Building the patient–clinician relationship through conversation based on narrative approaches

As part of a wider programme at a recent conference on ‘Modern Approaches to Diabetes Self-Management and Prevention’, the authors of the following report designed a workshop for health care professionals, based on the theory of the autobiographical approach. They here present the results of the workshop that focused on participants’ presentation and practice of different narrative methods and tools – all aimed at improving the patient–clinician relationship.

Introduction

Conversation can be defined as an act of talking in an informal way, involving two or more people. Sharing one’s story may stimulate self-reflection and generate self-awareness that brings changes in one’s attitudes and behaviours. Listening to patients and allowing them to share their story may help professionals to better understand them, building a more person-centred support and effecting a healthier patient–clinician relationship.

Clinicians spend their lives in the midst of narrative: listening to story fragments; interpreting word sequences; observing and deciphering symptoms; and suggesting treatments. As Rita Charon wrote: ‘When clinicians take a medical history they inevitably act as ethnographers, historians and biographers, required to understand aspects of personhood, personality, social and psychological functioning and biological and physical phenomena.’

Furthermore, when educating patients to manage chronic diseases, a narrative approach may encourage them from being alone to being one of a crowd, from being silent to speaking, improving their overall quality of life.

However, the patient–clinician relationship often remains a struggle when it comes to facilitation of effective communication and engaging people with chronic conditions in self-management, and a person-centred approach is generally recommended. Person-centred care in relation to chronic illness has been defined as an approach ‘providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions’. Such an approach requires patients to be active and engaged during consultations, and, thus, needs health care providers to have person-centred communication skills that facilitate trust, partnership, empathy and collaboration. The patient–clinician relationship has been addressed in several studies; however, evidence still highlights the need for an effective patient–clinician communication and for a better understanding of methods to achieve good communication. In this study, we present results from workshops with health care professionals (HCPs), who practised and reflected on the clinical use of various narrative approaches, and their applicability in engaging patients in self-management and effective care.

Methods

As part of a wider programme at the conference on Modern Approaches to Diabetes Self-Management and Prevention in Copenhagen 2016 (organised by the Diabetes Self-Management Alliance), we designed a workshop based on the theory of the autobiographical approach, which was also the focus of one of the keynote lectures during the conference: Narrative Medicine in Diabetes Education (presented by N. Piana). This international conference attracted professionals from countries such as the United States, Italy, the UK, and Denmark.

The purpose of our workshop was for HCPs to present and practise different narrative methods and tools aimed at improving the relationship with patients. A total of 94 HCPs (25 male and 69 female) including clinicians, researchers, diabetes specialist nurses and GPs, from nine countries, took part in the workshop. Pre-conference experience with narrative methods was not required and during the workshops it became apparent that this varied greatly among the participants. Each workshop lasted 45 minutes and was held four times, each with 20–25 participants, allowing all conference attendees to participate. In order to prompt discussion around ‘Building relationships through conversations’, which was the focus of our workshop, attendees were divided into four subgroups and were asked to ‘have a go’ at four narrative methods, followed by a group discussion regarding the relevance and possible use of the methods in their own workplace. The discussion was then shared in plenary. The suggested conversational topic in all groups was: ‘What is it like experiencing a cold/flu?’ (an event experienced by all).

The four narrative methods offered were:

- Creating a collage with images from magazines.
- Drawing, using coloured pencils.
- Practising the tool called ‘My day’ designed from an existing study to elicit dialogue on daily living.
- Using self-writing.

The following questions were discussed after the sessions:

- How did you feel sharing your story through this type of narrative?
- How could these types of narrative approaches be used in your workplace?
- How could these narratives be used to improve building relationships?

The groups were asked to share their responses on flipcharts.

Two of the authors facilitated the workshops (AV, MH), and one (NP) participated and observed all four narrative methods. All materials created during the workshops were stored. Notes of the discussions (taken by an assistant) and flipchart responses were used as the basis for the qualitative analysis, using the principles of the systematic text condensation method.
Results
A list of common themes was derived from the workshops: (1) Potential benefits of using narratives; (2) Key barriers of using narratives in clinical practice; (3) How can narratives fit into existing practice?

Potential benefits of using narratives
Attendees expressed that narratives promote reflection, give voice to the innermost part of oneself and facilitate self-expression in various ways. For example, in the ‘Drawing’ group, some attendees drew a ‘complex figure’, while others did simple ‘stickmen figures’. One attendee, in particular, created a very abstract drawing; others used the colour red as a symbol to move on and away from the disease. Feedback from the group using the ‘My day’ tool, highlighted the benefit of using such a tool, as it ‘forced’ them to listen to one another attentively, avoiding interruptions.

