The relationship between Narrative Medicine and Nurse and Nurse Practitioner Well-Being

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Introduction: The state of Well Being among Nurses and Nurse Practitioners

60.7% of Nurses reported burnout (22)

56.7 % of Advanced Practice Providers reported burnout (22)

Nurses in the workforce dropped by 100,000 in 2021 (9)

Reasons cited burnout, pandemic impacts and nursing shortage

of 29, 472 nurses (9)

62% reported an increase in their workload during the COVID-19

    50.8% feeling emotionally drained

    56.4 % used up

    49.7% fatigued

    29.4 % at the "end of their rope"

    overall 3.3% decline in the U.S. (14)

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Background: well-being impact patient safety, quality and the nursing profession

- Poorer Outcomes and reduced safety in patient care (17, 20)

- Turnover rate for RN is 8.8 % to 37.0%, depending on geographic location and nursing specialty. (9)

- Nurse Practitioner Turnover Rate is alarming at 10% (28)

- US Bureau of Labor Statistics projects that more than 275,000 nurse are needed from 2020-2030 (9,17)

- the United States could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care. (1)

- Critical demand for Primary Care projects Nurse Practitioner role growth (1,24)

- Nearly 18% of newly licensed RNs quit the profession in the 1st year (4, 5)

- 22-32% of nursing workforce is considering retiring or leaving the profession or current position in the near future (14)

- Reasons for RNs and other advanced nurses for leaving profession are similar and include stressful working conditions, lack of leadership and supervisions and understaffed facilities.(20)

- NPs who report they are dissatisfied with their career choice 18% will reduce hours in current position, 16% will retire early and 12% will leave profession (25)

Narrative Medicine Definition

" medicine practice with the narrative competence to **recognize, absorb, interpret an be moved by** the stories of illness"

" a clinical practice informed by the theory and **practice** of reading, writing, telling, and receiving of stories" (6)

Emerging Narrative Medicine Programs

In response to burnout across disciplines, high turnover and recruitment challenges – NM programs are emerging in education and clinical environments.

Enhance storytelling and listening to our patient's stories, building community across professions and improving the dialogue amongst colleagues and patients.(15,19, 21)

Examples of NM Practice - Worldwide

- Columbia University, Division of Narrative medicine, https://www.capc.org/blog/want-to-strengthen-connection-within-your-palliative-care-team-try-narrative-medicine/

- University of Southern Denmark https://www.sdu.dk/da/om_sdu/institutter_centre/darc/nyt_darc/narrativemedicine

- DIS (originally Danish Institute for Study Abroad) https://disabroad.org/copenhagen/courses/narrative-medicine/

- Intima: A Journal of Narrative Medicine, https://www.theintima.org/

- Mayo Clinic, Center for Humanities https://connect.mayoclinic.org/blog/center-for-humanities-in-medicine/

- Center For Palliative Care https://www.capc.org/blog/want-to-strengthen-connection-within-your-palliative-care-team-try-narrative-medicine/

- College of Medicine Phoenix, The Program for Narrative Medicine & Health Humanities https://www.narrativemedphx.com/

Narrative Medicine Skills

1. CLOSE READING

2. NARRATIVE INTERVIEWING

3. ATTENTIVE LISTENING

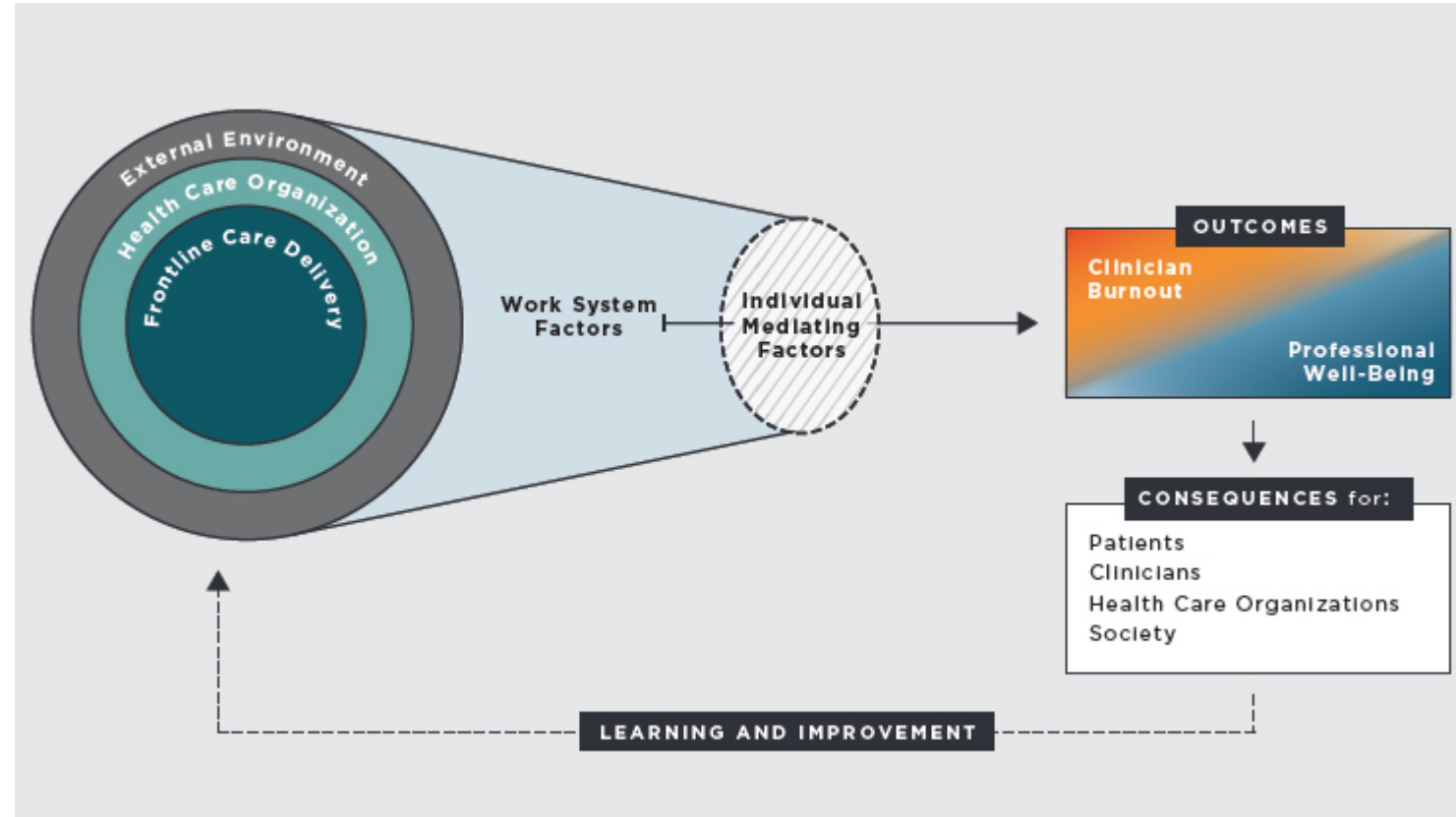4. REFLECTIVE WRITING. (6,7)

