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Exemplary Chief Nurse Executives Leading Through Storytelling

A Dissertation by

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Brandman University

Irvine, California

School of Education

Submitted in partial fulfillment of the requirements for the degree of

Doctor of Education in Organizational Leadership

December 2019

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Doctor of Education in Organizational Leadership

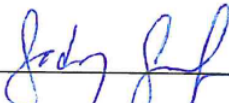
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Exemplary Chief Nurse Executives Leading Through Storytelling

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ABSTRACT

Exemplary Chief Nurse Executives Leading Through Storytelling

by Tricia Kassab

Purpose: The purpose of this phenomenological study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's (2011) model. In addition, it was the purpose to understand how they use storytelling to create transformational change. Denning's *The Leader's Guide to Storytelling* highlights eight storytelling narrative patterns: ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision.

Methodology: This phenomenological qualitative study described the lived experiences of exemplary chief nurse executives in California. The researcher was part of a thematic research team of 3 peer researchers and 2 faculty advisors. Through purposeful sampling, the researcher selected 10 exemplary chief nurse executives who met at least 4 of 6 criteria identifying someone as exemplary. The collection of data included face-to-face semistructured interviews. The interviews followed a protocol developed by the thematic research team. The researcher conducted observation and gathered relevant artifacts for data triangulation. The data were coded and emergent themes were identified.

Findings: The analysis of data resulted in 24 themes and 1,079 references across the 8 narratives. From the 24 themes 7 key findings emerged.

Conclusions: Chief nurse executives who (a) tell heartfelt inspirational and positive stories which will foster effective relationships with staff, (b) recognize the importance of

community integration in developing organizational values and brand to fulfill the needs of the vulnerable patient population, (c) create processes through purposeful team approaches to foster collaboration to enhance communication and multidisciplinary decision-making, and (d) share personal vulnerabilities and empower others to model authenticity and develop trusting relationships.

Recommendations: Replication of this phenomenological study should focus on demographics of chief nurse executives and other types of healthcare care facilities in different states (for-profit acute care, skilled nursing facilities, subacute organizations). Mixed-methods research studies should add a quantitative tool to draw further insight into how frontline staff perceive their chief nurse executives use storytelling to create transformational change. A phenomenological study should be conducted replicating this study with medical officers and chief executive officers.

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PREFACE

Following discussions and considerations regarding the opportunity to study Denning's (2011) organizational storytelling in multiple types of organizations, two faculty advisors and three doctoral students discovered a common interest in exploring the ways exemplary leaders practice organizational storytelling using eight narrative patterns of ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision identified by author Stephen Denning in *The Leader's Guide to Storytelling*. This resulted in a thematic study conducted by a peer research team of three doctoral students.

This phenomenological research was designed with a focus on how exemplary leaders use storytelling in leading and creating transformational change in their organizations. Exemplary leaders were selected by the team from various public, profit, and nonprofit organizations to examine the leadership use of storytelling across a number of professional fields. Each researcher interviewed ten exemplary leaders to describe how they lead their organization through storytelling using each of the eight narrative patterns outlined in *The Leader's Guide to Storytelling* (Denning, 2011). To ensure thematic consistency, the team cocreated the purpose statement, research questions, definitions, interview protocol, interview questions, and study procedures. It was agreed upon by the team that for the purpose of increased validity, data collection would involve method triangulation and would include interviews, observations, and artifacts.

Throughout the study, the term *peer researchers* is used to refer to the team of researchers who conducted this thematic study. The thematic team consisted of the

following doctoral students and peer researchers and their respective fields of study: Nick Damico, elementary school principals; Tricia Kassab, chief nurse executives; and Colleen Slattery, human resources administrators.

CHAPTER I: INTRODUCTION

The value of storytelling in healthcare is immense, and virtually untapped. If we don't preserve the richness of narrative, we will fail to connect to our patients' deepest experiences, and to our own.

—D. M. Berwick (personal communication, October 24, 2019)

How does storytelling capture the hearts and minds of listeners and engage imaginations? Denning (2011) posited that storytelling is an art transformed into performance. Stories told by effective storytellers evoke sounds and sights of context while creating a visual picture in people's minds. Conjured imagery combined with the narratives provides a captivating connection with the audience and connects emotion and the goals of the organization (Denning, 2011). Furthermore, stories that evoke emotion remind people what matters most as listeners interpret the stories heard (Auvinen, Aaltio, & Blomqvist, 2013).

Storytelling has been part of cultural heritage since humans first inhabited earth. Early forms of storytelling can be found in the Lascaux caves in Southern France (Noxon, 1964). The mural paintings depict life and the story of animals and humans, suggesting hunting rituals. In ancient times, as families formed, stories would function to entertain, provide hopeful futures, and teach people to make sense of the world (Lawrence & Paige, 2016). In addition, oral traditions among North American natives entailed elders sharing important cultural lessons to each generation (Saddam & Ya, 2015).

Regardless of whether stories are told by cave paintings or shared orally, storytelling links the past and present (Lawrence & Paige, 2016). Stories help people see

patterns and connections while leaders guide stakeholders to make informed decisions to manage change (O'Toole, Talbot, & Fidock, 2008). Often, it is stories that teach people who they are and all they may become (Bruchac, 1996). In the spirit of teaching people, organizational leaders have told stories for decades to communicate mission and values and to strengthen organizational identity (Baldoni, 2003; M. H. Brown, 1990; Kreps, 1990; Neuhauser, 1993).

Stories that center on mission and values, whether today's or tomorrow's, are a tool of transformational leaders to change the universe by catalyzing enthusiasm and beliefs for a common cause (Denning, 2011). According to Senge (1990), these deep stories are called the "purpose story" (p. 354) and create a pattern of "becoming" (p. 107). Transformational leaders who communicate stories through conversation and dialogue will produce intentional organizational change (April, 1999). Trust is a critical cultural pillar for leading transformation and change (Gleeson, 2017), and according to Auvinen, Aalito, and Blomqvist (2013), "Storytelling can be a valuable source of trust by creating a shared context and sense of meaning among leaders and their followers" (p. 497). In healthcare, stories help engage staff and providers in quality improvement efforts. Telling the story of patient care and health practices supports positive organizational change.

Background

Storytelling and Leadership

In a turbulent world with monumental changes, authentic and positive stories have the capacity to influence organizational outcomes (Auvinen, Aaltio, & Blomqvist, 2013; Baldoni, 2003; Denning, 2011). An effective storyteller holds the attention of followers

by engaging the heart and envisioning an inspiring future (Denning, 2011). While stories help to envision the future, they are also devices to help make sense of one's past and present experiences. Storytelling is a healing art (Stone, 1996).

Exemplary leaders who tell compelling stories contrast complex ideas before and after change implementation (Denning, 2011). These and other type of stories are part of organizational communication and create meaning in communal situations (Boje, 1991; M. H. Brown, 1990; Dennehy, 1999; Gabriel, 2002, Weick, 1995; Wilkins, 1984).

Denning (2011) investigated the need for leaders to employ a variety of narrative patterns to of ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. Underscoring these ideas, Schein (2010) believed that storytelling can guide members' behavior by clarifying the organizational vision and mitigating ambiguity.

Defining Storytelling

Authors such as Denning, Gallo, and others provide multiple definitions of storytelling. Carmine Gallo (2018) stated, "Inspiring leaders are great storytellers. Their conversations transport you to another place that goes well beyond the physical attributes of the products they sell" (para. 1). Denning (2011) described storytelling as synonymous with narrative and consisting of an array of tools to of ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. Similarly, Boje (1991) opined that stories guide behavior and action and facilitate resiliency whereas organizational storytelling helps people construct sense and meaning

of the world and clarify values (McCarthy, 2008). Leveraging these definitions, storytelling helps an organization's ability to problem solve complex issues and navigate through difficulties (Boje, 1991; Dennehy, 1999; Denning, 2011; Gabriel, 2002).

Lelic (2001) and Boje (1991) found that stories are a recollection of events that involve interaction of individuals to produce meaning. In this way, stories are a combination of looking both backward and forward to create sense of the world. Patterson, Grenny, Maxfield, McMillan, and Switzler (2008) espoused the idea that stories are also told to understand, believe, and motivate others in the organization. Storytelling, it seems, propels action for turning dreams into reality (Guber, 2011).

Storytelling

Storytelling has been used since ancient times to share ideas and meaning (Lelic, 2001). Meaning for followers is having their hearts, minds, and emotions engaged around the significance of ideas and meaning through story (Denning, 2011). Strategic leaders can tailor stories to help individuals make sense of their environments and create positive organizational cultures. Denning (2011) identified several narratives to clarify significance. For example, if the leader's objective is to spark action, the story needs to describe how a successful change was implemented in the past, yet allow the listener to imagine how it may work in the future. Effective storytellers evoke the sights, sounds, and smells of the context in which the story took place to clarify the vision. Therefore, leaders who use stories to galvanize action can win an audience's attention (Denning, 2011).

Effective communication is a valued leadership characteristic, and many studies have supported the notion (Baldoni, 2003; Boal & Schultz, 2007; Norris, 2009). Leaders

create conditions and communicate meaningful stories so people can motivate themselves. This study sought to understand the value of chief nurse executive leadership storytelling in healthcare organizations and how stories are told to teach, guide, inform, and inspire staff.

Leadership

Leadership is the influence process between a leader and his or her followers (Auvinen, Lamsa, Sintonen, & Takala, 2013). Different styles of leadership help a leader achieve success depending on the business values, needs, vision, and goals. In building background for this study, the researcher found that transformational, authentic, resonant, and visionary leader models informed the framework. For example, transformational leadership guides others on a journey of change in unknown territories. This model focuses heavily on influencing others to create follower motivation and performance (Anderson & Ackerman Anderson, 2010; Bass, 1985; Burns, 1978). Anderson and Ackerman Anderson (2010) referred to transformational change as conscious leadership.

Authentic leadership suggests that leaders create a foundation of trust and openness with others in the organization. Authentic leaders are reflective and model genuine motives (Baltoni, 2003; Conley, 2007). At the center of authentic leadership is self-awareness, according to the model defined by George and Sims (2007). The model further identifies elements fundamental to igniting passion and seeking purpose. Those elements include a leader's motivations, values, and support team.

Resonant leadership revolves around an emotionally intelligent leader. Emotional intelligence is the ability for leaders to be self-aware, self-manage, socially aware, and

manage relationships. Often referred to as the emotional quotient, emotional intelligence is a strong gauge of leadership success (Bradberry & Greaves, 2009; Goleman, 2002).

Visionary leadership focuses on how leaders create, communicate, and execute a vision. Visionary leaders share stories of a hopeful future and take followers along a purpose-driven journey (Denning, 2011; Kirkpatrick, 2004). Reflecting aspects of charisma, spiritual leadership is intrinsically motivated by a leader and is focused on values, faith, hope, and love (Fry & Nisiewicz, 2013). Furthermore, visionary leadership addresses self, others, and the organization.

Transformational, authentic, resonant, and visionary leaders model motivating behaviors and demonstrate authentic motives (Baldoni, 2003). Despite the leadership style used, effective leaders include storytelling to articulate clear and inspiring goals. In an organizational context, leaders influence others through storytelling to create a visual picture and engage followers in meaningful dialogue (Denning, 2011). However, to effectively communicate the vision, mission, and goals of an organization, leaders must build trust and relationships (Auvinen, Aaltio, & Blomqvist, 2013). These leadership and storytelling styles provide the background for this study's theoretical framework.

Theoretical Foundations

Several theoretical underpinnings are referenced to create an understanding of organizational storytelling. Theoretical underpinnings are perspectives underlying research. It is the methodology based on a theoretical foundation that provides the logic and criteria and lens through which research is carried out. Theories serve as a foundation for this study and include social learning, complexity, multiple intelligence, and narrative.

Bandura (1977) introduced a framework for describing human behavior. The social learning theory describes how people can control behaviors by establishing goals and accepting consequences (rewards or punishment) for their actions. Furthermore, environmental influences such as observation and persuasive narratives may affect self-efficacy, the principle mechanism of behavior change (Bandura, 1977). Self-efficacy is strengthened when people master difficult tasks and see others successfully perform challenging assignments. In addition, when people believe they can perform a task and approach work calmly, the likelihood for them to succeed increases (Bandura, 1977).

Complexity science addresses the behaviors of complex systems (Lewin & Regine, 2001). The theory of complexity provides a new way of thinking and a way of seeing the world. Unlike the view that organizations are a machine, complexity science addresses organizations as complex systems that consist of an aggregate of interacting subunits, resulting in systems with individual behavioral characteristics combined to produce patterns of group behavior (Boal & Schultz, 2007; Lewin & Regine, 2001). While many factors contribute to an organization's complexity, strategic leaders are in positions to bring resources and knowledge together. Tactical leaders influence others by articulating stories and promoting dialogue about organizations past, present, and future (Boal & Schultz, 2007; Mitleton-Kelly, 2003). Lewin and Regine (2001) believed that to capture complexity, narratives are told that allow for the contradictions and paradoxes to be explored.

Multiple intelligence theory (H. Gardner, 2006) addresses human intelligence. The theory found that each human being is capable of processing seven independent forms of intelligence. The intelligent types include logical-mathematical, linguistic,

musical, spatial, bodily-kinesthetic, interpersonal, and intrapersonal (H. Gardner, 2006). The end states vary based on the prevailing intelligence style. Individuals with predominant intrapersonal intelligence demonstrate high emotional intelligence and draw upon one's feelings to guide behavior. Similarly, individuals with spatial intelligence have the capacity to perform transformations based on their perceptions of the world (H. Gardner, 2006).

Social constructionist theory views knowledge as constructed rather than created (Andrews, 2012). Social constructionists attempt to make sense of the world and recognize that society is viewed with a subjective and objective reality (Andrews, 2012). A shared meaning of the world is realized. Social constructionist and constructionist theory are interchangeable. Young and Collin (2004) noted that constructionists focus on an individual construct of world experiences through cognitive processes whereas social constructionists propose a social perspective of viewing the world.

Narrative theory is the deliberate communication for certain purposes from one or more persons to others (Phelan & Rabinowitz, 2012). Stories are intentional in which characters, settings, and plots are structures. Core components of narratives include authors, narratives, plot, time, space, setting, perspectives, and value (Phelan & Rabinowitz, 2012).

Narratives told in organizations should consist of story core components (Phelan & Rabinowitz, 2012). Most narrative theories are based on mimetic supposition in which characters resemble humans and settings resemble real life. Stories told in organizations express the meaning and lived experiences of the storyteller (Phelan & Rabinowitz, 2012). Individuals associate the stories with their own hopes and dreams.

Theoretical Framework

The theoretical framework guiding this study was Denning's (2011) work on leadership storytelling. The power of stories builds a sense of community and helps humans make sense of emotions. Boje (1991) contended that storytelling is a competency, and interpreting stories may be inspirational. Storytelling allows the leader to connect with stakeholders. Organizational storytelling is an indicator of organizational commitment and serves to define company values (M. H. Brown, 1990; Kreps, 1990; Neuhauser, 1993; Robinson, 1981; Wilkins, 1984). Furthermore, values and beliefs are rooted in stories and guide action and behaviors (Boje, 1991). Denning's (2011) eight narrative patterns are of ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision.

Ignite Action and Implement New Ideas

Storyboarding is used to inspire and stimulate people to change (Denning, 2004). Stories told in such a way that are both personal and enable the audience to visualize change spark action (Chianese, 2016). Denning (2011) shared steps leaders need to implement that inspire action. Leaders must articulate the specific changes to be implemented and share a story where the change was successful. The story needs to be told from a person who is most like the audience for others to relate. The time and place of stories must be specified in addition to the change idea. The leader must clearly define outcome if the change is not implemented. Finally, the narrative needs to end on a positive note and allow the audience to imagine the change for themselves.

Build Trust

Paramount for leaders to share stories is the goal to create and maintain trust (Auvinen, Aaltio, & Blomqvist, 2013; Covey, 2018; Kaplan & Manchester, 2018). Storytellers who reveal themselves and their fundamental worldviews embody authenticity (Denning, 2011). Leaders who demonstrate vulnerability and experience emotion connect with others on a human level and foster trust (Kaplan & Manchester, 2018). The leaders' clear sense of self and demonstration of heart help followers gain confidence, visualize the sights and sounds of the story's setting, and promote trust (Kaplan & Manchester, 2018).

Build Brand

Historically, branding and marketing consisted of devising one-way messages via television (Denning, 2011). The model has shifted as consumers have choices about where to purchase services. Patrons seek organizational value, and poor services may be communicated through social media. Marketing in the 21st century needs to focus on communicating the organizational brand internally and externally and to share stories about the company, services, and voice of the customer (Denning, 2011). Master storytellers must pay close attention to social media and adjust the story based on the listener's response.

Transmit Organizational Values

Leaders establish values by modeling behaviors and consistent actions (Denning, 2011). Ethical values entail treating stakeholders in a genuine fashion. Ethical values promote honesty, integrity, retention, and staff teamwork (McDonough & Braungart, 2002). Historically, religious leaders used parables to transmit values and morals (Ciulla

& Forsyth, 2011). According to Denning (2004), leaders instill values by balancing contending issues, aligning structures, and establishing shared values to enable collaboration.

Fostering Collaboration

Storytelling about shared experiences inspires the teller to collaborate with the audience (Hyden, 2008). Organizations consist of groups of people who share common values and interests. People work together in organizations through work groups, teams, communities, and networks for different purposes. A leader catalyzes the groups by generating moving stories around common goals (Denning, 2004). Furthermore, the leader develops structure, discipline, and action plans while capitalizing on the group's energy.

Share Knowledge

The purpose of sharing knowledge is to reduce the time gap between existing knowledge and its application to improve organizational practices (Bourbonnais & Michaud, 2018). Typically, knowledge-sharing narratives address problems and difficulties. The challenge in sharing knowledge in organizations is to create a psychologically safe environment and encourage staff to dialogue about what went wrong (Denning, 2011). Furthermore, leaders may creatively tease out the stories and solutions through role-playing and humble inquiry skills (Denning, 2004).

Neutralize Rumor

Gossip and rumors in organizations are prompted by a lack of information and uncertainty about the future (Denning, 2011). The rumor mill is most dangerous after an organizational change has been implemented and the benefits have not been realized

(Kanter, 2004). If the rumor is untrue, narratives could be constructed to satirize the bad news and send it to oblivion. However, if the news is true, a leader's options are to acknowledge the rumor, put it in perspective, and proactively clarify the future through positive narratives (Denning, 2011).

Create and Share Vision

Leadership involves sharing narratives about the current state and envisioning what lies in the future. Successful leaders create stories to evoke imagination (Tichy, 1998). The challenge of telling imaginative stories is the uncertainty of the future. The storyteller may focus on narratives that have actually happened and create a promising picture of the future in the minds of the listener (Denning, 2004).

Importance of Storytelling in Healthcare

Healthcare organizations and their leaders focus on a culture of patient first (Fancott, 2016; Haigh & Hardy, 2011). Stories appeal to the heart and to the mind, raise awareness, create focus, build urgency, and connect through compassion. Storytelling can help healthcare professionals better understand patients' experiences of illness and care. Stories can humanize healthcare and engage providers in quality and safety efforts by addressing patient harm and mitigation strategies. In addition, narratives can stimulate discussion to improve patient satisfaction, patient engagement, and organizational change management (Fancott, 2016).

Patients and healthcare providers seek information for decision-making. The stories expressed in clinical interactions influence how patients tolerate uncertainty, risk, and pain (L. M. Harter, Ellingson, Yamasaki, Hook, & Walker, 2018). Life-threatening illnesses may isolate patients and families, and sharing stories in social networks unites

individuals, manages stress, and develops resilience. Furthermore, stories may highlight health-related discriminations with identity groups and stimulate dialogue for equal treatment and access to resources (L. M. Harter et al., 2018).

Medical diagnoses may label and stigmatize individuals as different or oppressive, yet labels such as mental illness do not need to be cruel. According to R. P. Crawford (2017), “The power to name can carve out a shelter that protects and accommodates differently labeled bodies” (p. 1583). Narratives may reveal heartfelt moments in self-disclosure and interrupt the rejection that may accompany the illness.

Stories may be told to support health promotion and advocacy. Goldsmith, Wittenberg-Lyles, Rodriguez, and Sanchez-Reilly (2011) shared how narratives may improve communication practices among clinicians. Moreover, Turner and Robinson (2014) responded to public health dilemmas by sharing preventable disease stories.

Patients’ and families’ experience with life transitions can be supported and influenced by storytelling (A. Frank, 2010). The use of narratives helps people engage in sensemaking as they navigate through loss. According to Sharf (2010), storytelling may mitigate suffering and redefine hope when one is facing a terminal illness. Stories in healthcare can foster understanding, inspire action, and be serenely therapeutic.

Storytelling is a vital and versatile tool in the healthcare industry.

Nursing Healthcare Executives as Storytellers

The responsibility of an organization to provide high-quality, safe care to patients has been the purview of senior leadership teams (Disch, Dreher, Davidson, Senioris, & Wainio, 2011). Organizations, as used in this study, mean nursing units in acute-care hospital environments. Crucial members to the nursing team include chief nurse

executives who are responsible for providing vision for all nurses in the organization (Frandsen, 2014) while being tasked to assure that evidenced-based practice is delivered to patients in healthcare daily (Hader, 2009). Evidenced-based practice is the use of current scientific evidence to optimize decisions about patient care (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000). Chief nurse executives have extensive education and experience in clinical nursing and management and inspiring communications to advance practice (Hader, 2009).

The role of the chief nurse executive is to employ transformational leadership style that inspires and energizes nursing personnel to deliver exceptional patient care (Disch et al., 2011). Transformational leaders demonstrate a willingness to make personal sacrifices on behalf of the organization and to help others navigate through times of crisis. Leaders communicate inspiring, complex, and powerful stories (Denning, 2011). Healthcare organizations and their leaders are focused on a culture of patient-first. Fancott (2016) identified how organizational leaders engage patients to share stories and experiences with managers and hospital staff. Hospitals have formed patient-family advisory committees to learn about patient stories and include them in care decisions.

Patient stories told by leaders are used at the beginning of meetings to remind staff of the importance of putting the patient first. Furthermore, sharing patient stories allows listeners to be fully engaged in dialogue and reflects their own values and beliefs (Fancott, 2016). Patient stories provide a powerful mechanism for teaching patient-centered care to staff and understanding their experiences.

Denning (2011) maintained that stories communicate meaning and reinforce values. Leaders who tell the story help to reinforce organizational culture and values.

The story of Josie King at Johns Hopkins Medical Center is an excellent example of a story that acted as a powerful change movement. The 3-year-old toddler suffered burns over 90% of her body after stepping in a bathtub with scalding water. Josie's mother Sorrell repeatedly told the hospital staff that her daughter was dehydrated to no avail. Clinicians did not listen, and Josie passed away. The caregivers at Johns Hopkins were heartbroken to know that they contributed to a patient's demise and integrated numerous improvement strategies to mitigate further harm. The story inspired a transformational change across the country and epitomized involvement of patients and families in care delivery by recounting one single story (King, 2010).

In healthcare, nurse leaders use stories to exemplify desired behaviors while painting a hopeful vision. Stories are captured and retold, conveying compassion, empathy, and healing while creating a supportive culture (L. M. Harter et al., 2018). According to Kerfoot and Sarosi (1993), the most effective learning occurs when staff internalize the vision and know what is important. Stories inspire and are based on active listening and suspension of judgement.

Although the literature addressed the role of how nurse managers influence staff with patient stories, little is known about the storytellers themselves or how stories change behaviors. It is not clear how chief nurse executives tell stories to lead and transform change in nursing departments. Furthermore, a gap in the literature exists concerning how stories are told to fundamentally change follower behaviors.

Problem Statement

Storytelling is a healing art (Stone, 1996). In a world with monumental changes, authentic and positive stories have the capacity to influence organizational outcomes

(Auvinen, Aaltio, & Blomqvist, 2013; Baldoni, 2003; Denning, 2011). Organizations have used stories for decades to understand and create sensemaking of cultures (Boje, 1991). Stories communicate complex ideas, engage followers, ignite action, share knowledge, and lead people to an inspiring future (Denning, 2011).

Leadership is the influence process between leaders and followers while modeling authentic behaviors (Baldoni, 2003). In healthcare, patient care can be rewarding and fulfilling while being both emotionally and physically draining. It is the role of healthcare executives to provide an environment to support a tired yet empathic workforce.

Effective healthcare leaders tell truthful stories and articulate inspiring goals (Harter et al., 2018). Yet, leaders must employ a variety of narrative patterns to achieve an intended objective (Denning, 2011). Leaders who want to spark action tell a story to describe how previous successful change was implemented and allow the listener to envision how it may work in his or her current situation. Conversely, if the objective is to lead people into the future, leaders may tell a story to evoke a picture of a promising destiny (Denning, 2011). Leaders use stories to engage the heart and minds of followers for behavior change (Haigh & Hardy, 2011).

In healthcare delivery, nurse leaders, including chief nurse executives, set the tone of nursing cultures. Chief nurse executives must influence and refine workflow processes so staff nurses can reliably deliver excellent patient outcomes (Kerfoot, 2009). The role of the chief nurse executive includes developing strategic visions, optimizing productivity, managing budgetary responsibilities, creating healthy work environments, and maximizing quality and patient safety (Kerfoot, 2009). Nurses compose the largest

group of healthcare professionals in the United States, and the chief nurse executives have day-to-day oversight of patient care. Storytelling is a powerful tool for staff and patients to give a voice to illness and experiences.

Furthermore, nurse engagement and retention lead to higher quality care and improved patient safety (Daniels et al., 2012). Hospitals and healthcare are stressful, emotionally draining, and critically perform important work to assure patient safety and quality outcomes. Chief nurse executives have ultimate responsibility for patient safety and frontline staff delivery in solving problems and celebrating successes. In fact, nurse leaders are instrumental in engaging and motivating clinical staff in hospitals while maintaining operations and productivity (Brooks Carthon et al., 2019). Because chief nurse executives have oversight, and patient safety and outcomes matter, it makes sense to leverage the power and success from other business environments of storytelling.

Nurse leaders use stories to exemplify desired behaviors while creating a hopeful future (Kerfoot & Sarosi, 1993). Patient stories help share knowledge and create meaning. Historically, patient stories have been told in hospitals to better understand a patient's experiences of illness and care (Conway, 2008). Although stories in the arts, literature, history, and business have a rich past, stories in healthcare have not always been viewed favorably. Tannenbaum (1995) claimed that stories are subjective and at odds with evidence-based medicine. Similarly, Popper (2002) contended that medical science is based more on scientific theories than on stories. However, patient stories provide a means to understanding and sharing human experiences (Greenhalgh, 1999). During preliminary research of articles, books, and dissertations, this researcher found that a knowledge gap exists about the significance of storytelling as a means of reshaping

organizational culture and commitment in healthcare (Curry, 2016). Furthermore, it is not known how chief nurse executives tell patient stories to of ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision to transform organizational cultures.

Purpose Statement

The purpose of this phenomenological study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's (2011) eight narrative patterns (ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision). In addition, it was the purpose to understand how exemplary chief nurse executives use storytelling to create transformational change in organizations.

Research Questions

Central Research Question

How do exemplary chief nurse executives lead their organizations through storytelling using Denning's (2011) eight narrative patterns?

Subquestions

1. How do exemplary chief nurse executives use stories to ignite action and implement new ideas?
2. How do exemplary chief nurse executives use stories to build trust?
3. How do exemplary chief nurse executives use stories to build the organization's brand?

4. How do exemplary chief nurse executives use stories to transmit organizational values?
5. How do exemplary chief nurse executives use stories to foster collaboration?
6. How do exemplary chief nurse executives use stories to share knowledge?
7. How do exemplary chief nurse executives use stories to neutralize rumor?
8. How do exemplary chief nurse executives use stories to create and share vision?
9. How do exemplary chief nurse executives use stories to create transformational change in their organizations?

Significance of the Problem

Stories have been used in healthcare settings to provide insights into patient and family illnesses and experiences (Fancott, 2016). Stories engage patients, families, and staff with transmitting health messages. Stories promote a sense of caring and concern when giving health information to patients and families (Haigh & Hardy, 2011). Storytelling as a method of making sense of a patient's illness helps generate trust between patients and staff (Fancott, 2016). Berg and Danielson (2007) identified several themes from patient views of caring relationships. Nurses who maintained patient dignity, understood vulnerability, and valued the patient as a person were perceived to be competent and compassionate. Purposeful stories that address patient needs enhance trust and outcomes (L. M. Harter et al., 2018).

The leader who tells the story in healthcare helps create meaning and helps staff envision a brighter future for the organization. Stories also influence and shape the organizational mission and vision while setting norms and building cultures that guide behavior and achievement (Denning, 2011). Furthermore, stories help both patients and

providers share information and promote decision-making processes (L. M. Harter et al., 2018). For example, life-changing illnesses affect interpersonal relationships and dissociate patients from social networks. Weller (2018) stated that stories support a sense of belonging in communal networks, help patients connect with others, and alleviate suffering. Finally, powerful stories unleash emotion and ignite new ideas for transformational change.

