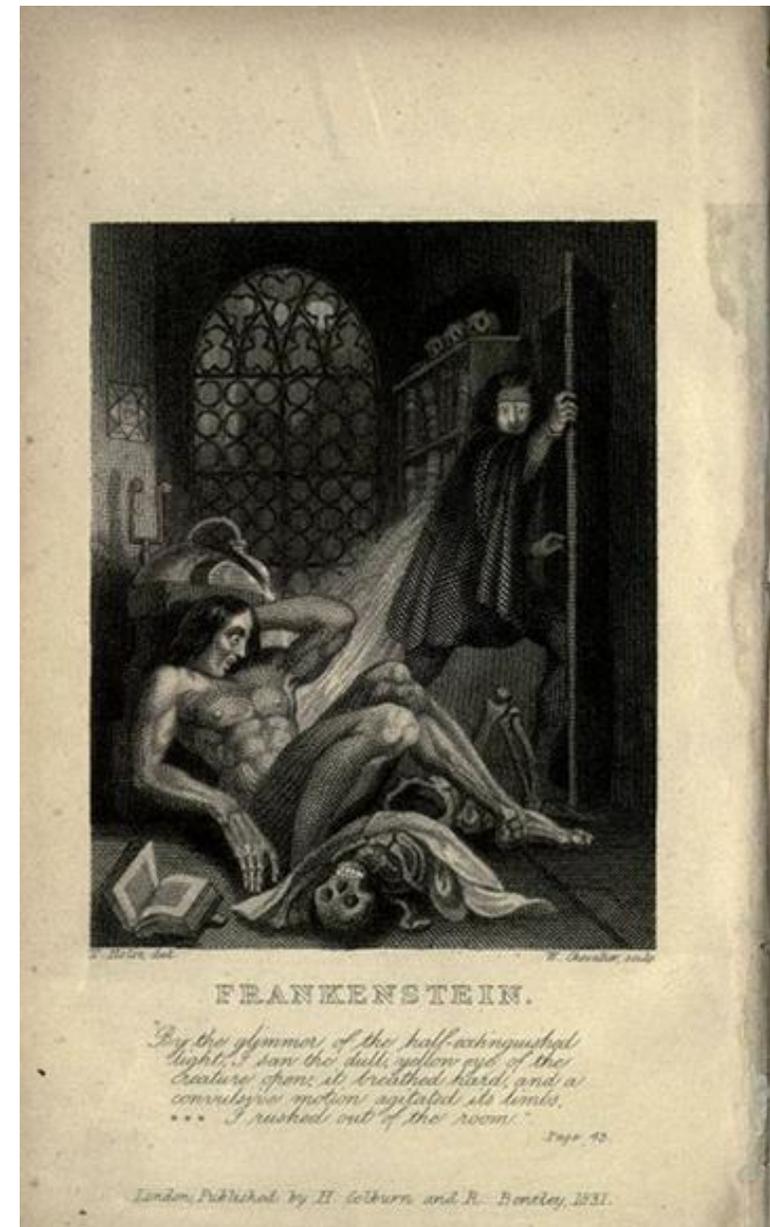


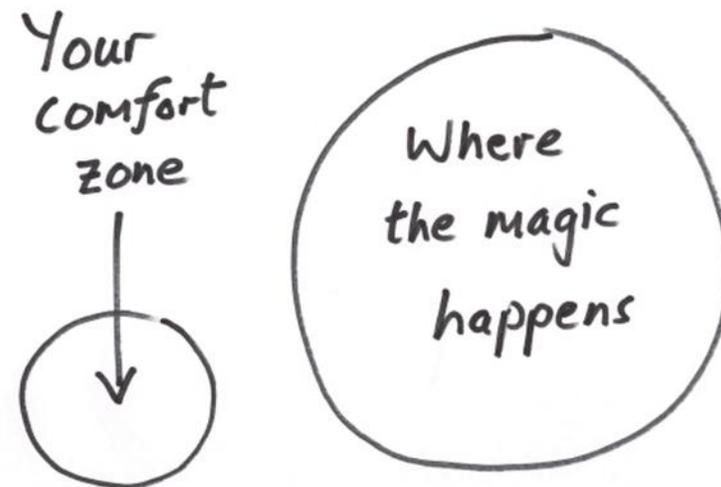
Kreativ kommunikation

Narrativ medicin i teori og praksis

Peter Simonsen



Kort om mig

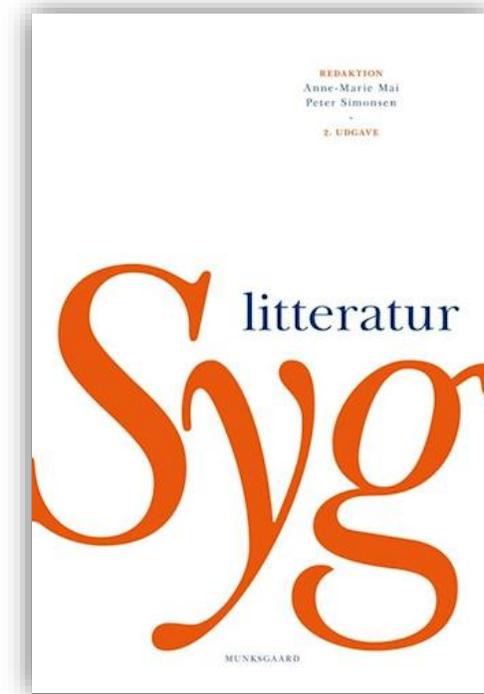


- Peter Simonsen
- Professor i europæisk litteratur efter 1700 på Institut for Kultur og Sprogvidenskab, HUM, SDU
- Studieleder for Engelsk og underviser i litteraturhistorie og litteraturteori
- Forskning bredt i skønlitteratur
 - om aldring, alderdom, sårbarhed og udsathed
 - & i *brugen* af skønlitteratur i bl.a. sundhedsfremmende interventioner og til tværfaglighed omkring forståelsen af meget gamle mennesker og aldring som sådan
 - DARC
 - SIF
 - Cpop
 - Cope
- Undervisning i Narrativ Medicin siden 2016
- Efter/videreuddannelse af sundhedsprofessionelle (Sundhedsfaglig KA; Almen Praksis; Jordemødre; OUH)
- Og medudvikler af HUM valgfag i Sundhedshumaniora for HUM kan også blive dygtigere 😊

