

THE SIGNIFICANCE OF HEALTH NARRATIVES IN PATIENT-CENTERED CARE

By

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## **Abstract**

The purpose of this thesis is to explore the impact of patients' health narratives on patient outcomes, provide evidence-based recommendations for their integration into practice, and encourage patients to explore and express their health narrative. A health narrative is defined as an individual's personal story describing their experience with health, illness, and medical treatment.

Health narratives are powerful tools that patients may use to communicate their preferences and needs to healthcare professionals. This thesis seeks to assist healthcare providers to understand the significance of patients' health narratives. The best practice recommendations for integrating patients' health narratives into practice include providing supportive and encouraging environments, documenting them into patient records and care plans, and remaining critical awareness of sociocultural contexts in which the narratives are created and shared. Intervention specific recommendations include establishing trusting patient-provider relationships through narrative-based interviews involving open ended questions, informing clinical decision-making through narrative-based patient rounding, and empowering patients to engage in reflective writing exercises or explore multimedia storytelling for those who may struggle with traditional forms of communication. Suggestions for the implementation and evaluation of the best practice recommendations is proposed in the concluding chapter. The Plan-Do-Study-Act (PSDA) cycle will be used to guide the implementation and evaluation of the proposed plan to improve patient outcomes and promote patient-centered care through including patient narratives in health care, monitoring results, and continuously adjusting the approach.

## **Chapter One**

The purpose of this thesis is to explore the concept of patients' health narratives and the impact they have on improving patient outcomes, specifically how patients can be encouraged to reflect, construct, and share their own narratives. This thesis also aims to provide evidence based recommendations for interventions to inform healthcare professionals about integrating patients' health narratives into all aspects of care.

### **Background**

Health narratives from patients are personal stories constructed from experiences with medical conditions, illnesses, and treatment. The gap between life experiences of patients and the medical aspect of care is being bridged through the emergence of narrative-based practice. By incorporating narrative techniques such as writing, poetry, photography, drawing, and spoken language, healthcare workers can gain greater understanding of patients' perspectives and needs which contribute to effective patient-centered care (Nembhard & Grob, 2022). Sociocultural context such as disparities related to income, race, sexual identity, and disability all shape health narratives in America. Listening to the stories of patients' past experiences and concerns about future access to care is the start of addressing inequities and bias in patient-provider relationships (Pallai & Tran, 2019).

Rita Charon coined the term "narrative medicine" in the early 2000s as an attempt to disassemble the communication barriers and disconnect between patient and provider. Narrative medicine was then defined as stories of illness. Health was recognized as more than solely medical practice (Pallai & Tran, 2019). The state of holistic well-being includes not only physical health, but also encompassing mental and social well-being, is the definition of health that recognizes the multifaceted state that is complex beyond the biomedical approach to

healthcare (WHO). According to the Constitution of the World Health Organization, the improvement of people's health requires informed opinion and active co-operation of the public (WHO). The public must be aware of the impact health narratives can have on entire communities, and the significance they have on individual people. Health narratives have the capacity to be a source of information to transform the approach to patient-centered care.

Nursing practice has had the unique knowledge of patient-centered care that prioritizes the holistic approach to patient care. This approach requires nurses to have skills such as cultural competence, active listening, and empathy which foster trust and communication between patients and healthcare providers (Ortiz, 2021). The current best practices for patient-centered care that are deemed high quality include chosen beliefs and values by the healthcare professionals and agencies (Ortiz, 2021). However, patients' health narratives have not been integrated as a framework for best practice or evaluation of current methods. Attempts to involve patient experiences have been used to educate leaders about the need of improving patient satisfaction scores and have had little success (Ortiz, 2021).

