

MPC MAJOR RESEARCH PAPER

Inspiring ‘Gifts of Health’
Exploring the use of patient stories in transmedia fundraising campaigns

by

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Abstract

Patient stories speak to the often-daunting journey that patients embark on throughout their experience of their illness or injury. The emotions these narratives convey make it easy for audiences to connect with them, thus making them an important, versatile tool for fundraising for medical causes. Today, patient stories are commonly used by hospital foundations to fundraise, but are also used frequently for crowdfunding personal medical expenses, a trend that is surging in popularity with the rise of treatment costs. This project first examines patient stories using the theoretical lenses of motivations for health communication, personal and institutional fundraising, and narratology and transmedia storytelling in health communication.

Using a sample of 10 patient stories collected from Canadian GoFundMe campaigns and hospital foundation websites, this MRP specifically seeks to identify key similarities and differences in the ways that private individuals and non-profit health institutions use patient stories for fundraising efforts. It then aims to identify tactics used to produce the most successful patient stories and fundraising campaigns. The three theoretical lenses will be used to create a specific coding framework through which the motivations of different authors will be determined. Each campaign's images, text and interactive elements will be assessed to identify trends and tactics, which will then be compared with the campaigns' overall financial and social successes.

This project will extend fundraising and health communications theory by adding depth to the existing literature on crowdfunding for personal medical expenses. It will also help to integrate transmedia storytelling theory into the larger field of health communication by identifying the different ways that online communication platforms may be used to target and connect donors while increasing funds for medical campaigns. In addition, by providing a holistic analysis of each campaign's content, paired with a preliminary effects analysis, this project contributes a range of practical implications for hospital foundations and individuals to use when crafting patient narratives for future campaigns.

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Introduction

Patient stories tell a special type of tale. They tug on our heartstrings, inspire us to support a cause, or provoke us until we are moved to change and improve public health policies. Whether or not we realize it, patient stories are a recognizable type of story with their own set of narrative elements and archetypes. They appear everywhere, from hospital foundation websites, to GoFundMe campaign pages or in the news (Berliner & Kenworthy, 2017).

This MRP will focus on patient stories as a genre and how they are communicated on different platforms for different purposes and objectives. I will explore three main research themes relating to patient stories through a review of relevant scholarly literature. The first theme identifies different authors' potential motivations for publishing a patient's story. Next, I focus specifically on fundraising and crowdfunding in health communication. Crowdfunding is an emerging form of fundraising for health-related expenses that has the potential to impact the economic stability of fundraising in health care (Renwick & Mossialos, 2017). Finally, I will also discuss common narrative techniques used when crafting these tales and consider how these factors connect to the transmedial communication of patient stories through online platforms, allowing authors to construct their story using several different mediums.

The next part of my MRP outlines the analytical approach this project takes, which is comprised of a comparative multi-modal approach, analyzing the content (textual, visual or interactive) of a patient story. Patient stories will be used to create baseline inclusion criteria to define samples specifically as 'patient stories', and to

disqualify other similar tales. Next, an effects study focused on crowdfunding campaigns will examine different narrative and transmedia storytelling factors that may indicate a campaign's success or failure.

Finally, this MRP discusses recommendations for crafting successful patient narratives for crowdfunding and institutional fundraising platforms, based on the analysis of authors' motivations, tactics and campaign success.

Literature Review

In the following literature review, I explore the motivations of health communication, focusing on personal and institutional fundraising. I will explore traditional fundraising strategies and motivations and the new use of crowdfunding to cover medical expenses in Canada's publicly-funded health care system (Berliner & Kenworthy, 2017). I then examine the role of narratology and storytelling processes in health communication. Possible motives for using different narratives and genre elements to tell patients' stories will be discussed, as well as how these elements allow patient identities to manifest in their stories. Finally, I will discuss how fundraising goals and patient narratives are communicated differently through transmedia storytelling platforms, versus traditional media platforms.

Theme 1: Motivations of Health Communication

Why is it important to study health communication? Early studies first identified health communication as an independent discipline in the late 70s and 80s as a "biopsychosocial approach to health and illness" (Parrott & Kreuter, 2011, p. 4). Today, as a result of the intertwining of medical and social sciences, there is diversification

within the discipline. There remains an emphasis on the flexibility of health communicators, as adaptation is key for research to achieve the main goal of health communication: improving the health of individuals and populations (Parrott & Kreuter, 2011).

Some main motivations of health communications are risk prevention, public illness awareness, and fundraising. Risk prevention is ultimately about providing people with the information they need to make choices that minimize health and illness-related risks (Turner et al., 2011). The roles of the receiver, the message and the source (Turner et al., 2011) should all be considered when evaluating how risk is conveyed through patient stories.

Public illness awareness and health promotion focuses on improving health literacy. Health literacy is an underestimated factor in understanding successes and failures of informative public health and illness campaigns (Ludwick, 2009). When target populations have higher rates of health literacy, they can better maneuver confusing health care systems, can make informed decisions and be active participants in conversations concerning their health (Ludwick, 2009). Finally, fundraising is an important means by which an author can engage their audience in different ways, such as in-person events, or online initiatives. These tactics allow them to raise the capital needed to achieve their health communications goals (Edgar, Volkman & Logan, 2011). Different content will have different motivations, but because of the public/private nature of the Canadian health care system, there is often overlap within Canadian patient stories.

With motivations as diverse as the above, I will focus my analysis on a single goal of health communication: personal (Berliner & Kenworthy, 2017) or institutional (Merchant, Ford & Rose, 2011) fundraising and the new role of crowdfunding platforms in health care (Renwick & Mossialos, 2017).

Theme 2: Personal and Institutional Fundraising

Fundraising is an important motivation for health communicators to employ conventional communications and marketing strategies. Promoting and improving health care is not an inexpensive undertaking. Raising the funds necessary to improve health requires organizations and individuals to convince a target audience to ‘buy in’ to changing their behaviour (Edgar et al., 2011). For example, if you are a health care organization seeking to raise funds for new equipment purchases, you would aim to convince people to believe in, and therefore buy in, to the values and importance of the organization. In most fundraising efforts, a donation represents an individual’s support.

Zheng and McKeever (2016) discuss the concept of fundraising using the Situational Theory of Problem Solving (STOPS). STOPS proposes that the level of communicative action taken by audiences depends on three variables: problem, constraint and involvement recognition. Convincing audiences to engage with a fundraising strategy requires the creation and dissemination of content (such as patient stories) that gets audiences to recognize issues and do something about them (Zheng & McKeever, 2016). A rise in audiences that are “health conscious” also indicates that patient stories’ relatability and memorability may contribute to increasing a target audiences’ awareness

of health concerns (Zheng & McKeever, 2016, p. 1279), thereby increasing their likelihood of participating in fundraising activities.

Alternate forms of fundraising like crowdfunding are also rising in popularity in health communication. Renwick and Mossialos (2017) found that health-related crowdfunding campaigns could be classified into four different “typologies”: health expenses, non-profit health initiatives, health research and innovative health care ventures (p. 50-51). As this study’s focus is on the use of crowdfunding for personal medical expenses, it will focus on campaigns that fit best into the first typology. Successful crowdfunding engages different audiences on a variety of social and traditional media platforms to improve social engagement and maintain a dialogue with their audience (Renwick & Mossialos, 2017). Individuals and institutions may find that using the communications tactics discussed by Renwick and Mossialos (2017) and Zheng and McKeever (2016) will achieve a better response rate from existing donors, or improve their reach to tap new sources of funding.

I consider the motivation to fundraise an important factor in identifying patient stories as a genre, as it strongly influences an author’s writing and communication strategy for a patient story. Crowdfunding influences the number of mediums and platforms on which a patient story may be communicated on, and informs this researcher as to why motivations for communication may vary for authors. It also likely indicates how an author’s choice of platform is related to the communication and storytelling choices they make.

Theme 3: Narratology and Transmedia Storytelling in Health Care Communication

Narrative studies and storytelling were not always regarded as an important part of medicine that was historically guided by rationalist frameworks (Hurwitz, Greenhalgh & Skultans, 2004). Hurwitz et al. (2004) preface their work by explaining that the narrative perspective is important because it no longer places human subjectivity in a devalued position at odds with scientific objectivity. Charon (2004) begins her discussion of ethics in narrative medicine with the sentence: “Sickness calls forth stories” (p. 23). It is no longer enough for health care professionals to guide and treat patients proficiently and ethically. Charon (2004) asserts that they must also understand and interpret health narratives in order to better a patient’s overall journey with their illness (p. 23).

Day (2009) advocates for storytelling as an important technique for health care providers to consider when promoting health literacy, particularly to experiential learners. Since stories (especially stories of patients’ experiences with illness) are so closely tied to listeners’ emotional responses (Day, 2009), they become an easier mode of delivery for important facts and health care advice. Similar to what Charon (2004) and Hurwitz et al. (2004) discuss, Day (2009) also acknowledges the subtle hints and differing perspectives that patient stories and narratives can offer. In the hands of an astute health care professional, these narratives can be used to provide better overall care that accommodates that patient’s unique needs (Day, 2009).

I now focus on the dimension of cultural and genre elements in health narratives to narrow the focus of this study. Braun (2007) explains that “genre is generally defined by formal elements and iconography” (p. 7). The distinct icons and artifacts of a genre

make it a powerful tool because of the storyteller's ability to manipulate their audience's pre-set expectations (Braun, 2007). In health communications, genre is useful for its ability to be turned into "media packages" (Braun, 2007, p. 7) that represent and construct certain cultural narratives around an issue. Different cultural narratives rise and fall in popularity, corresponding with how the public views a topic (for example, the intersection of violent crime and mental illness) (Braun, 2007). Successful stories tap into the popularity of those narratives to gain traction and support (Braun, 2007), and make the most of the social power this brings.

In relation to patient stories, Andrews, Squire and Tamboukou (2013) agree that personal stories often "operate as bids for representation and power from the disenfranchised" (p. 62). They also add that these cultural narratives have the ability to skew personal narratives on the same topic, because of the influence of popular socio-political, psychological or regional views (Andrews et al., 2013). They address two facts: first, that stories may be impacted by material circumstances, and second, that genres are imperfect and are constantly being re-defined (Andrews et al., 2013). A genre such as the conversion narrative discussed by Andrews et al. (2013) may initially be associated with conventions like an initial struggle, a conversion moment for the 'protagonist' followed by acceptance, all within a specifically religious context. However, stories may alter expectations of the narrative, perhaps by assigning this journey to a different actor in the story, or without referencing religion (Andrews et al., 2013). In this way, patient stories can be crucial tools for altering how audiences think about, discuss and debate issues of health and illness.

