



Nursing Care Based on Story Theory

Abstract

The nursing profession aims to provide quality, efficient, and effective care to individuals. Toward this, nurses should use significant nursing theories to provide the desired care and ensure the professionalization and continuous improvement of the profession. One of these theories is the story theory. The story theory focuses on the communication between the nurse and the patient. This theory aims to enable the patients to tell their complicating health challenges through intentional nurse-patient dialogue. There are three basic concepts in the story theory: intentional dialogue, connecting with self-in-relation, and creating ease. It provides nursing care through the story-plot method and 7 inquiry phases.

Keywords: Nursing, nursing care, story theory, patient

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Introduction

Nursing is a profession that tries to eliminate danger and keep an individual's or a group's life in balance in all aspects, while their health is in danger.¹ By a broader definition, nursing is an applied discipline that works with the whole healthcare team on behalf of the individual, does its part in this team, has a special education, includes philosophy, theoretical knowledge and skills, practice and research, and provides healthcare with a holistic approach.²⁻⁶ The focus of holistic healthcare is to evaluate the individual as a whole in terms of biological, social, psychological, and mental aspects and evaluate everyone separately, taking into account their environment.⁴⁻⁶ In this context, various nursing theories have been developed to obtain the knowledge required while performing the profession, both to protect and improve health and to increase the nursing professional strength.^{3-5,7} These theories are used in nursing education, management, practice, and research, to enable nurses to define, explain and predict, and contribute to the advancement, professionalization, and development of professional autonomy of nursing.^{4,7-13} The use of these theories promotes the job satisfaction of nurses as well as the satisfaction of patients and their families.¹⁴ Based on this information, nurses should provide care by utilizing various nursing theories that will guide them to help individuals benefit from treatment, adapt to their new situations, and achieve the desired outcomes in care.^{4,13,15} One of these theories is the story theory.

Stories are a fundamental dimension of human experience and nursing practice.^{16,17} They are composed of experiences that integrate the individual and time, and they clarify who people are, where they are, and where they are going.^{5,16} Individuals share their stories when they feel ready to hear and question. When stories are shared with someone who cares to listen, the storyteller bases the story on the listener, herself/himself, key people, and critical events in the story.¹⁷ The concept of the story is also linked to connecting with self-relationship through intentional dialogue to create ease.^{16,18}

Story theory is a middle-range nursing theory developed by Smith and Liehr in 1999, centered on the human relationship for health, healing, and well-being.^{19,20} The theory describes the narrative event that takes place through the intentional nurse-individual dialogue that facilitates the dialogue in the nurse-individual relationship.^{5,16} Therefore, the underlying elements of the story theory are focused on communication and the relationship between a patient and a nurse who are facing a developing health challenge. In this case, the nurse aims to help the patients to tell their own stories and to help them resolve the health challenge.²⁰ The purpose of the story theory is to define and explain the story as the context of a nurse-individual health

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promotion process. The theory was developed to guide nursing practice and research and provide a story-centered structure. The basic nursing process for practice and research is the intentional dialogue emerging in the nurse-individual relationship. In this relationship, the nurse gathers a story about the health challenge that is important to the patient.¹⁶ In this context, the nurse can put story theory into practice whenever s/he is concerned with the patient about what is most important about her/his health challenge.²¹ Therefore, the story theory clarifies the health challenge of the individual by guiding nurses in the field.⁵

The story theory has 3 fundamental assumptions. The first is that people change as they interact with their world. This assumption is based on sensitivity to the complexity of health history dimensions. The second speaks of people experiencing the extended present moment, where they transform past and future events into experiences in the present and here. This assumption invites a focus on the current health experience, with a unique perspective and understanding that the narrator brings the past and future together in the here and now. The last one gives meaning to the experience, enabling the emergence of one's awareness and creative human potential. This supports the tendency to create meaning in the rhythm of the health history through awareness of thoughts, feelings, behaviors, bodily experience, and other human expressions.¹⁶