Take home messages

Narrativ Medicin/Sundhed

1. Nærlæsning af skønlitteratur kan skærpe den sundhedsprofessionelles lydhørhed overfor en patient- eller pårørendefortælling og lede til, at man får bedre blik for det hele menneske bag en sygdom/lidelse/udfordring.
2. Kreativ skrivning kan skærpe den sundhedsprofessionelles evne til at repræsentere det hørte præcist og nuanceret med sprog og gengive det overfor en anden.
3. Højtlesning af egen eller andres skrift kan skabe tilknytning mellem behandler og patient/pårørende gennem sproget og kan lede til endnu bedre behandling.



The PRINCIPLES
and PRACTICE of
NARRATIVE MEDICINE



Rita Charon, Sayantani DasGupta, Nelli Herrmann,
Craig Irvine, Eric R. Marcus, Edgar Rivera Colón,
Danielle Spencer, Maura Spiegel

OXFORD

NARRATIV
MEDICIN
I UDDANNELSE
OG PRAKSIS

UDGIVET AF ANDERS JUHL RASMUSSEN, ANNE-MARIE MAI
& HELLE FLOD HANSEN

GADIS FORLAG

R

Narrative Medicine

A Rhetorical Rx

James Phelan



Forhistorien, kort

- **Medicinsk humaniora** fra 1970erne på amerikanske og britiske læge- og sundhedsuddannelser
 - Fokus på kunst, etik, kritik, kommunikation som del af medicin og sundhedsuddannelser
- Fra ca. 2000 '**narrativ medicin**' som disciplin på Columbia anført af Rita Charon, intern mediciner og phd i engelsk litteratur
 - Fokus på **skønlitterære narrativer** i uddannelse (og forskning)
 - På at udvikle **narrativ kompetence** som supplement og modvægt til biomedicinsk distance, regler, fejkommunikation, udbrændthed
- Fra 2016 har vi undervist i narrativ medicin på lægeuddannelsen og den sundhedsfaglige kandidat **på SDU**, bl.a. sammen med Rita Charon
 - Vi blev inviteret ind fordi vi havde udgivet bogen *Syg litteratur*, var begyndt at tale højt om 'litteraturlæsning og empati', og de som skulle nytænke medicins studieordning var bekymrende for undersøgelser der viste, at medicinstuderendes empati var faldende gennem studiet
 - Kunne vi fikse det...?
 - Meget stort arbejde at bygge broer mellem humaniora og sundhedsvidenskab!
 - Men vi gør det, både undervisning og forskning!!
 - Kurset obligatorisk siden 2017 med stigende succes (efter vi toned ned empati-diskursen og bragte sundhedsprofessionelle kolleger ind)
 - AU og KU er lige i hælene på os, det er tydeligt der er sket et skifte og de her ideer og praksisser har mere medvind
 - Drømmescenariet er at komme mere ud af huset

Narrativ medicin

Introduktion til
principper, metoder
og praksis i Narrativ medicin



Narrativ medicin

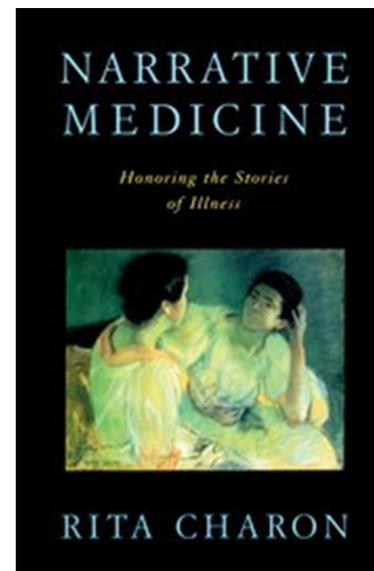
Det første princip i narrativ medicin

- “At (an)erkende, absorbere, fortolke og blive bevæget til at handle på fortællinger om sygdom”
- “To recognize, absorb, interpret and be moved to action by stories of illness” (Charon, 2006, vii)

Rita Charon: *Narrative Medicine*

En rent videnskabelig kompetent medicin kan ikke hjælpe en patient med at acceptere tabet af helbred og finde mening i sygdom og død. Ved siden af deres forøgede videnskabelige ekspertise må læger tilegne sig en ekspertise i at lytte til deres patienter, til at forstå så godt som overhovedet muligt sygdommens prøvelse, til at respektere betydningen i den enkelte sygdomsfortælling og derigennem lade sig bevæge af denne fortælling til at handle på patientens vegne. Sygeplejersker og socialarbejdere har mestret disse færdigheder langt bedre end læger, men alle kan tage del i styrkelsen af disse kræfter i sundhedsarbejdet.

(Charon 2006, 3)



Hypotesen i narrativ medicin

En narrativ kompetence i at lytte opmærksomt til patienters sygdomsfortællinger skærpes gennem en metodisk bevidst træning i at aflæse æstetiske narrativer i litteratur, film, billeder mv.

Metoderne

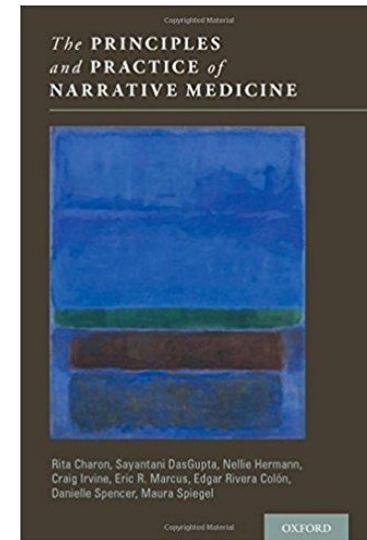
Opnåelsen af denne kompetence går gennem nærlæsning af skønlitteratur og kreativ skrivning i umiddelbar forlængelse heraf.