The process of personal storytelling can also be an important outlet for patients to express their identity and gain agency. DiFulvio, Gubrium, Fiddian-Green, Lowe, and Del Toro-Mejias (2016) found that digital storytelling workshops primarily allowed participants to gain power over their own narratives. Participants reported that they gained a sense of control over their health and experiences, solidarity, and accomplishment and pride when given the tools to tell their own stories (DiFulvio et al., 2016). These workshops provided young women of colour with a sense of empowerment, pointing to the ability of storytelling processes to magnify marginalized voices (DiFulvio et al., 2016).

Finally, Matthews and Sunderland (2017) identify the real challenge: getting decision-makers and people in powerful positions to listen to these stories. They state that listening requires “anticipating, planning for, imagining and co-constructing” (Matthews & Sunderland, 2017, p. 3) activities for it to lead to an effective course of action, such as introducing new legislation or regulations to protect patients’ interests.

Essentially, the purpose of studying in this MRP the genre and narrative elements of patient stories is to examine how they act as ‘signposts’ or signals within the field of health communications. One can then predict and test how fundraisers will use certain elements to communicate their needs to their audiences. With these observations, it can be possible to discern how authors’ motivations influence their manipulation of ‘human connections’ (such as human emotions, empathy and sense of community) cultivated through the process of storytelling.

Transmedia Storytelling

The final section of this literature review will take my discussions of fundraising strategies and health-related narrative elements, examining how they converge to create multi-modal patient stories. The multi-modal communication of patient stories is better examined through the lens of Jenkins' (2017) theory of "transmedia storytelling" (p. 7). Jenkins (2017) defines transmedia storytelling as "a process where integral elements of a fiction get dispersed systematically across multiple delivery channels for the purpose of creating a unified and coordinated entertainment experience" (p. 7). For the purposes of this MRP, I will set aside the fiction and entertainment context of Jenkins' theory. Instead, I believe that patient stories are more similar to Scolari's (2009) assertion that transmedia stories are simply stories told across multiple media, and that flow across different media platforms.

As briefly discussed in the previous literature section, DiFulvio et al. (2016) found great success in empowering young women to tell the stories of their patient journeys through digital storytelling workshops. They define these "digital stories" as "first person visual narratives that synthesize digital images, audio recordings of a first-person told story, music and text to document personal experiences" (p. 157). Crowdfunding campaigns similarly endeavor to engage their audiences through a variety of different social and traditional media platforms (Renwick & Mossialos, 2017). Both articles reflect the transmedial possibilities of patient stories. DiFulvio et al. (2016) and Renwick and Mossialos (2017) explore the successes and challenges of dispersing different versions of a single story across several platforms in order to evoke emotional

responses from a variety of audiences. They also demonstrate the opportunity to improve the branding and marketing strategies associated with campaigns that employ patient stories and narratives.

Patient stories that are attached to fundraising efforts would be a particularly good example of the branding power of transmedia storytelling. In an age where media platforms attract specific user groups, transmedia storytelling is effective for pitching content differently across different media, for each media type's unique audience (Scolari 2009). I believe that this multi-modality encourages further dispersion of content by offering key ideas and emotions associated with a person's story in different 'packages', whether that be video, audio, or visual/interactive formats. It is the novelty of each format that feeds an audience's desire to learn more about a patient's story (Scolari 2009).

Social media and multi-modal online platforms lend themselves particularly well to what Jenkins (2017) describes as "additive comprehension", or the new insights formed whenever an idea is shared or reimagined (p. 7). However, simply sharing or 'liking' content should not be the most important part of the transmedial storytelling process. As this MRP is examining patient stories with fundraising motivations, **extensions** (going beyond the original content), rather than simple **adaptations** (Jenkins, 2017) are also useful tools for monitoring the success of patients' fundraising campaigns. Extensions, as discussed by Ryan (2015), mark an effort to add new stories, content or opinions to the existing "storyworld" (p. 2) of a patient's fundraising campaign. These types of engagements are likely the mark of a patient story that has made genuine connections with its audience. Therefore, it would be fair to say that the authors of these

stories have succeeded in their fundraising goals by changing their targets' behaviour (Edgar et al., 2011).

For these reasons, it is the transmedial elements of patient stories that will be the most significant factor in the analysis of the sample stories for this MRP. Transmedial storytelling is an effective theoretical approach to fully embellishing on patient stories' construction as a unique genre, and to provide an analytic framework for the effective communication of patient stories across different media platforms.

Research Questions

RQ1: What connections or disconnections can be found between motivations and actions?

1 (a): Which transmedia storytelling/narrative techniques are used in connection to **fundraising-themed** narrative elements in patient stories?

1 (b): Which transmedia storytelling/narrative techniques are used in connection to **risk prevention or public awareness-themed** narrative elements in patient stories.

RQ1 seeks authors' motivations to use specific narrative elements in their patient stories, and asks how motivation and narrative are connected to actions such as: participating in a fundraiser, directly donating money, or encouraging connections to donate. RQ1 and RQ1 (a) and (b) test for the presence of motivations from the first section of the literature review, which explored fundraising as a primary motivation of health care communication, and secondary motivations such as risk prevention and public illness awareness. RQ1 employs the 'use of specific narrative elements' (from section

two of the literature review) and ‘methods of fundraising’ (from section three of the literature review) as variables representing actions that result from motivations.

RQ2: To what degree do transmedial storytelling techniques affect a patient story’s social and economic impact?

RQ2 asks how the use of transmedial storytelling techniques (from section three of the literature review) impacts the success or failure of a patient fundraising campaign that is built around a patient’s story. Metrics for measuring fundraising campaigns’ successes or failures are discussed in sections one and two of the literature review, and include financial success (raising a certain amount of money) or social success (having your campaign make a measureable impact on social practices).

RQ3: What should the main features of patient stories written for fundraising purposes be?

Ultimately, the goal of this MRP is to examine what works and what does not in the general practice of incorporating patient stories into transmedial fundraising campaigns. It incorporates theory from all three sections of the literature review but focuses on section three’s description of the benefits and complications that a transmedial approach offers health communicators.

Methodology

Data Collection

Textual data in the form of images, video, or text were collected from a variety of digital sources to provide a suitably varied sample. This study examines patient stories in a cross-Canadian context. Therefore, these sources include established Canadian hospital

foundation websites from different metropolitan regions of Canada and active GoFundMe campaigns for Canadian patients. For the scope of this research project, data was gathered from 10 fundraising campaigns from hospital foundation websites and GoFundMe pages based out of five major Canadian cities (Vancouver, Winnipeg, Toronto, Montreal and Halifax). One GoFundMe campaign and one story of care from a major hospital foundation in each city were collected for analysis. (Table 1).

| Case Number H= Hospital G = GoFundMe | Publish Date | Campaign/Program/Event Name | City | Campaign Cause |
|--|-------------------|---|-----------|---|
| H1 | August 30, 2017 | The Princess Margaret Cancer Foundation general donations, #1in2 | Toronto | Patient recovery from cancer, funding future cancer care |
| G1 | October 31, 2017 | Clodagh Allen's Medical Fund | Toronto | Serious accident victim, funding for medical bills |
| G2 | January 12, 2017 | Andrew Cho's Medical Fund | Vancouver | Spinal injury victim, funding for future medical costs |
| H2 | April 19, 2018 | Heart & Lung at VGH, HiRO (Hearts in Rhythm Organization) | Vancouver | Cardiac patient, funding for hospital heart care program |
| G3 | August 3, 2017 | Brooke Alexiuk Aneurysm Fund | Winnipeg | Aneurysm victim, funding for associated medical costs |
| H3 | N/A | HSC Foundation, Winnipeg Spine Program | Winnipeg | Serious accident victim, funding for hospital spine program |
| G4 | March 5, 2018 | Colorectal Cancer Help Fund | Montreal | Current cancer patient, funding to support treatment and son's future |
| H4 | N/A | The Montreal General Hospital | Montreal | Serious accident victim, funding to support hospital trauma care |
| G5 | November 25, 2016 | Andrea's Medical Fund | Halifax | Current cancer patient, funding for associated bills and expenses |
| H5 | June 16, 2017 | QEII Foundation, Maritime Heart Centre, "From the Heart" campaign | Halifax | Cardiac patient, funding for hospital heart centre |

Table 1. Simplified metadata collection

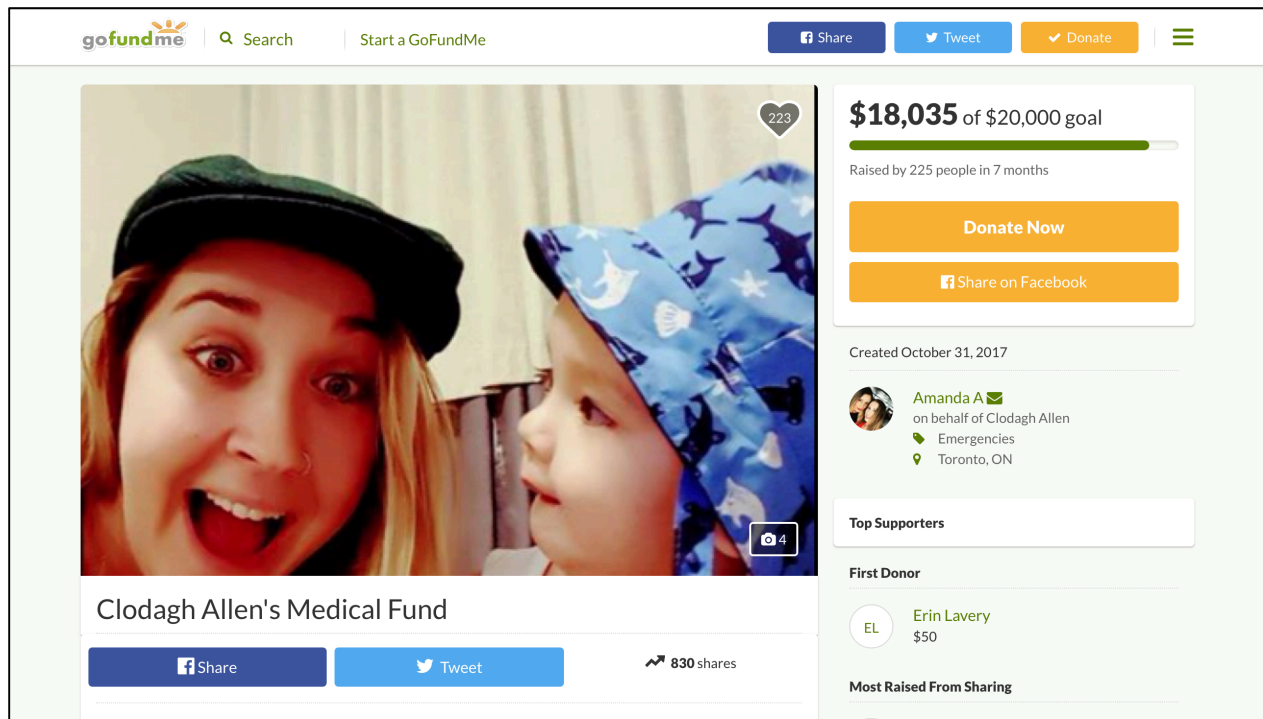
Textual data in the form of images and text were collected from a variety of digital sources to provide a suitably varied sample. This study examines patient stories in a cross-Canadian context including established Canadian hospital foundation websites from different metropolitan regions of Canada and active GoFundMe campaigns for Canadian patients. Hospital foundation stories and GoFundMe campaigns were chosen as the primary research material for this project because they both contain clear patient story elements, and represent standard communications tactics employed by healthcare organizations and individuals. For the scope of this research project, data was gathered from 10 fundraising campaigns from hospital foundation websites and GoFundMe pages based out of five major Canadian cities (Vancouver, Winnipeg, Toronto, Montreal and Halifax). One GoFundMe campaign and one story of care from a major hospital foundation in each city were collected for analysis.