Chief nurse executives set the tone of the organizational culture in healthcare. Nursing leaders are tasked with modeling behaviors to engage frontline nurses while assuring patient safety and high-quality patient outcomes (Kerfoot & Sarosi, 1993). Furthermore, nurse leaders must develop authentic relationships with staff in order to build trust. Stories told of past successes and positive outcomes set positive attitudes and build relationships (L. M. Harter et al., 2018).

The literature reviews found significant research on storytelling (Auvinen, Aaltio, & Blomqvist, 2013; Boje, 1991; Denning, 2011; Gabriel, 2002; McCarthy, 2008). Rignall (2017) examined managers in business settings who used leadership storytelling to inspire trust. Curry (2016) analyzed how leaders in eight different industries (consulting, education, finance, human resources, information technology, law enforcement, project management, and research) used storytelling to reshape organizational culture. In addition, the study examined stories that leaders told to prompt behavior change. Fancott (2016) explored how healthcare organizations use patient stories for learning and improvement. However, a gap in the studies exists between storytelling in hospitals and the role of nurse leaders (Pailet, 2016).

Additional research is needed to explore how exemplary chief nurse executives in hospital settings tell stories to ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. This qualitative research explored how chief nurse executives use storytelling to lead organizations using Denning's (2011) eight narrative patterns. Findings from this study could help nurse leaders focus on specific narratives to motivate and engage staff, resulting in increased productivity, harmonious workplace environments, and, in turn, consistent quality patient outcomes. Chief nurse executives could benefit from the study by creating a storytelling culture that leads followers by providing a vision for the future. Hospital board members may benefit by understanding how stories told by nursing leaders transform cultures. Finally, this study could benefit patients and families because sharing knowledge and stories together with treating physicians may encourage a partnership with healthcare professionals in decision-making processes.

Definitions

The following definitions are pertinent to the study. They are offered to provide clarity and alignment during data collection and analysis.

Acute care. Nursing units in hospitals that care for patients for short-term illnesses and emergency situations such as heart attacks, strokes, infections, and other illnesses requiring medical and nursing interventions.

Chief nurse executives. Registered nurses with advanced degrees. They provide visionary leadership; establish nursing governance structure, ensure high-quality and evidenced-based, patient-centered care; provide strategic nursing management, foster

staff development, regulate nurse credentialing, foster effective relationship and collaboration, and provide operational efficiency and financial oversight (C. L. Crawford, Omery, & Spicer, 2017).

Build the brand. The authentic interactive exchange of stories to promote meaningful dialogue and distinguish an organization from competitors in the eyes of the customer. It is about communicating the core of organizational culture and values through visual means and interactive dialogue (Denning, 2011; Schultz, 2010).

Change. Using stories in a timely manner to engage people across the organization to contribute creative ideas, learn new skills, and explore possibilities in an environment supportive of transformational change in the organization (Aidman & Long, 2017; Denning, 2011).

Collaboration. A collective intelligence that honors and respects the contribution of each person and contributes to group learning. It is also about working together to identify community values and create something new in support of a shared vision (Denning, 2011; Hackman, 2011).

Neutralize rumor. The commitment of leaders to reduce organizational uncertainty and proactively clarify the future through narratives. It is about proactive, frequent, transparent, and honest communication directed toward shedding light on the organizational vision (Denning, 2011; J. S. Brown, Denning, Groh, & Prusak, 2005).

New ideas. As used in this study, this means how vision and ideas are generated within an organization to inspire and focus on what is important to success. The broader view of the future that is created through stories produces meaning and motivates others to act (Baldoni, 2003; Denning, 2011).

Share knowledge. Tell personal stories of actual human experience and expertise in narrative exchange, which act as soft repositories of knowledge. It is about informal networks of communities that accelerate knowledge sharing (J. S. Brown & Duguid, 1991; Jabri & Pounder, 2001).

Share vision and direction. Purposefully combining and integrating stories to set a tone, clarify expectations, communicate important ideas, and provide hope. Through these positive stories, the organization can raise the quality and focus on innovative actions to drive change (Aidman & Long, 2017; Patterson et al., 2008).

Storytelling. The ability of exemplary leaders to influence others, build culture, expedite the change process, and lead, grow, and connect. Stories spur emotions to inspire, respect the audience, and unite people to promote transformational change. Positive stories establish common values, convey meaning, and describe an ideal future state in organizations (Aidman & Long, 2017; Denning, 2011; Hutchens, 2015; McCarthy, 2008; Smith, 2012).

Transmit values. How an organization makes outsiders feel like insiders by sharing culture, values, celebrations, and challenges. To transmit values also means shared meaning of the group norms, standards, customs, and traditions as shared through stories (Boal & Schultz, 2007; Denning, 2011).

Trust. The ability of an organization and its people to build reliability, truth, and strength through strong relationships, shared experiences that evoke emotion, vulnerability, and authenticity (Auvinen, Aaltio, & Blomqvist, 2013; Denning, 2011).

Delimitations

Delimitations of a study clarify the boundaries and are controlled by the researcher. Examples of delimitations include the time frame, location, sample, and selected criteria of the study (Roberts, 2010). This study was delimited to include 10 exemplary chief nurse executives in acute care hospitals in California that met the following definition:

Exemplary. This study was delimited by the researcher to 10 exemplary chief nurse executives in California hospitals meeting at least four of the following six criteria:

- They show evidence of leading a successful organization or unit.
- They have a minimum of 5 years of experience in the profession of nursing leadership in the field.
- They have had articles, papers, or written materials published or presented at conferences.
- They have received recognition by their peers.
- They have a membership in professional nursing associations in their field.
- They have received a recommendation by one or more recognized regional executive-level leaders.

Organization of the Study

This study on exemplary chief nurse executives and their use of organizational storytelling is organized into five chapters, a list of references, and appendices. Chapter I introduced the background and provided the study's purpose statement, research questions, significance of the study, and operational definitions. Chapter II provides an extensive review of the literature, expanding on the concepts of organizational

storytelling. Chapter III outlines the research design, methodology, description of the population and sample, data collection, and research instruments used. Chapter IV presents an analysis of the qualitative data used in the study. Finally, Chapter V summarizes the study and provides the summary, conclusions, and recommendations for further research.

CHAPTER II: REVIEW OF THE LITERATURE

Chapter II provides a comprehensive review of both the literature and research conducted on organizational storytelling. Included in this review is a synthesis of the literature about the narratives used to tell stories, specifically elements related to trust, motivation, collaboration, vision, new ideas, and rumors. Theories about organizational systems and leadership along with the history, framework, and storytelling in healthcare are also explored in this chapter.

Storytelling

Stories have been told in organizations across the globe to establish common values and convey meaning and identity in organizations (McCarthy, 2008). Stories serve a purpose of clarifying organizational values and helping individuals make sense of their environment. In a complex world, people need to reduce chaos and uncertainty to work effectively. Stories shape and convey organizational meaning, thus lessening ambiguity (Colville, Brown, & Pye, 2011).

Organizational meaning is derived when uncertainty is addressed. The resolution of the challenge drives the narrative. In the story, there lies a problem that cries for action. Stories tap into emotions and cause people's hearts to race. They wonder, what they would do in that situation (Biesenbach, 2018).

In addition to meaning and action, storytelling is seen as a way of influencing and inspiring others. Narratives help people imagine what the world could look like and generate excitement. Furthermore, inspiration may catalyze additional ideas as listeners interpret what is heard (Auvinen, Aaltio, & Blomqvist, 2013). Finally, stories can

influence others to act by feeling what the characters feel as they get drawn into the details and consider different ways to spark change (Denning, 2011).

Smith (2012) stated that stories are timeless and thrive across culture, age, and gender. Memorable stories are contagious and can spread quickly. Stories inspire and appeal to most types of individuals because they evoke emotions and highlight promising futures (Denning, 2004). According to Gabriel (2002), stories are fragile, transmissible, and valuable webs of narratives. Boje (2006) noted that the difference between narrative and stories is that narratives have a plot and coherence whereas a story resists narrative. For purposes of this study, story and narrative are used synonymously (Denning, 2004; Polkinhorn, 1988).

Different stories may be told to achieve strategic alignment and deeper engagement in organizations. Hutchens (2015) outlined several types of narratives that organizations may share depending on the goal. For example, organizations stuck in conflict may use one type of story whereas teams needing inspiration would use another. Finally, Denning (2004) espoused the idea that springboard stories are used to convey meaning, inspire people, generate new ideas, address apprehensions, and spark transformational change regardless of age, gender, and ethnicity.

Leadership

Leaders set the tone of organizational cultures. A leader's responsibility is to create conditions to help individuals and teams accomplish tasks in a fulfilling way (Baldoni, 2003). The call of leaders is to energize and encourage others while sacrificing their own needs (Baldoni, 2003). Throughout this section, an overview and the

importance of leadership and organizational culture are explored. Finally, the relationship between leadership and storytelling is explored.

Overview/Importance of Leadership

Leadership traits and behaviors have been studied for years. Theories are abundant as researchers have studied behaviors, traits, and characteristics (Daft, 2016). Of the plethora of theories, six are explored in this study and include great man theory, transformational leadership, visionary leadership, resonant leadership, authentic leadership, and interactive leadership theory. Many of the theories have overlapping concepts, which lead up to the most current form of leadership, interactive leadership theory.

Great Man Theory

The great man theory was the first emergent theory of leadership (Cawthon, 1996). The theory asserts that leaders are born with inherent traits that allow them to be respected by others. According to the theory, certain men are considered gifts from God to uplift human existence. Great leaders would use stories to encourage new ideas (Spector, 2016).

The background of the great man theory came from Thomas Carlyle (1841). Carlyle (1795-1881) had a strict Calvinist upbringing and became a discredited shepherd as he moved away from the church (Bossche, 1991), yet he searched for a source of strength and direction. His search led him to the great men who were earthly individuals sent by God. Carlyle believed God sent great men to be heroes and that they should be worshipped (Spector, 2016).

Core attributes of these great men or hero leaders included achievement, influence, and responsibility (Stogdill, 1974). Borgatta, Bales, and Couch (1954) noted that “great men tend to make great groups” (p. 759). Group composition, interpersonal relationships, and positive social behaviors compose key variables of the great man theory (Borgatta et al., 1954). According to the theory, these traits provided an indicator of a leaders’ potential.

In a related reflection, Di Giulio (2014) questioned why some executive leaders are exemplary performers whereas others fail. Why do artists without training optimally perform? The great man theory emphasized that leaders are heroes and gifts from God. Their leadership abilities draw followers as a result of inherent characteristics (Spector, 2016). While the great man theory began from the idea of ordained individuals and moved into the idea that only some have the characteristics to lead, later theories noted that attributes, values, mind-sets, and ways of being might be learned and developed in order for individuals to become great leaders.

Transformational Leadership

Transformational leadership is the ability of leaders to change the world by presenting innovative solutions to solve challenges and mobilize shifts in people’s values and thought processes (Denning, 2007). Shifting values involves disrupting the way of doing business. The transformational leadership model focuses on changes in mind-set, behavior, culture, and systems and emphasizes follower motivation and performance (Anderson & Ackerman Anderson, 2010; Bass, 1985; Burns, 1978; Pailet, 2016).

Transformational leaders exhibit genuine interactions, display positivity, and inspire and shape the culture of the organization and its members (Bass & Riggio, 2006).

These leaders guide others on a journey of change in unknown territories. The influence exerted over followers and other organizational members in navigating through change results in the transformation of organizations (Bass & Riggio, 2006).

Burns (1978) outlined a two-step leader influence process for transformational leadership in his book *Leadership*. The first step in the model is how leaders lift the follower's morals, values, and beliefs. His work focused on the construction of shared meaning. The next step highlighted the criticality of developing trusting and positive relationships with followers. Burns, together with Kuhnert and Lewis (1987), found that fostering relationships while displaying high morals motivated followers to contribute to the goals of the organization. Finally, the transformational leader recognizes staff's contributions and supports their growth and development (Bass & Riggio, 2006).

Bass (1985) identified four major concepts in a transformational model: idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation. *Idealized influence* discusses the leader's ability to display vulnerable behaviors while painting an inspiring vision. This influence provides members with a strong sense of purpose. *Inspirational motivation* compels followers to embody and model the vision. Inspirational leaders motivate others through optimism and belief in a promising future (Bass & Avolio, 1993). *Individualized consideration* is exhibited when the leader coaches and mentors others and is aware of their individual needs. Finally, *intellectual stimulation* promotes innovation and organizational problem solving by leaders who intentionally encourage their followers to develop and grow (Bass & Riggio, 2006; Yammarino, Spangler, & Bass, 1993). Two other leadership theories, visionary and resonant leadership, share some characteristics with transformational leadership.

Visionary Leadership

Visionary leadership is built on transformational leadership principles. The emphasis is on how leaders look forward to address tomorrow's possibilities (Kouzes & Posner, 2006). It has been reported that visionary leaders use stories to envision a brighter future and take followers on a meaningful journey (Denning, 2011).

Visionary leaders guide followers by inquiring what is next and what will take them into the future. Leaders share perspectives that help people find meaning and purpose by focusing on a brighter future as the key to getting extraordinary things done (Kouzes & Posner, 2006). The leader's personal vision combined with an organizational shared vision is the springboard to encourage breakthrough action and change.

According to Denning (2011), leaders tell visionary stories to transform the ordinary into a noble future. Similarly, Wang and Howell (2010) shared that visionary leaders envision hopeful futures while organizational and individual performance is enhanced. Finally, follower performance is reinforced when leaders and followers share common goals and vision (Zhu, Chew, & Spangler, 2005).

Resonant Leadership

Resonant leadership revolves around leaders being emotionally intelligent. Emotional intelligence is often referred to as emotional quotient and is a gauge of leadership success (Boyatzis & McKee, 2005; Bradberry & Greaves, 2009; Goleman, 2002). According to Goleman (2002), components of an emotionally intelligent leader include self-awareness, self-management, social awareness, and relationship management. Resonant leaders exhibit self-awareness and mindfulness by checking emotions, visiting values, and seeking feedback. While self-management is the ability

for leaders to visualize themselves succeeding, controlling negative self-talk, and learning valuable lessons from every encounter (Boyatzis & McKee, 2005; Goleman, 2002), in comparison, social awareness expands beyond the individual and focuses on the leaders' awareness of seeing the organizational picture and empathizing with staff. Finally, relationship management involves a leader's ability to influence others, develop an inquisitive curiosity, and acknowledge other people's feelings (Bradberry & Greaves, 2009; Goleman, 2002). While resonant leadership is built largely on the theory of emotional intelligence, another leadership theory, authentic leadership, is steeped in the psychology of self-actualization.

Authentic Leadership

Authentic leadership suggests that leaders create an ethical foundation of trust and openness with others in the organization. Authentic leaders are reflective and focus on self-actualization (Conley, 2007; George & Sims, 2007). Roots of authentic leadership theory are steeped in the discipline of psychology. Rogers (1959, 1963) and Maslow (1959, 1971) addressed development of the self-actualized individual. Authentic leaders are confident and fully functioning, provide clear visions, and model genuine behaviors (W. L. Gardner, Avolio, & Walumbwa, 2005).

W. L. Gardner, Avolio, Luthans, May, and Walumbwa (2011) outlined several elements distinctive to authentic leaders: personal and social identification, hope, trust, emotions, and optimism. The element of personal identification refers to a process by which the follower's belief about a leader becomes self-defining. An authentic leader's role will model behaviors through integrity, honesty, and high moral standards whereas social identification is a process by which individuals identify with a group and feel a

sense of belonging. Being part of a group is an important part of a follower's identity. Authentic leaders realize that their ethical behavior sends a message to others and affects how they think, act, and decide (W. L. Gardner et al., 2011).

Authentic leadership suggests that those followers who are hopeful are more likely to be engaged and motivated. In addition, authentic leaders have the greatest impact on followers' hopes and yield significantly better work performance, retention, and satisfaction outcomes by their followers than low-hope leaders (Peterson & Luthans, 2003). Further, authentic leaders exemplify high moral standards and go beyond the call of duty (Konovsky & Pugh, 1994). As a result, followers feel empowered to execute required tasks successfully.

Positive emotions predict attitudes and behaviors and how individuals cope with adversity and commitment (W. L. Gardner et al., 2011). Positive emotions encourage individuals to discover creative thinking and new ideas and build on psychological reserves. In fact, follower emotions are positively affected through an identification with authentic leaders and promote follower attitudes (W. L. Gardner et al., 2011).

Finally, optimism is a cognitive process involving the exhibition of higher levels of perseverance and morale. Optimists analyze setbacks as temporary and adapt in a positive manner. Authentic leaders influence followers' optimism by identifying with followers and evoking positive emotions. Leaders who understand emotions tend to motivate a follower's commitment and engagement (W. L. Gardner et al., 2011; Luthans & Avolio, 2003).

Interactive Leadership Theory

Interactive leadership is an approach to apply storytelling tools with authenticity (Denning, 2011). The leadership style considers everyone's perspective and is nonhierarchical. The leader's intention is to achieve change in the organization regardless of his or her title or positional authority. It is contrasted with the command-and-control leadership style, which represents a dominant management style (Denning, 2011).

Denning (2011) related interactive leadership to other leadership theories. Leadership as a trait, skill, style, situational, motivation, and transformation has been studied to determine the key characteristics for success. Early efforts focused on character traits that people are born with, yet no traits specific to determining success have been identified (Denning, 2011; Northouse, 2003). Leadership as a skill suggests that technical, human, and intellectual skills can be learned (Katz 1955). Yet, in many leadership theories, narrative skills are missing in the human and intellectual categories (Denning, 2011).

Although leadership is a trait and skill, Denning (2011) noted that it is also a style. Interactive leadership focuses on how leaders achieve outcomes while demonstrating high concern for others. In addition, leadership is situational. Blanchard (1985) and Denning (2011) noted that different situations require different kinds of leadership. An interactive leader begins with his or her existing relationship with his or her followers and may deploy a directive or supportive style depending on the circumstance.

Finally, the goal of leadership as motivation is to enhance follower performance by focusing on motivators (House & Mitchell, 1974). Different leadership behaviors are addressed; however, much of the research focuses on the leader's hierarchical power. Lastly, Denning (2011) noted that a characteristic of interactive leadership is transformation. The leader is concerned with emotions, ethics, and values (Burns, 1978). Transformational leaders exhibit strong values and effectively motivate others. According to Denning (2011), interactive leadership is a form of transformational leadership.

Organizational Culture and Stories

Organizational culture is the unspoken behaviors and mind-sets of people (Groysberg, Lee, Price, & Cheng, 2018). Leaders set a tone for culture in which the culture could be positively or negatively affected by stories. Words used by leaders in stories represent both the culture and a shared set of values (Baldoni, 2003; Wines & Hamilton, 2009). People identify with messages and stories that motivate and inspire action (Baldoni, 2003).

Culture is a powerful intangible force. It is like the air we breathe (Wines & Hamilton, 2009). According to Schein (1996), culture is organizational shared norms, values, and assumptions. Culture is derived from observing real behaviors in the workplace and making sense of what is observed.

Culture is the character or personality of the organization (Anderson & Ackerman Anderson, 2010). The organization's values, norms, and stories lie within a culture. According to Anderson and Ackerman Anderson (2010), culture impacts the morale of its employees and sets the tone for an individual's emotional experiences. Culture impacts

performance and the level to which values are lived. It is embedded over time through implicit and explicit norms, policies, procedures, and ways of operating (Anderson & Ackerman Anderson, 2010).

Culture is not tangible. It is the mind-set of the organization. According to Anderson and Ackerman Anderson (2010), indicators of culture include leadership styles, communication tone and patterns, decision-making styles, and the way information is used. In addition, performance expectations, symbols, and stories reflect culture and reveal the character of the organization.

Groysberg et al. (2018) identified four levels of evolving cultures. First, leaders must articulate the vision. Second, organizations should choose and develop leaders who align with the target culture. Third, leaders need to use conversation and dialogue to emphasize the importance of change. Finally, organizations must reiterate the desired change in culture through organizational learnings.

The use of stories can assist with evolving cultures (Armenakis, Harris, & Mossholder, 1993). A story's impact on culture can communicate values and the core mission of an organization. In addition, the use of persuasive narratives tends to engage staff and encourage involvement in organizational strategies and change (Armenakis et al., 1993).

Storytelling and Leadership

Denning (2011) espoused that storytelling allows leaders to transmit values and envision positive change. In addition, leadership is getting people to change and use different narrative patterns to achieve specific objectives. Stories are a way for leaders to build trust, motivate, inspire, defuse conflict, and influence others (Avuvinen, Aaltio, &

Blomqvist, 2013; Denning, 2011). Hierarchical relationships between leaders and staff decrease with storytelling leadership. Both parties share the same organizational reality and are not trapped by power influences (Auvinen, Aaltio, & Blomqvist, 2013).

In fact, storytelling has emerged as an approach for leadership development (Auvinen, Aaltio, & Blomqvist, 2013). Leaders use stories to help make sense of organizational change. Leaders tell stories to envision a compelling vision of the change and inspire followers. Furthermore, stories are told to motivate and engage staff in a shared vision (Denning, 2011).

In addition, leaders influence staff through narratives to engage followers and make a vision meaningful and real. The process of sharing stories is to create meaning in the minds of listeners (Fairhurst, 2011). While narratives create real images and meaning in people's minds, stories need to fit the leader's own experiences and background in the organization. Finally, stories told provide a sense of community with leaders and followers (Auvinen, Aaltio, & Blomqvist, 2013).

There are many conceptual similarities between leadership and stories. Leaders generate followers whereas stories have followability (Boje, 1991). Authentic leadership and inspiring stories tug at the heart. Leadership is a sensemaking process and helps followers see more clearly (Pye, 2005; Weick, 1995). Powerful stories are a sensemaking activity and enable meaning making (Boje 1995; Boyce, 1996; Wilkins, 1984). Leaders and stories impact behaviors and help people understand the world. Schein (1992) noted that the role of leaders is to build organizational culture while W. L. Gardner and Avolio (1998) submitted that stories are told to forge a collective identity in organizations. Continuing the parallel nature of leadership and stories, Bass (1990) asserted that

leadership generates teamwork, and Martin (1982) stated that stories unify groups. Leadership is about providing direction (Sagie, 1997), and organizational stories are equated to maps that provide guidance (Boje, 1991; Perrow, 1979). In another example, leaders challenge the process (Kouzes & Posner, 1987) whereas storytellers provide new ways of doing things (Barry & Elmes, 1997). Finally, Bass (1985), Ouchi (1981), and Shamir and Eilam (2011) agreed that both leadership and stories empower employees and activate higher order needs in individuals.

Conversely, Parry and Hansen (2007) argued that leaders are often transient in contrast to stories that are enduring. Individuals in leadership roles need great stories to influence change while powerful stories do not need leaders in order to be told. Finally, Parry and Hansen advocated that stories are the leaders, and leaders must downplay their own personal leadership role and have faith in the story.

History and Evolution of Storytelling

Stories of Ancient People

Storytelling has been part of cultural heritage since humans first inhabited the earth. Early forms of storytelling can be found in the Lascaux caves in Southern France (Warnes, 2013). The cave paintings depict the life and stories of animals and humans, suggesting hunting rituals. The paintings were dated to about 15,000 BC and showed extinct bulls of the aurochs species, oxen, horses, arrows, and traps (Cavendish, 2015).

Storytelling in ancient times served to engage and instruct people on how to become better human beings (Lawrence & Paige, 2016). Indigenous cultures told stories to remember tribal battles, oppression, and disease. Stories were also told to reflect on the earth's blessings. The roots of storytelling were depicted on cave walls, totem poles,

and animal skin. Carved and painted pictures represented courage as tribal members hunted dangerous animals (Lawrence & Paige, 2016).

Aboriginal people would gather around a fire under a new moon and share communal connectedness. Stories would emphasize the deep appreciation of the earth while challenging people to become a part of the circle of life (Campbell, 1988). Indigenous people respected all four seasons. In colder climates, stories were told between the first and last frost. Conversely, at the first sound of thunder in the spring, stories would cease. The belief was that during growing season, when plant people and animal people were active, stories could have adverse consequences. Animals could be forewarned of stories and outwit human hunters (Lawrence & Paige, 2016).

Oral Traditional Stories

Traditional stories are those that have been passed down from ancestors. The aim of a traditional story is to identify ways to transmit moral values, promote social behaviors, and provoke the same type of emotional response as stories were told in the past (Coe, Aiken, & Palmer, 2006). Traditional Native American stories emphasized unity of the natural world. According to Zipes (2012), “Tales that became relevant for families, clans, tribes, villages and cities were retained through memory and passed on as traditional verbalizations of actions and behaviors” (p. 8).

Similarly, Walter Ong’s (1980) research observed how cultures communicate and store knowledge. The memories retained through stories change how cultures think (Soukup, 2012). Every culture has a bias for specific types of knowledge. In addition, Ong’s (1980) research addressed how people’s communication methods, whether oral or written, influence how information is processed. Specifically, oral expression

represented how traditional oral cultures store information and interpret events. People in oral cultures may refer to the past; however, they experience oral narratives in the present and interpret their own sense of the world (Soukup, 2012).

Soukup (2012) remarked that Ong (1980) made a case of how humans retain knowledge and information and determine what is passed on to other generations. Ong (1980) noticed how methods of information handling varied based on the media used by orators and scholars. In the early 1900s, there was an evolution from oral literacy to writing (Ong, 1980). Ong's (1980) focus was viewing symbols and objects in print to arrive at knowledge. Soukup (2012) noted that orality and literacy happened when information developed from the oral stage to print and was read aloud by listening or reading.

Humans sought ways to organize, sort, and retrieve information to make meaning and sense of the work. Culture and context matter to help provide deeper understanding and better decision-making. In fact, culture includes communications and information handling. Stories that engage the audience based on cultural tradition helps groups learn and grow (Soukup, 2012).

Timeless Myths

Stories that come close to timeless myths have strong resonance with people and long-term remembrance (Baldie, 2018). Timeless, cultural myths and human experiences achieve deep and lasting connections with audiences. Myths are part of the human psyche (Baldie, 2018). Ancient ancestors told stories and theorized how the world worked. For example, the ancient Greeks developed rationale as to why thunder and

earthquakes occurred. It was the gods' actions that explained the random phenomena (Campbell, 1988).

Great stories that align with ancient myths and profound elements of storytelling immerse the audience and awaken emotions (Baldie, 2018). People relate to human experiences such as hope and heartbreak. These are emotional triggers, and people connect on a deeper unconscious level. The myths provide meaning and a sense of the surrounding world (Baldie, 2018).

Visual Storytelling

Campbell (1988) shared tales of talking snakes and flesh-eating rituals. These are mythologies that different cultures created. Stories need not be fantastical or strictly an oral process. Just as ancestors created stories on cave walls or animal skins, stories can be embedded in visual ways (Lawrence & Paige, 2016). Snowber (2012) used dance as means for individuals to become more aware of the world around them. According to Snowber, "Dance has the capacity to be the muscle of imagination, a magical invitation through the creative process to reimagine new worlds. We can dance our stories" (p. 56).

Saldana (2005) stated that ethnodrama is a form of performative storytelling. People are encouraged to share personal stories based on prompts. Participants tell their story to different partners, each time adding sensory detail. In addition, the story focused on a beginning, middle, and end. The stories are ultimately performed by others, providing the storyteller with a mirror image of his or her experience.

Similarly, Goodman, Ellinger, and Mount (2014) focused on transformative learning experiences using colored pencils to draw their emotions. The process, known as "fluid sculpture," allows an evolving story in which participants portray emotions and

create a visual sculpture. Visualizing actors playing out the story assists the storyteller to find new meaning in his or her experiences.

Finally, digital storytelling combines visual images and sound to tell stories (Lawrence & Paige, 2016). The multimedia approach allows stories to be communicated at a distance. Brendel, Chou, and Bowman (2014) used collaborative digital storytelling in organizations to facilitate change. Individual stories are told, and participants revise and reimagine the story in creative ways.

Storytelling is a way of healing isolation, and the visual images of digital technology may foster socialization (Lawrence & Paige, 2016). Storytelling was used in ancient times to create community and share cultural knowledge. To create community, cultures communicate their histories through story and have specific biases for the type of knowledge to be passed on to other generations. The storytelling or method of information handling varies, yet stories, whether told orally, written, or physically performed, create an inclusive way of sharing knowledge. Storytelling is a time-honored art and an important link to a sustainable society (Lawrence & Paige, 2016).

Theoretical Foundations

Several theoretical underpinnings are referenced to create an understanding of organizational storytelling. These theories are important to provide a lens through which the research is evaluated. The theories explored in the next sections serve as a foundation for this study. Social learning, complexity, multiple intelligence, social constructivist, and narratives are theories examined for this research.

