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This doctoral project, directed and approved by the candidate's committee, has been accepted by the College of Graduate and Professional Studies of Abilene Christian University in partial fulfillment of the requirements for the degree

Doctor of Nursing Practice



Dr. Joey Cope, Dean of the College
of Graduate and Professional Studies

Date: 11 / 13 / 2019

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School of Nursing

The Nurse as the Facilitator of Patients' Narration:

An Educational Intervention

A doctoral project submitted in partial satisfaction

of the requirements for the degree of

Doctor of Nursing Practice

by

Petra Stockman

November 2019

Dedication

I dedicate my DNP project to my Lord and my family around the globe.

Acknowledgments

It is with the utmost gratitude that I acknowledge my international family members for their emotional and tangible support. My husband Daniel Stockman selflessly and lovingly supported my academic journey together with our children Nikolay, Zacharyas, and Adessanina. They made it possible for me to spend multiple hours studying because they knew how much advancement in nursing meant to me. My twin brother Dr. Markus Fisseler, my sister Dr. Anke Klaus, and my oldest brother Dr. Tom Fisseler each contributed to the successful completion of the project in multiple ways; this journey would not have been possible without them. Our late parents, Dr. Helmut Fisseler and Lilly Fisseler also instilled a scholarly desire in all of us for which I am thankful.

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Abstract

More than one million resident patients live and receive care at certified long-term facilities in the United States, many of whom suffer from depressive symptoms and anxiety. Prior research recommended storytelling as a vibrant nursing intervention to assist long-term care residents in overcoming challenges and emotional pain. However, nurses frequently lack knowledge of successful planning and implementation of narrative reminiscence. This scholarly project was designed to increase nursing competence and confidence in using storytelling as a clinical tool to improve mental health in long-term care, using a quasi-experimental, nonrandomized pretest, intervention, and posttest study design. A convenience sample of 10 long-term care nurses participated in the study. A 10-item knowledge test and three Likert scales were used to measure nurse self-efficacy; data were analyzed using a paired *t* test and a Wilcoxon Signed Rank test. Findings showed a statistically significant increase in nurse participants' knowledge regarding mental health concerns in residential care and storytelling's beneficial effects as a clinical tool. In addition, participants felt significantly more confident to implement evidence-based practice in their daily bedside care and to participate in nursing research after the intervention. However, the project did not create a significant increase in interprofessional collaboration. Recommendations for nursing leadership include intensified research-based nursing education, focused collaboration with professional nursing organizations, and a corporate-wide nursing recognition program. The project added to the current body of knowledge to evidence narrative reminiscence as a powerful nursing intervention and contributed to nursing science by creating a research-based practical tool for nurse-patient narrative engagement.

Keywords: Story theory, reminiscence narration, structured storytelling group process

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Chapter 1: Introduction

Although depression is not an expected part of aging, public health data estimates state that one out of 20 people older than 60 experience depressive symptoms (Centers for Disease Control [CDC], 2015). This statistic doubles when people become hospitalized and increases tenfold once older adults become institutionalized in long-term facilities (National Center for Health Statistics, 2013). Worldwide, depression affects about 7 % of the population, and other illnesses and clinical phenomena often overshadow its symptoms (World Health Organization [WHO], 2015, 2016). In fact, close to half the long-term resident population worldwide displays symptoms of anxiety-related disorders (Creighton, Davison, & Kissane, 2017).

Nurses are expected to demonstrate a scholarly approach toward the advancement of nursing as a science (American Association of Colleges of Nursing [AACN], 2006). Aligned with the *Essentials of Doctoral Education* (AACN, 2018), nursing science requires scientific underpinnings for practice and education and allows this project to advance nursing practice by designing, implementing, and evaluating storytelling interventions for nurses to achieve excellence in nursing practice.

Based on Liehr and Smith's (2014) story theory as a theoretical framework, the study aimed to guide nurses in meaningful nurse-patient communication to identify trends and patterns of the human experience. At its completion, the educational storytelling activity set out to provide nurse competency and confidence to assist long-term resident patients (residents) in discovering how life events shaped their emotional response to current and future situations. The outcome aimed to contribute in two ways to the improvement of nursing care. It intended to increase self-efficacy and provide a practical educational tool for nurses for use in reminiscence narration nursing groups.

Statement of the Problem

Liehr and Smith's (2014) theory of storytelling intrigues in its applicability in many different clinical settings. In the form of reminiscence narration, it has been evidenced to decrease depressive symptoms in the institutionalized and community-dwelling elderly population (Apóstolo, Bobrowicz-Campos, Rodrigues, Castro, & Cardoso, 2016; Djukanović, Carlsson, & Peterson, 2016; Franck, Molyneux, & Parkinson, 2016; Gaggioli et al., 2014; Syed Elias, Neville, & Scott, 2015). The literature emphasized that a positive nurse-patient interaction was vital for institutionalized elderly's social, functional, and spiritual well-being; it identified an educational need for nurses to increase competence and confidence to encourage reminiscence among their elderly patient population (Haugan, Hanssen & Moksnes, 2013; Stinson, 2009). The problem of interest (POI) aimed to improve the lives of long-term care residents through an intervention that enhanced nursing knowledge and competence to conduct life-reminiscent narration in long-term care.

Background

Mental health issues. Research underscored that people enjoy a higher quality of life at home than in residential care; yet, changes in life circumstances or health status frequently precipitate a move to a long-term care facility (Vijayakumar, Devi, & Jawahar, 2016). A multitude of factors influence the transition from independent to institutionalized life and include life experiences, circumstances, physical, and mental health issues. Residents enter long-term care with a unique patchwork of life experiences, which set their expectations of care. They suffer the loss of identity, possessions, and relationships, and go through stages of adjustment until they feel at home (Harrison et al., 2017; Helike & Scholler-Jaquish, 2006; Jerez-Roig, de Brito Macedo Ferreira, Torres de Araújo, & Costa Lima, 2017; Müller, Puls, Lautenschläger,

Stephan, & Meyer, 2016; Wiersma, 2010). Post-transition, residents experience physical, mental, and behavioral symptoms that include anxiety, pain, and perceived lower quality of life that frequently precipitate the use of antidepressant or mood-stabilizing medications (Creighton, Davison, & Kissane, 2015; Creighton et al., 2017).

Nursing tools. Nursing has tools available to ease residents' symptoms of depression and anxiety; they include music, aromatherapy, yoga, mind-body interventions, narration, and exercise (Kraft, 2012). Smith and Liehr (1999) developed a nursing theory of attentive listening to engaging the patient in a narrative. Through intentional dialogue, the nurse engages the patient in reminiscence reflection and gains valuable insight for care decisions. The great nurse visionary Florence Nightingale emphasized the importance of the healthcare provider-patient dialogue; she described patients' relief about open communication with caregivers (Nightingale, 1898). Story sharing is a vital part of the nursing process; it enriches the nurse-patient relationship and grants access to the patient's belief and value system (Haslam et al., 2014; Heggestad & Slettebø, 2015; Pinheiro da Costa, Isse Polaro, Caliari Vahl, & Takase Gonçalves, 2016; Syed et al., 2015).

Case study. A case study illustrates how life reminiscence sparked the researcher's interest in storytelling. Ms. G. was 103 years old when circumstances made it necessary for her to move into the nursing home. Alert and oriented, Ms. G. did not want to stay and adjusted poorly to the new home environment. She increasingly isolated from other residents and showed little interest in group or dining experiences. The nursing home staff noticed early signs of depression. One day, the researcher initiated a conversation with Ms. G. and commented on her German-sounding last name. In obvious delight, the resident straightened up in her wheelchair; she shared that she had not spoken her native language in 78 years after immigrating to the United States in the early 1930s. Her sharp memory allowed the description of minute details of

the emigration journey and adjustment to the new life. The researcher initiated a daily “German Hour,” where Ms. G. polished her native tongue to reminisce about childhood events. Thrilled to converse in German and in anticipation of reliving earlier experiences, the resident waited next to the researcher’s office all morning for the activity to begin. Eager to learn recent political and societal developments, she gained back her fluency during the daily conversations. Other residents joined the daily German hour to enjoy old-world songs, poetry, and history. Gradually, Ms. G. regained interest in group activities. She told the staff she was no longer sad.

Purpose of the Study

Nursing home admission creates a life-changing event facilitated through verbalization; storytelling enables individuals to make sense of disruptive and stressful life events (Melnyk & Fineout-Overholt, 2014). Ms. G.’s story had a significant influence on her transition to residential care and shaped her care expectations. Reminiscence energized the resident’s joy and sparked intellectual stimulation. It galvanized the researcher’s interest in the development of a structured nursing group that allowed institutionalized residents to relive important events in their lives. As an educator, the researcher was interested in providing tools to nursing staff for conducting a reminiscence narration at a variety of residential facilities. This project examined how Ms. G. brought life to Liehr and Smith’s (2014) story theory.

Although research strongly suggested positive effects of allowing patients to share previously experienced life stories, nurses frequently lack the knowledge of successful planning, facilitation, and evaluation of a structured nursing-directed life-reminiscent group; it remains an underutilized tool (Agency for Healthcare Research and Quality [AHRQ], 2014; Stinson, 2009). Studies reflect the value of story theory in nursing specialties and education (Cambell, 2014; Campion-Smith, Austin, Criswick, Dowling, & Francis, 2011; Carpenter, 2010; DeFelipe, 2015;

Hain, 2006; Jolly, Weiss, & Liehr, 2007; Liehr et al., 2006). The project was a nursing education session to offer nurses in long-term care insight into storytelling as a clinical intervention and provide an evidence-based tool for nurses to achieve excellence in nursing practice (AACN, 2004, 2018; Berwick, 2005; Chan, Ng, Tien, Man Ho, & Thayala, 2013; Davis, 2015).

Significance

Number of individuals impacted. More than one million residents in the United States received care in the nation's 16,000 certified nursing facilities in 2015 (Kaiser Family Foundation [KFF], 2015, 2018). With life expectancy in the United States continually increasing in the last four decades from 72.6 to 78.8 years, the total number of seniors older than 65 is projected to increase from 48 to 98 million by 2060; approximately one in three seniors will require residential care later in life (KFF, 2017).

Mental health issues. Depression is common among older adults but not an expected part of aging; its prevalence ranges up to 15% of community-dwelling senior adults and close to 50% in institutionalized elderly (CDC, 2015; Gan, Xie, Duan, Deng, & Yu, 2015; National Center for Health Statistics, 2013; National Institute on Aging [NIA], 2017). Life and location changes, perceived loss of control in an institutionalized care environment with ever-changing staff, and comorbidities such as pain and dementia lead to anxiety and depression with the indicated antidepressant medication intervention for one in three nursing home residents (Bathena, Leppik, Kanner, & Birnbaum, 2017; Erdal et al., 2017). Recent research observed depression with clinical symptoms that included irritability, social isolation, loneliness, loss of appetite and weight, multiple physical complaints, pessimistic outlook, poor self-esteem, and fear of death (Borza et al., 2015; Hicran, Öznur, & Kamile, 2017; Holm, & Severinsson, 2014; Nikmat, Hashim, Omar, & Razali, 2015).

Use of psychotropic medication. Federal and state government regulations require nursing home staff and providers to demonstrate efforts to reduce polypharmacy of psychotropic medications to curb multiple drug interactions and adverse reactions (Agbonjinmi, 2017; Halvorsen, Selbæk, & Ruths, 2017). Modern research shed doubt on the use of antidepressant medications in long-term care. Studies focused on potentially inappropriate medications (PIM) correlated higher risk for fall and fractures, rising incidence of dementia, and increased risk of bleeding to the use of drugs prescribed to decrease depression and elevate mood in long-term care residents (Bell, Steinsbekk, & Granas, 2017; Hesel et al., 2017; Wei, Simoni-Wastila, Lucas, & Brandt, 2017).

Financial costs. Medicaid, the shared federal and state support system for low-income residents, was the primary payer for long-term care in 2015; it covered six out of ten nursing home residents with \$55 billion payments (KFF; 2017; Rambur, 2015). Nursing home care can cost up to four times an annual middle-class family income (Genworth Financial, 2017). Literature supported reminiscent narration as an efficient, resident-centered way to reduce long-term care costs and increase resident patients' quality of life (Henkel, Kris, Birney, & Krauss, 2017).

Nature of the Project

Contribution to nursing practice. The scholarly project served as the academic completion of this researcher's Doctor of Nursing Practice (DNP) and set the groundwork for continued efforts to advance nursing science. The project aimed to increase the nurse participants' knowledge of research-evidenced positive effects of storytelling and their level of confidence in using it as a nursing tool. Its methodological approach to excellence in nurse

competency set as a goal to heighten awareness of the evidence-based positive influence of narrative reminiscence and support its clinical use.

Educational activity. Nurses received a summary of research studies that underscored the value of storytelling and reminiscence in reducing depressive symptoms in institutionalized elderly. As the researcher, I also introduced nurses to the *Resident Patient Story Tool* that aligned Liehr and Smith's (2014) story theory with Stinson's (2009) suggested reminiscence activities.

Question Guiding the Inquiry (PICOT Question)

Among staff nurses who provide care to institutionalized residents aged 65 and older at risk to develop depressive symptoms, how will a one-hour educational activity centered around the planning and implementation of a research-based narrative reminiscence protocol demonstrate evidence of increased knowledge and confidence?

Research Hypothesis

The research hypothesis was, among long-term care staff nurses, a one-hour educational intervention centered around a research-based reminiscence protocol will demonstrate evidence of increased knowledge and confidence. The null hypothesis was, among long-term care staff nurses, a one-hour educational intervention centered around a research-based reminiscence protocol will not evidence increased knowledge and confidence.

Definition of Key Terms

Narration: the act or process or an instance of narrating (Narration, 2019).

Reminiscence: the process of remembering previous mental impressions retained and recalled from past experiences (Reminiscence, 2019).

Structured storytelling group process: the focus of this project, which aimed to explore the impact of storytelling with long-term nursing staff and identify patterns of human experiences in their patient population.

Scope and Limitations

Parameters of the project included limitations to nurse participants in one nursing home only with a nonstratified convenience sample of nurses who voluntarily participated in the educational activity. Additional limiting factors include the instrument to measure nursing self-efficacy (Caruso, Pittella, Zaghini, Fida, & Sili, 2016) had been validated in its original version in Italian which presented potential linguistic and cultural limitations for this project to be implemented in the United States.

Chapter Summary

Nursing has powerful tools to ease difficult life transitions. Almost 200 years ago, Florence Nightingale advocated for nurses to listen to patients' accounts of life events (Nightingale, 1898; Selanders & Crane, 2012). Evidence-based research emphasized storytelling as a vibrant instrument to aid patients in overcoming challenging life situations (Chan et al., 2013; Dwamena, 2013). However, nursing staff has limited resources and frequently lacks knowledge on how to successfully engage patients in meaningful life reflection (American Health Care Association [AHCA], 2017; AHRQ, 2014; Substance Abuse and Mental Health Service Administration [SAMHSA], 2019). The project considered an educational activity to educate nurses on how to plan, conduct, and evaluate a structured storytelling group to be of added value to clinical practice and contributory to nursing science.

Chapter 2: Literature Review

Few things are more effective in removing loneliness than personal dialogue; it is the core of nursing (Nightingale, 1898). Berwick (2005) suggested widening strict scientific approaches to include the nurse's curiosity through human interaction. Liehr and Smith (2014) provided nursing with the powerful story theory applicable to multiple clinical settings and nursing academia. This chapter reviews relevant nursing literature for the project's problem of interest (POI), reflects methodology and findings focused on the story theory as a foundational framework, and evaluates storytelling as a useful clinical tool in a variety of practice environments and nursing academia.

Theoretical Framework Discussion

Story theory as foundational framework. The project utilized Liehr and Smith's (2014) foundational theory framework to facilitate the development of new knowledge, enhance nursing practice in long-term care, and provide an evidence-based tool to improve clinical practice (AACN, 2006). The theory intrigues nursing practice and academia with its versatility and immediate applicability for research (Liehr & Smith, 2011a). While mental health nursing frequently integrated borrowed behavioral health science into its scientific foundation, this practice-oriented framework lends itself as a theoretical foundation for the project's realization. Liehr and Smith (2014) based their story theory on the attentively embraced story theory developed by the authors in the 1980s. It provided the foundation for the overall aim to teach long-term care nurses the evidence-based positive results of storytelling on their patients' well-being. As a middle-range theory, Liehr and Smith's (2014) story theory is at the heart of clinical practice and research; it uses the patient's story to make sense of current situations and ease coping.

