

# Using a digital storytelling assignment to teach public health advocacy

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## Abstract

The need and expectation for advocacy is central to public health nursing practice. Advocacy efforts that effectively call attention to population health threats and promote the well-being of communities rely on strategies that deliver influential messaging. The digital story is a lay method to capture meaningful, impactful stories that can be used to advocate for public health concerns. Readily available, user-friendly digital technologies allow engagement in digital media production to create digital stories. This paper describes how digital story making can be utilized as an academic assignment to teach public health advocacy within an undergraduate nursing curriculum. Providing nursing students this artistic outlet can facilitate meeting academic learning goals, while also equipping them with creative skills that can be applied in future professional practice. Nursing educators can take advantage of institutional resources and campus culture to support the use of novel digital media assignments that facilitate application of advocacy concepts.

## KEYWORDS

advocacy, community health nursing, public health nursing education, undergraduate nursing education

## 1 | BACKGROUND

Advocacy is accepted as a principal role in professional nursing practice. The responsibility to advocate for the health, safety, rights, and care of patients, families, communities, and populations is featured in the American Nurses Association's Code of Ethics (2015), Social Policy Statement (2010), and Public Health Nursing: Scope and Standards of Practice (2013). In addition, The Quad Council of Public Health Nursing Organizations, 2011 includes advocacy as a core competency across all tiers of expertise, from generalist to senior manager levels (see Domain 5 Community Dimension of Practice Skills, 2011). Given this professional practice expectation, teaching student nurses about advocacy is a training imperative. But, how precisely this is done can vary in content, depth, and method. Theoretical lessons and case studies can certainly be used in classroom settings, but offering nursing students the opportunity to apply this knowledge may be a challenge. Creating situations that call for students to engage in advocacy is not as straightforward as placing them in clinical client-care situations,

even in their community health clinical rotation. Nursing educators must find novel ways for their students to participate in advocacy to prepare them for professional practice expectations after graduation.

Digital storytelling can be used to advocate for health issues. While the art of storytelling, across many cultures and for a variety of purposes, is not new, the advent and accessibility of digital technologies has led to enhanced forms of communicating anecdotes, narratives, and messages. A digital story is a short form media production that utilizes digital photographs, video footage, music, and sound effects in a coordinated and edited fashion to cohesively construct and present a story about some idea, issue, or aspect of life. The capability to produce a digital story—through digital still and video cameras, digital formats for music and sounds, as well as user-friendly computer software applications—is now readily available to the general public. Popularizing these tools offers relatively easy means to capture, articulate, disseminate, and preserve stories in a digital format. As such, the digital story has gained particular attention for its power to convey stories about health issues that often deliver a message of advocacy (Lambert, 2010).

The digital story offers a unique medium for nurses to engage in health advocacy, a duty of professional nursing practice. However, nurses must first gain the knowledge and skills to employ the digital story for advocacy opportunities. While the importance of narrative as part of pedagogy in nursing education has been acknowledged, learning about storytelling, along with the use of digital visual and audio media, is not central to nursing education (Diekelmann, 2001). Some nursing programs, though, do use digital stories to enhance their training. For example, faculty used this format to create patient-authored narratives for case studies to facilitate understanding of patients' experiences with illness and treatment, as well as to foster a sense of patient-centered practice (Christiansen, 2011; Fenton, 2014). Nursing students themselves, have created digital stories as a way to demonstrate synthesis and application of course content (Price, Strodman, Brough, Lonn, & Luo, 2015). In large part, the use of digital storytelling in nursing education has been dedicated to teaching principles and concepts more relevant to clinical care contexts, and not for teaching public health. Teaching nursing students to use digital stories as a way to express population health advocacy has not been reported.