Social Learning Theory

Bandura (1977) introduced a framework for describing human behavior. The social learning theory describes how people learn through observing others' behaviors. Observational learning teaches complex behaviors simultaneously to a large number of people. People understand their world through vicarious learning and modeling. Social behavior is learned not through trial and error but rather through symbolic modeling (Rausch, 1965). Individuals watch each other and what happens to them as a result of their actions.

Social learning theory explains human behavior in terms of reciprocal determinism. Bandura (1977) believed that behavior, knowledge, and environmental influences affect each of the other parts. People can self-regulate and exercise control over their own actions. Individuals can affect their behaviors by setting goals and mediating consequences for their actions. Furthermore, self-regulatory processes are initially learned as a result of rewards and punishment. Once internalized, they in part determine behavior (Bandura, 1977; S. M. Berger, 1961; Hillix & Marx, 1960; Rosenbaum & Hewitt, 1966).

People use verbal and nonverbal symbols such as language and images to process information and experiences (Bandura, 1971). The symbols serve as a guide to future behavior. Symbolic modeling is significant for human learning and transmitting information. Without the symbols, people would have to solve problems by finding alternative solutions. Through cognitive abilities, however, people can consider different options and possibilities and guide their behavior by anticipating consequences (Bandura, 1971).

Social learning theory has served as a framework for understanding human behavior. Bandura (1971) demonstrated that people learned by observing others. In a study on aggression, children watched adult models kick a life-sized inflated clown doll. Later, the children enacted the exact behavior by modeling the adult's aggressive behaviors. In a related experiment, Bandura (1977) had a group of children watch the film of adults aggressively hitting the doll and being punished while another group of children witnessed the same behavior and adults being rewarded for the behavior. Those children who watched the modeled behavior with punishment displayed fewer aggressive behaviors than those who watched the behavior being rewarded. The study reinforced how observation affects behavior.

The study addressed three core concepts of social learning theory. First, people learn through observation. The experiment listed exemplifies how children learn and imitate behaviors. Second, psychological states are important to learning. Observation alone will not lead to sustainable change. An individual's mental state and motivation play a part in determining whether behavior is learned and changed (Bandura, 1977; Rausch, 1965). Finally, learning does not necessarily lead to a change in behavior. Bandura (1977) noted that observational learning showed people can learn new information without learning or changing behaviors.

There are several steps in observational learning: attention, retention, reproduction, and motivation (Bandura, 1977). In order to learn, one must pay attention. Retention is the ability to store information and act on it later. On the other hand, reproduction is the performance of the behavior observed. Lastly, for observational

learning to be successful, individuals must be motivated to imitate and reinforce the behavior.

Self-efficacy is the principal mechanism of behavior change (Bandura, 1977). The underpinning belief is that all successful interventions operate by strengthening an individual's ability to cope with difficulties. Self-efficacy is strengthened when people master difficult tasks and see others successfully perform challenging assignments. In addition, when people believe they can perform a task and approach functions calmly, the likelihood to succeed increases (Bandura, 1977).

Social learning theory represents a theory of human behavior that incorporates the reciprocal interaction of internal and external stimuli. Psychological functioning is coined *reciprocal determinism*, and the world and a person's behavior cause each other (Bandura, 1977). Social learning theory may be used to understand how positive role models may encourage desirable behaviors and facilitate effective change.

Complexity Theory

The study of complexity and chaotic systems addresses how order and structure arise in organizations. The theory processes many independent variables that order themselves in a logical way (Boal & Shultz, 2007; Lewin & Regine, 2001). Together they produce adaptive behavior patterns. Aggregation results in a collection of individual behavioral characteristics combined to produce coordinated patterns of group behaviors that change to environmental circumstances (Boal & Schultz, 2007). The theory of complexity provides a way of thinking and a way of seeing the world.

Nicolis and Prigogine (1989) proposed that another way of looking at complexity is to speak of complex behavior rather than systems. Behavioral studies reveal common

characteristics among different systems and help understand the deeper nature of systems. For example, cross-functional teams bring together interdependencies and constraints, particularly in the early design phases, and the system behaviors become more complex (Boal & Schultz, 2007).

Complex behavior arises from the interactions within a system and between a system and the environment (Mitleton-Kelly, 2003). Complex behavior arises out of connectivity and interdependence. Complex systems are multidimensional, and social, cultural, technical, and economic dimensions may influence each other. Yet, complex evolving systems adapt, evolve, and create new understanding and coherence of the world (Lewin & Regine, 2001; Mitleton-Kelly, 2003).

Propagation of influence depends on the degree of connectivity and interdependence. Connectivity is the extent to which individuals depend on and relate to others. In a social context, everyone belongs to many groups and his or her contribution may vary in each context depending on the other individuals in the group (Mitleton-Kelly, 2003). Connectivity between individuals varies over time with the diversity and quality of interactions with others.

It is the degree of connectivity and relationship that allows for the transfer of knowledge. That exchange, known as *coevolution*, is when one entity changes in the context of another and the emphasis is on evolution of interactions (Mitleton-Kelly, 2003). Coevolution is associated with learning. For example, if one team learns to optimize working together, how can that knowledge be transferred to other teams to help them evolve?

In order to thrive, organizations must explore their space of possibilities and require new ways of seeing things (Kauffman, 2000). Complexity suggests that for organizations to survive, individuals need to be constantly trying different strategies. Flexible adaptation involves considering a small change and implementing incremental modifications in a novel way (Kauffman, 2000).

In order to implement small change, feedback is essential. Specifically, positive feedback reinforces progression whereas negative feedback reduces movement (Mitleton-Kelly, 2003). When an organization, as a system or entity, is experiencing tremendous change (such as acquisitions and mergers), the change may affect morale and productivity. Positive feedback reinforces organizational transformation (Mitleton-Kelly, 2003).

According to Mitleton-Kelly (2003), complexity theory argues for a different approach to managing organizations through an enabling infrastructure. This involves the actions of individuals and groups to constantly influence and create new structures and ways of doing things (Mitleton-Kelly, 2003). The complexity approach is one of fostering organizations to explore their space of possibilities and be open to new ideas. Furthermore, a supportive infrastructure involves the provision of space, including psychological space, to others to learn and transfer knowledge (Mitleton-Kelly, 2003). Leaders must recognize the evolving change and remain nimble. Complexity theory informs that it is the leader's role to learn from others by listening and creating space to share narratives in complex organizations.

Multiple Intelligence

Multiple intelligence theory (H. Gardner, 2006) addresses human intelligence. H. Gardner (2006) defined intelligence as the ability to solve problems that are valued in different cultural settings. The framework found that each human being is capable of processing seven independent forms of intelligence. Types of intelligence include logical-mathematical, linguistic, musical, spatial, bodily-kinesthetic, interpersonal, and intrapersonal (H. Gardner, 2006).

H. Gardner (2006) reviewed the literature to understand how cognitive abilities were developed in normal humans. They examined the cognitive breakdown of individuals with organic pathologies. H. Gardner (2006) investigated the thought processes of prodigies and special-needs individuals. Finally, a review of intellect forms in various cultures and cognition across generations was conducted.

H. Gardner (2006) claimed that, over time, human beings evolved to carry out at least seven forms of thinking. All humans have a range of intelligences based on heredity and environmental circumstances. Moreover, some individuals will exemplify one or more forms of intellect.

Logical-mathematical intelligence is often labeled *scientific thinking*. The frontotemporal lobe in the brain supports logical thought whereas the parietofrontal lobes are used for numerical calculation. Core components of logical-mathematical intelligence include a sensitivity to discern numerical patterns and to handle complex chains of reasoning. Scientists and mathematicians may exemplify this form of intelligence (H. Gardner, 2006).

Linguistic intelligence is often displayed in poets or journalists (H. Gardner, 2006). Broca's area in the brain is responsible for grammatical sentences. Individuals who exhibit this form of intelligence are sensitive to the meaning of words and different functions of language.

Spatial intelligence is predominant in navigators or sculptors. Individuals can visualize objects from many angles. The middle regions of the left cerebral cortex of the brain are the site for linguistic processing (H. Gardner, 2006). The core components of people who exhibit spatial intelligence have the capacity to perceive the visual-spatial world accurately.

Musical intelligence is exhibited in the right hemisphere of the brain (H. Gardner, 2006). The intelligence manifests itself by the ability of individuals to appreciate musical and rhythmic expression. Composers and musical artists typically exemplify this intellect.

Bodily-kinesthetic intellect is localized in the motor cortex of the brain. This is the ability to use one's body to express emotions and skillfully move gracefully. Dancers and athletes exhibit this intellect (H. Gardner, 2006).

Interpersonal intelligence is the ability to discern and respond appropriately to the motivations and desires of other people (H. Gardner, 2006). Bradberry and Greaves (2009) noted that emotional intelligence was a core factor of interpersonal intelligence, particularly the ability of individuals to demonstrate social awareness and relationship management. Caregivers, therapists, and service-oriented people typically exemplify this intelligence (H. Gardner, 2006).

Intrapersonal intelligence is the knowledge of one's own emotions (H. Gardner, 2006). Individuals who score high on the emotional intelligent assessment of self-awareness and self-management exhibit high intrapersonal intelligence levels (Bradberry & Greaves, 2009). The core components of intrapersonal intelligence include the ability of individuals to discriminate their own strengths and weaknesses and draw on them to guide behavior.

Although all humans demonstrate the seven intelligences, they may not be exhibited equally. Individuals must be able to translate and communicate the horizon of intelligences to adapt and process information in organizations (H. Gardner, 2006). The implication for leaders is to tell stories that appeal to others and be processed by all the intelligences. Stories that are appealing and transmutable can be conveyed through different mediums (H. Gardner, 2006).

Social Constructionist Theory

Social constructionist theory views knowledge as constructed rather than created (Andrews, 2012). Social constructionists attempt to make sense of the world and recognize that society is viewed with a subjective and objective reality (Andrews, 2012). In other words, there is shared meaning of the world. Social constructionist and constructionist theory are interchangeable. Young and Collin (2004) noted that constructionists focused on individual construct of world experiences through cognitive processes whereas social constructionists proposed a social perspective of viewing the world.

The origins of social constructionist emerged from an interpretivist approach to thinking. Social constructionists and interpretivists align with recognizing that meanings

are created and sustained. The focus is to understand the lived experiences of those individuals who live it (Andrews, 2012).

Interpretivists differ from social constructionists because the former's goal is to understand the meaning of social phenomena. Interpretivists seek to develop an objective science to study. Social constructionists view knowledge as constructed and understand how knowledge emerges and is significant to society. P. Berger and Luckmann (1991) espoused that knowledge was created by interactions of individuals within a society, yet society has both an objective and subjective reality.

An objective perspective centers on interactions of people in a social world. In turn, how people interact influences others, resulting in routines and habits. The repeated actions, therefore, become patterns and free people to engage in innovative processes rather than starting anew whereas the subjective reality involves individuals given an identity and a place in society. Burr (2003) suggested that identities originate from social realities rather than within the person. Socialization, therefore, takes place through others who internalize meaningful moments. Language is the medium to make thoughts possible and provides a way to structure how the world is experienced.

Language and conversation are important means to construct subjective realities (P. Berger & Luckmann, 1991). Shared meaning and understanding compose subjective reality and do not need to be redefined each time used in everyday conversation. For example, P. Berger and Luckman (1991) used "have a great day at the office" to construct subjective realities. The intent is broad and subjective, yet the words could be interpreted differently based on tone.

Finally, social constructionists emphasize how daily interactions between people use language to create reality (Andrews, 2012). The conversations and narratives told help people construct reality. Stories help new members socialize and garner commitment (LeShan, 1976). Social constructionists embrace change and focus on meaningful interactions with others.

Narrative Theory

Narrative theory is the deliberate communication for certain purposes from one or more persons to others (Phelan & Rabinowitz, 2012). Stories are intentional constructs in which characters, settings, and plots are structures. Core components of narratives include authors, narratives, plot, time, space, setting, perspectives, and value (Phelan & Rabinowitz, 2012).

Two divergent perspectives of narratives include mimetic and antimimetic. Phelan and Rabinowitz (2012) stated that narratives are mimetic in nature and involve the readers to associate the characters as real. Conversely, Richardson (2012) believed that antimimetic narratives should be included in narrative theory. Antimimetic narratives are fantastical and envision artificial worlds and behaviors.

Phelan and Rabinowitz (2012) stated that narratives are multilevel communications and address both meaning and human experiences. The authors sought to understand diversity of narratives and how stories are used for multidimensional purposes (Phelan & Rabinowitz, 2012). Narrative theory identifies how texts are composed by the narrators and their effect on readers. The design of words, techniques, structure, and genres used affect the reader's responses.

Narrative progression is the means by which authors accomplish their purposes. Phelan and Rabinowitz (2012) addressed how the bridge between textual dynamics and reader dynamics is formed by narrative judgements. Simply stated, interpretation and ethical and aesthetic judgements are read by readers, and their interactions affect the reader's response.

Audiences respond to mimetic, thematic, and synthetic components (Phelan & Rabinowitz, 2012). In addition to mimetic, thematic components evoke the reader's ideological association with the characters. The synthetic component involves the reader's attention to the character constructs and the alignment with the reader's aesthetic judgements. Some narratives emphasize one component more than others whereas many narratives are evenly distributed (Phelan & Rabinowitz, 2012).

Richardson (2012) addressed how mimetic narratives resemble nonfictional stories while antimimetics suggest artificiality. Nonmimetic narratives are fantastical and envision different worlds and behaviors. Nonmimetic narratives provide a conceptual framework that ignores the conversations of ordinary storytelling. In other words, antimimetic stories may focus on nonhumans, represent fictional artifacts, and describe events in an unrecognized world (Richardson, 2012).

Richardson (2012) believed that antimimetic narratives should be included in narrative theory. The inclusion will allow the reader to have a comprehensive theory of narrative rather than focus solely on mimetics. In addition, the antimimetics allow the reader to come to terms theoretically with historical literature of this time: avant-garde, later modernist, and post-modern. By doing so, the reader could understand the distinct nature of narrative fiction and opened the theory to a vast array of historical literature.

Furthermore, inclusion of antimimetic stories connected modern literature with experimental work in other genres such as painting, art, and dramatic theatre (Richardson, 2012). Finally, the goal of Richardson's work was to integrate outrageous and playful texts.

Similarly, Rotmann (2017) posited that fairy-tale stories are useful in organizational behavior change because they can be easily explained to different cultures and backgrounds. Antimimetic narratives are a flexible way of eliciting stories that may be adapted to various audiences. Finally, fairy-tale stories are engaging and creative and can foster team collaboration.

Narratives told in organizations should consist of story core components. Most narrative theories are based on mimetic supposition (Phelan & Rabinowitz, 2012). Characters resemble humans and settings resemble real life. Stories told in organizations express the meaning and lived experiences of the storyteller. Finally, audiences respond to Phelan and Rabinowitz's (2012) mimetic, thematic, and synthetic components and associate the stories with their own hopes and desires.

Theoretical Framework

Organizational storytelling provides leaders with a way to inculcate a positive set of values in the hearts and minds of followers. It has a wide application as it encompasses oral and written images, and videos and moves the organization toward a compelling future vision. Leaders need to employ a variety of narrative patterns to achieve specific goals. Eight narrative patterns are presented: ignite action and implement new ideas, build trust, build organizational brand, transmit organizational

values, foster collaboration, share knowledge, neutralize rumor, and create and share vision (Denning, 2011).

Ignite Action and Implement New Ideas

Springboard stories are used to catalyze understanding and describe how organizations may expedite action and change. Stories told to inspire others and describe execution strategies to engage staff in embracing change are important (Chianese, 2016; Denning, 2011). The narratives told to motivate staff to action have several main characteristics: change ideas, authenticity, consequences if change does not occur, and positive tones.

Leaders who tell stories must clearly articulate the change idea. The idea must resonate with people's hearts and communicate the purpose of the change (Denning 2011; Hutchens, 2015). Stories, where successful changes are implemented, solidify the readiness for potential execution.

Stories need to be authentically true because people may validate the facts (Denning, 2011). Furthermore, details of the story's time and place signal listeners to be attuned that the story happened. In addition, storytellers need to introduce a protagonist with the time and place of a story at the start. Listeners will identify with the hero or heroine of the story.

Narratives need to be clear in what may happen if the change does not occur. In addition, the stories need to be told in a simple way. Minimalist stories focus on listeners' internalization of change (Luthi, 1982). Internalization involves an identity transformation. The goal of a story with less detail is to create a vehicle for listeners to craft their own story.

Stories that motivate action need to communicate values and inspire people to movement (Denning, 2011; Hutchens, 2015). Storytelling leaders may link the story to a change idea by using appreciative inquiry skills. The role of stories within an appreciative inquiry approach is to focus on strengths rather than problems. For example, the leader may solicit the listener's experience by asking open-ended questions such as "Can you imagine that?" The goal is to elicit a positive desire for action (Denning, 2011).

Build Trust

To connect with others on a human level, leaders need to be willing to express emotions (Kaplan & Manchester, 2018). Vulnerability is paramount to show others a leader's fragility. Leaders who are willing to be authentic by appearing vulnerable forge a bond of trust and establish credibility with others (Denning, 2011; Kaplan & Manchester, 2018).

Leaders who share narratives about their personal experiences and defining moments allow listeners to live their story (Denning, 2011). Followers will reflect on the story's fundamental values and heartfelt moments. By telling stories in this way, leaders reveal personal insight and demonstrate courage and humility (Kaplan & Manchester, 2018).

Life stories are also identity stories and are not minimalistic (Denning, 2011). Rather, the aim of identity stories is to put a human face on the storyteller as a person. Narratives shared about how a leader overcame adversity and solved challenging problems inspire others. Finally, life-shaping narratives enhance listeners' trust and create powerful connections with leaders (Denning, 2011; Kaplan & Manchester, 2018).

Build Organizational Brand

Individuals can establish trust with others by telling stories. Similarly, organizations may build trust with others by sharing who they are and describing services offered (Denning, 2011). Organizational branding is sharing customer stories and how expectations are exceeded.

Early in the 21st century, marketing departments branded organizations using one-way communications (Denning, 2011). The model changed over time as the power shifted from sellers to buyers. Social media, or electronic communications, enables users to question organizational stories and challenge the messages.

Organizational branding consists of three kinds of stories: organizational stories, organizational services, and customer stories and perceptions of experiences (Denning, 2011). Organizational stories address the history, mission, values, and key milestones that define the organizational vision. Stories of organizational services communicate differentiation. Finally, customer stories, particularly if messaged on social media, can have a significant impact (Denning, 2011).

Branding in the 21st century is listening to customer stories. Successes in marketing revolve around building passion and loyalty among a customer base and predicting that customers will share their experiences and positive stories (Schultz, 2010). Finally, organizational stories must link to the brand narrative. Stories should reflect the organizational mission, process, and values (Denning, 2011).

Transmit Organizational Values

Values clarify organizational identity and guide actions. Serving as a cultural cornerstone, values reflect the company's founders. Core values are principles that distinguish an organization from the competition (Lencioni, 2002).

Values need to be lived and embraced in action. There is a difference between values that organizations think they should have and values that are actually present. People perceive and call out inconsistencies between espoused values and lived values in leaders and in organizations. Leaders who say one thing and do another generate distrust (Denning, 2011).

Denning (2011) noted that ethical values are exemplified with the leader's language. The words used by the leader illustrate the leader's values. Authentic leaders view staff as a community, and trust, loyalty, and caring for each other's interests is palpable. In addition, ethical organizations embody values and transmit them through narratives.

Stories that convey values are shared in a minimalistic fashion. The lack of detail allows the listener to be actively involved in the vision. By sharing stories about what people care about, values are solidified in the hearts and minds of followers (Boal & Schultz, 2007; Denning, 2011). Furthermore, shared values create trust and promote collaborative working relationships.

Foster Collaboration

Collaboration is working together and is important for organizational effectiveness (Denning, 2011). People work together in work groups, teams, communities, and networks (Hackman, 2004). Work groups and teams focus on group

objectives whereas communities and networks reflect high-performance teams. These latter teams demonstrate an excitement, passion, and commitment to shared goals and values (Denning, 2011).

A hierarchical approach does not work with high-performance teams; rather, effective collaboration relies on shared values. Leaders who have mastered narrative storytelling drive high-performing teams to action (Katzenbach & Smith, 1994). Narratives create action when the work requires it, people want it, and technology makes it possible (Denning, 2011).

Springboard stories establish common meanings and help high-performing teams visualize new and different ways of doing things. Narratives about the past and future help teams view possibilities and give them the freedom to innovate. By having high-performing teams identify common goals and challenges, a sense of collaboration is fostered, and the team can develop its own story for transformation to occur (Denning, 2011).

Share Knowledge

Narratives consist of knowledge sharing components and give meaning to human behaviors (Bourbonnais & Michaud, 2018; Denning, 2011). Knowledge stories are often about problems and difficulties. Denning (2011) suggested that the addition of interesting components keeps an audience engaged. Furthermore, knowledge stories should include details for people to make sense of challenges and visualize how the future may unfold.

To embrace knowledge stories, it is essential for the listener to address the root cause of the organizational problems. Analysis of the issues is deepened with multiple

perspectives. Teams move forward in a positive way when trust is evident and people feel safe talking about challenges (Denning, 2011). According to Denning (2011), there are three types of knowledge-sharing stories: scapegoat, where others are blamed; victims, where individuals blame themselves; and helplessness, where nothing can be done. It is imperative that organizational leaders control underground stories and mitigate rumors while sharing official stories to foster shared knowledge and understanding (Denning, 2011).

Neutralize Rumor

Gossip and rumors may not be based on rational analysis. The absence of knowledge perpetuates gossip. The grapevine is most dangerous after a change has been implemented. Therefore, stories arising from gossip and rumor are mostly unfounded, can be retold endlessly, and can adversely affect organizational health (Denning, 2011).

Grapevine stories are a normal response to uncertainty (Denning, 2011). As organizations embark on new directions, there will be people who will not agree. Management does not have the capability to stop stories from being told, yet leaders can tame the rumors by executing proactive strategies.

One way of addressing the rumor mill is with counterstories. The use of gentle satire and humor can invite staff to recognize the foolishness of the gossip (Denning, 2011). If the stories are true, leaders need to work with the underground and put rumors into perspective. Furthermore, leaders need to consciously recognize how their behaviors contribute to gossip (J. S. Brown et al., 2006). Leaders need to openly communicate, solicit staff concerns, and assure psychological safety (Denning, 2011).

Finally, underground rumors may surface to open opposition. The use of positive stories and articulation of the rationale for change may help leaders respond to concerns. It is important to provide staff defenses against negative stories and help supporters tell the story. The organization should have structural measures in place to reinforce the story and believability (Denning, 2011).

Create and Share Vision

A primary task of leadership is to help others envision a promising future by sharing visionary stories (Denning, 2011). Kouzes and Posner (2006) noted that people want to hear about how their individual dreams and hopes will come true. A central responsibility of leadership is to inspire a shared vision (Boal & Schultz, 2007; Denning, 2011). Leadership needs to be able to describe and communicate a compelling picture of the future and understand what others want.

Powerful future stories are hard to convey because the future is unknown and unpredictable. Yet, leaders must be clear on the type of future story told and bring the people together who may implement the story (Denning, 2011). When possible, leaders should tell the future story as though it has already occurred. Future stories begin with sharing the past and imagining the future (Denning, 2011).

Visionary stories point organizations in a desired direction. Strategies for successful execution focus organizational attention on achieving realistic goals (Denning, 2011). Finally, future stories may deepen the understanding of the current state and expand the listener's horizon as he or she envisions alternative futures.

Storytelling in Organizations

Across the world, organizations have told stories for years to convey powerful messages. All cultures from traditional tribes to modern-day organizations use stories to share cultural lessons, engage listeners, and help people through change and transitions (Parkin, 2010). Storytelling in organizations supports individuals to make sense with human relationships (Boje, 1991).

As organizations have expanded globally, challenges exist with effectively developing relationships and communicating with different cultures (Barker & Gower, 2010). Diversity established the need to work competently with the multiplicity of age, gender, race, religion, and ethnic differences (Lamsa & Sintonen, 2006). Verbal and nonverbal communications differ in diverse workforces. Furthermore, there are differences between individualistic and collective cultures (Barker & Gower, 2010). Individualistic cultures are where people are positively viewed if they are assertive and independent versus collective cultures where self-sacrificing and generous behaviors are of greater importance.

Leaders must be sensitive to those differences in individual and collective learning and cultural values (Barker & Gower, 2010). Storytelling is a cross-cultural way of communicating. Stories are told to introduce change, approach work differently, and influence culture (Barker & Gower, 2010). Organizational cultures reflect members' backgrounds and experiences, and the health of companies is the ability to cope and adapt (Schein, 1996). The leader's role in recognizing member differences and telling stories to improve social relationships is essential to building communities (Barker & Gower, 2010).

Storytelling is a powerful way to communicate and establish relationships. Humans tend to use logic in listening to stories and creating their own reality (Denning, 2006). The morals of stories can help transition organizations through change (Parkin, 2010). Metaphors are a way to help people navigate through organizational challenges and make sense of chaos. For example, Parkin (2010) espoused that just as the ancient art of storytelling began with the “once upon a time” transition, organizational transitions begin with members stating the adage, “We have always done things this way.” Many times, change is inevitable in organizations, and the stories told to communicate the future and stimulate curiosity will enable followers to engage their minds (Parkin, 2010).

Organizational storytelling is an approach to creative problem-solving in organizations (Mitroff & Kilmann, 1975). According to Denning (2001), storytelling is not a replacement for analytical thinking. Rather, it enables members to imagine new perspectives, communicate change, and stimulate innovation. Storytelling draws the left brain’s logical and verbal reasoning together with the right brain’s visual and emotional thinking to arouse emotion (Parkin, 2010). Moreover, stories help leaders and teams connect with others, share knowledge, and act as a learning tool. The process of sharing stories with others can be powerful and cathartic (Parkin, 2010).

Storytelling in Healthcare Organizations

Stories in healthcare organizations have centered on patient care (Fancott, 2016). Stories appeal to the heart and mind and connect individuals through compassion. Storytelling can help healthcare professionals better understand the patient’s experiences of illness and care. To humanize healthcare and engage caregivers in quality and safety efforts, stories are used to address patient harm and risk mitigation strategies.

Furthermore, narratives can stimulate discussion to improve patient satisfaction, patient engagement, and organizational change management (Fancott, 2016).

There are many uses of stories in healthcare. Haigh and Hardy (2011) noted that narratives can be used to foster healthy behaviors in vulnerable populations. Stories provide an understanding of patient experiences. Similarly, Wilkin and Ball-Rokeach (2006) suggested that storytelling is used to share health information with high-risk groups. Specifically, stories, when shared in group settings, stimulate peer discussion and promote engagement.

Stacey and Hardy (2011) indicated that stories are used in healthcare settings to educate and provide knowledge on health and well-being. Others have noted that stories help patients make sense of the health journey and help to build trust between caregivers and providers (Haigh & Hardy, 2011). Clarke, Hanson, and Ross (2003) concluded that stories strengthen relationships and help nursing homes “see the person behind the patient” (p. 701).

In the medical profession, storytelling is used to forge a sense of belonging (Weller, 2018). For example, members of identity groups claim to suffer discrimination and social rejection (Foster, 2012). Stigmas remain a barrier to health promotion, and treatment choices may differ from best practices (Cripe, 2018). Narratives help acknowledge oppressive patterns and improve communications between patients and caregivers. In addition, stories are used to help foster a sense of belonging among staff. Patient stories are powerful vehicles for staff to identify with vulnerable patients and enhance compassion while delivering care (Weller, 2018).

Stories are also used in healthcare education. Greenhalgh (1999) noted that medical professionals discount stories as nonevidence based yet admit imagination as an asset for scientists. Schwartz and Abbot (2007) stated that narratives are used in nursing education as effective teaching and learning strategies. The stories help humanize caregivers to the plight of patient experiences and illnesses. In the information age, nursing students have found the use of digital stories to be effective teaching tools. Stories help transition students to registered nurses while illuminating ways to connect with patients (Stacey & Hardy, 2011).

Narrative Leadership and Care

As part of sharing and understanding patient stories in healthcare organizations, caregivers must be willing to listen and learn from stories people convey. Narrative leadership is the competence required for caregivers to absorb, interpret, and respond to stories (Last, 2012). Narratives may be oral, visual, written, or digital, and healthcare professionals need to look for the hidden stories in body language. Randall (2016) mentioned that narrative environments support people willing to listen to each other and clarify messages.

Furthermore, narrative environments must be cultivated (Randall, 2016). In healthcare, caring is the heart of the profession. Caregivers need to acknowledge that each person has a story or a narrative. New meanings emerge as individuals interpret events in their lives and make sense of events. Narrative care involves intentionally listening and viewing stories through the patient's lens (Randall, 2016).

