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Citation: Attenborough, J. & Abbott, S. (2020). Using storytelling in nurse education: The experiences and views of lecturers in a higher education institution in the United Kingdom. Nurse Education in Practice, 44, 102762. doi: 10.1016/j.nepr.2020.102762

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Link to published version: https://doi.org/10.1016/j.nepr.2020.102762

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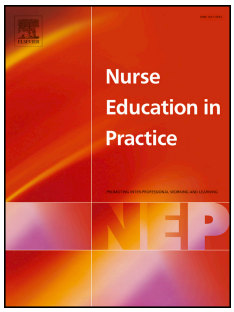

Using storytelling in nurse education: The experiences and views of lecturers in a higher education institution in the United Kingdom

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PII: S1471-5953(19)30244-6

DOI: https://doi.org/10.1016/j.nepr.2020.102762

Reference: YNEPR 102762

To appear in: *Nurse Education in Practice*

Received Date: 18 March 2019

Revised Date: 23 December 2019

Accepted Date: 7 March 2020

Please cite this article as: Attenborough, J., Abbott, S., Using storytelling in nurse education: The experiences and views of lecturers in a higher education institution in the United Kingdom, *Nurse Education in Practice* (2020), doi: https://doi.org/10.1016/j.nepr.2020.102762.

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CRediT author statement:

Julie Attenborough: Conceptualisation, methodology, formal analysis, resources, writing original draft, writing review and editing, visualization, supervision, project administration, funding acquisition

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Using storytelling in nurse education: the experiences and views of lecturers in a higher education institution in the United Kingdom

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Using storytelling in nurse education. The experiences and views of lecturers in a higher education institution in the United Kingdom.

Introduction

The use of storytelling is widespread in nurse education (Wood, 2014), with an emerging evidence-base (Baldwin et al, 2017; Clark, 2014; Haigh and Hardy, 2011; Treloar et al 2017). For the purposes of this paper, and the research reported here, storytelling is defined as what happens when lecturers refer to their own clinical or other experiences to promote student learning. Learning is promoted when lecturers use their experiences to illustrate, contextualise and add meaning to their teaching of theory and clinical skills (Evans et al 2010; Evans and Guile, 2012).

This paper reports the results of research which explored when and why lecturers use storytelling, and their views of its perceived effectiveness. It identifies several reasons for using storytelling: for linking theory and practice, enhancing understanding, increasing empathy and helping to establish a nursing identity.

Nursing identity is of global importance. The aim of the World Health Organisation and the International Council of Nursing 's Nursing Now campaign is to improve health outcomes by empowering nurses to address health challenges. Based on the Triple Impact Report (APPG 2016) Nursing Now calls for the empowerment of nurses to improve health outcomes, strengthen economies and improve women's lives more generally. The role of storytelling in the narrative of the potential of nursing is of particular focus in 2020, designated as the International year of the Nurse and Midwife by the World Health Organisation.

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In relation to this Salvage and Stillwell (2018; p1301) call for a new story about nursing that is linked to a shifting identity and empowerment. In a call to action to tell the new story of nursing Salvage and Stillwell observe the public identity of nursing: 'Nursing is heavily mythologised everywhere, but paradoxically remains invisible'. There is a role for storytelling in supporting the creation of a powerful nursing identity among students and empowering the next generation of nurses, while promoting the profession.

Background

The literature about storytelling in nurse education may be divided into three categories: by lecturers for student learning, by students for their own learning (Jordal and Heggen 2015), and by patients for student learning (Schwartz and Abbott, 2007). Here, we focus on the first of these. The literature suggests that storytelling by lecturers can help students to integrate what they learn in the classroom with what they learn in clinical settings. For this reason, Edwards (2016a) advocates using storytelling to link teaching to clinical practice, while Treloar et al (2017) found that stories from practice could provide students with a 'window on the world of clinical practice' (p299), particularly important when students' experience of practice is limited.

Haigh and Hardy (2011) make a distinction between storytelling and narrative; the latter usually being strictly factual, while the former draws more on the experience, values and attitudes of the storyteller. Such an emphasis on values enables storytelling to promote patient-centred care (Clark, 2014), while McHaffie (2014), a Maori nurse educator, advocates storytelling as a way of ensuring teaching is culturally relevant. She also notes that the relating of personal experiences can assist students to learn and understand professional language and terminology. Attenborough and Abbott (2018a) found that

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nursing students value lecturers' stories from practice, because they give them confidence and hope for their future careers. In this way, storytelling helps to build a sense of professional identity. More specifically, Clark (2014) notes that each profession has its own distinctive ritual way of telling stories, for example when presenting cases, which is part of that professional identity.