Hvorfor nærlæsning?

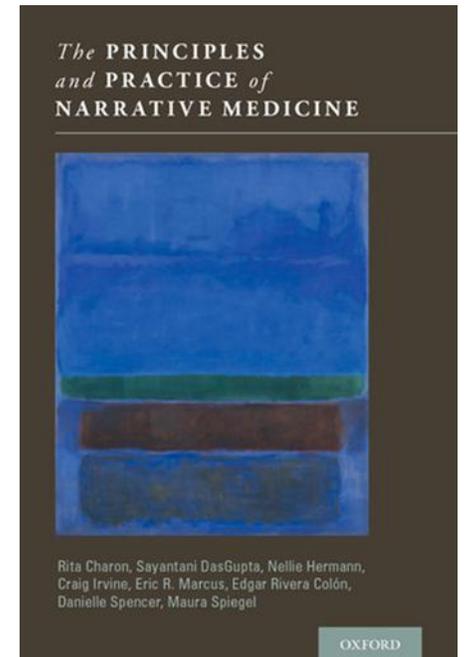
Rita Charon: "Students trained in close reading have been known to apply it to diverse sorts of texts and thus to discover things they would not otherwise have noticed."

"If close reading helps persons to discover things they would not otherwise have noticed, perhaps it might help clinicians to notice what their patients try to tell them."

(The Principles and Practice of Narrative Medicine, s. 164-65)

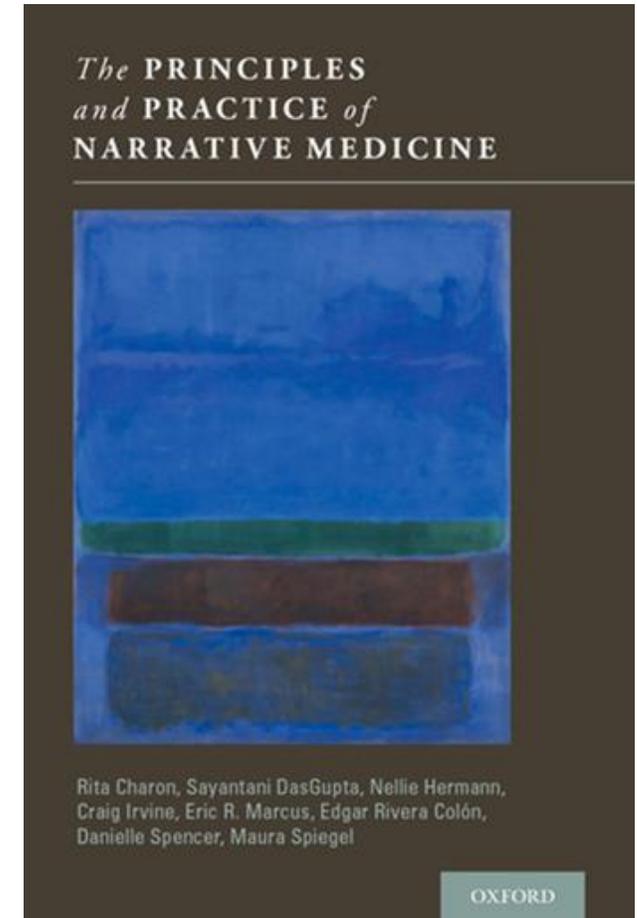


- “The dividends for narrative medicine in close reading are found in those features that distinguish it from casual, technical, or information-seeking reading. The close reader absorbs a text, squandering nothing” (165)
- (Udbyttet for narrativ medicin i nærlæsning findes i de træk, der adskiller den fra tilfældig, teknisk eller informationssøgende læsning. Nærlæseren absorberer en tekst uden at spilde noget)
- Close readers attend to:
- Genre
 - Diction
 - Temporal structure
 - Spaces depicted
 - Metaphorical and musical work done with words
 - Who is telling the text’s story
 - Appreciates text’s meter and rhythm
 - Recognizes allusions



→“We see close reading as a critical tool in seeking healthcare justice. The capacity to imagine the situations of others is prelude to acting on their behalf and to developing the receptive stance of the respectful and humble witness. At its best, this is what close reading does” (172)

(Vi ser nærlæsning som et kritisk værktøj til at søge retfærdighed i sundhedsvæsenet. Evnen til at forestille sig andres situation er optakt til at handle på deres vegne og til at udvikle det respektfulde og ydmyge vidnes modtagelige holdning. I den bedste af alle verdener, er det, hvad nærlæsning gør.)



Kreativ skrivning, evt. i forlængelse af nærlæsningen, 'i skyggen af teksten'

- Vi laver som regel små skriveøvelser, hvor vi beder studerende skrive nogle minutter ud fra et 'prompt' og derefter dele med personen ved siden af dem.
- Ideen er, at dette leder til endnu skarpere erkendelse af ens egne muligheder og begrænsninger for at forstå sig selv i relation til andre og andet.
- Refleksiv og kreativ erfaring.



Narrativ medicin

Hvorfor kreativ skrivning?

- Man ikke blot reproducerer tankerne, men skriver tanker frem.
- Man eksternaliserer sine tanker og reaktioner, gør dem til genstand for refleksion, eftertanke og evt. deling og diskussion med andre.
- Man træner sig i fortolkning, refleksion og en bevidsthed om sprogets muligheder – man træner sig i at sætte ord på og lave perspektivskifte

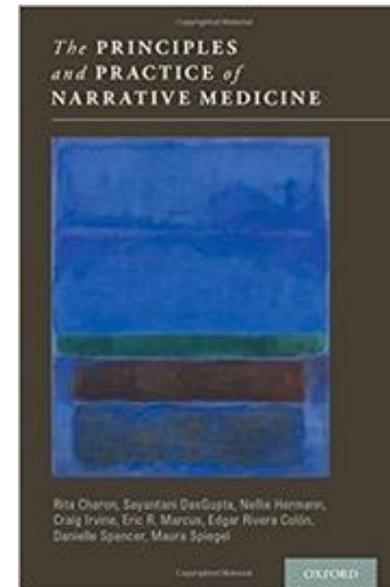
(Se *Syg litteratur*, kap. 1)

Hvorfor kreativ skrivning?