Narrative care is defined as fostering wisdom environments and inviting people to grow in terms of coherence, credibility, differentiation, openness, and generative

integration (Randall, 2016). Coherence is whether the story told is logical whereas credibility is the grounding of the story. Differentiation is how stories unfold with multiple subplots, and openness is an evolving narrative that reaches out. Finally, generative integration is the connectedness and reconciliation of the negative and positive stories.

Narrative care is centered on honoring and respecting the patient's story. Narratives are inseparable from the patient's identity and involve the engagement of the heart. Healthcare professionals need to develop the skills and competence to effectively support patients in their wellness, illness, and experiential journeys (Randall, 2016).

Marketing and Brand Awareness

As caregivers develop narrative competencies, healthcare organizations need to understand the communities they serve (Shi & Singh, 2001). Many medical establishments strive to be community partners and deliver optimal care. The use of broad communications highlighting physician recruitment strategies, blood mobiles, and rural health clinics and health fairs to foster preventative care are some important strategies for community awareness (Elrod & Fortenberry, 2018).

To engage patient populations, marketing departments are called upon to provide a variety of communication techniques. Stories told from patient perspectives help consumers transport themselves and identify with the storyteller (L. B. Frank, Murphy, Chattrjee, Moran, & Baezconde-Garbanati, 2015). Identification with stories is a way through which narrative persuasion takes place. Listeners can imagine themselves feeling connected and living vicariously through someone else (L. B. Frank et al., 2015).

While individuals imagine themselves being connected, society is bombarded with input from online news and social media. Patients and healthcare professionals must sift through an exponential amount of information and identify which stories are truthful. In the end, it is more important to use stories to market and brand organizations and connect with the patient served. Patients want to know the healthcare organization they choose will provide optimal quality care and may be trusted partners in their healthcare journey (L. M. Harter et al., 2018).

Employee Engagement

In addition to marketing professionals communicating organizational stories, employees may be engaged to deliver on the brand promise (Alcorn, Campanello, & Grossman, 2008). Internal branding is a way to instill passion in employees and share stories on behalf of the organization. Internal branding in healthcare organizations inspires and engages employees to deliver on the promise. According to J. K. Harter, Schmidt, and Hayes (2002), organizations with high engagement scores have an 18% higher productivity and 12% higher customer advocacy as compared to organizations with low engagement scores.

Engaged employees feel valued and appreciated and have a clear understanding of the organizational goals. They are willing to be more productive and devote extra time and effort to attaining those goals. Employees understand who their key audiences are and involve others in crafting narratives. The core messages articulated by staff must be meaningful to them. Stories told from the heart inspire others to facilitate organizational transformational change (Alcorn et al., 2008).

Organizational Identity

In conjunction with narrative leadership, marketing, and employee engagement strategies, stories are also told in healthcare organizations to create organizational identity in times of significant change (Rodriquez & Belanger, 2014). Organizational identity is a form of collective identity or a shared sense of belonging (Brewer & Gardner, 1996). Organizations may display many identities, and organizational members need to make sense of their identities. For organizational change to occur, members need to change their mind-set (Chreim, 2002).

Organizational identity and change emerge through narrative structuring processes. In other words, potential disruptive events in organizations may trigger members to question their sense of self. The role of metaphors helps to convene new meanings while creating hope for a brighter future (Rodriquez & Belanger, 2014).

According to Gabriel (2004), “Narratives and stories feature prominently as sensemaking devices, through which events are not merely infused with meaning, but constructed and contested” (p. 62). Metaphors are figures of speech that play an important role in identity construction (Sveningsson & Alvesson, 2003). Furthermore, metaphors guide processes resulting in new organizational identities (Sveningsson & Alvesson, 2003).

Rodriquez and Belanger’s (2004) research focused on how healthcare professionals make sense of repeated organizational change by remaining attached to the organization’s identity. Chreim (2002) noted that members addressed turmoil and adapted to change by visionary leadership. Members recognized the new vision and

understood the metaphors, yet they continued to identify with the original organization's identity.

Stories told in healthcare organizations support patients and interactions with caregivers. In addition, stories help organizations overcome disruptive changes. The role of leaders to communicate brand, engage employees, identify with the organizational identity, envision a new future, and help members in the journey is essential for organizational success (Rodriquez & Belanger, 2004). The next section addresses the role of chief nurse executive and how stories are told in healthcare organizations.

Role of the Chief Nurse Executive and Storytelling

Healthcare leaders are charged with transforming their organizations and executing strategies to promote safety, enhance patient experience, improve employee engagement, and optimize productivity (Sikka, Morath, & Leape, 2015). The healthcare landscape is evolving, and to remain competitive in the market, leaders must identify system vulnerabilities and rapidly detect deviations from evidenced-based practices (Dempsey & Assi, 2018; McCay, Lyles, & Larkey, 2017; Meadows, 2016). High reliability organizations focus on reliability and resiliency in processes and outcomes. High reliability organizations require senior leaders to create mindfulness and garner action for all caregivers to have a preoccupation of failure regarding a patient (Jeffs et al., 2018). Resilient organizations promote a mind-set of what could go wrong with any process and focus on a culture of safety.

Chief nurse executives are integral members of the senior leadership team in healthcare settings. A chief nurse executive is a visionary leader for nurses who establish strategic goals in alignment with organizational objectives (Jeffs et al., 2018).

Transformational chief nurse executives inspire, energize, and influence the nursing workforce to deliver high-quality patient care.

Chief nurse executives may also be titled chief nursing officer, patient care executives, or director of nursing depending on the healthcare organization. Most chief nurse executives hold advanced degrees, are members of the senior leadership team, and have direct access to the president or CEO (American Organization of Nurse Executives, 2015). The access to a top hospital administrator is essential because the CEO can be a voice and advocate for nursing (Jeffs et al., 2018). Furthermore, chief nurse executives need to be strategic thinkers, emotionally intelligent, and have the ability to create highly reliable organizations while building credible relationships with frontline staff (Jeffs et al., 2018).

Core responsibilities of chief nurse executives are to advance the practice of nursing by providing nursing governance (Pailet, 2016). Other duties include budgeting obligations, staff development, and assurance that staff levels are optimal for patients to receive high-quality care. Chief nurse executives provide visionary leadership and strategic nursing management (C. L. Crawford et al., 2017). Furthermore, the chief nurse executive's role with accelerating quality and patient safety improvements is an essential function for patient care (Kerfoot, 2009).

According to C. L. Crawford et al. (2017), chief nurse executives must demonstrate several core competencies. Communication and relationship building are essential to build trust (American Organization of Nurse Executives, 2015). Healthcare economics and business acumen skills enable chief nurse executives to manage productivity and budgets. It is essential that the chief nurse executives demonstrate

shared decision-making skills to foster collaboration with different disciplines (American Organization of Nurse Executives, 2015). Finally, an understanding of healthcare, clinical practice knowledge, strategic governance, and patient safety are major competency requirements for chief nurse executives.

In order to tackle safety issues that may jeopardize patient care, nurse leaders must model behaviors and engage clinicians to participate in quality-improvement efforts (Blouin & Buturusis, 2012). Nurse leaders engage frontline staff by involving them early in a process (Harmon, Sey, Hiner, Faron, & McAdam, 2010). Early engagement and commitment interlock the group to evolve from the start of a project through to the end. The likelihood of buy-in and support is enhanced when staff understand the rationale behind the initiative (Draper, Fellend, Liebhaber, & Melichar, 2008). Nursing leadership is critical to build a culture that involves the staff's voice and invites their participation in a meaningful way.

Nurse engagement strategies using stories were exemplified in a cross-cultural experience (Quaye & Weismuller, 2018). Nurse leaders from the Association of California Nurse Leaders (ACNL) received an invitation from the Cuban Society of Nursing. The invitation was an opportunity for nurse leaders in the United States to examine how Cuban nurse leaders influenced work environments and delivery of safe patient care (Quaye & Weismuller, 2018).

Storytelling was used to describe how cross-cultural experiences would be shared. Typically, storytelling involves the recorded interviews of participation, and the transcripts would identify themes. In this case, the U.S. research participants were nurse leaders. The participants focused their observations and reflections of the visit. Each

participant told a story of how the experiences affected his or her professional roles. This method allowed the nurse leaders to privately explore and process their experiences and how to create a sense of meaning with what is possible (Quaye & Weismuller, 2018).

Similarly, Murphy (2010) explored how chief nurse executives shared life stories to reflect and gain self-awareness. As the life stories were reframed, nurse leaders gained an understanding of their leadership values and moral compass. Finally, the chief nurse executives recognized their obligation to set high standards and be role models to frontline nursing staff.

Fancott (2016) noted that stories are used in healthcare to understand the patient's experiences of care and illness. Patient interviews are conducted by organizational and nursing leaders and highlight the patient experiences and improvement opportunities. Stories told by patients on social media have allowed leaders to better understand the plight of patient illnesses, safety lapses, and success (Fancott, 2016). Patient stories are shared with staff by the patients themselves and retold by chief nurse leaders. The goal of the stories is to humanize the patient's experiences in the eyes of the staff. For chief nurse executives, storytelling is a key competency they must utilize in their leadership role.

Gaps in the Research

Gaps in the research exist as to how exemplary chief nurse executives in healthcare organizations use stories to ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. The literature does not critically examine competencies that chief nurse executives need to tell stories in their

leadership roles. Although stories are told in healthcare organizations for patient care, training, marketing, and staff engagement, it is not clear how leaders influence transformational change using narratives.

At the time of this study, there had been no research to understand how chief nurse executives use storytelling to lead organizations and implement change in healthcare. There is a gap in the literature on how chief nurse executives tell stories to influence staff behavior. Given the many responsibilities chief nurse executives have in healthcare organizations, it is important to gain a deeper understanding of the use and implications of organizational storytelling.

Summary

In a turbulent world with monumental changes, inspiring and positive stories have the capacity to influence organizational outcomes (Auvinen, Aaltio, & Blomqvist, 2013; Baldoni, 2003; Denning, 2011). Storytellers can make a significant impact on followers by engaging the heart and envisioning a promising future (Denning, 2011). Exemplary leaders who tell compelling stories contrast complex ideas before and after change implementation (Denning, 2011).

Storytelling builds on the ancient traditions to share ideas and meaning (Lelic, 2001). Strategic leaders can tailor stories to help individuals make sense of their environments and to create positive organizational cultures. This literature review investigated eight narrative patterns presented by Denning (2011). Different stories are told based on the leaders' intent to ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. In healthcare, stories are

told to share patient experiences, train caregivers, build organizational brand, and engage followers. There are no known studies that have been conducted regarding how chief nurse executives tell stories to lead and implement change in healthcare. This chapter presented a review of the literature relevant to the study. Chapter III presents the methodology used to conduct the study. Chapter IV presents findings derived from the data, and Chapter V presents the findings, conclusions, implications for actions, and recommendations for future research.

CHAPTER III: METHODOLOGY

Overview

The methodology section of this study is described in this chapter. According to McMillan and Schumacher (2010), the methodology section describes the study design. This chapter includes an introduction, purpose statement, and research questions. It also includes descriptions of the study design, research methodology, population, sample, and a description of the study's instrumentation. An explanation of the data collection process and procedures to analyze the data are provided. The interview process is described along with the steps taken to increase validity and reliability. Chapter III concludes with a summary of the study limitations.

This phenomenological study sought to identify and describe how exemplary chief nurse executives tell stories to address the eight narratives as outlined by Steven Denning (2011). Throughout this study, the term *peer researchers* is used to refer to the three Brandman University doctoral students who worked under the guidance of two faculty chairs in collaborating on the design and implementation of this study.

Purpose Statement

The purpose of this phenomenological study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's (2011) eight narrative patterns (ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision). In addition, it was the purpose to understand how exemplary chief nurse executives use storytelling to create transformational change in organizations.

Research Questions

Central Question

How do exemplary chief nurse executives lead their organizations through storytelling using Denning's (2011) eight narrative patterns?

Subquestions

1. How do exemplary chief nurse executives use stories to ignite action and implement new ideas?
2. How do exemplary chief nurse executives use stories to build trust?
3. How do exemplary chief nurse executives use stories to build the organization's brand?
4. How do exemplary chief nurse executives use stories to transmit organizational values?
5. How do exemplary chief nurse executives use stories to foster collaboration?
6. How do exemplary chief nurse executives use stories to share knowledge?
7. How do exemplary chief nurse executives use stories to neutralize rumor?
8. How do exemplary chief nurse executives use stories to create and share vision?
9. How do exemplary chief nurse executives use storytelling to create transformational change in their organizations?

Research Design

To identify and describe how exemplary chief nurse executives use stories to lead their organizations through storytelling, the methodology selected for this study is a qualitative and phenomenological method. This study is part of a larger thematic study on the use of storytelling by exemplary leaders. A group of three peer researchers and

advisory faculty met, explored, and arrived at the decision to conduct a qualitative phenomenological study designed to gather the lived experiences of each peer researcher's identified exemplary leaders.

McMillan and Schumacher (2010) characterized research as a scientific, evidenced-based inquiry. It is a logical way of collecting and analyzing data for a specific purpose. In addition, research methodology is a systematic and intentional approach to yield data as a research problem. Creswell and Creswell (2018) stated that research approaches may be quantitative or qualitative or mixed methods.

Quantitative research design outlines the procedures for conducting the study and emphasizes objectivity by using statistics and numbers (McMillan & Schumacher, 2010). Roberts (2010) posited that quantitative approaches begin with a set of detailed questions and hypotheses. The data collected are primarily numerical, and variables are manipulated. Researchers seek statistical facts from a large participant sample and use structured interview tools to obtain data (Creswell & Creswell, 2018). Finally, Roberts (2010) stated that researchers may select quantitative designs to generalize the large sample size to one or more populations.

Qualitative research focuses on the lived experiences of individuals from their perspective (Roberts, 2010). The emphasis is gathering data on naturally occurring phenomena in the form of words (McMillan & Schumacher, 2010). According to Patton (2015), the researcher is the instrument of inquiry. It means going into the field and actively striving for a deep understanding in the lives of others. Furthermore, qualitative researchers assert the value of empathy and introspection with personal encounters to fully comprehend human experiences (McMillan & Schumacher, 2010).

Mixed-methods design integrates both quantitative and qualitative research. The design is helpful in identifying relevant questions that may become the focus of a quantitative study (McMillan & Shumacher, 2010). Mixed-methods design provides a comprehensive perspective by including numerical and narrative data (Roberts, 2010). The combination of quantitative and qualitative approaches enhances the study of the process and outcomes and allows investigation of complex research problems. Typically, the mixed-methods approach requires more extensive data collection, time, and resources (McMillan & Schumacher, 2010).

The thematic team also considered a mixed-methods approach. The advantage to conducting a mixed-methods approach is that it provides more comprehensive data. It allows the investigation of different research questions and enhances the credibility of findings from a single method. The disadvantages are lack of adequate training to conduct both types of research, the extensive data collection required, and the way results may mislead readers if the approach does not fully integrate both types of designs (McMillan & Schumacher, 2010).

The method selected for this study was a qualitative phenomenological approach. This study focused on individual interviews with 10 exemplary chief nurse executives to add to this researcher's understanding of organizational storytelling to ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision and support transformational change in their organizations. Small sample sizes provide information-rich data that are synthesized and coded to establish themes (Patton, 2015).

The thematic team discussed the appropriateness of a phenomenological study and how to elicit the lived experiences of exemplary leaders. The disadvantages of a mixed-methods design outweighed the advantages because the study aimed at gaining a deeper understanding and meaning of lived experiences. In addition, the phenomenological approach was most appropriate to study the behaviors of exemplary nurse executives because they set the tone of the nursing culture. The qualitative approach allowed for in-depth analysis and meaning of how nursing leaders use storytelling to support and create transformational change in healthcare organizations using Denning's (2011) model.

Population

McMillan and Schumacher (2010) defined population as “the group of elements or cases, whether individuals, objects or events that conform to specific criteria and to which we intend to generalize the results of the research” (p. 129). A research population is a well-defined collection of individuals with similar characteristics who are the focus of a study (Patton, 2015). For this study, the population was 422 acute care facilities in California of which 415 chief nurse executives constitute the population (California Department of Public Health, 2018). Acute care hospitals offer short-term and emergency services for a variety of illnesses and are distinguished from specialty hospitals that solely offer one type of service (e.g., burns, oncology, or pediatric).

Chief nurse executives may also be named chief nursing officers, patient care executives, or director of nursing depending on the healthcare organization. Nurses are the primary caregivers in hospitals and influence the quality of care and patient outcomes (Disch et al., 2011). In addition, chief nurse executives are held accountable for financial

knowledge and competencies (Kerfoot, 2009). The chief nurse executives have the background, platform, and perspective to help organizations address patient care challenges. Finally, the chief nurse executives influence change processes to ensure that excellent care is delivered consistently and reliably (Kerfoot, 2009).

Target Population

This phenomenological study sought to identify and describe how exemplary chief nurse executives lead their organizations through storytelling. According to McMillan and Schumacher (2010), the target population is the total group of individuals from the overall population from which the sample might be drawn. A sample is the group of people who take part in the investigation. It is important that target populations are clearly identified for the purposes of the research study (McMillan & Schumacher, 2010). It is typically not feasible, because of time or cost constraints, to study large groups; therefore, the researcher chose population samples from within a larger group. The target population was 17 exemplary chief nurse executives in 21 hospitals in one healthcare system in California. The target population was chosen because the researcher had access to the hospitals.

Sample

The sample is a group of participants in a study selected from the population from which the researcher intends to generalize. According to McMillan and Schumacher (2010), sample is “the group of individuals from whom data are collected” (p. 129). Similarly, Patton (2015) and Creswell and Creswell (2018) defined a sample as a subset of the target population representing the whole population. This study used purposeful sampling for the qualitative approach. According to Patton (2015), purposeful sampling

allows the researcher to select cases that will yield data to “illuminate the inquiry question being investigated” (p. 264). Because of the limitations of time and resources, purposeful sampling was chosen as the method of sample selection based on the criteria.

In a phenomenological study, it is important that all participants have experienced phenomenon being studied. Sampling is used to discover and gain insights. Purposeful sampling was used as the researcher selected individuals and sites to study because it allowed a purposeful understanding of the research problem and the study’s phenomenon (Creswell & Creswell, 2018). Moreover, Kitzinger (1995) noted that sampling benefits the researcher because of the ability to identify themes from a smaller group representative of a larger population.

Selecting a manageable sample size depends on the research problem and population (McMillan & Schumacher, 2010). This study employed nonprobability sampling. Participants were purposefully chosen in one health system because of the researcher’s time, geography, and resources. Creswell and Creswell (2018) recommended six to 25 participants for phenomenological studies. The sample for this qualitative study included 10 exemplary chief nurse executives leading and supporting frontline nurses at 10 acute care hospitals from one health system spanning Northern, Central, and Southern California (see Figure 1). For purposes of confidentiality, the one health system is called “St. Elsewhere.” The sample was chosen for the researcher’s ability to reasonably drive to each hospital. In addition, criterion-based sampling was used to find participants to address the study purpose and enable the researcher to select participants based on the study’s definition of exemplary (Patton, 2015). Participants

from the target population fit the description of exemplary if they met at least four of the following six criteria:

- They show evidence of leading a successful organization or unit.
- They have a minimum of 5 years of experience in the profession of nursing leadership in the field.
- They have had articles, papers, or written materials published or presented at conferences.
- They have received recognition by their peers.
- They have a membership in professional nursing associations in their field.
- They have received a recommendation by one or more recognized regional executive-level leaders.

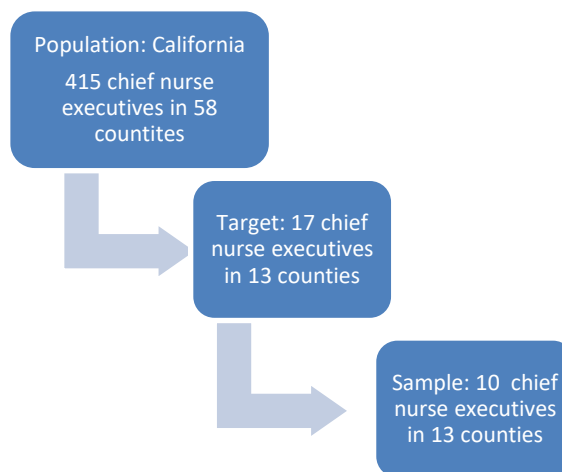


Figure 1. Population, target population, and sample.

The following process was implemented to select the study participants:

1. The researcher presented a high-level overview of the study to 17 chief nurse executives in one health system at an annual meeting. The executives attended a 2-

day face-to-face meeting, and the researcher described the research study and exemplary leadership criteria.

2. An e-mail was sent to the system executive clinical leader in a selected California health system to describe the research study, share exemplary leadership criteria, and request nominations of chief nurse executives who met the exemplary criteria (Appendix A). The system executive clinical leader had knowledge, oversight, and supervision of the chief nurse executives at each hospital.
3. When verification of the chief nurse executives who met the exemplary criteria was received, they were placed on a list. Each of the verified potential chief nurse leaders was sent an invitation e-mail that described the purpose of the research study along with the purpose, procedures, and risk involved (Appendix B). The first 10 chief nurse executives to confirm participation were selected for the research. Interviews began immediately after eligible chief nurse executives confirmed their involvement.
4. Ten semistructured interviews were conducted with the chief nurse executives who met the criteria of an exemplary leader.

A qualitative phenomenological study allowed data to be gathered to tell the stories of the lived experiences of chief nurse executives in California. Qualitative questions were designed as exploratory and led to discoveries in common themes. The sample size of 10 was enough to explore deep meaning and understanding of how stories are told in healthcare organizations (Patton, 2015).

Instrumentation

Interview questions were developed collaboratively by the three-member thematic group and by the panel of faculty advisors based on the theoretical framework pertaining

to organizational storytelling. In addition, review of the literature and the synthesis matrix were used to develop the questions. The interview questions were designed to align with the purpose statement and research questions. Semistructured questions were developed to solicit individual responses (McMillan & Shumacher, 2010). The questions were submitted to the two faculty advisors for feedback, and revisions were made. The finalized versions were field tested by each researcher. Once the questions were completed, probes for each interview question were developed through a similar process. According to McMillan and Schumacher (2010), probes are questions to offer further clarification and detail. The probing questions deepen the understanding of the answers from the main interview questions and provide deeper meaning to the eight narrative patterns for organizational storytelling.

The three peer researchers finalized the semistructured interview and probing questions. A protocol was developed to be read verbatim by the researcher prior to each semistructured interview. The protocol included an introduction to the interview, a brief overview of the study, an informed consent section, and an opportunity for the interviewee to ask any questions prior to the interview (Appendix C). The protocol was used by all three peer researchers during the field-testing and was evaluated for revisions prior to the data collection. The thematic team agreed to maintain consistency and integrity of the process by following the exact interview protocol.

Field Test

McMillan and Schumacher (2010) asserted that pilot tests are important to check for bias. The field test provides the researcher with confidence in the reliability and validity of the instrument (McMillan & Schumacher, 2010). Peer researchers conducted

field tests on leaders who met the criteria of exemplary and who were not included in the research study. The following steps were executed for the field-test processes:

1. The thematic group of peer researchers developed interview questions and protocol to guide the field-test interviews (Appendix D).
2. Feedback forms for observers (Appendix E), participants (Appendix F), and the researcher's self-reflection were developed by the expert faculty advisors and peer researchers.
3. The researcher identified an individual who had completed the doctorate in education and qualitative research study to be the field-test observer.
4. The researcher identified a nurse executive who agreed to be the field-test participant and who would not be included in the sample.
5. The observer feedback form was completed by the field-test observer. The expert observers provided feedback to the researcher regarding the questions, length of interview, and potential cues from the participants to consider.
6. The participant feedback form was completed by the field-test participant and included feedback on the clarity of questions, length of interview, and perceptions of how comfortable the researcher appeared during the interview.
7. The field-test interviews were conducted by the researcher who recorded notes from the participant responses.

After each of the three peer researchers conducted his or her field-test interview, the group discussed the outcomes of the interviews, feedback from the participants and their experts, and offered suggestions to improve the interview questions and probe data.

The group presented its findings to the faculty advisors, and further revisions were made to the interview questions, both in sequence and substance.

Validity

Qualitative researchers check for validity of an instrument and accuracy of findings by employing various procedures (Creswell & Creswell, 2018). The measure of validity is the extent to which the instrument measures what it is designed to measure (McMillan & Schumacher, 2010). The procedures used in qualitative research to check for trustworthiness and credibility of the findings include triangulation, member checking, clarifying bias, spending time in the field, and using peer debriefing and external auditors (Creswell & Creswell, 2018; McMillan & Schumacher, 2010; Roberts, 2010). Methods employed in this study to increase validity of data included multimethod strategies, multiple researchers, and participant review.

Three thematic peer researchers created, revised, and field-tested the instrument. The main method used in this qualitative study was semistructured interviews. The transcripts of the interviews were sent to the participants to be read and validated. Furthermore, the data were triangulated with observations, artifacts, and documentation. According to Creswell and Creswell (2018), the multimethod approaches broaden the understanding of the participants' lived experiences.

Reliability

Reliability is “the degree to which your instrument consistently measures something from one time to another” (Roberts, 2010, p. 151). In other words, if the same phenomena were measured again, would the results be the same? Reliability was established by interviews, observations, and artifact examination. These strategies

included using a neutral setting for the interviewees to speak openly and freely (McMillan & Schumacher, 2010; Patton, 2015). Internal reliability and intercoder reliability were the methods deployed for this study.

Internal Reliability

Internal reliability refers to how the researchers collectively not only developed and tested the study's instrument but also checked the alignment of the purpose, definition of variables, and central research question and subquestions. According to Creswell and Creswell (2018), qualitative reliability exists when researchers document as many of the steps in the process as possible.

The researcher is the instrument who collects the data in qualitative research (Patton, 2015). The researcher's collection of data may be influenced unintentionally by his or her unique characteristics, personalities, and interview techniques (Bazeley, 2004; R. Berger, 2015; Patton, 2015). As a result, the study may contain some biases based on the researcher's previous experiences as a registered nurse. Because the researcher was a nurse executive in quality and patient safety, there was potential for personal bias and the impact on the interview process, observations, and data analysis. Questions were developed by the thematic peer researchers and faculty advisors to mitigate potential bias. In addition, expert observers were employed to review the field-test interviews, and an outside researcher coded 10% of the data collected.

Reflexivity is a core characteristic of qualitative research, and researchers' interpretations of the findings are shaped by their background such as culture, history, and gender (Creswell & Creswell, 2018). The two faculty advisors collectively had more than 30 years' experience as researchers, extensive experience as educational

superintendents and presented at conferences and symposiums. Both faculty advisors were instrumental in guiding the team in understanding the importance of harmonizing the elements. This method encourages an objective view of the phenomena and heightens awareness of the researcher's underlying values and assumptions (Patton, 2015; Roberts, 2010).

Intercoder Reliability

Intercoder reliability is a method for researchers to check for bias while coding the data. Yin (1994) suggested that researchers need to succinctly document each step of the procedures and set up a spreadsheet so others may follow the exact methods. Furthermore, each researcher had another person code and analyzed 10% of the data collected. According to Patton (2015), multiple individuals analyzing the same data help to “discuss what they see in data, share insights, and consider what emerges from their different perspectives” (p. 667). To establish intercoder reliability, at least 10% of the data were coded by a peer researcher to yield an agreement of 80% or higher (Lombard, Snyder-Duch, & Campanella Bracken, 2010).

Data Collection

Semistructured interviews were used to collect the data for the qualitative study (Patton, 2015). Prior to data collection, Institutional Review Board (IRB) approval was essential to assure participant confidentiality and safety (Yin, 1994). Each participant who agreed to participate received a copy of the Brandman University Bill of Rights, the IRB informed consent, and an e-mail confirming the time and location of the interview. No data were collected from research participants prior to approval from the Brandman University IRB and completion of the National Institutes of Health certification

(Appendix G). Data for this phenomenological study were collected from 10 exemplary chief nurse executives through face-to-face interviews, observations, and artifacts. Field notes were stored in the researcher's home office in a locked safe. In addition, computer files were password protected to assure additional security.

Interview Process

Patton (2015) asserted that interviews provide the researcher with an opportunity to ask, listen, and enter another's experiences. All 10 exemplary chief nurse executives who agreed to participate were provided the 18 semistructured interview questions developed by the three thematic peer researchers (Appendix D). Prior to the interviews, each participant signed the informed consent (Appendix H) and the Brandman University's IRB Research Participant's Bill of Rights (Appendix I). The researcher reviewed the study's purpose and focus prior to the interview. In addition, the researcher queried the participants with additional probes to clarify their understanding of each question (McMillan & Schumacher, 2010).

