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The Healing Power of Story

Beth Toner, MJ, RN

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The shift report might have sounded something like this: “82-year-old female, status post-fall in her home 10 days ago. Left humeral fracture, left femur fracture, left radial and ulnar fractures. History of myocardial infarction, hypertension, and myelodysplastic syndrome. Blood pressure 123/67, heart rate 73, temperature 98.3. Assist of one to the bathroom and with activities of daily living. Physical therapy today at 8:30 a.m. ...”

These shift reports, the hand-off that occurs between one nurse and another at change of shift, happen countless times every day across the country. They are important and necessary. They provide crucial information about patients that allow nurses to care for them and keep them safe.

Yet like so many of health care’s processes and procedures, they don’t tell the whole story.

For instance, what the shift report for this 82-year-old female doesn’t tell you is that those multiple fractures are the result of a catastrophic fall outside her home. That fall was the second in six weeks. The first fall broke only her nose and slowed her down a little bit. After the second fall, she laid outside her home calling for help for an hour before a friend coming to pick her up for church discovered her slumped up against the siding on her front walkway.

That shift report wouldn’t tell you that until she fell, she was a very independent and active woman. It doesn’t tell you that she does, in fact, value her independence more than anything and that she derives a large part of her identity from what she is able to do for others. It wouldn’t tell you she has five children and that those children are scattered around the country, the closest a three-and-a-half hour drive away. The shift report wouldn’t capture the abject terror that surfaces every time she tries to stand at the urging of the physical therapist. It would not help you understand that she now faces a crossroads with her myelodysplastic syndrome (MDS), which will (after an uncertain amount of time) progress to leukemia if left untreated.

That 82-year-old woman was my mom. In October 2015, as my brothers and sisters and I took turns rotating into her hometown of Daytona Beach, Florida to assist with her care, it became very important to us that our mother had her own personal definition of healing and that the most effective treatments would be the ones that honored her story, what was important to her.

So often, those of us who are health care providers, particularly in this age of high-tech medicine, obtain plenty of data about those we care for, but rarely obtain real information from them—their stories. These stories, the narrative, provide valuable information about each person’s life context. That context could help all health care professionals provide better care and provide an environment that creates the kind of healing that is most important to our patients.

Patients are much more than their “numbers.” They are much more than their diagnoses.

I heard someone say once that it's not just "what's the matter with the patient?" that's important but rather "what matters to the patient?" This is the patient's story. Narrative, the stories we tell, has the potential to play a significant role in healing our patients as well as our ailing health care system. It has the power to, as physician Rita Charon puts it, help us "join honestly and courageously with patients in their illnesses."

Researchers and clinicians from a wide variety of disciplines have devoted considerable resources to exploring the potential that narrative and storytelling have to improve patient care and health outcomes. One such formal effort is [narrative medicine education](#), pioneered by Rita Charon and based at Columbia University. Charon has posited that physicians who build "narrative competence" will "quickly and accurately hear and interpret what a patient tries to say" (2004, p. 862). However, narrative medicine is founded solely within the physician's paradigm which is focused on diagnosis and treatment.

Narrative has not been as thoroughly examined in the nursing profession or in nursing education. Nurses spend far more one-on-one time with patients, and are better positioned than almost anyone else involved in the care process to understand the patient narrative and translate it into improved care and better outcomes. Nurses are uniquely situated, by virtue of their training (which is more holistic) and the amount of time spent on the "front lines" with patients, to use patient narrative to improve patient care, increase empathy, and decrease their own burnout.

The implications for nursing education are clear. Low and LaScala argue that "allowing time to teach students about empathy can be lost in the constraints of the curriculum. The students' focus is often limited to memorizing facts for the next exam in order to achieve high grades" (p. 1). A better alternative is to assist in building "narrative muscle memory" in nursing students early in their education, helping them understand narrative's importance and considering where it can naturally fit into the care they provide. I believe this will increase the chances that narrative will have a long-term positive impact not just on patients (in terms of improved outcomes and quality of care), but also on nurses (in terms of reduced burnout and increased satisfaction, even joy, in their vocation). Narrative has the potential, then, to create a healing environment for caregiver and the cared-for.

This spring, as part of my capstone project for my master of science in nursing (MSN) coursework at Eastern Mennonite University (EMU), I'll be developing and integrating a narrative nursing learning unit that will be offered as part of the already established Conceptual Framework of Nursing course offered to EMU undergraduate (second-degree) students. The students will engage in a number of activities designed to help them put themselves in their patients' shoes before they ever set foot in a clinical setting. They'll read patient blogs written by patients with chronic conditions and parents of children with life-threatening diseases and reflect on that by journaling. They'll hear in person from a mom whose child has cystic fibrosis. They'll also be asked to write a feature story about a patient they know, a family member or close friend. They will be encouraged to tell his or her story and reflect on how knowing that story might change the care they would provide in a clinical setting.

The course runs throughout much of the month of May, and I plan to work with my preceptor, EMU instructor and hospice nurse, Wendy Carr, to evaluate the impact of this narrative training

on these nursing students just embarking on their careers. I hope to watch these students' empathy for their patients increase. I hope they'll begin to better understand the struggles of patients and their families, not just articulate the physiology of their illnesses. I hope they'll find practical ways of building narrative into their everyday practice of nursing care as they listen to patients and allow their stories to really reach them and change the way they care for their patients.

I hope they'll carry the stories they've heard into their first clinical experience, and those stories will allow them to open up to the story that every single patient has to tell. That story, that narrative, can help nurses work with their patients to help them find the kind of healing that is most important to them.

Which brings me back to my mom. She chose to temporarily forego treatments for her MDS so she could speed up her rehabilitation, knowing that the treatments would weaken her so much that she would be unable to do physical therapy. She was aware of the risks, but, as she told us: "I don't want to live in a wheelchair for the rest of my life." The good news? She came home the week before Christmas 2015, just three months post-fall. She is now nearly 84, and thanks to an oncologist who heard her story and who understands her desire to be as active as possible, she's been able to take "vacations" from her treatments, despite the risks. For her, healing does not mean a hemoglobin above 12 and an absence of disease. It means going to church under her own power, flying across the country to see two grandchildren graduate from college, and spending the summer with family in Michigan.

It is a healing that only is possible with the telling of a story.

Notes

Charon, R. (2004). Narrative and medicine. *New England Journal of Medicine*, 350(9), 862-865.
Low, M., & Lascala, S. (2015). Medical memoir: A tool to teach empathy to nursing students. *Nurse Education Today*, 35(1), 1-3. doi:10.1016/j.nedt.2014.10.001

About the author

Elizabeth (Beth) Toner, MJ, RN is a second-career nurse and senior communications officer at the Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropy devoted solely to health and health care. She has 26 years of experience in marketing and corporate communications and has been a registered nurse since 2010.



In her role at RWJF, she provides strategic communications support for programs that equip 21st-century leaders and researchers from all sectors to help build healthier communities and practices. She finds her current role at the Foundation is a perfect blend of her two passions: communications and health care.

Beth chose nursing as a second career because she cares deeply about making a difference in the lives of people when they are at their most vulnerable. As she prepares to complete her work toward a Master of Science in Nursing from Eastern Mennonite

University, she hopes to continue making a meaningful impact in health philanthropy, including a move into more grant-making at RWJF. She also desires to teach undergraduate nursing students, particularly in the area of community health.

Beth holds an Associate of Applied Science in Nursing from Delaware County Community College, a Bachelor's degree in Communications from Messiah College, and a Master of Journalism degree from Temple University.

This essay can also be found online at
<https://www.mennohealth.org/2017/05/healing-power-story-beth-toner/>