Texts and metadata are stored on the researcher's personal computer hard drive, on an additional portable USB key for easy transfer and on the researcher's Ryerson Google Drive account. Videos were collected using free ClipGrab software, and stored with the other texts. All campaigns or patient story web pages were collected using screen captures of all content available when the campaign or patient story web page was initially viewed. These screen captures were amalgamated into a single PDF document, which was then printed in preparation for analysis. Samples and metadata were collected over a time period of one month to allow for variety and novelty within the initial sample. Key words included: 'Toronto' 'Vancouver' 'Winnipeg' 'Montreal' 'Halifax' 'medical' 'patient' '(insert hospital name) Foundation', '(specific hospital)', 'care' and 'story'.

Metadata (including the publishing date, location of the campaign, name of the patient and a link to the existing story or campaign, among other categories) was collected and logged in an Excel spreadsheet (Appendix A).

Description of Samples

Each campaign or story is slightly different in appearance and approach. The majority of GoFundMe medical campaigns are a well-organized assault of information for the visitor. Each campaign is headlined by a large, usually bright photo of the patient in question. To the right of the picture, bolded text states the amount that has been donated to the campaign as a percentage of the campaign's goal. The viewer is also informed of the number of donors the funds were raised from and the time frame the donations were raised within. Before a visitor even begins to scroll down the page, they are also informed of the number of 'likes' and 'shares' a campaign has received, the names of any 'top supporters' and are prompted twice to share the campaign on Facebook, or Tweet it (*Example 1*).



Example 1: Screenshot of initial audience view of one of the sample GoFundMe campaigns.

Scrolling down the page leads to the ‘story’ element of the campaign, as well as any available updates. The main campaign page ends with yet another prompt to share or Tweet, as well as a prompt to leave a comment on the campaign. Available comments are listed below. The page ends with the GoFundMe website banner, with links to other resources on the site, as well as the company’s social media. As of June 1, 2018, the number of ‘likes’ that each campaign sampled received varied between as few as 106 and as many as 1,300. The number of ‘Shares’ of each campaign ranged from 276 to 3,400. Earnings ranged from \$8,126 raised by 106 people in 18 months to \$104,926 raised by 1,351 people in 16 months.

Hospital foundation patient stories are designed to represent and propel forward the goals of individual institutions. Despite each sample patient story representing a

different health care institution, the overall designs of each story are remarkably similar. Generally, each website retains a menu banner with the name of the hospital foundation, and links to other areas of the website. There is consistently some kind of donation prompt mechanism (button or link) located either in the upper or lower right corner of the page. The layouts of most stories are similar in function to a news story – there is generally a main headline, a photograph of the patient, and the writing is broken up into short, concise paragraphs to facilitate easy reading. Most stories do not include publishing dates and range from approximately 250 words to roughly 660 words. Unlike GoFundMe campaigns, none of the patient stories from hospital foundations gave any public indication of how many views, ‘likes’ or ‘shares’ each story had. However, many hospital foundation patient stories do include several different mechanisms that allow readers to share a link to the story on various social media, or through other mediums like email or print.

It is also important to note that there is one crucial difference between GoFundMe as a company and hospital foundation organizations. Although GoFundMe campaigns are largely used to inspire charitable giving from individuals’ communities, the platform itself is a for-profit organization, charging 2.9% plus \$0.30 for every donation made to a campaign hosted by their website (Why GoFundMe, 2018). In contrast, all of the hospital foundations referenced in this project are non-profit organizations, with charitable business numbers and publicly accessible financial statements. Only one hospital foundation actively encourages viewers to share their stories with the organization, whereas GoFundMe actively encourages viewers to create campaigns.

GoFundMe even provides advice on how to choose good images or video as well as write a catchy title and story (6 steps, 2018). Of course, it is in their best interest to help individuals using their platform to raise as much money as possible, as the company directly profits from each donation (Why GoFundMe, 2018). This advice creates an interesting situation wherein, theoretically, private individuals should have the tools to create patient stories that are equally as compelling and effective as professional communications staff creating content for hospital foundations. These private individuals' motivations to fundraise are also intrinsically linked with the GoFundMe corporation's larger motivations to gain profit, another factor that must be considered in this MRP's analysis of different authors' motivations to fundraise.

Inclusion Criteria

The sample texts were evaluated to determine that they meet several inclusion criteria. These criteria are listed in *Table 2* below, and differ slightly for GoFundMe campaigns and hospital foundation patient stories.

| Applicable Sample Type | Criteria |
|------------------------|---|
| All Samples: | Includes narrative structure and elements that follow a basic 'story' format, similar to the examples in Mullan, Ficklan & Rubin's work (2006). |
| | Focus on a single person's clinical and personal experiences with illness (Charon, 2004). Experiences of family members and friends count. |
| | Include a structure (link, webform, etc.) or platform for audiences to make donations |
| | 'Patient story' element of campaign must be a minimum of 200 words, maximum of 800 words in |

| | |
|---|--|
| | length to provide adequate, consistent textual content for analysis |
| GoFundMe Campaigns: | Must be a current/active GoFundMe health care fundraising campaign at the time of collection. |
| Hospital Foundation Stories of Care: | Must be connected with a current/active program or fundraising effort that benefits directly from donor support. |

Table 2. Inclusion Criteria

The rationale for these criteria stem from section two of the literature review, which details the personal elements of patient stories, and their narrative structures. The main reason for focusing the analysis on written textual content is because it is the one medium that all the campaigns, GoFundMe and hospital foundation, have in common. As my research focuses on fundraising campaigns, stories must be tied to fundraising campaigns that are active during the time of collection and include an ‘ask’ for donations in order to maintain a relevant, recent sample. Campaigns may also be disqualified if there is clear evidence to suggest that the patient does not live or receive treatment in the city wherein the campaign is located. This is to ensure that any geographically-based findings are accurate. Additionally, the sample campaigns are unlikely to undergo dramatic changes. However, the inclusion criteria is limited to the data collection period in the event that a campaign is deactivated, deleted or significantly altered after or during analysis.

Method of Analysis

Sample Texts (Text, Images, Video, Social Media)

This study takes a multi-modal comparative analysis approach. The methodological approaches are qualitative (with the exception of the impact analysis), in nature. The comparative element of this analysis seeks to contrast fundraising tactics employed by private individuals and public institutions. Public health care institutions such as hospital foundations may be more likely to employ fundraising strategies that align with Zheng and McKeever's STOPS (2016). Private individuals might be more likely to stick to one of the four typologies outlined by Renwick and Mossialos (2017). In comparing the two, it will be interesting to see if the narrative and transmedia storytelling tactics used by each side remain consistent, or if both sides borrow tactics employed by the other. A preliminary textual assessment of academic source material (Mullan, Ficklan & Rubin, 2006) was conducted to draw out dominant narrative techniques and themes. This same preliminary analysis also draws on material from Zheng and McKeever's (2016) STOPS theory and Jenkin's (2017) theory of transmedia storytelling from the literature review to guide the identification of different fundraising and transmedia tactics within the sample stories.

The preliminary themes and techniques found in the literature contributed to the creation of a coding manual and schedule (Appendices B and C), which were used to conduct a holistic textual analysis of each sample story. This code book was used to search for prevalent narrative characteristics (such as descriptions of the patient as 'brave' or 'strong' which are present in Johnson's (2006) tale, or Derksen's (2006) use of facts to prove a point within a narrative). Visual elements (picture or video content), transmedia

characteristics (such as mediums integrated into a campaign) and interactive elements (such as negative or positive sentiment in comments) were also accounted for with different codes. Other variables that this analysis will code for include indicators of motivations (ex. warnings facilitating risk prevention), actions (ex. donations, extending the story) and author efforts to instill empathy in their audience (ex. referring to their audience's emotions in a similar hypothetical situation). Coding of the texts was done using an Excel spreadsheet and by hand.

After coding was complete, a comparative analysis framework was used to determine similarities and differences between authors' techniques and strategies. Primarily, this meant looking for trends within the data collected that could indicate connections between different authors' perceived motivations, and their actions (as described in RQ1). This may reveal institutional versus individual preferences of transmedia storytelling techniques, and how each different author prefers to maintain that dialogue with their audience (Renwick & Mossialos, 2017).

Social and Economic Impact Analysis

The second element of this analysis measures the impact of certain narratives and transmedial storytelling techniques on the success of the GoFundMe fundraising campaigns (as described in RQ2). This compared connections between fundraising campaigns' metadata on social engagement and financial success with the different transmedial storytelling techniques present in each campaign. GoFundMe campaigns' economic success can be measured by how much they earned, compared to how much they asked for. Metadata that tracks the timing of donations, as well as the timing of social engagements is

an effective measure for tracking impact. Thirty of the most recent donations to each GoFundMe campaign will be assessed to determine trends in donation timing and amount. Each GoFundMe sample campaign's social success will be measured by the number of 'likes' or 'shares' that each campaign received while active, as well as the number of comments on the campaign page.

Finally, findings will be used to draw conclusions and make recommendations for the effective use of transmedial storytelling techniques in fundraising campaigns created by institutions and individuals (as described in RQ3).

