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Evaluation of nurses' experiences with digital storytelling workshop: New way to engage, connect, and empower

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Abstract

Aim: The aim of this work is to evaluate nurses' experiences, barriers, and facilitators in participating in digital storytelling workshops

Background: Nurses face ever-increasing demands and work time spent in isolation, leading to burnout. Storytelling—narrative skills of listening and creativity—may encourage meaningful connections with others, especially during the COVID-19 pandemic. However, evaluation of the user experiences of storytelling among nurses has been limited.

Method: The methods used are semistructured individual interviews with 13 nurses from a public health nursing organization who participated in a 3-day digital storytelling workshop in 2019. The interviews were audio-recorded, transcribed verbatim, and thematically analysed using NVivo12.

Results: All participants were women and half were white. Healing, human connection, and nursing pedagogy were the three main themes. Participants highlighted the organizational support in providing a safe and dedicated "space" for nurses' well-being. They also expressed desire and willingness to participate in additional workshops outside of work hours.

Conclusion: Further studies using a larger sample are needed to examine the scalability and efficacy of storytelling at work.

Implications for Nursing Management: Nurses rated storytelling positively and suggested a brief version to be incorporated into nursing practice. Establishing the culture of organizational support and psychological safety was identified as the necessary antecedents.

KEYWORDS
burnout, narrative, nurses, organization, storytelling

1 | BACKGROUND

Today's nurses face ever-increasing work demands with rapidly changing technologies and complex and highly specialized care (Buchanan et al., 2020). Amid these changes, contemporary nurses work in isolation more often than their predecessors did (Thimbleby, 2013) due to electronic documentation and decentralized nursing stations (Buchanan et al., 2020). The repercussions of these changes for nurses' health,

well-being, and work engagement were already well documented in the literature (Melnyk et al., 2018). The global coronavirus 2019 (COVID-19) pandemic further overwhelmed the nursing workforce around the world, with more than half reporting acute stress and burnout (Galanis et al., 2021), and one in five reported signs and symptoms of post-traumatic stress disorder (Marvaldi et al., 2021). To address the dangers of work-related stress and concerns regarding the long-term consequences of COVID-19 on nurses' health, well-being, and productivity, institutions have initiated wellness and stress-reduction programmes, either person- (i.e., cognitive-behavioural training and relaxation techniques) or organizational-directed (i.e., management skill training; Awa et al., 2010; Pollock et al., 2020). However, the essence of the nursing profession—the human connection—is often missing. The importance of humanity has never been greater than during COVID-19. Numerous studies highlighted that nurses relied on the support of their peers and colleagues as coping strategies (Fernandez et al., 2020; Jun & Rosemberg, 2021).

Peer support occurs between people who share similar life experiences and provides mutual encouragement, advice, empathy, validation, and a sense of belonging and community (Murphy & Higgins, 2018). Storytelling—which brings together powerful narrative skills of radical listening and creativity—is a potentially powerful tool to facilitate building peer support through developing a trusting relationship and building cohesion. As one of the most basic and oldest forms of communication, storytelling can describe a situation and motivate people to act in a certain way, expressing human agency and self-identifying (Murphy & Higgins, 2018). And storytelling can also promote healing by allowing both storytellers and listeners to make sense of their own experiences, building a degree of connectedness with others, providing personal resilience and coping, and decreasing stress (East et al., 2010). When used among nurses, storytelling can also offer a space to voice their experiences and be heard, recognized, and valued (East et al., 2010). For example, having a facilitated safe space encouraged nurses to share their practical wisdom and inspire a shared vision of what it meant to be a nurse (Fitzpatrick, 2017). Therefore, storytelling can capture everyday examples of practice and generate powerful curricular products that support reflection and deep understanding (East et al., 2010). Furthermore, storytelling is also an innovative tool for nurse leaders in building a person-centred cultures and staff development by centering human relationship approach (Cardiff et al., 2018; Smeltzer & Vlasses, 2004). By understanding the nurses' stories and lives, leaders will not only build relationships but will better understand the motivations and values of their workforce by eliciting, sharing, and valuing relationships and stories in shaping vision and culture. For these reasons, sharing experiential realities through storytelling holds tremendous potential as a technique for promoting increased wellness among frontline nurses confronting pandemic-related patient-care demands.

