Promotion of staff resiliency and interdisciplinary team cohesion through two small-group narrative exchange models designed to facilitate patient- and family-centered care

Lorraine A Dickey[1,2,3], Jack Truten[2,4], LaDene M Gross[5], Lynn M Deitrick[6]

[1]*Division of Neonatology, Lehigh Valley Health Network, Allentown, PA, USA*
[2]*The Professional Caregivers' Plan for Resiliency©*
[3]*Department of Pediatrics PFCC Initiative, Lehigh Valley Health Network, Allentown, PA, USA*
[4]*University of Pennsylvania School of Medicine, Philadelphia, PA, USA*
[5]*Patient Care Services, Lehigh Valley Health Network, Allentown, PA, USA*
[6]*Division of Community Health & Health Studies, Lehigh Valley Health Network, Allentown, PA, USA*

Correspondence to:

Lorraine A Dickey,
Division of Neonatology,
Lehigh Valley Hospital and Health Network,
1200 S. Cedar Crest Blvd,
Allentown, PA 18103,
USA
Lorraine_a.dickey@lvhn.org

Abstract

Facilitated narrative exchange and reflective practice (narrative medicine) sessions were offered at a large community academic Magnet medical center to promote staff education in the cultural changes needed to successfully implement Patient- and Family-Centered Care philosophies and 24/7 Family Presence policies. Our models included a unit-based, 60 minutes, bi-weekly small-group session format and a hospital-based, quarterly, 4-hour small-group-divided workshop format. In collaboration with the hospital ethnographer, we developed a survey tool and determined these sessions were well received by physicians, nurses, and ancillary staff members alike, regardless of their professional position or their length of time working in health care. Participants also reported an enhanced sense of personal resiliency, an enhanced sense of professional team cohesion and affiliation, and an enhanced ability to deliver high-quality care for their patients and families.

Keywords: Narrative medicine, Reflective practice, Patient- and Family-Centered Care, Compassion fatigue, Burnout, Team building, Professionalism

Introduction

Patient- and Family-Centered Care (PFCC) is described by the Institute for Patient- and Family-Centered Care as 'an approach to health care delivery that redefines the relationships between and among patients, families, and health care providers'. The four cornerstones of the PFCC philosophy are: Dignity and Respect, Information Sharing, Participation, and Collaboration.[1] Enactment of these redefined relationships among patients, their families, and medical staff members is linked to improved patient safety[2–4] and quality outcomes as well as significant reduction in health care costs.[5–7] A common initial project in implementing this philosophy into hospital-based medical units is the re-examination of current unit-specific 'Visitation Guidelines' through the lenses of patients and their families. This often leads to the development of '24/7 Family Presence Guidelines'. While health care provider buy-in to the four cornerstones of the PFCC philosophy is essential to its successful implementation,[8] increased family presence, and participation amounts to a significant cultural shift and professional stressor, particularly for experienced physician, nursing, and ancillary staff members, yet this fact is often under-appreciated. At national and international PFCC conferences, reported barriers to successful implementation of the PFCC philosophy and 24/7 Family Presence have included experienced staff's inability to make this cultural change as quickly and thoroughly as desired by

© W.S. Maney & Son Ltd 2011
 DOI: 10.1179/175380611X13022552566164

patient- and family-advisory councils and hospital administrators.

In this article we discuss two models of a special application of narrative medicine we describe as 'facilitated small-group narrative exchange and reflective practice'. With the use of specific writing prompts these groups have been successful in proactively addressing staff-perceived barriers to the delivery of high-quality PFCC, particularly individual burnout/compassion fatigue and interdisciplinary team-cohesion/professionalism challenges.

Background

The Lehigh Valley Health Network (LVHN) is an 800-bed community academic Magnet medical center. The Department of Pediatrics PFCC Initiative began in May 2005 in our 28-bed, Level IIIB, Neonatal ICU (NICU), with the establishment of a NICU PFCC unit-based committee. Our initial PFCC goal was to re-examine our current NICU Visitation Policy and implement a 24/7 Family Presence Guideline within 6 months. This was successfully completed in two stages with parents being welcomed to daily rounds by October 2005, and welcomed to stay if they desired through nursing report and change of shift in November 2005. Although formally implemented by our experienced NICU staff, within 2 months, misgivings associated with this significant professional cultural change emerged that required prompt and effective redress if 24/7 Family Presence was to be successful in the long run. Simultaneously, 24/7 Family Guidelines were formally developed in our pediatric ICU (PICU), In-Patient Pediatric Unit, and in the Lehigh Valley Hospital Children's Clinic (out-patient unit) by their PFCC subcommittees in early 2006: upon implementation in these units of the 24/7 Family Presence Guidelines, similar qualms among the staff came to light.

We developed 'facilitated narrative exchange and reflective practice models' for our health care providers as singular adaptations of Narrative Medicine principles, as developed by Dr Rita Charon in her pioneering work with the Narrative Medicine Core Faculty at Columbia College of Physicians and Surgeons. According to Dr Charon, Narrative Medicine is medicine practiced with narrative competence that includes the capacity to understand stories, to see events from others' points of view, to recognize singular persons, and to reflect on one's own experience.[9–13] Three of the authors (JT, LD, LG) received foundational training offered by the Program in Narrative Medicine at Columbia University to become narrative facilitators, with two (LD, JT) completing the advanced training course. Sands *et al.*[14] recently published an account of their successful implementation of regularly scheduled 60-minute inter-professional narrative medicine group sessions in their Pediatric Oncology Unit at New York Presbyterian that demonstrated promotion of empathy and team building, as well as prevention of burn-out in a field of medicine that requires empathy yet invites burn-out. Arguably, almost every domain of today's medical workplace inflicts similar levels of stress and, therefore, high numbers of health care providers are similarly at risk. Any validated method of addressing such professional strife should be considered, especially when well received by interdisciplinary audiences, given that the tendency among highly stressed professionals is to discuss workplace difficulties mainly within their own disciplines (e.g. physicians with physicians, nurses with nurses, etc.),[15] if at all.