Findings and Discussion

A Brief Overview

To make the following section clearer, the table below provides a brief overview of each case, including the case number ('G' represents GoFundMe cases and 'H' represents hospital foundation cases) and a short summary with important details from each patient's story (*Table 3*).

| Case Number | Story Summary |
|-------------|---|
| G1 | Location: Toronto, ON Summary: Fell from a balcony, serious trauma injuries, not a permanent resident of Canada and not covered by Ontario health insurance. |
| G2 | Location: Vancouver, BC Summary: Spinal cord injury resulting in quadriplegic paralysis, will require specialized medical equipment and treatment. |
| G3 | Location: Winnipeg, MB Summary: Suffered a brain aneurysm, is showing good signs but remains in a coma, funds needed to cover associated costs (parking, hotels, etc.). |
| G4 | Location: Montreal, QC Summary: Single father, diagnosed with Stage 4 colo-rectal cancer, hoping to be able to provide for his son in the future and cover some treatment costs. |

| | |
|-----------|---|
| G5 | Location: Halifax, NS Summary: Single mother, diagnosed with lymphoma, unable to continue working on side businesses and on contract, needs help with paying basic bills. |
| H1 | Location: Toronto, ON Summary: Diagnosed with multiple myeloma, undergone treatment, currently in remission. |
| H2 | Location: Vancouver, BC Summary: Heart disease, defibrillator implanted after first heart attack, was re-evaluated and received a different diagnosis with improved treatment. |
| H3 | Location: Winnipeg, MB Summary: Severely injured in snowmobiling crash, suffered major internal and spinal trauma, currently rehabilitated and pursuing career re-training. |
| H4 | Location: Montreal, QC Summary: Serious car crash victim, spent 1 month in a coma, required brain operations and major rehabilitation. |
| H5 | Location: Halifax, NS Summary: Family history of heart disease, experienced two heart attacks, underwent minimally-invasive angioplasty surgery, currently in good health. |

Table 3: A brief outline of each patient story for reader reference

RQ 1: Text Analysis

Narrative Elements: Actions and Motivations

Examining the narrative makeup of each story is the first step to answering RQ 1: What connections or disconnections can be found between motivations and actions? When examining only the narratives of the 10 stories, it was confirmed that there were many, varied instances of authors using different narrative techniques and tactics to reach their audiences. One of the first narrative elements that this analysis coded for was ‘narrative perspective’, referring to perspective from which the story was written. This is important for identifying the author’s connection to the narrative and is therefore an indication of their motivations for writing the story. The data collected on narrative perspective predictably indicated that all hospital foundation patient stories were written by an unrelated third party, while four out of five GoFundMe campaigns were written by a friend of the subject. The

only outlier in this case was G4, which was written in first person by the patient themselves. This trend corresponded fairly consistently with the data collected on ‘story style’, or whether a sample story was written in a journalistic style using third person and quotes from sources, an informal, personal style using first person, or a hybrid of the two styles. Four out of five hospital foundation stories were written using a journalistic style, while the same number of GoFundMe stories were personal and informal in tone and style. Cases G2 and H4 were the only samples written in the ‘hybrid’ styles.

Another major narrative characteristic this study examined was each story’s adherence to a basic narrative structure, which was broken down into six different stages: 1. Establishing a setting (or the ‘beginning’ of the story), 2. Stating the diagnosis or incident (the ‘inciting action’, or ‘Call’), 3. Discussing treatment experiences (rising action), 4. Stating the outcome of the treatment (climax), 5. Including an update on the patient’s current condition (falling action), 6. Concluding with the death or recovery of a patient (conclusion) (Booker 2004).

All of the patient stories in this sample followed the basic narrative structure, despite differences in author, location or illness. However, half of the sample stories did not include a conclusion characterized by the death or recovery of a patient. These stories remain ‘ongoing’, mirroring their subjects’ status as being caught in some kind of ‘limbo’ within the health care system or in dealing with their medical condition. This was not completely unexpected, as the inclusion criteria for the stories required them to be, or be connected to, an ongoing campaign. Another notable difference discovered was that stories H2, G3 and H4 (two hospital foundation stories and one GoFundMe campaign) discussed the patient’s

treatment experiences more frequently and in much deeper detail than the rest of the sample stories. Additionally, it was found that two of the stories (H2 and H5) had the interesting distinction of being the only narratives in the sample to have recurring story arcs. Both these stories focused on heart health and patients with heart disease, and described each patient's initial heart health incident, their following treatment and recovery, only to begin a new arc starting with a new incident, followed by more treatment, and a new update.

The next step involved assessing the inclusion of medical details within patient story narratives. It was found that all sample stories consistently included at least a brief explanation of the patient's illness or injury. However, this was the only significant similarity across all of the sample cases. Cases G2 and H5 were identified as the outliers in this category, as they were the only stories to discuss the patients' symptoms before their incident. Cases G1, H3 and H4 all dealt with victims or serious accidents, and they listed details of the patients' injuries incurred after the incident. Similarly, Cases H1, G4 and G5 go into very little detail concerning their illness, other than to simply state their basic diagnosis. All three of these cases were cancer patients.

One surprising result was the general dearth of facts within the narratives of all the samples. Forty percent of the sample stories did not use any facts within their narrative, and the other 60% of sample stories used them sparingly, usually only once or twice within the text. Cases G5 and H5 were the only cases to include any sort of facts about the patients' illness or contraction rates. Cases H2 and H3 both used facts to discuss treatments and treatment options. The findings from these cases may act as indicators of specific motivations for health communication as both cases were hospital foundation patient stories

and described treatments and the organizations that provide treatment as “unique”, “specialized” or rare.

Another finding was the lack of the presence of language promoting risk prevention or public illness awareness. Seventy percent of the sample stories had no language that attempted to warn or advise the reader of risks or dangers associated with the patient’s situation. Only Cases H2, H4 and H5 included any sort of warning, advice or discussion of risks. To reiterate, cases H2 and H5 were stories about patients with heart disease, and Case H4 was about a patient who was a victim of a serious car crash. Of those three cases, only Case H4 explicitly warned against undertaking risky behaviour, stating, “Today, she hopes that her story can remind young people of the need to drive with caution” (A Life-Changing Event, 2018).

Next, this study examined the occurrences of specific donations ‘asks’ within the sample stories. All GoFundMe campaigns made specific asks for donations – as the Canadian health care system usually covers the majority of medical costs, all of the campaigns request help with costs associated with treatment, such as hotel stays, parking, equipment and rehabilitation. The only exceptions to this rule are Cases G1 and G2. Case G1 involves a patient who is in the process of obtaining permanent residency in Canada and is therefore not covered by the provincial health care system. Case G2 focuses on a patient with a severe spinal cord injury resulting in paralysis below his upper arms, meaning that he will need personal assistance, home and vehicle modifications and specialized equipment not covered by his provincial health insurance. Hospital foundation stories of care differed in that three out of the five stories did not make specific asks for donations, instead opting to

include a button or prompt to ‘Donate’ at the top and bottom of the page. The other two stories that did make explicit appeals (Cases H2 and H3) asked for donations to a specific cause or to the health care institution being promoted within the story.

Empathy

As outlined earlier by Zheng and McKeever (2016), it is integral to ensure that a patient story is relatable and memorable in order for it to be a successful narrative. Relatability and memorability can both be easily achieved by instilling empathy in a target audience. Hence, the results from this analysis showed that all of the samples employed narrative tactics to instill empathy in their audience. Interestingly, one of the least popular tactics was to ask an audience to imagine themselves in a similar situation. 60% of the stories made no references or attempts to connect with their audiences in that fashion. The other four samples only loosely referred to their audiences’ hypothetical (or real) actions and emotions. Instead, appeals to audience emotions are more focused on creating a positive depiction of the patients or institutions featured in the stories. When coding for the description of a patient’s character, this researcher found that nearly all instances of patient descriptions were just generic positive attributions. For example, the authors of Cases G2 and G5, both GoFundMe campaigns, were particularly effusive in their praise of their friends, describing them as a “talented artist, great mom to two amazing girls, and just an all-round cool gal” (Gabriel, 2016) and as “the kind of person that would drop anything to help a friend” (Brody, 2017).

All of the patients who are parents are described in some capacity as a parent, for example Case G4’s reference to himself as a “proud, single Dad” (Byer, 2018) and Case

H5's description of the patient as a "now father-of-two" (A journey, 2017). Only one case, Case G4, used a metaphor to describe themselves as a "fighter" and referring to their experience with illness as a battle (Byer, 2018). When combined and considered, it is clear that most authors consider it more important to use their narratives to project a positive image of a person worthy of saving, rather than attempt to make their audiences give out of personal conviction.

The same tactic of presenting something in a positive light in order to gain support is employed by all of the hospital foundations (and none of the GoFundMe campaigns) in this sample. All of the hospital foundations provide glowing descriptions of the institutions they are associated with, using statements and descriptions such as "The QEII saved my life" (A journey, 2017) and "our highly trained and well-equipped medical team" (A life-changing event, 2018). This is likely partly to rationalize donors' decisions to give funds, by reassuring them of what their money will support, as well as to maintain and improve the institution's public image. Case H2 once again stood out as the only story to use a metaphor to describe their caregivers as "heroes" (Finding "HiROs", 2018), indicating a possible downturn in the popularity of using metaphors as tactics in health care narratives.

When assessing whether or not campaigns made specific references to donor impact, this researcher noted that references to the future impact and the necessity of donations were the most common amongst the sample. These references occurred most often in Cases G1, G2, G4 and G5, all of which were GoFundMe campaigns. As discussed in the Methodology section, GoFundMe publishes advice articles on how to write a successful patient story. One

piece of advice given in these articles is to indicate “how the money will be spent” (5 Tips, 2018) and to be specific, as donors appreciate knowing where their money goes.

The clear references to donor impact in four out of five GoFundMe patient stories means that it is possible this is directly connected to GoFundMe’s advice articles on how to create a successful campaign. Cases G3, H3 and H5 all refer to the impact of future donations on a specific cause, while Cases H2 and H4 only refer to the necessity of donations. Cases H2, H3, H4 and H5 are all hospital foundation patient stories, but only refer to **either** impact or necessity – perhaps staff writers at hospital foundations ought to be integrating both types of references to donor impact into their narratives, similar to the GoFundMe campaign stories?

To conclude this discussion of narrative elements, this analysis found that thankful messaging was not as ubiquitous throughout patient stories as anticipated. 80% of the sample included some form of thankful messaging – for hospital foundation patient stories, this was exclusively to thank the associated health care institution and caregivers, and for GoFundMe campaigns this was to exclusively thank donors and community members for their support. This was surprising, as this researcher had anticipated that there would be more collaboration between hospital foundations and private individuals’ efforts to fundraise in some cases. However, the two groups remained independent of one another, as demonstrated by the lack of praise for caregivers or institutions found throughout GoFundMe campaigns. Possibly because of the ongoing nature of their narratives, Cases G1 and G3 did not include any thankful messaging in their primary narratives.

