Studying The Outcomes of a Novel Storytelling Program: Evaluating the Impact on Social Connection in Healthcare

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CHOC

BACKGROUND

- The U.S. Surgeon General highlights the urgent need to foster social connection in workplaces to promote well-being and reduce burnout (Murthy, 2022, 2023).
- Healthcare environments are especially vulnerable to burnout and disengagement, making social connection essential for staff resilience and retention (Murthy, 2022).
- Storytelling is an effective tool for promoting empathy, trust, and belonging — key elements of an engaged and collaborative workforce (Behnam Asl et al., 2022; Dickson & MacDonald, 2023).
- In 2022, our organization partnered with Dear World to implement a storytelling initiative designed to foster meaningful connections, celebrate shared humanity, and promote a culture of empathy and belonging among staff.
- This study compares social connection outcomes between an abbreviated version of the program integrated into clinical orientation and a full session with 2 hours of dedicated time for participation.

STUDY AIMS

- **Aim 1:** To measure the impact of the Dear Hospital storytelling program on participants' perceived level of social connection using the Connection During Conversations Scale (CDCS) (Okabe-Miyamoto et al., 2024).
- **Aim 2:** To compare the levels of shared reality, partner responsiveness, participant interest, and affective experience between an abbreviated session during clinical orientation and the full session.
- **Aim 3:** To determine which version of the program fosters stronger perceptions of social connection.

METHODS

- **Design:** Non-randomized, cross-sectional study
- **Setting:** Magnet-designated pediatric healthcare system with two hospitals, an ambulatory network, over 5,000 associates, and more than 700 providers
- **Participants:** Clinical staff associates, volunteers, and medical staff who were English-speaking, aged 18 or older, participated in either storytelling session, and completed a post-session survey

Intervention
- Developed in collaboration with Dear World, Dear Hospital is a storytelling program designed to foster empathy, connection, and a sense of belonging among healthcare professionals.
- The experience includes guided reflection on the organizational values and the identification of meaningful personal stories that relate to those values.
- Participants engage in peer-to-peer storytelling in dyads, practicing therapeutic communication skills such as active listening, reflection, and validation.
- Each participant shares their story (4 minutes each) and creates a Brain Tattoo™ — a short, symbolic phrase written on the body.
- The session concludes with a professional photograph capturing the Brain Tattoo.

Abbreviated Session
- Storytelling elements are woven into the orientation day.
- No written narrative component.

Full Session
- 2-hours of dedicated time to engage in the experience during a retreat or team meeting.
- Participants are guided through the process of writing their narrative in the form of a Dear Hospital Letter before they engage in peer-to-peer storytelling.

Measures

Primary Tool:	Additional Items:
•14-item Connection During Conversations Scale (CDCS) (Okabe-Miyamoto et al., 2024) • Assesses four domains: Shared Reality, Partner Responsiveness, Participant Interest, Affective Experience	•Participant experience (perceived connection to colleagues, values, and organization) •Psychological safety, vulnerability, engagement, and relationship familiarity

- **Data Collection:** Anonymous, post-session REDCap survey via QR code
- **Data Analysis:** Descriptive statistics, Fisher's exact test, using R version 4.1.3