Methods

Our Department of Pediatrics PFCC Leadership hosted a series of frank discussions with staff members to identify why they felt it was difficult to support the cornerstones of PFCC on a 24/7, day-in and day-out basis. After considering various alternatives, this multidisciplinary group chose to adapt the narrative techniques used by Dr Charon and others with medical students at Columbia to our culture. This resulted in the establishment of 'The Professional Caregivers' Plan for Resiliency© (P-CPR©). The P-CPR© Initiative developed two distinctive narrative medicine models: unit-based *Narrative Pediatrics* and hospital-based *P-CPR© Narrative Medicine Workshops.*

In collaboration with the hospital ethnographer, we developed a voluntary participant survey (LVHN Narrative Medicine Assessment Survey©) with both qualitative and quantitative components that was approved in an exempt format by the hospital institutional review board in October 2005, and first used in November 2005. The survey comprised an initial section that asked four basic demographic questions. The second section consisted of three participant opinion questions with associated Likert scores (5 = definitely agree; 4 = probably agree; 3 = not sure; 2 = probably disagree; and 1 = definitely disagree). The three scored questions were:

- *Survey Q5*: Today's narrative exchange experience was beneficial to my personal sense of well-being/resiliency.

- *Survey Q6*: Today's narrative exchange experience was beneficial to my professional sense of care team cohesion/affiliation.
- *Survey Q7*: Today's narrative experience will enhance my ability to deliver high-quality care for my patients and their families.

The last section included three open-ended questions for participant commentary and feedback. It is important to note that participants could opt out of completing the survey or could answer all, some, or none of the survey questions.

The regularly scheduled interdisciplinary *Narrative Pediatrics* sessions and *P-CPR© Workshops* were conducted by facilitators trained in the methods of small-group narrative exchange and interpretation. In each 60–90-minute *Narrative Pediatrics* session, the first 10 or 15 minutes were customarily dedicated to the participants writing an informal account of a clinical experience with a patient, family member or colleague that was especially stressful, challenging, or distressing, one that significantly shaped or tested their professional resolve – or, alternatively, of an experience that was unusually uplifting or inspiring. For the remainder of the session, participants simply read their narratives, in turn, to this informed audience of colleagues, taking advantage of this exchange to interpret collectively the meaning and extended implications for practice and professionalism within each narrative. This kind of reflective-practice-in-action examines and clarifies the nature of both professional teamwork and the constituent components of an exemplary professional identity.

These narrative sessions are not standard support groups, nor group therapy, nor venting sessions, in that the scope and concerns are limited to stories and interpretations of clinical experience. While group members may well find the experience to be therapeutic and/or feel supported by their colleagues, the primary goal is to develop self and other-awareness and insights through reflective writing and narrative exchange. Some important dividends of this exchange are: diminished feelings of isolation, enhanced sense of team belonging, sharper discernment of what patients, families, and colleagues abide and alleviation of stress, burnout and compassion fatigue.

Model 1: narrative pediatrics

Narrative Pediatrics is a 60-minute, bi-weekly, unit-based small-group facilitated narrative exchange and reflective practice model. It was established in November 2005 and was available to any staff or ancillary member of the in-patient pediatrics teams to include the NICU, PICU, and In-Patient Pediatrics.

Survey results

Demographics

Between November 2005 and October 2008, 44 *Narrative Pediatrics* sessions were held. All sessions were led by at least one trained facilitator with more than 90% of sessions led by two co-facilitators. Average attendance was seven to eight participants. Overall, 352 participants completed 186 surveys for a 52.8% survey response rate. Importantly, a majority attended two or more sessions. Most participants (59.8%) were from the nursing profession. Other participants included physicians (11.1%), neonatal CRNP (6.3%) respiratory therapists (6.3%), administrative partners (2.6%), and other (12.7%), a category that included medical students, nursing students, and other guests. These percentages reflect the essential professional demographics of the department. Fig. 1 shows all participants' time in health care and employment by reported position. A clear majority of participants were experienced health care providers. Across all surveys completed the average reported time of working in health care was 11–15 years with 62.9% reporting greater than 10 years and 38.6% reporting greater than 20 years.

Scored questions

Figs. 2 and 3 show reported scores by physicians and nurses to the three scaled questions listed in the survey by reported length of time in health care and by number of sessions attended (once, more than once, or more than twice). First time participants in all disciplines felt strongly that this was a valuable experience. Of note, this impact did not diminish after attending second, third, or further *Narrative Pediatrics* sessions. Similar scores were reported by neonatal nurse practitioners, respiratory therapists, support-staff members, and others such as residents, medical students, nursing students, and guests. A representative selection of participants' responses to the open-ended questions is shown in Appendix A.

Exemplary narratives from narrative pediatrics

Prompt: Write about an especially stressful or challenging or distressing encounter with a patient, family member, or colleague – or, alternatively, one that was unusually inspiring or uplifting.

