PATIENT STORIES PROJECT:

A SOLUTION-BASED APPROACH TO DECREASE BURNOUT IN CRITICAL CARE

by

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The following individuals certify that they have read, and recommend to the Faculty of Graduate and Postdoctoral Studies for acceptance, a thesis entitled:

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Abstract

Problem: Burnout is particularly prevalent among nursing staff in intensive care units (ICUs), and it is associated with job dissatisfaction, staff shortages, and high turnover rates (Moss, Good, Gozal, Kleinpell, & Sessler, 2016). Burnout is also related to negative outcomes associated with the quality and safety of patient care, such as medical errors, decreased patient satisfaction, and higher rates of health care-associated infections (Moss et al., 2016). Nurse burnout is a significant problem in high intensity environments, such as ICUs.

Background: One potential buffer against nurse burnout is nurses' awareness of the value of what they do. The Patient Stories Project (PSP) was initiated to share patients' stories of their ICU experience with those nurses who cared for them. Through stories, nurses have another lens to appreciate the value of their work and the importance of nurse-patient relationships.

Purpose: The purpose of this study was to explore nurses' perspectives of the PSP. Is there evidence that the PSP influences nurses' perceptions of the value of nurse-patient relationships?

Design and methods: This was a qualitative descriptive design. Semi-structured face-to-face interviews with 12 critical care nurses were conducted between June 2019-July 2019. Thematic analysis was used to code data from the focus groups.

Results: The findings from this study demonstrate that story telling has the potential to give meaning to nurses' work. The PSP provides avenues for nurses to think about their work differently and positively. Five themes emerged: (a) perspective taking (b) recognizing the value in humanizing care (c) cultivating positive closure for the nurses (d) creating a sense of belonging through teamwork (e) creating a sense of hope.

Conclusion: The PSP (patient storytelling) may be a relational strategy to protect against burnout among nurses. Storytelling may also have the capacity to go beyond the ICU environment to buffer against stress among healthcare providers, their patients, and families in other settings.

Lay summary

This study was motivated by personal experiences with nurse burnout in one ICU environment in lower mainland Vancouver. As an ICU practitioner and educator, it has been challenging to see nurses' investments in nurse-patient relationships go unrewarded. We are often recognized by the organization and colleagues for our technical proficiency. In reality, what matters to nurses is what they do for patients and their families—relational aspects of nurses' work that far exceed tasks.

I did this study because I am advocating for my nursing profession, to increase the visibility and value of what we do as nurses. My hope is that raising awareness of all nurses do, nurses will value their professional roles and be less susceptible to burnout.

Preface

This dissertation is original, unpublished, independent work by the author, L. Gurney. L. Gurney made substantial contributions to the conception and design of the study, ethics approvals, acquisition of data, analysis, and interpretation of data. The supervisor, M. MacPhee, assisted with development of the coding framework and did consistency checks on 10% of the data. The committee, M. MacPhee, F. Howard and P. Rodney, assisted with manuscript revisions. All authors read and approved the final manuscript.

Ethics approval was obtained from the University of British Columbia (UBC) research ethics board (H19-00949) and Vancouver Coastal Health (VCH) certificate of operational approval (V19-00949).

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Acknowledgements

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Dedication

To nurses, what you do is seen, what you do is valued, you matter.

CHAPTER ONE

MAIN PAPER

Introduction

The intensive care environment is dynamic; critical care nurses are continually learning and mastering advancements in medical care while developing relationships with patients and family. Within the critical care team, nurses are regularly exposed to stressful events, such as death and trauma, while bearing the pressure of significant responsibility for the care of their patients and patients' families. This stress and pressure are then compounded by the high incidence of ethical challenges encountered within critical care, including provision of care that is perceived to be futile or uncertain (Karanikola & Mpouzika, 2018). Nurse-patient interactions are impaired by patients' inability to speak due to artificial airways and supportive breathing machines (mechanical ventilation). Nurse-patient interactions may be further impaired during critical illness by sedation, fatigue, delirium, or neurological disease (Happ et al., 2012). While caring for critically ill patients, nurses often use task-oriented approaches to nursing care as a coping mechanism for high stress situations (McLean, Coombs, & Gobbi, 2016). A predominant focus on nursing tasks negatively impacts the nurse-patient relationship (Doane & Varcoe, 2007).

