaders who studied and practiced nursing during the late colonial era (the 1950s) and subsequent periods of decolonization and independence (the 1960s and 1970s). It must be kept in mind that the word 'Africa' refers to the entire continent, which is home to more than 50 nations.

Conclusion: The findings also support the use of Storytelling as a culturally appropriate research method. Participants' stories provide a better understanding of how time, place, and social and cultural forces influenced and affected local nursing practices. Their stories also reveal that nursing has held various meanings for participants, including as a means to personal and professional opportunities and as a way to help their countries' citizens.

4.4 Gubrium C. A., Fiddian-Green A., Lowe S., Difulvio G., Del Toro-Mejias L. (2016). Measuring down: evaluating digital Storytelling as a process for narrative health promotion. Qualitative Health Research, 26(13), 1787-1801.

Premise: Digital Storytelling (DST) engages participants in a group-based process of creating and sharing narrative accounts of life events.

Method: This article examines findings from a two-year mixed-methods study, National Institutes of Health (NIH funded) study, that focuses on the effects of the DST process on workshop participants. Specifically, they wanted to know if the DST process affected a participant's self-esteem, sense of empowerment, social support, or sexual attitudes or behaviours. They also wanted to understand other possible effects of the process on participants' overall sense of wellbeing.

Conclusion: Quantitative results did not show significant changes in the expected outcomes. However, in their qualitative findings they identified several ways in which the DST made positive, health-bearing effects. They argue for the importance of 'measuring down' to reflect the locally grounded, felt experiences of participants who engage in the process; as current quantitative scales do not 'measure up' to accurately capture these effects. They end by suggesting the need to develop mixed-methods, culturally relevant, and sensitive evaluation tools that prioritize process effects as they inform intervention and health promotion.

4.5 Wallace, D. R. (2016). Reflective Writing: Factors That Influence the Successful Transition Of Nursing Students Entering Into Their Second Semester Of A RN-ABSN Program. Journal of Nursing Education and Practice, 6(10), 43-50.

Premise: Identifying factors that influence the successful transition of nursing students entering into the second semester of an ABSN (Accelerated Bachelor of Science Nursing) program sets off one's actions. The organisation instituted a writing facility for the students to reflect upon their journeys through the course

Method: A group of seventeen ABSN students in the second semester medical surgical clinical participated in the reflective journaling at the beginning and end of their experiences in training as a part of their preparation for a clinical rotation. Qualitative content analysis was deemed complete when agreement was reached regarding major themes. Dependability was achieved by the researchers using the participants' own words to support the themes and conclusions. Themes were identified from the participating students' journals over the prior two-year period.

Conclusion: Students are using critical reflection to improve practice. The reflective journals assisted the students in gaining insight into their professional careers. A range of themes emerged concerning nursing practice, i.e. therapeutic touch, confidence level, prioritization of patient care, caring, communication.

4.6 Tatli Z., Turan-Guntepe E., Gamz- Ozkan C., Kurt Y., Caylak-Altun E. (2017). The use of digital Storytelling in nursing education, case of Turkey: Web 2.0 Practice. EURASIA Journal of Mathematics Science and Technology Education, 13(10), 6807-6822.

Premise: It is necessary to use effective and interesting teaching methods, which are alternative to traditional teaching methods, support meaningful learning, and address the changing characteristics of learning. Storytelling provides learners with an opportunity to narrate their own personal experiences and to develop emotional communication skills.

Method: Study Design mixed research model, Study Group, Implementation Phase of the Study

Conclusion: The aim of the study was to evaluate the effects of nurse candidates' digital Storytelling boards and hand-drawn Storytelling boards (the current method) on processes of empathising with patients and analysing the case. The study design of a mixed research model was conducted with the first year nursing students in Turkey. Digital Storytelling would be an alternative and effective teaching method for nursing education.

4.7 Bert G., Quadrino S. (2018). La medicina narrativa: una moda o un'esigenza per la personalizzazione della cura? Sistema Salute, 62(3), 314-322.

(Translation: Narrative medicine: a fashion or a need for the personalization of care?)

Premise - Translation: The risk of narrative medicine becoming a fashion exists, just as storytelling, has become fashionable. The strength of narrative medicine is its inherent sensitivities and its ability to link narration to contexts related to medicine. It is in this framework that we must rigorously place any narrative medicine intervention: a treatment framework, with objectives of care and co-created story making.