Conceptual Framework Discussion

Liehr and Smith (1999) noted the conceptual framework as the fundamental structure of a middle range theory. It is a logical combination of conceptual steps the researcher intended to use to explain the phenomena observed in the study. The theory assumes that a transformation takes place during a nurse-patient relationship, which turns the patients' story into a meaningful experience to make sense of the disease process. Three theoretical concepts frame the narrative experience. The first concept includes the purposeful nurse-patient dialogue with the intent to initiate a patient self-reflective process to examine experiences of life. The second concept finds the patient in the present tense through the storytelling experience. The patient becomes reflectively aware of the interconnectedness of life experiences and her health story as it relates to external and internal influences. During the reflective nurse-patient communication of the patchworked life experiences, the second concept sets the stage for the healing process to begin. The theory's third concept moves toward ease and acceptance of the patient's current condition; it is then that the patient begins to make sense of her previously stress-laden health issues, settles into acceptance of the current condition, and begins to heal. The researcher placed the theory's three concepts into the dimension of time to initiate the reflective process of important past events and how they influence the patient's present circumstances and shape future care expectations.

Storytelling as a Clinical Tool

The story theory has been evidenced to be testable in academia, public health, and multiple clinical settings. Edwards (2014) noted the value of narrative in nursing education; it provided a useful tool for nurse educators and a meaningful student clinical experience. Although of lower evidence strength, studies that used the story theory as a guiding framework

were nevertheless internally consistent and concluded that the theory was useful in its application (Armola et al., 2009; Carpenter; 2010; Gobble, 2009). Holm and Severinsson's (2014) systematic review of 13 international studies gave a voice to patients with depression. Haeok, Fawcett, and DeMarco (2016) use the story theory to increase health literacy.

Nursing research. Within a decade after its initial publication, the authors noted the story theory's applicability to nursing research through a five-step qualitative inquiry process that allowed the nurse researcher to identify a patient health challenge, frame it as a research question, combine a set of stories into a core thematic plot, and address the research question with a solution-focused blend of themes, plots, and resolutions (Liehr & Smith, 2007). Dr. Liehr had proven the positive health-promoting effects of story-centered care in her 2006 study that reported decreased blood pressure readings for patients who had experienced storytelling in addition to exercise and nutritional changes (Liehr et al., 2006). Additional studies followed and examined the effects of storytelling in oncology nursing, dialysis treatment, and trauma care (Hain, 2006, 2008). A few years later, the authors noted that story-centered care was incomplete without determining critical milestones in the patient's health history coined to be the patient's "high points, low points, and turning points" (Liehr & Smith, 2011b, p. 75).

Many publications reflected positive effects of allowing patients' self-reflection through multi-media approaches (Chueh & Chang, 2014; Gaggioli et al., 2014; Gallagher & Carey, 2012; Johnson-Highsmith, 2017; Tamura-Lis, 2017). While literature evaluating reminiscence reflected publications of the highest level of evidence (Folkerts, Roheger, Franklin, Middelstädt, & Kalbe, 2017; Franck et al., 2016; Hagan, Manktelow, Taylor, & Mallett, 2014; Istvandy, 2017; Syed Elias et al., 2015), only a small number of hermeneutical phenomenology qualitative studies and randomized control trials (RCTs) reflected the story theory as the underlying framework or used

storytelling as a clinical tool (Godshall, 2016; Maiocco & Smith, 2016; Rateau, 2017). Other studies did not mention the story theory specifically or chose a different foundation theory to explore patient experiences through narration and storytelling (Adamson & Dewar, 2015; Banks, 2012; Briant, Halter, Marchello, Escareno, & Thomson, 2016; Christiansen, 2011; Cooper, 2018; Cousley, 2018; Falzon, Radel, Cantor, & d'Arripe-Longueville, 2015; Gidman, 2013; Gray, Young, & Blomfield, 2015; Haigh & Hardy, 2011; Hines, & Gaughan, 2014; Johnston, Parker, & Fox, 2017; Kitzmüller, Clancy, Vaismoradi, Wegener, & Bondas, 2018; Kruizinga et al., 2016; Lazarsfeld-Jensen, 2014; Paliadelis et al., 2015; Petty & Treves, 2017; Shen, Sheer, & Li, 2015; Timbrell, 2017; Wang, 2017; Wang & Geale, 2015; Willoughby & Liu, 2018). Represented clinical specialties included medical and surgical nursing, public health, trauma management, and academia (Godshall, 2016; Maiocco & Smith, 2016; Rateau, 2017).

Medical and surgical nursing. Godshall's (2016) RCT explored storytelling and coloring as therapeutic means to describe the suffering of 20 pediatric patients with second- and third-degree burns and offered patient-centered clinical pathways. The author identified story theory as an underlying theoretical framework. Patients' stories reflected three themes, which included feelings about the injury, adaptation to its limiting effects, and living in a new reality. The study validated storytelling as a scientific research method, which provided new insight and impulses for understanding and communicating with patients in their painful experiences. Although without the mention of a specific foundational theory, the systematic review published by Kruizinga et al. (2016) viewed 14 research trials published between 2005 and 2013 that examined the effects of storytelling on patients' quality of life. Given rather short-lived positive results only, the authors called for more structured and focused study designs.

Hines and Gaughan's (2014) publication reflected a change in perspective; it lent a voice to nurses' stories of human caring expressed in narration and storytelling. Nine pediatric nurses explained the phenomenon of caring. Narration provided an understanding of nurses' compassion; it assisted in planning for a safe patient environment where nurses were available as trusted, professional human beings who served as family coaches with a vision for a healthy future.

Gray, Young, and Blomfield's (2015) qualitative phenomenological study portrayed storytelling in the digital age. The project allowed 14 participants to get a glimpse into the lives of human immunodeficiency virus (HIV) positive women by viewing brief videos with stories of stigma and hardship. The audience identified themes of the HIV diagnosis as a death sentence experience, social alienation, and the unexpected reaction from the healthcare community. The authors concluded that digital storytelling was a powerful medium to address stigma and provide hope for survivors.

Although not a research study, Cooper's (2018) report of beneficial storytelling applied Roger's reflective listening theory as a foundational framework and used Liehr and Smith's (2011a) terminology. The author noted that chaplains were uniquely qualified to make "use of self" to create an environment of safety and comfort for patients by allowing them to tell their stories to the chaplain and God (Cooper, 2018, p. 156). The author noted that stories of pain and suffering touched both the speaker and audience and concluded that storytelling facilitated a spiritual walk toward resolution and peace at the end of life.

Public health. On the highest level of evidence, Shen, Sheer, and Li's (2015) meta-analysis examined the effectiveness of public health narratives on people's intentions, attitudes, and behaviors toward lifestyle changes to address smoking, use of alcohol, weight loss efforts,

and preventative health measures. The authors reviewed 25 studies with a total of 9,330 participants and noted that audio and video narration, compared to the printed material, had a significantly higher impact on participants' attitudes toward preventative health measures. The review concluded that public health communication should be directed toward narrative messages instead of educational pamphlets to move patients toward preventative care. In a similar approach, Briant, Halter, Marchello, Escareño, and Thompson (2016) examined digital storytelling as a tool to promote health and well-being in the Latino community; those who told their stories and those who listened experienced a transformation to a different view on determinants of health.

Trauma management. Stories in pursuit of healing from severe wartime trauma experiences reflect the benefits of narration in Pearl Harbor and Hiroshima survivors that overcame political and cultural boundaries, as noted in a study by Liehr, Nishimura, Ito, Wands, and Takahashi (2011). The authors examined the impact, the turning points in the survivors' lives, and their stories of survival that reflected stages of shock and numbness, distrust in fellow humanity, and survivor guilt to ultimate emotional stability. Management of wartime trauma was also the center of Maiocco and Smith's (2016) phenomenological qualitative study with eight female participants. The story theory served as the fundamental framework and noted six common themes in the participants' stories of survival, return, and adjustment to civilian life after combat. Female military personnel reported both positive and negative feelings; family relationships and responsibilities became more meaningful, while civilian life events appeared to be trivial compared to combat experiences. The study provided nurses with the opportunity to learn what mattered most in the lives of returning female veterans. Rateau (2017) explored the story theory as a clinical tool in her qualitative study that set out to examine the meaning of

traumatic loss from the perspective of eight survivors of the 2004 Hurricane Ivan disaster. Three themes emerged; survivors' faced the reality of loss and destruction, embraced the process of rebuilding property and lives, and adjusted to a new truth. Based on stories of 18 survivors of the 2004 East Asian Tsunami, Rehnsfeldt and Arman (2016) developed a training module for caregivers to assist trauma survivors in finding meaning in disaster resolution.

Academia. Carpenter (2010) impressively blended nursing theory instruction and student experience in a university-level honors class; the author provided insight into how nursing students learned to provide holistic care through attentively listening to their patients' stories and what mattered most in receiving health care services. Students were surprised to learn that medical issues prioritized by providers did not carry the same meaning for those who received care; what mattered most to patients were caring nurses assisting them to get through their hospitalization to improved health. Gidman (2013) reinforced Carpenter's (2010) findings and confirmed storytelling as an effective teaching strategy in her descriptive phenomenological study with a 12-student sample from nursing, social work, and midwifery. Wang (2017) explored nursing students' experiences to provide academia with more refined tools to teach an international student body; narrative inquiry provided a voice to students and a listening ear to educators on the path to evidence-based excellence in andragogical approaches.

Timbrell (2017) invited students to participate in patient care through simulated clinical scenarios. Patients' stories reduced students' prejudices, promoted empathy, and influenced care provision positively. Johnston, Parker, and Fox's (2017) quasi-experimental study added value to the body of knowledge in clinical simulation; the audio-visual narration of patient stories reflected a significant learning effect and left students with a highly satisfying clinical learning experience. Adamson and Dewar's (2015) study came to a similar conclusion and noted that

reflective learning and storytelling provided nursing students with the necessary skills, knowledge, and confidence to provide compassionate care.

The use of 21st-century technology enhanced an online program by Paliadelis et al. (2015). Ten dramatic stories helped students understand core concepts of professional and ethical behavior; they encouraged reflection of patient-centered care and prioritization of time and resources. The majority of the 284 study participants reported that dramatized narration enhanced clinical learning to a new level of practical application.

Several other studies reflected the use of digital storytelling. Petty and Treves' (2017) study lent a voice to nursing students in neonatal intensive care. Students passed their experiences on to others to alleviate fear and anxiety toward the high-stress clinical environment. Christiansen's (2011) phenomenographic qualitative study used digital patient stories as an andragogical resource to enhance learning for 20 undergraduate nursing students; emotional reactions from the listener facilitated a higher level of learning. Willoughby and Liu (2018) fully embraced technology in their study of more than 400 young adults who received health-related text messages with and without iconic pictures (emojis). Study participants rated the message credibility and applicability; they viewed health messages without emojis as more credible but less attention keeping. The authors noted that emojis had a special place in future health narration and communication.

Chapter Summary

Narrators and audiences have long known the powerful effects of storytelling. Studies have proven best care approaches through listening to patient stories. Narration lent nurses a voice to share clinical observations with less experienced audiences, identified new advances in public health, reframed trauma care, and allowed nursing students to vicariously participate in

new care experiences through simulation enhancement (Haig & Hardy, 2011; Liehr & Smith, 2000; Maiocco & Smith, 2016; Shen et al., 2015; Ulrich, 2015). Narration, as the enhanced form of storytelling, enabled nurses to detect underlying themes that influence patients' health and well-being. As a research inquiry method, storytelling sheds light on the dynamics of motivation and action for both patients and nurses (Wang & Gaele, 2015). Literature encouraged educational efforts to provide nurses with the necessary tools to promote patient stories (AHRQ, 2014; Haugan, Moksnes, & Løhre, 2016; Stinson, 2009).

Chapter 3: Research Method

Cost-effective and safe implementation methods to research evidence-based best nursing care are crucial to obtain and analyze research data (Bloch, Courtney, & Clark, 2016). Critically essential data for clinical inquiry, generated by the three-pronged approach of evidence-based practice, quality improvement, and nursing research, accelerate clinical care efforts and ensure lasting results for improved patient outcomes (Coster, Watkins, & Norman, 2017; Stevens, 2012). This chapter describes the project's methodological steps, including design, data collection, management, analysis, and timeline.

Design

Methodological appropriateness. Methods of inquiry under consideration for this project included qualitative and quantitative approaches. Qualitative studies aim to discover, understand, and describe phenomena while statistical analyses in quantitative research organize data to describe and compare relationships between variables and test differences (Polit, 2010; Salkind, 2009). Liehr and Smith's (2014) story theory takes patients to past experiences and explores their importance. A quantitatively evaluated knowledge test alone inadequately measures a meaningful storytelling experience; nurses benefit from participating in narration and gain the confidence to engage patients (personal conversation, Dr. Patricia Liehr, November 15, 2017). The challenge presented capturing the measurable increase in nursing knowledge and level of confidence. This project, therefore, suggested a two-fold measurement tool.

Instrument and Measurement Tools

Ten-question pre- and posttest. The project made use of a nonrandomized, 10-question pre-/posttest, one-group quasi-experimental design without a comparison group as similarly used by Eskandari, Abdullah, Zainal, and Wong (2018) to improve nursing knowledge and attitudes.

The intervention's learning objectives guided the test questions to capture increased nursing knowledge, assist the participants in quantifying the significance of mental health concerns in long-term care, and promote storytelling as evidence-based intervention (see Appendix A).

Likert scales. This project also aimed to evaluate nursing self-efficacy through the storytelling experience. Cognition and behavior play a significant role in learning processes and outcomes; people learn by observing others, mirroring actions, and behaving in a similar fashion (Bandura, 1977). Perceived personal efficacy determines a problem-solving or avoidance approach to learning (Bandura, 1993). Therefore, nurse participants completed a three-item self-efficacy scale assessment adapted from Caruso, Pittella, Zaghini, Fida, and Sili (2016) that aimed to measure nursing confidence to implement results of research into bedside practice, participate in nursing research, and ensure continued best practice through collaboration with nursing organizations (see Appendix B). Dr. Caruso provided permission to use the instrument on April 9, 2019 (see Appendix C).

Andragogy Measures

Introduction to storytelling as a clinical tool. Successful learning results in positive differences in cognition and behavior (Oermann, 2015). This project's educational intervention provided nurses with a brief, yet comprehensive introduction to the foundational story theory in its applicability to multiple clinical settings, public health, and academic nursing (see Appendix D).

The Resident Patient Story Tool. The project modified an evidence-based structured group reminiscence protocol developed by Stinson (2009) to align with the story theory's three constructs. Stinson's (2009) original 12-sessions reminiscence group encouraged the use of tangible, visual, and auditory aids as themes and activities to remember significant events of the

past. The project's *Resident Patient Story Tool* utilized Stinson's (2009) themes and folded them into the participants' present, past, and future stories through Liehr and Smith's (2014) three concepts (see Appendix E). Dr. Stinson provided consent to use the protocol on October 12, 2017 (see Appendix F). The tool found relevance when nurse participants experienced reminiscence during the project implementation. The intervention taught nurses how to engage in meaningful narration ("Purposeful Patient Dialogue"), encourage discussion of significant events, explore present challenges and their meaning to life ("Self-in-Relation"), and anticipate future events with present coping strategies ("Creating Ease").

Data Collection, Management, and Analysis Plan

Data collection. The project tested the hypothesis by using a quasi-experimental nonrandomized pretest, intervention, and posttest study design. Participants completed the pre- and posttests to determine the level of nursing knowledge regarding the benefits of reminiscence and assess participants' confidence to use evidence-based practice in care planning and interventions.

Data management. This researcher considered the confidentiality of data to be of utmost importance and kept hard copies of research-related material secured under double lock. Electronic data were password protected on the researcher's computer, backed up on a confidentially safeguarded external data carrier, and stored on the confidential Google drive managed by the University Information Technology (IT). Two sets of measures provided data for analysis. The first set of data evaluated nursing knowledge. Pretest scores derived from 10 test questions functioned as comparison data while posttest scores replaced the experimental group (Grove, Burns, & Gray, 2013). The second set of data measured nurse self-efficacy.

Data analysis. A test of normality of data determined the appropriate data analysis

technique. Pre- and posttests were analyzed statistically using the paired *t* test, an inferential test of significance between measures of two samples, and the nonparametric Wilcoxon Rank Test (Grove et al., 2013; Salkind, 2009). One of the most used scaling techniques in nursing research, the five-response Likert scale, was used to measure nurse participants' self-efficacy with an evidence-based tool published by Caruso et al. (2016).

Sample. The project aimed to elicit confidence that the study population sampled provided valid and reliable data. The project's study site had a limited number of nurse employees, and sample selection was in the form of a convenience sample. Before project implementation, facility management had committed to participate with 10 nurses.

Consents. Human subjects involved in research are protected by the Helsinki Declaration of 1964 and its latest 2013 amendment (World Medical Association [WMA], 2018). Ethical principles guided the study to ensure the protection of human participants and preserve their rights and interests in the pursuit of new knowledge (Øye, Sørensen, & Glasdam, 2015). Research participation was voluntary and agreed upon with informed consent that included risks and potential burdens and ensured protection, privacy, and confidentiality. Participants were informed of any foreseeable risks or discomforts, benefits, the confidentiality of identifiable data, the voluntariness of participation in the study, nondisclosure of specific research details, and contact information of researcher, doctoral and program chair, and the University Institutional Review Board. Human subject protection was maintained with volunteer participation and signed consent by the participants before conducting the project.