RESULTS

Table 1
Distribution of Demographic Variables

Variable	Abbreviated n = 75	Full n = 73
Age		
<30 years	50 (67%)	14 (19%)
30-39 years	19 (25%)	28 (38%)
40-49 years	6 (8.0%)	20 (27%)
50-59 years	0 (0%)	9 (12%)
60-69 years	0 (0%)	2 (2.7%)
Gender		
He	10 (13%)	5 (6.8%)
She	63 (84%)	66 (90%)
They	0 (0%)	0 (0%)
Decline to state	1 (1.3%)	2 (2.7%)
Racial Group		
American Indian/Alaska Native	3 (4.0%)	0 (0%)
Native Hawaiian	24 (32%)	14 (19%)
Arab Middle Eastern North African	2 (2.7%)	0 (0%)
Black or African American	2 (2.7%)	0 (0%)
White	28 (37%)	46 (63%)
More than one race	9 (12%)	7 (9.6%)
Decline to state	7 (9.3%)	6 (8.2%)
Occupation Setting		
Main Hospital	71 (95%)	73 (100%)
Hospital within a hospital	3 (4.0%)	0 (0%)
Ambulatory	1 (1.3%)	0 (0%)
Role in Hospital		
Nursing/respiratory	31 (41%)	51 (70%)
Patient care support role	30 (40%)	8 (11%)
Allied health	6 (8.0%)	11 (15%)
Specialist or technologist	6 (8.0%)	1 (1.4%)
Medical staff	1 (1.3%)	1 (1.4%)
Non-clinical	1 (1.3%)	1 (1.4%)
Years of Experience in Role		
0-3 Years	47 (63%)	12 (16%)
4-6 Years	11 (15%)	4 (5.5%)
7-10 Years	9 (12%)	11 (15%)
11-20 Years	7 (9.3%)	24 (33%)
21+Years	1 (1.9%)	21 (29%)
Decline to State	0 (0%)	1 (1.4%)
Years of Experience at Organization		
0-3 Years	73 (97%)	14 (19%)
4-6 Years	0 (0%)	6 (8.2%)
7-10 Years	1 (1.3%)	17 (23%)
11-20 Years	0 (0%)	19 (26%)
21+Years	0 (0%)	16 (22%)
Decline to State	1 (1.3%)	1 (1.4%)

Table 2
Distribution of CDCS Responses Stratified by Dear Hospital Intervention Type

Survey Component	Abbreviated n(%)	Full n(%)	p-value
Shared Reality			
I felt "in sync" with them	64(85.3%)	71(97.2%)	0.01
I felt like we shared a lot in common	64(85.3%)	71(97.2%)	0.01
I felt that we saw the world in the same way	61(82.4%)	70(95.8%)	0.01
They were able to relate to my experience	64(85.3%)	69(94.5%)	0.1
Partner Responsiveness			
They were interested in my thoughts and feelings	68(91.8%)	73(100%)	0.02
They respected my beliefs and opinions	69(92%)	71(98.6%)	0.11
I felt that they cared about me	67(89.3%)	73(100%)	0.006
They really understood who I am	65(86.6%)	71(97.2%)	0.03
Participant Interest			
I was truly attentive during the interaction	69(92%)	72(98.6%)	0.11
I was interested in their thoughts and feelings	69(92%)	73(100%)	0.02
I thought that they were boring	20(26.6%)	6(8.2%)	0.004
Affective Experience			
I felt that my energy was drained by the interaction	18(24%)	10(13.6%)	0.14
I couldn't wait for the interaction to end	14(18.9%)	8(10.9%)	0.24
I felt that it was hard to communicate with them	17(22.6%)	6(8.2%)	0.02