Response #1: From a pediatric unit nursing leader:

> This experience happened many years ago (18) when visiting hours were adhered to very

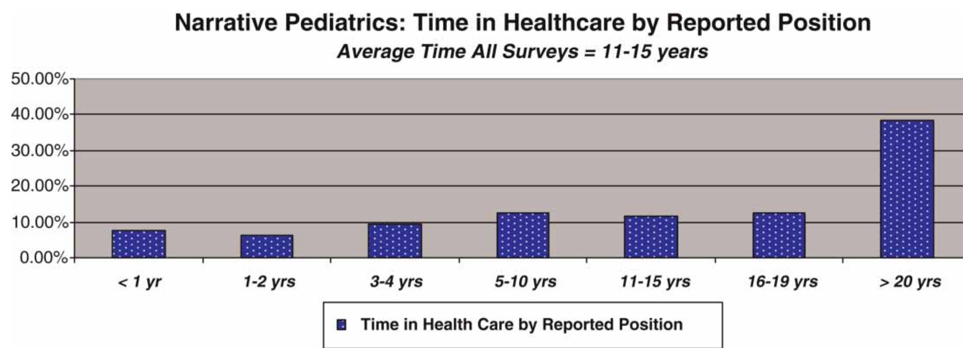

Figure 1: Narrative pediatrics: all survey responses to time in health care.

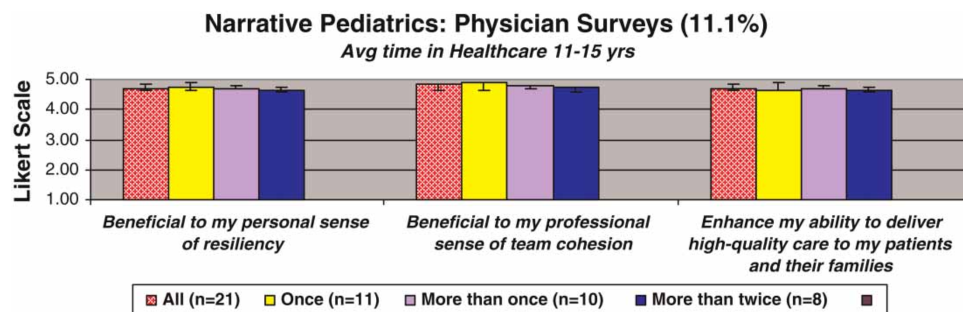

Figure 2: Narrative pediatrics: physician responses to Likert scale questions.

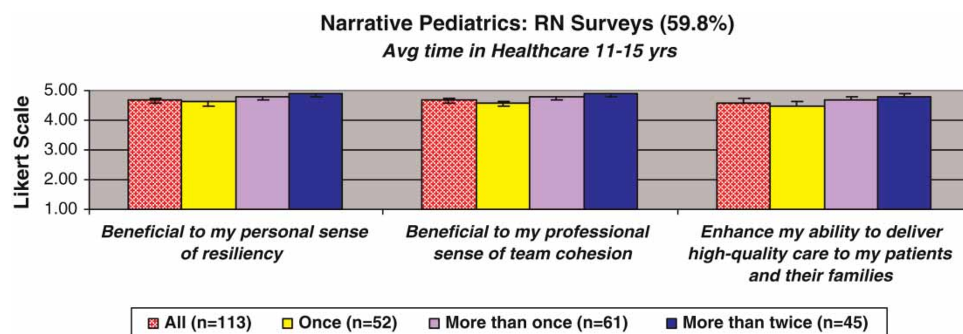

Figure 3: Narrative pediatrics: nurses (RN) responses to Likert scale questions.

strictly. As I neared the end of my med pass, I noticed a family member at the bedside of his wife. Very politely, I reminded him that visiting hours were over at 8:00. He stayed for a few minutes then did leave. The next time I worked, I learned that this visitor's wife had died. This situation was distressing to me. I felt that if I had not been so strict with the visiting hours, he would have had more time to spend with his wife.

Response #2: From a pediatric respiratory therapist with over 15 years of experience:

In with the good, out with the bad is a deceptively simple idea. In fact, it's really complex – and maybe even closer to $E = MC^2$. What happens if you cannot bring in the good … and the bad cannot be pushed out …

– It is very obvious that the simple act of breathing is not so simple. Not as easy as ABC:

Airway/Breathing/Circulation …

– Not so easy really. Watching helplessly, and hoping something gets easier. Sometimes I wish such things were more like $1 + 1 = 2$, just like breathing should be easy as $1 - 2 - 3$. But I'm not very good at math.

When asked later to reflect on this narrative the author commented:

> I remember writing that like it was yesterday and all of those emotions come flooding back. I will never forget that patient or that day. Thanks for the opportunity to write this and get the frustration out. I am able to keep up with this patient's condition and the struggle is getting easier for the patient.

Model 2: P-CPR© workshops

Our Professional Caregivers' Plan for Resiliency© (P-CPR©) workshops are 4-hour, quarterly, small-group-divided, hospital-based facilitated narrative exchange and reflective practice sessions. These workshops are open to any member of the hospital staff.

This workshop series began in June 2006 on the staff-requested topic of: 'Stress, Burnout, and Compassion Fatigue with Tools for Stress Management' (SB/CF). The format included an opening plenary session covering the nature and effects of workplace stress, burnout, and compassion fatigue followed by an extended (2 hours) small break-out groups narrative writing and interpretive exchange sessions on this topic.