Institutional review board. The Institutional Review Board (IRB), together with the Common Rule and the Belmont Report, ensures the protection of research participants; they were set in place to preserve the three ethical principles of respect for persons, beneficence, and justice

in research (United States Department of Health & Human Services, 2016). The IRB reviewed the researchers' plans to maintain the confidentiality of research data and ensuring that prospective participants were informed of risks, benefits, purpose, and procedures before informed consents were obtained. Confidentiality of project data was maintained. Data collected during the project were stored in a secure university Google drive provided by the online graduate school for doctoral student research data and supported by the university's IT department for security purposes.

Setting. The project's clinical site was a 160-bed nursing and rehabilitation facility. Management and administrative staff recently identified the need for restructuring its educational focus to provide new social and learning activities for residential patients. Despite the emphasis placed on reminiscence and storytelling, nurses did not have the information nor an evidence-based tool on hand to implement storytelling as an effective nursing intervention. Consequently, the site's administration welcomed the project and agreed to serve as the clinical site during a personal meeting on January 7, 2019.

Participants. Participants were licensed practical and registered nurses per convenience sample at a facility that provided full nursing and rehabilitation services to resident patients ("residents"). The project was completed with a group of 10 nurses. Each participant received a numeric code for confidentiality. Demographics were limited to participants' gender, age, highest degree achieved in nursing, type of licensure, years in nursing, and years in long-term care.

Validity and rigor. Validity (trustworthiness) and rigor (accuracy) of test items were not without risks. The participating nurses' guess of the right answer may have clouded a genuine lack of knowledge and threatened the validity of the instrument. Additional confounding factors

included regression and test effects (Marsden & Torgerson, 2012).

Validity. Consistency in test administration was ensured to prove validity (Grove et al., 2013). The project eliminated additional interfering factors such as maturation of participants by conducting pre- and posttests in one session.

Ten-question pre- and posttest. Content expert validity was the basis for the 10-item knowledge test. Three nurse faculty members and one geriatric nurse expert evaluated teaching material and test questions; their feedback and responses guided the test revision. Outlined in the learning objectives the ten test questions captured posteducation-increased nursing knowledge. One question assisted nurses in recognizing depression as not a normal part of aging (test question 1). Two questions quantified the significance of the problem of interest (test questions 3 and 4), two questions reflected understanding of three significant mental health aspects in long-term care (test questions 2 and 8), and five questions emphasized storytelling as an evidenced-based clinical tool (test questions 5, 6, 7, 9, and 10).

Likert scales. The authors evidenced the validity of the nurse self-efficacy instrument (Caruso et al., 2016). Exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) assessed the scale's construct validity. Appropriate model fit indices included the chi-square ($92, n = 557$) = 183.47 with $p =$ less than .01, confirmatory fit index (CFI) = 0.90; the nonnormed fit index (NNFI) = 0.86, and the root mean square error of approximation (RMSEA) = 0.059. This project used three items (items #11, #14, and #16) taken from the scale's professional situations subgroup.

Reliability. A Cronbach's alpha coefficient was the applicable statistical procedure to prove internal consistency; its range from 0.00 to 1.00 indicated perfect consistency at 1.00 (Grove et al., 2013). A coefficient value of 0.7 to 0.8 indicated a satisfactory degree of

consistency (Bland & Altman, 1997).

Ten-question pre- and posttest. The project's sample size was anticipated to be too small for the reliability test and likely to produce erroneous results (Bonett & Wright, 2015; Yurdugül, 2008).

Likert scales. Caruso et al. (2016) proved the reliability of their scale with a total Cronbach's alpha coefficient of 0.83. The subscale that contained items #11, #14, and #16 had a Cronbach's alpha of 0.84, which was above the 0.80 threshold reflected in literature (Bland & Altman, 1997).

Feasibility and appropriateness. Feasibility and appropriateness of the project were determined based on the staff's educational needs. Timing and localities were assessed as adequate by the long-term facility administration, and they considered the facility to be well suited for the project due to its mission to serve residents with reminiscence and storytelling activities.

IRB approval process. The clinical site did not have an internal review board for research proposals. Abilene Christian University's research department conducted the IRB process. The project did not involve vulnerable populations such as residents of the facility but centered around a nursing education activity. There was minimal risk of breach of personal data confidentiality due to study participants' potential postproject sharing of personal information discussed during the intervention.

Interprofessional collaboration. The goal of the project was to present storytelling as a vibrant nursing intervention, provide nursing staff with a practical tool to facilitate resident patient narration, and encourage continued integration of evidence-based new knowledge through interprofessional collaboration and engagement in nursing organizations. The

administration at the clinical site expressed a strong desire to enhance nursing education at sister facilities and share the new knowledge with nonnursing personnel such as activity directors. The project aimed to have the *Patient Resident Story Tool* available to nursing and activity staff and become part of the facility's nursing policies.

Target population. The targeted population was the nursing staff at a 160-bed long-term facility involved in the holistic care of their resident patients. The facility's administration had identified storytelling as a powerful tool in cognisant memory care for its residents. Facility nurses, however, lacked formal education of successful planning, facilitation, and evaluation of structured nursing-directed storytelling activity. The project aimed to equip facility nurses with knowledge on how to encourage residents to talk about their life challenges in a reflectively guided storytelling activity (AHRQ, 2014; Haugan et al., 2016; Stinson, 2009).

Risks. Participation was voluntary, and confidentiality of records was emphasized to elicit the most variety of data from the participants. However, a small risk to breach confidentiality remained because study participants were asked to share life experiences during the educational intervention. The researcher could not guarantee that participants' stories remained confidential within the participant group after the intervention.

Benefits. Both nursing staff and residents at the long-term facility benefitted from the project. The nursing staff at the long-term facility received education regarding Liehr and Smith's (2014) story theory and successfully utilized the *Resident Patient Story Tool* for reminiscence narration. Patient residents benefitted from effective nursing intervention provided by the nurse participants. The project added to the current body of knowledge regarding the clinical application use of the story theory and the Resident Patient Story Tool.

Project Timeline

The project started with the development and refinement of the research PICOT question in January 2017. Important milestones in the project's completion included the first defense in March 2019, IRB project approval in May 2019 (see Appendix H), its implementation on June 26, 2019 at a long-term facility, and the final defense in October 2019 (see Appendix G). Table 1 reflects the project's timeline.

Table 1

DNP Project Timeline

Month/Year Completed	Project Task
January 2017	Began search for PICOT research question
February 2017	Began and finalized theoretical framework
March 2017	Secured chair and members of doctoral committee
April 2017	Completed IRB Training Course
May 2017	Capstone revision with Chair
June-July 2017	Began search for potential site for project realization
September 2017	Finalized potential target population with Chair
October 2017	Completed Chapter 1
November 2017	Began Educational Unit for Project Implementation
March 2018	Completed Chapter 2, Literature Review
June 2018	Change in methodological approach and presentation sent to Chair for approval
July-December 2018	Revision of Project Chapter 3
January 2019	Secured location of project implementation, development of test questions for educational unit, selection of confidence scales
March 2019	Presented project to committee during first public defense
April 2019	Completed revisions based on committee recommendations
May 2019	IRB approval obtained
June 2019	Project implemented at long-term care (LTC) facility
July-August 2019	Data analysis
September 2019	Completed Chapters 4 and 5 Project presented to and accepted by Chair and Committee
October 2019	Final Defense

Chapter Summary

This scholarly project addressed a need for nursing education regarding storytelling as an evidenced-based clinical tool in long-term care. Andragogical measures included the introduction of storytelling as a clinical tool and nurse participants' experience of sharing personal life stories with the help of the project's *Resident Patient Story Tool* blended from Smith and Liehr's (2014) foundational framework and Stinson's (2009) narrative reminiscence protocol.

The project collected data with the methodological approach of a quasi-experimental nonrandomized pretest, intervention, and posttest study design. Three five-item Likert scales adapted from Caruso et al.'s (2016) *Nursing Profession Self Efficacy Scale*, an evidence-based scale with tested proven internal validity and reliability, aimed to capture nurse participants' increased confidence to integrate evidence-based practice into their clinical approach and stay current on nursing best evidence care. The project did not involve a vulnerable study population but targeted a convenience sample of long-term care nurses to complete an educational intervention. Upon completion, the project provided a useful resource tool for nurses and reflected a vibrant, evidence-based nursing intervention. It contributed to the scientific underpinnings for practice by increasing both nursing knowledge and confidence to use storytelling as a clinical tool (AACN, 2006).

Chapter 4: Results

The project was implemented on June 26, 2019, at a Fort Worth, Texas-based nursing and rehabilitation facility with 10 licensed nurse participants. Demographic and survey-based data were collected using a quasi-experimental nonrandomized pretest, intervention, and posttest study design. The survey included demographic questions, a 10-item knowledge test (Q1) about the narrative reminiscence intervention, and three Likert scale questions (Q2, Q3, and Q4) adapted from Caruso et al. (2016) *Nursing Profession Self Efficacy Scale*, an evidence-based scale with tested proven internal validity and reliability.

A Shapiro-Wilk was used to assess the distribution of the subjects' scores. The results of the 10-item knowledge test (Q1) and two of the Likert scale questions that were designed to measure subjects' level of comfort to implement evidence-based practice (EBP) into the daily nursing routine and continue nursing research (Q2 and Q3) reflected normally distributed pretest data. Therefore, a paired *t* test was used to analyze pre- and posttest data on Q1, Q2, and Q3. The last Likert scale question measured subjects' intent to continue pursuit of EBP through heightened interprofessional collaboration (Q4). For this question, the Shapiro-Wilk results were below 0.05 indicating that the data significantly deviated from a normal distribution and a nonparametric test, the Wilcoxon-Signed Rank test for data analysis, was required (Grove et al., 2013). Data were analyzed using IBM SPSS Version 25.

Purpose of the Project

The project aimed to evaluate the impact of a one-hour educational activity with a target population of licensed nurses providing care at a 160-bed long-term care facility. It strived to increase the study participants' knowledge of evidenced positive effects of narrative reminiscence on long-term patients' quality of life, increase nurses' level of confidence to use

storytelling as a clinical tool, and elevate their participation in nursing research to a higher level. The project also introduced nurses to the *Resident Patient Story Tool* that blended Liehr and Smith's (2014) story theory with Stinson's (2009) protocol to provide a practical tool for nurses to plan and implement narrative reminiscence.

As literature highlights, close to half of the long-term care residents suffer from depression and anxiety-related symptoms that include reduced appetite and weight loss, fear of dying, irritability, and social isolation (American Health Care Association, 2017; Borza et al., 2015; Hicran et al., 2017). Unfortunately, nursing staff frequently lack knowledge of research-evidenced benefits of reminiscence narration on residents' quality of life (AHRQ, 2014).

Discussion of Demographics

The targeted population was nursing staff at a long-term facility. Four male and six female nurses gave informed consent for voluntary participation and attended the education session as a convenience sample. The age within the study ranged from 25 to 64 years; eight participants (80%) were between 26 and 45 years of age; two participants (20%) ranged in age from 46 to 65. Sixty percent of the sample had a license as a vocational (practical) nurse, while 40% were registered nurses. Of the registered nurses (RNs), two had an Associate Degree in Nursing, and two had Bachelor of Science in Nursing degrees. Nine out of 10 nurse participants had entered long-term care within one year of graduating from nursing school; their years of nursing experience matched their years of long-term care nursing. Only one participant had six to 10 years of nursing experience but less than one year of long-term nursing practice. Table 2 reflects demographic data.

Table 2

Demographics

Data	<i>n</i>	%	X
Gender			
Male	4	40	
Female	6	60	
Age			
26-45	8	80	
46-64	2	20	
Type of Licensure			
RN	4	40	
LVN	6	60	
Years of Nursing Experience			8
2-5	3	30	
6-10	5	50	
11-15	1	10	
16-20	1	10	
Years of Experience in Long-Term Care			8
0-1	1	10	
2-5	3	30	
6-10	4	40	
11-15	1	10	
16-20	1	10	

Data Analysis

Data analysis concentrated on four sets of measurements that were administered before and after the educational intervention that included (a) the summed total score of the 10-item knowledge test (Q1) and the five-item Likert scales, (b) confidence to implement research-based evidence into daily nursing practice (Q2), (c) confidence to be able to take part in nursing research in everyday nursing practice (Q3), and (d) confidence to collaborate with nursing organizations to ensure best standards of care in daily nursing practice (Q4).

Descriptive statistics. Table 3 contains descriptive statistics of subjects' pre- and postintervention averages and score distribution for Q1 – Q4.

Table 3

Descriptive Statistics and Measurement of Central Tendency

	<i>n</i>	\bar{x}	<i>SE</i>	Minimum	Maximum
Q1					
Pre	10	5.8	0.573	2.00	8.00
Post	10	8.8	0.388	7.00	10.00
Q2					
Pre	10	3.4	0.339	2.00	5.00
Post	10	4.1	0.233	3.00	5.00
Q3					
Pre	10	3.7	0.300	2.00	5.00
Post	10	4.1	0.233	3.00	5.00
Q4					
Pre	10	4.0	0.365	2.00	5.00
Post	10	4.3	0.213	3.00	5.00

Pre- and posttest (Q1). The 10-item knowledge test was designed to assess nurse participants' awareness of recognizing depression as not a normal part of aging, to assist them in quantizing the significance of mental health aspects in long-term care, and to emphasize storytelling as a clinical tool. Each question was worth one point, and possible scores ranged from low of zero (indicating no knowledge) to a high of 10. The mean score of the sample before the start of the intervention was 5.8. The mean score of the sample after the intervention was 8.8 with a standard error of 0.57349; thus, reflecting increased learning by the subjects during the project implementation.

Likert scales of confidence (Q2, Q3, and Q4). The following sets of data were measured using five-point Likert scales, which ranged from 1 = *completely not confident* to 5 = *completely confident*. The mean for Q2 increased from 3.4 preimplementation to 4.1 postimplementation

with a standard error of 0.233, which reflects an increase in nursing confidence to integrate evidence-based practice into daily nursing care. The mean for Q3 increased from 3.7 before the intervention to 4.1 postintervention, which suggests that the nurse participants were more confident to be able to participate in nursing research on a typical clinical day. Mean Q4 data representing nursing confidence in interprofessional collaboration increased from 4.0 pre-intervention to 4.3 postintervention, which indicates a small increase in the nurse participants' confidence to be able to tap into nurse organizational resources to improve clinical care with research-evidenced best care applications. The overall data show that the one-hour educational intervention was successful in increasing nursing knowledge and participants' confidence to be part of nursing research and implement evidence-based practice into their daily care.

Test of normality of data. An analysis of the distribution of the subjects' responses using a Shapiro-Wilk test revealed that data derived from Q1, Q2, and Q3 were normally distributed and allowed the use of a parametric statistical analysis (a paired *t* test). Data from Q4 were not normally distributed (*Sig* less than 0.05); therefore, a Wilcoxon Signed Ranks Test was used to analyze the data from this question (see Table 4).

Table 4

Normality of Data: Shapiro-Wilk

Data Set	Statistic	<i>df</i>	<i>Sig</i>
Q1			
Pre	0.088	10	0.187
Post	0.012	10	0.046
Q2			
Pre	0.892	10	0.177
Post	0.833	10	0.036
Q3			
Pre	0.911	10	0.287
Post	0.833	10	0.036
Q4			
Pre	0.773	10	0.007
Post	0.802	10	0.016

Paired *t* test. A *t* test for paired samples was the preferred method for an analysis that compared the normally distributed data of the same sample of study participants, as it was the case with this project (Grove et al., 2013). Table 5 reports the levels of significance and probability factors of Q1, Q2, and Q3 based on data analysis of their paired samples test. Q1 results reflected that the nurse participants scored significantly higher on the posttest compared to the pretest, $t(9) = -4.19$, $p = .002$, demonstrating an increase in knowledge as a result of the intervention. Q2 posttest results reflected that the nurses felt significantly more confident to implement the results of nursing research such as the story theory into their daily nursing care after the one-hour educational intervention, $t(9) = -3.28$, $p = .010$. Post-intervention results of Q3 reveal that nurses felt significantly more confident to be able to participate in nursing research in their daily nursing care compared to their preintervention scores, $t(9) = -2.4$, $p = .037$.

Table 5

Paired Samples Test

	<i>M</i>	<i>SD</i>	95% CI of the lower	95% CI of the upper	<i>t</i>	<i>df</i>	<i>Sig</i>
Q1	-3.0	2.26	-4.61	-1.32	-4.19	9	0.002
Q2	-0.70	0.674	-1.18	-0.217	-3.28	9	0.010
Q3	-0.40	0.516	-0.769	-0.305	-2.4	9	0.037

Wilcoxon signed ranks test. The last test item, Q4, aimed to elicit information whether nurses felt more confident because of the intervention to be able to collaborate with nursing organizations to ensure the best standards of care in their daily nursing practice. Because this test item's data were not normally distributed, a Wilcoxon Signed Ranks Test was utilized. Post-intervention Q4 results reflected that nurse participants did not feel significantly more confident in intra- and interprofessional collaboration than before ($Z = -1.34, p = .180$).