SUMMARIZED

" **ATTENTION** THE CAPACITY TO LISTEN FOR THE TWISTS AND TURNS OF ANOTHER PERSON'S EXPERIENCES WITH INTENSITY AND EMPATHY

REPRESENTATION THE ABILITY TO CREATE A STORY THAT CAPTURES THAT OTHER PERSON'S LIVED REALITY

AFFILIATION THE DESIRE TO SHARE A COMMON BOND WITH THE OTHER PERSON AND BE MOVED TO ACTION ON THEIR BEHALF" (11)

Theoretical Framework

Systems Model of clinician burnout and professional well-being

Research Question and Hypothesis

Question:

What is the relationship of Narrative Medicine practice and well being among practicing professional nurses?

Hypothesis:

When nurses and nurse practitioners practice the principles of NM, they will experience higher levels of well-being and reduced burnout.

Methodology

- IRB approved study through Norwich University

- Survey Nurses and Nurse Practitioners about their well being and about their nursing/nurse practitioner practice

- 2 surveys – 1) assessing knowledge of NM and their nursing practice of NM principles and 2) assessing RN and NP well-being

- Recruitment:
  - National sample- snowballing
    - Inclusion Criteria:
      - Registered Nurse and/or Nurse Practitioner
    - Incentive – raffle entry

- Qualtrics platform
  - Mayo clinic Well Being Index - Validated tool (22)
  - Researcher developed NM survey – expert review

Methodology: Data Analysis

- Correlational study

- Utilized IBM SPSS for data analysis

- $p < 0.05$

- Respondents were broken in to two groups:
    - RN only
    - NP only

Measurement: Nurse Survey vs. NP Survey

Nurse Well-Being Index

•During the past month...
1. have you felt burned out from your work? Y/N
2. have you worried that your work is hardening you emotionally? Y/N
3. have you often been bothered by feeling down, depressed, or hopeless? Y/N
4. have you fallen asleep while sitting inactive in a public place? Y/N
5. have you felt that all the things you had to do were piling up so high that you could not overcome them? Y/N
6. have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)? Y/N
7. has your physical health interfered with your ability to do your daily work at home and/or away

    from home? Y/N

•Please rate how much you agree with the following statements
1. The work I do is meaningful to me
    i) 7 point Likert scale; anchor "very strongly disagree" at the 1 end of the scale and "very strongly agree" at the 7 end of the scale
2. My work schedule leaves me enough time for my personal/family life
    i) strongly agree; agree; neutral; disagree; strongly disagree (22)

Advanced Practice Providers Well-Being Index

•
•During the past month...
1. have you felt burned out from your work? Y/N
2. have you worried that your work is hardening you emotionally? Y/N
3. have you often been bothered by feeling down, depressed, or hopeless? Y/N
4. have you fallen asleep while sitting inactive in a public place? Y/N
5. have you felt that all the things you had to do were piling up so high that you could not overcome them? Y/N
6. have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)? Y/N
7. has your physical health interfered with your ability to do your daily work at home and/or away

    from home? Y/N

•Please rate how much you agree with the following statements
1. The work I do is meaningful to me
    i) 7 point Likert scale; anchor "very strongly disagree" at the 1 end of the scale and "very strongly agree" at the 7 end of the scale
2. My work schedule leaves me enough time for my personal/family life
    i) strongly agree; agree; neutral; disagree; strongly disagree

Predictive Validity: RN

An eWell-Being Index score ≥2 (higher score = greater risk). In a sample of **US nurses**, those with a Well-Being Index score ≥2 were at greater risk for a number of adverse outcomes, including:

- 4 fold higher risk of burnout
- 2 fold higher risk of severe fatigue
- 2 fold higher risk of poor overall quality of life
- 2 fold higher risk of recent patient care error
- 2 fold higher risk of moderate or greater intent to leave their current position for reasons other than retirement in the next 24 months (22)

Predictive Validity: NP

An eWell-Being Index score ≥4 (higher score = greater risk). In a sample of **US advanced practice providers**, those with a Well-Being Index score ≥4 were at greater risk for a number of adverse outcomes, including:

- 9 fold higher risk of burnout
- 3 fold higher risk of severe fatigue
- 4 fold higher risk of poor overall quality of life
- 1.7 fold higher risk of recent patient care error
- 3 fold higher risk of moderate or greater intent to leave their current position for reasons other than retirement in the next 24 months (22)

Results: Response Descriptive Statistics

- 3167 surveys completed
  - RN Responses: 1934
  - NP Responses: 1233
    - Included national and international responses

- Practice Types – academic, community other

- Demographics – Degree:
  - 48% had at least a BSN
  - 11.7% had a PhD (2.7%) or a DNP (9.0%)

- 78% had some knowledge of NM

- Cannot ascertain if they use NM in current practice consistently, two questions addressed practice while the rest asked about their practice beliefs
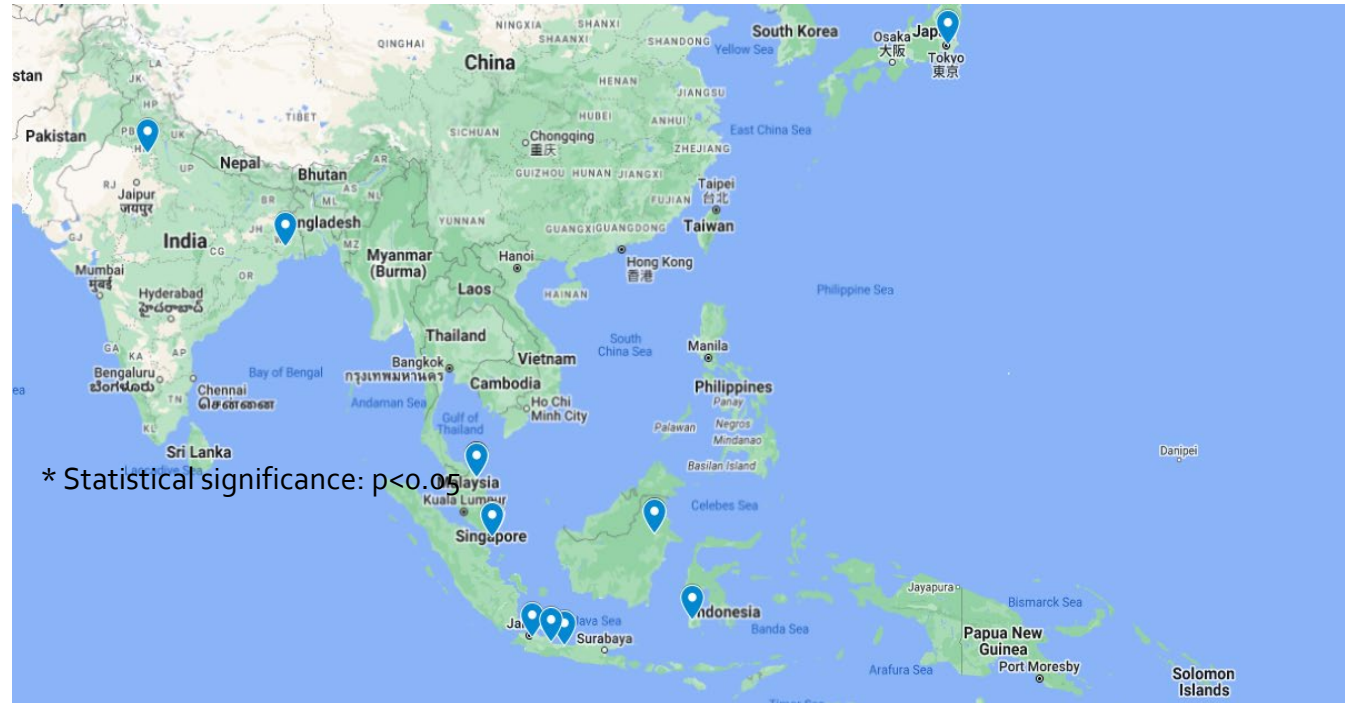
Respondents Location (US/Mexico)
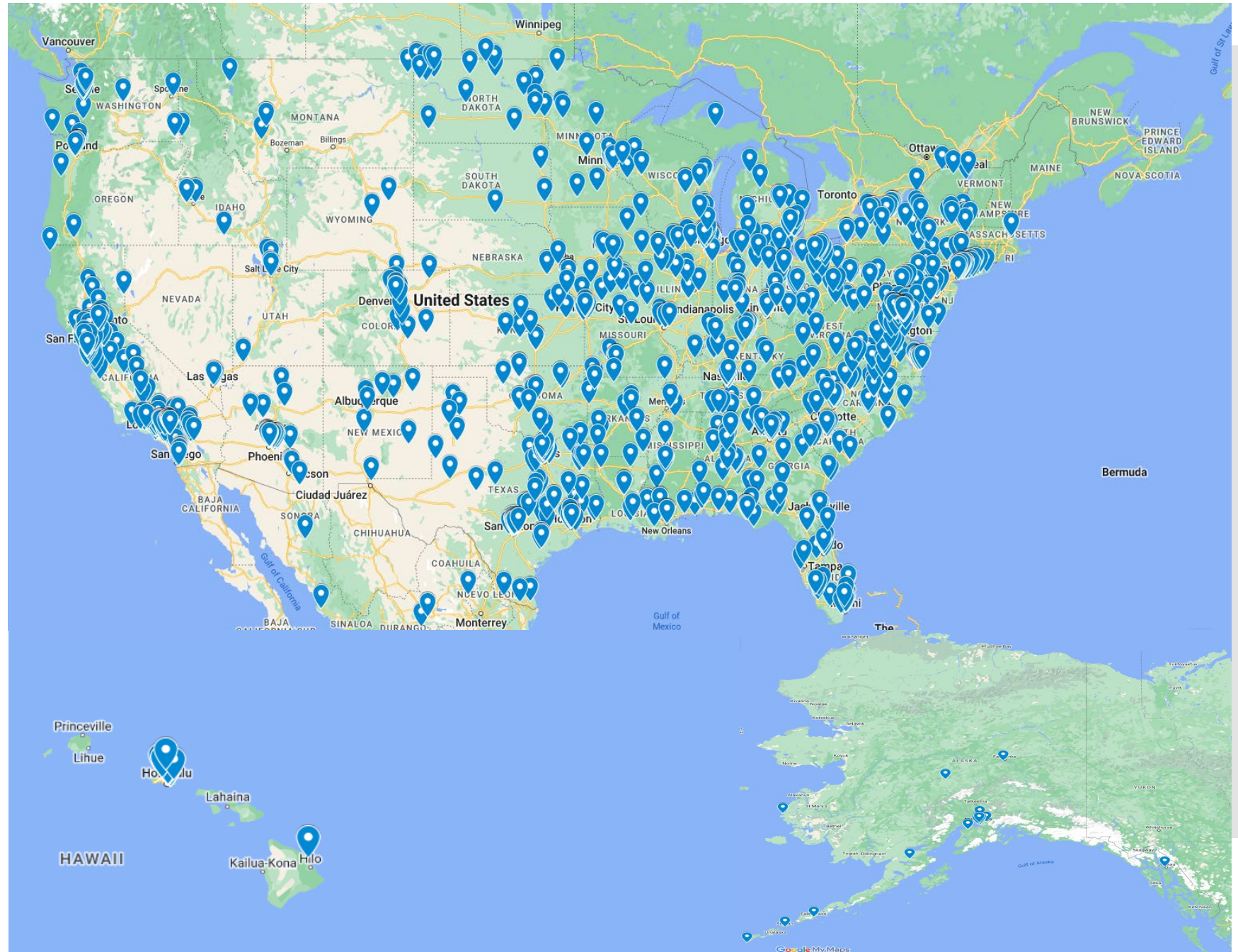
Respondents Location (Europe)
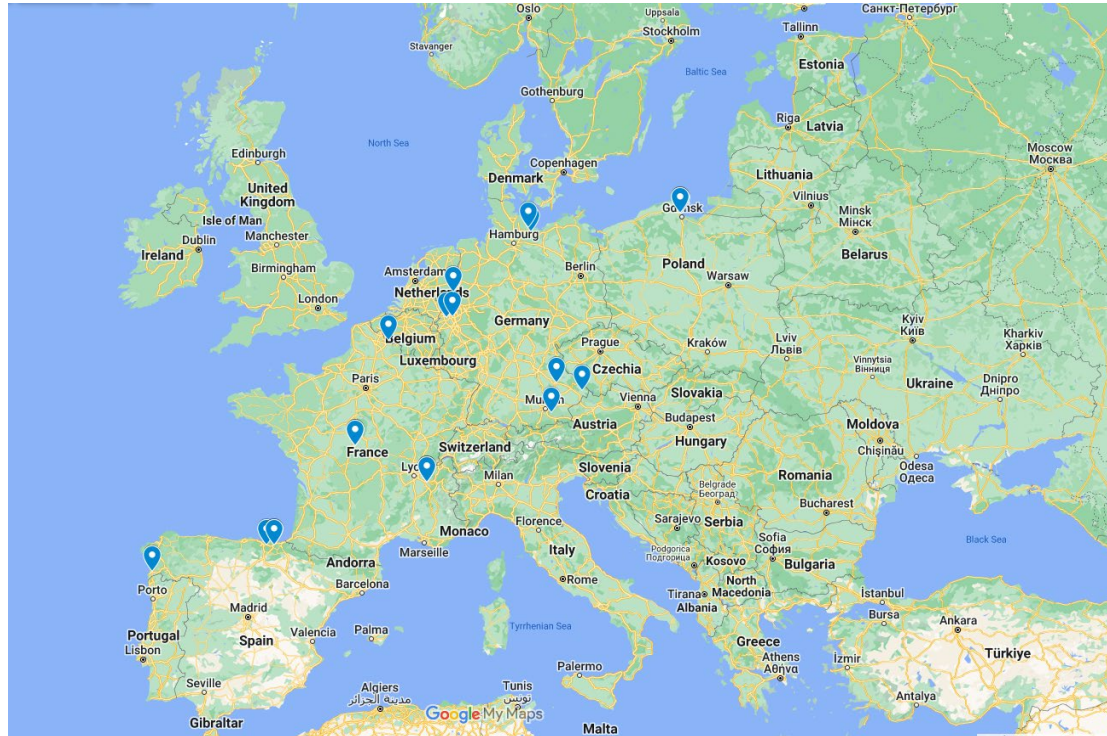
Respondents Location (Africa-Asia-South Pacific)