Baldwin et al (2017) examine the impact of role modelling by nurse academics and link this to positive retention of staff in the nursing workforce, currently a global concern (Drennan and Ross 2019). Baldwin et al (2017) identify a theory of reconciling professional identity and using storytelling to demonstrate clinical currency to students. By sharing stories, nurse academics were able to demonstrate and clarify links between theory and practice, whilst reinforcing their own sense of professional identity.

Role modelling is an important part of the learning process and the importance of role models such as mentors in supporting students' professional identity development has been established in clinical practice (Maranon and Pera, 2015). Baldwin et al (2017) note that nurse lecturers have a lot of contact with students, and thus as in practice, role modelling is an important part of how students learn. Baldwin et al (2017) also indicate that in order to role model professional behaviours for students, academics had first to resolve their own professional identity as experienced clinicians who had become lecturers. Finding a balance between the two roles has been widely reported as problematic (Andrew and Robb, 2013; Attenborough and Abbott, 2018b; Findlow, 2012). In an integrative literature review about role modelling in undergraduate nursing education, Baldwin et al (2014) identified that good role models in education for nursing students demonstrate positive attitudes towards both nurse education and nursing practice.

Wadsworth et al (2017) describe storytelling as a method of increasing understanding about nursing and as a tool to empower nurses to appreciate their potential and power. Their paper examines the narratives of three nurses who describe choices they have made to enhance patientcare, even when this has required working at on the boundary of rules and regulations. The paper recognises the possibilities storytelling presents in describing and explaining the different roles that nurses undertake and promoting nursing.

Edwards (2016b) in narrating her own nursing journey reflects on becoming a lecturer and looks back to her years in clinical practice. She realises that the stories from this time should be 'explicit rather than remaining tacit'. Narrating the 'realm of different experiences involving images, noises, sensations, smells, feelings, grief, happiness, caring and loving' (p156). She advocates for storytelling as an aid to learning for students while acknowledging their role as an aid to reflection and self-awareness in the teller.

Despite the existence of this admittedly fairly limited range of literature, anecdotal evidence in the School of Health Sciences, City, University of London, suggested that lecturers who use storytelling were not aware of the support that such literature gave to the practice, nor were they sure that students valued it. Therefore, two steps were taken. First, a small number of nursing students and lecturers co-produced an in-house online resource to support storytelling. Second, the research reported here was undertaken.

Method

This was a qualitative study, data being gathered by semi-structured interviews, which asked nurse lecturers to consider how and why they incorporate storytelling into their teaching. The topic guide was as follows:

1. *What is your experience of storytelling as a learner and as a teacher? Why do you do it?*
2. *What are your views of the effectiveness of storytelling by lecturers as an educational technique?*
3. *What is your view of the importance of storytelling and its impact on your professional identity?*

(The topic guide also included questions about the online resource, but the answers are of only internal interest and are not reported here or elsewhere.)

Interviews were audio-recorded with consent and professionally transcribed. The data were analysed thematically, using a phased approach (Nowell et al 2017):

- familiarisation with data;
- generation of initial codes;
- search for themes and sub-themes among codes;
- review of themes and sub-themes;
- applying themes and sub-themes to data; and
- writing up the analysis.

Having taken a qualitative approach to maximise data gathered about the experiences and views of nurse lecturers, thematic analysis was chosen as an established method for identifying patterns or themes in that data (Braun and Clarke 2006).

The interview was undertaken by one author (SA), who had previously worked in the university and was known to some, but who had never had line management responsibility

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for any participants, to enable participants to speak as freely as possible. The analysis was carried out by one author (SA) and checked by another (JA).

Sample

A purposive sample was used, including only lecturers who had shown some interest in storytelling. All lecturers who had looked at the online resource were invited by e-mail to take part in the study. An information sheet was attached. If they agreed, an interview was arranged, at the start of which consent forms were signed and any questions answered.