Integrating health narratives into nursing practice primarily involves collecting them from patients. This can be done by encouraging patients to reflect on their past experiences with healthcare and explore their priorities for future health. Nursing practice currently educates patients to advocate for themselves when expressing priorities of care to providers. However, health narratives should be collected before patients speak with providers and should be considered as important as the patients' past medical and health history. The patient's narrative can assist with making diagnosis and choosing the best treatment options (Nembhard & Grob, 2022). Health narratives are a form of storytelling. Prompts can be provided to patients to encourage storytelling through writing and drawing exercises. The reflection aspect of patients'

health narratives may involve thinking creatively and drawing out ideas. A storytelling guide is a framework of prompts such as “what is unique about your story of recovery?” and “what are the most important points to tell in just a few minutes?” (Substance Abuse and Mental Health Services Administration, SAMHSA). Health narratives address the challenges in the areas of missing information in healthcare and offer creative ideas for improvement. With not only focusing on negative past medical experiences, but patients should also be encouraged to reflect upon the care that has been positively impactful and discuss how the care can continue to improve (Agency for Healthcare Research and Quality, AHRQ, 2022). After collection, a patient’s health narrative should be documented and included into personal health records to promote the community of care within the healthcare team. This ensures the narratives are protected with the national standard of privacy and security of the Health Insurance Portability and Accountability Act (HIPAA) (U.S. Department of Health and Human Services, HHS).

### **Significance to Nursing**

The significance of health narratives involves the importance of understanding patient experience. Patient experience encompasses physical, emotional, and social well-being, and the satisfaction with the care they receive. As health narratives are constructed upon patient experience, aspects such as physiologic experience of illness, customer service, and lived experiences of illness are considered in every interaction within the healthcare setting (Oben, 2020). Understanding of the patient experience benefits society and the healthcare industry through facilitating patient-centered care. This involves personalized care that is better suited to the patients’ needs in the clinic and at bedside. Health narratives can provide clear guidance for further research and identify areas for improvement in healthcare practices. Healthcare policy can be transformed through the integration and understanding of health narratives by the

development of policies that are more responsive to the preferences and needs of the people they serve (Oben, 2020).

### **Summary**

Healthcare quality, outcomes, and patient satisfaction are improved through delivering patient-centered care informed by health narratives. Evidenced-based practice allows for healthcare to constantly evolve and improve. Health narratives promote empathy in practice as they help to humanize the patient by revealing aspects of identity and beliefs. Patients must be seen as a whole person with the help of their health narrative, rather than a collection of symptoms or medical conditions.

## **Chapter Two**

In Chapter two, an overview of literature related to the impact of health narratives will be provided. The review will discuss factors that make up a patient's health narrative and how they contribute to effective patient-centered care with positive outcomes. The research was guided by the following question: in patients in healthcare settings (P), how does the implementation of health narratives (I) differ from standard nursing care (C) when comparing patient outcomes such as satisfaction, trust, and understanding (O)? The question generally focused on finding interventions to empower patients in constructing health narratives and their integration into practice.

The databases for the literature review were PubMed Central, CINAHL Plus with Full Text, and PsycINFO. The searches included published articles from 2018 to present time in order to yield the most relevant information. The search terms and phrases used in the databases included health narrative, patient experience, patient narrative, storytelling, patient-centered care, and narrative-based medicine. Several articles related to the PICO research question with the help of the key search terms.

### **Literature Review**

Narratives play a pivotal role in healthcare, influencing policy-making, education, patient-provider communication, and understanding patient experiences. This literature review explores the diverse applications of narratives in healthcare, categorizing relevant studies into four distinct groups based on their thematic similarities.

#### **Narrative Use in Healthcare Education and Professional Development**

One study investigates the effectiveness of narrative medicine as a teaching strategy for enhancing professionalism, empathy, and humanistic caring abilities among nursing students