Conventional use of digital storytelling in public health advocacy has centered on crafting a first-person narrative about an individual's lived experience related to a particular health issue (i.e., the tragic loss of one's child to cancer, growing up in a community plagued with violence, and the struggles of homelessness and poverty). StoryCenter, located in Berkeley, CA, has played a prominent role in promoting the use of digital storytelling to help individuals share their personal stories, including those that are health-related. Through workshops and consultation services, StoryCenter provides guidance to create digital stories for reflective practice, professional development, pedagogical strategy, and as a vehicle for education, community mobilization, and advocacy (see [www.storycenter.org](http://www.storycenter.org)). Along these lines, public health-oriented digital storytelling projects have been used to channel individuals' voices in the community for health promotion and disease prevention campaigns (Gubrium, 2009; Toussaint, Villagrana, Mora-Torres, de Leon, & Haughey, 2011; Wyatt & Hauenstein, 2008), population health empowerment (Cumming, Currie, Moncur, & Lee, 2010), and raising awareness about cultural values around care (Cueva et al., 2013). While capturing these very personal, community-sourced stories is important and espouses participatory principles valued by the field of public health, digital storytelling has not been used as a vehicle for nurses to advocate for population health concerns on behalf of or in partnership with the communities they serve. To do this, nurses must have the knowledge and skills to do so as an approach to meet professional practice expectations regarding advocacy.

This paper describes an academic-based effort to teach digital storytelling within an undergraduate community health nursing course. The university setting for this course has a campus undergraduate learning goal of proficiency in communication and fluency in a range of media and genres, in addition to writing and speaking; and a goal of the baccalaureate nursing degree (BSN) program is to prepare students to deliver and advocate for health promotion and disease prevention strategies at the individual, family, community, and population levels. To meet these educational aims and

preparation for professional practice expectations, production of a digital story for public health advocacy was integrated into the BSN curriculum. This endeavor relied on interdisciplinary collaboration between nursing faculty and digital media faculty to conceptualize and design a learning experience to fit within an existing course and curriculum structure.

## 2 | METHODS

### 2.1 | Course context

Typical of BSN programs nationally, the University of Washington Bothell requires a community health nursing course. An overarching goal of this course was to explore how sociocultural, epidemiological, economic, and political issues influence population health, and to understand how to formulate community-level diagnoses and interventions that promote and maintain population self-care. Highlighting nursing's role and responsibility in advocating for community health is inherent to course content. This five-credit, didactic community health nursing course was delivered in an in-person format that met once per week for 5 hr, over a 10-week academic quarter near the conclusion of the BSN degree program. The course was divided into multiple sections that are each limited to no more than 15 students. The digital story assignment described here was a component of one course section, though can be adapted to fit other types of course configurations and arrangements.

The digital story assignment was initiated in week four of a 10-week academic quarter, and carried through to the end of the term. A total of 7 hr of in-class course time was devoted to learning and carrying out digital story production, as explained below. Three additional hours were allowed for a windshield survey, during which students captured digital photographs and video footage. Altogether, this amounted to 20% of in-class course time (10 hr out of 50 hr of in-class course time). To accommodate this usage of in-class course time, a "flipped" classroom approach was employed to shift some subject material to be completed as homework (e.g., readings and video content). The bulk of time students worked on their digital story projects was outside of in-class hours.

### 2.2 | Assignment

#### 2.2.1 | Purpose

In addition to a variety of reading and short, low-stakes written assignments, students worked in small groups (of 4–5 students) to complete a community assessment, which included a traditional windshield survey. Findings from this assessment were summarized in a group written report, which also identified significant population health issues impacting the observed community. This report served as the basis for a required digital story project that students collaborated on and completed within their same community assessment group.

The purpose of this digital story assignment was for each group to create a visual complement to their community assessment

report, with a focus on a specific public health issue. Course instructors allowed creative freedom with story conceptualization and artistic style, however students were directed that their digital story clearly convey a health-relevant problem being encountered by the community of interest, reflect public health concepts and principles learned in class, and deliver a public health advocacy message. As best possible, the digital story needed to be consistent and align with the mission of a community-based agency or organization concerned about the issue they selected. While working with or through a community-based agency or organization was not required, students were encouraged to obtain information from a relevant agency or organization through materials review and interviews with staff, and even explore how the agency or organization might use a digital story product.

