

The experience of spinal cord injury: using Frank's narrative types to enhance physiotherapy undergraduates' understanding

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Abstract

Objectives To consider physiotherapy students' responses to three illness narratives common in rugby players who have suffered a spinal cord injury (SCI).

Design A narrative vignette was provided to first and third year students reading for a Bachelor of Science degree in physiotherapy.

Setting A university in the West Midlands during a year cohort meeting.

Participants Seventy-seven first year students and 45 third year students took part in the study. All students were attending the university at the time of the study. None of the first year students had completed any clinical placement hours, and all of the third year students had completed the required number of clinical hours for a physiotherapy degree.

Main outcome measures The narrative vignette consisted of nine questions relating to the vignette. Thematic content analysis was applied to the results.

Results The role of experience appeared to influence students' responses. The third year students' reactions to each narrative appeared more consistent and unified as a medical voice. This appeared to support their preference for an ideal type of story and patient. Problems with each narrative were identified, although often not critiqued.

Conclusions Students need more time to consider different illness narratives in order to accept and understand them.

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Keywords: Spinal cord injury; Illness narratives; Physiotherapy students; Neurology; Hope

Introduction

Spinal cord injury (SCI) is a devastating condition [1] involving haemorrhage, vascular damage and structural changes due to spinal cord oedema [2]. SCI can be incomplete or complete, with symptoms ranging from paralysis of limbs to inability to breathe unaided [3]. The reported incidence of SCI ranges from 10 to 83 per million people per year worldwide [4], mainly caused by falls (42%) or road traffic accidents (37%) [5]. Sports injuries account for 11.6% of SCI, with 2.4% occurring in rugby [6]. SCI has become more prevalent in rugby since professionalism in 1995 [7], with scrums and tackles in rugby union and league, respectively, being the leading causes [8]. This population is

of concern, particularly for physiotherapists, because of the holistic approach needed for treatment.

SCI patients often experience loss of motivation, anxiety and depression [9], and since recovery is not linear or guaranteed [10], re-integration into society is difficult [11]. A loss of hope, emotional distress and low self-worth are common [12], so management involves personal, social and environmental support [11]. According to the chronic illness trajectory model [13], patients should express illness narratives to cope with their changed identity; for example, from rugby player to disabled person. This promotes empowerment and a stronger role in rehabilitation, which includes accepting a patients' view point and encouraging active participation in the decision-making process [14]. Understanding a patient's previous identity will help the therapist to value their goals and aspirations.

Illness narratives are stories of illness and health [15] created according to personal preference and cultural acceptance

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[16], and they change and adapt alongside illness progression [17]. Frank [17] identified three illness narratives – quest, chaos and restitution – that are common in Western society. Quest reflects the patient accepting disability, embracing uncertainty [18] and believing that something can be gained from the experience. Chaos describes the patient's despair and loss of hope where life is meaningless [17]. Restitution involves the patient's hope for a cure via future technological and medical advances [17].

Although qualitative research exists regarding narratives and SCI [19], there is a dearth of literature investigating healthcare professionals' responses to and perceptions of illness narratives and the subsequent effect on medical treatment. Furthermore, whilst illness narratives are important to highlight to physiotherapy students and physiotherapists alike [20], it is unknown if increased clinical experience affects perceptions of illness narratives. The aim of this study was to provide an insight into students' responses to the three illness narratives from rugby players who have suffered an SCI. Specifically, this study aimed to compare students with no clinical experience (first years) with students with the required number of clinical hours for a physiotherapy degree (third years).

Method

Ethical approval was obtained from the University of Birmingham School of Health Sciences Ethics Board. Students were asked if they would be happy to participate in the study, and 77 first year students agreed to take part. This included four male and 73 female students with a mean age of 21.5 ± 3.4 years. Forty-five third year students also volunteered to take part. This included five male and 40 female students, with a mean age of 23.9 ± 4.7 years. A qualitative vignette developed by LW and BS [21] was provided to first and third year students on one occasion. This was conducted within a lecture hall with the entire year cohort present.

The vignette

A vignette provides an illustrative account of particular points about a story, regarding different participants' voices and perspectives [22]. In this example, it involved presenting three narrative perspectives from the point of view of a rugby player. Specifically, this was a personal verbatim account of the moments leading up to an SCI. Students were told that this data was generated (by BS) from life-history interviews on individuals 4 to 7 years following an SCI, all occurring between C2 and T5. These reactions were simply labelled 'Stories A, B and C' but reflected Frank's narrative types. Students were then asked to answer nine questions that related to each story (Appendix A shows the vignette). First year students had received no previous teaching on the subject of illness narratives. Third year students had been given a single

3-hour lecture on illness narratives during a first year module (2 years before the study).

Analysis

Descriptive statistics were obtained for Question 4 including occurrences of words (n) used and percentage (%) of word occurrences relative to the number of responses obtained. The data were then subjected to what Lieblich *et al.* [23] termed a 'categorical-content analysis'. Analysis was conducted by the lead researcher (AS). BS acted as a 'critical friend' [24,25], providing reflection and questioning explanations as they emerged in relation to the data.

Results

The response rate was higher for the first year students (88%) than the third year students (54%). The first year students were undertaking a module delivered by AS and, as such, were more willing to assist. Forty-two (55%) first year students and 22 (49%) third year students played competitive sport. The majority of first ($n=70$, 91%) and third ($n=38$, 84%) year students had an interest in sport. The results are considered by narrative type and year cohort. The respondent number for each year is denoted by the letter R followed by a number.

Quest narrative (first year students)

First year students were shocked or surprised that the patient's response to an SCI was so positive (21/77, 27%). Students commented on his ability to remain optimistic and his capability of looking ahead which equated to adapting to a good/better life (48/77, 62%). The following student exemplifies these reactions:

I feel very sad that this has happened to what seems like a lovely guy. I have admiration, however, for how he is carrying on with life but I can't help feeling that although he is saying how positive he's feeling, his last few sentences make me think otherwise. 'I am happy being disabled'. Really? (R41)

This story was considered brave, courageous and admirable, and students were pleased that the patient could feel this way (16/77, 21%). It was viewed as an inspiring story that was pleasing to hear and to tell:

Attracts my attention most because it is admirable and gains my respect. It shows a strong personality and the ability to adapt to situations and still find challenges and be satisfied. It is the best path to try and take. (R6)

Quest narrative (third year students)

Third year students placed more judgement on the story; admiration was not part of the initial reaction, and responses

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