(Xue et al., 2023). Guided by Rita Charon's theory of narrative medicine, it involves acknowledging, interpreting, and acting on others' stories. The study is a cluster randomized controlled trial involving fourth year nursing students entering clinical practice who were randomly assigned to narrative medicine intervention or control groups. A total of 85 nursing students from two institutions of higher learning in Jiangsu, China were included. The intervention group engaged in twelve months of narrative-based activities to enhance their understanding and empathy towards patients (Xue et al., 2023). Nursing professionalism was assessed using a Chinese version of Hall's Professionalism Inventory with a Cronbach's alpha of 0.729. A nursing student's version of the Jefferson Scale of Empathy with a Cronbach's alpha of 0.868 was used to assess the student's empathy. Humanistic care ability was evaluated based on Watson's Humanistic Care theory with a Cronbach's alpha of 0.952. At baseline, scores of professionalism, empathy, and humanistic care ability had no significant differences ( $P > 0.05$ ) between the control and intervention groups (Xue et al., 2023). Through this experiment, it was found that the narrative medicine intervention significantly improved nursing students' professionalism ( $68.7 \pm 6.8$  vs.  $64.5 \pm 7.5$ ;  $P = 0.005$ ), empathy ( $99.4 \pm 15.7$  vs.  $92.2 \pm 14.6$ ;  $P = 0.014$ ), and humanistic caring abilities ( $127.6 \pm 20.0$  vs.  $113.3 \pm 18.8$ ;  $P = 0.004$ ) compared to the control group. In terms of improvement from baseline, the intervention group had significantly improved scores in all three areas. The strength of this study is the research design being randomization, providing strong evidence of the effectiveness of narrative medicine in nursing education. However, one limitation is that the study does not assess the long-term impact of narrative medicine programs (Xue et al., 2023).

Another study acted as a program evaluation assessing the impact of storytelling events on improving healthcare workers' understanding, beliefs, and practices concerning LGBTQ+



patients (Long et al., 2022). The Baltimore City Health Department (BCHD) developed the Baltimore in Conversation (BIC) Storytelling program to reduce medical distrust among LGBTQ+ communities and healthcare workers. The study implemented storytelling sessions focused on LGBTQ+ patient experiences followed by three evaluation methods. A post-event survey distributed to healthcare worker participants, written reflections provided during the events, and a separate survey administered to healthcare workers who did and did not attend the events. Results showed that the majority of healthcare workers agreed that attending the events improved their understanding of LGBTQ+ patients' emotions, concerns, and perspectives, and made them more empathetic and concerned about LGBTQ+ patients and their families (Long et al., 2022). Healthcare workers also discussed learning new approaches for working with LGBTQ+ patients and the importance of taking time to understand each patient's unique needs. Positive shifts in healthcare workers showed improved cultural competency related to LGBTQ+ patients. Statistically significant differences were found in the beliefs and practices of healthcare workers who attended the storytelling events compared to those who did not, suggesting the potential benefits of such events in improving the quality of care for LGBTQ+ communities (means = 71.38, 63.90,  $p = 0.024$ ; 70.05, 56.12,  $p = 0.000$ , respectively). The study includes strong evidence in quotes emerging from the written reflections of participants. However, participation bias may have influenced the results, as most survey participants were members of the LGBTQ+ community or health care workers interested in learning more about their experiences (Long et al., 2022).

### **Narrative Impact on Healthcare Policy and Practice**

A systematic review that explores the effectiveness of narratives in influencing health policy identified 18 studies that examined the use of narratives to shape health policies (Fadlallah

et al., 2019). Through thematic analysis, the authors organized the articles according to different phases of the policy cycle: agenda-setting, policy formulation, policy adoption, policy implementation, and policy evaluation. The review finds the potential of narratives to influence health policy-making by appealing to emotions and personal experiences. Although the method designs varied across studies, narratives were found to have both positive and negative influences. When being used as a tool to empower or raise awareness, narratives can positively impact policy. Negative impacts of narratives were found in situations involving widespread insurance reimbursement, increasing perceived risks of procedures, and painting false realities of cancer treatments (Fadlallah et al., 2019). This review represents the first systematic review of narrative-based interventions in the health policy-making process. However, the authors may have overlooked relevant resources like Non-Governmental Organizations (NGO's) websites during the search process, potentially leaving out more studies (Fadlallah et al., 2019).