The complexity of nursing in an intensive care unit (ICU) requires optimal nurse-patient relationships and a work environment that fosters relational practice. Multiple workplace stressors, including impediments to nurse-patient relationships, increase risk of nursing burnout. Over time, burnout manifests as emotional and cognitive distancing from work and in some instances, exit from the job and from nursing (Haddad & Toney-Butler, 2018; Maslach & Leiter, 2017).

Burnout is particularly prevalent among nursing staff in ICUs, and it is associated with job dissatisfaction, staff shortages, and high turnover rates (Moss et al., 2016). Burnout is also associated with negative outcomes associated with the quality and safety of patient care, such as medical errors, decreased patient satisfaction, and higher rates of health care-associated infections (Moss et al., 2016).

To raise ICU nurses' awareness of nurse-patient relationships and the value of nurses' work, the Patient Stories Project (PSP) was initiated by nursing staff three years ago. The ultimate goal of the PSP is to reduce risk of burnout among nurses. On a regular basis, former ICU patients return to the ICU to say, 'thank you,' share their experiences, and tell their stories to staff. The PSP has created a systematic process for collecting and sharing former patients' stories. When former patients voluntarily return to the ICU, nursing staff give them an organizational consent form with a description of the project and a request to answer and complete a set of questions about their ICU experiences. Their returned

answers are displayed for staff on a dedicated PSP bulletin board. The PSP has grown in popularity, particularly among the ICU nurses. The purpose of this qualitative descriptive study is to determine the relevance of the PSP to nurses.

Background

The growing critical care nursing shortage is associated with burnout and subsequent high turnover rates that negatively impact ICU healthcare teams and patient care delivery (Poncet et al., 2007). Work environments with excessive turnover rates foster decreased productivity, poor unit morale, and increased absenteeism (Moss et al., 2016). Work environments that do not recognize the human side of work propagate nurses' vulnerability to burnout (Maslach & Leiter, 2016). Burnout manifests in nurses with feelings of overwhelming exhaustion, cynicism with detachment from the job, depersonalization of patients, and devaluing of the work and the nurse-patient relationship (Maslach & Leiter, 2017). Critical care units have higher turnover rates compared to other nursing units (Demery Varin et al., 2018). Approximately 25-33% of critical care nurses manifest symptoms consistent with burnout, and up to 86% of critical care nurses experience one of the three typical symptoms (Moss et al., 2016). From a relational practice perspective, the presence of burnout signals disruption of the nurse-patient relationship.

Relational practice

Relational practice is not new to nursing. It is at the core of nursing values (Doane & Varcoe, 2007) and it is a fundamental component of the nurse-patient relationship (Feo & Kitson, 2016). Relational practice is thoughtful care, where the nurse considers the uniqueness of the patient, the environment, and contextual factors each time care is provided (Doane & Varcoe, 2007). Relational practice is associated with enhanced nurse-patient relationships that positively impact patients' healing and recovery (Feo & Kitson, 2016).

Khan et al (2018) reviewed the literature for factors influencing nurses' intentions to leave adult ICUs. High levels of nursing stress were associated with insufficient time to provide care for patients and their families in critical care settings, indicating an association between relational practice and nurse retention in ICUs (Khan, Jackson, Stayt, & Walthall, 2019). The culture of ICUs poses additional threats to the nurse-patient relationship. In high acuity, high technology settings, such as ICUs, diagnosis and cure often overshadow relational care (Feo & Kitson, 2016). Organizations that recognize and value relational aspects of nursing practice foreground its significance and make visible the value of nurses' work, resulting in nurses' self-reports of increased job satisfaction, organizational commitment and workplace engagement, and decreased turnover intentions (Keyko, 2014).

Story telling

Patient stories highlight nurses' relational connections to their patients from the patient perspective. "Public narrative," created by Marshall Ganz, is a story-telling approach that taps individuals' values and intrinsic motivations and enhances social bonds (Hilton & Anderson, 2018; Odugbemi, Lee, & Ganz, 2014). Ganz's public narrative includes three foundational elements: a story of self, a story of us, and a story of now (Odugbemi et al., 2014). As a patient tells their story, a "story of self," nurses see themselves from the patient's perspective, and a "story of us" begins to form among those nurses who cared for that patient. The story of us represents a collective identity of nurses' importance to that patient and their family. A story of us can be inspirational and empowering, creating a new and hopeful "story of now" for those nurses (Odugbemi et al., 2014). Patient stories have the potential to raise nurses' awareness of the unique and valued nature of their work, and remind them that they make a significant difference to patients and families (Hilton & Anderson, 2018; Odugbemi et al., 2014)

Proposition

The underlying theoretical proposition of this study is that burnout in critical care nurses can be addressed through patient stories. Patient stories give relevance and value to nurse's work, decreasing burnout and creating a powerful "story of us."