The workshop concluded with a key facilitator discussing stress management tools including guiding participants through a short meditation exercise. Unsure of their initial reception, we conceived of these early workshops as a pilot program. Between June 2006 and February 2007, 74 staff members participated in four pilot SB/CF workshops. Informal participant reviews were strongly positive. In March 2007 IRB approval (exempt status) was requested and granted so we could apply our LVHN Narrative Medicine Assessment Survey© to all future narrative medicine initiatives including our P-CPR© workshops.

As noted by Sands *et al.*, narrative medicine techniques have been previously applied to staff burnout and compassion fatigue difficulties. It was unknown to us, however, whether our special adaptation of narrative exchange could successfully be applied to other critical staff-identified barriers to PFCC implementation. During the SB/CF workshops, a number of staff members reported that troubled team dynamics were interfering significantly with their ability to deliver high-quality care. In response to this concern we developed a second workshop: 'Interdisciplinary Team-Building and Professionalism with Tools for Conflict Management' (TB/P), with a format similar in design to the first workshop. The opening plenary session covered the concepts of professionalism and conflict in the workplace. An extended narrative writing and interpretive exchange session (2 hours), again in break-out groups, followed the plenary presentation and the workshop concluded with a key facilitator discussing conflict management tools which included guidance through clinical conflict management scenarios.

Survey results

Demographics

Between March 2007 and March 2008 10 P-CPR© workshops were conducted including 5 SB/CF and 5 TB/P. Of these, 90% were co-led by three trained narrative medicine facilitators, and all were led by at least two. The number of participants per session ranged from 8 to 30. A total of 156 participants came to these 10 workshops and completed 155 surveys (99.3%). The five SB/CF workshops yielded 78 completed participant surveys while the five TB/P seminars had 77 completed participant surveys. Participants registered from the following LVHN hospital units: PACU, TNICU, MICU, SICU, ED, OR, Burn, Trauma, adult in-patient medical units, and patient care specialists from all clinical areas, in addition to representatives from all areas of pediatrics – in-patient pediatrics, NICU, PICU, out-patient pediatrics, and pediatric subspecialty clinic staffs. Participants were asked to identify themselves by profession. The majority of those who attended were from nursing with other professions identified as shown in Table 1.

Fig. 4 shows participants reported length of employment in both the SB/CF and TB/P workshops. Across all surveys completed, the average reported time working in health care was 16–19 years with nearly 50% reporting more than 20 years in health care. In the SB/CF workshops, 71.8% reported having greater than 10 years in the health care profession and 46.2% had more than 20 years. In the TB/P workshops, 66.7% reported having greater than 10 years or more in the health

Table 1: Participants in each workshop by profession.

Profession	SB/CF workshop (%)	TB/R workshop (%)
Nursing	85.9	59.7
Physicians	0	1.3
Nurse practitioner	0	1.3
Respiratory therapist	1.3	6.5
Administrative support	0	1.3
Other	12.8	29.9

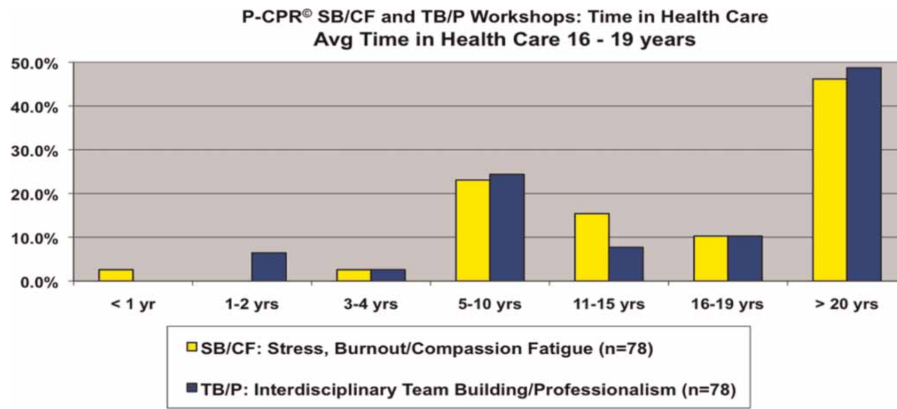

Figure 4: P-CPR© SB/CF and TB/P workshops: all survey responses to time in health care.

care profession and 48.7% reported having more than 20 years.

Scored questions

Fig. 5 shows all participants' reported responses to the three Likert scale scored questions listed in the survey by the type of workshop attended (SB/CF or TB/P). Of note, 85.9% of participants were from the nursing profession. P-CPR© workshop responses to open-ended questions are shown in Appendix B.

Exemplary narratives from P-CPR workshops

Prompt (SB/CF): Write about an especially stressful or challenging or distressing encounter you had with a patient or family member – or, alternatively, one that was unusually inspiring or uplifting.

Exemplary narrative response: Nurse from adult NeuroSciences unit:

> RN for 36 yrs. Last week young female patient – symptoms of inoperable brain tumor. Such familiar symptoms. Paralyzed vocal cords with soft voice unable to express so many needs and emotions. The look on her mother's face and the terror. Hopefulness of husband because she was in a trial medication study at a 'major' hospital (they don't always work). Patient knows she is dying – can tell by the look in her eyes. My friends and co-workers of over 20 years understand the tears in my eyes and why they are there. Just having them know helps.

This author later commented:

> I work in the neuroscience ICU so there are always patients with many and severe symptoms but this one especially touched me as her symptoms were exactly like my 31 year old son who passed away in 2006. My co-workers, fortunately, are all very supportive when I have a bad day.