Another review examines published research integrating narratives from physicians, patients, and caregivers to understand their contributions to healthcare (Moniz et al., 2021). In a similar manner, a systematic search was done to find studies that incorporated narratives from multiple stakeholders in healthcare. The scoping review aimed to address how first-person written narratives from various combinations of physicians, patients, and caregivers have been used to comprehend disconnections among their illness and care experiences. Most of the 22 analyzed sources focused on narratives by patients and caregivers (n=13), followed by narratives involving patients, caregivers, and physicians (n=7), and narratives between patients and physicians (n=2) (Moniz et al., 2021). Only nine sources compared perspectives among any of these groups, while the rest combined narratives for analysis, primarily patient and caregiver stories (n=12). Content and thematic analysis were the most common methods used to analyze

the written reflective narratives (72%). The findings were synthesized and four themes emerged: needs assessments, best practices, vicarious knowledge, and methodological or pedagogical utility (Moniz et al., 2021). This indicates that narratives are analyzed to gain insight into the needs and interests of patients and caregivers during the illness and care experience. The review found that patients and caregivers often have different experiences, with caregivers feeling neglected in healthcare conversations and patients feeling objectified and marginalized within the healthcare system. Narrative writing offers a way for all parties to make meaning of their experiences and understand each other's perspectives. One of the strengths of this review is its broad overview of the literature, emphasizing the importance of diverse narratives in healthcare. On the other hand, some limitations of thematic content analysis are the possible biases from the investigators' role in constructing and analyzing narratives (Moniz et al., 2021).

### **Narrative Exploration of Patient Experiences and Communication**

A study that explores this theme analyzes patients' written narratives regarding their experiences with healthcare communication to identify areas for improvement in patient-provider interactions (Denniston et al., 2018). Personal narratives construct lived realities and are integral to healthcare as they help patients and clinicians comprehend their healthcare experiences. A qualitative analysis was done on patients' written narratives to extract themes related to healthcare communication experiences. The study used an anonymous online questionnaire to collect written narratives as data, with participants asked to share multiple narratives, including contrasting experiences. Recruitment used snowball sampling, and participants were entered into a lottery as a way to reward them. Narrative data were then coded as 'positive' (n=80) or 'negative' (n=97), with 'being valued' characterized by patients feeling listened to, given sufficient time, and having their input acknowledged (Denniston et al., 2018). The study

identified the persistence of negative emotions over time. The study found different challenges in healthcare communication, including issues of perceived dismissiveness and lack of empathy from healthcare providers, as expressed in patients' narratives. Strengths are that the study has firsthand accounts of patient experiences using the Labovian structure for the questionnaire, while a limitation is the predominance of interactions with general practitioners, limiting transferability to other healthcare settings or specialty providers (Denniston et al., 2018).

Another study investigates disparities between electronic health records (EHRs) and patient narratives to uncover instances of perceived stigma and dismissal in clinical encounters (Silva et al., 2023). The method used is a qualitative analysis on patient narratives and corresponding EHR data to identify discrepancies and understand the underlying reasons for perceived stigma and dismissal. The study recruited individuals identifying as women with less than a four-year college degree. Through semi-structured interviews, it aimed to comprehend women's experiences in their own words. The analysis found discrepancies between objective EHR data and subjective patient narratives, showing potential biases and inequalities in healthcare encounters. Researchers found that EHRs might worsen health disparities by translating structural inequality into stigmatized risk factors and suppressing conflicts over diagnosis and treatment (Silva et al., 2023). Perceived stigma regarding marginalized social identities was found to shape women's interactions with the health system, leading to feelings of shame or negative judgment. Conflicts over how women define their needs versus clinicians' diagnosis, were often found to be omitted from EHRs, leading to distrust among women. This research strongly suggests that involving patients in co-constructing visit summaries and goals in their EHRs could lessen miscommunication and build trust. A limitation, however, may be the

reliance on self-reported narratives and how they may bring recall bias through subjective interpretation (Silva et al., 2023).

