Keywords Narrative inquiry and pedagogy/Empathy/Compassion

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In this article...

- How the meaning of health and illness is portrayed through stories
- Why narratives can be a transformative evidence base for professional practice
- How stories can influence personal and professional practice

Narratives: a powerful tool in nurse education and practice

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Key points

Narratives have the power to transform thinking

Patients' stories reveal meaning behind illness and give unique insights into a person's lived experience

Narratives are valid sources of evidence to inform professional practice

Through reflection, narratives can resonate with healthcare providers

Engaging with patients' stories can encourage health professionals, educators and students to consider their value base and move closer to empathy

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Abstract This article, the first in a series, introduces narrative inquiry as a medium for evidence-based, professional practice. It explores narrative and narrative typologies, alongside the historical context of narrative inquiry and its value for health and social care practice. Throughout the series, reflections are presented from nursing students who have engaged with personal stories of health and illness. As patient narratives often evoke a powerful emotional response, they can help students to understand how such narratives can enhance their professional practice and promote person-centred care.

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Listening to the narratives of those who experience health and social care has the power to humanise illness and, in doing so, privileges the personal lived experience, the analysis of which has the potential to guide and transform professional practice.

In challenging biomedical definitions and perceptions of illness, Arthur Frank's seminal text, *The Wounded Storyteller*, published in 1995, encourages health professionals to recognise how an individual's testimony of their experience of illness after diagnosis, and their associated journey through services, can help us to understand the nuances and personal meaning of health and illness. He captured the use and power of narratives well, when he stated: "telling stories of illness is the attempt, instigated by the body's disease, to give a voice to an experience that medicine cannot describe" (Frank, 1995).

Narrative pedagogy is an approach to teaching and learning that invites the learner to critically reflect on an individual's biographical story and, by doing so centralise and privilege the lived experience, as explained by Goodson and Scherto (2014), Nehls (2013), Goodson and Gill (2011) and Diekelmann (2001). Indeed, Goodson and Scherto (2014) argued that this approach is "profoundly humanising".

At times, as health professionals we risk making assumptions about a patient's lived experience, imposing our own interpretation of the impact of diagnosis and subsequent illness journey. Goodson and Scherto (2014) claimed that pedagogical approaches that encourage the interpretation of narratives provide opportunities to "dis-embed stories from certain underpinning assumptions and beliefs, and deconstruct the script we might have uncritically inherited".

What are narratives?

A "narrative is, most simply put, a story" (Leavy, 2009), the analysis and interpretation of which have the potential to provide

unique insights into the personal lived experience of an individual's journey through illness. Arthur Kleinman's (1988) work has been particularly influential in recognising the contributions that patient narratives have in understanding the rudimentary intricacies and nuances that illness brings to bear on individuals.

Hydén (1997), however, recognised that it was not until a distinction was made between disease, and the suffering espoused by disease, that the "foundation was laid for conceiving the patient's speech as a voice that was strong enough to stand up against the voice of medicine". It is the autobiographical voice of the patient, and others who are affected by illness, that have the power to shift perceptions and centralise the lived experience, giving "disease a personal history" (Murray, 1999).

Narratives as an evidence base

Evidence-based medicine was initially defined by Sackett et al (1997) as "the conscientious, explicit and judicious use of current best evidence in making decisions about the health care of patients". However, their later definition – outlined in Sackett et al (2000) – recognised the value of including both clinical expertise and the patient perspective. It is important, therefore, not only to capture the patient's position and their perspectives of care, preferences and expectations, but also to understand experiences from those who find themselves supporting the patient journey, whether that be family, friends or significant others.

Journeys through illness are rarely experienced exclusively by the patient, but also by those who find themselves embroiled in what will, inevitably, be a formative life event (Hydén, 1997).

Box 1 highlights a point to consider.