When focusing on the relationship between humans, environment, health/disease, and nursing concepts through the story theory, the concept of humans emerges from a nurse-individual relationship. At this point, the nurse listens attentively to the individual's story about the health condition that he cares about most. The environment, on the other hand, contributes to the creation of a safe environment. In the relationship between nurse and theory, the nurse brings the individual's story together, focusing on asking questions, identifying patterns, and finding potential meaning, while listening to the patient.²⁰ The concept of health focuses on a complicating health challenge. A complicating health challenge is defined as "a change in life or any situation that causes discomfort in daily life." This life change may be the onset of a new disease that causes discomfort.¹⁶ However, the story theory does not apply to all situations. The theory is primarily aimed at individuals with health challenges. Also, the story theory requires repeated sessions and is not used for healthy individuals because healthy individuals do not have to visit a nurse repeatedly. Being able to tell one's story requires trust, and it often takes multiple visits to build that trust.²⁰

The story theory includes 3 basic concepts: intentional dialogue, connecting with self-in-relation, and creating ease.¹⁶

Intentional dialogue

This concept involves clarifying ambiguous aspects of the story by questioning its origins. Both the nurse and the person telling the story focus on the story of a complicating health challenge. The nurse concentrates on the story from the perspective of others and tries to understand it.¹⁶ It involves the nurse abandoning pre-existing assumptions, respecting the storyteller as an expert, and asking questions to clarify the meaning.^{16,21} In addition, if the story is told in multiple encounters between the nurse and the individual, it helps the nurse take notes about the story process, possible patterns, and clues to meaning.¹⁶

Connecting with self-in-relation

This concept consists of personal history and awareness. Personal history is a unique narrative that emerges as individuals think about where they came from, where they are now, and where they are going in life. While following the story plot, the nurse travels to the past to reach the beginning of the story, moves toward the middle of the present and the future, and encourages the patient to come to terms with the personal past. Thus, s/he dives deep into the story to find the unique meanings hidden in the ambiguity of the puzzling dilemmas. The self is validated by recognizing and accepting nuances, faults, strengths, as well as understanding how one lives, how one envisions the hopes and dreams of the future.¹⁶ In short, the individual is aware of other people and time without leaving himself/herself. S/he is also sensitive to bodily expression and conscious of the past, present, and future, and sees himself/herself as growing and existing in relationships.¹⁶

Creating ease

This concept brings the story together as an intelligible whole by considering the whole story as one's own and reveals behaviors toward the solution of a complicating health challenge.^{16,20} As the story progresses, the nurse allows the person to be aware of the events and accept them with an understanding point of view.²⁰ In the nurse-individual dialogue, the disconnected moments are remembered as the story progresses with the nurse-individual. By uncovering patterns of meaning in life experience, the nurse enables others' problems, values, ideas, and context to emerge. The storyteller remembers the health history in the presence of the nurse. Thus, creating ease makes foresight possible in a powerful moment that creates opportunities for human development.¹⁶

A "wave" spreads across all concepts in this theory, which refers to the energy required to share stories through intentional dialogue. The heavily dotted ellipse between the nurse and the individual emphasizes the main activity which ensures nurse-individual intentional dialogue, connecting with self-in-relation and creates ease. In the design of the model, 3 ellipses map the eddies of an ever-evolving process, covering all theory concepts and relevant method dimensions. The connections between the basic elements of the model consider the theory phenomenon as an energetically charged whole.²¹ The relationship between this intentional dialogue, connecting with self-in-relation, and creating ease is regarded as a dynamic relationship (Figure 1).¹⁶