In another study, Spitale et al. (2023) aim to find the significance of patient narratives as a valuable resource for healthcare improvement. This paper presents a best-practice framework for collecting, analyzing, and using patient narratives, drawing from current literature and the development experience of the Swiss Database of Individual Patient Experiences (DIPEX). DIPEX, a multimedia approach initiated in the early 2000s by Ann McPherson, a general practitioner, and Andrew Herxheimer, a clinical pharmacologist, aims to capture the questions that matter to individuals when facing illness. Through semi-structured interviews, DIPEX collects narratives from patients with various diseases, presenting them in audio, video, or text formats on a website. The goal is to inform patients, educate healthcare professionals, and offer a patient-centered perspective to researchers and healthcare managers. Spitale et al. (2023) highlight the value of patient narratives in providing insights into healthcare delivery challenges, patient-provider communication gaps, and opportunities for enhancing patient-centered care. While this research aims for organization, personal bias can influence the coding and interpretation. Nevertheless, this approach creates interdisciplinary collaboration in biomedical ethics, incorporating contributions from different disciplines such as medicine and nursing studies (Spitale et al., 2023).

### **Narrative Integration with Artistic Modalities in Healthcare Contexts**

One study explores the integration of various artistic modalities with patient narratives to enhance the understanding of stroke recovery from both clinical and humanistic perspectives (Brand et al., 2020). The Depth of Field: Exploring Stroke Recovery initiative stemmed from a dedication to using patients' firsthand experiences to educate both new stroke patients and the

healthcare professionals caring for them. A qualitative analysis was conducted on a diverse group of patients and professionals to develop a reflective learning resource. Incorporating principles of medical humanities, which integrate art forms like film, literature, and patient narratives into medical education, the Depth of Field (DOF) concept uses documentary-style photographs, narratives, and group discussions to enhance reflective skills in healthcare professionals (Brand et al., 2020). Participants were purposefully selected from a single Stroke Recovery Unit (SRU) site in Western Australia over six months. Qualitative data from patient interviews and staff focus groups were transcribed and analyzed, revealing themes such as the value of personal narratives, flexibility, and timing in using the DOF artifacts. The integration of artistic modalities with patient narratives assisted health professionals in resonating with their caregiving experiences, providing realistic hope for stroke recovery. The study found how art and the humanities-based approaches can create reflective spaces and a more humanistic understanding of patients' experiences (Brand et al., 2020). This potentially shifts healthcare professionals towards more patient-centered care models. A strength is shown through the study originating from a quality improvement project to a small qualitative pilot. However, there is limited generalizability due to its focus on stroke recovery units (Brand et al., 2020).

A scoping review explores the impact of EHRs on information practices within mental health contexts (Kariotis et al., 2022). The authors conducted a scoping review of existing literature to synthesize evidence on how EHRs influence information practices in mental health settings. A narrative and thematic synthesis approach was used to analyze the results of 40 articles having considerable heterogeneity in study designs, setting, and objectives. The review found changes in documentation practices, information sharing among healthcare providers, patient engagement with their health information, and the overall quality of care. The analysis,

adhering to the PRISMA-ScR checklist, revealed six main themes highlighting issues such as inadequate EHR design for mental health needs, missing data fields, and limited management of narrative data (Kariotis et al., 2022). Findings indicate that EHRs often disrupt information workflows, especially when lacking appropriate templates or care plans. Authors found that documentation of sensitive information in EHRs revealed challenges, with clinicians sometimes diluting or removing data. Concerns were also raised about the potential impact of EHRs on the therapeutic relationship in mental health care. The study strongly synthesizes findings from diverse sources to provide insights into the challenges and opportunities in EHR implementation. The scoping review may be limited by the availability and quality of existing literature on the topic (Kariotis et al., 2022).

### **Summary**

Narratives play diverse and crucial roles in healthcare, influencing policy-making, education, patient-provider communication, and understanding patient experiences. While each study brings valuable insights into the significance of narratives in healthcare, there remain gaps in understanding the optimal utilization of narratives across different contexts. Future research should aim to address these gaps and further explore the potential of narratives to improve healthcare delivery, education, and policy-making.