The interviews were conducted face-to-face. The chief nurse executives were in their professional worksites for the interviews. Two recording devices were used: audio and handwritten notes. The purpose of two devices ensured that the researcher had back up information from the interviews. Handwritten notes reflected nonverbal behaviors including body language and facial expressions. Audio recordings were gathered using the interview protocol and downloaded in the researcher's personal computer. After each interview, the audio recordings were sent to temi.com for transcription and converted to a word document. Finally, the transcribed documents were submitted to NVivo for analysis of themes.

Observations

The observations supported the triangulation of the research findings. Patton (2015) posited that observational data and fieldwork allow the inquirer to “see things that may routinely escape awareness among the people in the setting” (p. 333). Furthermore, observers may represent participants in their own world and ask general questions to allow them to freely provide views (Creswell & Creswell, 2018; Patton, 2015).

Observational data were also collected in organizational meetings, presentations, and conferences. In addition, interactions with peers and colleagues were manually written. Prior to the observations, the researcher received permission from the study participants to assure ethical data collection (Creswell & Creswell, 2018). The additional observations provided the researcher with additional information to support data triangulation.

Artifacts

Artifacts are additional sources of information to support claims made by the participant (Patton, 2015). Examples may include but are not limited to organizational documents, individual reports, community documents, and social media excerpts. Artifacts help deepen the analysis of the interviews and observations (Patton, 2015). Participants were provided examples of artifacts to support their interview responses although submission was strongly encouraged.

Data Analysis

The intent of data analysis in a qualitative research study is to make sense and interpret a large amount of text and image data (Creswell & Creswell, 2018; Roberts, 2010). The data collected in qualitative studies may be so dense and rich that the

researcher needs to filter the data (Creswell & Creswell, 2018). Although each researcher may approach the process differently, a description about how a large amount of data was reduced would guide the analysis.

The researcher rigorously synthesized 10 hours of interviews, observation notes, artifacts, and probing questions asked to clarify preliminary answers to the 18 semistructured protocol questions. The data analysis structure organization included transcription of audio recordings of interviews, review of handwritten documentation, review of transcriptions, artifacts, and observation for themes. In addition, the data were uploaded in the NVivo software, coded, and organized into themes. The themes were analyzed to identify those narrative patterns that exemplary chief nurse executives practiced with organizational storytelling. A frequency table was developed to capture the themes, the number of times the theme was identified in the interviews, the number of times the theme was observed, and the number of times the theme was reflected in an artifact.

Coding the Data

Data coding entails the recognition and organization of patterns and categories into meaningful themes (Patton, 2015). Classification is essential to avoid confusion and allow analysis of the core context of interviews and artifacts to determine significance. In addition, researchers need to align the raw data to the study's purpose and research questions (Patton, 2015).

For this study, transcriptions, field notes, and artifacts were uploaded into NVivo, a coding software. The researcher read through the transcriptions to get a sense of the whole picture. Several interview documents were initially reviewed for underlying

meaning. Topics were clustered into similar categories. The topics were abbreviated as codes and organized to see whether new themes emerged. Descriptive wording was identified for the topics and turned into categories. The final decisions were made in the category abbreviations, and the codes were alphabetized. Finally, the codes were organized into themes and analyzed to describe behaviors exemplary chief nurse executives practice for organizational storytelling.

Limitations

Study limitations are features that may negatively affect the ability to generalize results (Roberts, 2010). Generalizations for phenomenological studies are limited to the participants' lived experiences (McMillan & Schumacher, 2010; Roberts, 2010). The limitations of this study of exemplary chief nurse executives were sample size, geography, sampling technique, and the researcher as an instrument of the study.

Sample Size

An important characteristic of purposeful sampling is to provide information-rich possibilities. The strategy for purposeful sampling is to pick a small sample and describe in-depth information (Patton, 2015). The small sample size is a limitation.

Phenomenological studies may sample sizes of six to 25 participants (Creswell & Creswell, 2018). The thematic team of peer researchers and faculty advisors mutually agreed to a sample size of 10 exemplary leaders. Although the sample size limited generalizability, the in-depth information generated provided rich data. A total of 30 study participants were interviewed by the three thematic peer researchers.

Time

Time was a limitation of the study. Chief nurse executives are extremely busy with day-to-day operations. Each interview was limited to 60 minutes.

Geography

The study examined exemplary nurse executives in hospitals in 13 counties in California. Data collection for the study was limited by the proximity of the researcher to the study participants. At the time of this study, the researcher worked in Northern California and spent time between homes in Northern and Southern California. The researcher performed face-to-face interviews in Northern, Central, and Southern California while intentionally performing site visits during the workweek.

Summary

A phenomenological research study design was used to describe the lived experiences of exemplary chief nurse executives who tell stories using Denning's (2011) eight narrative patterns of storytelling. Chapter III included the purpose, research questions, research design, study population sample criteria, instrumentation, data collection, data analysis, and limitations. Chapter IV provides detailed descriptions of the data and research findings. Finally, Chapter V summarizes the findings, conclusions, and recommendations for further research.

CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

Overview

This qualitative phenomenological study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's (2011) eight narrative patterns. The framework of storytelling was developed by Stephen Denning (2011) in his book, *The Leader's Guide to Storytelling* and included ignite action and implement new ideas, build trust, build organizational brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, create and share vision, and create transformational change in organizations. The group of three peer researchers and two advising faculty collaborated extensively and determined that a qualitative phenomenological research design would gather rich descriptions of exemplary leaders lived experiences.

The thematic research team collaborative created research questions for the eight narrative patterns, interview questions, the criteria for exemplary leaders, the sample size, and semistructured interviews. This chapter presents the purpose statement, research questions, population, study sample, research methodology, and data collection procedures. A detailed analysis of the data collection and a presentation of key findings from the study are also included.

Purpose Statement

The purpose of this phenomenological study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's (2011) eight narrative patterns (ignite action and implement new ideas, build trust, build your organization's brand, transmit organizational values, foster collaboration, share

knowledge, neutralize rumor, and create and share vision). In addition, it was the purpose to understand how exemplary chief nurse executives use storytelling to create transformational change in organizations.

Research Questions

Central Research Question

How do exemplary chief nurse executives lead their organizations through storytelling using Denning's (2011) eight narrative patterns?

Subquestions

1. How do exemplary chief nurse executives use stories to ignite new ideas and implement new ideas?
2. How do exemplary chief nurse executives use stories to build trust?
3. How do exemplary chief nurse executives use stories to build the organization's brand?
4. How do exemplary chief nurse executives use stories to transmit organizational values?
5. How do exemplary chief nurse executives use stories to foster collaboration?
6. How do exemplary chief nurse executives use stories to share knowledge?
7. How do exemplary chief nurse executives use stories to neutralize rumor?
8. How do exemplary chief nurse executives use stories to create and share vision?
9. How do exemplary chief nurse executives use stories to create transformational change in their organizations?

Research Methods and Data Collection Procedures

A phenomenological approach was chosen for this study to identify and describe how exemplary chief nurse executives use stories to lead their organizations through storytelling. This study was part of a larger thematic study on the use of storytelling by exemplary leaders. It was a shared decision by the thematic team to choose a phenomenological approach to learn about the lived experiences of participants.

According to Roberts (2010), qualitative research focuses on the lived experiences of individuals from their perspective. The emphasis is gathering data on naturally occurring phenomena in the form of words (McMillan & Schumacher, 2010). Personal, face-to-face, in-depth interviews were conducted with all 10 exemplary chief nurse executives to provide insight into their experiences with storytelling. The interviews served as the primary source of data for the study, while artifacts and observations created triangulation and deeper meanings of the study participants' storytelling experiences.

The interview protocol (Appendix D) was created collaboratively by the thematic research team with faculty input and included 18 semistructured questions. There were two questions for each of the eight narrative patterns and two questions about transformational change. A field test was conducted prior to the interviews to ensure that the questions were understandable and valid. Eight interviews were conducted in-person at the chief nursing executive's office and two interviews were conducted at a hotel during a leadership summit meeting. The interviews lasted 28 minutes to 62 minutes and were audio recorded. The recordings were transcribed using temi.com and sent to each participant for review to ensure accuracy of the transcription.

Observations and artifacts were additional data sources collected to provide triangulation of data collected in the interviews. Observations were conducted with eight chief nurse executives and occurred at hospitals, staff meetings, leadership meetings, one-on-one interactions with staff, and conferences. In addition, observations occurred in daily safety huddles in which the chief nurse executive led a multidisciplinary team to identify safety concerns in the hospital. Forty-five artifacts were collected and included hospital history, community events, photos taken in hospital settings, and social media posts. The observations and artifacts were used to triangulate and validate the data collected in the interview.

Population

McMillan and Schumacher (2010) defined population as “the group of elements or cases, whether individuals, objects or events that conform to specific criteria and to which we intend to generalize the results of the research” (p. 129). A research population is a well-defined collection of individuals with similar characteristics who are the focus of a study (Patton, 2015). For this study, the population was 422 acute care facilities in California of which 415 chief nurse executives constitute the population (California Department of Public Health, 2018). Acute care hospitals offer short-term and emergency services for a variety of illnesses and are distinguished from specialty hospitals that solely offer one type of service (e.g., burns, oncology, or pediatric).

As this population was too large for a single study, the population was narrowed. The target population was 10 exemplary chief nurse executives in 21 hospitals in one healthcare system in California. The target population was chosen as because the researcher had access to the hospitals.

Sample

Selecting a manageable sample size depends on the research problem and population (McMillan & Schumacher, 2010). This study employed nonprobability sampling. Participants were purposefully chosen in one health system because of the researcher's time, geography, and resources. Creswell and Creswell (2018) recommended six to 25 participants for phenomenological studies. The sample for this qualitative study included 10 exemplary chief nurse executives leading and supporting nurses at the bedside at 10 acute care hospitals from one health system spanning Northern, Central, and Southern California. For purposes of confidentiality, the one health system was called "St. Elsewhere." The sample was chosen for the researcher's ability to reasonably drive to each hospital. In addition, criterion-based sampling was used to find participants to address the study purpose and enable the researcher to select participants based on the study's definition of exemplary (Patton, 2015). Participants from the target population fit the description of exemplary if they met at least four of the following six criteria:

- They show evidence of leading a successful organization or unit.
- They have a minimum of 5 years of experience in the profession in of nursing leadership in the field.
- They have had articles, papers, or written materials published, or presented at conferences.
- They have received recognition by their peers.
- They have a membership in professional nursing associations in their field.

- They have received a recommendation by one or more recognized regional executive-level leaders.

Study Participants

All study participants met the qualifications for an exemplary leader as defined by the thematic team. Each participant was assigned a unique code to ensure confidentiality. Identifying information about the participant’s name, hospital, or region was excluded from the study. Table 1 identifies participants and their qualifications for the study. All of the participants have been in a nursing role for a minimum of 10 years. They ranged in ages from 40 to 65. All participants were female and had been in a healthcare leadership role for a minimum of 5 years.

Table 1

Exemplary Criteria, Chief Nurse Executives

Study participant	Evidence of leading a successful organization or unit	Minimum of 5 years of experience in the profession of nursing leadership	Articles, papers, or written materials published or conference presentations	Recognition by peers	Membership in professional nursing associations	Received recommendation by one or more recognized regional executive level leaders
1	x	x	x	x	x	x
2	x	x	x	x	x	
3	x	x		x	x	x
4	x	x	x	x	x	x
5	x	x	x	x	x	x
6	x	x		x	x	x
7	x	x	x	x	x	x
8	x	x	x	x	x	x
9	x	x		x	x	
10	x	x	x	x	x	x

Presentation and Analysis of Data

Chapter IV findings were summarized from data collected through interviews, observations, and artifacts. These findings elucidate the lived experiences of chief nurse executives related to Stephen Denning's (2011) eight narrative patterns as presented in *The Leader's Guide to Storytelling* and transformational change.

Data Analysis

The 10 recorded interviews were obtained using a digital recorder and transcribed using Temi.com. In addition, the Apple iPhone was used as a back-up recorder. Each transcription was reviewed for accuracy, and extraneous words as "um," "aahh," "mmm," and "right?" were deleted. The transcripts were uploaded to NVivo, a qualitative software coding application. NVivo allowed the researcher to recognize emergent themes across immense detailed data (McMillan & Schumacher, 2010). Themes were categorized following Denning's (2011) theoretical framework of narrative patterns and included ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision and create transformational change. When the coding process was completed, the researcher analyzed each theme based on the frequency of the codes tallied.

Reliability

Reliability is "the degree to which your instrument consistently measures something from one time to another" (Roberts, 2010, p. 151). In other words, if the same phenomena were measured again, would the results be the same? Reliability was established by interviews, observations, and artifact examination. These strategies

included using a neutral setting for the interviewees to speak openly and freely (McMillan & Schumacher, 2010; Patton, 2015).

Intercoder reliability is a method for researchers to check for bias while coding the data. Yin (1994) suggested that researchers succinctly document each step of the procedures and set up a spreadsheet so others may follow the exact methods.

Furthermore, each researcher used another peer researcher to code and analyze 10% of the data collected. According to Patton (2015), multiple individuals analyzing the same data help to “discuss what they see in data, share insights, and consider what emerges from their different perspectives” (p. 667). To establish intercoder reliability, at least 10% of the data were coded by an additional person to yield an agreement of 80% or higher (Lombard et al., 2010).

Analysis of the Data by Research Question and Subquestions

Central research question. *How do exemplary chief nurse executives lead their organizations through storytelling using Denning’s (2011) eight narrative patterns?* The eight patterns included ignite action and implement new ideas, build trust, build your organizations’ brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. Figure 2 depicts the eight narrative patterns. The number and percentage themes of each element of leadership storytelling are presented. The number and percentage themes were derived from triangulation of the data and included interviews, artifacts, and observations.

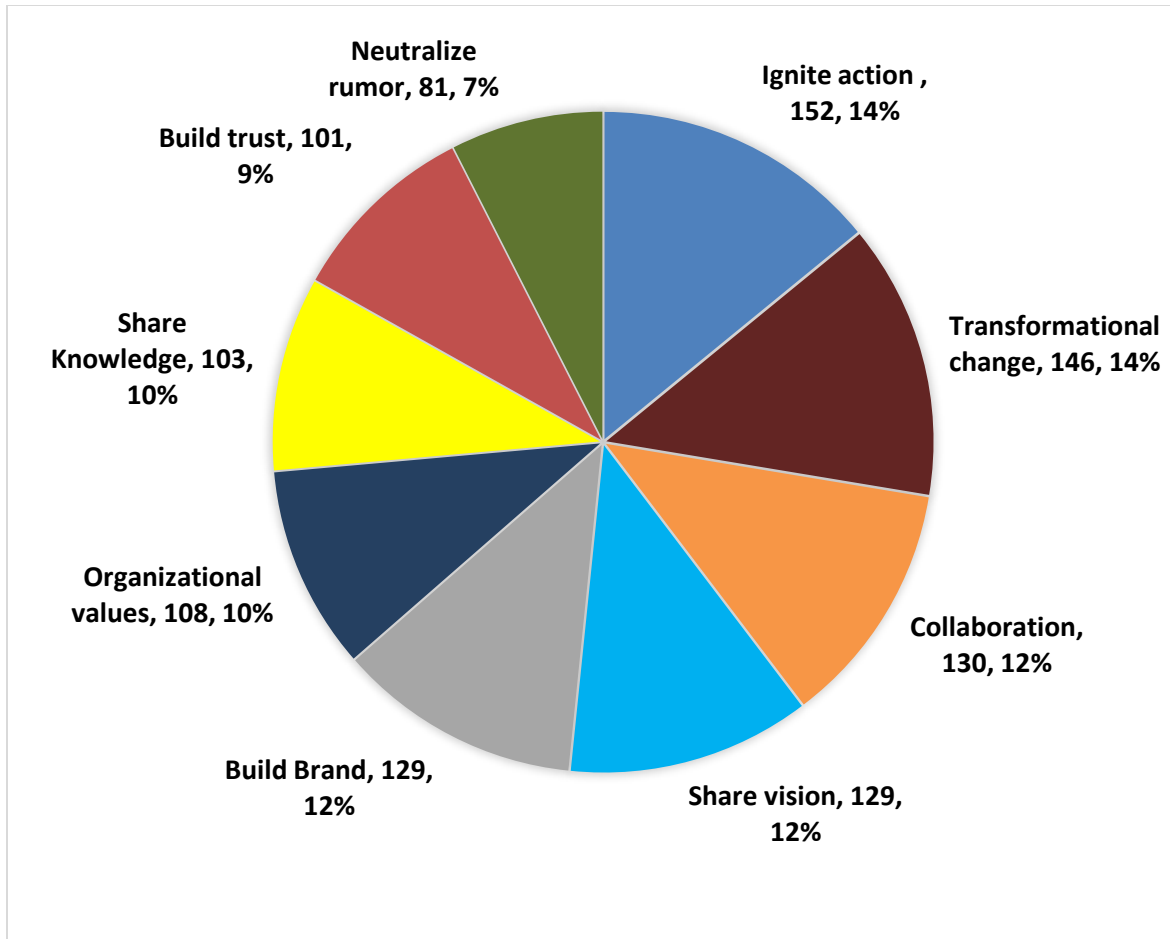


Figure 2. Number and percentage of frequency in that element of leadership storytelling

The frequency of each element was also calculated. Ignite action and implement new ideas generated the greatest number of times the theme was mentioned with 152, which accounted for 14% of the coded data. Transformational change yielded 146 references, representing 14% of the coded data. Collaboration accounted for 130 references, representing 12% of the coded data. Share vision accounted for 129 references, representing 12% of the coded data. Build brand accounted for 129 references, representing 12% of the coded data. Overall there was very little variance in how the participants perceived the eight elements of storytelling. Ignite action and implement new ideas yielded the greatest number and percentage themes followed by

transformational change, collaboration and build brand. The consistency of responses suggests that the respondents use all elements of storytelling almost evenly with the exception of neutralize rumor.

Subquestion 1. *How do exemplary chief nurse executives use stories to ignite action and implement new ideas?* Ignite action and implement new ideas referred to the leader's use of springboard stories to acknowledge the listener's language, dreams, and fears (Denning, 2004). Storytelling is used to inspire and stimulate people to change (Denning, 2004). Before telling the story, the leader must gain the listener's attention by talking about a problem with the listener or by revealing a vulnerability.

Springboard stories catalyze understanding of complex ideas and spring the listeners into different ways of dreaming the future (Denning, 2011). Stories are told to inspire others and describe execution strategies to engage staff in embracing change (Chianese, 2016; Denning, 2011). As one participant shared, "When people hear about our vulnerable patient population and how we are proactively brainstorming creative solutions for care, the excitement is palpable among staff."

Table 2 lists the number of themes derived from interviews, observations, and artifacts for igniting action and implementing new ideas. Frequency refers to the number of times a theme was referred to from the interviews, observations, and artifacts.

Success stories. This theme emerged with 58 references representing 38% of the coded content for ignite action and implement new ideas. Of the chief nurse executives, 80% referenced the theme success stories when addressing ignite action and new ideas.

Table 2

Ignite Action and New Ideas

Themes	Interviews	Observations	Artifacts	Frequency
Success stories	30	3	25	58
Vision stories	40	4	25	69
Purposeful rounding stories	4	8	13	25

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

According to Denning (2004),

The leader understands that there is a symmetry between storyteller and listeners, so even though the leader may have a wider experience than the listeners initially, the leader trusts the listeners to come to the same conclusion as the leader when given the same experience. The leader's purpose is to put the listeners in a position to achieve that parity. A leader tells the story so that the listeners discover the idea for themselves. (p. 38)

When exemplary chief nurse executives use storytelling to ignite action and implement new ideas, they often refer to stories of celebrating successes and how excitement is generated.

Participant 1 shared a story about how she had responsibility of a failing hospital in a small community:

It was a hospital that had census problems and reputation problems. My job was to figure out how to get the hospital to turn around. We knew we couldn't add more staff so we had to come up with how we were going to do it ourselves. A team of us met every day at four o'clock (in the afternoon) to assess every single possible lead for an admission. I will tell you that in 18 months the hospital went

from an abysmal, less than 50% occupancy to be in the 90%. We went from a loss of over \$900,000 to a gross profit of \$2.7 million. And we did it in 18 months.

Participant 4 told a story of creating a patient call manager story to provide follow-up phone calls after discharge:

It was a software system in which registered nurses call patients after discharge every single day, 7 days a week. Our goal is to talk to them within 24 hours, but no later than 48 hours of discharge. We help make sure they have access to medications and transportation for follow-up appointments. We actually reach patients 85-88% of the time. We have effectively been able to reduce our readmission rate below state and national averages and help patients pick up their medications, or afford a generic brand, or provide transportation alternatives.

Participant 7 shared a story about the patients who had a hospital-acquired infection and the success stories:

Let's tell a story each day about the people who had a C-difficile infection. Let's put a face and name to the patient. Let's make it human. Because the dashboard is not about dots or numbers. It's about people in each of those numbers on the dashboard that are connected to the work we do. Today, we were 55 days without a C-difficile infection. That's a story that everybody tells and they are proud of it.

Celebrating success stories was also evident in artifacts and observations of the exemplary chief nurse executives. Examples of artifacts included hospital signs representing compassion and care, three videos of staff and physicians dancing, a picture of a hospital's first physician medical evangelists, and a book of stories written by

individual staff about their success stories personally and with patients. One observation of a study participant included that person igniting action by collecting money and clothes and other items during the Camp Fire in Northern California's Butte County in November of 2018. The stories have been told and retold among staff and have ignited action for other types of tragedies.

Vision stories. This theme emerged in 69 references from interviews, artifacts, and observations, representing 45% of the coded content for ignite action and implement new ideas. Of the chief nurse executives, 90% referenced the theme vision stories when addressing ignite action and new ideas. Springboard narrative stories make it clear what would have happened without the change idea (Denning, 2011). *Participant 8* talked about a nursing restructure: "I share that someone else could come in and restructure for us, or we could do it ourselves. And it's much better that we have control. We have the ideas and creativity to come up with the plan."

Participant 6 shared her dream of becoming a patient-centered "Planetree Gold Hospital":

When I first came to interview here, there was a plaque on the wall that stated Planetree Bronze. I looked at bronze to be third place, as the Olympics. I shared with the chief medical officer that my dream is to be Planetree Gold. Who wants to be third place? We just had our survey, and just passed to be Planetree Gold. The excitement and belief that a dream could be achieved engaged the staff.

A springboard story is not about imaginary ideas that might happen; rather, it is stories about truthful possibilities and action (Denning, 2011). Authentic stories can

shake complacency out of skeptics. One study participant shared a story of a hybrid model of patient care:

Rather than have a patient transfer to different levels of care, let's be purposeful and develop a seamless flow. Now when patients are admitted to the hospital through the emergency department, when they arrive on a medical-surgical unit they will remain on that floor and in one bed for the entirety of their stay. You don't need to switch nurses. You don't need to call the family members to let them know their loved one is now moved to another floor.

Vision stories that ignite action and new ideas were also evident in artifacts and observations. The stories cited were shared in daily safety huddles, staff meetings, and leadership rounding. One artifact was a comment from a participant who shared in a memo how a shared governance committee would be gathering innovative ideas from staff to promote nursing practice. Another participant was observed talking about how exciting it was to work in an organization that cares about them and where they are truly asked for their thoughts and ideas.

Purposeful rounding stories. This theme emerged in 25 references representing 16% of the coded content for ignite action and implement new ideas. Of the chief nurse executives, 20% referenced the theme purposeful rounding. Intentional rounding is a nurse-driven, evidenced-based intervention to anticipate and respond to patient needs. In nursing, rounding is hourly or purposeful. *Participant 9* shared the following:

By rounding on patients hourly, you will not only improve safety and patient experience, you will actually get time back at the bedside. If you can say what the benefit is to you and your team in their workflow, they get pretty excited. I think

it's always important to look for that connection to purpose while listening to patients and implement improvements.

Participant 2 shared how important it was to listen to patient needs and learn real-time how to exceed expectations:

Recently we realized we had 11 different listening posts. We weren't doing anything about most of the listening and there was no centralized plan to organize the themes. I asked my team what would it look like to have one central place where we could learn in real time before our patients leave the facility that we aren't meeting expectations? Bedside rounding took on a whole different meaning. As a result, we started gathering stories about how we were able to learn real time the patient needs and execute action.

Participant 9 shared the importance of rounding and how asking purposeful questions could mitigate harm:

When we look at patient experience and rounding on patients, a way in which I would utilize this type of information would be to talk a little bit about how if you aren't rounding on the patients, what are the things that could happen to that patient by not being checked? A patient could fall and hurt themselves. Or that patient really needed something and you didn't know because you had not rounded or asked the right questions. And if you aren't asking the questions and if you are not constantly in there building that relationship, how do you know the patient will be safe going home?

Rounding stories was also evident in artifacts and observations. Participant 2 shared pictures of her safety huddles and how a list of patient concerns was captured on

the huddle boards with specific actions. Participant 7 was observed to articulate how the use of purposeful hourly rounds helped decrease the number of patient calls to the nursing station and enhanced patient experience. Examples of artifacts included the results of the culture of safety posted in the unit’s board; an operating room video with staff and physicians washing hands, and a picture of a patient and staff member holding hands.

Subquestion 2. *How do exemplary chief nurse executives use stories to build trust?* Paramount for leaders to share stories is the goal to create and maintain trust (Auvinen, Aaltio, & Blomqvist, 2013; Kaplan & Manchester, 2018). Storytellers who reveal themselves and their fundamental worldviews embody authenticity (Denning, 2011). Leaders who demonstrate vulnerability and experience emotion connect with others on a human level and foster trust (Kaplan & Manchester, 2018). Leaders who share narratives about their personal experiences and defining moments allow listeners to live their story (Denning, 2011). Narratives shared about how a leader overcame adversity and solved challenging problems inspire others (Denning, 2011; Kaplan & Manchester, 2018). Table 3 lists the number of themes and frequencies derived from interviews, observations, and artifacts for building trust. Frequency refers to the number of times a theme was referred from the interviews, observations, and artifacts.

Table 3

Building Trust

Themes	Interviews	Observations	Artifacts	Frequency
Vulnerability stories	33	9	8	50
Open conversation stories	31	6	14	51

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Vulnerability stories. This theme emerged from 50 references representing 50% of the coded content for building trust. Of the chief nurse executives, 100% referenced this theme. A number of stories were shared about how exemplary chief nurse executives shared personal and vulnerability stories to build trust with their teams. Several participants shared powerful and insightful stories:

Nurses are so scared when they first get out of school. They are so tasked-based and focused on their checklists. It's easy to be overwhelmed. When I see a nurse, whose head is hanging low and they are feeling really bad, I will go up to them and put my arm around them share my story. My first year out of nursing school, I overdosed a patient on Dilaudid. I was covering for a charge nurse whose patient was moaning vociferously post-operative from a total shoulder procedure. I pulled the maximum dose, which was on page two of the paper sheet, not noticing that the charge nurse had given him the lesser dose of page one. I put the patient in respiratory failure. We resuscitated him, but I was devastated because I believed I came close to killing someone. I think nurses have to understand it's still a people business with potential errors and harm. We need to have a preoccupation of failure, be present, but also forgive themselves when harm occurs.

Participant 10 believes it important to be vulnerable and share failures to learn how to improve patient care:

My background was in the operating room and I gave the wrong implant size to the surgeon. That's a big deal. I was new in my career. I immediately told the surgeon right away what I had done. He said, you know this size is even better

that the other. My learnings were [that] it's a matter of being vulnerable, honest, and direct. I have shared that story many times as to the importance of double checks. Sharing failures is where you grab people and telling them where you tried something and it didn't work. The key is to be vulnerable and learn from the mistakes.

Participant 5 tells the story as a young nurse about being confused with a 50cc bag of morphine and an IV piggyback of an antibiotic: "This was before IV pumps. I opened the wrong clamp and morphine was given. The error was caught; however, I share I am human, and I have made mistakes. I am going to be open about them. I think that has earned me credibility and trust."

Vulnerability stories were also evident in artifacts and observations of the exemplary chief nurse executives. One picture depicted a chief nursing executive on her knees washing a floor the day of a hospital opening. Similarly, another picture showed a chief executive officer changing a light bulb before the hospital opening. During an observation, one chief nursing executive shared a story about how she now has a picture of a patient harmed at her hospital, to put a personal face on suffering: "Mark died under our watch when he was only 39 years old. I put his picture on my board in my office to remember how humbling our work is."

Open conversations. This theme emerged from 51 references representing 50% of the coded content for building trust. Of the chief nurse executives, 90% referenced the theme open conversations. Exemplary chief nurse executives repeatedly spoke of the importance of open and honest conversations to promote trust. Leadership decisions to engage in open conversations with members of their organization allowed information to

be segmented across all levels, which created personal and trusting connections (Harvey & Drolet, 2014; Kaplan & Manchester, 2018).

Participant 3 shared about the fires a couple of years ago and how the hospital had to be evacuated:

The process of working through the communication with staff and making sure that we kept them up to speed because they were getting information from Facebook and other places. They were getting information of what's true and what is not true. We needed to make sure our communications and conversations were open and honest and truthful. We worked through it together and built a huge amount of trust between the staff and leadership team.

