Narrative Medicine: a multidisciplinary study on knowledge and application in oncology — S12

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Background

Narrative-based Medicine (NM), Medicine practiced with narrative skills, is a new methodological clinical approach that is found to improve patient-physician relationship, enhance patient adherence to the treatment and strengthen the alliance among health care professionals (HP) (1,2). NM is gradually entering into clinical practice (3,4).

Objectives

The Authors aimed to explore NM application in clinical oncology. The aims of the study were:
1) to promote the NM knowledge in HP;
2) to improve mutual listening skills by encouraging HP, patients, and caregivers to write their own experience with the disease and by sharing the stories.

Patients and methods

Target population were HP, patients and caregivers at the "Regina Elena" National Cancer Institute, Rome. From March to December 2015 the following were conducted:
1) a survey on NM knowledge and attitude in HP;
2) NM training courses for HP;
3) promote writing about experience in HP, patients and caregivers (by posters, brochures, mail, Institute web-site);
3) collection and analysis of the stories;
4) presenting results and story-sharing meeting.
Text analysis: a mixed qualitative and quantitative method was used. Three oncologists, 1 nurse, 3 librarians independently analyzed each story by active reading. Themes (Ts), emotions (Es), metaphors (M), key (meaningful) words (KW) were extracted based on a standard schedule. All the Ts and Es were compared and grouped into categories.

Results

From the survey a scarce knowledge in NM, but a high interest in improving listening skills among HP emerged. Thirty-two participants (Tab.1) provided 33 stories (tales, poetries, novels, diaries, letters). The narratives mainly referred to the therapy and diagnosis phases (Fig.1). Twenty-five T and 45 E categories were identified. Disease acceptance, life changes, difficulties, affections, communication, future, cure acceptance, cure relationships, organization and social perspective, were the prevalent Ts (Fig.2). Fear (14%), loneliness (9%), pain (8%), anger, anxiety, trust (6%), strength, hope, gratitude (5%), serenity (4%), and refusal (3%) were the more common Es (Fig.3) KW/M: darkness, unknown, fighting, difficult journey, life on hold and uncertainty. Logistical/organizational flaws also emerged. The active story-sharing meeting participation, careful listening, positive reactions showed the power of storytelling in reinforcing alliance.

Conclusions

Storytelling by improving listening skills and awareness of the difficulties of each other, create community and reinforce therapeutic alliances. NM approach in oncology deserves to be adequately explored in order to be integrated in the routine clinical practice.

Fig. 3 – Emotions word cloud

Bibliography

1) Rita Charon. Narrative Medicine. A model for emphaty, reflection, profession and trust. JAMA 2001; 286: 1897-1902.
2) Consensus Conference : "Linee di indirizzo per l'utilizzo della medicina narrativa in ambito clinico-assistenziale, per le malattie rare e cronico-degenerative", 11-13 giugno 2014, ISS, Roma. http://www.iss.it/binary/cnmr/cont/Linee_di_indirizzo_per_l_utilizzo_della_medicina_narrativa_in_ambito_clinico_assistenziale_per_le_malattie_rare_e_cro.pdf
3) Osservatorio di Medicina Narrativa Italiano. Web-site: http://www.omni-web.org/
4) Progetto Europeo: "Story Telling on Record" (S.T.o.Re.). Coordinamento: Centro Nazionale Malattie Rare- ISS, Roma. Web-site: http://www.storeproject.eu/

AGE (years: median, range)	56 (33-83)
GENDER: Female	23 (72%)
Male	9 (28%)
NARRATORS' ROLE:	
Patients	25 (78%)
Relatives/Caregivers	3 (9.5%)
Physicians	3 (9.5%)
Nurse	1 (3%)