Correlations of variables. Correlational statistical research data describe the linear relationship between the four variables introduced to this project's nurse participants; they included the knowledge test (Q1), confidence to implement evidence-based research practice (EBP) such as story theory into daily practice (Q2), confidence to take part in nursing research (Q3), and interprofessional collaboration to ensure the best standards of care in nursing practice (Q4). Table 6 reflects the most prominent correlations.

Table 6

Correlations Between Variables

	Q1 Knowledge	Q2 Research Implementation	Q3 Research Participation
Q2			
Pearson	-0.343		
<i>Sig</i> (2-tail)	0.332		
<i>n</i>	10		
Q3			
Pearson		1.000**	
<i>Sig</i> (2-tail)		0.000	
<i>n</i>		10	
Q4			
Pearson	-0.321	0.825**	0.825**
<i>Sig</i> (2-tail)	0.365	0.003	0.003
<i>n</i>	10	10	10

**Correlation is significant at the 0.01 level (2-tailed)

Implementation of EBP and participation in nursing research. There was a strong positive relationship of statistical significance, $r(9) = 1.00, p < .001$, between nursing confidence to implement research into their daily practice (Q2) and participation in nursing research (Q3). This strong relationship was supported by one nurse participant's comment expressing delight to have participated in the educational activity as part of a nursing research study and inquiring about further options in nursing research. The strong finding indicated that the higher the nursing confidence level of implementing EBP into their daily care, the higher was their confidence to take part in nursing research.

Implementing of EBP and collaboration with nursing organizations. A strong positive correlation exists between nursing confidence to implement EBP (Q2) and confidence to be able to stay connected to nursing organizations (Q4) to tap into research-evidence best care practices, $r(9) = .825, p = .003$. The finding reflects that if nurses felt confident implementing best

practice based on nursing research into bedside care, they were also positively confident to be able to find necessary resources with their nursing organizations.

Participating in nursing research and collaboration with nursing organizations. A strong positive correlation exists between nurse confidence to participate in nursing research (Q3) and collaboration with nurse organizations (Q4) to ensure best practice based on research; the correlation was statistically significant, $r(9) = .825, p = .003$. The result indicated that the more confident nurses felt to be part of research, the more they were confident of finding best practice at their nursing organizations.

Knowledge, participation in research, and professional collaboration. Weak negative correlations exist between an increase in nursing knowledge (Q1) and both the confidence in the implementation of research into daily practice (Q2) and participating in nursing research in daily care (Q3). These correlational relationships were not statistically significant, $r(9) = -.343, p = .332$. A weak, statistically not significant correlation also existed between knowledge (Q1) and collaboration with nursing organizations, $r(9) = -.321, p = .365$. The results indicated statistically nonsignificant linear relationships between increased nursing knowledge, implementation of EBP, participation in research, and collaboration with nursing organizations to ongoing updates on best practice for daily care. Higher nursing knowledge about research did not necessarily mean that nurses felt confident to implement EBP, participate in research, and stay current on evidence through interprofessional collaboration.

Correlations of demographics and variables. Interesting are the results of statistically significant relationships of demographic data and implementation of and participating in research (Q2 and Q3). There was a strong negative correlation between years of nursing experience and confidence to implement EBP in daily care and participate in nursing research, $r(9) = -.639, p =$

.047. This indicated that the more experienced nurses felt less confident to implement research-based best practice into their daily care, and they were also less confident to participate in nursing research. A strong, positive, statistically significant relationship was noted between being a female and higher nursing education, $r(9) = .667, p = .035$, and in this study all registered nurses were female. Correlational data evidence a strong positive linear relationship between years of nursing experience and long-term care experience and suggest that the longer nurses have been in practice, the longer they also have been in long-term care, $r(9) = .830, p = .003$. Those data suggest loyalty of long-term nurses to their clinical specialty. Table 7 reflects statistically significant correlational relationships between demographic data variables.

Table 7

Correlational Relationships Between Demographic Data and Variables

	Q2	Q3	Gender	Years of Experience
Years of Experience				
Pearson	-0.639*	-0.639*		
<i>Sig</i> (2-tail)	0.047	0.047		
<i>n</i>	10	10		
License Type				
Pearson			0.667*	
<i>Sig</i> (2-tail)			0.035	
<i>n</i>			10	
LTC Experience				
Pearson				0.830**
<i>Sig</i> (2-tail)				0.003
<i>n</i>				10

* Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

Question Guiding the Inquiry

The PICOT question was the following: Among staff nurses who provide care to institutionalized residents aged 65 and older at risk to develop depressive symptoms, how will a one-hour educational activity centered around the planning and implementation of a research-based narrative reminiscence protocol demonstrate evidence of increased knowledge and confidence? The null hypothesis stated that the one-hour educational intervention did not evidence increased nursing knowledge and confidence. Analysis of data obtained during the educational activity reflected that the nurse participants had a statistically significant higher score on their posteducation knowledge test than on the pretest, which demonstrated increased nursing knowledge. Also, the participants felt significantly more confident to implement the results of nursing research, such as the story theory, into their daily nurse practice after the educational intervention and felt significantly more confident to participate in nursing research. Therefore, the researcher was able to reject the null hypothesis. The fourth variable, which explored whether nurses felt confident to access available resources through contact and collaboration with professional nursing organizations, did not result in statistically significant findings; the researcher failed to reject the null hypothesis for that variable.

Reliability and Validity

The project collected pre- and postintervention data through a knowledge test and three Likert scales extracted from Caruso et al.'s (2016) nurse self-efficacy instrument; the authors evidenced its validity and proved the tool's overall reliability with a Cronbach's α coefficient of 0.83. The current project used a three-item subscale of the efficacy scale and demonstrated a Cronbach's α coefficient of 0.84, which was above the literature recommended 0.80 (Bland & Altman, 1997).

To assist with content validity, three nurse faculty members and one geriatric nurse expert reviewed each item from the 10-item knowledge tests and offered revisions based on the content utilized in the intervention. The Cronbach alpha on the current sample was $\alpha = 0.86$. However, the project's small convenient sample of 10 participants might not be of adequate size to produce nonerroneous results (Bonnett & Wright, 2015).

Project Implementation Strength and Weaknesses

The study's positive statistical results reflected its strength and confirmed the methodological appropriateness. The setting was adequate, comfortable, and allowed the participants to use the *Resident Patient Story Tool* to reflect on how their own life events shaped their decisions to enter nursing. Color-coded test sheets made it easy for participants to differentiate between pre- and posttest data and facilitated data analysis. Logistic weaknesses included technical difficulties with the facility-provided projectors that should have been backed up by information technology (IT) support.

Recommendations

Recommendations for future research interventions included testing the facility's IT equipment in different conference rooms to ensure its full functional ability during one of the visits preceding the study implementation.

Chapter Summary

This project was intended to increase nurse competency in using narrative reminiscence as a research-evidenced clinical tool in long-term care; it also aimed to increase nurse self-efficacy in implementing and participating in nursing research. It utilized a nursing education intervention based on Liehr and Smith's (2014) story theory and blended it with Stinson's (2009) protocol to create a practical tool for nurses to use in clinical practice. Nurse participants

explored the tool during the project implementation and shared personal events that impacted their own lives.

The project's findings demonstrated a significant increase in nurse participants' knowledge regarding mental health concerns in long-term care and the impact of storytelling as a clinical tool. In addition, nurses felt significantly more confident in implementing evidence-based practice into their daily bedside care and take part in nursing research after the educational intervention. However, the project did not create a statistically significant increase in nursing confidence to tap into resources through professional collaboration with nursing organizations to ensure continued evidence-based practice; the researcher was unable to reject the null hypothesis. Findings of interest included that nurses with more years of experience felt less confident to implement EBP into their daily care and participate in nursing research than recent nurse graduates. The data also suggested that long-term care nurses were loyal to their clinical specialty; their years of experience matched their number of years in long-term care.

The project added to the current body of knowledge regarding the beneficial use of storytelling as a clinical tool; 10 nurses at a long-term facility benefitted from the educational intervention and increased their nursing competence and confidence. Ultimately, patient residents at long-term care facilities will benefit from nurses who are well versed in planning and implementing an evidence-based best practice tool for narrative reminiscence.

Chapter 5: Discussion, Conclusions, and Recommendations

Close to half of the long-term care population in the United States suffers from depressive symptoms (NIA, 2017). Although research underscores storytelling as a vibrant nursing instrument that assists patients in overcoming multiple challenges, reminiscent narration remains underutilized (AHRQ, 2014; Cesetti, Vescovelli, & Ruini, 2017). This scholarly project offered nurses insight into storytelling as a clinical intervention and methods for using it as a practical tool in the ongoing pursuit of excellence in nursing practice (AACN, 2018). This chapter discusses the interpretation and inference of the project's findings, sheds light on its limitations, highlights implications for nurse leaders with recommendations for future research based on the *Essentials for the Doctor of Nursing Practice*, and outlines further research recommendations to add to the body of knowledge for the benefit of patients in residential care settings (AACN, 2018).

Interpretation and Inference of the Findings

This project's research question focused on the potential impact of a one-hour educational activity on nursing competence and confidence to provide evidence-based, patient-oriented narrative reminiscence. Ten nurses participated per convenience sample. Findings reflected a statistically significant increase in nursing knowledge as a result of the intervention; the null hypothesis was rejected. Also, nurse participants felt statistically significantly more confident in implementing evidence-based practice into their daily care and participate in nursing research. The null hypothesis was rejected for those two variables as well. However, the last variable, aimed to measure the change in nursing confidence to collaborate with nursing organizations to ensure the continuance of best standards in nursing practice, did not demonstrate

increased nursing confidence to tap into resources from professional nurse organizations; the researcher was unable to reject the null hypothesis for professional collaboration.

Other correlated findings were of interest. A strong positive relationship of statistical significance existed between nursing confidence to implement research into daily care and to participate in nursing research. Positive comments by at least one nurse participant accompanied the findings and highlighted a vibrant interest in nursing research. The robust finding indicated the more confident nurses were to be able to implement EBP into daily nursing practice, the more confident they were to take part in nursing research. At the same time, if nurses felt confident to implement best practice based on nursing research, they were also positively confident in finding necessary resources through mutual collaboration with their professional nursing organizations. Similarly, the more confident nurses felt to contribute to nursing research through active participation, the more likely they felt confident to find research results at their nursing organization.

Weak and statistically nonsignificant linear correlational relationships, on the other hand, existed between increased nursing knowledge, EBP implementation, participation in nursing research, and collaboration with professional nurse organizations to obtain updates on research-evidenced best care practices. These findings suggested that higher knowledge of nursing research did not necessarily mean that nurses felt comfortable to implement research evidence, actively contribute to nursing research, or reach out to nurse organizations and tap into available resources.

In addition, long-term care nurses were loyal to their chosen clinical specialty. Correlational data evidenced a strong positive linear relationship between years of nursing experience and long-term care experience. They suggested that nurse participants entered long-

term care within one year of graduation and made it their choice of clinical specialty. Only one study participant had worked in other clinical areas before entering long-term care practice.

A strong positive, statistically significant relationship was noted between female participants and higher nursing education. All registered nurses participating in the study were female, which reflects the general state of diversity in nursing. While AACN (2017) emphasized diversity and inclusion, female registered nurses still outnumber male nurses by nine to one nationwide (Rapple, 2015).

There was a strong negative correlation between years of nursing experience, confidence to implement EBP in daily care, and research participation. The finding suggested that the more experienced nurses not only felt less confident to implement research-based best practice into their daily care but also were less confident to participate in nursing research. Two participants' comments illustrated the finding; they stated that they "simply" did not have time to implement research into their daily care. Interestingly, those comments were diffused by another participant who pointed to a multitude of practical ways research could find its way into daily nurse practice. Nursing research offers support for this finding. Camargo et al. (2018) noted the negative correlation between increasing years of nursing experience and EBP implementation; the authors emphasized time constraints and high workloads as the most significant barriers.

Limitations

Several limitations are associated with the study. It had a small, nonstratified convenience sample of 10 nurse participants who voluntarily agreed to the educational intervention. A greater sample size might have provided pre- and postimplementation data with greater power of difference and higher validity. An additional limitation was that the instrument to measure nurse self-efficacy had been validated in its original version in the Italian language (Caruso et al.,

2016). Its project implementation in the United States may have had potential linguistic and cultural limitations (R. Caruso, e-mail communication, April 9, 2019).

Implication of Analysis for Leaders

The study added statistically significant data to the body of nursing knowledge around clinical applications of reminiscence as a clinical tool and the implementation of evidence-based practice in long-term care. Reminiscence is a powerful evidence-based tool that can be used by nurses to help aging patients process feelings of depression and loneliness. Nursing home administrative and clinical leaders might find this information helpful to assist their nursing staff in the pursuit of clinical excellence using evidence-based tools at the bedside. In addition, nursing leaders at the corporate level might consider developing new policies and training related to the use of narrative reminiscence.

Educational interventions and EBP implementation. Findings reflected a statistically significant increase in nursing knowledge after the educational intervention. Recent literature emphasized the need for clinical practice-supported education for geriatric nursing in undergraduate academia, which would offer opportunities for professional collaboration between nursing homes and local colleges of nursing (Hsieh & Chen, 2018). Leaders might consider a mutual agreement to offer practice hours for undergraduate nursing students enrolled in geriatric nursing education; it could invite academic faculty to the nursing home to educate students and staff. Literature underscored the positive effects of student nurses' active participation in long-term care (Carpenter, 2010; Timbrell, 2017). Moreover, administrative long-term care leaders could encourage voluntary staff participation in ongoing research projects offered by local graduate nursing schools to support staff-expressed interest in research and EBP implementation.

Increased collaboration with nurse organizations. Nursing home leaders also need to strengthen the collaboration with professional nurse organizations and invite local representatives to their staff meetings to assist nurses in exploring available resources for professional growth. National organizations set objectives for nurses to shape current and future health care delivery, and professional nursing organizations offer active participation in policy formulation (AACN, 2018; Institute of Medicine, 2010). Nurses have the knowledge, skills, and clinical perspectives to advocate for changes in health care policies and care standards with strong support from administrative leaders (Burke, 2016; Olson, 2016).

Nurses in this sample lacked confidence to collaborate with professional nursing organizations. Leadership has the unique opportunity to facilitate change in health care delivery through actively engaging its nursing workforce in policy decisions and recommendations to legislators. Leadership involvement in shaping the future of healthcare lines up with the Institute for Healthcare Improvement triple aim to enhance the patient experience, improve population health, and reduce per capita costs at the same time (Institute for Healthcare Improvement [IHI], 2019). Nursing input is vital in tomorrow's delivery of care. Leadership involved in healthcare innovation improvement curricula offered by local undergraduate programs serves as experts in clinical care and shapes future nurses' views on patient advocacy in tomorrow's healthcare delivery (Cusson, Meehan, Bourgault, & Kelley, 2019).

Identifying and addressing the barriers. The study reflected strong negative correlations between years of nurse experience and confidence to implement EBP. More experienced nurses reported less confidence in implementing research-based new nursing interventions and cited lack of time and increased workload as significant barriers. Leadership has the option to inquire further about perceived obstacles to implement research-based practice

into daily nursing care. This is similar to findings reported by Youssef, Alshraifeen, Alnuaimi, and Upton (2018), which underscored leadership responsibilities to overcome barriers; in addition to lack of time and available study protocols, the authors noted that nurses felt disempowered to implement EBP in a change-resistant work environment. Nursing staff valued experience over evidence-based practice, viewed research as confusing, vague, complicated, and time-consuming; strong leadership support enabled easy access to relevant nursing research online or in print at the nurses' convenience (Bohman, Ericsson, & Borglin, 2013).

Celebrate nursing loyalty. The project reflected nursing loyalty to long-term care as a chosen clinical practice. Spenceley, Caspar, and Pijl (2017) noted that despite physically and emotionally exhausting care demands in long-term facilities, 85% of care providers did not plan to change jobs. Those numbers amaze, given other studies that evidence that only 40% of long-term care nurses planned to stay in their current clinical unit (Eltaybani, Noguchi-Watanabe, Igarashi, Saito, & Yamamoto-Mitani, 2018). Long-term care nurses stay because of their passion for gerontology; they leave due to a nonsupportive work environment, lack of empowerment as agents of change, and other management-controllable factors (Leineweber et al., 2016). The ANA (2019) has tools and resources for leadership to celebrate nursing staff and improve clinical environments. Meaningful nurse recognition systems that can be used by long-term care leadership include the Daisy Award used by Magnet recognized hospitals. It honors nurses with exemplary patient dedication and could easily anchor a nurse reward system into the facility's corporate policies (Daisy Foundation, 2019; Feinblum, 2019).