The study was funded internally by City, University of London and approved by the university's School of Health Sciences Research Ethics Committee.

Findings

Twelve teaching staff agreed to take part and were interviewed during the late summer and autumn of 2018. Of the twelve, all were registered nurses. Three were professors, seven were senior lecturers and two were lecturers. The sample represented a range of nurse education options: at pre-qualification level, adult nursing (three lecturers), mental health nursing (three), and child nursing (two); at post-qualification level, two taught public health nursing, one taught primary care nursing; and one led a unit supporting teaching across the university. Ten were female, and two were male. None had been involved in developing the online resource. Respondents have been numbered one to twelve: these numbers are not linked to status, field of nursing or gender, to protect confidentiality.

Box 1 lists the themes and sub-themes that were identified.

Theme: the stories that lecturers tell

This theme includes two sub-themes.

- Stories from clinical experience
- Stories from life experience

Most of those interviewed reported that they mostly told stories from their own clinical experience:

> *'I used to give examples of patients that I'd nursed, or situations that I'd been in.' (6)*

For example:

> *'If I'm teaching about, for instance, respiratory conditions, and I would talk about children that I've looked after with specific respiratory conditions and what I did with them in practice, what helped practically with those children, as well as what we should be doing.' (4)*

A few said that they avoid specifically clinical details because these may be out-of-date, and referred to non-clinical matters instead:

> *'Most of the stories I think nurses and teachers would use are… to do with how you relate to people. I don't think they go out of date.' (6)*

Though many people talked to students about patients whom they remember nursing, some mental health nurse lecturers were cautious about doing this. One said that it was important to avoid telling a patient story:

> *'in a way that was sort of mocking or derogatory - or even things like making people fearful of, for example, someone with mental illness… telling your story must be*

underpinned by something about encouraging best, good practice and good attitudes. And a big part of that is about being respectful.' (9)

However, another mental health nursing lecturer remembered her own training:

'The teachers that we all loved… always had a patient to tell you about… Some of those stories really made me think about, this is why I want to do this: how they build relationships with people, and how flexible they are.' (7)

It was quite common to tell students stories of when things had gone wrong:

'I'm quite happy telling my students the mistakes I've made… just letting them see that it does happen. It's this idea of being vigilant, being careful.' (5)

Two lecturers mentioned that they told stories to illustrate how nursing had changed, which students found interesting. One, a mental health nursing lecturer, thought it was important that students understood how mental health services had changed over the decades.

Lecturers reported also that they tell stories from their own healthcare experiences as patient, relative or carer:

'I might draw on experiences that I've had as a mother with health care professionals… the way that they will talk and communicate with me … to instil in [students] that as a mother, you are an expert on your child… you don't dismiss what parents say.' (4)

However, staff also spoke of having thought carefully about how much personal material they were prepared to disclose. In particular, one spoke of needing to keep emotions in check when drawing on personal material:

'If it's going to draw upon my emotions too much then I, I push it away, and I will change some of the detail of it. So the message gets across, but they wouldn't know that it's me.' (12)

Theme: The reasons why lecturers tell stories

This theme includes four sub-themes:

- To help engage students
- To link theory and practice
- To role-model good practice
- To help students envisage life as a nurse

Firstly, lecturers offered reasons relating to how they engaged students in the lesson. For example, stories were useful because they gained students' attention. One spoke of how she had used stories for this purpose with a restless class:

'If I can see that they're not engaged, then I might stop what I'm doing and tell them a story about my children... in that way it's gathered us all together.' (4)

This lecturer felt that anecdotes encouraged students simply to listen rather than feel that they had to take notes:

'You're allowed to listen and just absorb what the person's saying, rather than trying to madly scribble down everything… When someone's telling you a story, you're more actively listening… because it's not something that you can come back to later and check in a text book.' (4)

Another reason for storytelling was to introduce variety into teaching sessions. One lecturer spoke of how it is:

> *'very useful to have different parts of the day that are structured differently… Those snippets of storytelling… break up the teaching day.' (10)*

Sometimes, such variation included changing the mood of the class:

> *'I think I probably use them as well in terms of lightening the mood and using humour.' (2)*

This was particularly useful if material was distressing.