Prompt (TB/P): Write about an especially stressful or challenging or distressing encounter with a

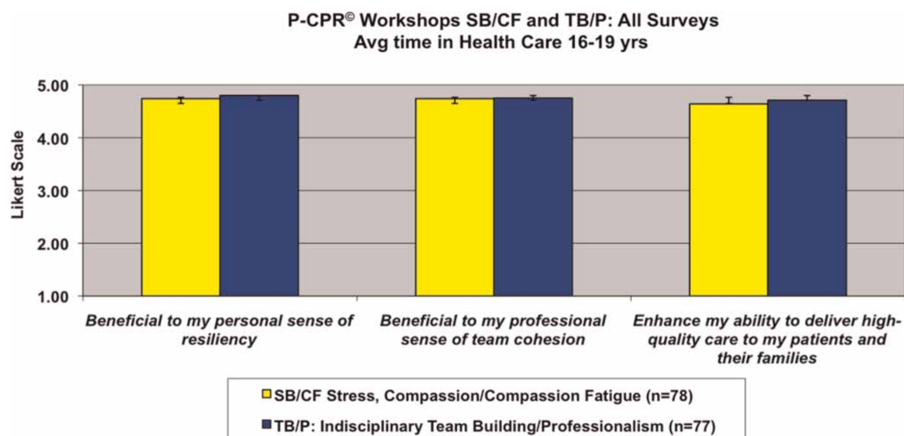

Figure 5: P-CPR© SB/CF and TB/P workshops: all survey responses to Likert scale questions.

colleague or colleagues – or, alternatively, one that was unusually inspiring or uplifting.

Exemplary narrative response: Physician from Neonatal Intensive Care Unit

> Another difficult long-term surviving baby with a history of extreme prematurity (24 wks), and pulmonary failure … unexpectedly for reasons I don't understand, she made a significant improvement over about 10 days, and presented [us] with a window of opportunity for extubation. A gift perhaps … She did well for a few hours, then deteriorated. [Her] parents chose not to reintubate but did arrive to hold her as she passed away.
>
> As I was going through her chart complete with 115 days of life and medical history … a seasoned NICU RN (not involved with this baby) stood in the doorway of the Team Room – me at the table surrounded by charts and papers and her in her scrubs and judgment. She waited for me to pause, and said, 'You know, you knew that baby would die when you extubated her, didn't you?' in a way I clearly interpreted as 'you exubated that baby and hastened her death.' I felt judged by someone who clearly did not have to make these types of decisions but felt it was okay to give such criticism at a time when I was professionally grieving – that's what happens when you sift through a chart to do a death summary.

Discussion

We undertook the establishment of a PFCC initiative within a community academic medical center and adopted the philosophy that staff members need to be respected and educated as key stakeholders in the delivery of PFCC. We felt it was imperative to offer proactive and on-going educational forums to assist staff members in this inevitable but challenging professional transition to 24/7 Family Presence. These evaluated pilot P-CPR© narrative exchange models, *Narrative Pediatrics* and *P-CPR© Narrative Medicine Workshops*, demonstrate that both are effective and highly valued by new and experienced health care professionals alike in addressing identified barriers to the delivery of high-quality professional care to patients and families. Comments from surveys show participants overwhelmingly find these sessions helpful in processing stress and developing team cohesiveness. These models also validate the use of facilitated narrative exchange group techniques outside academic medical environments and with experienced health care providers. The models, further, support the proposition of Sands *et al.* that narrative training for interdisciplinary groups of health care professionals may be a promising method for improving both the clinical care provided and the lived experiences of the professionals.

When health care professionals of all categories perceive fewer obstructions to delivering the type of high-quality care they want to provide, higher patient and family satisfaction scores, and improved staff retention rates (especially for nursing) are likely to follow. The higher proportion of workshop participants from nursing may reflect the availability of CEUs through LVHN's Division of Education. CME was not available during this time and this may have been a barrier to physician participation in the half-day workshops.

Future investigations will convene focus groups of former narrative group participants to gauge their ability to translate experience in the narrative sessions into enhanced care at the bedside. Additionally, we plan to survey staff estimates of the extent to which such narrative exchange experiences facilitate interdisciplinary agreement about patient safety, medical errors, and collaboration on questions of retention, attrition, and interprofessional relations.

Conclusion

Facilitated narrative exchange and reflective practice group sessions were well received by health care staff participants regardless of professional position, length of time working in the health care field, or how many sessions were attended. Participants also perceived enhancements in their personal sense of resiliency, their sense of professional team cohesion and affiliation, and their ability to deliver high-quality care for their patients and the families. This efficient and effective adaptation of narrative medicine – with appropriately trained facilitators – could easily be applied in other specialties and in other medical facilities, and there further tested and assessed with our survey tool. To our knowledge, this approach and assessment have not been previously included in extant interdisciplinary studies.

Acknowledgements

The authors would like to acknowledge *Narrative Pediatrics* is supported by separate $1500

educational grants from both Ross Products, division of Abbott Laboratories, and MedImmune, Inc. (consultant fee support and lunches provided). Our thanks to Mr Joseph Zarola from Ross Products and Ms Barbara Clouden, RRT, from MedImmune, Inc., for their continuing support of this important initiative.

The *Professional Caregivers' Plan for Resiliency* (P-CPR©) Narrative Medicine Workshops are supported by a $15 000 2-year grant from the Anne Anderson Trust, Leonard and Dorothy Poole Foundation.