Method – Translation: The narrative competence of the healthcare professional is based on the ability to take responsibility for making each narrative moment-to-moment of care. The professional must be aware that, in those moments, both he and the patient are narrating:

- themselves
- their relationship
- their image of the disease (the one experienced by the patient, the one that the doctor knows through his clinical experience) and this exchange acts on the relationship of care, on the relationship of trust, on the results themselves of the treatments and clinical interventions.

Patient and caregiver walk side by side. The conversations build new, opportunities to experience different narrative processes. This may have a goal, but the process is developmental and infinite.

Conclusion - Translation: To carry out a narrative-based treatment intervention, training is required that combines specific knowledge of the conduct of the narrative interview applied to the healthcare field, taking into account the rules of the different treatment contexts and the characteristics of the different types of intervention to be carried out. Carry out: informative, educational, motivational, support in decisions, support in the care path.

4.8 Cersosimo G. (2019). Storytelling in medical education programs. Italian Journal of Sociology of Education, 11(3), 212-225.

Premise: Healthcare students in Italy are not aware of the social web that becomes affected as a result of disease. Would sharing of practise stories, and how this affected more than the patients, their social environment, the medicine of the person, etc. have any effect upon the students?

Method: The methodological approach in this study was 'Pilot Action Research' aimed at emphasizing, promoting and developing a system for acquiring knowledge through Storytelling and applying it to the 'Sociology of Health and Illness'. The research was conducted by planning, acting, monitoring and reflecting on patients' stories by viewing audio-video evidence on the relationships among physicians, nurses and physiotherapists, the patient, their family and their needs.

Conclusion: This article attempted to explore how the utilisation of a narrative approach and storytelling discipline affect to learning and social awareness for medical professionals. If practiced widely, these could bring great benefits to the healthcare system as a whole. This contribution is the result of teaching and researching at the University of Salerno in a degree program aimed at improving students' learning and professional progress through the study and application of 'The Sociology of Health and Illness'.

4.9 Zak, Paul, J (2015). Why Inspiring Stories Make Us React: The Neuroscience Of Narrative. Cerebrum 1-13.

Premise: Stories can fundamentally change our lives and give us deep insight into our behaviours and psyche.

Method: The basis of the research began as reaction to experiencing the impact of being self-aware. The viewpoint taken from a neuroscience gaze, enables the reader to identify the neurochemical relationships with narrative. The fragile molecule, oxytocin, also incorrectly known as 'the love hormone', was found to have a particularly significant impact in developing relationships. This, in a healthcare environment, is especially interesting.

Conclusion: In addition to the more robust, cortisol, the human being will chemically produce tools (neurochemicals) to enhance relationships, should they demonstrate an understanding of a human beings need to be supported, cared for, and a holistic respect for supporting the dignity of the individual and community. In short, the medicine of the person as coined by the Christian psychologist, Paul Tournier in the mid-1940s, asks the reader to recognise that the 'community' in which the patient (vulnerable person) is located, is far larger than just the healthcare professional and specific to the recovery of the patient.

4.10 Carter, Carol & Lederhendler, I. & Kirkpatrick, Brian. (1997). The Integrative Neurobiology of Affiliation. Annals of the New York Academy of Sciences. 807. xiii-xviii. Doi: 10.1111/j.1749-6632.1997.tb51909.x.

Premise: The impact of social affiliation on how this affects the behaviours and thinking of individuals, is of import when the need to experience story happens as a member of a group, community, etc.

Method: The paper outlines the critical nature of specie-specific relationships, and how this encourages social acceptance, interpersonal challenge, behavioural change, etc. The researchers explore different types of affiliation and how this type of behaviours may lead to a range of associated behaviours supported by a specific cocktail of neurochemicals.