Essentials of Doctor of Nursing Practice

Essential I: Scientific underpinnings. Practice-focused doctoral nurses advance the science of nursing by applying strong foundations in their scholarly work to describe significant

health issues, develop evidence-based strategies to alleviate them, and evaluate the outcome (AACN, 2018; Christiansen & Champion, 2018).

Theoretical foundation. This project utilized Liehr and Smith's (2014) story theory to enhance nursing knowledge and confidence to integrate narrative reminiscence as evidenced-based best practice to prevent depressive symptom development in the long-term care patient population. While mental health nursing frequently integrates borrowed behavioral health science into its scholarly foundation, Liehr and Smith's (2014) middle-range practice-oriented framework was uniquely applicable to this project's realization. Storytelling as a clinical tool has been proven to be beneficial to patients' health in multiple clinical and academic settings.

Significant health issue. Depression in long-term care remains a critical health issue. After a move to a long-term care facility, new patient residents suffer from physical, mental, and behavioral symptoms including a perceived lower quality of life in an institutional care environment, anxiety, and loneliness (Jerez-Roig et al., 2017); one in three nursing home residents require antidepressant medication intervention (Bathena et al., 2017). The literature emphasized that residents benefit from a positive nurse-patient relationship that encourages the use of narrative reminiscence; however, nurses frequently lack knowledge of how to encourage open communication of patients' significant life events and their impact on care expectations (Haugan et al., 2013; Stinson, 2009). The problem of interest (POI) aimed to improve the lives of residential patients through an educational intervention that enhanced nursing knowledge and competence to facilitate meaningful narration.

Evidence-based tools. This scholarly project made use of the story theory, which has been proven to be testable and to hold scientific significance in clinical and academic nursing. It also modified an evidence-based narration protocol published by Stinson (2009) to blend with

Liehr and Smith's (2014) story theory. Stinson (2009) encouraged the use of tangible, visual, olfactory, and auditory aids as thematic activities. The new *Resident Patient Story Tool* folded Stinson's (2009) themes into Liehr and Smith's (2014) constructs to encourage healing through narration. With the newly created practical tool, nurses initiate the patient dialogue to discuss previous high, low, and turning points in their residents' lives; they encourage discussion of residents' "firsts" (day of school, date, car, job) and what mattered most. The dialogue continues with the present ("Self-in Relation") focus which sets the stage for residents to discuss life events that influence their current situation. The third construct ("Creating Ease") allows residents to verbalize their future hopes, dreams, and care expectations shaped by earlier highlights and disappointments. Project participants used the *Resident Patient Story Tool* during the intervention and shared life experiences that impacted their choices in life.

Outcome. The project's outcome measures included pre- and postintervention tests of nursing knowledge and self-efficacy. The findings demonstrated a statistically significant increase in nurse participant's knowledge regarding reminiscence narration's benefits as a clinical tool in the care of long-term residents at risk to develop depressive symptoms. Also, nursing confidence regarding EBP implementation and participation in research projects significantly increased postintervention. However, the project did not demonstrate a significant increase in nursing confidence to receive resources for best care through professional nurse organizations.

The project added to the current body of scientific knowledge of storytelling as a clinical tool; it increased nursing competence and confidence to integrate EBP into long-term care. Study participants received a practical tool that allowed them to explore reminiscence narration. As an ultimate benefit, long-term care residents experience care from nurses who use reminiscence storytelling to address depressive symptoms with confidence and expertise.

Essential II: Organizational and systems leadership. Terminally prepared nurses are expected to advance nursing science through the evidence-based development and evaluation of new care delivery models based on patient needs. In addition, they are to ensure safety and quality of care provision through ethically and financially sound innovative practice initiatives and evaluate new approaches for their benefits to patients (AACN, 2018).

Patient needs and sound innovative practice. The scholarly project focused on nursing strategies needed to reduce the current high incidence of depression in nursing homes. More than one million patients received care in nursing homes and rehabilitation facilities in 2015; the number is expected to be 30 million by the year 2060 (KFF, 2017). Close to half of the nursing home population displays depressive symptoms, which is estimated up to ten million residential care patients by 2060 (Frazier, 2016). Alternative-to-medication nursing approaches, such as efforts reflected in the government's ambitious *Healthy People 2020* (HealthyPeople 2020, 2019a) agenda to delay residential care, address the needs of those patients (Walker, 2014). Rosen (2014) determined that treatment of depression in residential care costs more than half a billion dollars per year. Literature supports reminiscent narration as an efficient, resident-centered way to reduce long-term care costs and increase resident patients' quality of life (Henkel et al., 2017).

Evaluation of new approaches. Leadership recommendations based on this project's data include implementing educational interventions statistically shown to increase nursing knowledge and confidence. Close collaboration with nursing organizations provides needed resources; it engages nursing staff in policy development in support of national efforts to increase patient safety and decrease costs (IHI, 2019).

Essential III: Clinical scholarship and analytical methods for evidence-based practice. Translation of research into evidence-based best practice and disseminating results to bedside nurses is the primary focus of DNP prepared nurses (AACN, 2018). This project exemplified the scholarship of application in its aim to improve the lives of residential care patients through the critical appraisal and systematic review of more than 500 peer-reviewed scholarly studies to determine best evidence for project implementation. The researcher translated the evidence into an educational activity, designed a scientifically sound methodological approach, delivered through technology, and evaluated the outcome through correct and accurate data collection and analysis. Leadership recommendations reflect research-evidenced data.

Essential IV: Information systems and patient care technology. Early on, nursing had the vision to blend technology and nursing science for best patient care (Technology Informatics Guiding Education Reform [TIGER], 2010; Walker, 2010). Terminally prepared nurses use health information technology (HIT) to monitor quality and outcomes of patient care, interpret health data, provide leadership for the legal and ethical use of patient information data, and evaluate their appropriate and accurate use. This project demonstrated competent use of information systems by collecting, organizing, and securing confidential storage of data and interpreting their outcomes using SPSS. Technology supported the project throughout the planning, conducting, and evaluation stages. Study participants learned the efficient use of computer-, tablet-, and phone-assisted means to engage patients in storytelling (Willoughby & Liu, 2018). Twenty-first-century information technology lends patients a powerful voice to overcome adversities (Grando, Rozenblum, & Bates, 2015; Llewellyn-Beardsley et al., 2019).

Essential V: Health care policy. While all nurses develop the skills and knowledge to influence policy development on the national, local, and organizational level, DNP graduates are expected to take a leadership role in the design and implementation of healthcare policies that guide practice, healthcare finance, and quality of care delivery (AACN, 2018). This project's data-driven leadership recommendations include policy development focused on ongoing nurse education, involvement in professional organizations, removal of barriers to implement EBP in daily practice, and corporate-wide nurse recognition systems. Corporate administrative staff need information provided by nurse scholars who translate research into clinical applications and practice. Interest groups of clinical nurses at the long-term facility provide input into how to remove barriers of interprofessional collaboration, implement attractive nurse incentive and recognition programs, and initiate policies to integrate evidence-based best practice into daily bedside nursing care. Research-evidenced data provided the basis for new corporate policies (McLaughlin & McLaughlin, 2015).

Essential VI: Interprofessional collaboration. DNP prepared nurses are uniquely qualified to initiate and lead interprofessional teams of healthcare providers for patient-centered care (AACN, 2018). The project encouraged nurses to use the *Resident Patient Story Tool* to teach other professionals at the nursing home, such as the recreational therapist and social workers, to engage residents in reminiscence narration. The registered dietician and the dietary manager are valuable members of the treatment team and provide input on how to create meals that tie in with residents' memories and expectations. The project's educational intervention discussed collaboration with other members of the care team and highlighted the importance of team communication and mutual respect (Gibb, Freeman, Ballantyne, & Corlis, 2016).

Essential VII: Clinical prevention and population health. This project took steps to integrate EBP into daily nursing care with leadership recommendations for administrative and clinical staff serving patients at risk to develop depressive symptoms. As expected by national nursing initiatives, the project's interventions focused on promotion of mental health in a patient population with unchanged prevalence rates since the 1970s despite pharmacological treatments, a fact that calls for more psychosocial, preventative treatment approaches (AACN, 2018; Nosraty, Pulkki, Raitanen, Enroth, & Jylhä, 2019; Ormel, Kessler, & Schoevers, 2019). Health promotion and disease prevention to improve quality of life and potentially reducing polypharmacy of psychotropic medications guided the project. Determinants of health for patients transitioning from community-dwelling to institutionalized settings include life and location changes, perceived loss of control in long-term care environments, unfamiliar caretakers, and comorbidities of chronic diseases and pain (Bathena et al., 2017; Erdal et al., 2017). Narrative reminiscence has been evidenced as a powerful, research-based clinical tool for nursing to engage in clinical prevention and supports national population health strategies proven to be successful in long-term studies (HealthyPeople 2020, 2019a; Wilkins et al., 2019).

Essential VIII: Advance nursing practice. Depression in long-term care affects one of three residents, and symptoms often go unnoticed and untreated (Tesky et al., 2019). This scholarly project contributed to nursing as a science by addressing the need for education (AACN, 2018). It introduced nursing staff at a 160-bed residential facility to storytelling as a clinical tool and evidenced statistically significant increased nursing knowledge and confidence to implement results of nursing research into daily bedside care. The project collected data through quasi-experimental nonrandomized pretest, intervention, and posttest study design. A nurse self-efficacy scale adapted from Caruso et al. (2016), a research-based scale with tested

proven internal validity and reliability, captured nurse participants' increased confidence to implement EBP. Also, study participants explored the research-based *Resident Patient Story Tool* blended from Liehr and Smith's (2014) foundational framework and Stinson's (2009) narrative reminiscence protocol; it was made available to staff for further use in clinical practice.

Recommendations for Future Research

Although addressed in ambitious national health initiatives, mental health in the United States has declined over the last decade (HealthyPeople 2020, 2019b). The urgency of mental health needs in this patient population calls for preventative interventions (National Institute of Mental Health, 2019; Ormel et al., 2019).

Larger sample. This project laid the groundwork and initiated an educational intervention at a residential care facility with leadership recommendations for continued education and increased interprofessional collaboration. However, project implementation was limited to a small convenience sample at one long-term facility. Additional research with a larger, stratified sample of nursing staff is recommended to further evidence the strong positive correlation of nursing confidence to implement EBP and participate in nursing research.

Comparative and mixed methods study. Comparative research in multiple long-term settings and diverse nurse participant pools would provide further information about the impact of the educational intervention and add to the body of knowledge. Moreover, a mixed study with quantitative and qualitative data analyses should be considered to shed light on nursing-perceived barriers that prevent EBP implementation and measure significant increases in nursing self-efficacy.

Conclusion

This scholarly project addressed the impact of an educational intervention on nursing knowledge and self-efficacy in a long-term care residential setting. Data obtained from the study participants were analyzed and reflected three statistically significant correlational findings. There was a strong positive relationship between nursing confidence to implement research into daily bedside care and participation in nursing research. Also, if nurses in this study felt confident to implement best practice into their daily care and participate in research, they also were positively confident to be able to find necessary resources through professional nurse organizations. As a result of exposure to the intervention, the participants' knowledge of storytelling as a clinical tool increased significantly as evidenced by scores on the posttest. Leadership recommendations included intensified EBP nursing education, focused collaboration with professional nursing organizations, and a corporate-wide nursing recognition program.

The study showed several limitations, which included the small, nonstratified convenience sample; further research with a greater sample size was suggested to provide data with greater power of difference and validity. The nurse self-efficacy tool used in the author-provided English version of its original Italian validated publication provided an additional study limitation due to its potential cultural and linguistic variations (Caruso et. al., 2016).

References

- Adamson, E., & Dewar, B. (2015). Compassionate care: Student nurses' learning through reflection and the use of story. *Nurse Education in Practice, 15*(3), 155–161.
doi:10.1016/j.nepr.2014.08.002
- Agbonjinmi, L. A. (2017). Polypharmacy: Inappropriate medication use in elderly and its associated effects. *West African Journal of Nursing, 28*(1), 56–65.
- Agency for Healthcare Research and Quality. (2014). Weekly group storytelling enhances verbal skills, encourages positive behavior change, and reduces confusion in patients with Alzheimer's and related dementia. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from <https://innovations.ahrq.gov/node/4462>.
- American Association of Colleges of Nursing. (2004, October). *AACN position statement on the practice doctorate in nursing*. Washington, DC: Author. Retrieved from <http://www.aacn.nche.edu/publications/position/DNPpositionstatement.pdf>
- American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author. Retrieved from <http://www.aacn.nche.edu/dnp/Essentials.pdf>
- American Association of Colleges of Nursing. (2017). *Diversity, inclusion, and equity in academic nursing: AACN position statement*. Washington, DC: Author. Retrieved from <https://www.aacnnursing.org/Portals/42/Diversity/AACN-Position-Statement-Diversity-Inclusion.pdf>
- American Association of Colleges of Nursing. (2018). *AACN essentials*. Washington, DC: Author. Retrieved from <https://www.aacnnursing.org/Education-Resources/AACN-Essentials>

- American Health Care Association. (2017). *Quality reports*. Washington, DC: Author. Retrieved from <https://www.ahcancal.org/qualityreport/Pages/default.aspx>
- American Nurses Association. (2019). *Igniting power*. Silver Spring, MD: ANA Enterprise. Retrieved from <https://www.nursingworld.org/education-events/>
- Apóstolo, J., Bobrowicz-Campos, E., Rodrigues, M., Castro, I., & Cardoso, D. (2016). The effectiveness of non-pharmacological interventions in older adults with depressive disorders: A systematic review. *International Journal of Nursing Studies*, 58, 59–70. doi:10.1016/j.ijnurstu.2016.02.006
- Armola, R., Bourgault, A., Halm, M., Board, R., Bucher, L., Harrington, L., & ... Medina, J. (2009). AACN levels of evidence: What's new? *Critical Care Nurse*, 29(4), 70–73. doi:10.4037/ccn2009969
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist*, 28, 117–148. doi:10.1207/s15326985ep2802_3
- Banks, J. (2012). Storytelling to access social context and advance health equity research. *Preventive Medicine*, 55, 394–397. doi:10.1016/j.ympmed.2011.10.015
- Bathena, S. P. R., Leppik, I. E., Kanner, A. M., & Birnbaum, A. K. (2017). Antiseizure, antidepressant, and antipsychotic medication prescribing in elderly nursing home residents. *Epilepsy & Behavior*, 69, 116–120. doi:10.1016/j.yebeh.2017.01.027
- Bell, H. T., Steinsbekk, A., & Granas, A. G. (2017). Elderly users of fall-risk-increasing drug perceptions of fall risk and the relation to their drug use – a qualitative study. *Scandinavian Journal of Primary Health Care*, 35(3), 247–255. doi:10.1080/02813432.2017.1358438

- Berwick, D. (2005). Broadening the view of evidence-based medicine. *Quality and Safety in Health Care, 14*(5). Retrieved from <http://qualitysafety.bmj.com/content/14/5/315.full>
- Bland, J. M., & Altman, D. G. (1997, February). Statistics notes: Cronbach's alpha. *British Medical Journal, 314*(7080), 572. <http://www.jstor.org/stable/25173851>
- Bloch, J. R., Courtney, M. R., & Clark, M. L. (2016). Practice-based clinical inquiry in nursing: Looking beyond traditional methods for PhD and DNP research. New York, NY: Springer.
- Bohman, D. M., Ericsson, T., & Borglin, G. (2013). Swedish nurses' perception of nursing research and its implementation in clinical practice: A focus group study. *Scandinavian Journal of Caring Sciences, 27*(3), 525–533. doi:10.1111/j.1471-6712.2012.01058.x
- Bonett, D. G., & Wright, T. A. (2015). Cronbach's alpha reliability: Interval estimation, hypothesis testing, and sample size planning. *Journal of Organizational Behavior, 36*(1), 3–15. doi:10.1002/job.1960
- Borza, T., Engedal, K., Bergh, S., Barca, M. L., Benth, J. Š., & Selbæk, G. (2015). Research report: The course of depressive symptoms as measured by the Cornell scale for depression in dementia over 74 months in 1158 nursing home residents. *Journal of Affective Disorders, 175*, 209–216. doi:10.1016/j.jad.2014.12.053
- Briant, K. J., Halter, A., Marchello, N., Escareño, M., & Thompson, B. (2016). The power of digital storytelling as a culturally relevant health promotion tool. *Health Promotion Practice, 17*(6), 793–801. doi:10.1177/1524839916658023
- Burke, S. (2016, June 2). *Influence through policy: Nurses have a unique role*. Indianapolis, IN: Reflections on Nursing Leadership. Retrieved from https://www.reflectionsonnursingleadership.org/commentary/morecommentary/Vol42_2_nurses-have-a-unique-role