### Chapter 3

In chapter three, evidenced based recommendations for implementing patient health narratives will be discussed. Table one suggests best practice recommendations to aid patients in creating and sharing their health narratives. Table two suggests best practice recommendations for using patient health narratives as healthcare professionals. As patient health narratives have the potential to close the gap between the genuine concerns, priorities of individual patients, and the perceptions held by healthcare professionals, it is important that healthcare providers are aware of best practices. Health narratives may have the potential to further inform healthcare education and professional development. Using narratives within the policy realm can facilitate the identification of crucial policy matters and highlight issues in current policies. Narrative informed healthcare providers can aid policy makers in keeping sight of consequences from various policy choices. Patient communication can be supplemented through the help of health narratives. To improve patient experiences and satisfaction, they must be empowered by the healthcare professional to share their health narrative. Through any medium of sharing, health narratives have tremendous impact in every aspect of healthcare.



**Table 1***Best Practice Recommendations for Developing Health Narratives among Patients*

Recommendation	Rationale	References	Level of Evidence
Participate in storytelling events.	This approach to sharing lived experiences may help in reducing medical mistrust among LGBTQ+ communities, thereby reducing obstacles to HIV prevention and treatment.	Long, A., Jennings, J., Bademosi, K., Chandran, A., Sawyer, S., Schumacher, C., Greenbaum, A., & Fields, E. L. (2022). Storytelling to improve healthcare worker understanding, beliefs, and practices related to LGBTQ + patients: A program evaluation. <i>Evaluation and program planning</i> , 90, 101979. <a href="https://doi.org/10.1016/j.evalprogplan.2021.101979">https://doi.org/10.1016/j.evalprogplan.2021.101979</a>	Level 2
Engage in narrative writing exercises.	Narrative writing exercises help individuals explore and articulate their experiences, emotions, and perspectives, promoting self-reflection and empowerment.	Xue, M., Sun, H., Xue, J., Zhou, J., Qu, J., Ji, S., Bu, Y., & Liu, Y. (2023). Narrative medicine as a teaching strategy for nursing students to developing professionalism, empathy and humanistic caring ability: a randomized controlled trial. <i>BMC medical education</i> , 23(1), 38. <a href="https://doi.org/10.1186/s12909-023-04026-5">https://doi.org/10.1186/s12909-023-04026-5</a>	Level 1
Explore artistic modalities to share health narratives.	Artistic modalities, such as art, poetry, and photography, offer creative outlets for expressing complex health experiences, enhancing self-expression and communication.	Brand, G., Osborne, A., Wise, S., Isaac, C., & Etherton-Ber, C. (2020). Using MRI art, poetry, photography and patient narratives to bridge clinical and human experiences of stroke recovery. <i>Medical humanities</i> , 46(3), 243–249.	Level 2

		<a href="https://doi.org/10.1136/medhum-2018-011623">https://doi.org/10.1136/medhum-2018-011623</a>	
Advocate to become the author of your health narrative in the EHR	Empowering individuals to take ownership of their health narratives in electronic health records promotes autonomy, transparency, and patient-centered care.	Silva, J. M., Durden, T. E., & Hirsch, A. (2023). Erasing inequality: Examining discrepancies between electronic health records and patient narratives to uncover perceived stigma and dismissal in clinical encounters. <i>Social science &amp; medicine</i> (1982), 323, 115837. <a href="https://doi.org/10.1016/j.socscimed.2023.115837">https://doi.org/10.1016/j.socscimed.2023.115837</a>	Level 1
Reflect on your experience with healthcare and how it has impacted any aspect in life.	Reflective practices enable individuals to gain insights into their healthcare experiences, emotions, and needs, facilitating self-awareness and informed decision-making.	Brand, G., Osborne, A., Wise, S., Isaac, C., & Etherton-Ber, C. (2020). Using MRI art, poetry, photography and patient narratives to bridge clinical and human experiences of stroke recovery. <i>Medical humanities</i> , 46(3), 243–249. <a href="https://doi.org/10.1136/medhum-2018-011623">https://doi.org/10.1136/medhum-2018-011623</a>	Level 2