Nellie Hermann: Ved gennem kreativ skrivning at flytte det, som hidtil var internt til noget eksternt, gør skribenten følgende:

- Skaber mere rum i sig selv, så der bliver plads til nye erfaringer.
- Skaber en genstand, som kan undersøges fra forskellige, nye vinkler.
- Tillader andre at tage del i ens egen refleksion – og derigennem kan andre vise os, hvad vi ikke allerede vidste om emnet.

(*The Principles and Practice of Narrative Medicine*, 2017, s. 215-16)

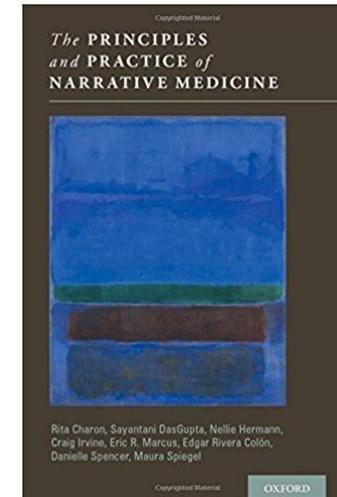


Creativity: What, Why, and Where?

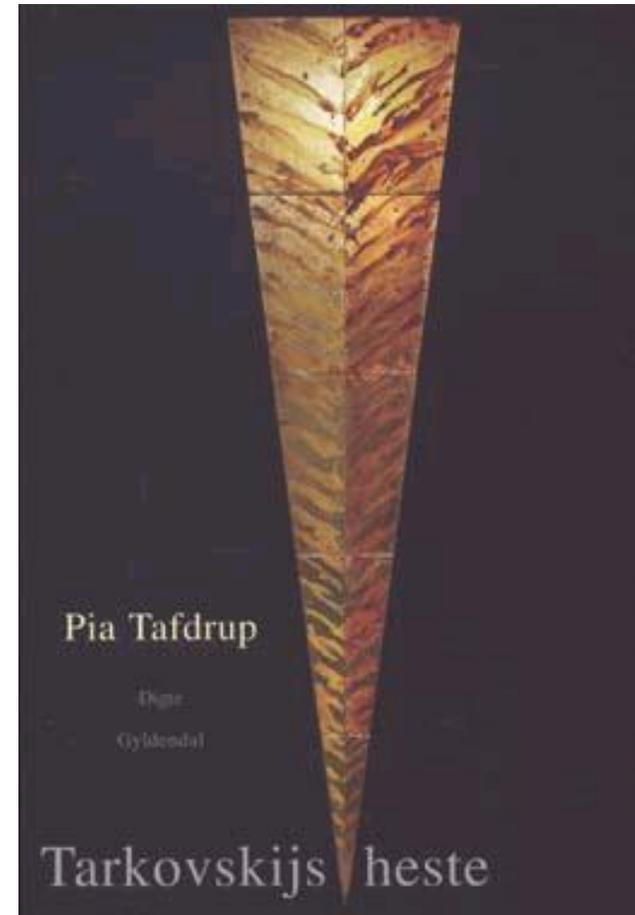
Nellie Hermann

Creativity is “... acts of thinking differently than usual, in acts that quicken the spirit ...” (p. 212)

“Ambiguity, doubt, uncertainty, and (...) ignorance: like it or not, these are facts in the healthcare world, creeping around every corner and chasing every decision. In part this is where the creativity enters in, as we need the human mind to place the puzzle pieces together.” (s. 213)



Pia Tafdrup, *Tarkovskijs heste* (2007)



MIN BRORS ØJNE

– I slår mig vel ikke ihjel?
siger min far.
Sammen med min bror venter jeg
på min mor og søster
bag trykbølgens sekunder.
Min far sidder i kraterets stol,
stenkold.
Jeg har løftet hans fødder op
på mine knæ,
forsøger med mine hænder
at gnide dem varme
under hospitalets tyndslidte sokker.
Vi ser på hinanden,
min ti år yngre bror og jeg.
Knastør stilhed.
Hvad er der at sige til den replik,
der borer sig vej
fra tågede atmosfærer?
Min far er iført hospitalets
kemisk hvide tøj.
Min brors øjne
er blå, blå.
Og siden fyldt af tårer:
Totalt nyresvigt kombineret
med så godt som
total glemsel
giver et astronomisk regnestykke,
der ikke lover de bedste udsigter.
Skal vi følge min fars vilje
fra et stolt øjeblik?
Undlade livsforlængende behandling?
– Det er ikke svært, hævder lægen,
han har allerede besluttet for jer ...
Hvert år bar min fars marker nye sten,
faldet fra himlen
eller skudt op af jorden
som planløst spredte blomster.

Vi forsøger at lytte,
vælger så at følge min fars ønske
fra for længe siden —
men er det ikke at slå ham ihjel?

Nærlæsning som systematisk metode – vi arbejder med nogle ‘søgeord/-begreber’

- 1) **Stemme:** *hvem taler og til hvem?*
- 2) **Tid:** *hvordan opleves tiden?*
- 3) **Rum:** *hvordan fremtræder rummet?*
- 4) **Metafor:** *hvilket billedsprog anvendes?*

Rita Charon: Nærlæsning er som et ‘røntgenblik’ på teksten



MIN BRORS ØJNE

– I slår mig vel ikke ihjel?
siger min far.
Sammen med min bror venter jeg
på min mor og søster
bag trykbølgens sekunder.
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vælger så at følge min fars ønske
fra for længe siden —
men er det ikke at slå ham ihjel?