The authors would also like to acknowledge Carol Sorrentino for her devotion to this initiative as a Key Facilitator for all the P-CPR© Stress, Burnout, and Compassion Fatigue Workshops.

All authors had full access to all of the data in the study and take full responsibility for the integrity of the data and the accuracy of the data analysis. There are no potential conflicts of interest, financial interests, or relationships relevant to the subject of this research.

The authors also extend their gratitude of the writers of the exemplary narratives who gave their approval to publish their narratives in the expressive formats displayed in this article.

Appendix A: open-ended questions and comments – platform 1

Narrative pediatrics participant responses

RN < 1 year in healthcare

1. I think having these sessions will really cut back on nurses 'burn out'. Keep up the good work!
2. Excellent service for employees, thank you!

RN 1–2 years in healthcare

1. I think it help(s) me to identify what has been holding me back and not allowing myself to be the RN I want to be.
2. Thank you for listening and never judging any of us.
3. Small group led to more specific and interactive experience.
4. I think it is a great way to share stories that deeply affect us and is a way to get great feedback on our own prescription of our professional care.
5. Since it is somewhat difficult for family and friends to relate to healthcare issues, this is a wonderful forum for us to commiserate and learn.

RN 3–4 years in healthcare

1. The opportunity to share ideas and concerns and have other similar experienced people review it, offer their ideas can help to cope and correct situations.
2. It helps me to feel validated and that some of my feelings I wonder if I am overreacting, I feel like I make sense of it.
3. It made me feel that our unit is more unified that I sometimes realize.
4. Allowing us to identify and work emotionally through our professional challenges in our unit.

RN 5–10 years in healthcare

1. Able to speak about how I really feel. I'm glad to realize that people feel how I feel and that their perspective helps me.
2. Reminds me of why we do what we do.
3. It was very helpful to hear from my fellow colleagues that they share the same feelings as I do. It helps to know I am not alone.

RN 11–15 years in healthcare

1. This certainly gives one a sense of 'allowance' for the feelings we have and often harbor.
2. Allows you to feel that what you are feeling is normal. Brings everyone to the same playing level.

RN 16–19 years in healthcare

1. It is very valuable to exchange experiences with other people who 'understand'.
2. It allows me to express these important, deep feelings without judgment.
3. Allows me to routinely 'self-check' how I am.
4. Highly valuable, increases my self-awareness each time I come!

RN > 20 years in healthcare

1. I was so wrapped up with my thoughts of my terrible night that it was changing the way I look at things, and cared for my patients in a negative way. After the narrative medicine session I felt power, relief, support, and now functioning positively as I realistically look at that terrible night.
2. Gives me a reminder of how everything we do has an impact, sometimes more than we think.

3. I come away from every session with something new to help my personal and professional care.
4. I really enjoy hearing from different disciplines we are all the same in our feelings and experiences.
5. Good to talk among health care professionals. Lowers my blood pressure!!
6. To know and realize that experiences effect my peers in similar ways is helpful.

Physicians 3–4 years in health care

1. Helpful to get insight from experienced colleagues; they can understand better.

Physicians 5–10 years in health care

1. Very nice time to decompress.
2. To build sense of ‘support’ within our care team in order to get through the tough cases.
3. Valuable to know people share same struggles.
4. Good to talk and get some feedback on my emotions.
5. Have a brief course given to incoming residents day orientation.

Physicians > 20 years in healthcare

1. I thought it definitely helped enhance my attitude about the care I am delivering.
2. It helped to hear that we all have similar problems. Release of pent up feelings.
3. I always feel lighter.
4. Increased number of participants from different areas i.e. MD, RN, RRT, nutrition, pharmacy, PT, OT.

CRNP 5–10 years in healthcare

1. Valuable and it allows a safe environment to deal with issues that are bothering us or personal concerns that would like to be shared.
2. Gives a better understanding of my coworkers’ thoughts/feelings.
3. Pleasant time in work day. Able to relax, share, listen, learn, grow.

CRNP 16–19 years in healthcare

1. It definitely allows for self-appraisal/reflection.
2. That it has the potential to reshape how I practice and live in my profession.

CRNP 16–19 years in healthcare

1. Great place to share feelings. I live alone and do not get a chance to tell my work stories.
2. It adds, improves, expands, and enlightens.

Respiratory therapist <1 year in healthcare

1. Wonderful exchange of ideas.

Respiratory therapist >20 years in health care

1. Gives me a reminder of how everything we do has an impact, sometimes more than we think.
2. Thanks for help getting this off of my chest.
3. This was excellent. I will attend other sessions.

Others < 1 year in health care

1. At this point I am still learning about how this will benefit my future experiences as a clinician. I see great value in it.
2. It was helpful to encourage me to reflect on every experience.
3. It makes you think about different ways to handle different situations.

Others 1–2 years in health care

1. I think it helps me remember to try and listen to the whole of a patient, family, and/or health care team member story.

Others 3–4 years in health care

1. It was good to get at anger and sadness. I feel better now. Thanks!
2. I think it made me aware of my present attitude and defense mechanisms I use.

Others 11–15 years in health care

1. I am hoping that as the sessions continue that many more pediatrics staff members will participate. Personally I would like to continue to attend, even though I probably will not have anything to share on an on-going basis. I just like listening to the stories and offering support. I find it beneficial to attend because I work closely with the doctors and staff albeit in a different way. I see how their daily

jobs affect them. It gives me renewed respect for them and what they do on a daily basis.