**Table 2***Best Practice Recommendations for Using Patient Health Narratives as a Healthcare Provider*

Recommendation	Rationale	References	Level of Evidence
Using evidence-based narratives to impact health policymaking.	Narratives must adhere to standards of validity. Incorporating evidence-based narratives in health policymaking ensures the authenticity and comprehensiveness of narratives, helping policymakers make informed decisions grounded in lived experiences.	Fadlallah, R., El-Jardali, F., Nomier, M., Hemadi, N., Arif, K., Langlois, E. V., & Akl, E. A. (2019). Using narratives to impact health policy-making: a systematic review. <i>Health research policy and systems</i> , 17(1), 26. <a href="https://doi.org/10.1186/s12961-019-0423-4">https://doi.org/10.1186/s12961-019-0423-4</a>	Level 5
Build strong and effective partnerships between ‘evidence experts’ and those involved in advocacy.	Collaborative partnerships between evidence experts and advocates facilitate the integration of narratives into policy discussions while ensuring the balance between emotional appeal and evidence-based decision-making.	Fadlallah, R., El-Jardali, F., Nomier, M., Hemadi, N., Arif, K., Langlois, E. V., & Akl, E. A. (2019). Using narratives to impact health policy-making: a systematic review. <i>Health research policy and systems</i> , 17(1), 26. <a href="https://doi.org/10.1186/s12961-019-0423-4">https://doi.org/10.1186/s12961-019-0423-4</a>	Level 5
Engage in close reading of narrative works.	Close reading of narratives enables healthcare providers to gain deeper insights into patients' experiences, emotions, and perspectives, fostering empathy and enhancing patient-provider communication.	Xue, M., Sun, H., Xue, J., Zhou, J., Qu, J., Ji, S., Bu, Y., & Liu, Y. (2023). Narrative medicine as a teaching strategy for nursing students to developing professionalism, empathy and humanistic caring ability: a randomized controlled trial. <i>BMC medical education</i> , 23(1), 38. <a href="https://doi.org/10.1186/s12909-023-04026-5">https://doi.org/10.1186/s12909-023-04026-5</a>	Level 1

<p>Practice narrative writing following questions like “Write down a patient experience that has impressed you.” and “Write down your understanding of the background of the patient’s illness.”</p>	<p>Engaging in narrative writing exercises helps healthcare providers develop their narrative skills, enabling them to effectively capture and convey patients' experiences and insights.</p>	<p>Xue, M., Sun, H., Xue, J., Zhou, J., Qu, J., Ji, S., Bu, Y., &amp; Liu, Y. (2023). Narrative medicine as a teaching strategy for nursing students to developing professionalism, empathy and humanistic caring ability: a randomized controlled trial. <i>BMC medical education</i>, 23(1), 38. <a href="https://doi.org/10.1186/s12909-023-04026-5">https://doi.org/10.1186/s12909-023-04026-5</a></p>	<p>Level 1</p>
<p>Ask patients about their health care-seeking behaviors and encourage them to share what they think is important in healthcare communication.</p>	<p>Actively involving patients in healthcare conversations and valuing their perspectives contributes to patient-centered care and enhances trust between patients and providers.</p>	<p>Denniston, C., Molloy, E., &amp; Rees, C. E. (2018). 'I will never ever go back': patients' written narratives of health care communication. <i>Medical education</i>, 52(7), 757–771. <a href="https://doi.org/10.1111/medu.13612">https://doi.org/10.1111/medu.13612</a></p>	<p>Level 1</p>
<p>Allow patients to co-construct their visit summaries and goals in their EHRs to reduce miscommunication and build trust.</p>	<p>Empowering patients to participate in co-constructing their EHRs promotes transparency, collaboration, and patient autonomy, leading to improved communication and trust in healthcare interactions.</p>	<p>Silva, J. M., Durden, T. E., &amp; Hirsch, A. (2023). Erasing inequality: Examining discrepancies between electronic health records and patient narratives to uncover perceived stigma and dismissal in clinical encounters. <i>Social science &amp; medicine</i> (1982), 323, 115837. <a href="https://doi.org/10.1016/j.socsci.med.2023.115837">https://doi.org/10.1016/j.socsci.med.2023.115837</a></p>	<p>Level 1</p>

## Summary

In Table 1, the recommendations offer individuals practical strategies for developing and sharing their health narratives. From participating in storytelling events, engaging in narrative writing exercises, exploring artistic modalities, advocating for ownership of their health narratives in EHRs, to reflecting on their healthcare experiences. Through this, individuals can enhance their ability to communicate their perspectives, promote self-awareness, and contribute to patient-centered care. These practices empower individuals to become active in their healthcare journey, creating a sense of resilience and community connection.

