

Digital storytelling to improve continence care in care homes

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A 2005 RCN audit of continence care in care homes identified a number of key areas for further work.

Observation

Availability and access to educational resources specific to the care home setting were found to be poor in many areas. Organisational issues in the care home, such as staff recruitment and retention, further compound the problem.

Aim

To develop a series of Patient Voices digital stories relating to continence care to form the central core of an online continence care learning resource.

Storytelling has long been used as a vehicle for sharing insights, passing on knowledge and declaring values. Patient stories have been recognised (Charon 2006) as making a significant contribution to understanding the patient experience. They acknowledge the patient's own areas of expertise and his or her own unique life experience.

Stories promote empathy, which in turn prompts reflection and serves as the motivation for learning and acquiring new knowledge, while existing attitudes and beliefs, which underpin staff approaches to continence care (Henderson & Kashka 2000), can be gently challenged by reflection on others' experience and practice.

Methodology

Potential storytellers were recruited from within a number of (voluntary) patient organisations. Storytellers attend a two-day workshop to help them identify and refine their personal stories and clarify the message of their story. Storytellers provide pictures that illustrate aspects of their story and consider what music might best suit their story. Stories are recorded when the storyteller is ready. Storytellers review and comment on the story, and suggest any changes they would like. Storytellers review the final story, and have the power to decide whether or not it is to be released.

Results

Ten digital patient stories have been produced. Patient representatives from the Alzheimers Society, Stroke Society, Rheumatoid Arthritis group and James Parkinson's centre have developed stories which highlight key issues presented from the patients' perspective.

10-20 images are needed for a two minute story. In the absence of storytellers' own pictures, images are drawn, photographed or purchased from image libraries. Music appropriate to the story and the storyteller is licensed or composed, performed and recorded.

Dissemination

Consent is obtained from the storyteller and a release document signed. Versions of stories are prepared in formats and resolutions to suit the intended delivery method (in a learning environment, on a website, on DVD, on an interactive CD-ROM or in a PowerPoint presentation from a laptop, for example). The stories are released under a Creative Commons 'Attribution-NonCommercial-NoDerivatives' licence, with copyright retained by Pilgrim Projects. In this way the stories can be made freely available for the purposes of healthcare education and quality improvement.

Outcomes

The stories are used within a continence frame as a learning resource on the RCN Learning Zone. The Learning Zone is an online learning environment providing learning for continuing professional development. The stories can also be downloaded from the Patient Voices website www.patientvoices.org.uk and used in a variety of ways. Feedback from pilot sites suggests a number of potential uses.