
Qualitative approaches

Writing about nursing research: a storytelling approach

In this article Gavin Fairbairn and Alex Carson argue that much of what is written by nurses is needlessly difficult, especially when it concerns research they have carried out. The authors make a positive contribution to the ways in which nurses think about what they write and how they write it, suggesting that one way in which things might become better would be for nurses to view their writing as a form of storytelling

Key words: storytelling, narratives, academic writing, publishing, clarity

Storytelling as research methodology

Stories sometimes feature in the methodology of nursing research, although many prefer to label them as 'case studies' or 'accounts' (Tilley 1995). However, narrative approaches are often sidelined. We all know why; it has to do with the ascendancy of methods drawn from, and sometimes caricaturing, the physical sciences. This is regrettable since stories have much to offer as a way of understanding. Even when storytelling methods are utilised, the boldness of researchers is often circumscribed by an acknowledgement that narratives can be seen as just another data-collection method (Crepeau 2000, McCance *et al* 2001). Different approaches have been adopted in the attempt to systematise the ways in which stories are gathered and analysed. For example, Koch (1998) provides a conventional methodological structure for the use of storytelling, in the context of a discussion of whether storytelling is really research.

In our view it is regrettable that storytelling as a research method is often viewed merely as a way of gathering data to be manipulated in various ways, which probably involves cutting them up into little labelled

Qualitative approaches

specimens – themes and sub-themes – that can be sorted and counted and weighed. There is undoubtedly value, at times, in analysing stories at the level of the concepts or words used. However, to treat stories in this way is to fail to respect the tellers of these stories. It is to fail to listen to their voices. It is to make the assumption that our interpretation of their experience is more valid than their telling of it. Our view of the place of storytelling in nursing research is that it should be viewed less as a method of collecting data, which requires systematic methods for analysis, and more as what it really is – a way of listening to and learning from each other. There are good reasons for this.

Much of human life is conducted through story. Many of our social institutions are comprised almost entirely of opportunities for telling and retelling stories, for sharing the narratives that constitute our lives. Consider the questions: ‘How was work today?’ and ‘How is the data collection going?’ which invite stories in response, as do the questions: ‘How did you sleep last night?’ ‘Have your bowels moved yet?’ and ‘How are you feeling now?’ Much of nursing involves telling and listening to stories of various kinds. Nurses listen to stories whenever patients tell them what is going on in their lives, and they also tell them every time they pass on information about patients.

Researchers in nursing undertake their work because they want to be able to tell more accurate and more helpful stories about how the world of nursing works. Indeed, there is a sense in which all research, regardless of the methods adopted, is concerned with telling stories about us and about the world. Of course, the stories nurse researchers tell are inhabited not by people, but by ideas, theories, questions and suggestions about, for example, the ways in which patients can best be cared for and treated, which draw on research results. The plots for those stories develop through the research process – by formulating questions and methods for answering them, by gathering data and by attempting to make sense of it.

In our view, the only real value of nursing research is the contribution it can make to the development of nursing practice: in order that patients can be cared for and treated in more helpful, more beneficial ways. That is why we think that nursing researchers should try to write about their

findings in such a way that the maximum possible number of people, whether they are nurses, policy makers or colleagues in other healthcare professions, are able to understand what they have to say.

Why do nursing researchers write about their work?

You may think that the answer to this question is obvious. For example, you may believe that their principal motivation is the wish to share their research findings and the ideas they have developed about theory and practice. These days, when emphasis is placed on the need to ensure that practice in health care is evidence-based as far as possible, you might even entertain the idea that most nurse researchers write about their findings in order to contribute to the body of available evidence, with the hope and expectation that their work can help to make the world a better place in which to be a patient. Of course, some of them probably do, at least some of the time. However, there are other, arguably less worthy agendas on the horizon. For example, the need to develop and maintain a research profile in order to gain promotion; the need to publish in the highly regarded (usually international, peer-reviewed) journals; and to be considered 'research active' in terms of the Research Assessment Exercise (RAE).

