The power of story: Narrative inquiry as a methodology in nursing research

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The power of story: Narrative inquiry as a methodology in nursing research

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Abstract

The aim of this paper is to explore the essential elements and value of narrative inquiry in nursing research. We propose that understanding a previous experience allows the nurse researcher an “insider view” and hence a deeper understanding of the issues that arise in the relationship between participant and researcher. We suggest that narrative inquiry in nursing research offers a particular way of caring about how knowledge is produced. Nursing science would benefit from the understanding that health and nursing practices are dynamic processes characterized by the continuous interaction of human thought and behaviour that continuously ‘pumps’ into personal, social and material environments. Narrative inquiry as a methodology in nursing research is exceptionally useful to uncover nuance and detail of previous experiences.

In contrast to the social sciences, the interest in and use of narrative research within nursing is relatively new. Narrative inquiry was first used by Connelly and Clandinin [1] as a methodology to describe the personal stories of teachers. Narrative researchers look for ways to understand and then present real-life experiences through the stories of the research participants [2,3]. The narrative approach allows for a rich description of these experiences and an exploration of the meanings that the participants derive from their experiences. Narrative inquiry amplifies voices that may have otherwise remained silent [4]. It utilizes story-telling as a way of communicating the participants’ realities to a larger audience [5]. By using the narratives format to present findings, researchers can access rich layers of information that provide a more in-depth understanding of the particulars of the participants’ points of view. The knowledge gained can offer the reader a deeper understanding of the subject material and extra insight to apply the stories to their own context. Narrative inquiry has an underlying philosophy and access that enables the illumination of real people in real settings through the ‘painting’ of their stories. It is a methodology in which the researcher attempts to illuminate the meanings of personal stories and events.

Nursing is increasingly embracing more art-based approaches as research methodologies [6]. However, the majority of studies conducted in Chinese settings are quantitative; few qualitative studies have been performed. One major reason for this disparity is that Chinese nursing

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Peer review under responsibility of Chinese Nursing Association.
http://dx.doi.org/10.1016/j.ijnss.2015.04.014
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researchers have been trained to approach issues quantitatively [7]. However, to fully understand issues in nursing, quantitative approaches may not be adequate. Qualitative research methods such as narrative inquiry might be needed to clearly understand patients’ experiences or viewpoints. Therefore, this review will explore the essential elements in the application of narrative inquiry and its value in nursing research.

1. Why do we need narrative inquiry in nursing research?

Rather than attempting to categorize research data, viewing the data from an objective stance, or generalizing the data in order to develop ‘laws’, the narrative approach acknowledges human experiences as dynamic entities that are in a constant state of flux [8,9]. In addition, stories can serve as a primary means for understanding the pattern of an individual life. “Story makes the implicit explicit, the hidden seen, the unformed formed, and the confusing clear” [10]. The stories of the narrative approach allow participants to speak of their experiences without externally imposed constraints. As van Manen argued “… modern thinking and scholarship is so caught up in theoretical and technological thought whereas a phenomenological human science approach may strike an individual as a breakthrough and liberation” [11].

Narratives help nursing researchers understand patients, nurse–patient relationships or other nursing issues such as personal identity, life-course development and the cultural and historical worlds of the narrators. Narratives also help to illuminate the intricacy of specific phenomena and the paradigms that shape peoples’ experiences based on how they identify themselves [12]. Health and health care issues can be articulated through the narrative process. Experiences are not expressed as standalone entities, but are constructed as we negotiate through and around constantly shifting meanings. Narrative inquirers are not interested primarily in the facts or truth of these accounts, but rather in the meanings portrayed in story form. The storytellers construct their stories to convey a specific perspective of an event: it is meaning, not necessarily truth that is conveyed in the form of stories. The purpose of narrative enquiry is to reveal the meanings of the individuals’ experiences as opposed to objective, decontextualized truths [13].

In narrative inquiry, the researcher asks questions that will help them interpret and experience the world of the participant rather than try to explain or predict that world. In narrative inquiry, nurse researchers assume that the participant who had the experiences will provide powerful insights and ideas that may address health concerns and offer new perspectives as to how life experiences sustain and influence social and health dynamics. Understanding the experience this way allows nurse researchers an “insider view” and hence a deeper understanding arising from the participant’s perspective. This insider view does not reveal objective “truths” but instead reveals subjective truths for the participants within their social context.

2. The three-dimensional space narrative structure

Clandinin and Connelly’s development of narrative inquiry as a research methodology was deeply shaped by philosopher John Dewey [14–16]. As a philosopher of experience and an educational theorist, Dewey, based his principles on interaction and continuity, theorizing that the terms personal, social, temporal, and situation were important in describing the characteristics of an experience. For Dewey, to study life and education is to study experience; that is, education, life, and experience are one and the same.

Dewey [14–16] used the three-dimensional space narrative structure approach (Interaction, Continuity and Situation) to find meaning and this approach is central to his philosophy of experience in a personal and social context. This approach suggests that to understand people, we need to examine not only their personal experiences, but also their interactions with other people. Dewey’s three-dimensional approach has had a profound influence in the study and practice of narrative inquiry in many disciplines including education. The fluidity in storytelling, moving from the past to the present or into the future, is at the heart of Dewey’s theory of experience in the field of education.