Skriv om et omsorgsfuldt rum

- Skriv 5 minutter
- Bare skriv, tænk ikke på stavning eller tegnsætning
- Vær parat til at læse højt
- Vær parat til at reflektere over det du hører



Lyt ...

vi nærlæste novellen

og derefter skrev
vi:

Dødsbo

KIM FUPZ AAKESON

Vi mødtes som regel på kaffebaren først. Man kunne bare ikke drikke kaffen deroppe, man fik rigtige kopper, den der offentlige slags, tykke, kraftige, hvide med lidt for lille hank, men kaffen var tynd og ikke særlig varm.

Så vi drak altid kaffe på kaffebaren, og så gik vi op og sad på hendes værelse bagefter, en halv times tid, vi kom hver dag i starten, det gjorde vi ikke mere.

Sanne kom sidst, sådan plejede det at være. Jeg havde købt en latte til mig selv.

'Hvad skal du have?' spurgte jeg og ville gå op og bestille til hende, jeg følte mig underlig uhøflig med den latte, men jeg kunne jo ikke vide, om jeg skulle vente længe eller hvad.

'Jeg orker ikke rigtig i dag', sagde Sanne.

'Hvad nu?'

'Ikke noget, bare dårligt humør'. Hun lavede en grimasse. 'Og Mor aner jo alligevel ikke, om vi er der eller ej'.

'Det ved man ikke noget om'.

'Nå'. Hun drak af min kaffe og så sig omkring, som for at se om der var nogen, hun kendte.

Hun sagde ikke mere om sit dårlige humør, og jeg spurgte ikke, hun var tit i dårligt humør, over mænd som regel. Eller over noget med sit hår eller arbejdet eller penge eller sin vægt.

Kim F. Aakeson, "Dødsbo"

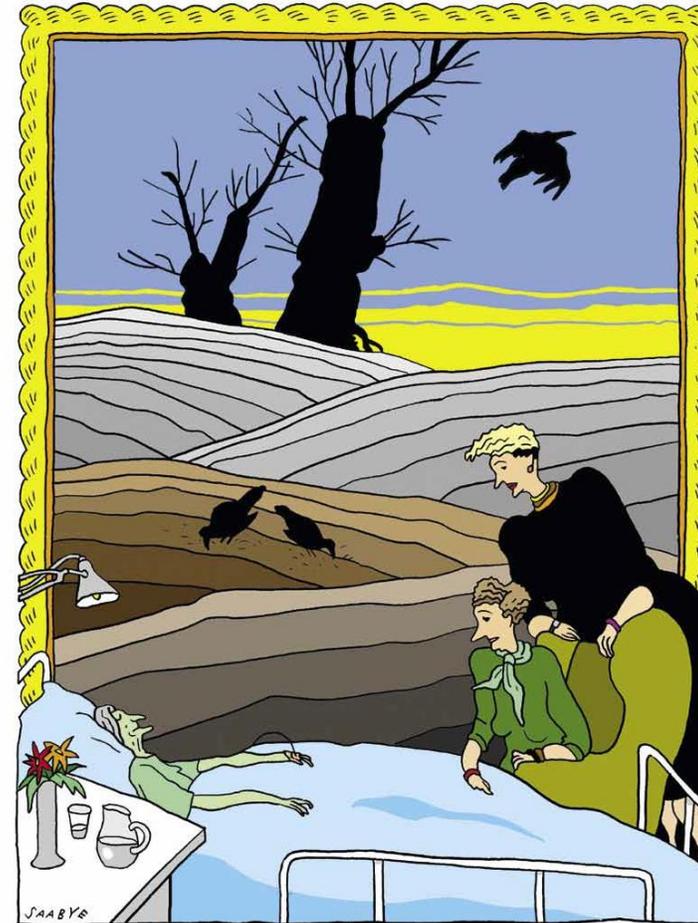
Kreativ skrivning

→ ENTEN

→ ½ side om hvad den gamle mor
tænker/drømmer/hallucinerer til sidst i
Aakesons historie...

→ ELLER

→ ½ side om hvorfor 'man' skulle græde 'nu'
som fortælleren slutter med at reflektere...



Hvorfor græde nu – det voksne barns perspektiv

Man burde græde nu, græde over tabet af sin mor.

Men er der i virkeligheden noget at græde over, for er der i virkeligheden et tab.

Havde der været dybe bånd mellem mor og datter, var tårerne af værdi.

Men hvem spilder tårer på værdiløse ting.

Man burde græde nu, græde over glæden ved at kunne give slip.

Give slip efter flere års hårdt klemmen omkring et spinkelt håb; om en god bedstemor for børnene.

Nogle gange gør det mere ondt at holde fast, end at give slip.

Man burde græde nu, over den lettelse man føler indeni.

Man burde græde nu, fordi man føler den lettelse indeni.

(anonym stud. med. 2017)

Humor og alvor – den døende mors perspektiv

De møgunger. Aldrig har de ville mig noget godt og nu vil de også stjæle mine ting, mens jeg ligger ude af stand til at forsvare mig.

Derfor hader jeg også de børnebørn. De satans yngel. Hvordan kan man overhovedet få sig selv til at tale som om jeg overhovedet ikke var i rummet?

De er dårligt opdraget, ville nogen sige. Det er forældrenes skyld vil nogen sige. Nej. Ikke her.

Det må være miljøet, for jeg har fandme opdraget efter gode standarder. Dem som jeg fik af mine gode forældre.

Nogen vil sige jeg har fejlet. Nej, det er stadig ikke min skyld. Det er miljøet. Skolen, institutionerne, caféerne, diskotekerne, klubberne.

Satans velfærdsstat. Det er i hvert fald ikke min skyld.

Så lad dem tage mine ting, men mig får de ikke.