There are other less worthy reasons for academic writing, including the desire to give public displays of familiarity with accepted jargon, and with theories and research methods that are currently in vogue. This is likely to go hand in hand with the wish to demonstrate the ability to write in dense, difficult to decipher prose (Fairbairn 1996). You may find it hard to believe that there are any researchers in nursing who actually wish to be difficult in their writing. In that case we will have to agree to differ, because we entertain a significant degree of scepticism about whether much of what gets published in nursing journals is motivated primarily, or even at all, by the wish to communicate with others. Many researchers who in their everyday lives manage to talk in quite ordinary ways seem actively to cultivate a new and less understandable way of speaking, and to adopt a new language when they are writing. It is almost as if they believe that the academic enterprise is about confusing, rather than illuminating, and aimed at obfuscation, rather than clarity. This is just as true in nursing as it is in any other discipline.

Qualitative approaches

Surrounding yourself with an aura of intellectual prowess and erudition: some tips

Of course, obfuscation and a lack of clarity can be useful. For one thing, if you manage to achieve the right degree of tortured difficulty in the prose you adopt, you can prevent anyone really understanding what you are saying, and thus having the opportunity to criticise you. Not only that, but the more difficult your writing, the more chance you have of convincing your readers that what you have to say is worthwhile, and the more clever you will appear to at least some of them. And so, if you want to look really clever as an author, you may wish to take note of some of the ways in which you can surround yourself with an aura of intellectual prowess and erudition.

1. First, choose your words carefully. For example, it is worth developing the habit of using big words where small ones would do, and difficult words where possible, rather than where necessary; words like 'obfuscation' and 'erudition' (which respectively mean, 'confusion' or 'muddle', and 'scholarship' or 'sophistication').

In general it is best always to introduce difficult words without any explanation as to their meaning. That way, readers who do not understand what you are talking about will assume that they are at fault and not you. It is particularly helpful to use jargon where ordinary language would convey meaning better. Doing so can see off potential critics, who may think they can detect flaws in what you say or perhaps a lack of rigour in your thinking, but be afraid to say so, because they do not speak the same language as you and fear the dreadful consequences of looking ignorant.

Using jargon from your own area of speciality helps to convey a sense of embeddedness in the tradition and values of your discipline. But it can be even more helpful to use jargon from other fields, for example, sociology or philosophy, in relation to which you can realistically expect that many of those who will read your work will be a little unsure and thus less likely to challenge you.

2. Next, it is worth attending to your use of referencing and citation. Cultivate the habit of making liberal use of references with no real reason

for doing so – the more obscure the better. Doing so can help to give the impression of scholarship, because it suggests familiarity, not only with work by others that has actually influenced the way in which you have pursued your own research, but with a wider range of sources. ‘Dropping’ the names of significant nursing researchers and theorists into your writing is especially helpful, because it signals your right to belong to the academic club of which you are a member, or of which you wish to become a member, because you can utter the names of the great and the famous.

Within every academic discipline there are authors that it is worth citing if you want to be taken seriously, and nursing is just like other disciplines in this regard. It is always helpful to refer to at least one of the major nurse theorists in your work, whatever it is about. Curiously though, you may do even better by citing a range of famously difficult theorists in, for example, philosophy and sociology, including Heidegger, Hegel and Husserl, Derrida, Foucault and Habermas, even if you haven’t read them in detail (or even at all) and therefore cannot make substantive use of what they say.

3. Finally, it can be a really good idea if, in reporting your research, you adopt a style that is as devoid of structure as possible, so that your reader never quite knows where she is or where she is going, as she wanders around looking for something to understand. Even better is to confuse things further by avoiding structure while liberally sprinkling your work with apparent structural signposts, which actually mean nothing. For example, you might claim to offer an argument in favour of a conclusion, without actually doing so, or you may refer back to something you said earlier, even though you did not in fact say it. The liberal use of words and phrases that seem to imply an argument or a logical train of thought is especially helpful, like ‘therefore’; ‘however’; ‘in contrast’; ‘finally’; and ‘of course’. However, if you adopt this tactic, you must assiduously avoid arguing and you must avoid the temptation to allow logic to enter the picture.