Participant 6 told a story about being plagued by past data publicly reported that is not represented of the current situation:

In all transparency and to build trust, we will get a poor grade as the publicly reported data is over two years old. Let's get over this and talk about how well we are now performing and be proud of our performance.

Participant 8 shared that she had accepted a nursing leadership position at a union environment. When she was told they were going to have a vote she said, "I am going to start the week after the vote. No matter what the vote is, I don't want to be muddled in that vote." After she was hired, she pulled together all of the charge nurses and met with them monthly:

I shared the reality and honestly answered their questions. I am very proud of the fact that after a year and a half of negotiations, we de-certified the union and that came as a result of those kinds of conversations.

Open conversations were also evident during observations of chief nurse executives engaging in friendly conversations with staff during meetings, hospital rounding, and regular interactions. During a hospital tour, the researcher observed the chief nurse executive engaged in open conversations with nursing staff, ancillary personnel, and office staff. It was clear strong connections were present. Open conversations were evident from collected artifacts such as leadership meeting minutes, staff meeting agenda and display of quality and patient experience data.

Subquestion 3. *How do exemplary chief nurse executives use stories to build the organization's brand?* Individuals can establish trust with others by telling stories. Similarly, organizations may build trust with others by sharing who they are and describing services offered (Denning, 2011). Organizational branding is sharing customer stories and how expectations are exceeded. It is an authentic interactive exchange of stories to promote meaningful dialogue. Furthermore, it may distinguish one organization from another in the eyes of the customer (Denning, 2011).

Historically, branding and marketing consisted on devising one-way messages via radio and television (Denning, 2011). Consumers have choices about where to purchase services and care. Patrons seek organizational value, and poor services may be communicated through social media. Leaders must pay attention to social media and adjust their stories based on the listener's response. However, in the interviews with chief nurse executives, 50% of the participants admitted to not using social media as a way to build brand. Frequently they depended on their communications and marketing teams. Table 4 lists the number of themes and frequencies derived from interviews,

observations, and artifacts for building brand. Frequency refers to the number of times a theme was referred to from the interviews, observations, and artifacts.

Table 4

Build Brand

Themes	Interviews	Observations	Artifacts	Frequency
Positive staff stories	12	10	19	41
Patient stories	16	6	14	36
Community stories	26	4	22	52

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Positive staff stories. This theme emerged in 41 references across all interviews, observations, and artifacts. This theme represented 32% of the coded content for build brand. Of the chief nurse executives, 40% referenced the theme positive staff stories for build brand. The sharing of positive stories about staff demonstrating compassion speaks about the organizational culture and brand.

Participant 9 shared, “Every single Daisy nursing award goes on Facebook and those stories make you weep.” Another participant shared that the awards are breathtaking and nursing staff are shocked and surprised they were chosen” “We insist whenever possible, the writer of the letter comes to the award ceremony. There is hardly a dry eye.”

Participant 6 shared a story about a certified nurse’s assistant who cared for a lady who had lost her husband in a car accident. She was in the hospital because she had been injured and was not ready for discharge. She was fearful she would not be able to attend his funeral:

The certified nurse assistant went out, bought her a dress, arranged for the patient to attend the funeral. When she got here there was no one who attended, not even a pastor. The certified nurse assistant pulled out her Bible and led the service.

Positive staff stories were also apparent in observations and artifacts. Three of the respondents interviewed shared a positive affirming story at the beginning of every meeting. The stories recognize someone or something that exemplifies the organizational mission: “Anything that goes out, we try to connect the mission and tell a story that highlights the exceptional work that a staff person or provider does.” An example of an artifact was a picture of a hospital opening. The leaders, staff, and physicians formed a heart in front of the hospital and the picture was taken from an aerial view. Another artifact was a response to a culture of safety survey question, affirming the positivity of staff in a nursing unit.

Patient stories. This theme emerged in 36 *references* representing 28% of the coded content for building brand. Of the chief nurse executives, 40% referenced the theme patient stories when referring to build brand. Patient stories about successes or failures help staff and leaders reinforce compassion. Furthermore, the stories express the patients’ experiences of care and help healthcare leaders use narratives for learning and improvement.

Participant 7 shared that her hospital is in a rural community with disenfranchised young men who use methamphetamines, drink and drive, take terrible risks with their lives, and are angry. She was walking by her desk to hear a patient screaming obscenities at her assistant. She was going to give him a piece of her mind and “what I found was a hopeless young man without parents.” She shared he had a 2-year-old son and nothing

was going right in his life: “I told him I am going to be your mom for 20 minutes and we discussed his behavior and self-care.” She shared that he had severe cellulitis and couldn’t get access to antibiotics or pain medications: “When all of a sudden, this young man with tattoos, and backwards baseball cap says to me, Mrs. X, I want to hug you.” She further shared, “I just wanted to cry. When we get moments, we are so full of ourselves that we don’t see those moments that come sneaking past you, we will miss them.”

Participant 2 shared the story of how a patient in her care died from a medical error. She shared his story at safety huddles and posted his picture for people to put a face to a name. His wife asked how we would remember her husband: “I told his wife that we still remember him through our huddle stories. She was so touched.”

Participant 10 shared the story of a patient’s experience in the hospital. He checked in through outpatient registration, received diagnostic imaging, and commented on how everyone in the hallways, elevators, and departments greeted him with a smile: “He mentioned the Bible verses in the elevator and how all employees live out the kindness of Jesus.”

Participant 3 shared how patients come back to the hospital after care is rendered to share their stories: “We had one of those patients come back and share a letter about the sacred work the nurses and caregivers had provided.” The positive staff stories exemplify the care received at the hospital and emphasize the care provided for the whole person.

Patient stories were evident in the observations and artifacts gathered at the organizations. Several hospitals had “trees of life” representing hope. One hospital had a

board on which patients and families would write how they want to feel as a patient. In addition, patient stories were told at the safety huddles and during purposeful rounding.

Community stories. This theme emerged 52 references representing 40% of the coded content for building brand. Of the chief nurse executives, 100% referred to the theme community stories when discussing build brand. Participant 1 shared that it came to her attention on social media about a young autistic patient who was working with a speech therapist. He came to the speech therapist nonverbal and with the use of an iPad was able to communicate. The iPad was stolen at a park and his mom could not afford another one: “He had an appointment on Monday, and several staff donated new iPads for this child.” The message is that leaders connect with all patients in the community, regardless of age, background, or problems: “You have to remember that all people that have a problem with opioids regardless of age or background have mothers, brothers, sisters, and families.”

Participant 9 shared that the services in a small, rural, critical access hospital are limited: “We have about 150 patients a month that are transferred to other hospitals for higher levels of care because we don’t offer the services.” The stories told, however, are that although the hospital may not offer all services, if patients come to them, they will get them where they need to go safely.

Participant 5 shared a story of how underprivileged patients with cancer need to make decisions about getting treatment or going to work to feed the family. As a healthcare community, they talk about what can be done to help people with their care:

We started a preservation center that have five different specialties in one office and a patient come comes in and sees an infection preventionist, vascular surgeon,

podiatrist, wound care specialist, etc. all in one visit so they don't have to come in three separate times and perhaps lose their job.

Community stories to build brand were also apparent in observations and artifacts. Two chief nurse executives shared fliers for community events to go to patients rather than have them come to the hospital. Participant 1 shared a personal story of how she was not allowed to stay with her 2-year-old son during his hospitalization and she changed the visitation policy once she became the chief nursing executive. Artifacts were reflected in a fountain at one organization. Disney had donated a beautiful butterfly exhibit to share their support. Community needs assessments were also evident in several of the hospital organizations.

Subquestion 4. *How do exemplary chief nurse executives use stories to transmit organizational values?* Transmit organizational values referred to how an organization makes outsiders feel like insiders by sharing culture, values, celebrations, and challenges. Leaders establish values through actions including times when dealing with adversity (Denning, 2004). Transmit values also means shared meaning of the group norms, standards, customs, and traditions as shared through stories (Boal & Schultz, 2007; Denning, 2011).

Leaders establish values by modeling behaviors and consistent actions (Denning, 2011). Values need to be lived and embraced in action. There is a difference between values that organizations think they should have and values that are actually present. Ethical values are exemplified with the leader's language. The words used by the leader illustrate the leader's values. Table 5 lists the number of themes and sources derived from interviews, observations, and artifacts for transmitting organizational values.

Frequency refers to the number of times a theme was referred to from the interviews, observations, and artifacts.

Table 5

Transmit Organizational Values

Themes	Interviews	Observations	Artifacts	Frequency
Humanizing stories	42	9	14	65
Community stories	16	4	23	43

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Humanizing stories. This theme emerged in 65 references representing 60% of the coded content for transmitting organizational values. Of the chief nurse executives, 100% referenced the theme humanizing stories while addressing transmit organizational values. Two participants talked about unsung heroes who quietly go about doing good: “On the night shift in our nursing home across town works a nurse’s aide names Bill. He runs a food bank sometimes on days he works.”

Participant 5 shared that challenging situations are considered opportunities: “Just this weekend we had somebody who was a victim of domestic abuse, and we found her a place as Safe Haven.” Two chief nurse executives shared they will find hotel rooms or other sanctuaries for patients who are displaced and do not qualify for an inpatient bed to help people get back on their feet: “If you are really into population health, these are some of the problems you have to solve.”

Humanizing stories were shared by every chief nurse executive in the interviews, observations, or artifacts. Participant 10 stated, “Jason’s great at making videos about some of our great experiences where we’ve saved people.” She further shared the

importance of telling heartwarming patient experience stories and how videos remind people of how great it made them feel.

Participant 7 shared a story about a pregnant mother who came into the hospital and the maternity ward was full. She was placed on a medical-surgical unit. She had flu-like symptoms and suddenly arrested. They called a code blue, although there was also a second type of code for mom and baby: “A housekeeper from the mother baby unit had floated to the medical surgical unit shared with the code team that they had called the wrong code blue.” Her courageous words allowed the right people to respond for both mother and baby: “If that housekeeper hadn’t felt empowered to make that conversation happen, the outcome would have been very different.” The humanizing story emphasized that everyone’s role is important in the hospital, and that housekeeper saved the day.

Participant 5 conveyed a story of a woman who came to the emergency department with a severe case of bed bugs. Staff were not treating her compassionately as they perceived she was not taking care of herself: “We learned the patient took in a neighbor that had been physically abused, and the neighbor was infested with bed bugs.” The patient was trying to be kind to the neighbor: “It was amazing to see the staff who had been so frustrated with her change their mindset.”

Humanizing stories were also evident in observations and artifacts. In an observation with an employee, a chief nursing executive shared how the nurse held hands with a patient to bring comfort. Participant 1 shared how she observed a staff person kneeling down to be at eye level for a patient in a wheelchair, and together they prayed. Finally, four hospitals had pictures of the tree of life on their walls, indicating hope and togetherness.

Community stories. This theme emerged in 43 references representing 40% of the coded contents for transmitting organizational values. Of the chief nurse executives, 60% referred to the community theme when addressing organizational values. All of the chief nurse executives mentioned the repeated need to get staff involved in community events and projects: “I share the story of when I went to Haiti months after the earthquake and there is so much reward in giving back.” Participant 7 added, “We get our staff involved in giving free flu shots in the community so they can understand what our values really mean.”

Community connection stories were shared by every chief nurse executive in the interviews, observations, or artifacts. There were stories about how patients would come to the emergency department and staff resuscitated them from a coding situation or managed their pain and kept them safe. Participant 4 shared, “Although our hospital is small and we don’t offer every service, patients know if they come here, we will get you what you need safely.” Participant 8 shared, “We’re going to do a clinic and a clean- up day at a low income senior mobile park.” The stories from community events get told, and retold and reiterate the commitment to the community.

Community stories were also evident in observations and artifacts. Participant 10 shared a picture of a women’s guild: “The women’s guild is responsible for philanthropic fundraising for the hospital.” Participant 9 noted how the community donated exquisite paintings and pictures that lined the walls of the organization.

Subquestion 5. *How do exemplary chief nurse executives use stories to foster collaboration?* Foster collaboration is a collective intelligence that honors and respects the contribution of each person and contributes to group learning. A leader builds a

community for identifying common goals and concerns and generating a shared narrative (Denning, 2004). It is also about working together to identify community values and create something new in support of a shared vision (Denning, 2011; Hackman, 2004).

Collaboration is working together and is important for organizational effectiveness (Denning, 2011). People work together in work group, teams, communities, and networks (Hackman, 2004). Work groups and teams focus on group objectives, whereas communities and networks reflect high-performance teams. Narratives catalyze high-performance teams and communities by establishing common meanings (Denning, 2011). Table 6 lists the number of themes and frequencies derived from interviews, observations, and artifacts for fostering collaboration. Frequency refers to the number of times a theme was referred to from the interviews, observations, and artifacts.

Table 6

Foster Collaboration

Themes	Interviews	Observations	Artifacts	Frequency
Teamwork stories	44	9	21	74
Inspirational stories	28	5	23	56

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Teamwork stories. This theme emerged in 74 references representing 57% of the coded content for fostering collaboration. Of the chief nurse executives, 100% referred to the theme of teamwork when addressing collaboration. Participant 7 had been part of the wildfire in Butte County in 2018. She shared although there were drills to prepare evacuations before the fire, it was the teamwork that was fostered before the disaster ever

happened: “We collaborated at one point, but the day when it really counted the major teamwork saved lives.” Participant 10 shared a story about a wildfire and how the hospital, patients, and staff evaluated everyone safely in 45 minutes: “But even more so we reopened within 64 hours due to the teamwork and community support.”

Participant 1 shared a story in which the critical transport ambulance broke down with a critically ill patient. The team found a home garage and plugged an extension cord to keep the life-saving equipment going: “The collaborative effort was amazing. We had the police and the community all pitch in to keep the patient alive until another ambulance arrived.” Participant 3 shared needing to ensure appropriate staffing for the flu season, and it was not just the responsibility of the emergency department staff: “We collaborated with the radiology department, transport, respiratory therapy, nursing, central supply and clinical engineering to prepare for the flu season. The teamwork was phenomenal.”

Four chief nurse executives discussed shared governance committees in their organizations. Shared governance is typically a nursing committee that promotes collaboration and increases engagement of frontline staff. Participant 8 shared that “our shared governance committee is actually run by our director of Pharmacy, as we wanted to make sure our ancillary services were engaged.” Participant 9 shared that as part of shared governance the hospital has established multidisciplinary rounds. The daily rounds consist of pharmacy, physicians, nurses, social work, rehab, and chaplain: “What the team sees and learn is that every one of us has a piece in whether or not that patient is going to be safe in the hospital and when they go home.”

Teamwork stories were also evident in observations and artifacts. One observation of Participant 3 included telling a teamwork story about how that participant fostered collaboration when several employees' homes burned during the 2018 wildfires in Butte County. The health system's leaders and staff contributed clothes, gift cards, blankets, money, and vacation time less than a week after the fire subsided. Artifacts were depicted in the culture of safety questions, representing a positive score with teamwork. One hospital unit had an idea box for staff to provide team ideas for innovative improvements.

Inspirational stories. This theme emerged in 56 references, representing 43% of the coded content for teamwork. Of the chief nurse executives, 80% referred to the theme of inspirational stories when addressing collaboration. Inspirational stories contribute to group learning by listening to each other's narratives (Denning, 2011). One chief nursing executive shared that technically her hospital does not care for high-risk obstetric patients. However, 90% of the obstetrical patients who enter the organization have been drug abusers and have not received prenatal care: "We have done miraculous work around women who are basically hemorrhaging and have saved both moms and babies." Although the situations are highly stressful, the chief nursing executive inspires the staff by emphasizing the team approach.

Participant 1 shared a story about two nursing leaders who grew up on farms and were fruit pickers. No one in their families attended college. They began work in the hospitals as nurses' aides: "Now one of my nursing leaders has a double master's and had been working in the fields as a six-year-old." The nurses now share their inspirational story in the community and connect to other young people who are struggling.

Participant 5 shared a story about a transporter who was homeless and given an opportunity to serve at the hospital. The organization created a video that explains her inspirational story: “One day she had drugs in one hand and the next day a Bible in the other.”

Inspirational stories were also evident in artifacts and observations of the chief nurse executives. One observation was staffing was short and the chief nursing executive offered to cover a nurse for break. She noticed a woman had not been bathed in several days: “I gave the patient a bath and washed her hair, and the bedside nurses were inspired by the team approach and inspirational gesture their nursing leader portrayed.” One artifact was a book of stories developed by staff members. The stories depicted both personal and patient inspirations.

Subquestion 6. *How do exemplary chief nurse executives use stories to share knowledge?* Share knowledge referred to the telling of personal stories of actual human experience and expertise in narrative exchange, which act as soft repositories of knowledge. It is about informal networks of communities that accelerate knowledge sharing (Denning, 2011; Jabri & Pounder, 2001). Knowledge-sharing stories are about problems and resolution. The stories describe the how and why issues were addressed (Denning, 2004).

The purpose of sharing knowledge is to reduce the time gap between existing knowledge and its application to improve organizational practices (Bourbonnais & Michaud, 2018). Narratives and explanations are conveyed from one person to another. The challenge in sharing knowledge in organizations is to create a psychologically safe environment and encourage staff to dialogue about what went wrong (Denning, 2011).

Table 7 lists the number of themes and frequencies derived from interviews, observations, and artifacts for sharing knowledge. Frequency refers to the number of times a theme was referred to from the interviews, observations, and artifacts.

Table 7

Sharing Knowledge

Themes	Interviews	Observations	Artifacts	Frequency
Patient stories	4	3	12	19
Teamwork stories	21	9	21	51
Vulnerability stories	19	7	7	33

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Patient stories. This theme emerged in 19 references, representing 18% of the coded content for sharing knowledge. Of the chief nurse executives, 20% referred to the theme of patient stories when addressing knowledge. Participant 10 shared how her hospital was new to the larger health system. All of the hospitals were asked to put together an event and have patients tell their stories about the care provided:

We had two stools on the stage and I interviewed the people. There was a young mother who works as a tech in their OB department who shared her mother’s journey with cancer, hospice, and finally death. She shared what it meant to her to have her mom be part of the work family and how her work family supported her through that. She also shared how the knowledge shared on chemotherapy and radiation options helped her family make the optimal decisions for care.

Participant 2 shared a story about how a patient was given Ambien and he fell and broke his hip. The fall shortened his work career and led him to retire sooner than he expected: “We ended up having him come and talk to our team about his experience with

Ambien.” The experience was emotional and yet the patient felt safe sharing his story and how sleepers such as Ambien increase the chance of harm.

Patient stories related to sharing knowledge were also reflected in artifacts and observations. Three hospitals have patient-family committees who meet monthly to discuss patient experiences, including opportunities. Hospital leaders intend to share data and knowledge about improvements made based on the patient-family committee recommendations.

Teamwork stories. This theme emerged in 51 references, representing 50% of the coded content for sharing knowledge. Of the chief nurse executives, 50% referenced the theme of teamwork when addressing knowledge. According to Denning (2011), “What group members formulate the story, they see that they are making a contribution” (p. 173). When exemplary chief nurse executives use storytelling to share knowledge, they often refer to stories about teamwork and how they share knowledge.

Participant 8 shared how her hospital had a Federal Bureau of Investigation raid and it upset the organizational flow of patient care. The hospital was devastated by the scandal: “What we learned from that is when there are things you can’t control; you focus on what you can.” Another participant shared how the hospital improved organizational practices by providing personalized patient care in a team approach. During the course of the patient’s cancer treatment, he told the radiation team his favorite music was the Purple Rain video by Prince. In an effort to provide a distraction during radiation treatments, “the team arranged to make the lighting in the room purple, and as he went into the radiation accelerator, the purple rain music came on.” The story emphasized how practices can be improved by sharing stories and knowledge on personalized care.

Participant 9 shared a story about how the hospital's shared governance team came together to focus on unit-based council work. A surgical unit developed an educational video that included nurses and physicians: "They recruited five surgeons to be on this video to share knowledge of hand hygiene while having fun." Participant 3 shared how knowledge-sharing narratives address problems and difficulties. The hospital had an adverse patient outcome: "We debriefed what went well and what were the things we could have done differently. By doing that we're hoping to change the way in which we will do it in the future."

Teamwork stories were also evident in artifacts and observations. On the inside of an elevator is a picture of several staff washing their hands. In the units, when a staff person had not washed their hands and it was observed, a colleague would silently rub his hands together to gently remind the staff to wash. Participant 7 was seen covering for a nurse while on break and bathing a patient. While she interacted with the patient, education and knowledge regarding the plan of care was conveyed.

Sharing vulnerability. This theme emerged in 33 references, representing 32% of the coded content for sharing knowledge. Of the chief nurse executives, 80% referenced the theme of vulnerability when sharing stories about knowledge. Four chief nurse executives shared that their organizations coordinate an empathy workshop to physicians, nurses, and ancillary staff. The purpose of the workshop is to share knowledge on the difference between sympathy and empathy: "When you are in the workshop, you are a student and sharing stories with people you don't know. It's a vulnerable situation." Participant 1 shared that people would come into the workshop with their arms folded: "Many participants would leave the workshop very vulnerable and tearful." One chief

nursing executive shared that she was partnered with somebody in the workshop whose culture was sharing vulnerabilities equated to weakness: “To this day we always say hello to each other and together learned that sharing and vulnerability is a strength.”

Participant 6 shared a story how her 86-year-old father when he got a cell phone was paired with her youngest son because younger kids are little savvier with technology: “I found that older people have consistency like with bill paying, and yet he learned from my son on technology.” Participant 7 shared an example of how exchanges of ideas and information between members of the organization improved patient care: “I think a lot of what we do in our huddles is to share how to learn from our successes and failures.” She noted the importance of communicating and continually learning from one another.

Sharing vulnerability stories was also evident in observations. Three of the chief nurse executives cried during the interviews. As knowledge was shared about improvement opportunities, the participants reflected on many stories, and “telling the stories was cathartic.” Finally, the book of stories written by staff conveyed heartfelt vulnerable stories about how compassion and care is demonstrated.

Subquestion 7. *How do exemplary chief nurse executives use stories to neutralize rumor?* Neutralize rumor referred to the commitment of leaders to reduce organizational uncertainty and proactively clarify the future through narratives. Stories to tame the grapevine focus on some unexpected aspect of the news and point out the inconsistencies (Denning, 2004). It is about proactive, frequent, transparent, and honest communication directed toward shedding light on the organizational vision (J. S. Brown et al., 2006; Denning, 2011).

Gossip and rumors in organizations are prompted by lack of information and uncertainty about the future (Denning, 2011). The rumor mill is most dangerous after an organizational change has been implemented and the benefits have not been realized (Denning, 2004). One way of addressing the rumor mill is with counterstories. The use of gentle satire and humor can invite staff to recognize the foolishness of the gossip (Denning, 2011). Table 8 lists the number of themes and frequencies derived from interviews, observations, and artifacts for neutralizing rumor. Frequency refers to the number of times a theme was referred to from the interviews, observations, and artifacts.

Table 8

Neutralize Rumor

Themes	Interviews	Observations	Artifacts	Frequency
Transparency stories	38	3	1	42
Positive stories	17	3	10	30
Humor stories	5	3	1	9

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Transparency stories. This theme emerged in 42 references and represented 52% of the coded content for neutralize rumor. Of the chief nurse executives, 100% referred to the theme of transparency when addressing rumor. Participant 7 shared that ignoring rumors is not enough. Generally, people want to be hurtful to the organization or they do not have enough information: “What you do to neutralize rumor is to give them the right information and context.” Participant 10 noted that often the rumors are about people: “My first thing I always say is, ‘if this is about somebody else, would you want that somebody else saying that about you?’” The point is to put themselves in that person’s position.

Participant 1 shared that recently there has been considerable gossip and rumors at her organization: “We are going through rapid change and what we can do is to give each other grace, communicate, and breathe through this.” Communication lines are critical to stay open. Participant 3 shared, “I have to go to the units and have discussions with my staff and leaders and share here is what we know.” It’s important to actively listen to what is being said. Participant 4 shared, “I think pretending it isn’t happening is not the right approach.” She shared that it is important to have a clear and consistent communication plan.

Three chief nurse executives shared they are redesigning meetings to ensure there is more front-line involvement. Shared governance is one way to do it as staff have a voice in what is going on: “Frontline staff are the first ones to know about anything that’s coming so that when they’re communicating with their teams, they’re not feeling broadsided.”

Participant 9 indicated that the hospital has monthly lunches for birthdays with senior leadership. Lunches are prefaced by asking if there are any rumors to address: “We will tell you if the rumor is true. If the information is confidential, we will also be honest.”

Transparency related to rumor was also evident in observations and artifacts. One of the staff asked about a potential joint venture with another hospital system. The intranet band at all the hospitals mentioned the joint venture was being reviewed by the attorney general. Staff meeting minutes and daily safety huddles depicted how rumors were identified and gossip mitigated through transparent conversations.

Power of positive stories. This theme emerged in 30 references representing 37% of the coded content for neutralize rumor. Of the chief nurse executives, 40% referred to the theme of positive stories when sharing how to neutralize rumor. Uncertainty of the future drives gossip and rumor (Denning, 2011). Participant 10 pointed people back to the past, reminding them of how there was concern they would not be able to discharge patients and accommodate all the surgeries: “A physician colleague consistently said it will be ok. And I reiterated that no matter what, we will manage.” The positive tone calmed the rumor mill.

Participant 3 shared a community rumor that the hospital had poor quality outcomes. The chief nurse executive shared that it may have been true at one point, “but I can tell you with all confidence right now that this is what the team is doing and we have the data to support it.” Participant 5 shared how past rumors create uncertainty. She gave examples of when diagnostic related groups or the affordable care act or Y2K were certain to end the world: “If we keep our mission and our patients at the center of the decisions we make, and knowing that we work for an organization who wants to care for those in greatest need, we will always survive.”

Positive stories were evident in one observation to mitigate a rumor between a chief nursing executive and a staff member. Safety huddles were also used to address any rumors. Finally, the use of positive stories to address the rumor mill were used when chief nurse executives made leadership rounds.

Humor stories. This theme emerged in nine references representing 11% of the coded content for neutralize rumor. Of the chief nurse executives, 40% referred to the

theme of humor when sharing stories to neutralize rumor. *Participant 3* shared the following:

I am somewhat boundaryless in my approach to working with people. And when I have rumors going, I usually gather people together or I would go into a nursing station and repeat the rumor. I will say, “my God, did you hear.” And the nursing staff will go, “Oh, I know.” And I say, “Oh my goodness, did you know it’s not true?” They would then say, “No way.”

Participant 5 shared how she neutralizes humor with humor: “Probably I do it with humor and I will take that rumor and make it even bigger and say, ‘oh, do you think this and this happened?’” The key is not to neglect the rumor mill but rather to fight the story with story and satirize the critics.

Subquestion 8. *How do exemplary chief nurse executives use stories to create and share vision?* Share vision and direction referred to purposefully combining and integrating stories to set a tone, clarify expectations, communicate important ideas, and provide hope. Through these positive stories, the organization can raise the quality and focus on innovative actions to drive change (Aidman & Long, 2017; Denning, 2011; Patterson et al., 2008). A central responsibility of leadership is to inspire a shared vision (Boal & Schultz, 2007; Denning, 2011). Leadership needs to be able to describe and communicate a compelling picture of the future and understand what others want. The coding process yielded three themes and was referred to 129 times across all data sources, which represented 12% of all data coded. Table 9 lists the number of themes and sources derived from interviews, observations, and artifacts for sharing vision and

direction. Frequency refers to the number of times a theme was referred to from the interviews, observations, and artifacts.

Table 9

Sharing Vision

Themes	Interviews	Observations	Artifacts	Frequency
Inspirational stories	29	8	22	59
Excellent outcome stories	7	4	12	23
Community stories	20	4	23	47

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Inspirational stories. This theme has emerged 59 times in interviews, observations, and artifacts, and represented 46% of the coded content for inspirational stories. Of the chief nurse executives, 90% referenced the theme of inspiration when addressing shared vision. When chief nurse executives told stories about their hospitals, most included a message about an inspirational future.

Participant 1 shared that there is a line item in the administration budget for discretionary funding:

I buy things like prescriptions, compression stockings, special wound care supplies, etc. We buy clothes, tents, and tarps in the winter because sometimes our homeless vets will not go into shelters. Sometimes we provide taxi vouchers. I tell my staff to look for opportunities to do the right thing. I tell the pharmacists if we have patients deciding on whether to get their cat food or buy their medications, give them their medications.

Participant 8 commented about the large homeless population and the challenges in serving them:

How do we put our arms around them in a different way? We have a beautiful story that we've captured. We have Christina who works in our transport department. She was homeless and given a job here. She has the best smile and laugh ever. We have created a sacred word video that explains her inspirational story. She shared she had a choice to make of where she wanted her life to go, not just for herself but for her children. She envisioned a brighter future for her family. She shared, "I don't push around in their wheelchairs. I pray with them. I laugh with them. I hug with them."