(anonym stud. med. 2017)

Virker det? Scoping review 2017

- Første literature review: medfører Narrativ Medicin mere “compassionate care (bearing witness and care to others’ pain and suffering)”?
- 9 studier, meget tyder på det:
- Mere empati, selvrapporert
- Faciliterer mere refleksion og professional identitetsudvikling
- Bedre kommunikationsevner (attend, represent, affiliate)
- Mindre stress, pusterum
- Udfordring: Ethiske udfordringer hvis det bliver for personligt
- Begrænsning: Primært fokus på læger og medicinstuderende

Can narrative medicine education contribute to the delivery of compassionate care? A review of the literature

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INTRODUCTION

Narrative Medicine has emerged as a discipline from within the medical humanities¹ and takes inspiration from philosophy, literature, poetry, art and social sciences theories. In particular, it is underpinned by philosophical approaches such as phenomenology, postmodernism and narratology, proposing that clinicians must attend to the lived experience of their patients and apply the science to the person.² Meanwhile, the link between medicine and literature is evident in the growing volume of texts written about professionals', or lay people's experiences of illness and disease.³⁻⁸ In exploring this link further, Charon⁹ has contributed greatly to consolidate the theory of Narrative Medicine. She defines it as 'medicine practiced with the narrative competencies to recognise, absorb, interpret and be moved by the stories of illness'.⁹ She suggests that, in exploring texts and reading them closely, one finds the tools of language such as metaphor, plot, character and temporality. She suggests that learning such skills enables clinicians to recognise that same language when it appears in clinical interaction practice. This 'narrative competence' can be fostered through education initiatives that particularly explore literature, creative and reflective writing, storytelling and poetry.⁹

As Lewis² explains, the question is about what kind of healthcare we want to deliver. Those who practise Narrative Medicine suggest that the adoption of this approach may help marry the art and science, thus improving quality in delivering a more person-centred type of care.^{2, 10} With its emphasis on the patient experience, Narrative Medicine complements the current dominance of productivity, efficiency and evidence-based care. Similarly, Narrative Medicine contributes to attempts to go beyond the positivist dominance in healthcare that threatens quality of care, as science alone cannot help us to understand the unpredictability and frailty of people.¹¹⁻¹³ To secure support for Narrative Medicine education, there is a need for evidence to prove that it is indeed effective. Therefore, this literature review aimed to determine whether education in Narrative Medicine might result in more compassionate care (bearing witness and care to others' pain and suffering) for adults in need of healthcare.

METHODOLOGY AND METHODS

A literature review, as a type of secondary research, is a way of critically, systematically and synthetically obtaining an overall picture of a topic or issues

based on a set of primary research evidence. For example, this literature review aimed to examine whether education in Narrative Medicine might result in more compassionate care for adults in need of healthcare. Thus, the main steps followed to complete this literature review are discussed.

Scope

The search of the literature for this review began with a broad reading around Narrative Medicine to achieve a good understanding of the theory and its suggested application in practice. The Cochrane and the evidence for policy and practice information and coordinating centre databases were searched, and it was found that no systematic reviews had previously been undertaken on the subject. Some literature reviews addressing the effectiveness of humanities in medical education were found but these did not explicitly explore Narrative Medicine. This is one of the first reviews to relate Narrative Medicine with compassionate care.

A systematic literature search was then performed using the databases of Sage publications, EBSCOhost and the Greenwich University library catalogue. Search terms were informed by the prior reading and included the following: Narrative Medicine and, in turn, creative writing or reflective writing or poetry or storytelling. The words 'medical education', 'evaluation' and 'study' were also used until saturation was reached and no new articles emerged. The search was limited to English language items published between 2000 and 2015 to ensure that up-to-date sources were obtained. Reference lists of identified material were also checked and a key author search was performed. This primary search identified 20 possible sources.

Inclusion and exclusion criteria

- ▶ Primary studies that demonstrated explicitly an attempt to evaluate an educational initiative related to Narrative Medicine. This could include a specific Narrative Medicine course or a creative and/or reflective writing initiative, including poetry.
- ▶ Studies targeted at clinicians and related to adult care only.
- ▶ Studies published after 2000.
- ▶ Studies that took the form of opinion or commentary pieces were excluded, as was grey literature or unpublished work.
- ▶ Other arts-based medical education such as film, photography, drama or theatre were excluded, as were any sources with no obvious educational element and any relating to children.



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Virker det? *AfterWards* (Small 2017)

- Månedlige møder á 1 time, frivillige uden kompensation
- Tværfagligt (læger, sygeplejersker, administratorer, socialarbejdere, studerende, m.fl.)
- Fælles oplevelse af kunstgenstand, diskussion, reflektiv skrivning
- 126 personer deltager over 18 måneder
- 14 personer interviewes efter forløb

→ Fund:

- Det tværfaglige møde udligner hierakier og skaber indsigt i andres arbejds- og livsverden = bygger og styrker fællesskaber (meningsfuld teambuilding)
- Muligheden for at udtrykke ens indre følelser omkring en kunstgenstand i et trygt rum kan modvirke følelsesmæssig dissonans (når indre/ydre er i modstrid) og dermed forebygge udbrændthed = promoverer egenomsorg

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Using Narrative Medicine to Build Community Across the Health Professions and Foster Self-Care

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A B S T R A C T

Keywords:
Narrative medicine
Interprofessional team building
Self-care

Narrative medicine is a multidisciplinary field of inquiry and practice based on the premise that medical care takes place in the context of stories: the stories patients tell their providers, the stories providers tell each other, and the stories providers tell themselves about the work they do. Research on physicians and medical students suggests that training in narrative medicine conveys benefits, such as improved communication skills, personal growth, and job satisfaction. The role of narrative medicine in inter-professional groups has been less explored. In 2014, we started an interprofessional narrative medicine program in the Children's Center of the Johns Hopkins Hospital called *AfterWards*. Through literature, art, and writing, we endeavored to nurture empathy, encourage reflective practice, and build community among a diverse group of health care providers: nurses, social workers, attending physicians, residents, fellows, and child life specialists. The program meets monthly and is open to all on a volunteer drop-in basis. After 18 months, we conducted interviews of a purposeful sample of our attendees for reasons of quality improvement and to assess the program's impact. Our findings suggest that narrative medicine might have unique benefits for interprofessional teams. In a hospital environment that is often hierarchical and siloed, attending a narrative medicine group reduces isolation among health care providers, makes them feel equally valued, and provides a platform to hear diverse perspectives. By moderating the stress that arises from the emotional labor of hospital work, narrative medicine may also enhance self-care. Here, we report on our program's structure, summarize findings from our qualitative study, and provide perspectives from two nursing participants.