### 2.2.2 | Technology and equipment needs

The use of digital cameras to capture original digital photographs and video footage is fundamental to creating a digital story. Accordingly, students must have access to such equipment, either using their own or relying on a campus resource. From our campus' Information Technologies department, students were allowed to check out, without charge, a range of types and quality of digital still and video cameras, as well as accessory equipment such as tripods, lighting kits, microphones, and audio recorders, and encouraged to try using high-end quality equipment. Because this digital story assignment was not for an arts class, the expectation for photo and video quality was held to a basic level. Students were encouraged to use at least a 720p video capable camera for more optimal resolution of video footage, but were allowed to use a cell phone camera or flip camera. Students choosing to produce more of a photographic slideshow for their digital story needed a digital still camera or cell phone camera of at least six megapixels to obtain good image quality.

Before the windshield survey was conducted, 2 hr of in-class course time were devoted to a basic photography/videography skills workshop. The workshop included teaching students techniques like the rule of thirds, basic image composition, and the use of a tripod. Online tutorials were available for students to view outside of class time, and a list of reputable third-party online reference sources was provided.

Students were allowed to take as many digital still photographs and digital video clips as they wanted during their windshield survey, given the current ease of electronic storage and simplicity of deleting unwanted ones. However, only six photographs or video clips could be contributed by each student to their group's "repository," resulting in a maximum of 30 photographs or video clips from the group of five students that served as the universe of raw images or footage for the final digital story. Importantly, students were told to limit the length of each individual raw video clip to 30 s. Video editing requires a process called rendering to make digital video footage usable by computer editing software, which can require significant amounts of time. Thirty-second video clips kept the rendering process to a manageable time frame.

### 2.2.3 | Production

The production process for the digital story involved multiple stages that necessitated students' active participation and collective collaboration within their groups. While students' previous knowledge and experience about digital story production was not necessary, lessons and technical assistance for digital media production (from photography/videography all the way to final editing) was available from a co-instructor with knowledge, expertise, and experience in visual arts and media production. Dedicating in-class instruction for learning and engaging in production was important to provide students foundational skills for the assignment.

As a first step, via homework, students individually selected a specific public health issue identified as part of their group's community assessment to be the focus of the group's digital story. Using a group-assigned, secure online course website discussion board, each student proposed and explained their idea to their groupmates. Within this group discussion board, students communicated back-and-forth negotiating and, ultimately, choosing a specific focus by a specified date. After this, students were instructed to each come to a subsequent class session with their own preliminary story idea reflecting that focus.

Two hours of in-class course time was then dedicated to a storyboard workshop for students to develop an individually conceived draft storyboard for their group's digital story. A storyboard is a graphic representation that depicts a shot-by-shot description of how the story unfolds from beginning to end. The storyboard consists of multiple squares containing illustrations or images to characterize each shot (i.e., comic strip format), with accompanying detailed notes about what is happening or being conveyed in each given scene, including the type of photography shot or video footage, time length for the scene, any narration, display of on-screen text, musical overlays or sound effects, and transitions between visual scenes (e.g., fade out/fade in). A well-done, comprehensive storyboard allows someone not involved in story conceptualization to follow a "roadmap" to produce the digital story envisioned by the author(s).

As part of the storyboard workshop, students were introduced to publicly available media resources they could use to enhance their digital story, such as background music and sound effects to express a certain mood or tone in line with the messaging of the story. One resource available to students was Creative Commons, which offers free, open-use electronic files of music, sounds, and graphics for use without copyright implications. This allowed sharing of final digital stories with nonprofit community-based organizations without risk of copyright infringement.

The storyboard workshop concluded with students sharing their individually produced draft storyboard with their groupmates, whereby decisions about story direction and production details were discussed and debated to arrive at a preliminary draft storyboard for the group. Students had group meetings outside of class time to continue developing and refining draft storyboards, which the course instructors reviewed and provided feedback on. Final storyboards had a due date, and, students were given an additional in-class hour to meet in their groups to select photographs and video clips (from the 30 total that group members collectively contributed) to fit their storyboard.