- Camargo, F. C., Hemiko Iwamoto, H., Galvão, C. M., de Araújo Pereira, G., Benzi Andrade, R., & Crispim Masso, G. (2018). Competences and barriers for the evidence-based practice in nursing: An integrative review. *Revista Brasileira de Enfermagem*, *71*(4), 2030–2038. doi:10.1590/0034-7167-2016-0617
- Cambell, W. (2014, December 16). *Comfort is within reach with the help of hospice. Sharing her story*. Alexandria, VA: National Hospice and Palliative Care Organization. Retrieved from <http://www.nhpco.org/press-room/press-releases/comfort-within-reach>
- Campion-Smith, C., Austin, H., Criswick, S., Dowling, B., & Francis, G. (2011). Can sharing stories change practice? A qualitative study of an interprofessional narrative-based palliative care course. *Journal of Interprofessional Care*, *25*(2), 105–111. doi:10.3109/13561820.2010.515427
- Carpenter, R. (2010). Using story theory to create an innovative honors level nursing course. *Nursing Education Perspectives*, *31*(1), 28–32. Retrieved from https://journals.lww.com/neonline/Abstract/2010/01000/Using_STORY_THEORY_to_Create_an_Innovative_Honors.8.aspx
- Caruso, R., Pittella, F., Zaghini, F., Fida, R., & Sili, A. (2016). Development and validation of the nursing profession self-efficacy scale. *International Nursing Review*, *63*(3), 455–464. doi:10.1111/inr.12291
- Centers for Disease Control. (2015). *Depression is not a normal part of growing older*. Atlanta, GA: Author. Retrieved from <https://www.cdc.gov/aging/mentalhealth/depression.htm>
- Cesetti, G., Vescovelli, F., & Ruini, C. (2017). The promotion of well-being in aging individuals living in nursing homes: A controlled pilot intervention with narrative strategies. *Clinical Gerontologist*, *40*(5), 380–391. doi:10.1080/07317115.2017.1292979

- Chan, M. F., Ng, S. E., Tien, A., Man Ho, R. C., & Thayala, J. (2013). A randomized controlled study to explore the effect of life story review on depression in older Chinese in Singapore. *Health & Social Care in the Community*, *21*(5), 545–553.
doi:10.1111/hsc.12043
- Christiansen, A. (2011). Storytelling and professional learning: A phenomenographic study of students' experience of patient digital stories in nurse education. *Nurse Education Today*, *31*(3), 289–293. doi:10.1016/j.nedt.2010.10.006
- Christiansen, B., & Champion, J. D. (2018). Examining doctor of nursing practice clinical competency. *Journal for Nurse Practitioners*, *14*(5), e93–e100.
doi:10.1016/j.nurpra.2018.02.006
- Chueh, K. H., & Chang, T. Y. (2014). Effectiveness of group reminiscence therapy for depressive symptoms in male veterans: 6-month follow-up. *International Journal of Geriatric Psychiatry*, *29*(4), 377–383. doi:10.1002/gps.4013
- Cooper, R. S. (2018). The palliative care chaplain as story catcher. *Journal of Pain & Symptom Management*, *55*(1), 155–158. doi:10.1016/j.jpainsymman.2017.03.035
- Coster, S., Watkins, M., & Norman, I. (2017). What is the impact of professional nursing on patients' outcomes globally? An overview of research evidence. *International Journal of Nursing Studies*, *78*, 76–83. doi:10.1016/j.ijnurstu.2017.10.009
- Cousely, A. (2018). [Review of the book *Stories of dignity within healthcare: Research, narratives and theories*, by O. Synnes & W. McSherry]. *Journal of Perioperative Practice*, *28*(1/2), 6. doi:10.1177/1750458917742063
- Creighton, A. S., Davison T. E., & Kissane, D. W. (2015). The prevalence of anxiety among older adults in nursing homes and other residential aged care facilities: A systematic

- review. *International Journal of Geriatric Psychiatry*, 31(6), 555–566.
doi:10.1002/gps.4378
- Creighton, A. S., Davison, T. E., & Kissane, D. W. (2017). The correlates of anxiety among older adults in nursing homes and other residential aged care facilities: A systematic review. *International Journal of Geriatric Psychiatry*, 32(2), 141–154.
doi:10.1002/gps.4604
- Cusson, R. M., Meehan, C., Bourgault, A., & Kelley, T. (2019). Educating the next generation of nurses to be innovators and change agents. *Journal of Professional Nursing*.
doi:10.1016/j.profnurs.2019.07.004
- Davis, M. (2015, January 9) *Being willing to really listen can help those facing extreme disparities and challenges* [Blog]. Retrieved from http://www.rwjf.org/en/culture-of-health/2015/01/being_willing_torea.html
- Daisy Foundation. (2019). *Celebrating nurses who provide extraordinary care every day*. Glen Ellen, CA: The Daisy Foundation. Retrieved from <https://www.daisyfoundation.org>
- DeFelipe, J. (2015). The dendritic spine story: An intriguing process of discovery. *Frontiers in Neuroanatomy*, 9, 1–12. doi:10.3389/fnana.2015.00014
- Djukanović, I., Carlsson, J., & Peterson, U. (2016). Group discussions with structured reminiscence and a problem-based method as an intervention to prevent depressive symptoms in older people. *Journal of Clinical Nursing*, 25(7/8), 992–1000.
doi:10.1111/jocn.13110
- Dwamena, F. (2013). Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database of Systematic Reviews*, 12, CD003267.
doi:10.1002/14651858.CD003267.pub2

Edwards, S. (2014). Finding a place for story: Looking beyond reflective practice. *International Practice Development Journal*, 4(2), 1–14. <http://www.fons.org/library/journal.aspx>

Eltaybani, S., Noguchi-Watanabe, M., Igarashi, A., Saito, Y., & Yamamoto-Mitani, N. (2018). Factors related to intention to stay in the current workplace among long-term care nurses: A nationwide survey. *International Journal of Nursing Studies*, 80, 118–127.
doi:10.1016/j.ijnurstu.2018.01.008

Erdal, A., Flo, E., Selbaek, G., Aarsland, D., Bergh, S., Slettebo, D. D., & Husebo, B. S. (2017). Associations between pain and depression in nursing home patients at different stages of dementia. *Journal of Affective Disorders*, 218, 8–14. doi:10.1016/j.jad.2017.04.038

Eskandari, F., Abdullah, K. L., Zainal, N. Z., & Wong, L. P. (2018). The effect of educational intervention on nurses' knowledge, attitude, intention, practice and incidence rate of physical restraint use. *Nurse Education in Practice*, 32, 52–57.
doi:10.1016/j.nepr.2018.07.007

Falzon, C., Radel, R., Cantor, A., & d'Arripe-Longueville, F. (2015). Understanding narrative effects in physical activity promotion: The influence of breast cancer survivor testimony on exercise beliefs, self-efficacy, and intention in breast cancer patients. *Supportive Care in Cancer*, 23(3), 761–768. doi:10.1007/s00520-014-2422-x

Feinblum, D. (2019, July 24). *The joy of meaningful recognition: A DAISY coordinator's perspective* [Blog]. Retrieved from <https://www.americannursetoday.com/blog/the-joy-of-meaningful-recognition-a-daisy-coordinators-perspective/>

Folkerts, A., Roheger, M., Franklin, J., Middelstädt, J., & Kalbe, E. (2017). Cognitive interventions in patients with dementia living in long-term care facilities: Systematic

- review and meta-analysis. *Archives of Gerontology and Geriatrics*, 73, 204–221.
doi:10.1016/j.archger.2017.07.017
- Franck, L., Molyneux, N., & Parkinson, L. (2015). Systematic review of interventions addressing social isolation and depression in aged care clients. *Quality of Life Research*, 25(6), 1395–1407. doi:10.1007/s11136-015-1197-y
- Frazier, S. (2016, July). *Depression in post-acute/long-term care*. Pitman, NJ: Gerontological Advanced Practice Nurses Association. Retrieved from <https://www.gapna.org/sites/default/files/documents/crc/DepressionClinicalPracticeLink.pdf>
- Gaggioli, A., Scaratti, C., Morganti, L., Stramba-Badiale, M., Agostoni, M., Spatola, C. A., ... Riva, G. (2014). Effectiveness of group reminiscence for improving wellbeing of institutionalized elderly adults: Study protocol for a randomized controlled trial. *Trials*, 15(1), 408. doi:10.1186/1745-6215-15-408
- Gallagher, P., & Carey, K. (2012). Connecting with the well-elderly through reminiscence: Analysis of lived experience. *Educational Gerontology*, 38(8), 576–582.
doi:10.1080/03601277.2011.595312
- Gan, P., Xie, Y., Duan, W., Deng, Q., & Yu, X. (2015). Rumination and loneliness independently predict six-month later depression symptoms among Chinese elderly in nursing homes. *Plos ONE*, 10(9), e0137176. doi:10.1371/journal.pone.0137176
- Genworth Financial. (2017). *Annual median cost of long term care in the nation, 2016*. Richmond, VA: Genworth Financial. Retrieved from <https://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html>
- Gibb, H., Freeman, M., Ballantyne, A., & Corlis, M. (2016). TeamCare: Development and evaluation of an evidence-based model for supporting safer, quality care delivery to

- residents in aged care facilities. *Ageing International*, 41(2), 117–138.
doi:10.1007/s12126-015-9237-z
- Gidman, J. (2013). Listening to stories: Valuing knowledge from patient experience. *Nurse Education in Practice*, 3, 192–196. doi:10.1016/j.nepr.2012.09.006
- Gobble, C. (2009). The value of story theory in providing culturally sensitive advanced practice nursing in rural Appalachia. *Online Journal of Rural Nursing & Health Care*, 9(1), 94–105. doi:10.14574/ojrnhc.v9i1.108
- Godshall, M. (2016). *Exploring learning of pediatric burn patients through storytelling* (Doctoral dissertation). Retrieved from Cinahl Complete. (109864370)
- Grando, M. A., Rozenblum, R., & Bates, D. W. (2015). *Information technology for patient empowerment in healthcare*. Berlin, Germany: De Gruyter.
- Gray, B., Young, A., & Blomfield, T. (2015). Altered lives: Assessing the effectiveness of digital storytelling as a form of communication design. *Continuum: Journal of Media & Cultural Studies*, 29(4), 635–649. doi:10.1080/10304312.2015.1025359
- Grove, S. K., Burns, N., & Gray, J. (2013). *Practice of nursing research: Appraisal, synthesis, and generation of evidence*. St. Louis, MO: Elsevier.
- Haeok, L., Fawcett, J., & DeMarco, R. (2016). Storytelling/narrative theory to address health communication with minority populations. *Applied Nursing Research*, 30, 58–60.
doi:10.1016/j.apnr.2015.09.004
- Hagan, R., Manktelow, R., Taylor, B. J., & Mallett, J. (2014). Reducing loneliness amongst older people: A systematic search and narrative review. *Aging & Mental Health*, 18(6), 683–693. doi:10.1080/13607863.2013.875122

- Haigh, C., & Hardy, P. (2011). Tell me a story - a conceptual exploration of storytelling in healthcare education. *Nurse Education Today*, *31*, 408–411.
doi:10.1016/j.nedt.2010.08.001
- Hain, D. (2006). Use of story theory to explore health challenges of hemodialysis patients. [National Symposium Abstract]. *Nephrology Nursing Journal*, *33*(2), 138-138. Retrieved from <https://library.annanurse.org/anna/articles/398/view>
- Hain, D. (2008). Cognitive function and adherence of older adults undergoing hemodialysis. *Nephrology Nursing Journal*, *35*(1), 23–30. Retrieved from <https://library.annanurse.org/anna/articles/67/view>
- Halvorsen, K. H., Selbæk, G., & Ruths, S. (2017). Trends in potentially inappropriate medication prescribing to nursing home patients: Comparison of three cross-sectional studies. *Pharmacoepidemiology & Drug Safety*, *26*(2), 192. doi:10.1002/pds.4142
- Harrison, J. K., Ewalesby, K., Hamilton, L., Armstrong, C., Staff, J. M., Reunish, E. L ...
Shenkin, S. D. (2017). Predicting discharge to institutional long-term care following acute hospitalisation: A systematic review and meta-analysis. *Age & Ageing*, *46*(4), 547–558. doi:10.1093/ageing/afx047
- Haslam, C., Haslam, S. A., Ysseldyk, R., McCloskey, L., Pfisterer, K., & Brown, S. G. (2014). Social identification moderates cognitive health and well-being following story and song-based reminiscence. *Aging & Mental Health*, *18*(4), 425–434.
doi:10.1080/13607863.2013.845871
- Haugan, G., Hanssen, B., & Moksnes, U. K. (2013). Self-transcendence, nurse-patient interaction and the outcome of multidimensional well-being in cognitively intact nursing home

patients. *Scandinavian Journal of Caring Sciences*, 27(4), 882–893.

doi:10.1111/scs.12307

Haugan, G., Moksnes, U. K., & Løhre, A. (2016). Intrapersonal self-transcendence, meaning-in-life and nurse-patient interaction: Powerful assets for quality of life in cognitively intact nursing-home patients. *Scandinavian Journal of Caring Sciences*, 30(4), 790–801.

doi:10.1111/scs.12307

HealthyPeople 2020. (2019a). *Leading health indicators*. Washington, DC: Office of Disease Prevention and Health Promotion. Retrieved from

<https://www.healthypeople.gov/2020/Leading-Health-Indicators>

HealthyPeople 2020. (2019b). *Midcourse review*. Washington, DC: Office of Disease Prevention and Health Promotion. Retrieved from <https://www.healthypeople.gov/2020/data-search/midcourse-review/lhi>

Heggestad, A. T., & Slettebø, Å. (2015). How individuals with dementia in nursing homes maintain their dignity through life storytelling - a case study. *Journal of Clinical Nursing*, 24(15/16), 2323–2330. doi:10.1111/jocn.12837

Heliker, D., & Scholler-Jaquish, A. (2006). Transition of new residents to long-term care: Basing practice on residents' perspective. *Journal of Gerontological Nursing*, 32(9), 34–42.

(106357042.)

Henkel, L. A., Kris, A., Birney, S., & Krauss, K. (2017). The functions and value of reminiscence for older adults in long-term residential care facilities. *Memory*, 25(3), 425–435. doi:10.1080/09658211.2016.1182554

Heser, K., Luck, T., Röhr, S., Wiese, B., Kaduszkiewicz, H., Oey, A., ... Wagner, M. (2018). Potentially inappropriate medication: Association between the use of antidepressant

- drugs and the subsequent risk for dementia. *Journal of Affective Disorders*, 226, 28–35.
doi:10.1016/j.jad.2017.09.016
- Hicran, B., Öznur, K., & Kamile, K. (2017). Undercover fear of elderly people in nursing homes: Death anxiety and depression. *International Journal of Human Sciences*, 14(1), 587–597.
doi:10.14687/jhs.v14i1.4268
- Hines, M. E., & Gaughan, J. (2014). Pediatric nurses acknowledging praxis: Recognizing caring in reflective narratives. *International Journal for Human Caring*, 18(3), 26–35.
doi:10.20467/1091-5710.18.3.26
- Holm, A. L., & Severinsson, E. (2014). Surviving depressive ill-health: A qualitative systematic review of older persons' narratives. *Nursing & Health Sciences*, 16(1), 131–140.
doi:10.1111/nhs.12071
- Hsieh, P. L., & Chen, C. M. (2018). Nursing competence in geriatric/long term care curriculum development for baccalaureate nursing programs: A systematic review. *Journal of Professional Nursing*, 34(5), 400–411. doi:10.1016/j.profnurs.2018.05.006
- Institute for Healthcare Improvement (IHI). (2019). *The IHI triple aim*. Boston, MA: Institute for Healthcare Improvement. Retrieved from
<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies of Sciences Engineering Medicine. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

- Istvandy, L. (2017). Combining music and reminiscence therapy interventions for wellbeing in elderly populations: A systematic review. *Complementary Therapies in Clinical Practice*, 28, 18–25. doi:10.1016/j.ctcp.2017.03.003
- Jerez-Roig, J., de Brito Macedo Ferreira, L. M., Torres de Araújo, J. R., & Costa Lima, K. (2017). Functional decline in nursing home residents: A prognostic study. *Plos ONE*, 12(5), e0177353. doi:10.1371/journal.pone.0177353
- Jolly, K., Weiss, J. A., & Liehr, P. (2007). Understanding adolescent voice as a guide for nursing practice and research. *Issues in Comprehensive Pediatric Nursing*, 30(1-2), 3–13. doi:10.1080/01460860701366518
- Johnson-Highsmith, L. (2017). *Effects of group reminiscence therapy in elderly with depression* (Doctoral dissertation). Abilene, Texas, Abilene Christian University. Retrieved from ProQuest Dissertations Publishing. (10619716)
- Johnston, S., Parker, C. N., & Fox, A. (2017). Impact of audio-visual storytelling in simulation learning experiences of undergraduate nursing students. *Nurse Education Today*, 56, 52–56. doi:10.1016/j.nedt.2017.06.011
- Kaiser Family Foundation. (2015). *Total number of residents in certified nursing facilities*. San Francisco, CA: KFF. Retrieved from <http://www.kff.org/other/state-indicator/number-of-nursing-facility-residents/?currentTimeframe=0&sortModel={%22colId%22:%22Location%22,%22sort%22:%22asc%22}>
- Kaiser Family Foundation. (2017, June 6). *Medicaid's role in nursing home care*. San Francisco, CA: KFF. Retrieved from <http://www.kff.org/infographic/medicaids-role-in-nursing-home-care/>