Storytelling can be done in several different ways. Digital storytelling is a generic term to describe storytelling using media technologies to create narrative forms (Hardy & Sumner, 2018). Digital storytelling differs from traditional oral storytelling in that other medium such as images (e.g., photographs) or music is added to a scripted story. Nonetheless, the differences in the methods used in storytelling, digital or traditional oral, the essence of storytelling is the same—shared humanity. Guided by these findings with storytelling, a not-for-profit, public-health nursing organization provided optional 3-day digital storytelling workshops facilitated by an established storytelling organization to provide opportunities for the nurses to share their stories, potentially increasing their organizational commitment and job satisfaction. This paper aims to evaluate the first-person experiences of attending in-person digital storytelling workshops and identify barriers and facilitators in attending such workshops.

2 | METHODS

2.1 | Design

This in-depth programme evaluation using a descriptive qualitative method involved a purposive sample of 13 registered nurses who had attended digital storytelling workshops offered by their organization.

2.2 | Sample/participants

At a national not-for-profit public-health nursing organization, the nursing leadership identified storytelling as a potentially beneficial professional development opportunity for their nurses and provided optional three-day facilitated digital storytelling workshops at two regional locations in February and November 2019. The regional managers shared the information regarding the workshops and were encouraged to attend. However, participation was voluntary. To further assist attendance, the organization provided the workshop fees and the necessary time off to attend the three-day workshop.

2.2.1 | Storytelling workshops

The digital storytelling workshops were led by trained facilitators from StoryCenter, one of the most established storytelling organizations. Each workshop consisted of three main parts: writing down a story, creating a short composition of audio and visual elements that include a written script that becomes a voiceover, visuals such as still images and video, sound effects and soundtrack, and sometimes text on a screen. These compositions represented and portrayed the story using digital media such as photos or music. As with all StoryCenter workshops, these participants constructed their stories digitally, using software to put together the composition and narrate their creations. The material covered in these workshops included but was not limited to, introduction to digital storytelling; group sharing and feedback throughout and at the end; scriptwriting and voice recording; image preparation and storyboarding; video editing and production (i.e., transitions, effects, music, and titles); and production of digital stories (StoryCenter). Participants were not obliged to stick to a particular topic but strongly encouraged and directed to stories specific to nursing before attending the

workshop and bringing any media material to facilitate their stories, such as pictures, music, or video. Nursing-specific stories included origin stories, experiences with patients/clients/coworkers, and/or their definitions of care. Each step of the story development included informally sharing of their stories with the other participants as a way to refine the stories. Finally, the participants shared the whole story by watching the completed digital products together. Stories created and shared during the workshop by the participants were the sole property of participants and were not shared or collected by the organization, StoryCenter, or the evaluation team.

2.3 | Data collection

After the workshops were completed, nurses who participated in the storytelling workshops were invited in a semi-structured phone interview to share their experiences with a PhD-prepared researcher (JJ), who was not affiliated with and had no pre-existing relationships with either the organization or StoryCenter. A recruitment email using the listserv of the participants was sent in November 2019. Those interested in participating in the study contacted the research team via email to set up a time with a phone number. Once the contact was made, verbal consent was obtained, and each interview lasting 30–60 minutes (average 43 minutes) was audiotaped. The interview guide (Supporting Information) included open-ended questions on the participants' previous knowledge and experiences with the workshops and their basic demographic and employment information (e.g., age and duration of tenure with the organization); participants received a $30 gift card as compensation for their time. Moreover, the stories created during the workshop were not shared during the interviews to protect the privacy of participants.

2.4 | Ethical consideration

An exemption from the Institutional Review Board of the author's university was received. All participants were informed about the study's aim, participated voluntarily, and signed an informed consent document. The participants' anonymity, privacy, and confidentiality were guaranteed. In addition, the audio recording was destroyed once the deidentified transcripts were obtained.