Conclusion: Within the healthcare environment, affiliation and the power dynamics defined by the healthcare staff and the patients together reconnect and rediscover stories. The community that surrounds the patient, is not restricted to their loved ones, it also infers that this includes all healthcare staff. It is this wider community that consistently enables, the healthy production of appropriate neurochemicals and empowering behaviours upon the patient, and their proximal and distal communities (proximal : family, loved ones ; distal: healthcare staff) . 'Careful examination of the behavioural, cognitive, and emotional details of the social expression of psychopathology in people, such as vocalizations, gaze aversion, or perserverative (sic) movements, may inspire appropriate studies in nonhuman primates or other animals.'(p.xviii)

Step 5: Collate, summarize, and report the results

In this stage of the scoping review a thematic table was constructed based on the data charting forms that was used to provide an overview of the breadth of the literature. Below in Table one, is the thematic analysis and conclusions.

Table 1: Scoping literature review – Storytelling (Fuller details of papers can be found in Step 4)

#	Article	Country	Premise	Methods	Conclusion
4.1	Mehl-Madrona (2007a)	Canada	The manner, in which we communicate, creates opportunities to share and create stories.	The 'patient's story' has huge effects on the course of the illness	To be co-authors in the creation of new stories that have uncertain endings, while they are being written.
4.2	Hall and Powell (2011)	USA	Narrative approach to mental health patients, ensures they participate in recovery and be an agent in their own healing.	Basic conceptual information about narratives, providing useful approaches to mental health nursing care when client is understood from a narrative perspective.	Eliciting stories illustrates the social context of events, and implicitly provides answers to questions of feeling and meaning.
4.3	Wall et al (2015)	Togo, Malawi, Mauritius	African voices have long been suppressed and excluded by Western academic disciplines	Collected and shared the oral histories of a sample of African nurse leaders from 1950s-1970s	Findings support the use of storytelling as a culturally appropriate research method.
4.4	Gubrium et al (2016)	USA	Digital Storytelling engages participants in a group process of creating and sharing narrative accounts of life events.	Findings from a two-year mixed-methods study,	Quantitative results did not show significant changes in the expected outcomes. Qualitative findings identified several examples of good practice
4.5	Wallace (2016)	USA	Identifying factors that influence the successful transition of nursing students	Reflective journals from nursing students were qualitatively analysed.	Students are using critical reflection to improve practice
4.6	Tatli et al (2017)	Turkey	Storytelling provides learners opportunity to narrate their experiences and develop emotional communication skills.	Mixed group research and analysis on storyboards	Digital Storytelling would be an alternative and effective teaching method for nursing education.
4.7	Bert and Quadrino (2018)	Italy	Narrative medicine intervention needs to have a treatment framework, with	Patient and caregiver conversations build opportunities to experience different	To carry out a narrative-based treatment

			objectives of care and co-created story making.	narrative processes. This could be the goal but the process is developmental	intervention, training is required
4.8	Cersosimo (2019)	Italy	Healthcare students in Italy are not aware of the social web that becomes affected as a result of disease.	Pilot Action Research aimed at emphasizing, promoting and developing a system for acquiring knowledge through Storytelling and applying it to the 'Sociology of Health and Illness'.	Explored how the utilisation of a narrative approach and storytelling discipline affect to learning and social awareness for medical professionals
4.9	Zak (2015)	USA	Stories can change our lives, and give us insight into our behaviours and psyche.	The research began as reaction to experiencing the impact of being self-aware and analysed the impact of oxytocin.	Human beings chemically produce tools (neurochemicals) to enhance relationships, should they demonstrate an understanding of a human beings need to be supported, cared for etc
4.10	Carter et al (1997)	USA	The impact of social affiliation on the behaviours of individuals, is of import when the need to experience story happens as a member of a group, etc	The researchers explore different types of affiliation and how this type of behaviours may lead to a range of associated behaviours	Affiliation and the power dynamics defined by the healthcare staff and the patients together reconnect and rediscover stories.

Thematic Analysis and Conclusion

The future outlined by the research, identifies a world where stories act as a holistic communication experience. The dynamics of those experiences are largely built upon ascribed power. i.e. healthcare professionals are perceived as defining what is 'truth' for the patient and interrupt the stories of patients (Hall 2011). However, the power dynamics that exist between teller and listener are constantly changing. The teller may need to be a listener, and subsequently the roles might be reversed. This is a developmental experience for all, which is limitless and infinite (Mehl-Madrona and Valenti, 2010).