A critical stage of production is digital editing, for which a 2-hr workshop (in addition to the storyboard workshop) was conducted during another in-class session. University-owned computers available to the course had digital photo/video editing software installed. Students were instructed on using the software application iMovie for digital story editing because it is typically installed on commercially available Macintosh computers and has an understandable interface for the general public. The in-class digital editing workshop consisted of learning basic software capabilities and commands, how to import and utilize different types of media (e.g., images, video, and audio), editing techniques, and finalizing electronic formatting for distribution and playability by external audiences. To practice these digital editing skills, students used their storyboards and their selected raw photographs and video clips. As an iterative process, after this workshop, students scheduled group meetings during nonclass time, working together on details to produce drafts of their digital story that were submitted for instructor review and feedback. For additional technical assistance during nonclass hours, students had access to an open computer learning laboratory staffed with digital media technicians who helped them refine their skills using the editing software.

## 2.2.4 | Product

Each small group was instructed that only original still photographs and/or video footage could be used. In addition to that shot during the windshield survey, students were allowed to re-visit community

sites on their own time to take additional original photographs and video footage. The final version of the digital story needed to include at least one photograph or video clip from each student member in the group to ensure contribution. As a guideline, a minimum of 30 s of digital images and/or footage was to be contributed from each student into the final version. An overall length of 3 min was stipulated to facilitate creating a focused and compact, yet credible and illustrative, story that would engage and hold viewers' attention. Students received a group score for their final digital story that counted for 35% of their individual final grade. A grading rubric (see Table 1) assessed criteria such as story purpose, image quality, pacing of narrative, and time length, to name a few.

## 2.2.5 | Course evaluation

End of course student evaluations revealed that the digital story assignment was received very positively. Students reported that it contributed to their learning of public health concepts. A number expressed appreciation for the opportunity to produce a digital story and wanted more time learning and practicing media production and video editing techniques. Some even commented that the course should qualify as fulfilling elective credits toward a university requirement for visual, literary, and performing arts coursework. Students noted that such a course offering with an explicit nursing emphasis was much needed, since BSN students needed to seek out visual, literary, and performing arts courses offered through nonnursing schools/departments on campus. This reaction prompted plans to create an

**TABLE 1** Grading rubric for digital story assignment. First eight criteria scored on range from 4 points (highest) to 1 point (lowest). Descriptions for 3 and 2 points omitted for brevity. Last criterion scored either 3 points or 1 point

Criterion	4 Points	1 Point
Storyboard	Complete and detailed evidence of planning throughout entire storyboard, including sketches, sequencing, pacing, script, images, music, and sound.	Little to no evidence of planning, including minimally completed sketches, sequencing, pacing, script, images, music, and sound.
Purpose of story	Establishes a purpose early on and maintains a clear focus throughout.	It is difficult to figure out the purpose of the presentation.
Point of view	The point of view is well developed and contributes to the overall meaning of the story.	The point of view is only hinted at, or is difficult to discern.
Choice of content	Contents create a distinct atmosphere or tone that matches different parts of the story. The images may communicate symbolism and/or metaphors.	Little or no attempt to use contents to create an appropriate atmosphere/tone.
Quality of images	Images create a distinct atmosphere or tone that matches different parts of the story. The images may communicate symbolism and/or metaphors.	Little or no attempt to use images to create an appropriate atmosphere/tone.
Pacing of narrative	The pace (rhythm and voice punctuation) fits the story line and helps the audience really "get into" the story.	No attempt to match the pace of the storytelling to the story line or the audience.
Economy of story	The story is told with exactly the right amount of detail throughout. It does not seem too short nor does it seem too long. Only language necessary to further plot and complete story arc is used.	The story needs extensive editing. It is too long or too short in many sections. A great deal of unnecessary language is used.
Length	Length of digital story is within a few seconds of the required 3 min time limit.	Length of digital story is more than 1 min shorter or longer than the required 3 min.
Contribution	Included at least one video clip from each group member (3 points highest).	Did not include at least one video clip from each group member.

entire course devoted to digital storytelling for public health advocacy to serve this specific purpose. Students further recognized that the digital media skills gained would be useful for advocacy efforts about issues they care about and are connected to within the context of their own careers and communities. To get a better sense of the utility and effectiveness of such a course, or even just the assignment described above, assessing among students the degree of change in feelings or attitude (i.e., positivity, confidence) about advocating via digital storytelling or their intention to use digital storytelling in the future would be informative.