Others > 20 years in healthcare

1. Such a simple act of (writing, reading) yet so powerful and healing.
2. It is valuable to review all of our perspectives, real issue seems to me to be how to respect them.

Appendix B: Open-ended questions and comments – platform 2

PCPR workshop participant responses

Compassion fatigue, resiliency and burnout seminars

RN 5–10 years in health care

1. This is too valuable to pass up. This will definitely enhance my caregiving. This session mainly has helped me to understand myself.
2. This session will make me a better nurse, better co-worker, and better overall human being.
3. This is the 1st time I have heard about narrative medicine and it was exceptional. The whole presentation was well worth the time. There should be more of these.
4. Excellent. I not only learned about myself but others and their experiences. I really feel we are all in the same boat.
5. I am a person who does not like to talk in groups like this, so it was hard but I think over all it was a good experience.

RN 11–15 years in health care

1. Very helpful. It was beneficial to listen to other stories and know that they go through the same challenges/difficulties that I do. Thank you for including a physician in this experience also.
2. Helps to understand why some families/patients respond the way they do.
3. I think it is a wonderful way of us listening to our coworkers and some of the ‘blocked’ feelings we all experience through out our careers/experiences and in cooperating with daily life/family.

RN 11–15 years in health care

1. I would want all my staff to attend this session.
2. Have them more often so more staff can attend, or train other facilitators so that more staff has access – been at the unit level.
3. The narrative medicine session was great. I really related to what other people were saying and they related to me. It was very satisfying.

RN > 20 years in health care

1. Excellent, I have never experienced anything quite like this. I have been to many programs set up to be similar to this, but I never felt like anything was accomplished. It is good to see that other units experience a great deal of stress too!
2. Learned through many others professional experiences. Excellent experience!
3. I think it definitely allows you to get in touch with yourself and to know our profession is really challenging.
4. I really think they could benefit all departments. We always should try and improve patient care and working better with our coworkers will do that. We should continue team growth frequently.
5. Opening myself can only help healing ourselves and providing awareness to others.
6. Nice to share experiences and get validated by peers.
7. Even though I thought my situation to be unit specific – it was great to have it validated by peers and management alike.
8. Thought should be given having these sessions for struggling units, new hires, e.g. staffed units, etc.
9. A way to express and articulate what your experiences have been. Validate actions and also causes you to take a moment and consider if something could have been done differently.
10. I realize that there are others about me with the same if not worse experiences than me.
11. This helped me put my experience in perspective.

Team-building and professionalism seminars

RN 3–4 years in health care

1. Greatly enhances self-worth which in turn allow me to maintain a positive and professional manner in my care of patients.

RN 5–10 years in health care

1. Greater insight to positive and negative experiences that impact teamwork.
2. Themes always seem to become uncovered or brought to light. Very interesting that it happens unconsciously.
3. Therapeutic. Provides an outlet when sharing narratives and provides valuable sense of support/validity.
4. We are our own worst critics and those we work with are our best listeners when it comes to dealing with workplace stress. I value the ability of my peers to listen, react, not judge, and be compassionate about my feelings and theirs.
5. Thank you for allowing me to be me and express myself with confidentiality.

RN 11–15 years in health care

1. It allows you to reflect and also realize you are not alone – everyone tells a similar story.

RN 16–19 years in health care

1. It is most inspiring to hear other stories and to see how other people handled certain situations. It gives you ideas in how to deal with people and situations that are currently happening or will happen in the future.
2. Sharing common experiences with other members of the health care team gives wonderful insight and commonality.
3. I will plan to send additional RN's/professionals from my unit.

Physician 16–19 years in healthcare

1. It probably works with certain people. Personally, I do not think it works for me. I have a different way of coping (Note: this physician noted listening to RN writings and hearing their perspectives were very worthwhile and important even though the narrative component was not felt to be helpful.).

Others 5–10 years in health care

1. It was good to hear other people's personal experience to know you are not alone.
2. Found it was very good to hear I was not the only one feeling some sort of way.

Others 16–19 years in health care

1. It showed that everyone is human. We all have our ups and downs, but the point is we all are in this together.
2. Exceptionally well done. The facilitator helped clarify opened up lines of communication.

Others > 20 years in health care

1. Very well run – our facilitator was excellent! Very beneficial to my role as resource specialist and as a mom, wife, daughter etc. in my personal life. Was not really sure what this was going to be about – it was just 'strongly recommended' that I attend. I am so glad that I did. Even after 12 hours of work – I was not tired – therefore a successful conference – Great job!
2. Different viewpoints really help to examine personal situations. Informative, interesting, emotional.

*Lehigh Valley Health Network Narrative Medicine Assessment Survey ©

The purpose of this survey is to track staff perceptions about their experiences with narrative medicine and its value to their professional care giving experience over time. Please take a few minutes to fill out this survey and hand in before you leave. We appreciate your feedback about these narrative medicine sessions. Thank you.