Storytelling recognises that each human being exists within a community, e.g. a hospital, estate, family & workplace (Carter et al, 1997 p.xiii). There is a constant giving and receiving of new stories and ultimately 'letting go' of others that reinforce trauma and harm. This is an aspect of the holistic and therapeutic features of storytelling (Zak 2015). This experience recognises the humanity of patient (including their loved ones) and healthcare professionals, whilst challenging the experience of social isolation, psychological abuse, physical violence, social invisibility and spirituality which is woven within the culture and heritage of the human being. Those who experience the long-term and short-term changes, also quite quickly recognise that this process creates a level of safety for the teller and listener. It is in this space of safety, that holistic growth can occur (Zak 2015). The sharing and exploration of rich identities creates an opportunity for self-healing, and provides a space where we might imagine a world where individuals feel that they have a role, purpose and right to live. A reaffirmation of our humanity.

Finally, every human being lives in relationship to, or is a participant in, a series of human social systems. (Mehl-Madrona, 2007a). A feature of storytelling is that it reaffirms the feeling of belonging, clarifies the position of self and fuels an ever-growing hunger to discover the world in which we live (Hall, B et al, 2015; Hall & Powell, 2011). Developing storytelling as a technique creates a curiosity about the world and what it is, and how its 'unknowingness' and beauty can be shared. It is this 'unknowingness' that leads to the co-creation of stories of healing, recovery and agency in one's own health. Those shared stories of dignity, respect and cultural awareness are critical to co-create fundamental changes in thinking, behaviour and belief (Hall and Powell, 2011). It is a primary facet of storytelling to enable each human being to be seen, accepted and belong. In developing a healthcare system based on humanism, storytelling is critical to this future. What is exciting, is that when collaborating with various disciplines, this interprofessionality may lead to multiple healing stories for both patient, healthcare staff, and their loved ones (Carter et al, 1997).

When witnessing the impact of the disease and illnesses, we should consider the lives and stories of the communities in which the patients live and in what manner storytelling might be utilised. There are fundamental challenges needed for the humanisation of healthcare which can be overcome in the following ways:

- Utilisation of the storytelling approach is in contrast to the fixed closed question 'yes/no'; it empowers patients and healthcare professional to develop their humanity (Hall and Powell, 2011).
- The deliberate weaving of discipline and concepts, Storytelling, IPE, humanism within the healthcare curriculum, to encourage collaboration and application of mixed-methods, which are culturally relevant, supplemented by tools that prioritize the stories from the vulnerable patients and prevent healthcare professional interrupting the stories of the person (Gubrium et al., 2016).

- Prioritization given to developing a holistic relationship with patients, which involves caring, communication, discuss medication administration, practise a humanistic-based approach. (Mehl-Madrona, 2007a).
- Necessary use of effective and interesting teaching methods, which are alternative to traditional teaching methods, in order to support meaningful learning and address the changing characteristics of learning (Tatzli et al., 2017).
- Understanding that the validity of narrative and Storytelling as approaches to learning and social awareness for medical professionals, in effect, could not only enhance the training provided for healthcare professionals, from which other beneficial effects might emerge. e.g. better meditation, sleeping more, eating well, etc. (Cersosimo, 2019).

Step 6. Consultation exercise

The consultation exercise at the end of the scoping literature reviews and the concept analysis was a Delphi consensus study undertaken in July/August 2020. This was conducted using an online questionnaire. Project partners were asked to disseminate the questionnaire amongst their networks across a range of professions and disciplines. Participants' details are outlined in the Delphi Study Report: StoryAid Delphi Study Round One.

From the survey, half of those aged 30 and under (52%) and just over a third of those aged 31-40 (38%) had never heard of storytelling. Ninety five percent of the 51-60 age group had either used it or felt comfortable using it; 90% of those aged over 60, and 81% aged 41-50. This compared to 62% in the 31-40 age group and 48% of those aged 30 and under. As with humanism and interprofessional education, those in the under 30 and 31-40 age groups felt less comfortable using it, 16% and 24% respectively. However, in contrast those aged over 60 felt less comfortable using storytelling (20%) than humanism or interprofessional education. This difference across the age groups in experience was found to be statistically significant (χ^2 (8) = 35.95, ($p > 0.001$), V = .335).

Fuller details can be found in the full report of the Delphi Study.

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