CHAPTER 2

THE STUDY

Aims

The aim of this qualitative study was to explore the use of storytelling through the PSP to influence nurses' perceptions of the value of their work. Nurses familiar with the PSP were interviewed for this study. Patients, families, and their PSP stories were not a part of this study.

The patient stories project (PSP)

Patients and families occasionally return to the ICU to visit staff before returning home or after being discharged from an inpatient or rehabilitation facility. During their visits, they typically share their recollections of being in the ICU, and they express their appreciation to the healthcare team, particularly the nurses who cared for them over extended periods of time. Given the power of patients' visits and interactions with staff, a systematic process was created for garnering and for sharing patients' stories with the ICU team. Storytelling, which is fundamentally relational, was utilized as the approach to share patients' stories within the ICU.

To collect patient stories, a letter was developed with support from the healthcare organization's public relations officer, the ICU clinical nurse specialist, and the social worker. The PSP letter asks patients and families to answer five questions about themselves and their return to life outside the hospital. Table 1 contains the five PSP questions.

The ICU staff often lose contact with patients and families after transfer from the ICU. The PSP consent form and questions are only given to those patients and families who return to the ICU voluntarily. When patients and/or families return, staff explain the PSP to them. Patients and families are asked to take the organizational consent form home, to consider the questions, and to complete and return their 'stories' at their convenience by mail, email, or in person. The project was initiated in 2016 and approximately one story is returned every six months.

The five questions patients and families completed and returned to the ICU are listed in table 1.

TABLE 1 PSP questions for patients and families

Q1	What brought you to the Intensive Care Unit (ICU)?
Q2	What is life for you like today?
Q3	What would you or your loved ones want to say to the ICU?
Q4	What do you or your loved ones want the ICU to know about you?
Q5	Do you have a favorite quote or words to live by?

When a story has been returned to the ICU, the story and any accompanying pictures and messages are displayed on a PSP bulletin board where all team members have access to these stories. Four stories are displayed at a time, and stories are routinely rotated on the board. All stories are eventually stored in a binder in the team lounge.

Design

The study used a qualitative descriptive design to explore the use of storytelling to understand nurses' perceptions of the value of their work in ICU. This qualitative research method aims to illuminate the particulars of human experience by identifying patterns of meaning that emerge from the data (Lioness, Kavanaugh, & Knafl, 2003). Thematic analysis was used to systematically identify and explored themes brought forth by critical care nurses in focus group interviews (Clarke & Braun, 2017).

Sample/participants

The setting of the study was a 34-bed closed adult ICU in a tertiary care teaching hospital, serving a mixed medical and surgical patient population and employing over 200 nurses. The study utilized a convenience sample of critical care nurses. After obtaining institutional ethics approval, this study was advertised via poster in the ICU nurses' lounge and study emails to nurses' work email accounts. Snowballing was used to obtain additional recruits (Polit & Beck, 2017). To be included in this study critical care nurses had to have had a minimum of one year of experience in the ICU and had participated in the PSP. Twelve critical care nurses were recruited.

Data collection

Data was collected through three one-hour long focus group interviews conducted over a two-month period between June and July 2019. Data collection methods included semi-

structured interview questions (Table 2). Interviews were audiotaped and professionally transcribed verbatim. Nurses, health care staff, patients, and families were de-identified.

TABLE 2 Focus group interview guide

Q1	What did you think about the Patient Stories Project (PSP) when it was introduced in the Intensive Care Unit (ICU)?
Q2	Tell me about the feelings and experiences you've had by hearing patients' stories.
Q3	How has the PSP influenced your work in the ICU?
Q4	Would the PSP be useful to nurses in other practice areas? Why or why not?
Q5	Anything you would like to share about the PSP that has not been said?

Ethical considerations

The study was approved by the institutional ethics review board of the hospital (V19-00949) and the university (H19-00949). Data was stored in an encrypted, password-protected university workspace.