Based on Dewey’s theory, Clandinin and Connelly [2] advanced three aspects of this narrative approach: personal and social (Interaction); past, present, future (Continuity); and place (Situation) as shown below (Table 1):

In the three-dimensional space narrative structure approach, Interaction involves both the personal and the social aspects of the experience. Using this framework, the researcher analyses the story for both the personal experiences of the storyteller and his/her interactions with other people. These other people may have different intentions, purposes, and points of view which may inform the analysis. Continuity or Temporality is central to narrative research. When analysing a story, the researcher considers the past and present actions of the storyteller as those actions are likely to occur in the future [2].

Situation or Place also needs to be considered when analysing a story. The researcher looks for specific locations in the storyteller’s landscape that give meaning to the narrative, such as the storyteller’s physical location and how the activities occurring in that place affected his/her experiences.

3. The researcher–participant relationship

Narrative inquiry is a complex and dynamic methodology. The researcher and the participant constantly negotiate the meaning of the stories by providing validation checks throughout the collection and analysis [18]. The researcher develops a deep understanding of the diverse contexts that are embedded within the participant’s life as the researcher collects stories, negotiates relationships and transactions, and explores new ways of collaborating with the participant to actively involve him/her in the research process [2]. Active
collaboration with the participant is necessary throughout the narrative inquiry process. Researchers need to continually discuss the participant’s stories with the participant, and reflect on his/her personal, social, and political background. This process shapes how the researcher re-stories the account within the framework.

Nurse researchers engaged in narrative inquiry research need to recognize and embrace the subjective reality inherent in the process. Researchers are bound by this method to acknowledge their subjectivity and permit a full examination of the effect of their subjectivity on the research project and its report.

Understanding how individuals acquire knowledge and use their experiences to develop approaches of inquiry assists the reader in evaluating differing research paradigms. It is important to realize that no single research paradigm will answer all of the questions that are important to nursing. Nursing and health care delivery are complex occupations and hence one must recognize that multiple methodologies can be useful in answering the myriad of questions that are pertinent to nurse researchers. However, by focusing attention on the participants’ and the researchers’ inner voices, narrative inquiry provides an opportunity to come to a better understanding of what it means to be human and what health means to people. Narrative inquiry does not rest with the researchers’ preconceived ideas of what constitutes health or wellness, but explores these concepts within the researcher–participant relationship.

4. Ethical considerations

Ethics in narrative research is a set of responsibilities in human relationships: responsibilities for the dignity, privacy, and well-being of the participants. The “narrative researcher is in a dual role – in an intimate relationship with the participant and in a professionally responsible role in the scholarly community” [19]. Those who respond to a researcher’s invitation letter and express a willingness to participate in the study should be contacted before the interviews. The researcher should inform the potential participant of the particulars of the study, including its duration, its activities, location, and how much time will be required. Only after this information is conveyed should an informed consent form be given to the participant for signature.

The informed consent form should state that the participant is willing to take part in the study and is free to withdraw at any time. The form should also state that the participant is willing to have the interviews audio recorded; it is unethical to surprise participants with recording devices at the interviews. The participant should be assured that every endeavour will be made to keep the study material confidential. If the participant asks “Who else will work with the material?” he/she should be informed that “material will only be shared with people involved in working with the researcher on the research project and then only with all names, places, and identifying information removed or disguised” [19].

Some participants may find the telling of their story very emotional, which could pose a potential ethics risk. An appropriate plan should be prepared in advance for how these
situations could be managed by the researcher, e.g. giving the participant the option to a break, to stop the interview, or to identify sources of support outside the interview.

It is important that the researcher is transparent about his/her interests in order to ensure a trustful relationship with the participant. It is also important that the researcher provide a full explanation of the study prior its start so that participants do not feel surprised or deceived later on when they read the published report. As guided by [19]:

“This interpersonal dynamic requires that we be good containers that we can listen empathically but non-judgmentally, feeling from within the participant’s emotional space rather than from the locus of our own idiosyncratic reactions.”

5. Conclusions

Narrative as arts-based inquiry is simply an elegant and exceptionally useful way to uncover nuance and detail about previous experiences. Narrative inquiry is not simply storytelling; it is a method of inquiry that uses storytelling to uncover nuance. Stories heal and soothe the body and spirit, provide hope and courage to explore and grow. The process of storytelling, a fundamental element in narrative inquiry, provides the opportunity for dialogue and reflection, each intertwined and cyclical.

The book “On Voice and Silence”, which gives life to a story and stories to a life, provides excellent explanations for how one finds his/her voice [20]. Two other good examples of narrative inquiry studies are: “Trauma, the body and transformation: a narrative inquiry” [21] and “A narrative inquiry: How do nurses respond to patients’ use of humour?” [6].

This review suggests that narrative inquiry in nursing research offers a particular way of caring about how knowledge is produced and the importance of the relationship between the researcher and the participant. Acknowledging the researcher’s subjectivity may help generate models of “good” practice and theories of application in the world of research and may further good practice and its application in the clinical setting. Narrative inquiry can be used by nurses and nursing students, in collaboration with researchers or mentors, to develop nursing knowledge about clinical practice, to improve individual practices and engage in shared learning. Nursing science would benefit from the understanding that health and nursing practices are dynamic processes characterized by the continuous interaction of human thought and behaviour that continuously “bumps” into personal, social and material environments.

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