2.5 | Data analysis

Each audiotaped interview was transcribed verbatim, and study data were subject to thematic analysis, a theoretically flexible method of qualitative data examination allowing researchers to identify patterns in coded data (Braun & Clarke, 2006). The research team read the transcripts independently and took notes prior to coding. Using computer-assisted qualitative data software NVivo 12, the researcher team coded data by highlighting key passages addressed to the study's research question. Once the coding was completed, patterns in participants' stories emerged. Once patterns within the coded materials were identified, they were collapsed and refined into distinct study themes (Braun & Clarke, 2006).

2.6 | Rigour

Trustworthiness was established through repeated member-checking with participants during phone interviews. During the phone interview, the interviewer asked participants to repeat and/or affirm the veracity of both the researchers' conceptualizations. Additionally, an audit trail was maintained to preserve the transparency of each step in the analysis.

3 | FINDINGS

3.1 | Participants

Seventeen nurses participated in the workshops, of which 13 agreed to be interviewed (response rate = 76.5%). All participants were women (100%), and seven were identified as white (53%). Participants averaged 7.6 years of nursing experience while averaging 4.2 years working with their current organization. Participants took part in the workshop, in general, for one of three reasons: (1) recommendation by their superiors, (2) curiosity, or (3) an opportunity for self-care. Prior to attending the workshop, only one participant had any experience with storytelling, but even this participant was unsure what to expect from the experience.

3.2 | Themes

3.2.1 | Healing

Healing was the most consistent theme in this study; participants perceived their storytelling experience as therapeutic and reported that the workshop afforded a safe space and time, which allowed them to focus on themselves. In the words of participant 8, "I personally think the whole process was therapeutic … [and I] think anything that could help a nurse to focus on herself is beneficial. We are so focused externally and [on] everybody and everything else around us, [so] this bit is for ourselves." Participant 10 echoed this sentiment:

> Nurses are always there to pick up the pieces for everybody else. We have our stories, but we have our own trauma; we have our own issues. I think what the storytelling does is dig into nurses and [expose] some things we don't want to disclose. We put all that in a backburner [sic] because we have to do everything for everybody else.

Several participants described the healing process as feeling as if they were finally seen as human beings rather than simply as a nurse. This "humanizing" experience was important to participants who described some of their work as secondary trauma requiring some manner of processing. As participant 9 explained:

> Maybe it's the shared emotions like sometimes the release of the emotions …. Being heard and being seen as a human, not just as a nurse … Our whole job is all about secondary trauma; hearing stories that are so challenging that you have to be able to put that somewhere … storytelling is a way to do it. I felt significantly more energy afterward and the ability to be kind to my client.

As discussed earlier, most participants did not have expectations regarding or knowledge of storytelling; these individuals reported not realizing that they had a story worth telling.

3.2.2 | Human connection

Similar to the healing quality of the storytelling experience, participants reported a sense of increased human connection through shared stories; realizing they shared more in common than they had realized allowed them to better relate to their peers. As participant 4 explained, "I find myself relating to every single story. I have a story within that story … and then I think maybe I need to get to know someone else." This sentiment was shared by another participant 7, "Listening to [others'] stories … feels so much a part of something bigger than my own personal experiences."

Participant 2 echoed this notion that listening to the stories told by colleagues helped her gain insight into the experiences of others. Finally, participant 12 emphasized the human connection as being an integral part of nursing, noting that "we," as nurses, "need to connect ourselves in the process" and adding that "having more platforms where nurses can have an outlet, a safe space to do certain things," which would, in their view, be "definitely beneficial."

3.2.3 | Nursing pedagogy

Lastly, most of the nurses traced their stories back to their nursing practice, emphasizing its potential to help them build a better relationship with their clients. As participant 7 explained, listening to stories is "what we do all day; every day [involves] listen[ing] to the story [of our clients]." This sentiment resonated with another participant, who added, "Whether hospital nursing or home care nursing, we're there to witness our clients' stories. And [there is a] little piece of our stories in them sometimes."

In addition to developing meaningful relationships and empathizing with patients, several participants had begun incorporating principles of storytelling when visiting their clients as a tool for education. Participant 11 summarized this principle of sharing as a means of educating patients,

> I will use a story in order to pass along information that you don't like telling them about, [such as] research. When you talk to clients about research and evidence-based [information] that does not resonate as much as caring about somebody else's experience, their story. I feel like I had to make sense some of these topics and decisions … [to] personalize it in a way that I think can be very beneficial for people.