Data analysis

Data was managed with NVivo 12. The transcripts were inductively coded for key words and phrases, and a coding framework of thematic ideas was created. The coding framework was used to organize and re-organize the themes and their exemplar quotes (Polit & Beck, 2017).

Rigour

Trustworthiness was established by utilizing Lincoln and Guba's (1985) conceptual framework. NVivo 12 was used to establish clear, logical links between the data, codes, and themes. Credibility and authenticity were achieved by linking quotes from study participants to themes, which were derived by interpretations of the data and constantly moving back and forth between the entire data set and specific exemplars (Clarke & Braun, 2017). Reliability was achieved with consistency checks on all the transcripts by a second independent coder. Reflexive journal notes were used throughout coding and analysis to account for biases and highlight important patterns emerging in the data (Polit & Beck, 2017).

CHAPTER 3

FINDINGS

The study participants ranged in age from 32 to 47 years. They were all registered nurses (RNs), females, and full-time employees.

The five key themes for questions 1-3 are in table 3. These questions were the primary questions used for all the focus group participants. The other two questions pertained to recommendations for using the PSP in other areas besides the ICU and additional comments.

TABLE 3 Themes

Perspective taking
Recognizing the value of humanizing care
Cultivating positive closure for the nurses
Creating a sense of belonging through teamwork
Creating a sense of hope

Perspective-taking

Storytelling begins with perspective-taking. When a patient shares their personal "story of self," nurses have opportunities to see themselves from the patient's perspective. Through storytelling, nurses see patients as people with family, friends, colleagues, and a life outside what happened to them in the ICU. The patient is no longer a statistic or number. Perspective-taking is foundational to relational practice. In this study, perspective-taking was represented by nurses' self-reflections about their biases, decisions, and behaviors. The nurses recounted several occasions where they could not believe that a patient had survived a critical illness. The patient's story helped them self-reflect on preconceptions they had about the patient and anticipated outcomes. One nurse shared their self-reflections:

> This person's going to, you know, be in a persistent vegetative state or whatever. Like, what's the point? We're not helping them. So when you see someone who initially had that type of prognosis go home and have, you know, a good quality of life, I think it kind of brings the focus around and helps with that sort of burnt (sic) out, jaded tone that happens when you're really, really overworked. **FG 2**

> We have our biases of, like, I would never want to live if I was this way. But then you ask them, and they might not be perfect or the way they were pre-ICU, but they find a new version of what is good for them. **FG 1**

Personal stories in the patient's words were of high value to the nurses. Critical care teams are provided with numbers and statistics of how the unit is performing. Teams base their performance on measurable indicators such as readmission rates, deaths, and infection rates. These measurements do not reflect relational aspects of the thoughtful care and time that nurses devote to patient care. When nurse-patient relationships are not seen as an important indicator to overall unit performance, nurses are at risk of burning out. Patient stories foster relational connectedness and are a relational indicator of the value of nurses' work.

> I don't connect with statistics, I connect with stories, I connect with people. I think. As I get older in my life and my nursing career, I'm looking for more stories and connection, like human connection. I identify more with – I find the Patient Stories Project more meaningful than statistics. **FG 3**

> There's nothing like seeing somebody come back that you advocated with withdrawal [of care] on. **FG 1**

> It definitely changed my biases to how quickly I'm judgmental in saying, 'What are we doing here? Like, we're just torturing the patient.' But hearing him say that has changed me. In certain circumstances, I'm like, you know what? We don't know. We're not god, we don't know the result, we can't control everything, so maybe they will make it and be happy with the decision their family or loved ones made for them. **FG 1**

> Our stats are kind of different from what we feel, yet if you look at the stories, they're all young, and they're all survivors. Our mean age is 40, our mortality is the lowest in the nation, and yet what we do is—what we think is they're all old and they're all dead. **FG 1**

The nurses described how seeing outcomes through the patient/family lens made them less skeptical and more trusting of the family's decisions.

> And I think that's made my job to nurse in a critical care area like this easier because now I know I'm not making these decisions; the physicians aren't making these decisions. We're making these decisions with the family, and the family is 95 percent of the time the best person to make that decision in a safe environment. **FG 1**

Recognizing the value in humanizing care

Perspective-taking, through the patient's story of self, humanizes nursing care and facilitates nurses' capacity to recognize the value of relational practice. In this study, the story of "us" evolved as nurses highlighted their capacity to develop therapeutic

professional relationships with their patients and families. They emphasized how the relational aspects of care meant more to patients and families than technical proficiency.