Today's Date________________

1. What is your position at LVHN? □AP □RRT □RN □ MD □NNP □Other________

2 How many years have you worked in health care(anywhere, in any position)?

□ less than 1 year □ 1-2 years □ 3-4 years □ 5-10 years □ 11-15 years □ 16-19 years □ 20 + years

3. Is this your first time attending a Narrative Pediatrics session? □Yes □ No

4. How many Narrative Pediatrics conferences have you attended in the past 12 months? □ 0 □ 1 □ 2 □ 3 □ 4 □ 5

Please give your honest opinion for each statement below. Circle one of the five answers that best describes your opinion about today's narrative medicine session

	Definitely Agree	Probably Agree	Not Sure	Probably Disagree	Definitely Disagree
5. Today's narrative exchange experience was beneficial to my personal sense of well-being/resiliency………………….	5	4	3	2	1
6. Today's narrative exchange experience was beneficial to my professional sense of care team cohesion/affiliation ……	5	4	3	2	1
7. Today's narrative experience will enhance my ability to deliver high quality care for my patients and their families.…	5	4	3	2	1

Please answer the questions below:

8. What are your thoughts about the value of this narrative medicine session to your professional care giving experience?

9. How would you improve these narrative medicine sessions?

10. Do you have any other comments about today's narrative medicine session?

* Lehigh Valley Health Network, Allentown, PA - need permission to reprint from author(s)

References

1. Crocker L, Johnson BH. Useful tools for promoting change: patient- and family-centered care and core concepts. In: Privileged presence: personal stories of connections in health care. Boulder, Colorado: Bull Publishing Company; 2002. p. 261–73.
2. Johnson BH, Eichner JM. Family-centered care and the pediatrician's role. Pediatrics 2003;11(3):691–6.
3. Institute of Medicine's Committee on Quality in Health Care in America. Improving the 21st century health care system. In: Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academy Press; 2001. p. 39–60.
4. Kohn L, Corrigan J, Donaldson M. Creating safety systems in health care organizations. In: To err is human: building a safer health system. Washington, DC: National Academy Press; 1999. p. 134–73.
5. Garcia C. Measuring patient- and family-centered practice outcomes: The AHRQ Evidence of P(F)CC Cost. Podium presentation at the Hospitals Moving Forward with PFCC Seminar; 2008 Oct; Calgary, Alberta, Canada.
6. Hibbard JH. Engaging health care consumers to improve the quality of care. Med Care 2003;41(1): 161–70.
7. Hobbs SF, Sodomka PF. Developing partnerships among patients, families, and staff at the Medical College of Georgia Hospital and Clinics. J Qual Improvement 2000;26:268–76.
8. Crocker L, Johnson BH. Educating health professionals: approaches for developing patient- and family-centered knowledge, skills, and attitudes. In: Privileged presence: personal stories of connections in health care. Boulder, CO: Bull Publishing Company; 2002. p. 280–5.
9. Charon R. Narrative medicine: honoring the stories of illness. New York: Oxford University Press; 2006.
10. Connelly JE. In the absence of narrative. In: Charon R, Montello M, (eds.) Stories matter: the role of narrative in medical ethics. New York: Routledge; 2002. p. 138–46.
11. Montello M. Narrative competence. In: Nelson HL (ed.) Stories and their limits: narrative approaches to bioethics. New York: Routledge; 1997. p. 185–97.
12. Charon R. Medicine, the novel, and the passage of time. Ann Intern Med 2000;132:63–8.
13. Charon R. Narrative medicine: a model for empathy, reflection, profession and trust. JAMA 2001;286: 1897–902.
14. Sands S, Stanley P, Charon R. Pediatric narrative oncology: inter-professional training to promote empathy, build teams and prevent burnout. J Support Oncol 2008;6(7):307–12.
15. Strauss A, et al. Social organization of medical work. Chicago: University of Chicago Press; 1985.

Author information

Lorraine A Dickey, MD, MBA, FAAP, is a senior clinical neonatologist and is currently the Chief, Division of Neonatology, and the Medical Director of the Nursery ICU at Lehigh Valley Health Network. She earned her MBA in Health Care Management in 2006 from Regis University, completed Narrative Medicine Facilitator training in 2007, and Advanced Narrative Medicine Facilitator training in 2008 with Dr Rita Charon and the Narrative Medicine Core Faculty at Columbia College of Physicians and Surgeons. Along with Jack Truten, in 2005 she co-founded of *The Professional Caregivers' Plan for Resiliency*, an interdisciplinary grass-roots approach that addresses operational barriers to the successful implementation of Patient- and Family-Centered Care.

Jack Truten, RN, PhD, has received formal training in clinical ethics (fellowship, Lehigh Valley Health Network), and in Narrative Medicine (foundational and advanced levels, Columbia University). Dr Truten is currently Director of Professionalism Education at the University of Pennsylvania School of Medicine where he trains faculty and leads seminars for house staff in 'Narrative Professionalism'.

LaDene M Gross, RN, MSed, Administrator, Patient Care Services, is a registered nurse with more than 35 years experience encompassing direct patient care, education, and leadership responsibilities in an acute care facility. Current responsibilities include administrative oversite for labor and delivery and mother baby clinical areas (more than 3900 deliveries per year). She is administratively responsible for pediatrics, pediatric intensive care, and neonatal intensive care patient care units. LaDene has experience with team building, facilitation, and project development and has completed Narrative Medicine education and participant in Patient Family-Centered Care, Narrative Pediatrics, and Professional Caregivers' Plan for Resiliency initiatives and programs.

Lynn M Deitrick, RN, PhD, is a Medical Anthropologist/ Ethnographer, Division of Community Health & Health Studies, LehighValley Health Network in Allentown, PA. She is a qualitative research expert and has numerous publications and presentations on the use of qualitative methods in nursing, health research, patient satisfaction, and quality of care. Her research interests include cultural awareness, health disparities, patient satisfaction, quality of care, and the application of qualitative methods for use in the clinical setting.

Copyright of Journal of Communication in Healthcare is the property of Maney Publishing and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.