Transmedia Elements

This analysis only assessed two different variables pertaining to the transmedia characteristics of the samples stories to apply the analysis equally across all stories. This also links back to RQ 1, exploring the use of transmedia storytelling techniques in patient stories. The first variable accounted for the number of mediums integrated into a campaign or web platform. Social media was found to make up the majority of mediums integrated into both GoFundMe and hospital foundation platforms (*Figure 1*).

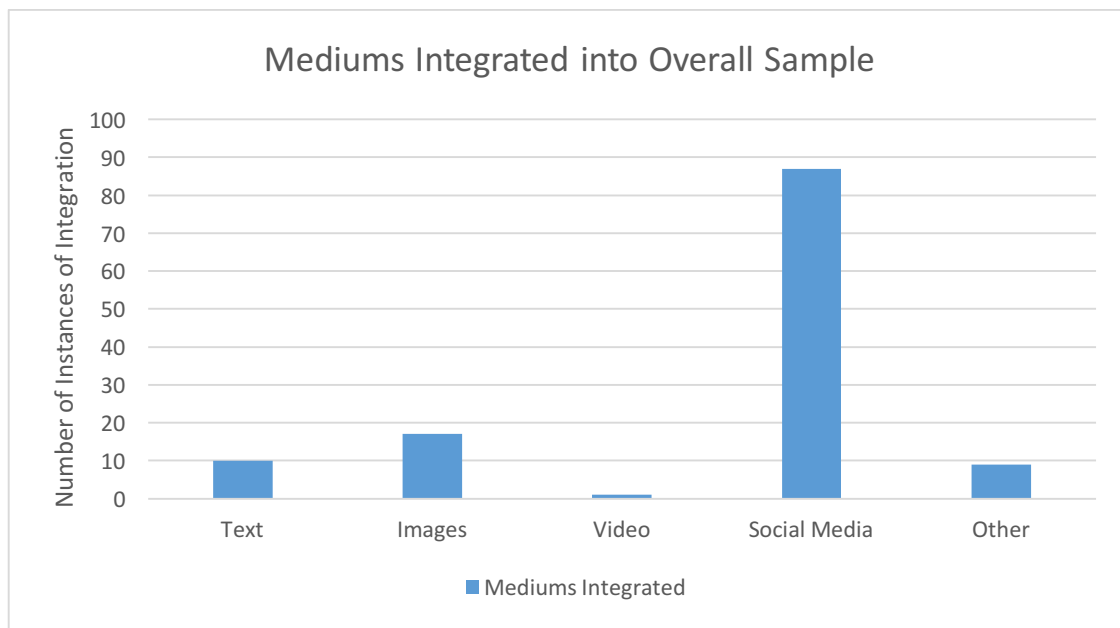


Figure 1. Mediums Integrated into Overall Sample

The integration of these mediums took the form of linked icons to associated social media pages or accounts in various placements on the webpage. The sheer volume of instances of the integration of social media is also important to note, as different social media platforms were integrated a minimum of five times within every patient story. *Figure 2* displays data assessing medium integration within individual cases, this researcher found that Case H1

had the most integrations overall, and was unique within the sample for foregoing images of the patient in exchange for video of the patient. Cases H2 and H4 had the least instances of medium integrations, with only five integrations of social media each.

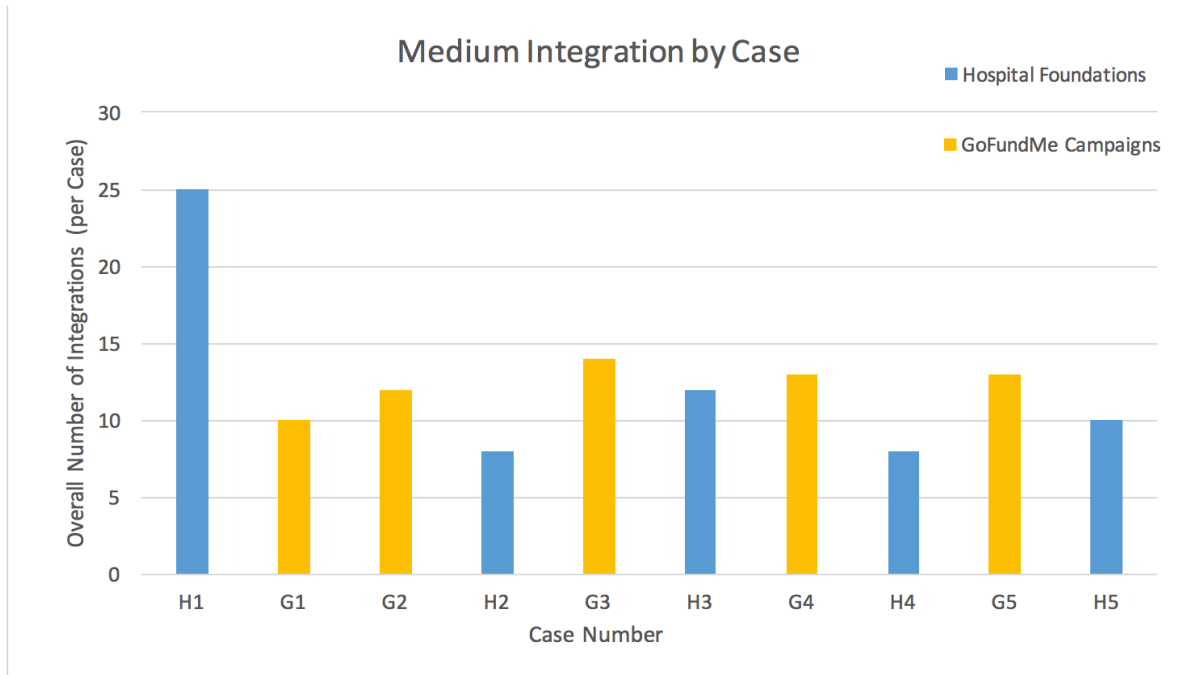


Figure 2. Medium Integration by Case

This MRP’s analysis of links continues with an assessment of the different types of links present within the sample stories. Notably, none of the GoFundMe samples included links to alternate content of any kind, while all hospital foundation stories included some form of link to other websites, or related content on the same website. The most consistent campaign was Case H4, a patient story written by the Montreal General Hospital Foundation (MGHF) to promote their rebranding efforts entitled ‘Code Life’, which will focus on supporting vital care. All of the social media links found throughout Case H4 linked directly to material specifically promoting the Code Life brand and were accompanied by several

‘buttons’ linking directly to Code Life-branded MGHF information pages. Though it is difficult to judge the effects of this consistency on the success of the overall campaign, this researcher considers this to be an important tactic for improving a campaign’s reach and retaining an audience’s interest.

Visual Elements

Images were consistently used throughout 90% of the sample stories, with exception of Case H1, which employed an embedded video instead of a primary image. Only four of the ten patient stories used multiple images, but all of the stories that included an image as part of the narrative of their story used images of either the patient, or the patient with their family members. One point of interest was that out of the nine sample stories that chose to use images, seven used personal, amateur images. This included Cases H2 and H3, both hospital foundation stories, which displayed images of the patients and their families presumably taken and provided by the patient. Only Cases H4 and H5 used primary images that were taken by a professional photographer, indicating that there may be reason to believe that personal ‘family’ photos are a more effective tool than professional photos for drawing on the sympathies of potential donors.

Interactive Elements

For this analysis, data on various interactive elements like comments, channels for interaction and sentiment was analyzed to determine the level of interaction that different platforms afforded the audiences of these patient stories. This was a particularly difficult set of data to evaluate, as 60% of the samples did not include a comments section, did not really have any comments, or had not enabled the commenting mechanism. As for evaluating

channels for interaction, this researcher found that all of the sample stories had some sort of mechanism that allowed a reader to “share” a campaign or patient story, with the exception of Case H2. However, Case H2 has stood out as unique within the sample, as it did not include any sort of social media prompts directly associated with the patient story, opting instead to provide a link to an alternate web page. However, some hospital foundation patient stories were found to have overall less channels for interaction, as Cases H3, H4 and H5 did not have any mechanisms to “like” a patient story or campaign, while all GoFundMe patient stories consistently had multiple mechanisms to perform both these actions.

Another phenomenon this researcher anticipated would be prevalent throughout the sample stories was extensions, referred to by Jenkins (2017) as additive content, or audience efforts to add onto the original narrative. However, extensive content was largely absent within the comments that were available for analysis. Only Cases G3 and G5 revealed any sort of audience effort to expand on the narrative, or to provide additional information to the story. Each case had only one instance of an ‘extension’ present in comments on the story, and those were only vaguely related at best.

Sentiment

In order to provide some insights into audiences’ receptions to patient stories or campaigns, the language of the narratives provided was evaluated for positive or negative sentiment. This analysis found that the stories all contained much more language with positive sentiment than with negative sentiment. For Case G2 the number of generic positive words or phrases counted was more than double the frequency of negative phrases contained within the narrative. In some ways, the sentiment findings for the entire samples’ narratives

mirrored the other findings for narrative elements, as four out of five hospital foundation stories included praise of the institution, while all of the GoFundMe campaigns praised patients and their families.

For only the GoFundMe campaigns, the comments were additionally evaluated for positive or negative sentiment. In the four cases studied, the language of the comments on each campaign were found to be overwhelmingly positive, with only three instances of negative language coded. In coding a total of 75 positive words or phrases, 62.7% of positive language coded was constituted of “supportive” language, followed by 30.7% “happy” language, with only 6.7% of the positive language coding as “encouraging”. (*Figure 3*).