One nurse said:

> I do find that that's the one thing that always shine bright for me through the stories, is that it's the work and it's the compassion and the empathy of the people involved that saves people, not the medicines and not the technology. **FG 1**

Other focus group participants shared:

> With some of the stories, like, they remember the smallest things, like, 'So-and-so rubbed my feet,' or whatever, and it makes you. You know what? Like, that—or, 'They washed my hair,' they didn't remember who did the best CPR. **FG 2**

> It's very, very easy to distance ourselves when we're caring for patients. They don't—they're not acting like their normal selves; they're not dressed like their normal selves. And that does damage to ourselves as caregivers. You know, it's sort of… compassion fatigue, burnout and all the other ills that come along with critical care practice. And so, I think that talking about patients in the context of their life following the ICU matters. **FG 1**

The "story of us" represents the close connections that nurses forge with their patients and families in the ICU. Nurses listen and advocate for them throughout the entire ICU admission. With each visit from the doctor, specialist, or member of the health care team (i.e. pharmacist, physiotherapist) they ensure the care wishes of the patients and their families are represented. Critical care nurses develop these relationships as a result of being assigned to a patient with in a 1:1 ratio on each of their shifts, thereby being present at one bedside for 12 hours.

> You invest so much. You go to your job and you're going to spend more than 12 hours knowing every detail of this person's body and advocating for them and going up to battle for them. **FG 1**

In complex high stress work environments, the nurse-patient relationship is repeatedly compromised by operational and structural demands of the unit and hospital. Consequently, task-oriented activities overshadow the development of the nurse-patient relationship and the "story of us". As technology advances, more critical thinking and knowledge are required to manage advanced equipment for specialized populations. Nurses and teams shift their focus to elaborate lifesaving equipment. Through the patients' stories, nurses acknowledged how relational care is what matters the most.

> I think the one thing that Patient Stories shows quite clearly is that it's not technology that saves people's lives. **FG 1**

> And you know, people actually do get better, it's nice to be able to actually show new practitioners that are coming in that, like, hey, so we acknowledge that moral distress, moral residue, like, bad things are going to happen in the ICU. It is what it is. Mortality rates are high. That's the nature of the work you're going to. However, there is also an opportunity to really change people's lives for the better. They can survive, and you—we do good things, despite how it feels sometimes. **FG 1**

Because the PSP submissions included pictures, the focus group participants described how they were influenced by photographs of PSP patients attending university classes, graduating from high school, or participating in sporting activities or travel. These displays provided the visual evidence of patients going on with their lives post-ICU.

> [We see] lives of normalcy and "doing things that make them happy. **FG 1**

Cultivating positive closure for the nurses

Positive closure is a third theme related to the story of us. Patients' stories provide positive closure for nurses' work and shift nurses' mindsets from the grief and uncertainty to value and purpose. This shift represents relational connectedness and further development of the story of us.

After patients are discharged from the ICU, they fade from the ICU team memory. The patient's care space is cleaned and readied, and a flurry of activity ensues as a new patient arrives requiring lifesaving measures. "We're so focused on tasks and getting everything done (FG1)". This quick turnaround allows no time for nurses to pause and reflect. Lack of processing time can result in feelings of emptiness from not knowing if the patient survived the rest of their hospital journey. Focus group participants shared how they "lost sight" (FG1) amongst their task-oriented shifts.

> It was validating. So, it was nice to have that closed loop feedback with that patient even, like, a month after that happened. I feel like this, the Patient Stories really, we can learn as nurses, we can learn from our patients a lot. **FG 1**

> And then when you have a Patient Story or someone who comes in the unit, and words spreads like fire, and then you're sitting in that staffroom, and the morale completely changes and everybody's more lighthearted and you're talking about the positive things, and you kind of sometimes just fog out all the crap that you're dealing with during your shift and just focus on that. And I find it, like, it carries through the hospital. **FG 1**

So, everybody's invested, and they themselves were like, you know, we don't think he's going to make it. But he did so well, so well, and I think it makes it worthwhile for everybody, so every team member, I think, gets positively influenced by these. **FG 1**