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AfterWards

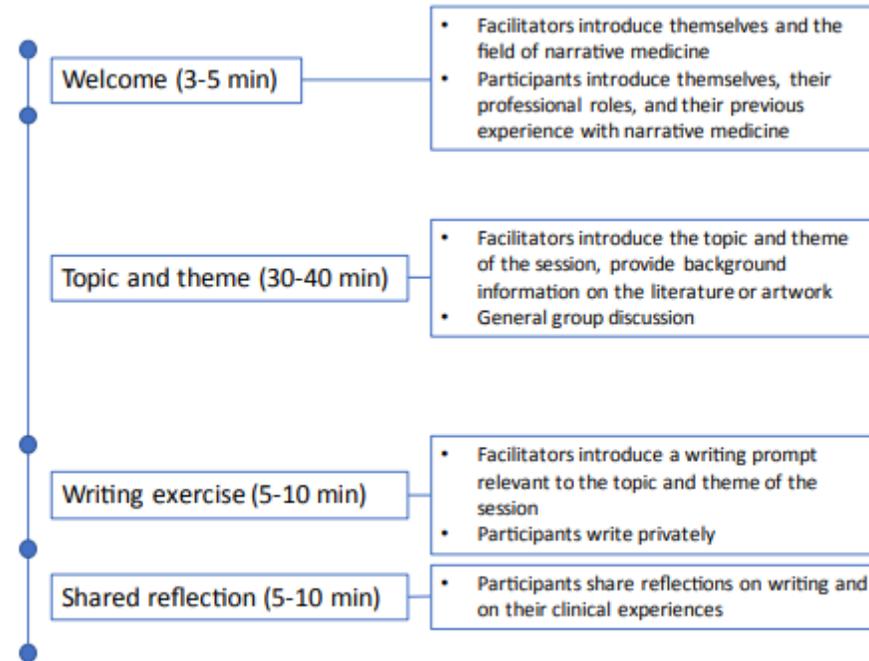


Figure 1. Structure of an AfterWards session.

Table 1

Selected topics, themes, and writing prompts

Topic	Theme	Writing prompt
"The Man Who Planted Trees," film by Frédéric Back "The Doctor," painting by Sir Luke Fildes "Rehab," music video by Amy Winehouse	Gratitude Being present Resisting treatment	Write about a time you felt gratitude or hope in your clinical work Write about a time you felt particularly present for a patient Write about someone you know who has resisted treatment from his or her point of view
"Doctors Don't Do Poop" memoir by Theresa Brown "What the Doctor Said," poem by Raymond Carver	Valuing the work we do Delivering bad news	Write about someone whose work you value Write about a time you delivered bad news to a patient or a family

Virker det?

- 8 sygeplejersker
- 6 ugers træning i narrativ medicin 90 min pr uge
- Interviews før og efter med fokus på empati
- 3 typer empati forstærket: for patienter/pårørende, for kolleger, for selv
- Fremkomst af ny fornemmelse af professionsstolthed

Conclusion

Narrative training in the pediatric rehabilitation nursing setting enhances empathy in three major areas and contributes to a supportive nursing culture. Unlike the corporate world, where team-building is a regular part of organizational mandates, practical, low-cost, effective team building initiatives are rarely prioritized in healthcare—despite it being an environment where high-functioning teams are required to make life-changing decisions and provide safe, quality, and compassionate care. Our findings indicate that when a healthcare organization places a group of nurses into an arts-based narrative training cycle, there appears to be a positive effect on empathy for patients, empathy between nurses on nursing teams and the ability for nurses to grow increasingly more self-aware of the emotional and social impacts of their work. Our results demonstrate that in the pediatric rehabilitation healthcare, storytelling through narrative training may be a promising intervention tool that humanizes the clinical environment and permits nurses to share, legitimize, and make meaning of complex care experiences.



Narrative Training as a Method to Promote Nursing Empathy Within a Pediatric Rehabilitation Setting



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ABSTRACT

Purpose: Empathy is deemed essential to nursing, yet interventions that promote and sustain empathy in practicing nurses within healthcare organizations are limited. We tested the feasibility and perceived impact of an arts-based narrative training intervention involving pediatric rehabilitation nurses for the purpose of promoting nursing empathy.

Design and Methods: One-group qualitative repeated-measures design at an urban Canadian pediatric rehabilitation hospital. Eight nurse participants attended six 90-minute weekly group narrative training sessions and two in-depth interviews pre- and post-intervention.

Results: The intervention positively impacted participants in three primary domains: Empathy for Patients and Families, Empathy Within Nursing Team, and Empathy for the Self. Major findings included: increased value placed on patients' and families' backstory, identification of "moral empathic distress" (MED), enhanced sense of collaborative nursing community, and renewal of professional purpose.

Conclusions: This study is the first of its kind conducted in the pediatric rehabilitation nursing context. Results indicate that arts-based narrative training enhances nursing empathy and contributes to a supportive nursing culture.

Practice Implications: In addition to enhancing empathy in clinical domains, nurses who participated in narrative training reported improved team collaboration, self-care practices, and renewed professional purpose. The results from the intervention are encouraging and future research needs to explore its utility in other settings with larger and more diverse sample.

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Virker det? Hvordan gør man I praksis?

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K. Adamson et al. / Journal of Pediatric Nursing 42 (2018) e2–e9

Table 1
Overview of Narrative Intervention Curriculum.