In the same spirit, participant 9 stressed that storytelling could help nurses establish a necessary human connection with clients, explaining that "if we are allowing [ourselves] to be vulnerable, we are going to be able to reach our clients and … meet their needs in a more realistic way instead of telling the client what to do. We can see them eye to eye."

Lastly, several participants indicated that intentional listening skills and being present in the moment were vital. Making this point, participant 3 noted that nursing is "all about fixing and making [patient's conditions] better as opposed to being there with the person." This participant also added, "That's the essence of the storytelling—you are really, really being present in the process." Amplifying this point, participant 2 reasoned that being present and listening carefully was an essential skill for nurses, especially for those who might not have anyone at their side.

3.3 | Facilitators and barriers

Overall, all participants reported positive experiences and expressed a desire to repeat the workshop or to continue developing the skills. However, there were barriers and facilitators in participation (Table 1). All participants stressed that organizational and leadership support as the essential facilitator; such support included designated time-off, helpful and nurturing nurse managers who encouraged attendance, and a healthy and well-functioning organizational culture. Even more so, nurses emphasized the importance of their organization's commitment to nurses' well-being and professional growth as a critical facilitator while also explaining that such support was not currently the norm elsewhere. As participant 5 put it,

> [my organization] is very supportive of nurses and trusting of nurses. I never worked in an environment like this. So it was kind of a shock. I came from the hospitals [and] and was … used to being dismissed, never really asked for my thoughts on anything. So I do think it is organization. Our organizations allowed this to be part of our work, which takes some of those barriers away.

TABLE 1 Facilitators and barriers to workshop participation

Facilitators	Barriers
• Leadership support • Designated time-off • Curiosity • Perceived self-development opportunity • Need for individual expression	• Time commitment • Lack of familiarity with storytelling • Fear of being vulnerable with colleagues or strangers • Lack of access to storytelling • Constant busy-ness of work

Other features facilitating participation included personal curiosity and interest in exploring creative outlets to express themselves, which participant 9 highlighted "you're just holding these extraordinary encounters inside of us. And sometimes it feels like. If you don't let him out, you might explode."

Identified barriers included the time commitment associated with participation and a lack of familiarity with storytelling. Several participants also mentioned the fear of being vulnerable with their colleagues as a potential barrier, and a few recalled their colleagues who chose not to participate but regretted their decision upon hearing about the experience after the fact, as participant 2 explained.

> I think there might have been one person that wasn't quite ready, maybe being vulnerable. But it might be a little bit easier if they know that other people on their team are participating. Being around complete strangers for three days is kind of terrifying.

4 | DISCUSSION

Our findings suggest that nurses rated the experience with storytelling highly positive, underscoring the importance of reflecting on their work and life while also connecting through the sharing of feelings and experiences. These human connections were also therapeutic and offered renewed enthusiasm for their nursing practice. These findings are consistent with other studies. For example, the work of Fitzpatrick (2017) concluded that nurses enjoyed an enhanced moral, ethical, scientific, and practice basis within their profession after sharing a vision of what nursing meant through the telling of stories. In this regard, our findings were also supported by the Narrative theory, which begins with the assumption that narrative is a basic and fundamental human strategy (Riessman, 2008). Narrative theory helps us to understand that the person's accounts of what happened in particular events and circumstances can be at once so common and so powerful. It is through the narrative process that people can make sense of the past, identify turning points and transitions, and formulate the next steps (Riessman, 2008).