For one, storytelling

> *'was very much about trying to get the students more engaged with the material, and to have a better understanding of it... Anything that you can use to make the learning of something a more enjoyable and easier process, I'm going to use it, you know.' (8)*

Another set of reasons related to storytelling's role in linking nursing theory and practice:

> *'Biology is very academic… That's why I've tended to use stories… to try to make things more applicable, more real for the students.' (8)*

This helps students to understand the complexity of actual nursing practice as distinct from theory:

> *'When you story-tell saying, "I thought it would go this way, but it went another way", it shows that you're comfortable with uncertainty… I want them to be able to feel comfortable to discuss stuff and say, "Is this the way it should work?" ' (7)*

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Another lecturer suggested that storytelling could help students understand that where practice has differed from theory, this is not necessarily disastrous.

Storytelling can stimulate and motivate students to reflect on the links between theory and practice:

> *'It gets people thinking a little bit more creatively… we're moving from the theory and thinking about the practice… So it's a way of getting people to use their imagination, to put themselves maybe in this situation or closer to a situation where they can relate to it more, rather than being stuck with their theory.' (2)*

Thirdly, stories were a means by which lecturers, even in the classroom, could role-model good practice:

> *'The storytelling is a part of a wider process of trying to encourage them to think about what's good practice, what sort of nurse do you want to be… We need to speak up when there's abuse going on and poor practice going on. So I suppose I'm trying to encourage them to recognise that.' (9)*

In particular, some lecturers used stories to promote positive attitudes to patients:

> *'For me, telling the stories is trying to get them to notice people's lives…' (9)*

> *'I think through storytelling, we are able to be more relational with each other, and relationship-centred care is what I would like us to see develop in our students… I think we need, in our storytelling, to encourage people to talk about their feelings… Storytelling for me is how we come to understand how someone sees the world and what matters to them… not judging it, but just understanding that people do see things in different ways…' (11)*

Fourthly, stories were useful in helping students to imagine their future working lives as nurses:

> *'I think it does give them some sense of the types of things that they might experience in practice… I think it's a useful way of perhaps conveying to them some reality about what being a nurse is about.' (8)*

Several lecturers believed that hearing stories helped students face their anxieties about practice. One imagined them thinking:

> *'"Tell me how it's going to be, so I can manage my expectations" '. (1)*

Another, who taught risk assessment, described how anxious students had explicitly asked for a story:

> *'"Can you tell us one which is the scariest, most awful one you've got?"… I just gave them an outline of a particular situation, but when I realised their faces weren't looking happy, I said, "It's all right, it ended happily in the end"… It bursts a bubble, that kind of anxiety around something terrible is going to happen. Well, actually, it can be quite humorous.' (2)*

Theme: Perception of students' responses to stories

This theme includes two sub-themes:

- Evidence in the classroom
- Evidence from later feedback

There was wide agreement that storytelling gets students' attention, and that this is immediately noticeable during the teaching session:

> *'A visiting lecturer here at the moment, she's a great storyteller, and they hang on her every word… She'll generate really engaging stories from her clinical experience and past, and you can see them really intrigued, interested, and they are definitely more attentive.' (7)*

Evidence that students enjoy stories was also provided in face–to-face and written feedback. One said that when students thanked her in person for a teaching session, they often mentioned stories she had told. Another, who looked at module evaluations across the programme, said:

> *'Quite a few of the module evaluations will say that "We enjoyed X's stories that they told us about their time in practice"… And the students specifically comment on that as helping them to understand it from a different perspective, helping them to get more of a real insight into what happens in practice.' (4)*

Theme: Benefits for the lecturers who tell stories

There was a limited amount of data relating to this theme, but what there was is of interest. This theme included four sub-themes:

- Credibility with students
- Enjoyment
- Describing one's own good practice
- Re-connecting with nursing practice

Several lecturers mentioned that stories helped them to establish their credibility with students:

'Quite often you'll hear students say, "You don't know what it's like, you're not in the wards", and when you start telling stories of your experiences on the ward or in the community… they suddenly see you a little bit differently.' (7)

Lecturers might also enjoy storytelling, and in particular, taking on a temporary role as entertainer:

'I enjoy the stories, I've got like a - I'm a bit like a comedian, really.' (10)

Another admitted a different sort of gratification by mentioning how storytelling tended to show the lecturer in a good light to students:

'The truth is it makes me feel good about myself… It's stroking your ego a little bit, you're sort of saying "I'm one of the good guys". And I don't quite say that, but you're sort of saying it.' (9)

Lastly, there was pleasure in recalling past nursing practice, and a reinforcement of lecturers' identity as a nurse:

'It reminds me very much of the times I enjoyed and how much my patients meant to me.' (6)

'I think it makes you feel you are, you're, deep down you still are a nurse… in some sort of a strange way, it reconnects you with your nursing.' (5)

Discussion

There were a range of reasons why participants told stories: to prepare students for practice, to dispel fear and myths about the nursing role, and to increase empathy and

resilience in students. These concur with what has been reported elsewhere (Olson 2018; Treloar et al 2017; Walker et al, 2015).

Participants described using storytelling to help students to be a 'good nurse' and identified the importance of acting as role models for students. Wadsworth et al (2017) also illustrate the power of storytelling in nursing to challenge the perception of what constitutes a 'good' or 'bad' nurse though this is situated in an oppressive culture and the current healthcare environment 'which often devalues meaningful interactions' (p28). Wadsworth et al (2017) also highlight the importance of narratives in challenging the concept of the 'good nurse', as being a nurse who is compliant, especially in relation to the medical model. This was not reported by participants in our study, whose view of the impact of storytelling was limited to their own educational practice rather than challenging perceptions of the profession for students.

Some of our participants noted that telling stories from clinical practice reaffirmed to themselves their own professional identity as nurses, an important way of reconciling their dual roles (Baldwin 2017). Furthermore, the practice of storytelling served to enhance their own self-esteem and ego, which may also contribute to the retention of nurse academics, which has been identified as a global concern (Drennan and Ross 2019)

Storytelling also helps to develop professional identity in students, as described by our participants and also in the supporting literature. Baldwin et al (2014, 2017) understand this as 'invisible' learning, that is, not part of the official validated curriculum. This is comparable with the 'hidden curriculum' which entails familiarisation with the 'processes, pressures and constraints which fall outside…the formal curriculum and which are often unarticulated or unexplored' (Bignold & Cribb, 1999; p24). These include, for example, implicit rules for how

to survive the institution, such as customs, rituals, and culture (Lempp & Seale, 2004). If this knowledge is made explicit, it offers real benefits for students (Baldwin et al, 2017), who may otherwise look forward to their future careers feeling under-prepared and apprehensive. How to incorporate this effectively and purposefully has been explored in storytelling by students (Edwards 2016b) and by patients (Liu et al 2014) but there are few data about storytelling by lecturers in healthcare practice.

Attenborough and Abbott (2018a) found that lecturers' stories reduced anxiety in students about actual practice, which accords with Treloar et al's (2017) description of storytelling as 'simulations outside of the laboratory' (p294), and this is the perception of our participants and certainly a motivating factor for using storytelling in their educational practice.

There was no evidence that our participants thought that storytelling should be structured or included as part of the curriculum or that they had views about how it should be taught: they considered it a personal choice rather than a requirement. However Wisker (2008) suggests that storytelling that is merely anecdotal and unplanned is problematic. She proposes (Wisker 2008, p33) that when using storytelling, nurse lecturers should aim to:

- Enable engagement with experience
- Avoid getting stuck in the memory, identify key features and learn from them
- Link real incidents in with problem solving
- Enable reflection and learning
- Enable transfer to reality

Edwards (2016b) suggests that stories actually 'connect to practice' (p160) allowing the lecturer to focus on the exploration of issues of practice, rather than simply transferring classroom-based knowledge. Our data indicate that those we interviewed agreed with the approaches recommended by Wisker (2008) and Edwards (2016b), in particular the need to explicitly link theory to practice.

Participants in our study appeared to offer storytelling rather than mere narrative, to used Haigh and Hardy's (2011) distinction: their purpose was to communicate values and attitudes embedded in the stories, rather than just factual knowledge. Wood (2014) found that storytelling enabled students to develop empathy for different players in the stories, seeing the situation from other points of view. Our data supports this: one participant in particular spoke of how storytelling could help students to be less judgemental and more understanding of their patients and their needs. However, storytelling involving disclosure of events or situations inevitably involves people telling a story from their own perspective, with their own values and attitudes (Hannabuss 2000). Although this may lead to empowerment and the development of a positive identity in the individual as suggested by Wood (2014), the opposite may also be true. Despite some participants in this study expressing self-consciousness about their use of storytelling, they did not question their own values, attitudes or currency, or how students, given the power relationship, might receive these.