Table 2 includes recommendations to provide healthcare providers with actionable strategies to integrate patient narratives into their practice effectively. By using evidence-based narratives, building collaborative partnerships, engaging in close reading and narrative writing, actively involving patients in healthcare discussions, and empowering patients in EHR documentation, healthcare providers can enhance patient-centered care, improve communication, and build trust with their patients. These practices contribute to a more holistic and empathetic approach to healthcare delivery, ultimately improving patient outcomes and satisfaction.

## Chapter 4

Health narratives play a significant role in patient-centered care, providing individuals with a platform to share their unique experiences, perspectives, and challenges within the healthcare system. Through narratives, patients can articulate their needs, preferences, and values, to form a deeper understanding between healthcare providers. In recognizing the significance of health narratives, this proposed intervention aims to incorporate narrative-based learning into an Interprofessional Education (IPE) event focused on "Health Narratives in Patient-Centered Care." Drawing upon insights from the literature review and guided by the Plan-Do-Study-Act (PDSA) cycle, this intervention seeks to empower healthcare professionals to engage with patients' narratives effectively, enhancing communication, empathy, and overall quality of care. The PDSA cycle is an approach to quality improvement frequently likened to the scientific method. Introduced to healthcare by statistician Gerald J. Langley in 1996, PDSA builds upon its origins in manufacturing, which were established by statistician Edwards Deming in 1986. Rather than operating independently, PDSA integrates with other quality improvement methodologies and serves as an element of the Model for Improvement (Barr & Brannan, 2024).

The initial step of the PDSA cycle involves planning the IPE event on "Health Narratives in Patient-Centered Care." The event will follow the guidelines set forth by The University of Arizona Center for Transformative Interprofessional Healthcare (CTIPH), ensuring alignment with their mission of advancing collaborative and innovative interprofessional initiatives. The event will be designed to prepare health professions students for team-based, patient-centered care through incorporating interactive workshops and guest speakers who will share their health narratives. The target audience will include students from the Colleges of Medicine, Nursing,

Pharmacy, and Public Health, as well as other health-related disciplines, ensuring a diverse and interdisciplinary learning experience.

During the implementation or “do” phase, the IPE event "Health Narratives in Patient-Centered Care" will be executed as planned. Students will participate in mini workshops focused on writing, reading, and sharing personal health narratives, building an understanding of the importance of narratives in healthcare. Additionally, a member of the community will be invited to share their health narrative related to a relevant health topic, providing students with real-world perspectives. The event will span 2-4 hours and will be facilitated by experienced educators trained in interprofessional education methodologies.

In the “study” phase an evaluation of the IPE event will be conducted using pre and post-surveys to assess students' knowledge and understanding of health narratives. The surveys will gauge the effectiveness of the event in achieving its learning objectives and identify areas for improvement. Data collected from the surveys will be analyzed to determine the impact of the intervention on students' perceptions and attitudes towards health narratives in patient-centered care.

In the “act” phase, based on the evaluation findings, appropriate actions will be taken to refine and enhance the IPE event for future cycles. If the evaluation indicates positive outcomes and student satisfaction, the program will be solidified and continued as planned. However, if areas for improvement are identified, modifications will be made to the curriculum, format, or facilitation methods to address student needs and preferences. Continuous assessment and adaptation will be key to ensuring the ongoing success and effectiveness of the IPE event in promoting interprofessional collaboration and patient-centered care.

## Summary

The significance of patient narratives in healthcare is the role in promoting patient-centered care and improving provider-patient communication. Building upon these insights, the proposed IPE event on "Health Narratives in Patient-Centered Care" seeks to make use of the power of narratives to enhance interprofessional collaboration and deepen students' understanding of patient perspectives. By integrating narrative-based learning into healthcare education, this intervention aims to provide future healthcare professionals with the skills and empathy needed to deliver holistic, patient-centered care.



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