While the literature on the use of storytelling among nurses is limited and the method of storytelling may differ (in-person narrative vs. digital storytelling), narratives and peer support—two core components of storytelling—are consistent. Narrative is a key communication strategy and concept crucial in storytelling and stories, allowing humans—natural storytellers—to process and understand information (Gray, 2009). Fitzpatrick (2017) coined the term "narrative nursing" to frame reflective practice in the context of caregiving. In this narrative nursing practice, storytelling is a tool to engage nurses with patients by incorporating attention to their knowledge, beliefs, and values (Fitzpatrick, 2017). A review of the literature showed promising benefits of narrative interventions, such as storytelling and reflective communications, although such a high degree of heterogeneity made it too challenging to demonstrate efficacy (Laskow et al., 2019). Peer support is another important aspect of nurses' experiences with storytelling. In other studies, researchers found that participants were less nervous sharing their experiences, feelings, and thoughts through stories than with traditional peer approaches (Kim et al., 2020; Mancini, 2019). When storytelling occurred between people who share similar life experiences, it encouraged mutual support, advice, empathy, validation, and a sense of belonging and community (Palacios et al., 2015). Peer-based storytelling also allowed participants to consider their emotions, develop problem-solving skills, set goals, develop strategies, and exchange social support (Rennick-Egglestone et al., 2019).

Additionally, research has shown that storytelling is a powerful educational tool. Storytelling has been used successfully in health promotion, such as campaigns for cervical cancer prevention and vaccine usage (Kim et al., 2020). Traditionally, skills and benefits of stories derived from storytelling have been between students and educators informal educational settings (Petty et al., 2020; Price et al., 2015); however, scholars increasingly recognize that patients in clinical settings could also benefit, especially among culturally diverse, hard-to-reach populations (Kim et al., 2020). Nurses in our study did not initially consider storytelling as a part of their interactions with patients, but they regarded storytelling as a nursing pedagogy embedded in every aspect of nursing practice, from assessment to education. Those in our study also felt that storytelling engaged and empowered their patients because stories reduced the hierarchy within the provider-patient relationship and created a space where providers could connect with patients.

4.1 | Limitations

In terms of this study's limitations, storytelling workshops and nurses' participation in them was made possible by an organization's vigorous commitment to the well-being of its nurses; thus, replicating the workshop and realizing the same level of involvement could be difficult. This challenge notwithstanding, the present research results suggested considerable value in having nurses participate in such workshops. A second limitation is that the participating nurses volunteered for their workshop; thus, the self-selection of early adapters could not be ruled out. Early adopters are more likely to be extraverted, open and inclined to explore a new product or technology before others have taken part (Lynn et al., 2017). Thus, the findings may differ if nonearly adopters may have chosen not to participate in the workshops. Finally, our study included only two workshops and a small purposive sample; perhaps we did not capture the full essence of storytelling due to selection effects.

5 | CONCLUSION

The findings from this study support growing evidence that storytelling is an effective tool for bolstering the human connection within the nursing profession and for encouraging nurses to recommit to their practice. Sharing stories is already a necessary human activity in our daily lives. Therefore, storytelling in nursing can help establish and maintain an organizational environment where nurses feel protected

and valued by reframing how nurses connect with one another and with their patients.

6 | IMPLICATIONS FOR NURSING MANAGEMENT

Based on our findings coupled with what is known in the literature, there are several implications for nurse managers. As increasing numbers of organizations recognize the importance of sustaining a healthy and well-functioning nursing workforce, storytelling can restore the humanity and connectivity that are the lifeblood of nursing practice. However, the culture of psychological safety, which shared beliefs and the confidence to speak up within a group without fearing embarrassment, rejection, or punishment (Salas et al., 2018), is a necessary antecedent before people could feel comfortable taking part in and reaping the benefits of storytelling as a practice in organizations. Nurse managers are an essential element of cultivating the culture of psychological safety within each nursing unit. In a systematic review of psychological safety in the healthcare system, leader behaviour and support are consistently reported as the enabler across all levels of organizations (O'Donovan & McAuliffe, 2020). Nurses' ability and willingness to reflect and share their stories may not be possible without managers' support and leadership.

Second, nurses viewed storytelling as a feasible and potentially powerful professional development opportunity that could be incorporated within their work environment. That said, logistical arrangements, especially time constraints and the required in-person presence of both storyteller(s) and listener(s), presented a considerable barrier. Nurses in our study acknowledged that not all employers would be able to provide the kind of space and/or time away from work. Nurses in the study described both listening and telling a story as equally important and suggested sharing stories on digital platforms, such as videos, as a possible alternate format that allowed nurses could access on their own time. Another suggestion was providing the workshop digitally in shorter sessions and in more frequency to offer more opportunities for nurses to participate. Additionally, nurses also proposed short but meaningful opportunities to be integrated into daily or weekly huddles with one or two volunteers sharing a personal experience that relates to any aspects of patient care, family interactions, or team member relationships.