Note: Participant responses were based on a 7-point likert scale. Reported responses include those who selected "Agree" or "Strongly Agree."
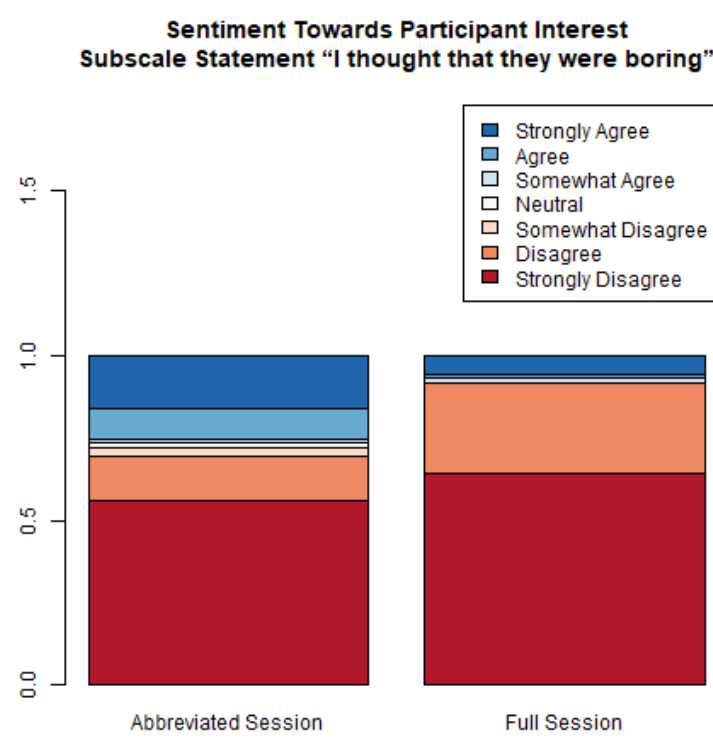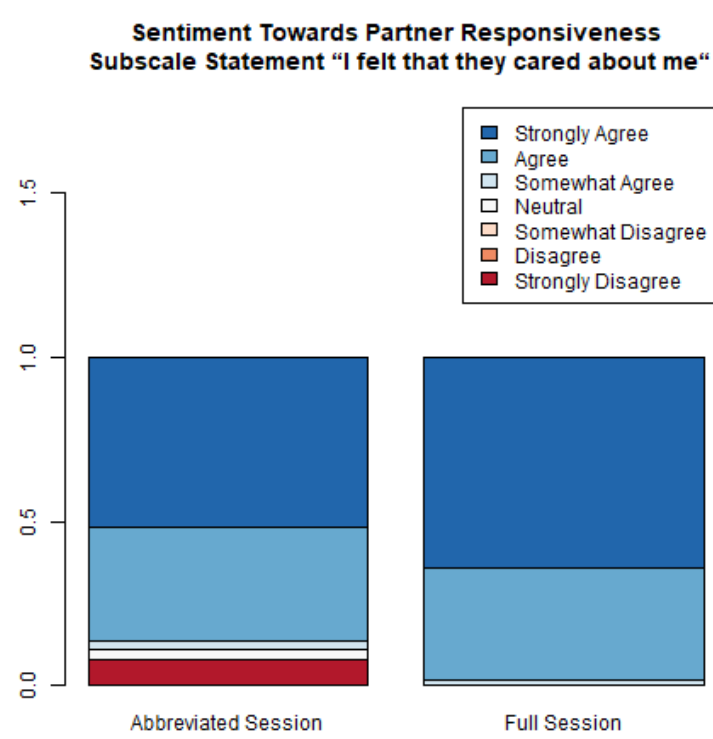

Sentiment Towards Partner Responsiveness
Subscale Statement "I felt that they cared about me"

Sentiment Towards Participant Interest
Subscale Statement "I thought that they were boring"

Table 3
Distribution of Participant Experience Responses Stratified by Dear Hospital Intervention Type

Survey Component	Abbreviated n(%)	Full n(%)	p-value
Following this experience, I feel more connected to my fellow CHOC associates.			0.83
Agree/Strongly Agree	59 (78.6%)	59 (80.8%)	
Neutral/Disagree/Strongly Disagree	16 (21.3%)	14 (19.2%)	
Following this experience, I feel more connected to the organizational values.			0.32
Agree/Strongly Agree	61 (81.3%)	54 (74%)	
Neutral/Disagree/Strongly Disagree	14 (18.6%)	19 (26%)	
Following this experience, I feel like I belong in this organization.			0.13
Agree/Strongly Agree	65 (86.6%)	56 (76.7%)	
Neutral/Disagree/Strongly Disagree	10 (13.3%)	17 (23.3%)	
During this experience, I felt safe sharing my story.			0.5
Agree/Strongly Agree	65 (86.6%)	60 (82.2%)	
Neutral/Disagree/Strongly Disagree	10 (13.3%)	13 (17.8%)	

DISCUSSION

- Both the abbreviated and full storytelling sessions received positive sentiment across the CDCS survey items, as well as the participant experience responses.
- When statistically significant differences were observed, they favored the full session. However, two specific components within the CDCS instrument had the strongest effect.
- Differences in outcomes may be partially explained by demographic variation—participants in the full session were more likely to be over 30, white, and working in nursing or respiratory care.
- Acquaintance levels between storytelling partners also differed significantly between groups (p < .0001), which may have influenced responses.
- Despite these differences, overall participant feedback was favorable in both formats, suggesting that storytelling—even in brief formats—can support connection in healthcare settings.

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