All four narrative approaches encouraged HCPs to express their feelings. For example, in the ‘Self-writing’ group, attendees expressed that having flu led to feelings of discomfort, powerlessness and guilt due to their inability to participate in everyday life and duties. In the ‘Collage’ group, self-narration facilitated a mutual recognition. The process of narration elicited memories, allowing participants to recall their experience of having flu, and in essence elicited self-awareness and relational skills acquisition.

Key barriers of using narratives in clinical practice
Overall, the narrative approach was not always considered feasible in the world of clinical practice. Attendees raised concerns that not all narrative methods may be applicable to everyone. Some asked ‘Is this the right tool?’ and indicated that it may be seen as confronting and difficult to use. When used successfully, self-writing could be a very powerful tool for some patients; however, it may not be as powerful or as effective for those with low literacy, or poor memory. Also, patients may feel discriminated with a particular narrative approach, as one HCPs expressed: ‘If you can’t draw... It is difficult to use drawing if people don’t have the skills. There is a risk of pushing people away with this tool.’

However, another HCP stated: ‘It’s not a matter of skills but of self-expression.’

Mixed reviews were shared regarding the time required to practise the narrative approaches: some highlighted that lack of time would act as a major barrier in clinical practice, while others reported that such approaches would suit the time-frame in practice.

How can narratives fit into existing practice?
Despite the difficulties mentioned above, all attendees recognised the value of the narrative approach in clinical practice to promote self-awareness and education. For patients, writing a paragraph about their own feelings and thoughts regarding their own condition would enable a mutual understanding and facilitate a more useful conversation with their HCPs. Such an approach could also be introduced during patients’ waiting time, which would then make their appointment with their HCPs more efficient and focused.

With respect to ‘Self-writing’ and ‘My day’, it was stated that the use of such narrative approaches in clinical practice requires a trusting relationship:

‘If it was a more confronting issue [than flu] it would be important that you felt trust and you are comfortable,’ (‘Writing’ group).

‘You need a trustworthy atmosphere for this to work; it demands it,’ (‘My day’ group).

Also, use of narratives demands competencies for HCPs: ‘Demands competence and interest to implement in a clinical setting,’ (‘Drawing’ group).

For future implementation of these narrative tools in clinical practice, they would need to be context-specific and tailored to each patient accordingly (e.g., as stated: ‘Find the “right” tool with each patient’).

Discussion
Our workshops have indicated a number of factors regarding the potential application of narratives in clinical practice. Despite the positive feedback received by HCPs on the use of narratives with patients, major barriers to implementing this approach in clinical practice were also identified. These included: lack of patient skills to use narrative methods (e.g., drawing skills); lack of HCPs’ competencies to promote such methods in their clinical practice; and concerns that narratives may not fit the context and individual preferences.

In this way, the four narrative tools revealed different HCP attitudes and communication skills. For example, some HCPs mentioned that they needed to be ‘forced’ to listen attentively and that a barrier was the need for establishment of positive rapport. Such competencies, that allow individuals to tell their story, actually represent elements of person-centred communication skills, and this thus reflects a general need for training in this area, which has also been described by Jones et al. Creation of rapport and trust enables presentation of different narrative methods in such a way that it offers a feeling of choice to help address patients’ different preferences and literacy levels. The required communication skills are, for example, attentive listening, tailored communication and the ability to acknowledge, absorb, interpret and act on the stories and plights of others. To enhance such competencies requires readiness to change among HCPs in order to adopt new methodologies in existing practice, as emphasised by Vallis and colleagues. They advocate the need for HCPs to change perspective from a biomedical model to a more holistic and person-centred approach in order to provide self-management support to patients. With this in mind, the narratives may be useful and effective tools in helping people reflect, express themselves, and listen to themselves and others.

As the focus of the workshop was on self-management in long-term conditions, feedback around the use of narratives was based on HCPs’ experiences in working with patients living with chronic conditions.

Overall, their feedback suggested that such an approach could benefit the care and management of long-term conditions, as it would not only provide HCPs with meaning, context and perspective, but would also
enable them to understand and tailor their appointments/support based on patients’ narratives.17

Conclusion
The autobiographical narrative approach and the use of narratives provide a framework for approaching patients holistically, as well as revealing diagnostic and therapeutic options. This could be the key to a better quality of care and relationship between patient and clinician, and could represent the model for humane and effective medical practice in the management of long-term conditions.

This workshop showed provisional signs about the acceptability of the narrative approach; however, it also revealed HCPs’ need for training in person-centred communication skills.

Further research is needed to assess the feasibility for implementation in clinical practice.

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Acknowledgements
The authors wish to thank the workshop participants for their contribution, and Cecilia Grennegård Nielsen for her assistance during the workshops.

Declaration of interests
There are no conflicts of interest declared.

Funding
The conference, which was organised by the DiabetesSelfManagement Alliance, a non-profit organisation, received grants from the Novo Nordisk Foundation, Novo Nordisk A/S, the Steno Diabetes Center and the Steno Diabetes Center.

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