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Narrative Training as a Method to Promote Nursing Empathy Within a Pediatric Rehabilitation Setting

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ABSTRACT

Purpose: Empathy is deemed essential to nursing, yet interventions that promote and sustain empathy in practicing nurses within healthcare organizations are limited. We tested the feasibility and perceived impact of an arts-based narrative training intervention involving pediatric rehabilitation nurses for the purpose of promoting nursing empathy.
Design and Methods: One-group qualitative repeated-measures design at an urban Canadian pediatric rehabilitation hospital. Eight nurse participants attended six 90-minute weekly group narrative training sessions and two in-depth interviews pre- and post-intervention.
Results: The intervention positively impacted participants in three primary domains: Empathy for Patients and Families, Empathy Within Nursing Team, and Empathy for the Self. Major findings included: increased value placed on patients' and families' backstory, identification of "moral empathic distress" (MED), enhanced sense of collaborative nursing community, and renewal of professional purpose.
Conclusions: This study is the first of its kind conducted in the pediatric rehabilitation nursing context. Results indicate that arts-based narrative training enhances nursing empathy and contributes to a supportive nursing culture.
Practice Implications: In addition to enhancing empathy in clinical domains, nurses who participated in narrative training reported improved team collaboration, self-care practices, and renewed professional purpose. The results from the intervention are encouraging and future research needs to explore its utility in other settings with larger and more diverse sample.

"Narrative medicine" has emerged as an innovative method for building empathy in health professionals. By emphasizing the role of 'story' and 'storytelling' in healthcare settings, narrative practices draw on healthcare providers' ability to listen, understand, and honour stories generated by personal experience (Charon, 2001; see also Miller, Balmer, Hermann, Graham, & Charon, 2014). Soliciting candid stories improves patient care by revealing, and eliciting compassion for, the complexity of patients' and health providers' experiences of healthcare (Charon, 2001). By seriously engaging arts-based materials including poetry, comics, visual art, and written prose, narrative medicine interventions have been shown to enhance empathy, develop reflective practice, encourage resilience and team functioning, and foster professional identity development (e.g., Cunningham, Rosenthal, & Catallozzi, 2017; Miller et al., 2014; Shapiro, Rucker, Boker, & Lie, 2006; Winkel et al., 2016).

As an arts-based healthcare intervention, "narrative medicine" has been identified as an important shift towards patient-centered care (Charon, 2001). Despite its titular affiliation with *medicine*, however, arts-based narrative interventions have been successfully employed with a range of healthcare professionals. Therefore, in keeping with research that reflects such inclusiveness (Charon, 2007; Crawford, Brown, Tischler, & Baker, 2010) this article employs the phrase "narrative training" to reflect the application of rigorous training in close reading, attentive listening, reflective writing in the *nursing* context. For example, in two different studies, interdisciplinary groups of predominantly nurses

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(59%–63%) and physicians (11%–31%) reported that narrative training positively influenced both clinical care and participants' lived experiences (Dickey, Truten, Gross, & Deitrick, 2011; Sands, Stanley, & Charon, 2008). However, narrative practices have yet to be widely adopted within healthcare environments, especially the nursing professions.

Providing nursing care to patients who are in pain, suffering, or traumatized involves intense practical and emotional challenges (Sabo, 2011). Pediatric rehabilitation nurses are at the forefront of such complex care relationships. Working with children in long-term hospitalization following painful bone surgeries or life-changing trauma (e.g., spinal-cord or brain injuries) involves navigating the needs of both patients and their family members, often including profound distress, grief, and anger (Webb, Tittle, & Vancott, 2000). Narrative training is well-suited to the demands of long-term nursing, given the prevalence of occupational stress and burnout among this group (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011).

Principles of patient- and family-centered care (PFCC)—including *Respect and Dignity*, *Information Sharing*, *Partnership*, and *Collaboration*—are essential to effective healthcare delivery in the pediatric setting (Institute for PFCC, n.d.). Pediatric rehabilitation is no exception, requiring nurses to uphold a strong ethic of collaboration with families. The capacity to imagine the situation of each patient and their family—understanding their feelings and perspective, and responding in ways that make patients feel heard and cared for—is known as empathy (Morse, Bottorff, Anderson, O'Brien, & Solberg, 2006). Empathy therefore underpins the principles of PFCC. In the pediatric rehabilitation context, PFCC assumes its providers have the personal and institutional means to facilitate such empathetic care relationships.