Narrative typologies

While narratives can be interpreted to capture the emerging themes, they can also help health professionals to understand how an individual navigates their journey through illness. In *The Wounded Storyteller*, Frank (1995) identified three typologies, or categories, of the illness narrative:

- Chaos;
- Quest;
- Restitution.

For those who begin a journey of illness and suffering, restitution is the preferred narrative, reflected in the storyline: "Yesterday I was healthy, today I am sick, but tomorrow I will be healthy again" (Frank, 1995).

Box 1. **Reflection point**

Think of a time when you have been working with a person who has been receiving care or supporting someone during their illness journey.

- How did they describe their experience to you?
- What did their narrative focus on?
- What sense did you, as a professional, make of their narrative?

Box 2. **Reflection point**

Consider a person from your professional practice who has received a diagnosis of illness and their personal journey through healthcare. Can you apply their journey to Frank's (1995) narrative typologies: chaos, quest and restitution?

"Narrative pedagogy is an approach to teaching and learning that invites the learner to critically reflect on an individual's biographical story"

The chaos narrative acknowledges that illness is inherently disruptive and the myriad uncertainties that accompany diagnosis and prognosis, the loss of control and its unpredictable trajectory collectively threaten one's sense of agency and action. While the chaos narrative that accompanies illness is, at times, difficult to both tell and hear, it nevertheless affords the "ill their most distinctive voice" (Frank, 1995).

In contrast, in acknowledging the limits of medicine, the narrator in the quest narrative embarks on a journey characterised by transformation, adaptation, and the regaining of control and self-agency, despite what might be an unfavourable prognosis.

Another framework that can be used to analyse illness narratives is that of Mike Bury (2001), which also challenged the biomedical model of illness and acknowledged the subjective experiences of chronic illness. Bury described chronic illness as a "disrupted experience", like Frank's (1995) chaos narrative, and proposed three forms of narrative:

- Contingent;
- Moral;
- Core.

Bury (2001) described the contingent narrative as that informed by the cultural and societal context of illness and beliefs held by the individual at the onset of diagnosis through to disease progression, when the effects of the illness are realised.

Secondly, the moral narrative situated the individual, the narrator, in a changing and dynamic landscape, and recognised the effect of illness on one's agency and social identity.

The final narrative form, defined as the core narrative, explored the deeper sociocultural and sociological meaning one attaches to illness and suffering.

A point on which to reflect is given in Box 2.

Narratives and implications for practice

Narratives offer a different lens to the understanding of disease and illness by shifting our perspective from signs, symptoms and presenting clinical manifestations to a more person-centred understanding of the lived experience. It is only by attending to the "meaning-fulness" of illness (Broom, 2007) that, as health professionals, we can truly understand how a person navigates their way through the trajectory of illness and the impact illness has on a personal level.

Illness stories are unique; they are not owned by health professionals but by those who find themselves in an unfamiliar and, at times, highly distressing juncture in their lives, a place in which they must deal with a diagnosis and navigate their way through diagnostic tests and treatment regimes. As Charon (2006) aptly reflected: "without the narrative acts of telling and being heard, the patient cannot convey to anyone else – or to self – what he or she is going through".

The challenge for health professionals is that if we fail to listen to stories and hear the profound messages that are revealed, we also risk empathic failures and person-centred care becomes mere rhetoric.

Inquiries into care

The Francis (2013) report, published just over a decade ago, examined the care and treatment of those admitted to the main hospital run by Mid Staffordshire NHS Foundation Trust. Francis (2013) reported that patients and those closest to them had suffered because of what he described as a "completely unacceptable standard of nursing care".