* Statistical significance: p<0.05

Demographics: Age (RN and NP)

Age of Responders	Percent
18-24 years old	12.7%
25-34 years old	45.3%
35-44 years old	28.3%
45-54 years old	8.5%
55-64 years old	3.3%
65+ years old	0.9%
Under 18	0.5%
No Response	0.6%

Demographics: Gender (RN and NP)

Gender	Percent
Female	73.1%
Male	23.7%
Non-binary/third gender	1.3%
No response	1.4%
Prefer not to say	0.3%
Prefer to self describe	0.3%

Demographics: Years of Experience (RN and NP)

Years of Experience	Percent
1-5 years	30.3%
11 to 15 years	20.4%
16 to 20 years	9.1%
21 to 25 years	3.0%
6 to 10 years	32.5%
More than 25 years	4.1%
No Response	0.7%

Where did you learn about NM?

Site/Situation of Learning of NM	Percent
I am not familiar with NM	30.2%
I learned about NM at an outside course or workshop after completing my nursing program	6.6%
NM was integrated into my nursing courses	22.8%
NM was an optional elective in my nursing program	11.3%
NM was a required course in my nursing program	13.1%
NM was taught as a stand-alone course at my college or university	14.2%
Other	1.8%

Registered Nurse Well Being Index

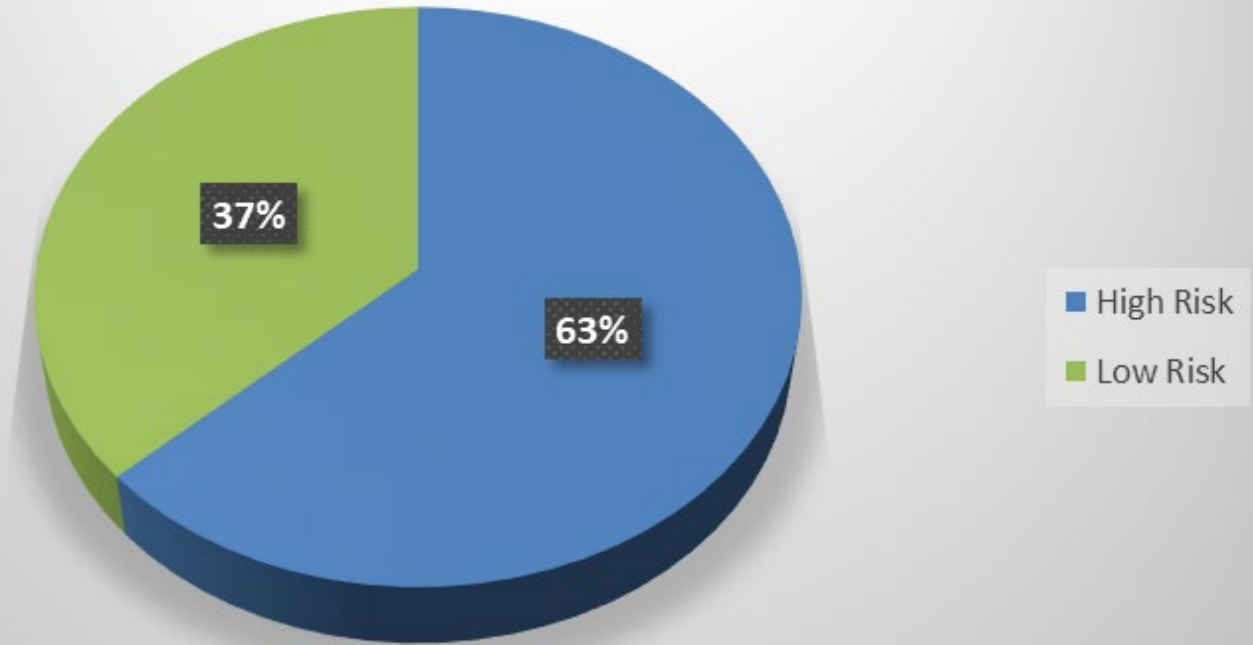## Increased risk for burnout at ≥2

Well-Being Index Level for RN's
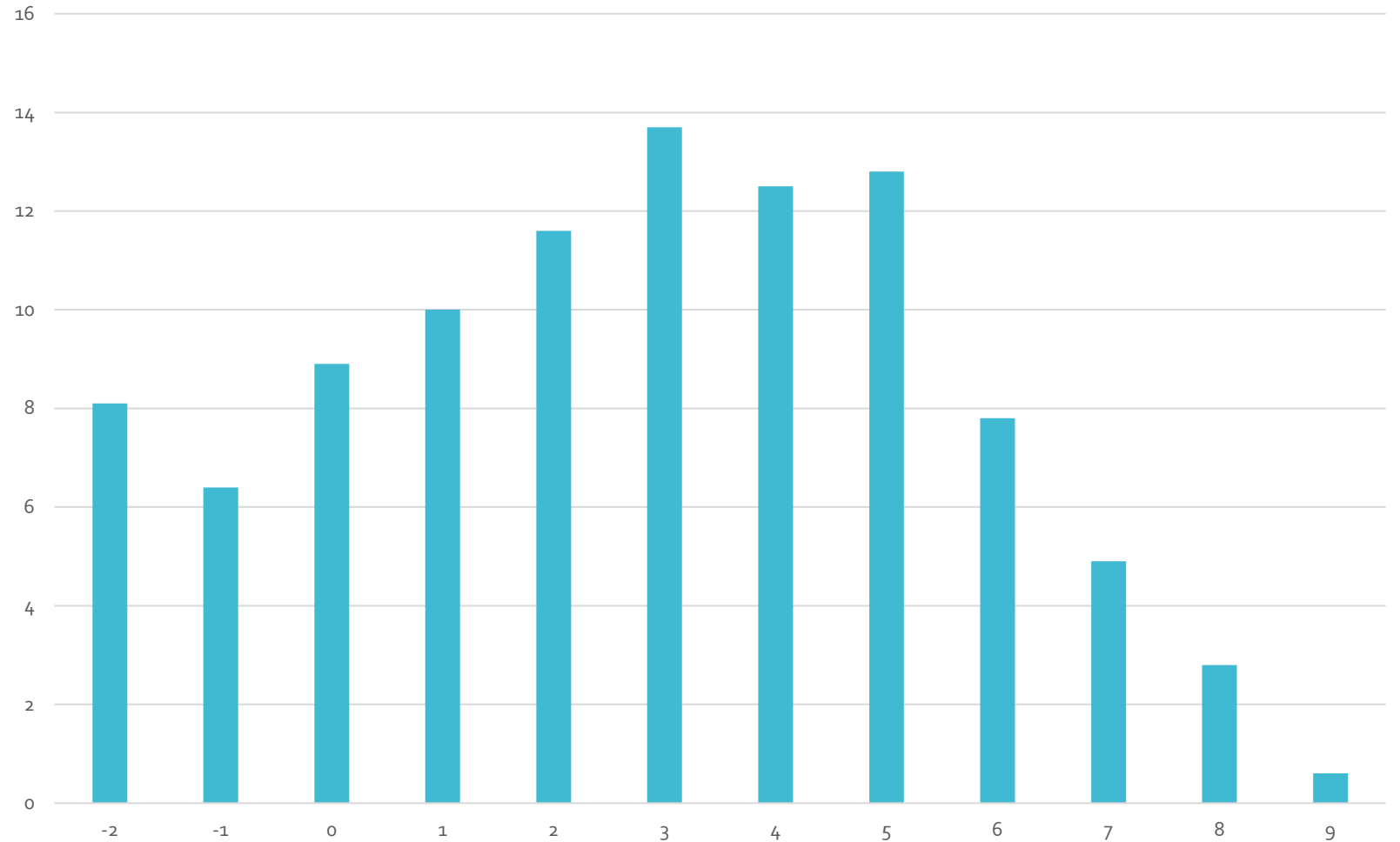
Risk for Burnout in Registered Nurses

Risk for Burnout for RNs

37%

63%

High Risk
Low Risk

lower risk for burnout (WBI score < 2) correlated at statistically significant level with NM Practice

Narrative Medicine Practice Survey Registered Nurses:

1. It is important to understand each patient's story about their illness and life.
2. I always find a way to learn the patient's story, even when pressured by time or other circumstances.
3. Hearing the patient's story about their illness in their life makes me a better nurse.
4. Hearing patients' stories, deepens my understanding of myself.
5. Learning the context of illness in my patient's life, helps me be a better nurse.
6. When I don't get the patients story, my nursing care suffers.
7. Empathy is important in my nursing practice.
8. When I learn my patient's story of their illness, I make a more accurate nursing diagnosis.
9. Mindful attention is necessary to learn the patient's story.
10. I often journal, write poetry or use other forms of writing about my patients' stories.
11. Developing a partnership with my patients improves health outcomes for my patients.
12. Developing professional affiliations with other nurses or other professionals makes my practice of nursing more rewarding.
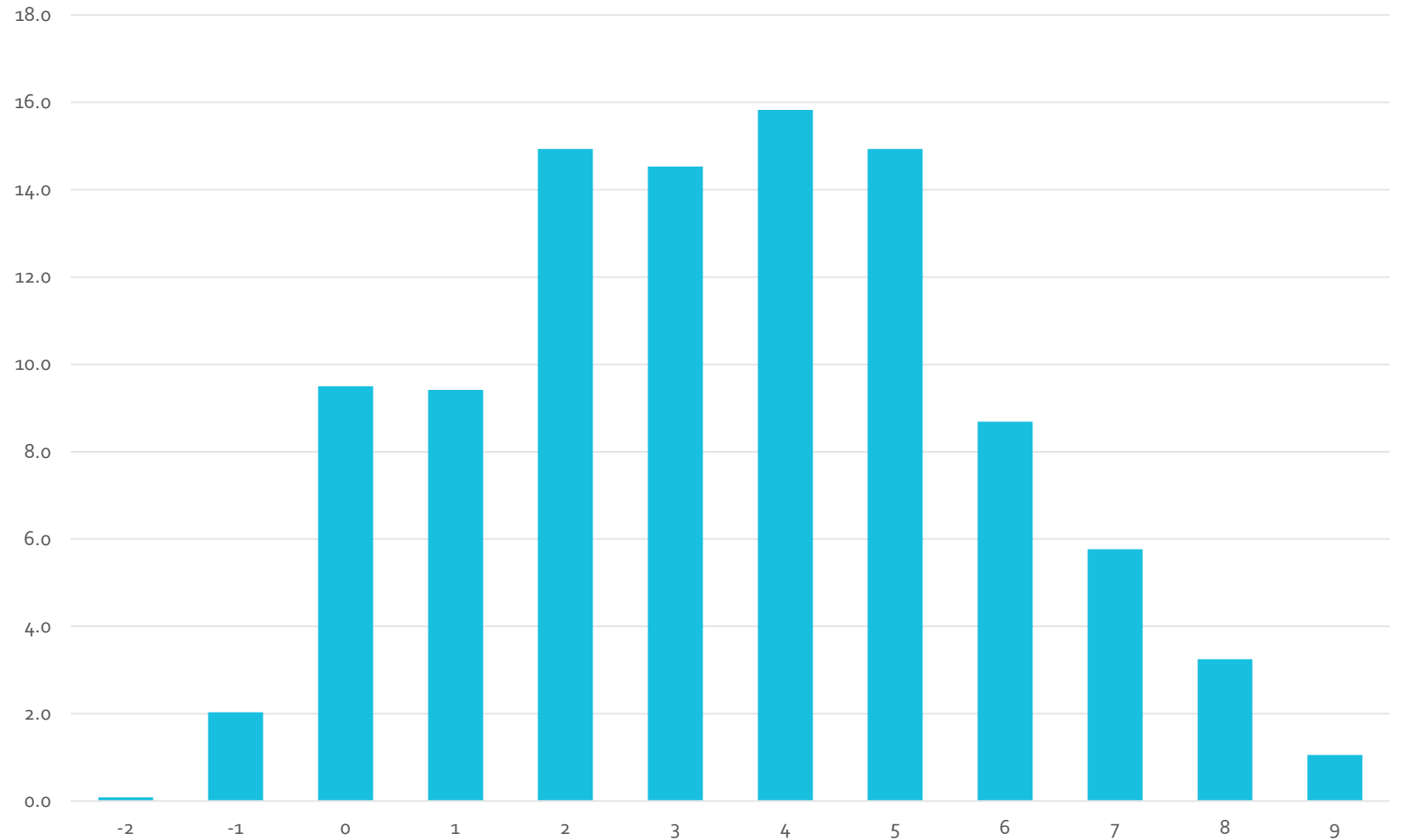
- **Likert Scale; Strongly Agree   Somewhat Agree   Neutral   Somewhat Disagree   Strongly Disagree**

- Pearson Correlation is significant at the 0.01 level (2-tailed).
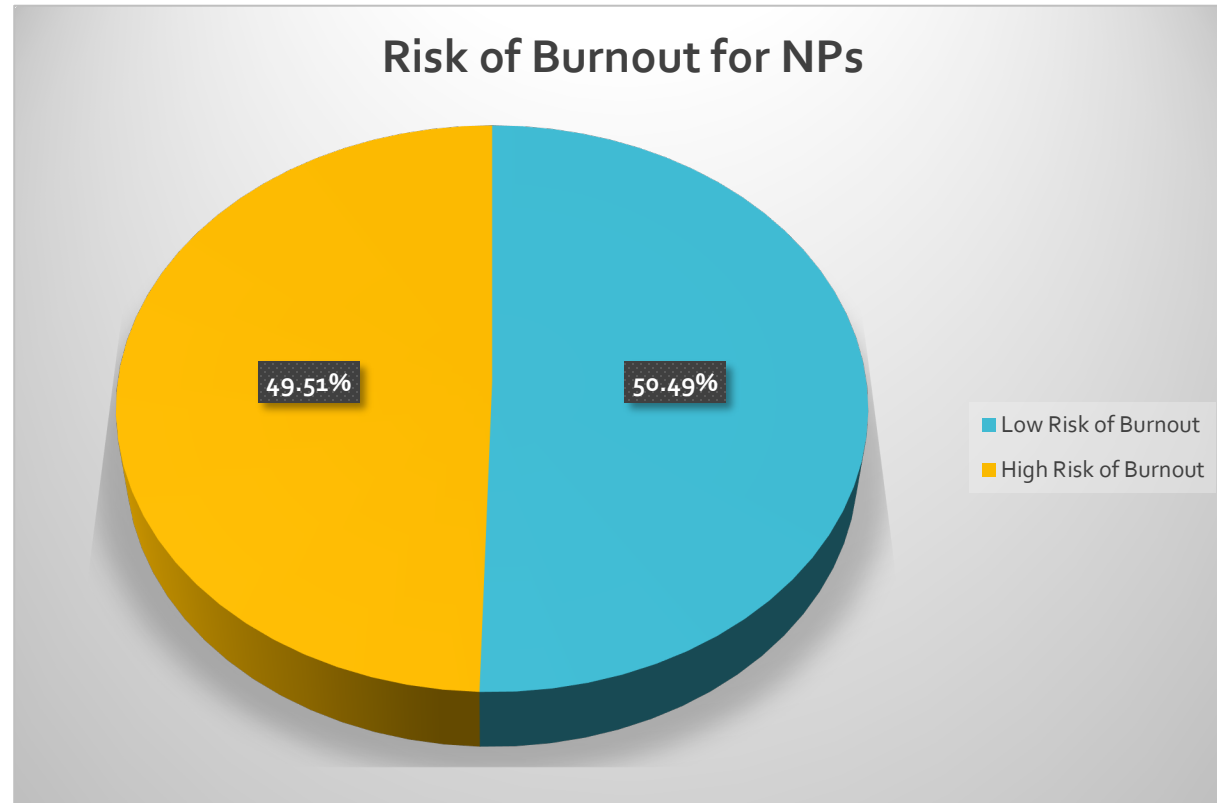
Nurse Practitioner Well-being Index