It's like a very visual reminder, for me anyway, that we do good work here, regardless of how we feel sometimes when we go home, or you know, the moral distress that we feel, the compassion fatigue that we feel, we do good work, and people do get better after that. **FG 3**

I would say the more frequently that we see it, you know, it takes time to change behavior or way of thinking, and so—and it has to be—it has to be a culture in the ICU too where we're helping each other to be a little bit more positive, I think, by—you know, that's why I think it's important we see the Patient Stories. We sort of share, like—it's like often in the break room, someone will say, 'Hey, did you see such-and-such came through?' you know, 'and they're doing really great,' and so that idea to help as a group be more positive. **FG 3**

And just the fact that you have to stop in your day to read it, so that is, like, you're taking time, you've slowed down, and now you're just reflecting on this patient's experience and maybe your experience with them is, like, a good break in the day. **FG 1**

Creating a sense of belonging through teamwork

The "story of now" is the new story that nurses construct about themselves and their work. This theme captures nurses' descriptions of how PSP made them feel part of a team: sharing in similar experiences and working together on behalf of patients.

It's just like, wow, we are awesome. And it gave me that sense of, like, belonging. **FG 1**

Like, she did so well. I mean, it took a lot of work from a lot of people. So I get overwhelmed by it because I'm so proud of the work that we do here as a team, and I don't think we acknowledge it or give ourselves credit for that, and I think that the patient—like, the—they let us know. **FG 3**

I think the Patient Stories Project and—is an opportunity for that, for team building through shared experience—and that's the storytelling thing, no doubt, is that you know, like, that's how you build group identity, is like, okay, well, we're the group that does this. It's like this shared experience, and being able to reflect on shared experience, which is how you bring—you know, build team cohesiveness. **FG 3**

> One thing I really appreciated was it [the PSP] gave me pride back and made me really proud of the unit, and my colleagues, specifically nursing. **FG 1**

> What the patient stories did was it just gave me a sense of pride, of being from this unit and working with the nurses that I work with, because almost every patient talked about the nursing. **FG 1**

In the ICU environment nurses' contributions to the team can be overshadowed by the physicians, specialists, and technology. The participants expressed dismay or a feeling of being left out when their work was devalued or unrecognized. The PSP made nursing work visible, and validated they were contributing members of the team. Nurses expressed:

> Patient Stories is something that can be incorporated into the daily work life, I feel like that'll help retention, right, because it'll encourage that debrief, it'll encourage that conversation, it'll encourage the acknowledgement of the team, not just the one physician. **FG 1**

Creating a sense of hope

"Story of now" includes nurses' capacity to convey hope to others, in addition to themselves. Creating a sense of hope represents a state of mind that allows nurses to stay relationally connected to their patients and shift their perspective from the impossible to the possible. It is this hope that creates a new story for nurses: Nurses can draw on these hopeful stories that raise awareness of the unique and valued nature of their work.

All the nurses gave examples of how they witness stressful situations, death, and frequent delivery of invasive interventions in futile care situations. The nurses acknowledged how they often use detachment, distancing, and task-based care to cope. They described how the impact of the PSP stories on them has shifted their mindsets and inspired them to give hope to current patients and families in their care.

> I am so much more, like, I'll tell parents, like, 'Don't give up hope.' **FG 2**

> Mindset is so much of it, and I think that that's the biggest change in how I felt about it, is when people would come in and be super optimistic about their family, I'd be like, 'Oh, like, you need to be realistic,' whereas now I'm like, 'No, you need to—you don't give up.' **FG 2**

> And I think it gives us an opportunity to acknowledge that side of our work, about the hope that we want to maintain. **FG 3**

CHAPTER 4

DISCUSSION

In hectic work environments, storytelling has the potential to give meaning to nurses' work and provide avenues for nurses to think about their work differently and positively. Customary interventions to address burnout focus on work environment factors, such as workload management and adequate staffing (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010). This study used a relational approach, patient storytelling, to strengthen nurse-patient relationships and hopefully counteract burnout among nurses and the ICU team. The identified themes shape the "story of self", the "story of us", and the hopeful "story of now."

We do not know if the PSP will decrease burnout in complex ICU environments. We have qualitative evidence from this study, however, that the relational aspects of nurses' work matter to patients, and their stories give value to the work nurses do. Patient stories may be a buffer against burnout.

