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Emerging themes in using narrative in geriatric care: Implications for patient-centered practice and interprofessional teamwork

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ABSTRACT

Narrative approaches are increasingly used with older adults by different health professionals in a variety of care settings to provide unique and powerful insights into the patient's lifeworld and the meaning of their illness. Understanding these approaches requires insight into the narratives of both the patient and the provider. Different health professions have differing attitudes toward aging and are socialized into distinct ways of framing the problems of older adults. In a patient assessment, they may co-construct different stories that create the basis for interprofessional collaboration, posing challenges for communication among members of the team. This paper develops a conceptual framework for characterizing the use of narrative as the development of sets of "voices" reflecting a dynamic interaction between the provider and the patient, including the use of master narratives, stories and counterstories, and plots and subplots. The literature on the use of narrative with older adults in the professions of medicine, nursing, and social work is reviewed comparatively to develop a typology of these professional differences and the basis for them. Implications and recommendations for the development of new models of patient-centered care and interprofessional practice with older adults are developed.

> The central, activating, and organizing event in clinical care occurs when the sick person gives an account of himself or herself, and someone trained to help receives that account.—Rita Charon (2012, p. 343)

> We don't see things as they are; we see things as we are.—Anaïs Nin (Baldwin, 2000, p. xii)

Health and social care professionals working with older adults use stories every day when they take a patient history, perform an assessment, or develop a care plan. Ideally, such narratives should keep the focus of care on the patient or client, and they can become powerful methods of communicating and collaborating with other care providers. Thus, narrative methods, patient-centered practice, and interprofessional teamwork are all interrelated and have the common goal of improving the care and quality of life of older adults.

However, each profession has its own distinctive method of gathering unique patient information, selectively choosing the most important elements of the patient's story, and packaging and presenting it in a way that reflects that profession's own approach to understanding the patient's world. Different professions literally see the world differently, which is a reflection of how they are educated and socialized and the embodiment of particular values and assumptions about what is important to focus on in providing care. Thus, each professional will co-create, with the patient, a different narrative; when the providers come together as an interprofessional team, it is essential that these different stories be recognized as such and effectively integrated into an overall assessment and care plan that incorporates many clinical voices.

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Particularly in the care of older adults, differing health and social care professionals may approach the patient with a different set of "master narratives," generalized or archetypal formats for thinking about a patient, his or her problems, and the set of solutions to be considered. These master plots may reflect unquestioned assumptions about what it means to be old, what older adults are like, and what factors should be emphasized in providing their care. Unfortunately, such frameworks often reflect stereotypes and ageist beliefs that limit care options and prevent seeing the patient as he or she really is. Thus, an older adult may be trapped in a professional narrative of decline and deterioration, and a counterstory emphasizing continued personal growth and development may be required to free him or her from its constraints and limits.

To explore these issues, this paper will develop a framework for understanding the basis for how different health and social care professions approach the older patient and their story, incorporating elements of professional identity that are a reflection of differing values and assumptions. It is important that each profession's narrative be understood as it relates to the way in which that provider interacts with the patient. The co-construction of the patient narrative is thus a function of the active and selective processes used by the professional in its development.

Following the presentation of this framework, the literature on the professions of medicine, nursing, and social work will be reviewed on the basis of research on their attitudes toward older adults and their use of narrative methods. These professions were chosen on the basis of their often being considered as the core disciplines in providing care to older adults. The "story of aging" that they bring to a clinical encounter with older persons will influence the way in which they relate to the patient, assess and evaluate his or her needs, and contribute to the development of the care plan. In other words, the lens through which they see the process and experience of aging will color their understanding of the patient and his or her lifeworld.

Finally, implications of this analysis for how different professionals collaborate on interprofessional teams will be explored, particularly with respect to the communication about what are the patient's problems and how they can be solved. Different professional voices are essential in addressing the complex health issues that many adults face as they grow older and have to manage a variety of chronic diseases with multifaceted implications for the quality of their lives.

Co-creating the patient narrative

Biographical approaches are increasingly tied in the clinical literature to understanding the older patient as a person and to developing patient-centered care (Clark, 2001). As Clarke et al. (2003) suggest, "Person-centred care necessitates that practitioners learn more about the older person as an individual, together with a better understanding of the patient's personal meanings, experiences, and attitudes" (p. 698). This means looking beyond the "mask" of age, illness, and disability to see the person's true self and life. In addition, it connotes the development of a genuine relationship with the patient that reveals underlying values in terms of the choices facing him or her and the constraints on those choices that may exist (McCormack, 2004).

An understanding of a professional's self-narrative is the first step toward gaining insights into the process of co-constructing the patient's story. "Professional narratives are highly specialized forms of narrative that draw on the expertise and expert knowledge that professionals bring to their work" (Loftus & Greenhalgh, 2010, p. 86). Different professionals acquire differing values related to the patient and patient care through the process of education and socialization into their profession (Clark, 1997), which color their understanding and interpretation of such patient care factors as quality of life (Clark, 1995). Differing professions may define the patient's problems differently, thereby setting up a particular range of solutions to be considered and creating different narrative genres in the process (Lingard et al., 2007).

As already discussed, an essential component in co-constructing the patient narrative is relationship, which is jointly constructed in a dynamic and ongoing process by both the provider and the patient over time, including elements of the past, present, and future (Walker, 2007, as cited in Holstein et al., 2011). This essential dialogue between provider and patient—in which certain types of information are selectively gathered, packaged, and presented by the professional in a highly stylized manner—is ideally based on an integrative and joint interpretive process, drawing on the unique perspectives and lifeworlds of both participants. In this process, it is important that the emerging narrative reflects balanced input from both parties; if one or the other version of the story becomes dominant, there is a risk that elements important to the other co-author will be distorted.

For example, the formatting of the "proper" medical narrative may rely on the technical-scientific world of the physician taking precedence over the lived experience of the patient (Waitzkin et al., 1994). In addition, patient narratives may become "abbreviated or distorted in clinical applications as practitioners have sought to fit rich and varied narratives into the format of the 'admissions form' or 'clinical history'" (Gaydos, 2005, p. 255). This is also the case when the traditional method of assessment focuses on a patient's deficits or deficiencies, rather than on his or her strengths and resources (Graybeal, 2001). The co-construction of the patient's story must rely on placing the patient at the center of his or her own story and care, the essence of the patient-centered approach discussed earlier.

Different professions' approaches to dialogue with older adults

Different professions bring differing "lenses" to their interaction with the patient, in terms of how they "see" him or her. These perspectives are a reflection of different patterns of professional socialization, as well as differing attitudes toward aging and working with older adults. These powerful influences can create very biased master narratives of older patients and severely limit the ability of professionals to practice truly patient-centered care. The literature on medicine, nursing, and social work will be reviewed in order to understand both the similarities and the differences among these professions and their impacts on caring for older adults. As indicated earlier, these three professions were chosen on the basis of their often being considered the core disciplines on the health care teams that address the complex needs of older adults.