Theme	Purpose	Expressive prompt
Session 1: Welcome; the other side of care	A discussion about a time participants found themselves receiving care.	Write about a time that you or a family member received care in hospital.
Session 2: Seeing from different points of view	Examine different and sometimes conflicting perspectives of patients, parents and professionals in children's rehab.	a) In a three-panel comic, tell the story of a patient through one of his/her parents' eyes. ^a b) Now tell the story of the same patient through his or her doctor's or therapist's eyes.
Session 3: Obstacles to empathy	Discuss circumstances where it may become hard to "care" for another person: both in the sense of providing what is necessary to optimize health, and in the sense of feeling concern, compassion, and attaching importance to another person.	a) In a three-panel comic, tell the story of a time when you found it hard to care for a patient. b) In a three-panel comic, tell the story of a time when a patient (or parent) took out their grief or anger on you.
Session 4: The limits of rehab	Demonstrate the difficulty of expressing pain through language, especially when despite best efforts a child's rehab goals were not achieved.	Write about a scene of failure.
Session 5: Making room for hope	To celebrate the powerful satisfactions and successes that can be realized in children's rehab.	In a three-panel comic, tell the story about a child or family you are very attached to and the best possible outcome for them.
Session 6: A letter to myself	To reflect both on their professional experiences in children's rehab and their insights during the past five narrative sessions to compose a letter of advice to their younger self.	Imagine that it's your first day working on the inpatient unit. Write a letter to your younger self that shares your best advice.

^a A three-panel comic describes a short visual narrative that is distributed over three single-drawing frames. As renowned comic illustrator Art Spiegelman states, "when you have a short comic, like a three-panel comic, you've got a past, a present and a future as soon as you look at those boxes" (as cited in [Witek, 2007](#)).

Nyeste scoping review (2024) – 76 artikler 1998-2022

- “Narrative Medicine is a methodology based on specific communication skills where storytelling is a fundamental tool to acquire, understand and integrate several points of view related to persons involved in the disease and in the healthcare process”
- “Currently, a methodology to ‘measure’ Narrative Medicine with indicators, a method assessing the effectiveness and promoting a greater diffusion of Narrative Medicine using objective and measurable indicators, is not available”

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RESEARCH

Open Access

Narrative Medicine: theory, clinical practice and education - a scoping review



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Abstract

Background The origin of Narrative Medicine dates back to more than 20 years ago at an international level. Narrative Medicine is not an alternative to evidence-based medicine, however these two approaches are integrated. Narrative Medicine is a methodology based on specific communication skills where storytelling is a fundamental tool to acquire, understand and integrate several points of view related to persons involving in the disease and in the healthcare process. Narrative Medicine, henceforth NM, represents a union between disease and illness between the doctor's clinical knowledge and the patient's experience. According to Byron Good, “we cannot have direct access to the experience of others' illness, not even through in-depth investigations: one of the ways in which we can learn more from the experience of others is to listen to the stories of what has happened to other people.” Several studies have been published on NM; however, to the best of our knowledge, no scoping review of the literature has been performed.

Objective This paper aims to map and synthesize studies on NM according to theory, clinical practice and education/training.

Method The scoping review was carried out in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR) checklist. A search was conducted in PubMed, APA PsycNet and Jstor. Two authors independently assessed the eligibility and methodological quality of the studies and extracted the data. This review refers to the period from 1998 to 2022.

Results A total of 843 abstracts were identified of which 274 papers were selected based on the title/abstract. A total of 152 papers in full text were evaluated and 76 were included in the review. Papers were classified according to three issues:

- ✗ Nineteen studies focused on the definition and concept of NM (Theoretical).
- ✗ Thirty-eight papers focused on the collection of stories, projects and case reports (Clinical practice).
- ✗ Nineteen papers focused on the implementation of the Narrative Medicine approach in the education and training of medical doctors (Education and training).

Conclusions This scoping review presents an overview of the state of the art of the Narrative Medicine. It collect studies performed mainly in Italy and in the United States as these are the countries developing the Narrative Medicine approach in three identified areas, theoretical, clinical practice and education and training. This scoping

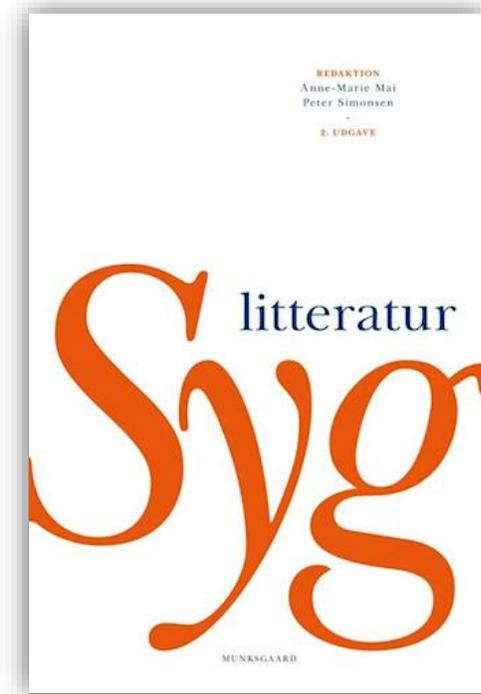
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Take home messages

Narrativ Medicin/Sundhed

1. Nærlæsning af skønlitteratur kan skærpe den sundhedsprofessionelles lydhørhed overfor en patient- eller pårørendefortælling og lede til, at man får bedre blik for det hele menneske bag en sygdom/lidelse/udfordring.
2. Kreativ skrivning kan skærpe den sundhedsprofessionelles evne til at repræsentere det hørte præcist og nuanceret med sprog og gengive det overfor en anden.
3. Højtlesning af egen eller andres skrift kan skabe tilknytning mellem behandler og patient/pårørende gennem sproget og kan lede til endnu bedre behandling.



The PRINCIPLES
and PRACTICE of
NARRATIVE MEDICINE



Rita Charon, Sayantani DasGupta, Nelli Herrmann,
Craig Irvine, Eric R. Marcus, Edgar Rivera Colón,
Danielle Spencer, Maura Spiegel

OXFORD

NARRATIV
MEDICIN
I UDDANNELSE
OG PRAKSIS

UDGIVET AF ANDERS JUHL RASMUSSEN, ANNE-MARIE MAI
& HELLE FLOUJ HANSEN

GADIS FORLAG

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Narrative Medicine

A Rhetorical Rx

James Phelan