Although the themes were inductively created in this study, they complement Ganz's three phases of storytelling (2011). The story begins with the patient's "story of self". The PSP encourages patients and families to tell their story in their own words so that nurses are not left wondering if their work has value (Odugbemi et al., 2014). In this study, the perspective-taking theme represents how the nurses saw themselves and their care through the experiences of patients and their families. Perspective-taking is necessary to close an 'us-them' gap that results in distancing and de-valuing. Through perspective-taking, individuals become more aware of their judgements, stereotypes, and behaviours that distance them from others (Galinsky, Ku, & Wang, 2005). Cynicism, a type of burnout, is exhibited as patient detachment. Nurses in this study described how they were cynical, detached, and focused on technical aspects of their work. By imagining themselves from the patient's vantage point, nurses began to recognize the value-laden importance of their work.

The "story of us" is forged through the two themes of humanizing care and positive closure. According to Ganz (2011), the "story of us" represents a shift in people's identity of who they are and what they value about themselves. The "story of us" contains those values that connect individuals to others with similar values. In this study, the 'values' that shifted nurses' perspectives about their work were the capacity to acknowledge the importance of the relational, humanizing aspects of their work (versus the technical), and their capacity to gain positive closure after caring and advocating under stressful and morally challenging circumstances for patients and their families.

What emerged is the "story of now". Nurses described their pride in their team and their desire to share their hope and inspiration with other patients and families. "A story of now communicates the urgent challenge to those values that demand action now" (Odugbemi et al., 2014, p.282). Teamwork has been identified in the literature as a contributing factor for job satisfaction and retention among critical care nurses, positively impacting nurse health and well-being (Demery Varin et al., 2018). Leveraging the potential benefits of teamwork in the ICU has the capacity to reduce levels of burnout among nurses and build a healthy work environment (Khan et al., 2019).

Creating a sense of hope can also positively influence nurses' perceptions of the value of their care. Hope is a state of mind that protects nurses against burnout and fuels work satisfaction by reducing the nurse's vulnerability to emotional exhaustion (Rushton, Batcheller, Schroeder, & Donohue, 2015) . Hope can nurture resiliency by allowing the nurse to adopt an alternative way of thinking during task based stressful situations which negatively impact the nurse-patient relationship (Rushton et al., 2015).

Patient stories foreground a set of values that matter to nurses and the work they do. By reading these stories and reflecting upon them individually and collectively, the PSP has the capacity to improve the quality of working relationships from those who are sharing in similar experiences and acting together on behalf of a shared calling, ultimately decreasing the threat of burnout (Keyko, 2014; Odugbemi et al., 2014).

The PSP has grown in popularity within its home institution. Nurses in other departments, such as the emergency department and medical-surgical units, have initiated their own versions of the PSP. Executive leadership is promoting this intervention as a strategy to promote psychological health and well-being in the workplace. In addition, there is potential for the PSP to become a strategy to support patients and families during their recovery journey after critical illness and trauma. Post-traumatic stress disorder is a common consequence for patients who have spent time in critical care settings (Egerod, Christensen, Schwartz-Nielsen, & Ågård, 2011). The PSP offers the unique ability for patients to share their narrative after critical illness. A body of literature suggests that the process of constructing and telling stories may be a means to help patients recover psychologically after intensive care (Williams, 2009).

Limitations

A limitation is the small sample size of this study, although there was high agreement across focus groups with respect to themes. This research should be extended to interdisciplinary ICU teams, patients, and their families to gain other perspectives on the PSP.

CONCLUSION

This study is one answer in the "call to action" to create a healthy work environment for potentially all members of ICU teams at risk of burnout (Moss et al., 2016). Focus group participants demonstrated how the PSP can augment the relational aspects of work that are important to nurses and to their patients and families. Storytelling may be a relational strategy to protect against cynicism, depersonalization, and turnover among nurses who work in highly complex and ethically challenging ICU settings. Storytelling may also have the capacity to go beyond the ICU environment to buffer against stress and trauma among healthcare providers, their patients, and families in other settings.

Epilogue

Conversations and operational planning have ensued with the associate vice president of medicine, quality and safety, professional practice and communications directors to further share and implement the PSP within the organization and produce an online version for staff and public.

Conflicts of interest

No conflicts of interest have been declared by the author(s).

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