### 3 | DISCUSSION

Given the professional practice expectation of nurses to advocate for individual patient-clients or communities/populations they serve, dedicating meaningful time and space to teach advocacy within a nursing curriculum is important. Especially significant is the recognition that advocacy is a powerful, long-running theme and value of public health nursing practice, from its historical roots in the actions of pioneers like Lillian Wald (Bekemeier, 2008) to today's continued call for addressing upstream societal inequities that contribute to health disparities. Acknowledging that advocacy is a duty of professional nurses, as well as its function as a strategy to address public health issues, nursing training programs should intentionally include opportunities for students to learn about and engage in advocacy. While allocating time and space for this within the constraints of a curriculum can be challenging, novel teaching methods can be integrated into existing coursework or program requirements.

Prior approaches to using digital storytelling in health care worker education have been reported. For example, digital stories have been utilized to depict patient experiences to prepare students for clinical nursing practice (Christiansen, 2011; Fenton, 2014). Beyond this, as an educational tool, some suggest that digital stories can be impactful in preparing for professional practice by aiding information processing and clinical thinking and reasoning (Gazarian, 2010; Shellenbarger & Robb, 2015), offering opportunities to reflect and consider one's role in relation to another's lived experience (Matthews, 2014), and building confidence for engaging in patient/client interactions (Cueva et al., 2013). Price et al. (2015) described how students produced digital stories of their own learning about palliative care to demonstrate achievement of higher order learning, namely synthesis and application, of course content. Our digital storytelling assignment reflected a similar goal in providing students the opportunity to characterize fundamental public health concepts and principles, and demonstrate the ability to apply them in an advocacy context. The use of digital storytelling facilitates achievement of learning objectives spanning multiple domains delineated by Bloom's Taxonomy and, for nursing students specifically, can serve to channel caring dimensions of nursing such as communication and empathy (Schwartz, 2012).

While digital storytelling has had some use in public health education, to our knowledge, no reports of digital story production have focused on teaching nursing students about advocacy. An

example, which reflects University of Washington Bothell's value of interdisciplinary learning, involves an academic institution consortium between the University of Massachusetts Amherst's School of Public Health and Health Sciences and nearby liberal arts colleges in its vicinity. This consortium, interestingly, integrates liberal arts disciplines and perspectives into public health training so students develop a broader orientation for investigating meanings and experiences of health and illness. Digital storytelling is used as a vehicle and tool for community-based and engaged learning to characterize how structural factors impinge upon human health (Aelion, Gubrium, Aulino, Krause, & Leatherman, 2015).

Another feature of our digital story assignment was the opportunity for service learning. As described above, students aligned their digital story with a community-based organization's mission (i.e., promoting immunizations for children; environmental clean-up in underserved, low-income communities). Students were encouraged to give their final digital stories, as well as raw digital photograph images and video footage, to the organization/agency for their own use, since oftentimes they do not possess the resources and expertise to produce such media. The digital stories could be used by organizations in presentations at meetings, posted on their web site, shown during outreach or fundraising events, and even incorporated into lobbying efforts. The following are examples of this.

#### 3.1 | The local impact of globalization

One digital story captured how the global supply chain can have local environmental health impacts. The storyline applied the socio-ecological framework of health, whereby individual level health is nested within layers of society and determined by factors operating at these various societal levels. The story conveyed the increasing prevalence of childhood asthma in neighborhoods, adjacent to a major shipping port, which was largely populated with families of color and of lower socioeconomic status. This public health problem was linked to the rising number of short-haul diesel trucks (secondary to booming trends in international shipping) being parked overnight in these residential communities. Still images and video footage illustrated how, before picking up a shipping container from the port, drivers pick up their trucks in residential neighborhoods during early morning hours, and warm up and idle their engines spewing diesel exhaust into the air. A powerful visual showed exhaust fumes from truck tail pipes near a neighborhood school. The story also revealed how very limited truck-designated parking provided by the port compelled drivers to venture into adjacent neighborhoods to park their trucks overnight; because driving them home everyday increases fuel expenditures as well as wear-and-tear. The story further communicated how these drivers were primarily immigrant and refugees residing in more affordable, distant outlying areas, and who operate as independent contractors as a consequence of industry de-regulation. Collectively, the factors of this situation were presented as multilevel social determinants that resulted in disempowering truck drivers and unnecessarily exposing vulnerable children to an environmental pollutant. The digital story

was given to a community action organization that was facilitating discussions between port truck drivers and community residents to partner in lobbying for public policies that address the lack of port parking for trucks and general truck driver rights.