Participant 9 shared an example of how she inspires her nursing staff during strategic planning meetings:

When some of the changes started to happen in the organization and the frontline managers were overwhelmed, we've had a series of literally full day meetings where we looked at what's the reality and what do we want to see? So, we participated in a visioning exercise and started to put our thoughts and processes. We then drilled into reality and looked at how we were spending our time. We met multiple times and now we're looking at an evocative future.

The observations and artifacts supported the theme of using inspirational stories to share the vision of the organization. Several artifacts depicted pictures of the tree of life and the inspirational message of hope. Another artifact shared was an inspirational video of a physician dancing with disabled patients. Participant 5 was observed to hold hands with a staff member as an emotional story was shared.

Excellent quality and experience outcomes. This theme emerged from 23 data references, representing 18% of the coded content for share vision. Of the respondents,

40% addressed “excellent outcomes” when addressing stories about share vision. When these chief nurse executives shared personal experiences through a story, the hospital’s vision of taking a failing hospital to a top decile performer was palpable. According to Denniston, Molloy, and Rees (2018), healthcare narratives of personal experiences provide a rich description of the patient experience.

Participant 4 shared that the chief executive officer presented a story that in 2015 patient care outcomes were mediocre. The organization had a financial margin of 1.5%.

We knew we had to make an intentional disruptive change. We went about doing that. So, this many years later, we have doubled the number of lives saved. We have a margin of 4% and are at the top decile in quality and experience outcomes.

Participant 6 shared the vision to be Planetree Gold, which is an award for exceling in patient-centered care. In order to achieve the status, the hospital needed to demonstrate excellent outcomes in patient care quality and experience: “I think that people really want to be part of something bigger and they want to be part of something positive.”

In a similar vein, Participant 8 shared her hospital’s journey to achieve the national Baldrige award. She shared it’s not about the award, it’s about quality outcomes: “Baldrige is about helping people understand that getting better from a quality perspective from top leadership to frontline staff will make us become a top-notch organization.”

Finally, Participant 7 shared her compelling vision to achieve excellent quality and experience outcomes:

I would like to create a place where I see the patients stay in one place. Where patients do not have to transfer to multiple places during their stay. Patients get to know one nurse and one doctor and they're able to go home from that room. We do not need to create unnecessary move of the patients.

The artifacts and observations gathered supported this theme of excellent quality and patient experience outcomes. Several participants shared their data during safety huddles and two of the participants posted the data in their offices. Five participants were observed to recognize staff in their units for achieving excellent outcomes with data.

Community need stories. This theme emerged from 47 references, representing 36% of coded content for share vision and direction. Of the chief nurse executives, 80% referenced the theme of community need when addressing stories about shared vision. Community stories were prevalent with all participants and aligned with authors who agreed with how the community drives vision. Altschuld and Watkins (2014) shared needs assessment are done to evaluate gaps between current situations in the community and desired outcomes. Jackson et al. (2018) noted that assessing community needs and developing a vision becomes a way for marginalized groups communicate their needs.

Participant 2 shared the vision for care of patients in the community and how the model of care may change:

I asked myself what will patient care look like 20 or 30 years from now? The reality is we will have fewer and fewer inpatient beds. It's going to be an intensive care unit or home. And what does that look like for our community? We need to think about how we will care for patients in different mediums,

telehealth, video, and technology apps. Perhaps the model will be healthcare providers will go to the community, rather than have patients come to us.

Participant 5 shared that her vision is to change the health of our communities.

One of the things that has been positive is the vision to put clinics in our high schools. We have one now and we're hoping to grow by about five more. And the goal is to impact generational poverty and drug abuse. This last year, we raised over a hundred thousand dollars at a gala event to put in a park, and a safe playground for our community.

Many participants shared the outreach in their communities and how to step out in a different way before patients show up in their emergency department: "Our geographic area has a lot of homeless, so it has an impact of whom we serve." Participant 7 commented, "Our nurses live in the community and work in our hospital, and have loved ones that come to the hospital for patient care."

Community need issues were also reiterated in artifacts. Each hospital has a completed a community needs assessment. The needs assessment helps to gain a deeper understanding of community's unique needs, culture, and social structures. An observation at one of the hospitals depicted a staff member developing a GoFundMe page for victims of a Northern California fire.

Subquestion 9. *How do exemplary chief nurse executives use stories to create transformational change in their organization?* Transformational change was defined as using stories in a timely manner to engage people across the organization to contribute creative ideas, learn new skills, and explore possibilities in an environment supportive of transformational change in the organization (Aidman & Long, 2017; Denning, 2011).

Three themes emerged from the coding process in the storytelling narrative of transformational change and were referred to 119 times across all data references, which represented 11% of all data coded. Table 10 lists the number of themes and frequencies derived from interviews, observations and artifacts for transformational change. Frequency refers to the number of times a theme was referred to from the interviews, observations and artifacts.

Table 10

Create Transformational Change

Themes	Interviews	Observations	Artifacts	Frequency
Empowering others	21	7	21	49
Relationship stories	24	6	18	48
Stories of excellence	25	5	19	49

Note. Frequency of themes came from transcribed interviews, observations, and artifacts

Empowering others. This theme emerged from 49 references, representing 33% of coded content for transformational change. Of the chief nurse executives, 50% referenced the theme of empowering others when sharing stories about transformational change. Empowering others was confirmed by the participants in the study and validated by the literature review (Cheong et al., 2019). Three participants provided content to support this theme.

Participant 1 shared a story from her previous organization and how the majority of nurses walked out on strike. She was able to secure a contract with a national traveling nurse company:

These nurses were amazing and so proud of their practice. They would work seven 12-hour shifts, or eight 12- hour shifts. All they did was work and go back

to their hotel room and sleep. Most of them lived in socioeconomically depressed areas in the south, and were making six, seven, or eight times their home salary by doing this. And we were thriving. These nurses owned their practice and had poster board presentations on all the things they had improved. By empowering them to control their practice, I was able to get 90% of them to stay on as permanent nurses after the strike.

Participant 8 shared a personal story about the struggle of letting go of control. I must be in charge of everything. I have to make sure I have my arms around everything. And you can't survive in that world when the span of control is too huge. So, we need to kindly empowering others and help them migrate to a different place.

Participant 10 shared a time when the organization went through very tough times. She shared by respecting one another's strengths and supporting one another, nursing did not crumble: "When you say all hands on deck and you are empowered to innovate, people come together and say tell us how high we need to jump."

Empowering others emerged as a theme as evidenced through artifacts and observations. A video artifact on hand hygiene was developed by operating room staff. Another artifact was an idea box in which staff would be empowered to come up with innovative ideas. Finally, all hospitals responded to a culture of safety survey and staff rated their level of feeling empowered in organizational decisions.

Relationship stories. This theme surfaced in 48 interviews, artifacts, and observations. It represented 33% of coded content for transformational change. Of the chief nurse executives, 70% referenced the theme of relationship when sharing stories

about transformational change. According to multiple authors, transformational leaders use stories to engage audiences for transformational change in organizations (Aidman & Long, 2017; Anderson & Ackerman-Anderson, 2010; Bass, 1985; Bass & Riggio, 2006; Denning, 2011). When the chief nurse executives share stories about relationships, they engaged stakeholders to create transformational change.

Participant 3 shared a story about a community health fair and how staff helped with blood pressure monitoring, blood glucose monitoring, and assessment of nutritional needs. She shared she wanted to wash feet:

I think it's biblical. I think it connects with people. I think it's purposeful. We're going to wash feet and we're going to put clean white socks on feet. And this phenomenon happened. As we were washing feet, people started telling things about themselves. One person had profound issues with his feet and shared he has used methamphetamines since he was 15 years old, and he is now 44. He shared if I won't care for him, he would understand. We developed a relationship and together developed a plan for him to receive full medical care. To this day, I single out working men with bad shoes on their feet and make arrangements with the local shoe store to supply working boots.

Participant 7 shared a story of a patient who had a cardiac arrest at home and then arrived in the cardiac catheterization lab. The patient was awake and shared how scared she felt and asked to hold hands.

Technically, I should have been doing other things yet shared with the patient I am here for you. She didn't make it. When we were done with the code, I was walking down the hallway and this big man grabbed me by the shoulders asking,

“Where is my wife?” I told him, “I am so sorry.” He started crying and just slid down the wall. I slid down beside him. He was just sobbing and said we promised each other we would never let each other die alone. He cried he couldn’t get there in time. I shared she wasn’t alone. I was with her and held her hand and made eye contact. I think it helped him understand. I also think I transformed his grief by sharing she was not alone.

Relationship stories were also evident in artifacts and observations. During an observation, one chief nursing executive hugged a staff nurse whose son had been in a motorcycle accident and lost his leg. The participant shared, “We hugged . . . and let her know her hospital family was with her during this difficult time.” An artifact at one organization depicted a picture of holding hands, representing togetherness.

Stories of excellence. This theme emerged in 49 references, and represented 33% of coded content for transformational change. Of the chief nurse executives, 70% referenced the theme of excellence when addressing transformational change. A key feature of transformation is the new state is not known and the change process is shaped as it unfolds. Mindset, behavior, and culture change are essential factors to drive change (Ackerman-Anderson & Anderson, 2010). Achieving successful transformation that delivers excellent outcomes and breakthrough results involves a conscious and intentional leadership approach.

Participant 9 shared a story in which she used language to ignite action and transform thinking about patient outcomes. There was an infection preventionist who had been at the organization for many years. She shared the organization’s infection data with the executive:

I shared we had five catheter associated urinary tract infections (CAUTI) and four Clostridium difficile infections and I remembered thinking five CAUTI's is what dirty hospitals have. Well, it was my inside voice saying my outside voice. The horror on the infection preventionist's face was shocking. I said, we will work on this together. So that first year we cut it down to where we had one CAUTI. The infection preventionist shared with me how appreciative she was to have a partner in excellence.

Participant 4 shared the story of sepsis patients. The organization had implemented a sepsis bundle, which is several evidenced-based processes implemented together will decrease the likelihood of sepsis progression. The executive shared that when she started at the organization, she received resistance:

I was told by frontline staff this is the way we've always done it. Are you saying we have done things wrong? I had to help them understand that practice changes as new evidence is published. I am helping them understand and see the outcomes of a patient where we had implemented the bundle versus a patient where we haven't done the bundle. They were able to visualize how the bundle helped achieve excellent patient outcomes.

Participant 8 shared a story about patient accessibility to staff. She shared that phones in the emergency department never stop ringing, and the doctors are always on the phone finding placement for patients. Patients were calling the phone lines to obtain information about their family members:

We created a generic business card and the emergency room nurses handwrite their name and number on the card and give it to family members. The message

is when you go home and want to check back on your loved one, take this card with you and call me. I will answer the phone. We have made it easier for the family to get direct contact rather than waiting on phone hold. It has helped [the] noise level in the unit and improved satisfaction with unit clerks who were answering the phones.

Stories of excellence to transform change were also evident in artifacts and observations. One hospital had a large board in the lobby where patients and staff could write inspirational notes. During purposeful rounding and safety huddles, stories of excellence were shared. One hospital showed a sign “America’s 100 best hospitals” from Healthgrades. Finally, results of the culture of safety survey yielded marked improvements in all safety categories.

Key Findings

The seven key findings of this study addressed the research questions for each storytelling narrative. Seven narratives from Denning’s (2011) framework contributed to 83% of stories used by chief nurse executives: ignite action and implement new ideas, build trust, build your organizations’ brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. To select the major findings, it was determined to focus on those narratives and themes that gathered data from all 10 exemplary chief nurse executives. These key findings yielded references representing 83% of all data coded.

Key Finding 1: Visionary Stories

Chief nurse executives tell compelling and powerful visionary stories to paint an exciting future picture to ignite creativity, action, and implement new ideas. Exemplary

chief nurse executives use visionary stories to ignite action and implement new ideas.

This theme represented 45% of data coded for ignite action and implement new ideas, 6% of all data coded in the study, was referred to 69 times, and was supported by content in 90% of interviews conducted.

Key Finding 2: Inspirational and Positive Stories

Chief nurse executives tell inspirational and positive stories to celebrate excellence, provide recognition, and encourage acts of kindness to build brand, share vision, foster collaboration, and neutralize rumor. Exemplary chief nurse executives overwhelmingly use inspirational and positive stories to paint a hopeful future, evoke the imagination, and seek innovative ideas to build brand, share vision, foster collaboration, and neutralize rumor. Inspirational and positive stories represented 17% of all data coded for the nine narratives and were referred to 186 times in interviews, observations, and artifacts. Positive stories were mentioned by five respondents when discussing brand, and four times when sharing stories of neutralizing rumor. Inspirational stories were addressed by eight respondents when sharing stories about vision, and eight times when sharing stories about collaboration.

Key Finding 3: Community Stories

Chief nurse executives shared stories of how getting involved in community events fostered an understanding of patients' unique needs. Exemplary chief nurses connect with the communities to understand their unique geographic needs and share stories to build brand and live the organizational values. Community stories represented 13% of all data coded and were referred to 142 times in interviews, artifacts, and observations.

Community stories were addressed by nine respondents when discussing vision, 10 times when discussing brand, and six times when sharing stories about sharing values.

Key Finding 4: Vulnerability and Empowering Other Stories

Chief nurse executives share stories about demonstrating vulnerability and empowering others to model genuine behaviors to build trust, share knowledge, and transform change. Exemplary chief nurse executives as authentic leaders share humbling and heartfelt stories to build trust, share values, and transform change in their respective organizations. Stories of vulnerability and willingness to empower others represented 12% of all data coded for the nine narratives and were referred to 132 times in interviews, observations and artifacts. Ten respondents shared vulnerability stories when discussing trust, eight respondents shared vulnerability stories when sharing knowledge stories, and six chief nurse executives shared stories of empowering others when transforming change.

Key Finding 5: Success Stories

Chief nurse executives shared success stories of how patient care was impacted and stories of excellent patient care outcomes to provide hope and belief that change is possible. Chief nurse executives shared profound success stories and excellent outcomes to ignite action, transform change, and share vision. This theme represented 12% of all data coded and produced 130 references in interviews, artifacts, and observations. Six respondents shared success stories about igniting action, seven respondents addressed excellent outcomes when transforming change, and four chief nurse executives shared stories of excellent outcomes when discussing values.

Key Finding 6: Teamwork Stories

Chief nurse executives use teamwork stories to share how people come together to exchange ideas to continually care for patients and staff. Exemplary chief nurse executives shared examples of how teamwork stories during times of difficulties are addressed when fostering collaboration and sharing knowledge. This theme represented 12% of all data coded and was referred to 125 times in interviews, artifacts, and observations. Teamwork stories were addressed by 10 respondents when sharing stories about collaboration and six times when addressing how knowledge stories are shared.

Key Finding 7: Humanizing and Relationship Stories

Chief nurse executives tell compelling humanizing and relationship stories to exemplify compassion to share values and transform change. Exemplary chief nurse executives use compelling humanizing and relationship stories to help staff understand the impact of compassionate care. This theme represented 10% of all data coded and was referred to 113 times in interviews, observations, and artifacts. Ten chief nurse executives shared compelling humanizing stories when discussing values, and seven respondents mentioned relationship stories about transforming change.

Summary

This phenomenological research was designed to focus on how exemplary chief nurse executives use storytelling to lead and create transformational change in hospitals. Exemplary leaders were selected by the researcher from one health system in Northern, Central, and Southern California. The researcher interviewed 10 exemplary chief nurse executives who described how they lead their organization through storytelling and

transformational change using each of the eight narrative patterns outlined in *The Leader's Guide to Storytelling* (Denning, 2011) and transformational change.

This chapter covered the purpose of the study, methodology, and presented a summary of data collected. These data revealed 24 major themes that emerged from the 10 semistructured interviews, 23 observations, and 45 artifacts. Seven key findings describing behaviors of exemplary chief nurse executives were identified from 24 themes. Chapter V provides a final summary of the study's results, unexpected findings, conclusions, implications for action, and recommendations for future studies. It concludes with closing remarks and reflections from the researcher.

CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This phenomenological qualitative research study described the lived experiences of exemplary chief nurse executives who lead their organizations through storytelling, using Denning's (2011) eight narrative patterns. An extensive and thoughtful analysis of data collected from interviews, observations, and artifacts led to 24 narrative themes and seven major findings. The following conclusions were the culmination of extensive research, data collection, and data analysis that produced important implications for action and recommendations for future research.

Chapter V provides a final summary of the research study and includes the purpose statement, central research question and subquestions, methodology, population, and sample. The major findings, unexpected findings, conclusions, implications for action, and recommendations for further research are also presented. Chapter V concludes with the researcher's summarization remarks and reflections.

The purpose of this phenomenological study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's (2011) eight narrative patterns (ignite action and implement new ideas, build trust, build organizational brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision). In addition, it was the purpose to understand how exemplary chief nurse executives use storytelling to create transformational change in organizations.

The central research question was, "How do exemplary chief nurse executives lead their organizations through storytelling using Denning's (2011) eight narrative patterns? The nine subquestions were as follows:

1. How do exemplary chief nurse executives use stories to ignite new ideas and implement new ideas?
2. How do exemplary chief nurse executives use stories to build trust?
3. How do exemplary chief nurse executives use stories to build the organization's brand?
4. How do exemplary chief nurse executives use stories to transmit organizational values?
5. How do exemplary chief nurse executives use stories to foster collaboration?
6. How do exemplary chief nurse executives use stories to share knowledge?
7. How do exemplary chief nurse executives use stories to neutralize rumor?
8. How do exemplary chief nurse executives use stories to create and share vision?
9. How do exemplary chief nurse executives use stories to create transformational change in their organizations?

Ten interviews were conducted with exemplary chief nurse executives in Northern, Central, and Southern California to understand and describe their lived experiences related to the eight narrative patterns and transformational change. The three-member thematic dissertation team, guided by two faculty advisors, created the Interview Protocol Template (Appendix C) through a collaborative effort. All interviews were conducted face-to-face. These participants were selected from the target population of 17 chief nurse executives at 21 hospitals in California, located in 13 counties. The three peer researchers agreed that 10 members of the target population would be chosen for the study based on agreed-upon criteria. Exemplary chief nurse executives from the

target population fit the description of exemplary if they met at least four of the following six criteria:

- They show evidence of a successful organization or unit.
- They have a minimum of 5 years of experience in the profession of nursing leadership in the field.
- They have had articles, papers, or written materials published or presented at conferences.
- They have received recognition by their peers.
- They have a membership in professional nursing associations in their field.
- They have received a recommendation by one or more recognized regional executive-level leaders.

Major Findings

The purpose of this phenomenological study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's (2011) eight narrative patterns (ignite action and implement new ideas, build trust, build organizational brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision). In addition, it was the purpose to understand how exemplary chief nurse executives use storytelling to create transformational change in organizations. The central research question was answered through analysis of the subquestions. Chapter V presented the key research findings and results of the coding of themes, which included the frequencies from the interviews, observations, and artifacts.

Major Finding 1: Ignite Action and Implement New Ideas

Chief nurse executives must tell compelling and powerful visionary stories to paint an exciting future picture. If visionary stories are not told, staff won't be able to envision a brighter future and creative ideas may be stifled. Exemplary chief nurse executives use visionary stories to ignite action and implement new ideas. This theme represented 45% of data coded for ignite action and implement new ideas, 14% of all data coded in the study, was referred to 69 times, and was supported by content in 90% of interviews conducted. Chief nurse executives shared stories of possibilities by having staff imagine a powerful future in hospitals. Visionary stories were told to help nurses imagine a seamless healthcare system with full access to patients' records or a true model of patient-centered care. The exemplary chief nurse executives in this study agreed that sharing stories of possibilities by having staff imagine a powerful future were instrumental in igniting new ideas. The participants in this study discussed taking control and envisioning a better future for patients and the organization. According to Denning (2004), "The leader immerses himself or herself in the world of listeners—their language, habits, fears, and dreams" (p. 37). This finding was congruent with the work of Barden, Griffin, Donahue, and Fitzpatrick (2011) who found that nurse empowerment and vision with shared governance and involvement with nursing restructures gave nurses control over their professional practices. The access to opportunity and information provided a venue for creative thinking. It also positively affects patient care quality and staff engagement (Sherrod, Brown, Vroom, & Sullivan, 2012). Leadership is about inspiring people to implement new ideas and generating excitement and enthusiasm. In addition, shared governance councils were a conduit to build on the vision and execute actions.

Shared governance councils are unit-based councils consisting of direct care staff to share opinions, brainstorm creative solutions, and execute strategies to improve patient care.

Major Finding 2: Build Brand, Share Vision, Collaboration, and Neutralize Rumor

Chief nurse executives must tell inspirational and positive stories to celebrate excellence, provide recognition, and encourage acts of kindness. Inspirational stories define values and priorities and help others believe success is possible. Exemplary chief nurse executives overwhelmingly use inspirational and positive stories to paint a hopeful future, evoke the imagination, and seek innovative ideas to build brand, share vision, foster collaboration, and neutralize rumor. Inspirational and positive stories represented 17% of all data coded for the nine narratives and were referred to 186 times in interviews, observations, and artifacts. Chief nurse executives model behaviors by inspiring staff with heartfelt and positive stories of listening to patients and how direct care nurse brings comfort and healing. According to Crowley (2011), inspirational and positive stories connect people on a personal level. Staff potential is maximized when the heart is empowered to believe in the vision and participate in transforming change. Inspirational stories were told about staff who helped each other with patient care. Finally, stories were shared about how respondents responded to rumors with positive examples of outcomes.

Major Finding 3: Share Vision, Build Brand, and Organizational Values

Chief nurse executives must share stories of how getting involved in community events in order to foster an understanding of patient's unique needs. Exemplary chief nurse executives connect with the communities to understand their unique geographic needs and share stories to build brand and live the organizational values. Community

stories represented 13% of all data coded and were referred to 142 times in interviews, artifacts, and observations. Most of the chief nursing leaders verbally shared stories about caring for vulnerable patient populations and how patients would be invited to share their stories at employee forums. Organizational mission was mentioned several times as part of the brand to help the community. Healthcare is a personalized service consumer experience and brand, which can create an emotional connection and relationship between the consumer and brand (Kemp, Jillapalli, & Becerra, 2014). Community members who had been patients were encouraged to share their stories with healthcare professionals and provide meaningful feedback of how the organization could continually improve services.

Major Finding 4: Build Trust, Share Knowledge, and Transform Change

Chief nurse executives must share stories about demonstrating vulnerability and empowering others in order to model genuine behaviors and be viewed as authentic leaders. Exemplary chief nurse executives as authentic leaders share humbling and heartfelt stories to build trust, share values, and transform change in their respective organizations. Stories of vulnerability and willingness to empower others represented 12% of all data coded for the nine narratives and were referred to 132 times in interviews, observations, and artifacts. Chief nurse executives shared personal stories of medical errors and subsequent humility. The respondents reiterated the need to empower others to develop authentic relationships and model vulnerability to build trust. This is consistent with the literature as getting to know people personally helps build trust in order to help them to more efficiently work together and understand each other (Auvinen, Aalito, & Blomqvist, 2013; Denning, 2011; Smith, 2012).

Major Finding 5: Ignite Action, Transform Change, and Share Vision

Chief nurse executives must share success stories of how patient care was impacted and stories of excellent patient care outcomes in order to provide hope and believe change is possible. Chief nurse executives shared profound success stories and excellent outcomes to ignite action, transform change, and share vision. This theme represented 12% of all data coded and produced 130 references in interviews, artifacts, and observations. Chief nurse executives shared stories about failing hospitals and successful turnarounds due to resiliency, hard work, and belief. Stories were shared about complacency with patient outcomes and how putting a human face to the data changed staff mindset. Finally, chief nurse executives shared stories about hospitals' poor reputation in the community and how reiterating the positive improvements changed perceptions. Denning (2011) noted the importance of spelling out the alternative and what would happen without the change idea. Success stories can garner additional support and hope for organizations and disseminate transformative efforts.

Major Finding 6: Collaboration and Share Knowledge

Chief nurse executives who use teamwork stories to share how people come together to exchange ideas will engage staff to continually optimize care for patients and staff. Exemplary chief nurse executives shared examples of how teamwork stories during times of difficulties are addressed when fostering collaboration and sharing knowledge. This theme represented 12% of all data coded and was referred to 125 times in interviews, artifacts, and observations. Chief nurse executives shared the importance of working with senior leaders to share consistent messages with staff. Two respondents

shared stories of poor patient outcomes and how a team approach fostered knowledge learning about what could have been done differently. According to Denning (2011),

Exchanges of knowledge-sharing stories occur to everyone countless times every day . . . through the acquisition of this new experience, existing thoughts and beliefs can evolve. This is how we learn, and this is why the transmission of knowledge is largely made up of storytelling. (p. 184)

Teamwork is essential when caring for patients. It is important for two nurses to double check high-risk medications and support each other with patient ambulation. Chief nurse executives model behaviors when fostering collaboration by rolling up their sleeves and helping frontline staff with patient care. Teamwork is also critical in disaster events, particularly in the many California fires. Two exemplary chief nurse executives shared heartfelt stories about how teamwork saved patient and staff lives during wildfires. Chief nurse executives build community by generating moving narratives centered on common goals. Several participants discussed the importance of shared governance committees and how multidisciplinary team involvement promotes collaboration and engagement of frontline staff. Harvey and Drolet (2014) addressed several characteristics of effective teams, which include common purpose, clear definition of team membership, positive interactions of relationships, and trust and clear acceptance of group structure and norms. Members at all levels of an organization need to work together as a team in order to effectively foster collaboration with each other and outside of the organization (Denning, 2011; Jabri & Pounder, 2001; Smith, 2012).

Major Finding 7: Share Values and Transform Change

Chief nurse executives must tell compelling humanizing and relationship stories in order to exemplify compassion, model values, and be viewed as transformational leaders. Exemplary chief nurse executives use compelling humanizing and relationship stories to help staff understand the impact of compassionate care. This theme represented 10% of all data coded and was referred to 113 times in interviews, observations, and artifacts. Chief nurse executives shared humbling stories of personal mistakes made in delivering patient care and the shame they felt. Respondents shared heartwarming stories of staff who gave back their time to the community to improve care. Stories were shared of frontline food service workers who felt empowered and rewarded to speak up to improve patient care. Denning (2011) asserted the importance of creating safe environments for people to feel empowered and innovative in their workspace.

Unexpected Findings

The study resulted in three unexpected findings. The theme of patient stories to build brand and share knowledge provided the lowest number of references in the interviews with the chief nurse executives. Only four respondents, 40% of the study participants, referenced patient stories to build brand and share knowledge. Patient stories emerged 55 times across all interviews, observations, and artifacts although patient stories were referred indirectly within other themes. This theme drew data from close to the lowest number of sources across all themes and was represented by only 3% of all data coded for build brand and 2% of all data coded for share knowledge. Many types of stories exist in healthcare (Fancott, 2016). Stories from patients that express patients' experiences of care are used in many settings for learning and improvement

opportunities. In this study, patient stories were used rarely and did not delineate how knowledge is shared through patient stories. It is the researcher's belief that concern about disclosure of patient-protected information was a risky concern.

The second unexpected finding, purposeful rounding to ignite action, arose 25 times across all interviews, observations, and artifacts. This theme represented 16% of the coded content for ignite action and implement new ideas and 2% of all coded data. It was only referenced by two chief nurse executives during interviews. The two exemplary chief nurse executives in this study agreed that intentional rounding, which involves scripted interactions with patients and staff in the nursing units, was essential to model behaviors for staff to ignite action and generate new ideas as leaders asked open-ended questions. This finding was congruent with the work of Rape and Pate (2014) who found that purposeful rounding enhanced patient safety and satisfaction. Yet purposeful rounding was not the primary way chief nurse executives solicited new ideas for action from staff. Rounding was found to be instrumental in engaging patients in two-way dialogue (Sherrod et al., 2012).

The third unexpected finding was that three themes for transformational change were told equally by the respondents. Empowering others, relationship stories, and stories of excellence each arose 49, 48, and 49 times respectively. Each of the themes represented 33% of data coded for transformational change, 4.5% of all data coded, and was mentioned seven times in all three themes. These findings are consistent with the literature on implementing transformational change in organizations by creating and owning implementation processes to optimize influence and commitment (Aidman & Long, 2017; Anderson & Ackerman-Anderson, 2010, Denning, 2011). Furthermore,

stories of evoking emotions in the audience to actively engage them and creating the possibility of achieving excellent quality results inspired staff and resulted in transformational change. These findings are consistent with the literature on implementing transformational change by leaders modeling behaviors (Aidman & Long, 2017; Denning, 2011).