Increased risk for burnout at ≥ 4

Well-Being Index Level for NPs

Risk for Burnout (NPs)

Risk of Burnout for NPs

49.51%   50.49%

- Low Risk of Burnout
- High Risk of Burnout

Lower risk for burnout WBI score < 4 correlated at statistically significant level with NM Practice

Narrative medicine Practice Survey Nurse Practitioners:

1. It is important to understand each patient's story about their illness and life.
2. I always find a way to learn the patient's story, even when pressured by time or other circumstances.
3. Hearing the patient's story about their illness in their life makes me a better nurse practitioner.
4. Hearing patients' stories, deepens my understanding of myself.
5. Learning the context of illness in my patient's life, helps me be a better nurse practitioner.
6. When I don't get the patients story, my nurse practitioner care suffers.
7. Empathy is important in my nurse practitioner practice.
8. When I learn my patient's story of their illness, I make a more accurate diagnosis.
9. Mindful attention is necessary to learn the patient's story.
10. I often journal, write poetry or use other forms of writing about my patients' stories.
11. Developing a partnership with my patients improves health outcomes for my patients.
12. Developing professional affiliations with other nurse practitioners or other professionals makes my nurse practitioner practice more rewarding.

- **Likert Scale; Strongly Agree   Somewhat Agree   Neutral   Somewhat Disagree   Strongly Disagree**

- Pearson Correlation is significant at the 0.01 level (2-tailed). Green statistically significant yellow borderline

Correlation of NM with WBI score (Lower risk of Burnout)

Knowledge of NM and Years of Nursing Practice

Variables	Results for RN*	Results for NP*
Learned NM vs. WBI (Yes/No)	$p<0.001$	$p<0.001$
WBI vs. Years of Experience	$p=0.004$	$p<0.001$

* Statistical significance: $p<0.05$

Specific NM practices and correlation with a lower risk of burnout (NM elements vs. WBI)

Question from NM Survey	Results for RN*	Results for NP*
It is important to understand each patients story about their illness and life	p<0.001	p=0.726
I always find a way to learn the patients story, even when pressured by time or other circumstances	p<0.001	p=0.035
Learning the context of illness in my patients life, helps me be a better nurse practitioner	N/A	p=0.722
Learning the context of illness in my patients life, helps me be a better nurse	p<0.001	N/A
When I don't get the patients story, my nurse practitioner care suffers	N/A	p=0.47
When I don't get the patient's story, my nursing care suffers	p<0.001	N/A
I often journal, write poetry or use other forms of writing about my patients stories	p<0.001	p<0.001
Developing a partnership with my patients improves health outcomes for my patients	p<0.001	p=0.729

* Statistical significance: p<0.05

Correlation of Empathy on WBI for RN's and NPs

Question from NM Survey	Results for RN*	Results for NP*
Empathy is important in my nursing practice	p<0.001	p=0.051

* Statistical significance: p<0.05

Specific NM practice correlation with WBI score
RN only

Question from NM Survey	Results for RN*
Hearing the patient's stories deepens my understanding of myself	$p<0.001$
Hearing the patient's story about their illness in their life makes me a better nurse	$p<0.001$
Empathy is important in my nursing practice	$p<0.001$
When I learn of the patient's story of their illness, I make a more accurate nursing diagnosis	$p<0.001$
Mindful attention is necessary to learn the patient's story	$p<0.001$

* Statistical significance: $p<0.05$

Study Limitations

- There may be bias in the snowballing methodology

- The WBI has been validated with US nurses

- The study shows correlation however does not establish causation

- The NM practice survey tool was researcher developed and not validated beyond expert review. The expert was experienced in NM teaching but not certified or otherwise credentialed in NM.

Questions and Implications for further research

- Is there a causative effect of NM and Well being?
    - study design to identify cause and effect with NM and WBI

- Will a pre-post study with a NM intervention show causation?

- Does well-being independently lead to higher retention in nursing?

- How does the difference in practice between RN's and NPs affect how NM is implemented in their practices?

- Identify other factors impacting nurse and NP well-being

- Develop NM opportunities in Practice Settings

- Identify evidence for NM best practice

- Investigate opportunities to integrate NM teaching into nursing education

Conclusions: What did we learn from this study?

- 30.2% of respondents were not familiar with NM

Of those familiar with Narrative medicine:

- 69.8% of nurses in this study learned about narrative medicine through formal (courses) or informal methods (workshops)

- 91.8% of NPs in this study learned about narrative medicine through formal (courses) or informal methods (workshops)

- **RNs who practice NM have higher levels of well being**

- **NPs who practice 4 elements of NM have higher levels of well being**

Acknowledgements

References