Lastly, storytelling may also provide therapeutic and healing benefits for nurse managers. Nurse managers have different roles and responsibilities from nurses, thus, their stories may reflect different aspects of organizational life. Creating opportunities and space for nurse managers to share with their peers may aid in nurse managers' sense-making of the past and current situations and strengthening leadership.

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CONFLICT OF INTEREST

We have no conflict of interests to report.

HUMAN SUBJECT

University of Michigan IRB Exemption (HUM00168852)

ETHICS STATEMENT

An exemption from the Institutional Review Board of the author's university was received. All participants were informed about the study's aim, participated voluntarily, and signed an informed consent document. The participants' anonymity, privacy, and confidentiality were guaranteed. In addition, the audio recording was destroyed once the deidentified transcripts were obtained.

DATA AVAILABILITY STATEMENT

The authors do not wish to share the data.

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REFERENCES

Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counseling*, *78*(2), 184–190. https://doi.org/10.1016/J.PEC.2009.04.008

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Buchanan, C., Howitt, M. L., Wilson, R., Booth, R. G., Risling, T., & Bamford, M. (2020). Predicted influences of artificial intelligence on the domains of nursing: Scoping review. *JMIR Nursing*, *3*(1), e23939. https://doi.org/10.2196/23939

Cardiff, S., McCormack, B., & McCance, T. (2018). Person-centred leadership: A relational approach to leadership derived through action research. *Journal of Clinical Nursing*, *27*(15–16), 3056–3069. https://doi.org/10.1111/JOCN.14492

East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: An approach that can help to develop resilience. *Nurse Researcher*, *17*(3), 17–25. https://doi.org/10.7748/nr2010.04.17.3.17.c7742

Fernandez, R., Lord, H., Halcomb, E., Moxham, L., Middleton, R., Alananzeh, I., & Ellwood (2020). Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies*, *111*, 103637. https://doi.org/10.1016/j.ijnurstu.2020.103637

Fitzpatrick, J. (2017). Narrative nursing: Applications in practice, education, and research. *Applied Nursing Research*, *37*, 67. https://doi.org/10.1016/j.apnr.2017.08.005

Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Advanced Nursing*, *77*(8), 3286–3302. https://doi.org/10.1111/JAN.14839

Gray, J. B. (2009). The power of storytelling: Using narrative in the healthcare context. *Journal of Communication in Healthcare*, *2*(3), 258–273. https://doi.org/10.1179/cih.2009.2.3.258

Hardy, P., & Sumner, T. (2018). *Cultivating compassion: How digital storytelling is transforming healthcare: Second edition* (pp. 1–384). Palgrave Macmillan. https://doi.org/10.1007/978-3-319-64146-1

Jun, J., & Rosemberg, M.-A. S. (2021). I am a nurse, not a martyr: Qualitative investigation of nurses' experiences during onset of the

coronavirus pandemic. *Policy, Politics & Nursing Practice*, *23*(1), 48–55. https://doi.org/10.1177/15271544211054435

Kim, M., Lee, H., Kiang, P., Aronowitz, T., Sheldon, L. K., Shi, L., & Allison, J. J. (2020). A storytelling intervention in a mobile, web-based platform: A pilot randomized controlled trial to evaluate the preliminary effectiveness to promote human papillomavirus vaccination in Korean American college women. *Health Education and Behavior*, *47*(2), 258–263. https://doi.org/10.1177/1090198119894589

Laskow, T., Small, L., & Wu, D. S. (2019). Narrative interventions in the palliative care setting: A scoping review. *Journal of Pain and Symptom Management*, *58*(4), 696–706. https://doi.org/10.1016/j.jpainsymman.2019.06.009