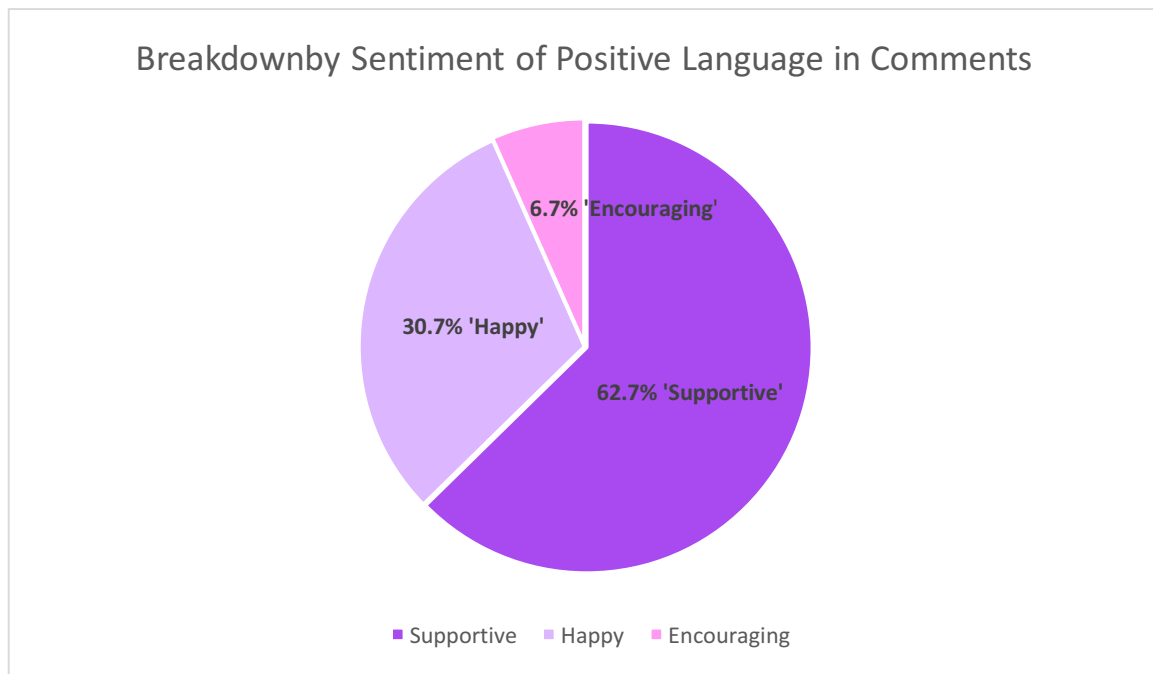


Figure 3. Positive sentiment breakdown in comments on patient narratives

The only emotion that emerged in coding for negative sentiment was sadness, which was a surprise, considering preliminary ‘test’ samples also had included a couple of instances of ‘anger’. The lack of negative sentiment could be more thoroughly addressed if a sentiment

analysis were also conducted on comments on other social media platforms that stories have been cross-posted to.

RQ1: Discussion

Considering the overall textual analysis of the sample, it was clear that there were significant trends in the narrative, transmedia and visual techniques used in crowdfunding campaigns versus hospital foundation stories of care. There was some overlap in the use of certain techniques, such as using amateur ‘family’ photographs rather than professional quality photos. However, there were enough codes that yielded strictly divided results to compile those categories into characteristics specific to GoFundMe or hospital foundation patient stories (*Table 4*).

| Narrative, Visual, Transmedia Textual Characteristics | |
|---|--|
| GFM | Written by a friend, family member, or the patient themselves in an informal, personal style |
| | Ask for donations for costs associated with receiving treatment |
| | No description of hospital institution or care received there |
| | Refer to impact and necessity of donations within the narrative |
| | Include/enable comments on the campaign page |
| HF | Written by the hospital foundation in a journalistic style |
| | Include positive description of hospital institution and the care received there |
| | Include a statement of thanks from the patient thanking the health care institution and/or staff |
| | Provide links to alternate/similar content on the website |
| BOTH | Provide explanation of illness/injury |
| | Use images of the patient and their family members when possible |

Table 4. Comparison of sample characteristics.

Another finding was that certain cases had certain characteristics in common. For example, on pages 21 and 22, this paper discusses different narrative structures found in different cases, as well as the inclusion of medical details within the narrative. Cases H2 and H5 both had recurring arcs and were both heart health patients, Cases H1, G4 and G5 only listed their diagnosis and were all cancer patients, and Cases G1, H3 and H4 were all accident victims, and went into extensive detail about the injuries they sustained. These similarities remain true even though the patients in each story are from completely different cities (Case H2 is based out of Vancouver, H5 out of Halifax), treated in different hospitals by different staff. This is directly relevant to this MRP's discussion of the power that distinct icons and artifacts give individual genres, and how genres are useful as "media packages" that can be used to construct cultural narratives around an issue (Braun, 2007).

Considering the three groupings of the cases by illness, the data indicates that the stories of patients with the same or similar illnesses have their own subtle genre conventions and narratives. According to Booker (2004), there are seven basic plots, and most stories conform to one or another, regardless of author, culture, or language. Many narratives of illness conform closely with the plot Booker calls "Overcoming the Monster" (Booker 2004, p. 21). In this plot, a hero, armed with 'magical weapons' must battle an embodiment of evil power that threatens destruction for a community or the world. At points, it may seem like the hero will lose, or has given up hope, but there is usually some sort of reversal of fate, and the hero defeats the monster (Booker 2004). For the analysis of health care narratives, the protagonist is the patient, armed with weapons in the forms of funds, sophisticated medical

treatments or technology. The evil they must battle takes the form of illnesses like heart disease, cancer, or severe injuries, all of which also afflict others in the community. In most patient narratives, the protagonist battles with their illness once or twice and defeats it with help from a supporting cast of characters. The data shows that these basic genre conventions and story elements are then tweaked to suit the narratives of different illnesses.

Narratives of heart health victims see their protagonist patients survive an initial brush with misfortune with the help of specialized treatment from those with more knowledge and research. They then recover, but must confront their heart issues a second time before they can succeed in becoming healthy. Cancer patients tend to have unfinished stories, and rarely go into details about their treatment experiences beyond stating their specific diagnosis. This researcher believes that this is because cancer is such a well-known evil that authors do not want to burden their audiences with the many sad, intense details that characterize cancer treatment. Accident victims' narratives are the opposite – most go into profound detail about all the injuries a protagonist has sustained. This may be an effort to reinforce the image of the patient as brave and strong for their ability to overcome adversity and triumph against their accident. This demonstrates the construction of genres for different illnesses, which allows them to be packaged and dispatched effectively to audiences to change and maintain the cultural narratives of that specific illness. These different genre packages also act as an indication of the motivations of the author, whether those are to fundraise for personal gain, or direct donations to a certain institution or specialized program.

The analysis also found a distinct lack of motivation to prevent risk and promote public awareness, two possible motivations for health communication outlined in the first section of the literature review. While it does not make sense for GoFundMe campaign authors to be primarily motivated by a desire to promote awareness of an illness, or prevent similar risks, it does make sense for hospital foundations to pursue these goals because of their roles as community service providers. It therefore makes sense that hospital foundation patient stories were the only instances where narratives actively promoted illness awareness or warned against risks. However, this technique seemed underused in general across the total sample of hospital foundation stories.

Finally, this MRP found that for future research, public relations should also be more carefully considered as a motivator for institutions to create patient narratives. This paper has already established that when coding for descriptions of an institution, the data revealed that all of the hospital foundations presented their associated institutions in a positive manner. While this may be primarily to raise funds for a certain health care institution, a secondary motivator that should be accounted for is the motivation to maintain a positive public image overall. Applying public relations theory to this analysis would deepen and expand academic understanding of public relations processes within the health care sector.

RQ 2: Social/Economic Impact Analysis

As outlined earlier in this paper, RQ 2 explores the impact of the techniques discussed in the previous section on the social and economic success of the 10 sample campaigns. This analysis will focus on the data from the five GoFundMe patient stories, as

they provide more accurate fundraising and social engagement data for each campaign. This data is also more readily available than fundraising data for hospital foundation campaigns and is specific enough to reveal clear and accurate trends across the sample.

Economic Impact

When examining the economic data collected from the five GoFundMe samples, there were some clear trends that emerged. Total amounts of money raised ranged between \$8,126 for the patient of Case G5 and \$104,926 for the patient of Case G2. Oddly, the campaign that raised the least amount of money (Case G5) had also succeeded in raising 108% of their initial goal amount, which was the highest percentage raised (*Figure 4*).

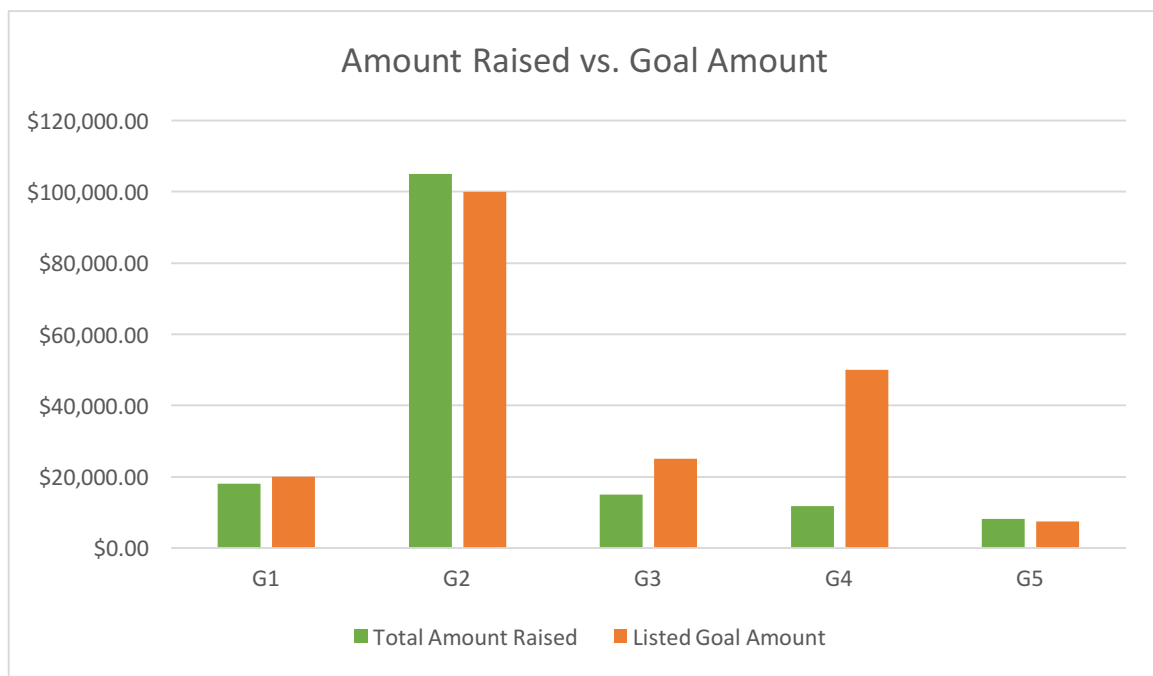


Figure 4. Amount Raised versus Goal Amount

Mean donation amounts ranged from \$54.80 for Case G5 to \$182.50 for Case G3. Cases G1, G2 and G4 had mode donation amounts of \$100, while Cases G3 and G5 had mode donation amounts of \$50. The number of donors to each campaign ranged between 106 donors for

Case G5 and 1351 donors for Case G2. When the total number of donors was considered in combinations with the timeframe within which all donations were made, it was again Case G5 that had the least number of donations per month (dpm), at only 5.8 dpm over the span of 18 months, and Case G2 that retained the highest number of donations at 84.4 dpm over 16 months.