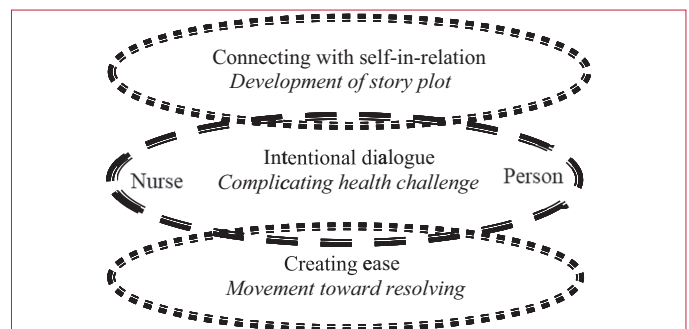


Figure 1. The relationship between intentional dialogue, connecting with self-in-relation, and creating ease in individuals with a complicating health challenge.¹⁶

Story Plot and Inquiry Process

As the nurse collects data about the patient's complicating health challenge, s/he asks the patient to tell her/his story, focusing on the issues that are most important to her/him. This process is known as story plot development. Taking action to solve the problem occurs when the storyteller is preoccupied with the health challenge and begins to see the challenge as manageable.²⁰ The nurse starts with the present moment and asks the individual to talk about what stands out most about their current health challenge. The nurse then goes back in time and asks what events are related to the current health challenge. Finally, the nurse asks about hopes and dreams in the context of the current health challenge. A systematic inquiry process is suggested to transfer these stories collected during nursing practice from everyday conversations to scientific narratives. The 7 phases of this process are as follows: gathering the story of the complicating health challenge; composing the reconstructed story; connecting existing literature to the health challenge; naming the complicating health challenge; describing the developing story plot; identifying movement toward resolving; and collecting additional stories about the complicating health challenge.¹⁶

Gathering the story of the complicating health challenge

At this stage, the nurse collects the story with the awareness that the most important thing for the individual right now is to share the story.¹⁶ This story plot approach usually allows the story to be gathered in 20-30 minutes. Stories can be audio recorded, but sometimes well-written notes documenting the story plot are sufficient.¹⁷

Composing the reconstructed story

The reconstructed story is naturally within the frame of reference and perspective of the nurse about the health challenge.¹⁶

Connecting existing literature to the health challenge

The nurse conducts a literature search on the health challenge.¹⁶

Naming the complicating health challenge

For this stage to progress properly, the first stage of the inquiry process, the gathering of the story, needs to be done correctly.¹⁶

Describing the developing story plot

Describing the story plot identifies the issues and emerging story qualities that are critical to understanding the story. This requires understanding the whole story and how it unfolds.¹⁶ This phase also requires accepting the whole story and feeling the sense of struggle the narrator is facing. The story will be examined to identify emerging story features, critical moments, and turning points that contributed to the health challenge.¹⁷ Turning points are situations that cause the story to take a long time, while low or high points are situations that go well or not.⁵

Identifying movement toward resolving

Resolution-oriented behaviors require movements that enable the resolution of a complicating health challenge.^{16,17} The story is examined for resolution,¹⁷ and approaches such as using all the energy to reach an appropriate resolution, planning the future, establishing happy communications, caring about an individual's appearance, and applying feasible activities can be used in the story.⁵

Collecting additional stories about the complicating health challenge

The nurse considers similar histories and begins to ask and determine whether complicating health challenges are a major concern for individuals. By collecting additional stories and advancing the investigative process, the nurse collects nursing practice data on the complicating health challenges that can be documented and shared.¹⁶ Therefore, the nurse will allow the patient to tell his/her experiences to people who have the same disease. Thus, the patient will understand that s/he is not alone by sharing her/his experiences and learning what other patients are going through, and s/he will be able to cope with her/his illness in a much more motivated and determined way.⁵

These seven stages of inquiry to obtain information provide the development of practical knowledge by combining story theory with daily nursing practices.^{5,16} Conducting an inquiry requires scientific integrity, perseverance, and courage.¹⁶

An Example of Case Study

The day before, 12-year-old Adem, who fell on a piece of iron from the stairs, was admitted to the emergency service with complaints of abdominal pain, bilious vomiting, perineal injury, and rectal bleeding. In the physical examination, abdominal tenderness, defensive findings, ecchymotic areas, and wounds around the anus were detected. Free air was observed under the diaphragm on the abdominal x-ray. It was thought that Adem had a gastrointestinal perforation, so he was operated on, and a sigmoid colostomy was opened due to perforation of the rectum during the operation.