### 3.2 | Those downstream

Another digital story illustrated the concept of “upstream thinking,” an often used metaphor for public health prevention efforts. Centered on a polluted river centrally located in the downtown metropolis, the story emphasized how industrialization led to this waterway being designated a Superfund site by the U.S. Environmental Protection Agency, identifying it as one of the most hazardous waste sites in the nation. The story showed how the river bottom had been polluted with several types of toxic substances (e.g., chemicals like arsenic, dioxins, and polychlorinated biphenyls) from manufacturing companies, solid waste disposal, and boat and ship repair situated all along the banks of the river, as well as from storm water runoff directed to the river by the municipal sewer overflow system. The story’s overarching point was that this river is now unsafe and a threat for humans and wildlife. Moreover, the narrative emphasized an environmental justice aspect by noting that this river runs through historically Native Tribal land, and that Tribal members still maintain fishing rights. Consuming fish caught from this river poses a human health risk. The story also points out the impact of heavy industry worksites on lower income residential neighborhoods along the river. The interplay between strong imagery from still photographs and video footage shot while on a boat tour down the river, with somber mood music conveyed the dramatic seriousness of this public health issue. This digital story was offered to a community-based coalition leading an advocacy campaign (through public outreach and lobbying government officials) for prompt, rapid clean-up and rehabilitation of the river, as well as municipal policy changes to reduce polluted storm water runoff that is directed to the river.

We note that a conventional participatory approach for digital storytelling (as in the StoryCenter model described above) involves individuals self-identifying an issue that personally affects them and crafting a story about their own lived experience. Our process did not follow that tradition, in that students created a digital story advocating for an affected community they observed and assessed in their “role” as public health nurses. As an academic exercise, the orientation of our digital story assignment was different and did not directly derive perspective from individual members within the community. While we respect the conventional participatory digital story approach, we contend that the notion and term “digital story” should allow for other conceptualizations and processes, such as a tool and vehicle for nurses to advocate for others. In future iterations of this assignment, we hope to offer participatory opportunities that more directly involve community members working in partnership with students in the digital story process.

Injecting an advocacy-oriented digital story assignment into our BSN curriculum was premised on a number of institutional factors. The institutional environment and culture were conducive to

implementing this assignment that combined nursing and digital media arts perspectives. Academically, our university explicitly values communication and fluency in media (in addition to writing and speaking) as an undergraduate learning goal; thus providing an institutionally based rationale. The BSN program distinctly features the goal of preparing students to advocate for health promotion and disease prevention for communities and populations. Our digital story assignment was purposefully geared to meet these goals. At both the campus and school level, interdisciplinary teaching and learning is embraced and even credited for merit reviews. Fellow nursing faculty, when hearing about this assignment, expressed much interest; some even asking for a workshop on how to execute this assignment.

Additionally, our campus possesses the technical and technological resources essential for this undertaking, from knowledge expertise in the form of a co-instructor to teach about visual arts (i.e., photography, videography) and media production (i.e., video editing with computer software) to video production equipment (i.e., computer lab and software, still and video cameras, audio recorders, etc.), were available and set students up for success. While such resources are helpful in providing a productive learning experience, our situation may not be generalizable to other institutions. To address institutional limitations regarding such resources, educators could rely on students’ own personal point-and-shoot digital cameras or smart phones equipped with a camera, as well as their own Macintosh computers which have iMovie software standardly installed. Other photography and videography equipment (i.e., tripods, audio recorders) might be available through an arts department, university media services, or even a local community vendor willing to lend. If digital video editing software (i.e., iMovie) is not available, educators might turn to a more basic digital presentation software (i.e., Microsoft PowerPoint). If an instructor with expertise in visual arts and media production is lacking, there is an array of tutorials and do-it-yourself type web sites and videos posted on the Internet that can be culled for students. Or, possibly even the institution’s marketing and media relations unit may be able to provide some fundamental digital media production instruction.

