

Case Comprehensive Cancer Center Cultural Competency Series

Eliciting the Patient's Experience of Illness through Narrative and Reflection

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Objectives

Creating an environment where patients are allowed and encouraged to tell their illness story is a crucial yet often overlooked component of cultural competence in healthcare settings.

Introduction

A factor that often gets overlooked when it comes to cultural competence is the patient's "voice" or "narrative and reflection" about their illness. Healthcare providers tend to be *disease* focused, while patients seek medical care because of their *illness*. This can cause disconnect to happen from a provider's treatment of disease and a patient's need for treatment of illness. Studies show that allowing and encouraging patients to tell their illness story can be transformative to the patient and provide important knowledge about the individual to the healthcare provider. Yet, narrative and reflection is a topic many are unfamiliar or uncomfortable with.

Content & Resources

- Link to PowerPoint presentation drawn from "Think Cultural Health" (www.thinkculturalhealth.hhs.gov) website continuing education resources content.
- Reference list of journal articles re: patient narrative and reflection.
- Kleinman model for creating shared understanding.
- BATHE method for eliciting patient experience of illness (Stuart & Leiberman 1993).
- Ann Jurecic "Illness as Narrative" book (2012)
- Rita Charon "Narrative Medicine; A Model of Empathy, Reflection, Profession and Trust" (JAMA 2001)

Cultural Competency in ACTION: Steps to start your journey!

List 3 self-reflection questions or items to consider related to the topic.

- What concerns do I have about allowing and encouraging patients to tell their illness story?
- Are my concerns based on experiences I've had with patient narrative and reflection—or—am I concerned about potential problems I anticipate will occur?
- How willing am I to make changes that encourage and allow patients to tell their illness story?

List 3 strategies or action steps that will help the reader enhance their skills in the topic area.

- Consider the patient's experience of illness as a crucial part of patient centered culturally competent care.
- Identify the distinction between disease and illness in order to bring the patient's view into focus.
- Apply communication methods to enhance cultural competence by allowing and encouraging patient narrative and reflection.

Presentation with voice-over: *Eliciting the Patient's Experience of Illness through Narrative and Reflection* by Paula Schultz BSN, RN, CNRN; UH Seidman Cancer Center, Office of Patient and Public Education

This 10 minute PowerPoint presentation considers the rationale behind and methods for eliciting the patient's experience of illness as a crucial part of patient centered, culturally competent care.

The slides from the presentation can be accessed at:

https://research.case.edu/Education/CREC_Video.cfm Viewing the slide presentation and taking an online quiz will allow you to receive 1 Continuing Research Education Credits (CRECs).

References & Resources

You Tube Videos

- 1.) Charon, Rita, MD. Honoring the stories of illness. 18 min (TED Video)
- 2.) Jurecic, Ann. (2012). Illness as Narrative. 5 min (Book by same name)

Articles

Asselin, .E. (2011). Reflective narrative. *Journal for Nurses in Staff Development*, 27(1), 2-6. DOI: 10.1097/NND.0b013e3181b1bala

Bliss, L.S. & McCabe, A. (2008). Personal narratives: cultural differences and clinical implications. *Topics in Language Disorders*, 28(2), 162-177

Booth, J. & Nelson, A. (2013). Sharing stories: Using narratives to illustrate the role of critical reflection in practice with first Australians. *Occupational Therapy International*, 114-123. DOI: 10.1002/oti.1343

Charon, R. (2001). Narrative Medicine: A model for empathy, reflection, profession, and trust. *The Journal of the American Medical Association*, 286(15):1897-1902.

Charon, R. (2007). What to do with stories: The sciences of narrative medicine. *Canadian Family Physician*, 53:1265-1267.

Das Gupta, S & Charon, R. (2004). Personal Illness Narratives: Using Reflective Writing to Teach Empathy. *Academic Medicine*, 79:351-356.

Hall, J.M. & Powell, J. (2011). Understanding the person through narrative. *Nursing Research and Practice*. DOI.10.1155/2011/293837

Committee on Quality of Health Care in America, Institute of Medicine
Washington, DC. (2001). Crossing the quality chasm: A new health system for the 21st Century. *National Academies Press*. p. 40.

Johna, S. (2014). What can we learn from narratives in medical education? *The Permanente Journal*. 18(2):92-94. DOI: 10.7812/TPP/13-166

Kleinman A., Eisenberg L., Good B. (1978) Culture, illness and care: Clinical lessons from anthropologic and cross cultural research. *Annals of Internal Medicine* 88(2):251-258.

Lieberman, J., Stuart M. (1999). The BATHE method: Incorporating counseling and psychotherapy into the everyday management of patients. *Journal of Clinical Psychiatry* 1(2): 35-38.

Murphy-Shigematsu, S. (2009). Teaching cross cultural competence through narrative. *Family Medicine*, 41(9): 622-624.

Sakalys, J. (2003). Restoring the patient's voice: The therapeutics of illness narratives. *Holistic Nursing* 21:228-241.

Singleton, K. (2013). Aspects of US healthcare culture. *Virginia Adult ESOL Health Literacy Toolkit*. Retrieved from: <http://www.valrc.org/toolkit/docs/1-8AspectsCulture.pdf>

US Department of Health and Human Services, Office of Minority Health (2007). *Culturally competent nursing: A cornerstone of care*. Retrieved from: <https://ccnm.thinkculturalhealth.hhs.gov/Content/Introduction>

US Department of Health and Human Services, Office of Minority Health (2012). *A physician's practical guide to culturally competent care*. Retrieved from: https://cccm.thinkculturalhealth.hhs.gov/GUIs/GUI_intro_curriculum.asp

Kleinman Model

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness? Will it have a short or long course?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your sickness has caused you?
- What do you fear most about your sickness?





B **Background:** “What is going on in your life?”

A **Affect:** “How do you feel about what is going on?”

T **Trouble:** “What about the situation troubles you most?”

H **Handling:** “How are you handling that?”

E **Empathy:** “That must be very difficult for you.”

(Stuart & Leiberan, 1993) 