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Using the Science of Storytelling to Inspire Health Care Teams

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Experts share the hows and whys of telling a good story to motivate and persuade in the workplace
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With clinicians [experiencing record burnout](#) and the health care field continuing to take notes on how to [cement collaborative cultures](#), two experts remind us of a powerful, age-old tactic for persuasive leadership: storytelling.

During a recent webinar from the AHA Physician Leadership Forum titled “The Art and Science of Storytelling to Engage and Inspire Healthcare Teams,” Margaret Cary, M.D., and Tara Satlow offered step-by-step instructions on how to tell an effective story. They also explained why storytelling is useful when it comes to helping leaders advocate for their departments and motivate their employees. (You can [listen to the webinar here](#).)

Satlow, a former psychologist, described how a listener’s sensory cortex (the part of the brain that processes some physical senses, such as smell and touch) will light up from descriptive language the way it would when the body experiences a sensation. The more a listener feels an emotional connection to a story or visualizes images because of it, the more engaged he or she will be with it, Satlow explains. And that connection often generates introspection.

“If a story is engaging enough that I’m transported into it, then I start reflecting back on my own past experiences,” Satlow said. “I’m more inclined to have my attitudes, beliefs or actions persuaded.”

Satlow shared a personal example of being so motivated by a storytelling session at her workplace that she was reminded of a personal issue she was having with her 13-year-old son, who disagreed with her on the best way to study for a quiz. “This activated a process of retrospective reflection into my recent dealings with my son. And I vowed

that when I returned home I would approach doing homework with my son differently,” she said.

Satlow asked her son for his ideas on how he should study, instead of assuming her approach was best. The two compromised and he not only scored an A on the test, he had renewed confidence in his studying abilities.

“This just goes to show: a story that resonates personally can spark considerable change in beliefs and behaviors,” Satlow said.

Surely increased self-reflection could do wonders for boosting cooperation and improving outcomes in hospitals. But how to begin?

First, says Cary, identify the 5 P’s:

1. People.
2. Place.
3. The problem with which you’re dealing.
4. Progress toward a solution.
5. Illustrate that solution by creating a picture for your audience with words.

Once you’ve got those pieces in place, a good story should have rising action, a climax, falling action and a resolution. For example, if you’re trying to weave a narrative about how to resolve a problem related to new reimbursement models, the rising action might be the anxiety clinicians are experiencing, followed by a climax of clinician chaos and confusion, followed by a resolution, Cary said.

This way of presenting information can be especially helpful for physician leaders, who often end up advocating for their departments. Especially when a leader has a solution to a problem in mind, this approach is a “skillful use of your time rather than just saying something,” Cary said. “You can present the problem and then the solution.”

And for those who might struggle with this process, Cary advises them to look within for personal anecdotes. “You have thousands of stories within you, I will guarantee you that,” she said.