Adjusting expectations about the final digital story product depending on the nature of resources available to students may be necessary. For example, a digital photograph may not be in high definition or video footage may be somewhat blurred by the absence of a tripod. While these sorts of issues may detract some from the finished digital story product, the priority is whether it conveyed an understanding of the assignment goal. Since capturing, articulating, and advocating were key features of the assignment’s purpose, these could be emphasized in terms of story conceptualization and narrative. Our described assignment can be adapted to suit different levels of technical and technological capacities, and we encourage educators to do so.

When presented with this “arts” assignment, students initially reacted with skepticism about its appropriateness and utility in a nursing training program. Explaining its purpose against the backdrop of campus and degree program learning goals, as well as contextualizing it as a form of learning how to engage in advocacy as a professional expectation of nursing, students became more open-minded and welcomed the opportunity to explore their creative, artistic side. Moreover, the

notion that their media project could provide a service to a community organization or agency also appealed to students. Students were more accepting of this assignment knowing that their efforts would not simply be limited to an academic exercise, but that there would potentially be real use for their digital stories, and raw photographs and video clips.

That said, students' trepidations embarking on this assignment cannot be underestimated. Anxiety and fear were expressed by some, particularly because a significant portion of their final grade was based on their digital story. No prerequisite course involving skills in digital media or advocacy was required for enrolling in the specific course section with this digital story assignment. Students were concerned that not having any prior experience in photography, videography, and editing with computer software would put them at great disadvantage and confronted with a steep learning curve. Careful planning of instruction and scaffolding of smaller parts of the assignment (e.g., creating a storyboard to reviewing photographs and video clips to production editing) is necessary for students to build proficiency and, more importantly, confidence. Additionally, the capabilities, ability, and savviness of students (no matter what demographic profile) from being increasingly socialized by today's digital technology-driven world should be recognized as an asset. Reminding them that they have transferable skills from using familiar or relatable digital technologies and computer applications reassured them and inspired optimism in their potential.

The advocacy aspect of the digital story assignment was not at all questioned by students. Advocacy was a strongly prominent theme within the framework of the community health nursing course in which this assignment was embedded. Characterizing the digital story as a method to raise awareness, craft a message, convey an argument, and persuade others, resonated with students' sensibility and understanding of advocacy. To facilitate a sense of connectedness, students were instructed to focus on a public health issue impacting the local community and encouraged to contact a local agency or organization working on that issue. Locating the task of advocacy in this way made it more relatable, meaningful, and, in some instances, personal for students. Moreover, the digital story assignment was a means for students to actively engage in an action of advocacy, beyond less participatory learning modes via lectures and reading assignments.

## 4 | CONCLUSION

Preparing student nurses for advocacy roles in professional practice is an important responsibility for nursing educators. Acknowledging the expectation, as well as circumstances for advocacy that lay ahead for nursing students, simply teaching concepts and principles may not be enough. Providing opportunities for students to apply what they learn can enhance their acceptance and confidence as advocates for the clients and populations they will go on to serve. Recognizing the range of public health issues—such as significant infectious disease risks, persistent societal-level inequities, environmental degradation, unfair public policies, unbalanced wealth distribution, conflict and violence,

and violations of human rights—that have meaningfully serious health consequences for families, neighborhoods, and communities, nurses in public health roles need advocacy skills and strategies to be effective in professional practice.

Given commonplace use of digital media and ready availability of user-friendly computer editing software, the digital story offers a novel vehicle for nurses to engage in advocacy. Digital stories, by capturing and communicating impactful messages, can be a valuable resource that nurses contribute to public health advocacy campaigns. Integrating a digital story production assignment within a nursing curriculum can offer a creative academic space for students to learn about their advocacy role, while also contributing to the fulfillment of program and institutional learning goals.

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