Lynn, T., Muzellec, L., Caemmerer, B., & Turley, D. (2017). Social network sites: Early adopters' personality and influence. *Journal of Product and Brand Management*, *26*(1), 42–51. https://doi.org/10.1108/JPBM-10-2015-1025

Mancini, M. A. (2019). Strategic storytelling: An exploration of the professional practices of mental health peer providers. *Qualitative Health Research*, *29*(9), 1266–1276. https://doi.org/10.1177/1049732318821689

Marvaldi, M., Mallet, J., Dubertret, C., Moro, M. R., & Guessoum, S. B. (2021). Anxiety, depression, trauma-related, and sleep disorders among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Neuroscience & Biobehavioral Reviews*, *126*, 252–264. https://doi.org/10.1016/J.NEUBIOREV.2021.03.024

Melnyk, B. M., Orsolini, L., Tan, A., Arslanian-Engoren, C., Melkus, G. D. E., Dunbar-Jacob, J., Rice, V. H., Millan, A., Dunbar, S. B., Braun, L. T., Wilbur, J., Chyun, D. A., Gawlik, K., & Lewis, L. M. (2018). A national study links nurses' physical and mental health to medical errors and perceived worksite wellness. *Journal of Occupational and Environmental Medicine*, *60*(2), 126–131. https://doi.org/10.1097/JOM.0000000000001198

Murphy, R., & Higgins, A. (2018). The complex terrain of peer support in mental health: What does it all mean? *Journal of Psychiatric and Mental Health Nursing*, *25*(7), 441–448. https://doi.org/10.1111/JPM.12474

O'Donovan, R., & McAuliffe, E. (2020). A systematic review of factors that enable psychological safety in healthcare teams. *International Journal for Quality in Health Care*, *32*(4), 240–250. https://doi.org/10.1093/INTQHC/MZAA025

Palacios, J. F., Salem, B., Hodge, F. S., Albarrán, C. R., Anaebere, A., & Hayes-Bautista, T. M. (2015). Storytelling: A qualitative tool to promote health among vulnerable populations. *Journal of Transcultural Nursing*, *26*(4), 346–353. https://doi.org/10.1177/1043659614524253

Petty, J., Jarvis, J., & Thomas, R. (2020). Exploring the impact of digital stories on empathic learning in neonatal nurse education. *Nurse Education in Practice*, *48*, 102853. https://doi.org/10.1016/j.nepr.2020.102853

Pollock, A., Campbell, P., Cheyne, J., Cowie, J., Davis, B., McCallum, J., McGill, K., Elders, A., Hagen, S., McClurg, D., Torrens, C., & Maxwell, M. (2020). Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: A mixed methods systematic review. *The Cochrane Database of Systematic Reviews*, *11*, CD013779. https://doi.org/10.1002/14651858.CD013779

Price, D. M., Strodtman, L., Brough, E., Lonn, S., & Luo, A. (2015). Digital storytelling. *Nurse Educator*, *40*(2), 66–70. https://doi.org/10.1097/NNE.0000000000000094

Rennick-Egglestone, S., Morgan, K., Llewellyn-Beardsley, J., Ramsay, A., McGranahan, R., Gillard, S., Hui, A., Ng, F., Schneider, J., Booth, S., Pinfold, V., Davidson, L., Franklin, D., Bradstreet, S., Arbour, S., & Slade, M. (2019). Mental health recovery narratives and their impact on recipients. *Systematic Review and Narrative Synthesis. Canadian Journal of Psychiatry*, *64*(10), 669–679. https://doi.org/10.1177/0706743719846108

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.

Salas, E., Reyes, D. L., & McDaniel, S. H. (2018). The science of teamwork: Progress, reflections, and the road ahead. *American Psychologist*, *73*(4), 93–600. https://doi.org/10.1037/amp0000334

Smeltzer, C., & Vlasses, F. (2004). Storytelling: A tool for leadership to shape culture … listen to nurses' stories. *Journal of Nursing Care Quality*, *19*(1), 211–223. https://doi.org/10.1097/00001786-200401000-00013

Thimbleby, H. (2013). Technology and the future of healthcare. *Journal of Public Health Research*, *2*(3), 28. https://doi.org/10.4081/jphr.2013.e28

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

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