- Kaiser Family Foundation. (2018). *Total number of residents in certified nursing facilities*. San Francisco, CA: KFF. Retrieved from <https://www.kff.org/other/state-indicator/number-of-nursing-facility-residents/?currentTimeframe=0&selectedDistributions=number&sortModel={%22colId%22:%22Location%22,%22sort%22:%22asc%22}>
- Kitzmüller, G., Clancy, A., Vaismoradi, M., Wegener, C., & Bondas, T. (2018). “Trapped in an empty waiting room”: The existential human core of loneliness in old age: A meta-synthesis. *Qualitative Health Research*, 28(2), 213–230. doi:10.1177/1049732317735079
- Kraft, K. (2012). CAM for depression, anxiety, grief, and other symptoms in palliative care. *Progress in Palliative Care*, 20(5), 272–277. doi:10.1179/1743291X12Y.0000000020
- Kruizinga, R., Hartog, I. D., Jacobs, M., Daams, J. G., Scherer-Rath, M., Schilderman, J. M., & ... Van Laarhoven, H. M. (2016). The effect of spiritual interventions addressing existential themes using a narrative approach on quality of life of cancer patients: A systematic review and meta-analysis. *Psycho-Oncology*, 25(3), 253–265. doi:10.1002/pon.3910
- Lazarsfeld-Jensen, A. (2014). Telling stories out of school: Experiencing the paramedic’s oral traditions and role dissonance. *Nurse Education in Practice*, 14, 734–739. doi:10.1016/j.nepr.2014.10.001
- Leineweber, C., Chungkham, H. S., Lindqvist, R., Westerlund, H., Runesdotter, S., Smeds Alenius, L., & Tishelman, C. (2016). Nurses’ practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi-country, multilevel study. *International Journal of Nursing Studies*, 58, 47–58. doi:10.1016/j.ijnurstu.2016.02.003

- Liehr, P., Meininger, J. C., Vogler, R., Chan, W., Frazier, L., Smalling, S., & Fuentes, F. (2006). Adding story-centered care to standard lifestyle intervention for people with stage 1 hypertension. *Applied Nursing Research*, 1916–1921. doi:10.1016/j.apnr.2004.12.001
- Liehr, P., Nishimura, C., Ito, M., Wands, L. M., & Takahashi, R. (2011). A lifelong journey of moving beyond wartime trauma for survivors from Hiroshima and Pearl Harbor. *Advances in Nursing Science*, 3, 215–228. doi:10.1097/ANS.0b013e3182272370
- Liehr, P., & Smith, M. J. (2000). Using story theory to guide nursing practice. *International Journal for Human Caring*, 4(2), 13–18. Retrieved from <https://connect.springerpub.com/content/sgrijhc/4/2/13>
- Liehr, P., & Smith, M. J. (2007). Story inquiry: A method for research. *Archives of Psychiatric Nursing*, 21(2), 120–121. doi:10.1016/j.apnu.2006.12.0
- Liehr, P., & Smith, M. J. (2011a). Refining story inquiry as a method for research. *Archives of Psychiatric Nursing*, 25, 74–75. doi:10.1016/j.apnu.2010.10.001
- Liehr, P., & Smith, M. J. (2011b). Modeling the complexity of story theory for nursing practice. In A. W. Davidson, M. A. Ray, M. C. Turkel (Eds.), *Nursing, caring, and complexity science: For human–environment well-being*. New York, NY: Springer.
- Liehr, P., & Smith, M. J. (1999). Middle range theory: Spinning research and practice to create knowledge for the new millennium. *Advances in Nursing Science*, (21)4, 81–91. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10385474>
- Liehr, P. R., & Smith, M. J. (2014). *Middle range theory for nursing* (3rd ed). New York, NY: Springer.
- Llewellyn-Beardsley, J., Rennick-Egglestone, S., Callard, F., Crawford, P., Farkas, M., Hui, A., ... Slade, M. (2019). Characteristics of mental health recovery narratives: Systematic

- review and narrative synthesis. *PLoS ONE*, *14*(3), e0214678.
doi:10.1371/journal.pone.0214678
- Maiocco, G., & Smith, M. J. (2016). The experience of women veterans coming back from war. *Archives of Psychiatric Nursing*, *30*, 393–399. doi:10.1016/j.apnu.2016.01.008
- Marsden, E., & Torgerson, C. J. (2012). Single group, pre- and post-test research designs: Some methodological concerns. *Oxford Review of Education*, *38*(5), 583–616.
doi:10.1080/03054985.2012.731208
- McLaughlin, C. P., & McLaughlin C. D. (2015). *Health policy analysis: An interdisciplinary approach* (2nd ed.). Burlington, MA: Jones & Bartlett Learning.
- Melnyk, B. M., & Fineout-Overholt, E. (2014). *Evidence-based practice in nursing & healthcare: A guide to best practice* (3rd ed.). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins Health.
- Müller, C., Puls, J., Lautenschläger, S., Stephan, A., & Meyer, G. (2016). Interventions to support people with dementia and their informal caregivers during the transition from home care to nursing home care – a protocol for a systematic review / Interventionen zur Unterstützung von Menschen mit Demenz und ihren Angehörigen während des Übergangs von der häuslichen Pflege ins Pflegeheim – ein Studienprotokoll für eine systematische Übersichtsarbeit. *International Journal of Health Professions*, *3*(2), 122–135. doi:10.1515/ijhp-2016-0020
- Narration. (2019). In *Merriam-Webster's online dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/narration>

- National Center for Health Statistics. (2013). *Long-term care services in the United States: 2013 overview*. Atlanta, GA: Centers for Disease Control. Retrieved from https://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf
- National Institute on Aging. (2017). *Depression and older adults*. Bethesda, MA: U.S. Department of Health & Human Services. Retrieved from <https://www.nia.nih.gov/health/depression-and-older-adults>
- National Institute of Mental Health. (2019). *Older adults and depression*. Bethesda, MD: Author. Retrieved from <https://www.nimh.nih.gov/health/publications/older-adults-and-depression/index.shtml>
- Nightingale, F. (1898). *Notes on nursing: What it is; and what it is not*. New York, NY: D. Appleton and Company. Retrieved from Project Gutenberg <http://www.gutenberg.org/files/12439/12439.txt>
- Nikmat, A. W., Hashim, N. A., Omar, S. A., & Razali, S. (2015). Depression and loneliness/social isolation among patients with cognitive impairment in nursing home. *ASEAN Journal of Psychiatry*, *16*(2), 222–231. doi:10.1037/t00930-000
- Nosratty, L., Pulkki, J., Raitanen, J., Enroth, L., & Jylhä, M. (2019). Successful aging as a predictor of long-term care among oldest old: The vitality 90+ study. *Journal of Applied Gerontology*, *38*(4), 553–571. doi:10.1177/0733464817716968
- Oermann, M. H. (2015). *Teaching in nursing and role of the educator: The complete guide to best practice in teaching, evaluation and curriculum development*. New York, NY: Springer.
- Olson, K. (2016, June 10). *Influence through policy: 4 steps you can take*. Indianapolis, IN: Reflections on Nursing Leadership. Retrieved from <https://www.reflectionsonnursing>

leadership.org/commentary/more-commentary/Vol42_2_influence-through-policy-four-steps-you-can-take

Ormel, J., Kessler, R. C., & Schoevers, R. (2019). Depression: More treatment but no drop in prevalence: How effective is treatment? And can we do better? [Abstract]. *Current Opinion in Psychiatry*, 32(4), 348–354. doi:10.1097/YCO.0000000000000505

Øye, C., Sørensen, N. O., & Glasdam, S. (2015). Qualitative research ethics on the spot: Not only on the desktop. *Nursing Ethics*, 23(4), 455–464. doi:10.1177/0969733014567023

Paliadelis, P. S., Stupans, I., Parker, V., Piper, D., Gillan, P., Lea, J., & ... Fagan, A. (2015). The development and evaluation of online stories to enhance clinical learning experiences across health professions in rural Australia. *Collegian*, 22, 397–403.
doi:10.1016/j.colegn.2014.08.003

Petty, J., & Treves, R. (2017). Development of a digital storytelling resource to support children's nursing students in neonatal care. *Nursing Children & Young People*, 29(2), 32–37. doi:10.7748/ncyp.2017.e857

Pinheiro da Costa, N., Isse Polaro, S. H., Caliar Vahl, E. A., & Takase Gonçalves, L. H. (2016). Storytelling: A care technology in continuing education for active ageing. *Revista Brasileira De Enfermagem*, 69(12), 1068–1075. doi:10.1590/0034-7167-2016-0390

Polit, D. F. (2010). *Statistics and data analysis for nursing research* (2nd ed). Upper Saddle River, NJ: Pearson Education.

Rambur, B. (2015). *Health care finance, economics, and policy for nurses*. New York, NY: Springer.

- Rappleye, E. (2015, May 29). *Gender ratio of nurses across 50 states*. Chicago, IL: Becker's Healthcare. Retrieved from <https://www.beckershospitalreview.com/human-capital-and-risk/gender-ratio-of-nurses-across-50-states.html>
- Rateau, M. R. (2017). An analysis of stories from those who have encountered catastrophic loss from flood. *Archives of Psychiatric Nursing*, *31*, 561–565.
doi:10.1016/j.apnu.2017.07.009
- Rehnsfeldt, A., & Arman, M. (2016). Dressing an existential wound (DEW) - a new model for long-term care following disasters. *Scandinavian Journal of Caring Sciences*, *30*(3), 518–525. doi:10.1111/scs.12273
- Reminiscence. (2019). In *Merriam-Webster's online dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/remembrance>
- Rosen, J. (2014). A doctor's view: Depression in long-term care residents. *Health Progress*, *95*(6), 43–47. Retrieved from <https://www.chausa.org/publications/health-progress/article/november-december-2014/a-doctor%27s-view-depression-in-long-term-care-residents>
- Salkind, N. J. (2009). *Exploring research*. Upper Saddle River, NJ: Pearson Prentice Hall.
- Selanders, L. C., & Crane, P. C. (2012). The voice of Florence Nightingale on advocacy. *Online Journal of Issues in Nursing*, *17*(1), 1. doi:10.3912/OJIN.Vol17No01Man01
- Shen, F., Sheer, V. C., & Li, R. (2015). Impact of narratives on persuasion in health communication: A meta-analysis. *Journal of Advertising*, *44*(2), 105–113.
doi:10.1080/00913367.2015.1018467

- Smith, M. J., & Liehr, P. (1999). Attentively embracing story: A middle-range theory with practice and research implications. *Research & Theory for Nursing Practice*, 3, 187–204. <https://www.springerpub.com/research-and-theory-for-nursing-practice.html>
- Spenceley, S., Caspar, S., & Pijl, E. (2017). Mitigating moral distress in dementia care: Implications for leaders in the residential care sector. *Nursing Leadership*, 30(4), 45–59. doi:10.12927/cjnl.2017.25449
- Stevens, K. R. (2012). *Star model of EBP: Knowledge transformation*. San Antonio, TX: The University of Texas Health Science Center at San Antonio. Retrieved from <http://nursing.uthscsa.edu/onrs/starmodel/index.asp>
- Stinson, C. K. (2009). Structured group reminiscence: An intervention for older adults. *Journal of Continuing Education in Nursing*, 40(11), 521–528. doi:10.3928/00220124-20091023-10
- Substance Abuse and Mental Health Service Administration (SAMHSA). (2019). *Older adults living with serious mental illness*. Rockville, MD: U. S. Department of Health & Human Services. Retrieved from <https://store.samhsa.gov/product/Older-Adults-Living-with-Serious-Mental-Illness-The-State-of-the-Behavioral-Health-Workforce/PEP19-OLDERADULTS-SMI>
- Syed Elias, S. M., Neville, C., & Scott, T. (2015). The effectiveness of group reminiscence therapy for loneliness, anxiety and depression in older adults in long-term care: A systematic review. *Geriatric Nursing*, 36(5), 372–380. doi:10.1016/j.gerinurse.2015.05.004
- Tamura-Lis, W. (2017). Reminiscing: A tool for excellent elder care and improved quality of life. *Urologic Nursing*, 37(3), 151–142. doi:10.7257/1053-816X.2017.37.3.151

- Tesky, V. A., Schall, A., Schulze, U., Stangier, U., Oswald, F., Knopf, M., ... Pantel, J. (2019). Depression in the nursing home: A cluster-randomized stepped-wedge study to probe the effectiveness of a novel case management approach to improve treatment (the DAVOS project). *Trials*, 1, 1. doi:10.1186/s13063-019-3534-x
- Technology Informatics Guiding Education Reform (TIGER). (2010, October 21). *Informatics competencies for every practicing nurse: Recommendations from the TIGER collaborative*. Chicago, IL: HIMSS. Retrieved from <http://s3.amazonaws.com/rdcms-himss/files/production/public/FileDownloads/tiger-report-informatics-competencies.pdf>
- Timbrell, J. (2017). Instructional storytelling: Application of the clinical judgment model in nursing. *Journal of Nursing Education*, 56(5), 305–308. doi:10.3928/01484834-20170421-10
- Ulrich, B. (2015). From the Editor: Influencing change through the art of storytelling. *Nephrology Nursing Journal*, 42(4), 327. Retrieved from <https://library.annanurse.org/anna/articles/1250/view>
- United States Department of Health & Human Services. (2016). *The Belmont report*. Rockville, MD: U.S. Department of Health & Human Services. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>
- Vijayakumar, G., Devi, E. S., & Jawahar, P. (2016). Cognitive function among elderly residing in families versus old age homes. *International Journal of Nursing Education*, 8(2), 68–70. doi:10.5958/0974-9357.2016.00050.7
- Walker, E. (2014). *Healthy people 2020. Administration for community living (ACL): Purpose and structure*. Washington, DC: Office of Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/nchs/ppt/hp2020/>

hp2020_OA_DIA_progress_review_presentation.pdf

- Walker, P. (2010). The TIGER initiative: A call to accept and pass the baton. *Nursing Economic*, 28(5), 352–355. Retrieved from <https://go.gale.com/ps/anonymous?id=GALE%7CA241627426&sid=googleScholar&v=2.1&it=r&linkaccess=fulltext&issn=07461739&p=AONE&sw=w>
- Wang, C. C. (2017). Conversation with presence: A narrative inquiry into the learning experience of Chinese students studying nursing at Australian universities. *Chinese Nursing Research*, 4, 43–50. doi:10.1016/j.cnre.2017.03.002
- Wang, C. C., & Geale, S. K. (2015). The power of story: Narrative inquiry as a methodology in nursing research. *International Journal of Nursing Sciences*, 2(2), 195–2198. doi:10.1016/j.ijnss.2015.04.014
- Wei, Y. J., Simoni-Wastila, L., Lucas, J. A., Brandt, N. (2017). Fall and fracture risk in nursing home residents with moderate-to-severe behavioral symptoms of Alzheimer’s disease and related dementias initiating antidepressants or antipsychotics. *Journals of Gerontology Series A: Biological Sciences & Medical Sciences*, 72(5), 695–702. doi:10.1093/gerona/glw095
- Wiersma, E. C. (2010, Fall). Life around ... : Staff’s perception of residents’ adjustment into long-term care. *Canadian Journal on Aging*, 29(3), 425–434. doi:10.1017/S0714980810000401
- Wilkins, C. H., Skinner, J. S., Boyer, A. P., Morrow-Howell, N., Smith, J. M., & Birge, S. J. (2019). A community-based collaborative care model to improve functional health in underserved community-dwelling older adults. *Journal of Aging & Health*, 31(3), 379–396. doi:10.1177/0898264317731427

- Willoughby, J. F., & Liu, S. (2018). Do pictures help tell the story? An experimental test of narrative and emojis in a health text message intervention. *Computers in Human Behavior, 79*, 75–82. doi:10.1016/j.chb.2017.10.031
- World Health Organization. (2015). *Depression*. Geneva, Switzerland: World Health Organization. Retrieved from <http://www.who.int/mediacentre/factsheets/fs369/en/>
- World Health Organization. (2016). *Mental health and older adults*. Geneva, Switzerland: Author. Retrieved <http://www.who.int/mediacentre/factsheets/fs381/en/>
- World Medical Association. (2018). *WMA declaration of Helsinki-Ethical principles for medical research involving human subjects*. Ferney-Voltaire, France: Author. Retrieved from www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/
- Youssef, N. F. A., Alshraifeen, A., Alnuaimi, K., & Upton, P. (2018). Egyptian and Jordanian nurse educators' perception of barriers preventing the implementation of evidence-based practice: A cross-sectional study. *Nurse Education Today, 64*, 33–41. doi:10.1016/j.nedt.2018.01.035
- Yurdugül, H. (2008). Minimum sample size for Cronbach's coefficient alpha: A Monte-Carlo study. *Hacettepe University Journal of Education, 35*, 397–405. Retrieved from https://www.researchgate.net/publication/268809872_Minimum_Sample_Size_for_Cronbach's_Coefficient_Alpha_A_Monte_Carlo_Study

Appendix A: Pre- and Posttest

Participant # _____ Date _____

Please circle True or False

1. Depression is common among older adults and normal part of aging.
True False
2. Depressive symptoms include irritability and physical complaints
True False
3. With life expectancy in the US increasing, the number of adults 65 and older is expected to triple by 2060
True False
4. More than 30 million older adults will need long-term care over the next four decades
True False
5. Florence Nightingale advocated for research and data collection
True False
6. The Story Theory is based on the Attentively Embraced Listening Theory from the 1990s
True False
7. The Story Theory has two concepts that capture what matters most to a patient
True False
8. Development of dementia and increased bleeding are related to residents taking potentially unnecessary or inappropriate medications
True False
9. Remembering “Firsts” is a vibrant component of the Story Theory’s *Purposeful Nurse Patient Dialogue* Phase
True False
10. Storytelling as clinical tool has been explored broadly in nursing research
True False

Appendix B: Nursing Profession Self-Efficacy Scale

Caruso et al. (2016)

Considering a typical work day, I can...