Storytelling tends to be based on tacit knowledge, and is by its nature, particular to the teller. Eraut (2004) notes the lack of criticality in the use of tacit knowledge, linking this to lack of time or inclination to seek supporting evidence. Although some participants demonstrated sensitivity and awareness of this, the lack of an evidence-base and

subjectivity is a potentially problematic element of the practice of storytelling in nurse education. Eraut also observes that uncommon events are more likely to be remembered (and retold) than everyday practice. This potentially presents a dilemma for the practice of storytelling, illustrated by the reaction of one participant when students requested a frightening story. If students' perception of clinical practice is influenced by uncommon events through storytelling this may be neither consistent with actual practice nor helpful in preparing students for practice. Although some participants perceived that students were reassured about practice by stories from their lecturers as reported by Attenborough and Abbott (2018a), it is also possible that stories can raise anxiety. This brings into question the benefits of storytelling for role modelling overall.

Moreover, storytelling about patients needs to be sensitive. Another lecturer mentioned the importance of taking care not to exploit or denigrate patients in their storytelling. This relates to the 'othering' described by Grant (2016, p197), who reports 'the contradictions between professional and educational rhetoric and displays of disparaging and 'othering' accounts ….about the people they purport to be in the business of caring'.

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Limitations

The researchers were insider-researchers, entailing the possibility of bias. Although one researcher, who carried out the interviews, was no longer involved with learning and teaching, the second had a senior position relating to learning and teaching.

The sample was self-selected in two ways: first, they had chosen to access the online module about storytelling; second, they agreed to be interviewed. It is not known how representative those interviewed are of other nurse lecturers who use storytelling. The use

of a purposive sample necessarily excluded those whose beliefs or experiences have led them to avoid the use of this method.

Conclusion

Although storytelling is widely practiced by nurse lecturers, it remains a hidden and not explicitly identified part of the curriculum. The link to role modelling and the encouragement of empathic feelings towards patients is an important finding, with implications for academic and clinical practice. Storytelling contributes not only to the development of nursing identity in students, but also to the maintenance of nursing identity of staff, re-asserting and enhancing their own connection with practice.

Future research should focus on how nursing students perceive storytelling by their lecturers and the impact of this on their immediate learning, on their retention of learning, and on their professional development. It would also be interesting to know just how much lecturer storytelling actually occurs in lectures, clinical skills sessions, group discussions and tutorials: an observational study would be useful. In addition, the use of storytelling by clinicians in practice settings deserves study.

The implications for curriculum design and development are important; despite the drawback of subjectivity there is a case for increased focus on narrative accounts and for these to be an explicit part of curricula, as is the case for testimony from patients currently.