Conclusions

Conclusion 1

Exemplary chief nurse executives who tell heartfelt inspirational and positive staff stories will be more successful in fostering effective relationships with staff and increase engagement. The chief nurse executives in this study were comfortable in sharing positive and heartwarming stories to inspire staff. This is important as the chief nurse executive is able to influence the role the frontline nurse plays with the patient. Negative stories may alter the nurse's ability to feel confident and deliver safe care at the point of care with the patient (Kerfoot, 2009). A key role of the chief nurse executive is to remove barriers to effective practice at the front line and motivate staff to ignite action and transform change. Furthermore, inspirational stories foster staff engagement and can increase job satisfaction, nurse retention, and patient satisfaction (Harmon et al., 2010).

Data from interviews, artifacts, and observations provided additional support for this conclusion:

1. Exemplary chief nurse executives who participated in this study shared inspirational and positive staff stories at the daily morning safety huddles. Multidisciplinary staff convene at each hospital in the morning to review the status of their respective areas

and the impact on patient care delivery. The chief nurse executive leads the safety huddles and provides inspirational and positive recognition to various individuals.

2. Exemplary chief nurse executives who participated in this study were willing to be visible with the staff in one-to-one, small groups, and large public meetings to engage in positive interactions about the work needed to be done.

Conclusion 2

Chief nursing executives who recognize the importance of community integration stories in developing organizational values and brand will fulfill the needs of the vulnerable and underserved patient populations. The chief nurse executives in this study understood the importance of involving the community in identifying organizational values. Many of the respondents in the study worked in rural communities where care is focused on chronic diseases. The communities are poor, and patients must decide on working to feed their families or access to healthcare. By the time patients seek care, oftentimes their illness requires hospitalization. The chief nurse executives in the study reiterated the importance of getting involved in community events, learning the needs of community members, and proactively identifying solutions for care. The leaders used storytelling and integrated spiritual components so that organizational and community members felt connected to a larger community and a higher purpose (Driscoll & McKee, 2007). Values clarify organizational identity and need to be embraced in action. Core values are principles that distinguish an organization from the competition (Lencioni, 2002). The ability of the chief nurse executives to engage community members in dialogue and promote trust, helped to clarify organizational values and brand. In addition, the ability of these nursing executives to intentionally align their dialogue and

model behaviors to involve the community urges others in the organization to do the same.

Data from interviews, artifacts, and observations provided additional support for this conclusion:

1. Exemplary chief nurse executives who participated in this study shared how community members donated historical artifacts about the hospital and paintings and pictures donated by community members.
2. Exemplary chief nurse executives who participated in this study shared fliers of community events and participation of staff members in fundraising for events.

Conclusion 3

Chief nurse executives who share stories of personal vulnerabilities will model authenticity, demonstrate courage, and develop trusting relationships. Chief nurse executives who empower others and allow for risks and failures will create future leaders who will lead transformational change. When chief nurse executives have open conversations with members of their organization, they reveal themselves and embody authenticity (Denning, 2011). It shrinks a hierarchical distance between themselves and frontline nursing staff and allows honest and open communications. Chief nurse executives who purposefully allow an open- door office policy and encourage open conversations with nursing staff foster trust and relationships (Auvinen, Aalito, & Blomqvist, 2013; Kaplan & Manchester, 2018).

Leaders who share narratives about their personal experiences and defining moments allow listeners to live their story (Denning, 2011). The chief nurse executives in this study understood the importance of being vulnerable and how authenticity forges a

bond of trust and establishes credibility with others (Denning, 2011; Kaplan & Manchester, 2018). The aim of sharing life-shaping stories that reveal personal insights is to put a human face on the storyteller as a person. Narratives shared about how a leader overcame adversity and solved challenging problems inspire others. Denning (2011) asserted the importance of creating safe environments for people to feel empowered and innovate in their workplaces. Life-shaping narratives enhance the listener's trust and create powerful connections with others (Denning, 2011; Kaplan & Manchester, 2018).

Data from interviews, artifacts, and observations provided additional support for this conclusion:

1. Exemplary chief nurse executives who participated in this study all shared examples of their medical mistakes and the subsequent humility and learnings.
2. Exemplary chief nurse executives who participated in this study valued, appreciated, and empowered others.

Conclusion 4

Chief nurse executives must create processes through purposeful team approaches to foster collaboration in order to enhance communication and multidisciplinary decision-making. The reason purposeful approaches are important is for chief nurse executives to be conscious leaders and proactively solicit staff input to optimize problem-solving and patient outcomes. The chief nurse executives in this study understood the criticality of working in teams to achieve organizational goals. Patient care is complex and highly specialized. Collaborative approaches promote interdisciplinary communication and problem solving. Working together toward

common goals reduces medical errors and enhances patient safety (Baker, Gustafson, & Beabien, 2005; Morey et al., 2002). The processes created allowed high-performing teams to be empowered to work together based on shared values. The leaders in this study mastered narrative storytelling and help drive high-performing teams to action (Katzenbach & Smith, 1994). By having high-performing teams identify common goals and challenges, a sense of collaboration was fostered, whether it be through shared governance committees, mission work, or disasters. The team can develop its own story for transformation to occur (Denning, 2011). Finally, chief nurse executives who use teamwork stories to collaborate and share knowledge will be more successful in enhancing multidisciplinary decision-making.

Data from interviews, artifacts, and observations provided additional support for this conclusion:

1. Exemplary chief nurse executives who participated in this study convened daily at the morning safety huddle with multidisciplinary teams to review the day's events with patient care, and each discipline shared how they collaborated together to enhance patient care transitions.
2. Exemplary chief nurse executives who participated in this study participated in staff meetings and actively fostered a culture of teamwork by soliciting members' thoughts and ideas.

Conclusion 5

Exemplary chief nurse executives must fully commit themselves to engage members of the organization through purposeful leadership rounding stories and understand what gets in the way for staff to deliver excellent patient care. Purposeful

leadership rounding entails the process of visiting patients, families, and staff in patient care areas on a consistent basis to engage them in how to improve care (Lockhart, 2017). It is a proactive way to promote patient safety while building relationships with staff. The use of open-ended appreciative inquiry questions may spark new ideas (Winter & Tjong, 2015). Intentional rounding is an opportunity for the nurse leader to observe safety initiatives and shift-to-shift handoff communications and to see how policies and procedures are implemented. The nurse leader can give feedback real time and engage the staff in problem resolution. As a team, the staff and chief nursing executive can examine why processes may not be working as intended and determine the barriers for successful implementation.

Safety huddles is another way for nurse leaders to listen to staff concerns about patient care issues. Multiple disciplines convene for a few minutes each day and the chief nursing executive solicits input about patient care concerns (Lockhart, 2017). Examples of concerns may include equipment issues, safety concerns, construction and facility challenges, and the need to work interdependently with other departments (Lockhart, 2017; Winter & Tjong, 2015). Furthermore, purposeful safety huddles and rounding in the patient care areas allow the chief nursing executive to solicit real-time feedback from patients and staff on new ideas and execution strategies.

Data from interviews, artifacts, and observations provided additional support for this conclusion:

1. Exemplary chief nurse executives who participated in this study went to each of the nursing units after safety huddles and intentionally involved staff in two-way dialogue

by asking critical questions to understand barriers to patient care and seek ideas for workflow improvements.

2. Exemplary chief nurse executives who participated in this study intentionally engaged staff in the development and sharing of organizational goals to build trust and creativity during purposeful leadership rounding.

The research showed that exemplary chief nurse executives used storytelling to lead organizations using Denning's (2011) eight narrative patterns (ignite action and implement new ideas, build trust, build organizational brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor and create and share vision). In addition, the use of the storytelling elements is critical to engaging organizational members in transformational change. The key findings and themes from this study provide ample content to advance the field of storytelling narrative in the field of healthcare. It specifically addresses how nursing leaders use purposeful rounding, success stories, and visionary stories to ignite action and implement new ideas. Furthermore, the findings address how chief nurse executives share open conversation stories to build trust, foster collaboration through teamwork, and integrate community involvement in organizational values and brand. The following section details a variety of implications that should be acted upon to ensure chief nurse executives effectively lead their hospitals and communities through storytelling.

Implications for Action

Implication 1

A proposal must be made to Brandman University's Doctorate in Organizational Leadership program chair and course leads. Brandman University's Doctor in

Organizational Leadership program must include storytelling narratives and how leaders use stories to ignite new ideas, build trust, build organizational brand, foster collaboration, transmit organization values, share knowledge, neutralize rumor, and create transformational change. A proposal should be made to the Brandman University course lead professors of the following Brandman University courses to implicitly include the content from this research study: EDOL 720–Creativity, Innovation and Sustainable Change, and EDOL 707–Organizational Theory and Development. Finally, Brandman University offers a Doctor in Nursing Practice (DNP) program. Storytelling narratives should be integrated into the curriculum as graduates of the program are clinicians who are in the nursing units and can influence frontline staff.

Implication 2

Incorporate storytelling in professional nursing and healthcare organizations for leadership development by learning about the current state curriculums, gaps in education, and suggest integration strategies. The Association of California Nurse Leaders (ACNL) offers nurse resource content online. A section of the nurse resource is quality, safety, and engagement. ACNL should include the findings of this study in its resources. The American Organization of Nurse Executives (AONE) offers a variety of educational offerings, and should include the findings of this study in its nurse manager institute, dynamic leadership for shared governance, and leadership development for nurse leaders' curriculum. Finally, the American College of Healthcare Executives (ACHE) consists of healthcare professionals from multiple disciplines and should include storytelling narratives in their leadership modules. These trainings would allow chief nurse executives, nurse managers, and healthcare leaders to develop storytelling

narratives associated with igniting action and implementing new ideas, build trust, build organizational brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision.

Implication 3

The California Hospital Association (CHA) offers a variety of educational services and leadership development classes. Hospitals and healthcare organizations should work with CHA to develop visual arts programs and integrate storytelling narratives in leadership rounding. Visual arts include skits, paintings, and sculptures. Stories help tell the listener how someone manages difficult situations or controversial issues. Impressionistic stories leave a mark on our minds. The integration of narratives in purposeful rounding and sharing success and vision stories is a key strategy for nursing leaders to build relationships with staff and solicit ideas to improve staff engagement. Visibility in the nursing units is important to build trust and have open conversations. Integration of rounding stories, visionary and positive stories, and organizational values with the community create innovative work environments.

Implication 4

Hospitals must consider a role of chief innovation/transformational officer to engage leaders in sharing powerful stories of transformational change and executing innovative strategies. Hospitals could work with nursing and organizational development departments and the chief innovation officer to create change leadership teams. Change leadership teams would consist of top performers to develop their storytelling ability as they round and lead shared governance teams. A key role of chief nurse executives is to mentor others to ignite new ideas and create action by identifying high performers and

empowering them to lead innovative projects. Furthermore, they should provide the time and resources for the high performers to be successful in their respective roles by allowing a certain percentage of dedicated time to the program. Chief nurse executives who create teams with storytelling abilities will find themselves able to navigate the uncertain healthcare future.

Implication 5

Chief nurse executives must work with senior leaders to develop patient family engagement councils. The purpose of the councils is to consciously involve community members in sharing their stories and working collaboratively with hospital leaders to improve patient care and system processes. The communities served differ by geographical area and the member needs vary. Chief nurse executives can be instrumental in learning community members' stories and integrating the narratives in hospital and community events. The use of social media is a way of sharing heartwarming success stories in a de-identified manner. Digital media will reach wider audiences and engage staff and community members to ignite new ideas for health promotion.

Implication 6

The three thematic researchers who studied exemplary leaders who use storytelling to ignite new ideas, build trust, build organizational brand, foster collaboration, share knowledge, share vision, share organizational values, neutralize rumor, and create transformational change should connect to share the respective findings of the study with larger audiences. The information would highlight the similarities and differences between how leaders in different disciplines use stories to create

transformational change. The three thematic researchers should collaborate to develop scholarly articles for submission to a wide range of scholarly publications that focus on storytelling such as *The Story Hall*, *Firm Narrative*, *Storytelling Magazine*, and *Narrative Magazine*.

Implication 7

Healthcare organizations should integrate instructional storytelling for teaching-learning in nursing education. Mapping instructional storytelling to the domains of a clinical judgement model allows nurse leaders and educators to share their personal practice experience with novice learners in a way that preserves creativity but affords leaders greater control over the process and achievement of expected learning outcomes.

Recommendations for Further Research

Storytelling in healthcare is an emerging field primed for further research. Although the researcher and thematic team extend the knowledge base of storytelling narratives across multiple disciplines, it is still relatively uncharted territory. The specific research conducted on exemplary chief nurse executives who use storytelling to create transformational change provides new opportunities for future research studies. The following are recommendations for future research on storytelling leadership:

1. The methodology of this study did not explicitly examine demographics of exemplary chief nurse executives by design, although all study participants were White females. It is recommended that a phenomenological study be conducted that further narrows chief nurse executives by studying only males. A future study would afford the researcher the opportunity to elucidate similarities and differences of the use of storytelling narratives between males and females.

2. It is recommended that a phenomenological study should be conducted in other types of healthcare facilities, such as subacute and skilled nursing facilities, to determine how storytelling narratives are used by chief nurse executives in other settings. This study focused on acute care hospitals with 25 to 450 beds in one faith-based health system with hospitals located in Northern, Central, and Southern California. Furthermore, a study should be conducted in hospitals located in various health systems in other states, including for-profit organizations to determine how storytelling narratives are used by chief nurse executives.
3. A phenomenological study should be conducted isolating generations in the selection criteria of exemplary chief nurse executives. There may be differences in how baby boomers, Gen X, millennials and Gen Z use stories to drive transformational change. The findings may depict differences in how social media is used and trust is built in healthcare. This study did not consider establishing criteria to purposefully focus on age demographics; therefore, no generational data were collected. The themes did not consider the years of experience chief nursing executives had and how that may have influenced their storytelling narratives.
4. A mixed-methods study should be conducted with bedside nurses to understand how they perceive their chief nurse executives use storytelling to create transformational change. This study focused on how chief nurse executives use storytelling to lead transformational change in their respective organizations.
5. A phenomenological study should be conducted replicating this study with physician leaders. In healthcare organizations, chief nurse executives are part of senior leadership teams and work closely with the chief executive officer and chief medical

officers. The purpose would be to understand and describe how exemplary chief medical officers use storytelling to lead organizations using Denning's (2011) eight narrative patterns (ignite action and new ideas, build trust, build organizational brand, foster collaboration, share knowledge, share vision, share organizational values, neutralize rumor, and create transformational change) In addition, the purpose would be to understand how chief medical officers use storytelling to create transformational change in organizations.

Concluding Remarks and Reflections

Storytelling in healthcare is an emerging field. Healthcare facilities use data and evidenced-based strategies to improve quality, patient safety, and financial outcomes. However, what matters is the patient's face behind the data that connect professionals on a human level. Chief nurse executives must fully commit themselves to engage all staff in purposeful rounding and have open conversations through the use of storytelling. Chief nurse executives need to shadow bedside nurses to understand the barriers that prohibit the staff to optimize high quality care. Leaders who demonstrate vulnerability model the courage it takes to be a whole and authentic person who can be trusted. Chief nurse executives who understand and use stories to create transformational change empower and foster collaboration with all members of their healthcare team. In addition, chief nurse executives should examine the impact of stories on their communities and learn to integrate community members into storytelling.

As a registered nurse and senior executive in healthcare, I must actively examine my storytelling narratives and application of these research findings in my daily service. Everyone has life-changing stories, and sharing my personal vulnerabilities will help

others see me as a genuine person. It will help me understand my colleague's decision-making processes and motivations, and recognize how sharing stories will forge a bond.

A final reflection from this study is that being a leader means having the courage to be vulnerable and model the way. Our personal stories allow others to see our true self. As a human being, I commit to consciously being vulnerable and sharing personal stories to model behaviors. I want to create and sustain healthy relationships as a healthcare leader, but also as a mother, wife, sister, cousin, and friend.

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APPENDICES

APPENDIX A

Chief nurse Executives Nomination E-mail

Dear _____,

I am a registered nurse, system vice president of quality/patient safety, and an active doctoral student at Brandman University. I would greatly appreciate your assistance. I am part of a thematic dissertation group of three peer researchers guided by two faculty members that is studying how exemplary chief nurse executives who lead organizations through storytelling. The purpose of my phenomenological research study was to describe what stories exemplary chief nurse executives tell to transform their organizations. The eight narrative patterns of storytelling used in this study are depicted by Denning's framework of storytelling by leader. I am interested in what stories are told to build trust, spark action, foster collaboration, motivate others, build brand, transmit values and knowledge, create vision and neutralize gossip. Participants may experience minimal risk during the in-person interview and all personal and professional information including hospital site and county will be kept confidential.

To complete the study, I need your help to identify potential candidates to participate in one one-hour interview, be observed in the workplace, and provide artifacts of their exemplary leadership. To be eligible for participation candidates need to meet four of the following six exemplary criteria:

- Evidence of leading a successful healthcare organization or nursing unit
- A minimum of five years of experience in the profession in this discipline/leader in the healthcare/nursing profession
- Articles, papers or written materials published, or presented at conferences in the area of nursing/healthcare
- Recognition by peers in nursing
- Membership in professional nursing associations in their field
- Recommendation by one or more recognized regional executive level leaders

If you could respond with a list of chief nurse executive names, emails, and phone numbers, or even send a quick email introducing me to the potential candidates, I would be very grateful.

Thank you, in advance, for your time and consideration.

Kind regards,

Tricia Kassab
Doctoral Candidate, Brandman University
System Vice President, Quality/Patient Safety
Adventist Health

APPENDIX B

Invitation E-mail to Participants

Dear _____,

Thank you for your interest in participating in my research study on Leadership Storytelling in Healthcare. You are receiving this email because you were nominated by your System Executive Clinical Leader as an exemplary chief nurse executive. Your participation consists on one 60-minute audio recorded interview of 20 questions that were developed collaboratively by three peer researchers. These questions are based on Stephen Denning's (2011) *The Leader's Guide to Storytelling* eight narrative patterns of storytelling: Ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. In addition, it was the purpose to understand how exemplary chief nurse executives use storytelling to create transformational change in organizations. If possible, I would like to observe you in the workplace prior to or after the interview and collect any relevant artifacts available for data triangulation.

The purpose of my phenomenological research study was to describe behaviors that exemplary chief nurse executives use to lead their organizations through storytelling. Please know that your privacy and confidentiality is taken very seriously. I have attached the Brandman University Research Participants Bill of Rights for your review. In addition, I have attached an "Informed Consent and Audio Recording" document. There is minimal risk involved that may occur during the in-person interview.

Please contact me at your earliest convenience to schedule the one-hour interview. I look forward to hearing about your experiences, perceptions, knowledge, and lived experiences to better inform the understanding of the behaviors of exemplary chief nurse executives.

Thank you, in advance, for your time and consideration.

Kind regards,

Tricia Kassab
Doctoral Candidate, Brandman University
System Vice President, Quality/Patient Safety
Adventist Health

APPENDIX C

Thematic Interview Protocol Template

I sincerely appreciate the extraordinary work you do as a Chief Nurse Executive and taking the time for the interview. My name is Tricia Kassab, and I am the System Vice President of Quality/Patient Safety at Adventist Health. I am a doctoral candidate at Brandman University in the area of Organizational Leadership. I'm part of a team conducting research to determine what strategies are used by exemplary leaders to lead their organization through storytelling. The eight narrative patterns of storytelling used in this study are based on Stephen Denning's (2011) *The Leader's Guide to Storytelling* eight narrative patterns of storytelling: Ignite action and implement new ideas, build trust, build your organizations' brand, transmit organizational values, foster collaboration, share knowledge, neutralize rumor, and create and share vision. Storytelling as used in this research applies to the full range of strategies and processes by which leaders use storytelling in an organization. It is all the ideas, images, and other forms of organizational content that passes between leaders and all members of the organization including personal, interpersonal, group and organization.

Our team is conducting approximately 10 interviews with leaders like yourself. The information you give, along with others, hopefully will provide a clear picture of the thoughts and behaviors that exemplary leaders use storytelling to create transformational change and will add to the body of research currently available.

Incidentally, even though it appears a bit awkward, I will be reading most of what I say. The reason for this is to guarantee, as much as possible, that my interviews with all participating exemplary leaders will be conducted pretty much in the same manner.

Informed Consent (required for Dissertation Research)

I would like to remind you any information that is obtained in connection to this study will remain confidential. All of the data will be reported without reference to any individual(s) or any institution(s). After I record and transcribe the data, I will send it to you via electronic mail so that you can check to make sure I have accurately captured your thoughts and ideas.

Did you receive the Informed Consent and Brandman Bill of Rights I sent you via email? Do you have any questions or need clarification about either document?

We have scheduled an hour for the interview. At any point during the interview you may ask that I skip a particular question or stop the interview altogether. For ease of our discussion and accuracy I will record our conversation as indicated in the Informed Consent.

Do you have any questions before we begin? Okay, let's get started, and thanks so much for your time.

APPENDIX D

Storytelling Interview Questions

Ignite Action and Implement New Ideas:

1. Stories that ignite action often spell out the alternative (what will happen without the new idea). Can you provide an example from your leadership where you used this type of story?
2. There's an old Brazilian proverb: *When you dream alone it's just a dream, but when you dream together, it's already the beginning of a new reality.* What are some of the stories you use to invite your organization to imagine, dream and then implement the dream together?

Build Trust:

1. How do you use stories to promote trust between you and members of your organization? Can you give me an example?
2. Please share with me an example of a time when you disclosed a personal story that showed your vulnerability in an effort to build trust and authenticity with members of your organization. *Optional probe: Tell me more about the outcome from that disclosure*

Build Brand:

1. Branding in the new world of social media (Facebook, Twitter, LinkedIn, Yelp, Instagram, Snapchat etc.) is an authentic, interactive sharing of story. In what ways have you used this narrative pattern to identify who you are, who your organization is and/or what you stand for?
2. One narrative that leaders use to build identity or brand is the story of their 'customer' (client, stakeholder, etc). Please share the stories that you use that build your brand by creating a picture of your 'customer'.

Transmit Organizational Values:

1. *Espoused values* are the values we think we should have and *operational values* are the ones actually working in our organizations and sometimes there is a gap between the two. What stories do you tell to move operational values toward espoused values?
2. What stories do you use to encourage all members to become actively connected to the organizational values?

Foster Collaboration:

1. How do you use stories to cultivate a culture of collaboration between you and members of your organization?

2. Narrative gives teams and communities the spark that will help them lift their game to a new level and work together with shared passion. What stories have you used to spark collaboration in this way?

Share Knowledge:

1. How do you engage members of your organization in storytelling that are two-way exchanges of ideas and information about your organization?
2. Stories about the past enable us to make sense of the past and then move into the future. How have you used stories of past events to share learning?

Neutralize Rumor:

1. How do you use storytelling as a way to neutralize rumors?
2. What drives gossip and rumor is uncertainty about the future. What stories do you tell to shed light on the future and reduce uncertainty?

Create and Share Vision

1. How do you use stories to create and share a compelling vision for your organization? Can you share an example?
2. Evocative future stories that are told and retold become part of the common mind. What evocative future stories do you tell and retell that allow stakeholders to embrace an inspiring vision?

Creating Transformational Change:

1. Denning posits that “narrative is a thread running through everything that a transformational leader does to achieve extraordinary results”; Please provide an example of when you used story to create transformational change.
2. Stories that create transformation have both a personal and collective impact; What is a story that you have told to create transformation in your organization that impacted people both individually and collectively?

“Thank you very much for your time. If you like, when the results of our research are known, we will send you a copy of our findings.”

General Probes

May be used during the interview when you want to get more info and/or expand the conversation with them. These are not questions you share with interviewee. It is best to be very familiar with them and use in a conversational way when appropriate to extend their answers.

1. "What did you mean by"
2. "Do you have more to add?"
3. "Would you expand upon that a bit?"
4. "Why do think that was the case?"
5. "Could you please tell me more about.... "
6. "Can you give me an example of"
7. "How did you feel about that?"

APPENDIX E

Field-Test Observer Feedback Questions

Conducting interviews is a learned skill set/experience. Gaining valuable insight about your interview skills and affect with the interview will support your data gathering when interviewing the actual participants. As the researcher you should reflect on the questions below after completing the interviews. You should also discuss the following reflection questions with your 'observer' after completing the interview field test. The questions are writing from your prospective as the interviewer. However, you can verbalize your thoughts with the observer and they can add valuable insight from their observation.

1. How long did the interview take? _____ Did the time seem appropriate?
2. How did you feel during the interview? Comfortable? Nervous?
3. Going into it, did you feel prepared to conduct the interview? Is there something you could have done to be better prepared?
4. What parts of the interview went the most smoothly and why do you think that was the case?
5. What parts of the interview seemed to struggle and why do you think that was the case?
6. If you were to change any part of the interview, what would that part be and how would you change it?
7. What suggestions do you have for improving the overall process?

APPENDIX F

Field-Test Participant Feedback Questions

While conducting the interview, you should take notes of their clarification request or comments about not being clear about the question. After you complete the interview ask your field test interviewee the following clarifying questions. Try not to make it another interview; just have a friendly conversation. Either script or record their feedback so you can compare with the other two members of your team to develop your feedback report on how to improve the interview questions.

1. How did you feel about the interview? Do you think you had ample opportunities to describe what you do as a leader when working with your team or staff?
2. Did you feel the amount of time for the interview was ok?
3. Were the questions by and large clear or were there places where you were uncertain what was being asked?
4. Can you recall any words or terms being asked about during the interview that were confusing?
5. And finally, did I appear comfortable during the interview?

APPENDIX G

Copy of NIH Certificate



APPENDIX H

Informed Consent and Audio Recording Release

INFORMATION ABOUT: The stories exemplary leaders tell to transform their organizations using Stephen Denning's eight narrative patterns: Ignite action, build trust, build your brand, transmit values, foster collaboration, share knowledge, neutralize rumor and share vision for the future.

RESPONSIBLE INVESTIGATOR: Tricia Kassab, RN, FACHE

PURPOSE OF THE STUDY:

You are being asked to participate in a research study conducted by Tricia Kassab, RN, FACHE, a doctoral student from the School of Education at Brandman University. The purpose of this phenomenological research study was to understand and describe how exemplary chief nurse executives use storytelling to lead organizations using Denning's eight narrative patterns. I am interested in what stories are told to build trust, spark action, foster collaboration, motivate others, build brand, transmit values and knowledge, create vision and neutralize gossip. This study will fill the gap in the research regarding the impact of storytelling on how chief nurse executives bring about transformational changes in healthcare organizations. The results of this study may help healthcare organizations in the storytelling strategies to implement focusing on Denning's eight narrative patterns.

Your participation in this study is voluntary and will include an interview with the identified student investigator. The interview will take approximately 60 minutes to complete and will be scheduled at a time and location of your convenience. The interview questions will pertain to your perceptions and your responses will be confidential. Each participant will have an identifying code and names will not be used in data analysis. The results of this study will be used for scholarly purposes only.

I understand that:

- a. The researcher will protect my confidentiality by keeping the identifying codes safe-guarded in a locked file drawer or password protected digital file to which the researcher will have sole access.
- b. My participation in this research study is voluntary. You may decide to not participate in the study, and I can withdraw at any time. I can also decide not to answer particular questions during the interview if you so choose. Also, the Investigator may stop the study at any time.

- c. I understand that the interview will be audio recorded. The recordings will be available only to the researcher and the professional transcriptionist. The audio recordings will be used to capture the interview dialogue and to ensure the accuracy of information collected during the interview. All information will be identifier-redacted, and my confidentiality will be maintained. Upon completion of the study, all recordings, transcripts, and notes taken by the researcher and transcriptionist from the interview will be destroyed.

- d. The possible benefit of this study to me is that my input may help add to the research regarding how chief nurse executives impact storytelling in healthcare organizations. The findings will be available to me at the conclusion of the study and will provide new insights about the nursing leadership experience in which I participated. I understand that I will not be compensated for my participation.

- e. If I have any questions or concerns about the research, please feel free to contact Tricia Kassab, RN, FACHE at _____ or by phone at ____ or Dr. Keith Larick (Committee Chair) at _____.

- f. No information that identifies you will be released without your separate consent and all identifiable information will be protected to the limits allowed by law. If the study design or the use of data is to be changed, you will be so informed and consent re-obtained. There are minimal risks associated with participating in this research.

- g. If I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor of Academic Affairs, Brandman University at 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

I acknowledge that I have received a copy of this form and the “Research Participant’s Bill of Rights.” I have read the above and understand it and hereby consent to the procedure(s) set forth.

Signature of Participant or Responsible Party

Date: _____

Signature of Principle Investigator

Date: _____

APPENDIX I

Research Participant's Bill of Rights

BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD

Research Participant's Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.
2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.
3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.
4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.
5. To be told what other choices he/she has and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.
7. To be told what sort of medical treatment is available if any complications arise.
8. To refuse to participate at all before or after the study is started without any adverse effects.
9. To receive a copy of the signed and dated consent form.
10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA, 92618.