1. Implement the results of research (such as the Story Theory) in my professional practice

1	2	3	4	5
Completely Not confident	somewhat confident	neutral	somewhat confident	completely confident

2. Take part in nursing research

1	2	3	4	5
Completely Not confident	somewhat confident	neutral	somewhat confident	completely confident

3. Collaborate with nursing organizations to ensure the best standards of care in my practice

1	2	3	4	5
Completely Not confident	somewhat confident	neutral	somewhat confident	completely confident

Appendix C: Permission to Use Nursing Self-Efficacy Scale

March 23, 2019
Petra Stockman
Abilene Christian University
School of Nursing
[REDACTED]
[REDACTED]
[REDACTED]
USA

Dr. Rosario Caruso
Department of Biomedicine and Prevention
University Tor Vergata of Rome
[REDACTED]
[REDACTED]
[REDACTED]

Dear Dr. Caruso:

I am requesting permission to reprint a portion of the following work:

Caruso, R., Pittella, F., Zaghini, F., Fida, R., & Sili, A. (2016). Development and validation of the Nursing Profession Self-Efficacy Scale. *International Nursing Review*, 63(3), 455-464.
<https://doi.org/10.1111/inr.12291>

This request is for permission to include the items of the Nursing Profession Self Efficacy Scale as part of the following Doctor of Nursing project that I am preparing:

The Nurse as The Facilitator of Patients' Narration-An Educational Intervention.

I believe that you and/or the International Council of Nurses are currently the holder of the copyright, because the original work states that copyright is held in your name/the name of the publisher. If you do not currently hold the rights, please provide me with any information that can help me contact the proper rightsholder. Otherwise, your permission confirms that you hold the right to grant this permission.

This request is for a non-exclusive, irrevocable, and royalty-free permission, and it is not intended to interfere with other uses of the same work by you. I would be pleased to include a full citation to your work and other acknowledgement as you might request.

I would greatly appreciate your permission. If you require any additional information, do not hesitate to contact me at the address and number above.

A duplicate copy of this request has been provided for your records. If you agree with the terms as described above, please sign the letter where indicated below and return one copy in the enclosed return envelope.

Sincerely,

Petra F. Stockman, RN, MSN, MA

Permission is hereby granted:

IRCCS Policlinico San Donato
Health Professions Research and Development Unit
Head: *Dr Rosario Caruso*
Deputy Head: *Dr.ssa Federica Dellafiore*

Signature: _____

Name & Title: _____

[Handwritten Signature]
ROSARIO CARUSO, PA, RN

Company/Affiliation: _____

Date: _____

IRCCS POLICLINICO SAN DONATO

9.04.19

Revised: 121010
www.copyright.columbia.edu

Appendix D: Nursing Education Unit PowerPoint Presentation

The Nurse As Facilitator of Patient Narration

Petra Stockman
Abilene Christian
University
School of Nursing
June 26, 2019

Learning Objectives

- Recognize depression as abnormal part of aging
- Quantify expected number of nursing home residents over the next four decades
- Discuss three significant aspects of depression and anxiety in long-term care
- Identify three aspects of the Story Theory's evidence based clinical application
- Role-play three concepts of Smith and Liehr's Story Theory (2004)

Depression...

- **Not** expected part of aging
- 5% of general population experiences depression
- 10% of hospitalized patients experience depression
- Increases **tenfold** when people become institutionalized and close to 50 percent of long-term care residents experience signs and symptoms of depression and/or depression

Long-Term Care

- Close to half of the residents in long-term care
 - Experience symptoms of depression and anxiety (Centers for Disease Control, 2015)
 - Feel the loss of identity, possessions, and relationships (Harrison & Frampton, 2017)

Nurses as Patient Advocates

- Have tools to ease the transition between care settings (American Association of Colleges of Nursing, 2004; Davis, 2015; Holm & Severinsson, 2014)
- Encourage patients' reminiscence life reflection evidenced to ease depressive symptoms (Apostolo, Bobrowicz-Campos, Rodrigues, Castro, & Cardoso, 2015; Haugan, Moksnes, & Lohre, 2016)

Florence Nightingale

- Emphasized the importance of nurse-patient dialogue,
- Described patients' relief to openly communicate with care givers
- Encouraged research and collection of empirical data

Storytelling...

- Integral part of the nursing process
- Enriches the nurse-patient relationship
- Grants access to the patient's belief and value system

Nursing Home Admission

- Is a life changing event
- Can be facilitated through storytelling
- Narration enables individuals to make sense of disruptive and stressful life events

Therefore...

- The purpose of the project is to
 - Shed light onto nursing's powerful tools to ease difficult life transitions
 - Emphasize storytelling as vibrant part of nursing care to aid patients in overcoming life transitions
 - Design and implement storytelling interventions for nurses to achieve excellence in care
 - Increase nurse participants' knowledge of research-evidenced benefits of reminiscence narration on quality of life in long-term residents
 - provide nursing an evidence-based tool to achieve excellence in nursing practice and act as patient advocates

Significance: Impact

- Long-term care residents
 - More than **one million** residents in the US received nursing home care in 2015 (KFF, 2017)
 - Estimated 30 million residents will require nursing home care by 2060 (CDC, 2016)
 - One in three residents requires antidepressant medication (Creighton, Davidson, & Kissane, 2017; Erdal et al., 2017)

Significance: Mental Health Issues

- Clinical symptoms of depression in nursing homes include
 - irritability,
 - social isolation,
 - loneliness,
 - loss of appetite and weight,
 - multiple physical symptoms,
 - pessimistic outlook,
 - poor self-esteem, and
 - fear of death

Significance: Financial Concerns

- Psychotropic medication use in nursing homes add to already high costs of long-term care
- Treating depression in nursing homes cost one billion dollars per year (Rosen, 2014)
- Potentially inappropriate or avoidable medications add to nursing home costs

Significance: Potentially Inappropriate Medications

- Research correlated use of antidepressants and mood stabilizers with
 - higher risk for **falls** and **fractures**,
 - rising incidence of **dementia**, and
 - increased **risk of bleeding**

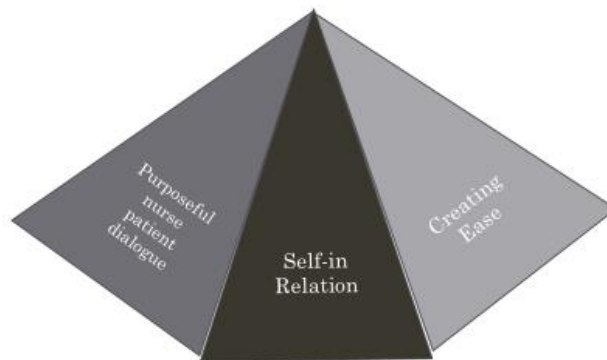
Evidence-Based Tool for Nurses

- Smith and Liehr's (1999) Theory of *Attentive Listening* engages the patient resident in narrative reminiscence

Story Theory
(Smith and Liehr,
1999/2004)

- Explains the human story as an integral part of their health history
- Uses the patient story to make sense of current situations and ease coping of stressful situations
- Assumes that the transformation takes place during a nurse-patient relationship which turns the patient's story into a meaningful experience that makes sense of the disease process

Story Theory's Three Concepts



Concept of Story Theory	Intentional Dialogue Past High / Low / Turning Points <i>What matters most?</i>	Self-In-Relation Current High / Low / Turning Points <i>What matters most?</i>	Creating Ease Expected High / Low / Turning Points <i>What will matter most?</i>
Unit I Past	<ul style="list-style-type: none"> Remembering "Firsts" (Day of School/College, Date, Job, Child) Remembering Holidays: Sounds, Smells, Sights Photographs and Music Show and Tell of personal memorabilia. Favorite Childhood Foods and Activities. 		
Unit II Present		<ul style="list-style-type: none"> Families and friends: past and current support positive life events to be appreciated and negative ones regretted not to have a different outcome. the meaning of holidays and relevant current events including moving to the resident facility. new living environment, with new sounds, smells, and sights to experience and what they mean to their new lives. 	
Unit III Future			<ul style="list-style-type: none"> Expected support from family and friends in days/weeks/years to come Expected activities today/this week/this month/this year/next holiday Future hopes, dreams, fears

The Resident Patient Story Tool

Storytelling: Research, Practice, and Clinical Application

Healthy Lifestyle:

- Willoughby and Liu (2018) fully embrace technology in their study of more than 400 young adults who received health-related text messages (SMS) with and without iconic pictures (emojis).
- Study participants rated the message credibility and applicability of the narration text
- Results: health messages without emojis were viewed as more credible but less attention keeping
- emojis might have a special place in future health narration and communication.

Storytelling in Research, Practice, and Clinical Application

Public Health:

- Shen and Sheer's (2015) meta-analysis examined
 - examined the effectiveness of public health narratives on people's attitudes toward lifestyle changes (smoking, use of alcohol, weight loss efforts, and preventative health measures)
 - reviewed 25 studies with a total of 9330 participants
 - Noted audio and video narration, compared the printed material, had a significantly higher impact on participants' attitude
 - Concluded public health communication should have narrative messages instead of educational pamphlets.

Storytelling: Research, Practice, and Clinical Application

Oncology and Healthy Lifestyle:

- Falzon et al. (2015) study with 158 female cancer patients with sedentary lifestyles focused on changing lifestyle behaviors
 - Study participants listened to the story of one cancer survivor who described the positive health benefits of exercise during treatment and recovery.
 - The control group was exposed to a **health expert's** report of the benefits of exercise
 - The research concluded that the study group trusted the **personal story more and had a higher intent to start exercising than the control group exposed to the expert opinion.**

Storytelling:
Research,
Practice, and
Clinical
Application

Nursing Education

- Students
 - learned wholistic care through attentive listening; patient and provider priorities are different (Carpenter, 2010)
 - experienced less prejudices, ageism, and increased empathy (Timbrell, 2017)
 - shaped teaching approaches (Wang, 2017)
 - prioritized nursing time and resources based on dramatized patient narration (Paliadelis et al., 2015)
 - explored the effective use of health-related text messages and emojis (Willoughby & Liu, 2018)

Storytelling:
Research,
Practice, and
Clinical
Application

Medical and Surgical Patients' Stories

- shaped clinical pathways in pediatric burn care (Godshall, 2016)
- provided insight into the phenomena of compassionate care and pediatric healing environment (Hines & Gaughan, 2014)
- allowed nurses to understand effects of catastrophic diagnoses (Gray, Young, & Blomfield, 2015)
- facilitated resolution and peace at end of life (Cooper, 2018)

Storytelling: Research, Practice, and Clinical Application

Narration in Trauma Management

- allowed healing from severe wartime trauma across cultural and political boundaries in Pearl Harbor and Hiroshima survivors (Liehr, Nishimura, Ito, Wands, & Takahashi, 2011)
- set priorities in nursing care of returning female veterans to address family relationships and civil life responsibilities
- identified meaning of traumatic loss and facilitated healing for 2004 Hurricane Ivan survivors (Rateau, 2017)
- provided guidance to a disaster resolution training module for care givers in long-term care (Rehnsfeldt & Arnab, 2016)

How to Stay Current on Evidence-Based Care

- Interprofessional Collaboration through Nursing Organizations
 - American Assisted Living Nursing Organization
 - American Holistic Nurses' Association
 - American Long Term and Sub Acute Nurses Association
 - American Nurses Association
 - Hospice and Palliative Nurses Association
 - National Gerontological Nurses Association
 - National Hospice and Palliative Care Organization
 - National League of Nurses

Appendix E: The Resident Patient Story Tool

Adapted from Smith and Liehr's (2004) Story Theory and
Stinson's (2009) Structured Group Reminiscence Intervention

Concept of Story Theory	Intentional Dialogue: Encourage Residents to talk about	Self-In-Relation Encourage Residents to talk about	Creating Ease Encourage Residents to talk about
<p>Unit I Past Events</p>	<ul style="list-style-type: none"> • Remembering "Firsts" (Day of School/College, Date, Job, Child) • Remembering Holidays: Sounds, Smells, Sights • Photographs and Music Show and Tell of personal memorabilia: • Favorite Childhood Foods and Activities. <p>High/Low/Turning Points <i>What mattered most?</i></p>		
<p>Unit II Present Circumstances</p>	<p>"What mattered most?"</p>	<ul style="list-style-type: none"> • Positive life events to be appreciated and negative ones regretted not to have a different outcome • Meaning of holidays and relevant current events including moving to LTC facility • New living environment with new sounds, smells, sights, people, to experience • Physical challenges • Potential loss of close family • Current support and identified coping strategies of current stressors <p>High / Low/ Turning Points <i>What matters most?</i></p>	
<p>Unit III Ease Into Future</p>			<ul style="list-style-type: none"> • Expected support from family and friends in days/weeks/years to come • Expected activities today/this week/this month/this year/next holiday • Future hopes and dreams, and fears <p>High / Low/ Turning Points <i>What will matter most?</i></p>

Appendix F: Permission to Use Dr. Stinson's (2009) Narration Protocol

From: Cynthia Stinson [redacted]
 Date: Thu, Oct 12, 2017 at 12:50 PM
 Subject: Re: Request to use the structured reminiscence protocol
 To: Petra Stockman [redacted]

Of course- look forward to reading about your study / please publish / Dr Cynthia Stinson

Sent from my iPhone

> On Oct 12, 2017, at 12:44 PM, Petra Stockman [redacted] wrote
 >
 > Good afternoon, Dr. Stinson,
 >
 > My name is Petra Stockman, I am a DNP student at Abilene Christian University. My doctoral project focuses on an education module for long-term care nurses to conduct a structured reminiscence activity with residents
 >
 > May I have the privilege of using your material and tool during my nursing education? Your work will be appropriately cited and referenced. of course
 >
 > Attached is the power point of my project
 >
 > Thank you kindly
 >
 > Petra Stockman, RN-BC, MSN, MA

Cynthia Stinson [redacted]
 to me ▾

Nov 29, 2017, 11:28 AM ☆ ↶ ⋮

Good morning- I am not only giving you my permission- but I am so honored that you would be asking to use it- if you do a presentation I would love to maybe Skype in and see it- Thanks Dr. Stinson

From: Petra Stockman [redacted]
Sent: Wednesday, November 29, 2017 10:25:57 AM
To: Cynthia Stinson; Dorothy Barker; Petra Stockman
Subject: Re: Request to use the structured reminiscence protocol

Appendix G: The Project Timeline

2017

Task	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Finalize PICOT	■											
Find Theory		■										
Select Chair			■									
Complete IRB				■								
Find site					■							
Revise project						■						
Visit LTCs							■					
Obtain PICOT approval								■				
Present PICOT to faculty									■			
Finish Chap 1										■		
Meet Dr. Liehr											■	
Create tool												■

2018

Task	Jan	Mar	May	June	July	Dec
Do Lit Search	■					
Finish Chapter 2		■				
Complete Master Reference List for Chapters 1 and 2			■			
Present to new chair-change in methodology				■		
Change methodological approach from qualitative to quantitative, find new tools					■	
Complete revised Chapter 3 – Methodology						■

Appendix H: IRB Approval

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885



May 28, 2019

Petra Stockman

Department of Nursing, DNP

Abilene Christian University

Dear Petra,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "The Nurse as the Facilitator of Patients' Narration: An Educational Intervention,

was approved by expedited review (Category 7) on 5/28/2019 (IRB # 19-051). Upon completion of this study, please submit the Inactivation Request Form within 30 days of study completion.

If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Study Amendment Request Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Unanticipated Events/Noncompliance Form.

I wish you well with your work.

Sincerely,

Megan Roth