When we focus on Adem's story based on the story theory, firstly, the concepts of intentional dialogue, connecting with self-in-relation, and creating ease will be mentioned.

Intentional dialogue

In this phase, consent was obtained from Adem and his parents, and interviews were conducted. Adem was asked "What did you experience after the surgery? How did the opening of the colostomy affect you and the disease process?" aiming to reveal his feelings

Connecting with self-in-relation

Adem stated that he was most upset because he could not go to school during this period, that he wanted to return to school as soon as possible, but that he did not know how to go to school with a stoma. Here, Adem was able to establish a relationship with himself and showed that he was aware of both his past and future.

Creating ease

In this process, interviews with Adem were continued, and it was ensured that he recalled the missing and disconnected parts of his story.

Story Plot and Inquiry Process

Gathering the story of Adem

Adem's vital signs were as follows: body temperature was 36.3 °C; blood pressure was 110/60 mmHg; respiration was 22/min; and pulse was 84/min. Adem says that as he is in the hospital and that his sleep is interrupted, but he still gets enough rest. He has good communication with his family. His classmates come to visit him in

the hospital. Adem stated that he was happy that his friends visited him, and he wanted to return to school as soon as possible. Adem exhibits developmental qualities appropriate for his age. He also asks questions about the treatment of Adem and does what he must do harmoniously.

Composing the reconstructed story

A sigmoid colostomy was performed due to rectal perforation on Adem falling down the stairs. Adem reported that he was not feeling well due to his colostomy. He stated that he wanted to go back home and school but was worried about the care of his colostomy and therefore thought that he might fall behind his friends at school, academically. He was particularly concerned that there may be an odor or leakage.

Connecting existing literature to the health challenge

For this phase, the literature was searched for children with colostomy using the keywords “colostomy, rectal perforation, child, nurse, nursing care.”

Naming the complicating health challenge

In terms of a complicating health challenge, Adem's story is called “opening sigmoid colostomy due to rectal perforation” in the literature.

Describing the developing story plot

The low points in the plot of Adem's story are that Adem suddenly fell down the stairs and was injured and was diagnosed with rectal perforation, the turning point was surgery and colostomy, the high points were that no complications developed after the treatment, and he continued his treatment with quality care and follow-ups.

Identifying movement toward resolving

In Adem's story, the answer to the question of “How did Adem act to solve his complicating health challenge after the colostomy was opened?” is Adem's use of all his strength to be good and get support from their family and school friends. Adem has pleasant communication with them. He is happy when his visitors come, sometimes he tries to solve the Rubik's cube, and sometimes he draws pictures with pencils and paints given to him by his friends. He is interested in his treatment and asks what he wonders. He says he wants to go home and school as soon as possible. He states that in the future he wants to go to health school and treat patients like the healthcare workers treating him.

Collecting additional stories about the complicating health challenge

Adem communicates with other hospitalized children. He asks them how they are doing, whether they have learned about colostomy care, and says that everyone will recover and go back home and school after some time. Sometimes he plays name-city games with them.

Conclusion

Story theory is a nursing theory based on nurse–individual dialogue and facilitates dialogue through 3 fundamental concepts: intentional dialogue, connecting with self-in-relation, and creating ease. The story plot aims to solve the complicating health challenge by gathering the whole story for the desired nursing care employing 7 inquiry phases. Therefore, the story theory is thought to guide nursing care

for those with complicating health challenges. Nurses can provide quality, effective, and efficient nursing care for their patients with complicating health challenges by using story theory.

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