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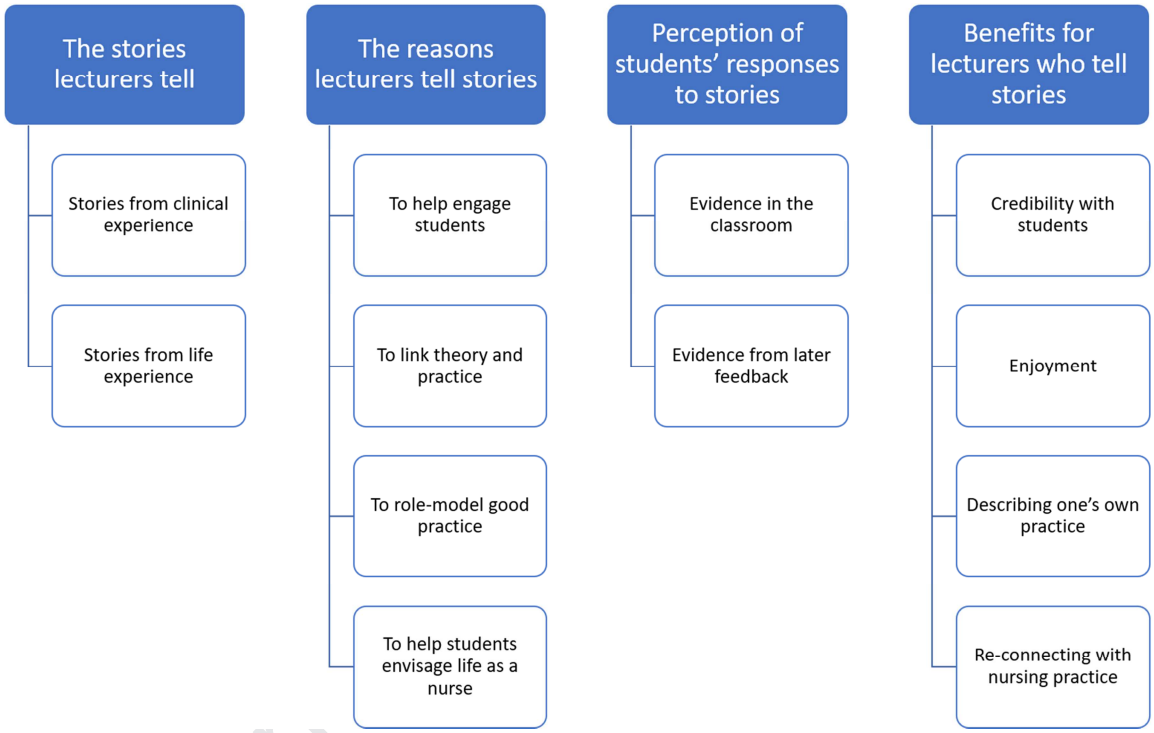
Box 1 Diagram of themes



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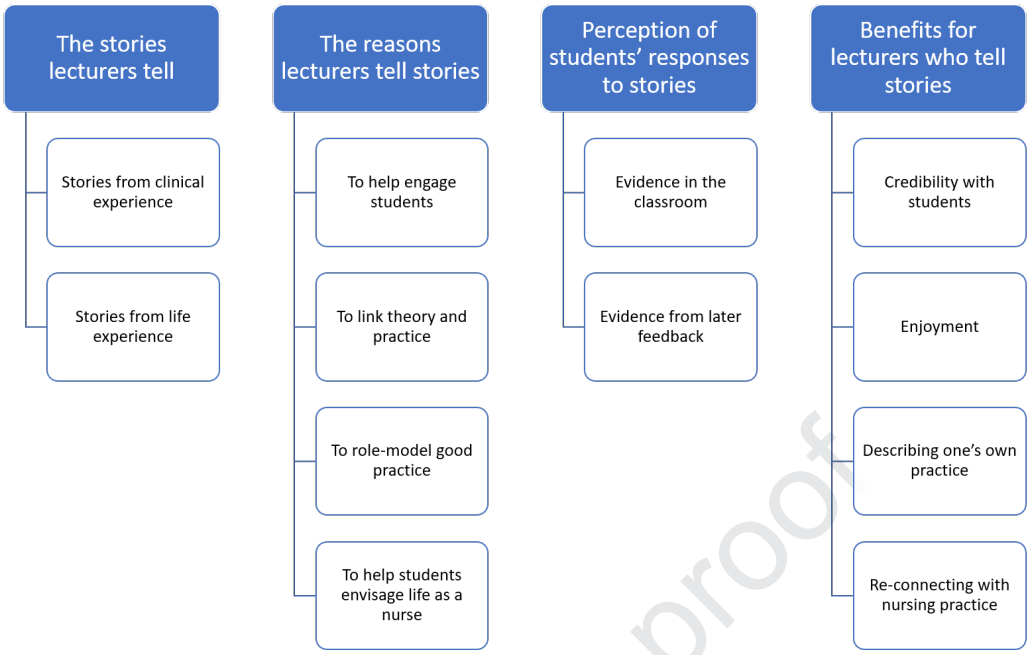

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Highlights

- Storytelling plays an important role in promoting nursing internationally
- Lecturers experienced storytelling as reinforcing their identity as nurses
- Storytelling remains an invisible part of the curriculum
- The impact of storytelling on role modelling and encouraging empathic feelings towards patients has significant implications for education and practice

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Using storytelling in nurse education: the experiences and views of lecturers in a higher education institution in the United Kingdom

CONFLICT OF INTEREST STATEMENT

This project was supported by an Educational Enhancement Grant from Learning Enhancement and Development at City, University of London (internal funding)

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