Tab. 1 – Narrators' characteristics.
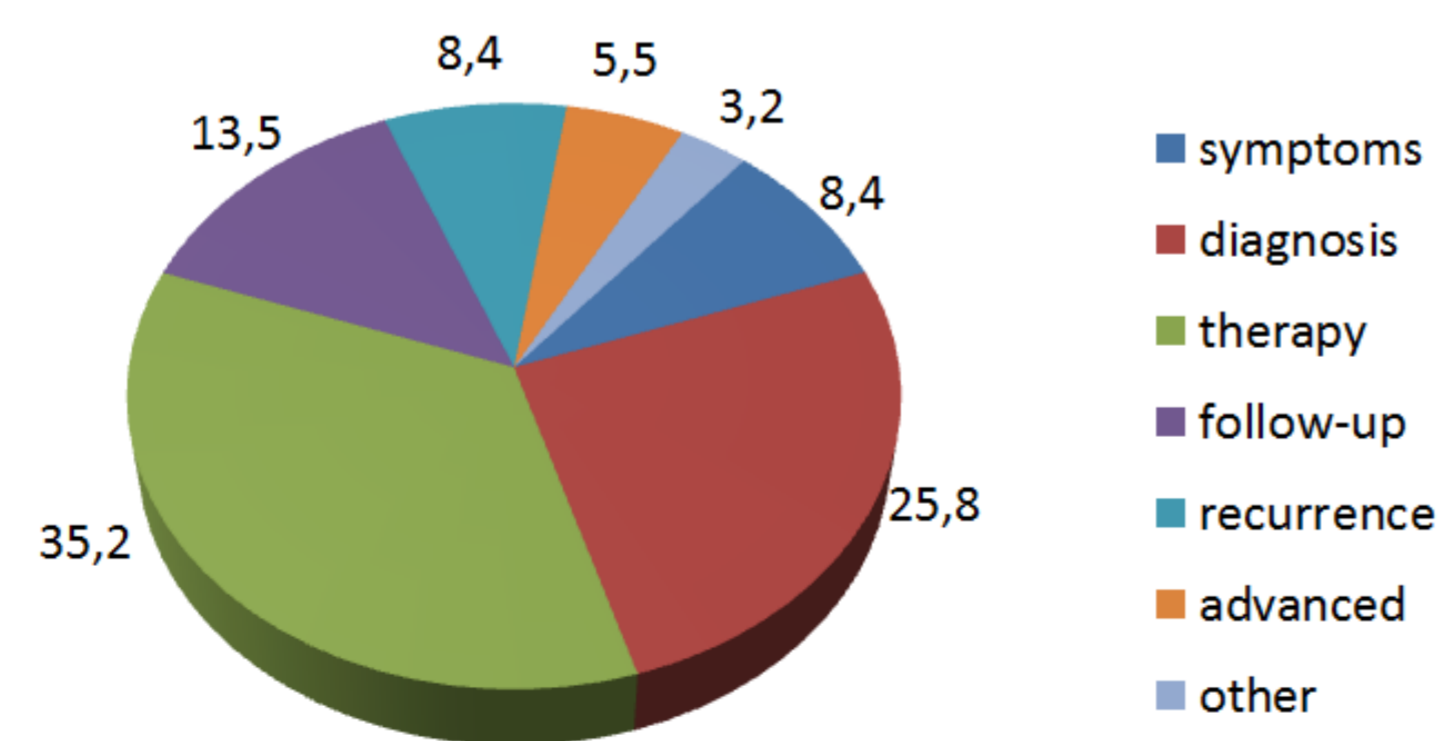

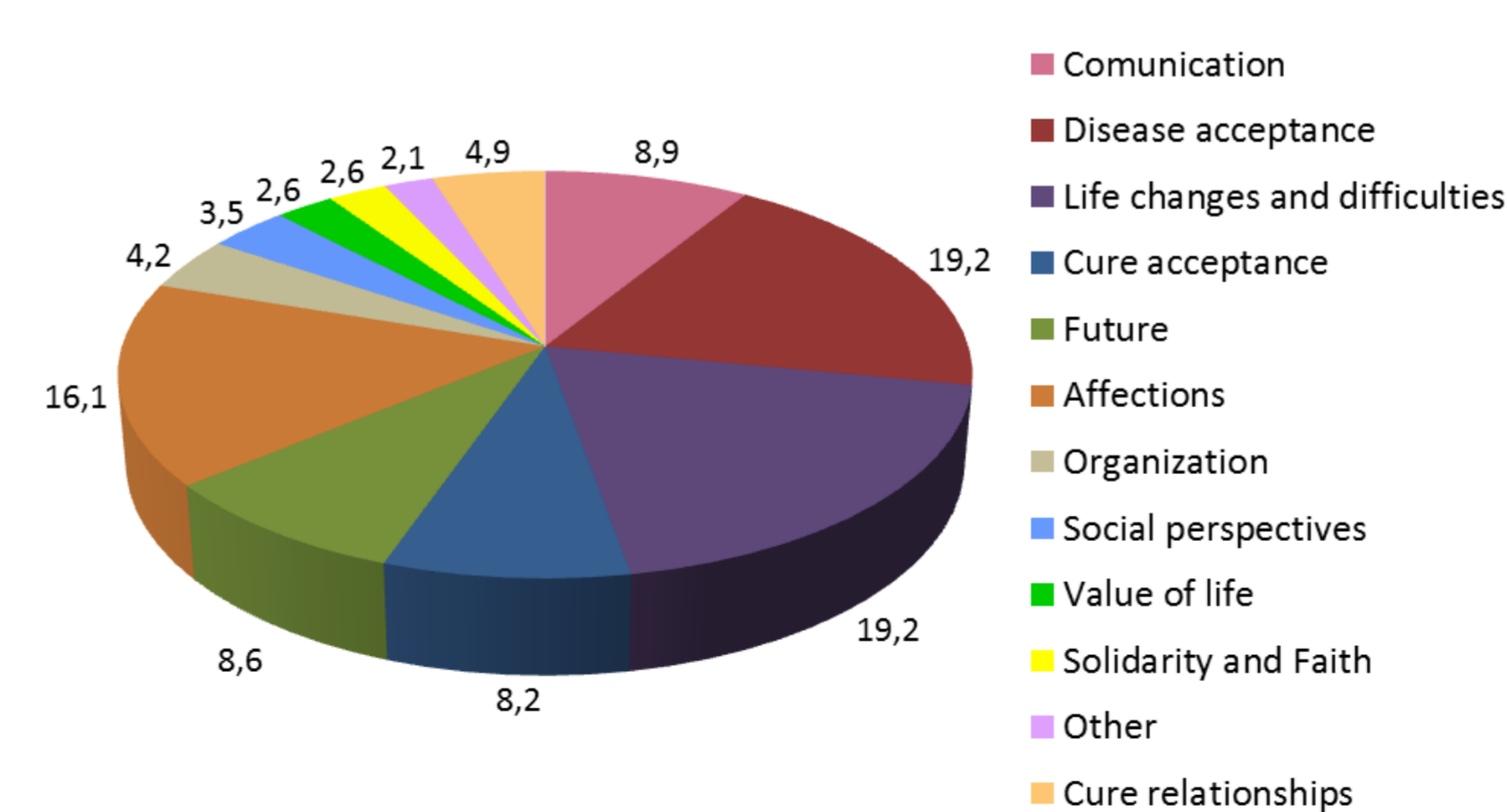**Fig. 1 – Frequency of the disease phases in the narratives.**

Fig. 2 – Frequency of the themes in the narratives.