Social Impact

This MRP examined three different sources of data to gain insight into the social success of the GoFundMe campaigns. Case G2 had the most shares on Facebook and Twitter with a total of 3,400, and Case G5 had the least with 276 shares. This provides a better sense of the total reach that a campaign had achieved overall. The most intriguing elements of the social impact analysis were the number of likes and the number of individual donors. In all GoFundMe cases, the values for each of these two numbers were remarkably similar (*Figure 5*). As displayed in the chart below, the number of likes and the number of people who had made donations were exactly correlated in some cases (Case G5), or more loosely correlated (Case G2). This is a very clear indication of the value of garnering ‘likes’ for fundraising campaigns, on platforms like GoFundMe as well as other social media and hospital foundation websites.

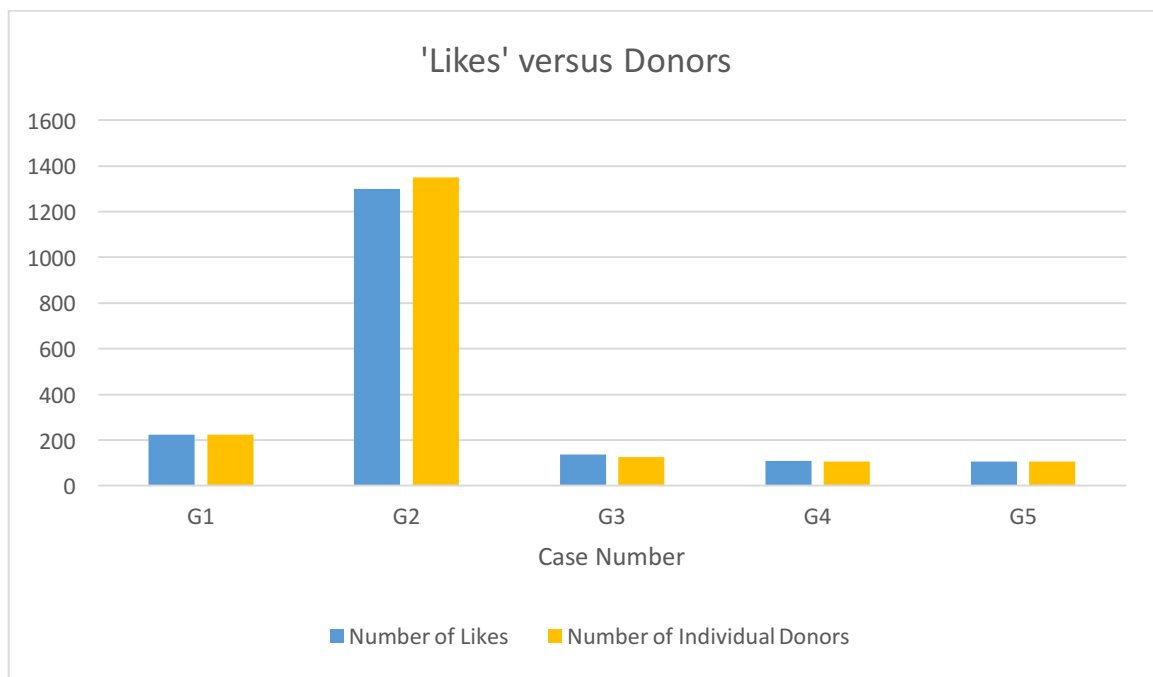


Figure 5. Number of 'likes' versus number of individual donors.

RQ 2: Discussion

There were some unexpected results that emerged from the social and economic analyses. Case G5 was an outlier in all categories coded for in the economic analysis. It was even stranger that it was an outlier that embodied both the highest and lowest ends of scale of results. For example, it had both the lowest total amount raised (\$8,126), but had raised the highest percentage of their total goal (108 %). It is the most difficult to determine if Case G5 was a success or a failure, as they fully accomplished their fundraising goal (and then some), but it took them the longest amount of time to raise the least amount of money out of all the GoFundMe campaigns analyzed. The most successful campaign could arguably be Case G2, which managed to raise more than ten times the amount that Case G5 did in a similar timeframe. Case G4 is considered the least successful campaign, which raised the smallest percentage of their fundraising goal.

These results could be attributed to several different factors. Both G2 and G5 included a glowing description of the patient and were written in third person by a friend, whereas G4 was written in first person by the patient. This likely made G2 and G5 more convincing, and their narratives more relatable and memorable. Case G2 gained significantly more traction with the patient's community. This could simply be because of demographics (Case G5 is based out of Halifax, a city with just over 400,000 people, whereas the patient from Case G2 is from the Greater Vancouver Area with roughly 2.4 million as of 2016). The average household income for Halifax as of 2016 hovered around \$69,000, while Vancouver households averaged \$77,000, leaving Vancouverites with more surplus income to donate (Cain, 2017). It could also be a result of GoFundMe's dependence on Facebook and Twitter as social sharing platforms, meaning that it would be that much easier for someone with a larger, more developed social media presence to spread the word.

Another reason for the differences in monetary support could be due to the audience's preconceived notions of the severity of each person's condition. In the narrative analysis, this researcher found that different types of illnesses have their own unique genre conventions. Case G2's rare spinal cord condition may have garnered more interest, and therefore more donations than Case G5's relatively common and treatable cancer diagnosis. Both conditions are serious but considering the patient's youth and his permanent disability in Case G2, maybe the gravity and misfortune of his situation had a wider appeal than Case G5's situation, despite G5's patient being a struggling, single mother. Perhaps another reason why both campaigns raised more than 100% of their initial goal amount was that their audiences perceived it to be too low of a number and were convinced by the accompanying

narratives that both respective conditions and the people who had them were deserving of more.

This researcher also noted in the results section that there was a strong link between the number of ‘likes’ that a GoFundMe campaign received on the platform, and the number of individual donors. This connection remains true despite the geographical location of the campaign, the use of different narrative techniques and additionally the financial success of the campaign. While the rise in social media and data mining tools for businesses has already established the importance of elements like ‘likes’, this suggests that social engagements such as ‘likes’ have more significant meaning than is commonly perceived. In the case of this study, ‘likes’ can essentially predict the number of donors for a campaign, and vice versa, leading this researcher to hypothesize that ‘likes’ constitute a very strong social promise or commitment to specific content. Therefore, it is likely that ‘likes’ possess a higher social value in the context of GoFundMe campaigns and other patient stories of care than other measures of engagement, such as shares or re-tweets.

RQ 3: Recommendations

This paper’s third research question asks what the main features of patient stories written for fundraising purposes should be. To answer this, there are several recommendations this MRP would make. First, this researcher believes that it would be in both institutions’ and individuals’ best interests to take a page out of each party’s book. It is clear that many organizations have established style guidelines, however, the general successes of the privately-written GoFundMe campaigns display audiences’ affinity for familiarity and a more casual tone when reading about patient experiences. This applies

specifically to the use of facts within the narrative for GoFundMe campaigns – it may be helpful for donors if private authors incorporate other information sources into their campaign narratives.

A second recommendation would be for all authors to focus on making sure that their campaign's narrative is relatable and memorable above all. There are several ways they could go about doing this. Paying attention to the ways that different illness' narratives are constructed is one of them. It may help a campaign stand out if a patient with cancer was more open and honest about their treatment experiences, or for an accident victim to leave out the gory details. However, there still needs to be more work done to study whether different ways to talking about different illnesses definitely make a campaign more or less likely to succeed. Language and phrases concerning risk prevention and public illness awareness should also be used only in narratives for campaigns that specifically deal with those issues. The most useful way risk prevention and public illness awareness can be integrated into a patient story is for the purpose of promoting the patient's or the health care institution's public image. This insures that the patient's story and any attached institutions are memorable and relatable for the right reasons.

Third, all authors of patient stories should make sure that they take time to get to know their audience before crafting their narrative or picking their platform. GoFundMe campaigns make heavy use of Facebook and Twitter as their main social media platforms and may not be the most effective way for someone who does not have a large network on social media to fundraise. This project also found that it is important to make sure that

your donors know what is going to happen with their money, and why it is important to donate. Making explicit references to the impact of future donations and their necessity to the patient provides audiences with a sense of purpose for their actions, and can help persuade them to make that final leap and donate.

Essentially, switching up certain tactics, focusing on making a relatable, memorable campaign and knowing one's audience will all contribute to the creation of better fundraising campaigns, and better narratives of patient experiences.

Conclusion

Critical Summary

This project ended up producing some surprising results. In this researcher's personal experiences with patient stories, they were generally written in a very straight-forward manner and all seemed to adhere to a similar narrative formula. One of this project's key findings was that the narratives of different illnesses have unique genre conventions, and considerable similarities in their story arcs. Providing health care information to audiences was also not a priority for most of the stories. Most authors preferred to use tactics like glowing descriptions of the patient or mentioning their role as a parent to make their story relatable, memorable, and gain sympathy. Accountability was also important to story authors, who consistently sought to maintain transparency on spending. The social analysis revealed that the predictive value of the number of 'likes' a GoFundMe campaign received, as the number of 'likes' directly corresponded to the number of individual donors for each campaign. The economic analysis revealed that campaigns do not necessarily need to raise a lot of money to be considered successful, and that campaigns that asked for appropriate

amounts of money, were relatable, and gained sympathy for the patient did well regardless of the amount they asked for.

Limitations:

There were several limitations to this study. The first was that the mediums (GoFundMe campaign platforms and hospital foundation websites) proved ineffective for studying the forms and functions of extensions in the context of transmedia communication. Future explorations of transmedia forms of communicating should study content that is built around and actively encourages anecdote-rich audience participation, such as Reddit r/AskReddit comment threads. Time and resources were also significant constraints, as this study's results would have been further enriched with properly representative samples of donations from each campaign, in order to accurately display trends for economic analysis. Finally, the binary nature of some of the results, combined with the lack of publically available data for specific hospital foundation patient stories made it difficult to tell if a tactic directly influenced giving.

Outlook

As crowdfunding is a relatively new way to fundraise, there has not been a substantial amount of research conducted on the process, and its relationship to the health care industry. For future research, it would be interesting to further study the impact and importance of social media to the crowdfunding process, to determine if the relationship between platforms is symbiotic, or if one is more dependent on the other in order to succeed. With the rising costs associated with complex and routine health care, this researcher predicts that this trend will continue to grow in popularity and reputability in

the near future. Knowing more about these platforms, and how to successfully use them to fundraise will benefit not only everyday citizens, but non-profit, health care and other organizations as well in their efforts to help those in need.