In addition to a decline in standards that related to poor leadership and staffing

Box 3. **Students' reflections on their chosen narratives**

Amy Crowle, learning disability nursing student

Amy focused on the life of rock star Freddie Mercury and reflected on several themes that emerged from the film *Bohemian Rhapsody.* These included the concepts of shame, prejudice and discrimination following his HIV diagnosis. She reflects on her learning: "This module presentation has allowed me to better understand that world of shame that I grew up in; I am proud of how far we have come, and I am passionate in continuing to promote equality of care and advocate for anyone who is my patient. I know that I am training to become a learning disability nurse, but the value I take away from this module is that social stories can transform a difficult social situation, by explaining the social context, the social cues and suggesting what to do in the situation. As the adult population with a learning disability increases, sexual health and vulnerability to sexually transmitted diseases, including HIV, can be something that maybe I can start to highlight in my future role as a learning disability nurse. As Day (2009) put it, purposeful storytelling works "because it brings across factual information along with a human interest perspective drawing upon emotions… Stories can provide encouragement and new insights into health-related needs and concerns".

Jemma Gallacher, children's nursing student

Jemma focused on an analysis of the life of television presenter and actress Caroline Flack, as described in the Channel 4 documentary *Caroline Flack: Her Life and Death.* Caroline took her own life in February 2020. The documentary hears from her family and friends about her mental health challenges and the impact of social media and fame. Analysis of the narratives heard throughout the documentary enabled Jemma to recognise that, when individuals present to services, their backstory is important to hear and can impact directly on their mental health and wellbeing: "Different stories and past experiences can be traumatic and profoundly upsetting. I know now that an individual's behaviour and the decisions they make can be affected by this."

Jemma also reflected on the guest speakers who attended throughout the module: "Listening to all the visitors that came into the university talking about their personal stories has helped me understand how mental health plays a massive part in their lives and everyone deals with it differently. Moving forward as a nurse, I will always take care of patients to the best of my ability and follow the [Nursing and Midwifery Council's (2018)] code, to stay professional, to prioritise patients and to practise effectively. In practice, I will be using person-centredness when supporting patients, as this focuses on the holistic view and care needs for the individual. This is important as it supports individuals to develop their skills, confidence and knowledge to make informed decisions about their own health."

Katy Watkinson, mental health nursing student

Katy's presentation focused on Jordan, a guest on BBC Radio 4's *Room 5* podcast, hosted by Helena Merriman. Jordan is a young Black man, who, at the age of 17, experienced an acute episode of psychosis. Although Jordan is the main voice that can be heard throughout this narrative and was the predominant focus for the presentation, another important person involved in his story is his psychiatrist Dr Chanelle Myrie. Dr Myrie is a Black woman who is passionate about making positive changes in mental health environments, especially for Black people and those from ethnic minority communities.

Katy chose Jordan's story to explore the importance of recognising the impact of health inequalities in the UK. Katy has a professional interest in psychosis and early intervention services. She describes how Jordan's experiences effectively articulate and highlight the impact of racial inequalities and gender on mental health care, and enable professionals to understand how they can advocate for patients of all cultures and backgrounds. For Katy, Jordan's story emphasised that the professional does not necessarily know best and highlighted the importance of providing a holistic approach when caring for individuals. She said: "Although it may not always be possible to provide service users with professionals who can fully relate to their circumstances, despite this being the ideal, it is our responsibility as future nurses to educate ourselves to the best of our ability. In doing this, nurses will be more able to provide effective and compassionate care for every person we encounter."

She concluded her presentation for the assessment of the module with a poignant quote from Austrian-American theoretical physicist Victor Weisskopf: "Human existence is based upon two pillars: compassion and knowledge. Compassion without knowledge is ineffective; knowledge without compassion is inhuman" (Stefan, 1998).

policies, the report identified several negative aspects of culture that existed in the NHS system. These included a lack of consideration for patients, failure to put patients first in everything that was done, misplaced assumptions about the judgements and actions of others, and an acceptance of poor standards. Of the recommendations made, one that stands out as specifically related to educators is number 185, which indicated a need for increased focus on a culture of compassion and caring in nurse recruitment, training and education.