Yet higher workloads, decreasing staffing ratios, and increasing technological demands (Cram, 2011) mean that empathy is under assault in the healthcare setting. Nurses report that complex chronic illness (Maytum, Heiman, & Garwick, 2004) and caregiver burnout are impediments to empathy (Bradham, 2008). Based on the essential role that nurses play in the patient's experience (Needleman & Hassmiller, 2009)—and, especially in the pediatric context, the family experience as well—it is vital that the promotion of nursing empathy is adequately and empirically addressed. For nurses to provide optimal patient care, nurses themselves must feel consistently cared for, with time devoted to "destressing" within the work context (Crane & Ward, 2016). Consequently, interventions aimed at 1) determining the specific challenges to empathy faced by nurses, and 2) better supporting pediatric rehabilitation nurses in their day-to-day work, are urgently needed.

To date, most research pertaining to narrative training's impact on empathy has focused on health professional students or interprofessional teams. This study is the first to examine the perceived impact of an arts-based narrative training intervention in the pediatric rehabilitation nursing setting.

Methods

Prior to and following a narrative training intervention (conducted weekly over six weeks), participants completed two in-depth, 60-minute semi-structured individual interviews (one interview pre-intervention and one interview post-intervention) to assess its perceived impact on nursing empathy using a one-group qualitative repeated-measures design (Patton, 2002).

Recruitment was conducted at an urban Canadian pediatric rehabilitation hospital. In light of time and resource constraints (i.e., budgetary and work/shift-related) described by study site staffing administrators, prior to the study start date, we determined that recruitment would be limited to 8 participants. Importantly, our study's pre-determined sample size was consistent with recommendations from the American Balint Society describing best practices for facilitated small-group work involving health care professionals with shared experiences (i.e., sessions should be a minimum of 60 min and involve 6–10 members); these recommendations further informed the length of individual sessions and the duration of the intervention itself (Roberts, 2012). Following institutional ethics approval, pediatric rehabilitation inpatient nurses were recruited using an internal institutional email list. At least two nurses from all three inpatient units self-selected to participate; none had previously participated in any form of narrative training. Participants provided informed consent and received an honorarium ($50 in prepaid gift-cards) for their time.

Data Collection

One-hour, semi-structured individual, pre- and post-intervention interviews were conducted approximately 8 weeks apart. Pre-intervention interviews explored participants' expectations for the intervention (e.g., "What do you hope to get from this experience?", "What was it about the program that attracted you?") while post-intervention interviews explored perceived impact (e.g., "What was the most important experience you had in the program?", "Would you recommend this program to other nurses? How come?"). All interviews were audio-recorded, transcribed verbatim, and de-identified prior to analysis. Participants reported basic demographic information, including gender and years of experience. Eight months later, 5/8 nurses (at least one from each inpatient unit) participated in member-checking (Birt, Scott, Cavers, Campbell, & Walter, 2016; Mays & Pope, 2000) to verify research findings.

Narrative Training Intervention

Curriculum Development

To ensure the intervention engaged topics commonly encountered by pediatric rehabilitation nurses, an Operations Manager, Clinical Resource Leader, and facilitator met to identify typical experiences. Facilitators designed the curriculum based on these discussions, scholarly literature on narrative training and empathy in the clinical setting, and the practice principles of "narrative medicine" (Charon, 2001). Session topics included: "The Other Side of Care," "Building Perspective," "Obstacles to Empathy," "Limits to Rehabilitation," "Making Room for Hope," and "A Letter to Myself." See Table 1 for an overview of the curriculum, including: session theme, purpose, and activities.

Narrative Intervention Session Structure

In keeping with American Balint Society recommendations for small-group work involving health professionals described above, the intervention involved six once-weekly 90-minute sessions guided by dedicated facilitators in a quiet location off-unit at the study site (Roberts, 2012). Each session began with quiet reading of a short creative work (e.g., poem or comic) addressing the session's topic. Participants then engaged in a facilitator-guided discussion of the reading, followed by an expressive writing or drawing prompt (e.g., "Write about a time that you received care"; "In a three-panel comic, tell the story of a patient through their parents' eyes"). For the remainder of the session, participants created, shared, and discussed their own written or visual narratives. Facilitators recorded personal field notes after each session to describe their impressions of the intervention. Two of three facilitators (with experience in narrative training for health professionals) led all sessions: a PhD in English who directs a Health Humanities program; a certified medical illustrator with a PhD in English; and a parent to a former inpatient at the study site and editor of a magazine on parenting children with disabilities.

Data Analysis

To ensure rigor and credibility, research team members who did not facilitate the intervention used an open-coding procedure for iterative thematic narrative analysis (Patton, 2002; Saldaña, 2009) on an initial subset of pre- and post-intervention individual interviews. The initial

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