Appendix A: Sampling Documentation Metadata

| Sampling Documentation: Main Research | | | | | | | | | | | |
|---------------------------------------|----------------|----------------|---|------------------------|-----------|--|--------------------|-------------------|---|--|---|
| Case Number | Date Collected | Date Published | Campaign/Program/Event Name | Campaign Type (GFM/HF) | City | Affiliated/Named Hospital(s) | Patient First Name | Patient Last Name | Patient Age (Young/Middle-Aged/Elderly) | Author Name (Institution/Indiv.) | Page Link |
| H1 | 16-May-18 | 30-Aug-17 | The Princess Margaret Cancer Foundation general donations, #1in2 | HF | Toronto | Princess Margaret Cancer Centre | Anthony | Cella | Adult | The Princess Margaret Cancer Foundation | http://www.thepmcf.ca/Our-Stories/Patient-Stories/Anthony-Cella-s-Journey-of-Real-Hope |
| G1 | 16-May-18 | 31-Oct-17 | Clodagh Allen's Medical Fund | GFM | Toronto | St. Michael's Hospital | Clodagh | Allen | Adult | Amanda A (on behalf of Clodagh Allen) | https://www.gofundme.com/ClodaghAllen |
| G2 | 31-May-18 | 12-Jan-17 | Andrew Cho's Medical Fund | GFM | Vancouver | VGH (Vancouver General Hospital) | Andrew | Cho | Adult | Danny Brody | https://www.gofundme.com/andrew-chos-medical-fund |
| H2 | 31-May-18 | 19-Apr-18 | Heart & Lung at VGHI, HiRO (Hearts in Rhythm Organization) | HF | Vancouver | VGHI (Vancouver General Hospital) | Vickie | Pynn | Adult | VGHI + UBC Hospital Foundation | http://vghifoundation.ca/2018/04/19/vickey-pynn-hiro-vgh/ |
| G3 | 31-May-18 | 03-Aug-17 | Brooke Alexiuk Aneurysm Fund | GFM | Winnipeg | The Health Sciences Centre | Brooke | Alexiuk | Adult | Tracy Grawberger (on behalf of Darryl Alexiuk) | https://www.gofundme.com/brooke-alexiuk-aneurysm-fund |
| H3 | 31-May-18 | N/A | HSC Foundation, Winnipeg Spine Program | HF | Winnipeg | The Health Sciences Centre | Jared | Maes | Adult | Health Sciences Centre Foundation | http://www.hscfoundation.mb.ca/main.asp?fxoid=FXMenu,8&cat_ID=5&sub_ID=103 |
| G4 | 31-May-18 | 05-Mar-18 | Colorectal Cancer Help Fund | GFM | Montréal | N/A | Jarrold | Byer | Adult | Jarrold Byer | https://www.gofundme.com/colorectal-cancer-help-fund |
| H4 | 31-May-18 | N/A | The Montreal General Hospital | HF | Montréal | The Montreal General Hospital | Claudia | di Iorio | Adult | The Montreal General Hospital Foundation | https://www.mghfoundation.com/en/testimonials/a-life-changing-event/ |
| G5 | 31-May-18 | 25-Nov-16 | Andrea's Medical Fund | GFM | Halifax | N/A | Andrea | Stokes | Adult | Donna Marie Gabriel | https://www.gofundme.com/andreas-medical-fund |
| H5 | 31-May-18 | 16-Jun-17 | QEII Foundation, Maritime Heart Centre, "From the Heart" campaign | HF | Halifax | QEII Health Sciences Centre, Maritime Heart Centre | John | Lawrence | Adult | QEII Health Sciences Centre Foundation | http://www.qe2times.ca/a-journey-of-transformation-192 |

Appendix B: Coding Manual**Coding Manual****Campaign Text Analysis**

| Code | Relevant RQ | Relate to Lit Review |
|---|-------------|---|
| Narrative Elements | | |
| Dates Mentioned 1. Specific dates mentioned 2. General dates mentioned 3. Dates not mentioned | RQ 2 & 3 | Motivations, Fundraising |
| Narrative Perspective 1. Written by patient 2. Written by unrelated third party 3. Written by a relative 4. Written by a friend | RQ 1 & 2 | Motivations, Narratology & Transmedia |
| Use of Basic Narrative Structures 1. Establishes setting (beginning) 2. States diagnosis/incident (inciting action/the 'Call') 3. Discusses treatment experiences (rising action) 4. States outcome of treatment (climax) 5. Includes update on patient's current condition (falling action) 6. Concludes with death or recovery of patient (conclusion) | RQ 1 & 2 | Narratology & Transmedia, Motivation |
| Story Style 1. Written in journalistic style (third person, uses quotes) 2. Written in informal, personal style (first person, no quotes) 3. Hybrid (mix of both styles) | RQ 1 & 2 | Narratology & Transmedia, Motivation |
| Informative | | |
| Medical Details 1. Includes explanation of illness or injury 2. No explanation of illness or injury 3. Author lists symptoms prior to diagnosis 4. Author lists symptoms post-diagnosis 5. Author lists injury details post-incident | RQ 1 & 2 | Narratology & Transmedia, Motivation, Fundraising |

| | | |
|--|--------------|---|
| 6. Author does not list injury details | | |
| Use of Facts 1. Includes facts concerning survival rates 2. Includes facts concerning medical/legal policies 3. Includes facts concerning incident occurrence rates 4. Includes facts concerning illness/illness contraction rates 5. Includes facts concerning number of people affected by illness 6. Does not use facts 7. Includes facts concerning costs of illness 8. Includes facts concerning treatment | RQ 1 & 2 & 3 | Narratology & Transmedia, Motivation, Fundraising |
| Risk Prevention/Public Illness Awareness 1. Advise/warn audience of symptoms/risks 2. Advise/warn audience to test for a specific illness 3. Advise/warn audience against undertaking risky behaviour 4. Does not provide warnings or advice to audience | RQ 1 & 2 | Narratology & Transmedia, Motivation |
| Ask for Donations 1. Asks for donations to a specific cause 2. Asks for donations to a specific institution 3. Asks for donations to cover personal medical costs 4. Asks for donations to cover associated costs of treatment (hotel bills, groceries, equipment, etc.) 5. Does not make explicit 'ask' 6. Includes donation mechanism (HF) | RQ 1 & 2 | Motivation, Fundraising |
| Empathy | | |
| Empathy I 1. Uses narrative tactics to instill empathy in audience 2. Does not use narrative tactics to instill empathy in audience | RQ 1 & 2 | Narratology & Transmedia, Motivation, Fundraising |
| Empathy II 1. Refers to audience's hypothetical actions in a similar scenario | RQ 1 & 2 | Narratology & Transmedia, Motivation, Fundraising |

| | | |
|---|----------|--------------------------------------|
| 2. Refers to audience's hypothetical emotions in a similar scenario 3. Refers to both actions and emotions 4. Refers to neither actions or emotions | | |
| Description of Patient's Character I 1. Patient is described as 'deserving' of help 2. Patient is described as part of a community 3. Patient is described as desperate 4. Patient is described as brave 5. Patient is described as strong 6. No direct description of patient | RQ 1 & 2 | Narratology & Transmedia, Motivation |
| Description of Patient's Character II 1. Metaphor used to describe patient 2. General positive description of patient 3. No direct description of patient | RQ 1 & 2 | Narratology & Transmedia, Motivation |
| Description of Caregivers/Institution 1. Metaphor used to describe caregivers/institution 2. General positive description of caregivers/institution 3. No direct description of caregivers/institution | RQ 1 & 2 | Narratology & Transmedia, Motivation |
| Reference to Donor Impact 1. Refers to donor impact on a specific cause 2. Refers to impact of future donations 3. Refers to necessity of donations 4. No direct reference to donor impact | RQ 2 | Fundraising |
| Message of Thanks 1. Patient thanks donors 2. Patient thanks institution 3. Patient does not include thankful messaging | RQ 1 & 2 | Motivation, Fundraising |
| Transmedia Elements | | |
| Mediums Integrated Into Campaign 1. Text 2. Images 3. Video 4. Social Media 5. Other | RQ 2 & 3 | Narratology, Fundraising |

| | | |
|--|----------|--------------------------------------|
| Links 1. Includes links to alternate websites/webpages 2. Includes links to additional content (news/stories) 3. Includes links to additional content (social media campaign page) 4. Does not include links | RQ 2 & 3 | Narratology, Fundraising |
| Visual Elements | | |
| Image(s) Used? 1. Image(s) is/are used 2. No image(s) used | RQ 2 & 3 | Narratology, Fundraising, Motivation |
| Primary Image Content 1. Image is of patient 2. Image is of patient's family 3. Image is of hospital 4. Image is of medical staff 5. Image is a generic stock photo | RQ 2 & 3 | Narratology, Fundraising, Motivation |
| Image Quality 1. Image(s) is/are of professional quality 2. Image(s) is/are of average/amateur quality | RQ 2 & 3 | Narratology, Fundraising |
| Interactive Elements | | |
| Comments 1. Inclusion of comment section 2. Comment section not included 3. Comment section not enabled | RQ 2 & 3 | Narratology |
| Channels for Interaction 1. Includes mechanism to 'share' campaign on a different platform 2. Includes mechanism to 'like' campaign 3. Includes mechanism to 'like' or 'share' comments 4. Includes no mechanisms for interaction | RQ 2 & 3 | Narratology, Fundraising |
| Extensions 1. Comments include relevant personal anecdotes 2. Comments include additional information/stories about patient 3. Comments include additional information sources | RQ 2 | Narratology |

| | | |
|--|------|-------------------------|
| 4. No extensions present in comments | | |
| Sentiment | | |
| General Story Sentiment (Positive) 1. Narrative uses language associated with 'happiness' 2. Narrative uses language associated with 'supportiveness' 3. Narrative uses 'encouraging' language 4. Narrative praises patient/family 5. Narrative praises institution(s) 6. Narrative uses general positive language | RQ2 | Motivation, Narratology |
| General Story Sentiment (Negative) 1. Narrative uses language associated with 'sadness' 2. Narrative uses language associated with 'anger' 3. Narrative uses language associated with 'unsupportiveness' 4. Narrative is degrading, insulting or otherwise 5. Narrative is critical of patient/family 6. Narrative is critical of institution(s) 7. Narrative uses general negative language | RQ2 | Motivation, Narratology |
| Sentiment (Positive) 1. Comments use language associated with 'happiness' 2. Comments use language associated with 'supportiveness' 3. Comments use 'encouraging' language 4. Comments praise patient/family 5. Comments praise institution(s) | RQ 2 | Motivation, Narratology |
| Sentiment (Negative) 8. Comments use language associated with 'sadness' 9. Comments use language associated with 'anger' 10. Comments use language associated with 'unsupportiveness' 11. Comments are degrading, insulting or otherwise 12. Comments are critical of patient/family 13. Comments are critical of institution(s) | RQ 2 | Motivation, Narratology |

| | | |
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Appendix C: Coding Schedule

The coding schedule can be found on this researcher's Google Drive, accessible only by viewers with this link:

https://drive.google.com/file/d/1zTITba-cFhddHAURy4Ni7Qf6_BiPUZ7i/view?usp=sharing

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