Nursing education has since developed, and it could be assumed that, 10 years on from the recommendations made by Francis (2013), considerable progress has been made to ensure the patient's voice is heard when it comes to care delivery. However, subsequent inquiries – such as those into Winterbourne View (NHS England, 2014), the Morecambe Bay investigation (Kirkup, 2015) and, more recently, maternity services in East Kent (Kirkup, 2022) – continue to highlight omissions and acts of care that have adversely affected the wellbeing of individuals.

Central to the findings of these inquiries is that compassion, professionalism, and the ability to listen and work as a team were lacking, indicating that we must do more as a profession to address these failings. These are, after all, what might be described as the fundamental tenets of nursing practice and therapeutic relationships.

Valuing and respecting the narrative

In the Berwick review of patient safety in England – namely, National Advisory Group on the Safety of Patients in England (2013) – it was stated that it is not

justifiable to label staff involved in areas where public inquiries have taken place as uncaring or unskilled. While there may be some exceptions, most staff seek to do a good job, want to reduce suffering and want to be proud of the work they do. However, when working environments do not provide conditions for success, then well-intentioned staff can fail to meet a patient's needs.

System failures are not always the responsibility of the individual, but an individual's professional practice and their underpinning humanistic and value base undoubtably contribute to the wider culture of an organisation. What could be argued here is that an individual's professional practice and the behaviours demonstrated are not always congruent with what they may describe as their underpinning humanistic and value base.

The value of narrative medicine has been well documented over time – as in the work of Brewster and Zimmerman (2022), Rasmussen et al (2022), Charon et al (2017), Robertson and Clegg (2017), Bleakley (2015), Solomon (2015) and Charon (2006). However, it is disappointing that, while personal accounts informed the published recommendations of many public inquiries, these accounts were clearly not privileged, heard and accepted as authentic experiences at the point of care delivery. Promoting narrative pedagogy so that students can reflect on stories, and engage purposefully with them, is a way forward. This is not to reject the science that informs professional practice but, rather, provides opportunities to advance the art of nursing, which can sometimes be overlooked.

Embedding narratives in nurse education

Students from all fields of nursing on the BSc (Hons) Nursing/Registered Nurse programme at the University of Cumbria have studied a module entitled Learning from the Lived Experience. The module invited students to engage with narratives from a range of different formats, including: personal accounts from guest speakers; fictional and non-fictional text; and mixed media, including – but not exhaustive of – films and podcasts. The interpretation and analysis of their chosen narratives was guided by Charon et al's (2016) three-step procedure:

- Attend to a narrative – this involves listening to the story attentively;
- Representation – analysis and interpretation to re-present the meaning of the individual's lived experience from the listener's perspective (what are the key messages/narrative threads?);
- Affiliation – summarise personal learning and development.

The module assessment required the student to attend to a narrative they found relative to their own individual field of practice. They were asked to then interpret the narrative themes that emerged and, in doing so, represented the meaning of the individual's lived experience from their perspective. Finally, the students summarised their personal learning and development – this aligned with the affiliation stage outlined above. Box 3 features insights into the students' reflections on their chosen narratives.

> *"If we fail to listen to stories and hear the profound messages that are revealed, we also risk empathic failures and person-centred care becomes mere rhetoric"*

Conclusion

This article has introduced narrative inquiry and pedagogy as powerful sources that contribute to evidence-based practice. Narrative typologies have been discussed and the reader has – like our nursing students – been encouraged to apply these to an individual's journey through healthcare. In doing so, they have been invited to reflect on the power of stories as a means of transforming personal and professional practice. An example of how narratives have been embedded into a nursing programme has been given, along with students' own reflections.

Unless narratives are privileged, and their messages are heard and responded to as a matter of priority, it is likely that empathic failures will be a result and person-centred care will continue to exist only as rhetoric. **NT**

● The next article in this series considers the use of metaphors and figurative language in narratives, exploring how they can both facilitate and hinder communication and professional practice

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