Perhaps we are guilty of painting an over-gloomy picture. Nonetheless, countless academics write in the obfuscatory and opaque style we have been criticising, and unfortunately nursing researchers are not totally

Qualitative approaches

blameless in this regard. If you find yourself wanting to argue against our view, a quick browse through a few academic nursing journals should persuade you otherwise, provided you browse with an open mind. Try doing so while bearing in mind questions such as these: Is this as clear and coherent as it might be? Is it well structured and easy to follow? Are all of these references strictly necessary? Do they all add something? Even worse, a quick browse through some of nursing's professional periodicals ought to convince anyone who is willing to be convinced that opaqueness, over-referencing, and stylistic complexity is now acceptable even at the level of professional publication.

Academic writing as storytelling

How could things become better? Well, one thing that could happen is that nursing could accept that it has no need to emphasise its seriousness as an academic discipline by promoting a style of writing among its writers and researchers that emulates other disciplines. Editors of nursing journals and periodicals could ensure that those who are permitted the privilege of publishing in its professional and academic press are expected to lay aside tortuous, over-referenced prose in favour of a more direct style. Of course, we are not the first authors to attempt to promote a more direct style of writing. For example, Webb (1992) has argued that the first person – in which the author appears as 'I' – is appropriate at times. This is to be commended, though we think that use of the first person can be helpful in more contexts than Webb seems to consider appropriate.

Another way in which nurses could improve the ways in which they write about their research is by viewing their task in terms of storytelling. Researchers in nursing have stories to tell. In telling them they share information about how they came to their conclusions, about their methods and hypotheses, about the genealogy into which their work slots, its parentage and forebears and the quarrels it might have with alternative views.

Nursing researchers and different sub-groups within nursing not only have different areas of interest but different ways of telling stories. Some will employ visual means such as graphs and tables to show what they

have found. Others will approach their storytelling in ways that do not lend themselves to the use of such visual supports. The stories nursing researchers tell may thus be told in different languages, or in different dialects of the same language. However, thinking of academic writing as a genre of storytelling is helpful in facilitating academic writers in developing their writing, regardless of their level of experience or the research methods they have adopted (Fairbairn 2000).

Certain features of successful storytelling are found in the best academic writing, but are notably missing from the worst. For example, a good narrative writer engages her audience and holds its attention by making her plot and the way she introduces it sufficiently interesting to seduce us into reading further. And she does it by ensuring that the characters that inhabit the world she is creating are sufficiently believable to motivate us to pursue the narrative to find out what happens to them. Good academic writers, including those who write well about nursing research, do similar things, though in general the characters with whom they populate their texts are not people, but hypotheses, methods, results and so on.

Conclusion

If nursing researchers want to change the clinical world and the quality of patient care, they must undertake research that is relevant to practice. They must also ensure that they tell their tales as well as they can, because it is only by doing this that they can ensure that those who might be in a position to make use of their findings can understand what they are saying.

If they are to be successful in telling stories, nurse researchers must weave the various elements together in coherent, interesting and easily understandable narratives, making clear their relationship to the intellectual landscape they inhabit. If they fail to do so they will greatly reduce the possibility that their work can contribute to the development of practice. In our view this will be to fail at the last and perhaps the most important hurdle in the research process.

Qualitative approaches

Gavin J Fairbairn PhD, M.Ed, BA, BSc, Professor of Education,
Liverpool Hope, Liverpool, England

Alex M Carson RN, PhD, Senior Lecturer in Sociology and
Ethics, North-East Wales Institute of Higher Education, Plas Coch,
Wrexham, Wales

References

Crepeau EB (2000) Reconstructing Gloria: a narrative analysis of team meetings. *Qualitative Health Research*. 10, 6, 766-787.

Fairbairn G (2000) Developing academic storytelling. *Education Today*. 50, 2, 32-38.

Fairbairn GJ (1996) Academic writing for publication and public performance: communication or display? *Curriculum*. 17, 3, 188-194.

Koch T (1998) Story telling: is it really research? *Journal of Advanced Nursing*. 28, 6, 1182-1190.

McCance TV *et al* (2001) Exploring caring using narrative methodology: an analysis of

the approach. *Journal of Advanced Nursing*. 33, 3, 350-356.

Tilley S (1995) Accounts, accounting and accountability in psychiatric nursing. In Watson R (Ed) *Accountability in Nursing Practice*. London, Chapman Hall

Webb C (1992) The use of the first person in academic writing: objectivity, language and gatekeeping. *Journal of Advanced Nursing*. 17, 747-752.

