

The Transformative Effect of Narrative Medicine: How to Fight Stress and Burnout through Patient Centered Essays

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FCM Grand Rounds, November 10, 2020

I have no conflict of interest

Goals and Objectives

- **Goals:**

- Inspire All of YOU to start writing Narrative Medicine essays.
- Give You a powerful tool to fight stress and burnout.
- Give You a new way to engage in scholarly activities.

- **Objectives:**

- Learn what NM is about.
- Learn the history of NM.
- Understand the principles of NM.
- Recognize writing as a powerful tool of self-care.

Narrative Medicine

The concept of Narrative Medicine was developed by Rita Charon, MD, PhD, Division of General Medicine at Columbia University.



Dr. Charon introduced medical students to:

Literary texts about illness, so that they could practice interpreting patients' stories;

Reflective writing, so they could write about the experiences of both the patient and the clinician.

Reflective Writing

Communicating our response to thoughts and feelings.

A way of exploring our learning and an opportunity to gain self-knowledge.

A way to achieve clarity and better understanding of what we are learning.

A chance to develop and reinforce writing skills.

In 2000, Dr. Charon and colleagues at Columbia received a **grant from the National Endowment for the Humanities**

The group explored and began to articulate the consequences of bringing **literary and creative practices into the realm of health care**

Narrative Medicine emerged as a **formal field of medicine**: *A rigorous intellectual and clinical discipline to fortify healthcare*

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The **PRINCIPLES
and PRACTICE of
NARRATIVE MEDICINE**



Rita Charon, Sayantani DasGupta, Nellie Hermann,
Craig Irvine, Eric R. Marcus, Edgar Rivera Colón,
Danielle Spencer, Maura Spiegel

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OXFORD

Columbia University Department of Ethics and Medical Humanities

- **Division of Narrative Medicine**
- Division of Ethics
- Division of Social Medicine and Professionalism

<https://www.mhe.cuimc.columbia.edu/our-divisions>

NM programs Available at Columbia

Graduate Program in Narrative Medicine, 2009

- 38-credit Master of Science program provides training in the conceptual foundations of narrative medicine and its clinical ramifications.
- Available entirely on line in 2021-2022

Certificate of professional achievement in Narrative Medicine, Columbia, 2017

Dr. Charon's Vision of Narrative Medicine

By harnessing knowledge from the Humanities and the Arts,
NM helps clinicians:

“To appreciate and reflect on the patient's experience and the patient-physician relationship in order to improve both by building trust, develop empathy and foster a sense of shared responsibility in a patient's health.”

“To reach and join their patients in illness, recognize their own personal journeys through medicine, acknowledge kinship with and duty toward other health care professionals, and inaugurate consequential discourse with the public about health care.”

“To deliver better healthcare.”

The Methods of Narrative Medicine

➤ **Close Reading** (-> *attentive listening*)

- Time, space, voice, metaphor
- Who is speaking
- What words/line/phrases strike you the most

➤ **Reflection**

➤ **Applied Writing** (-> *process of reflection, expressive writing*)

Narrative Medicine Role

- NM helps clinicians acquire close listening skills that are necessary to providing effective, patient-centered care
- It teaches physicians to think more broadly about what may underlie a patient's persistent health problems
- NM gives us the tools to reach the patients, to really understand their experience and why something isn't working for them

Narrative Medicine Role (cont.)

- It validates the experience of the patient
- It encourages creativity and self-reflection in the physician

Narrative Medicine Definition

Medicine practiced with the narrative competence to recognize, interpret and be moved to action by the predicaments of others

(Rita Charon, Annals of Internal Medicine, Vol 134, N. 1, Jan 2001)

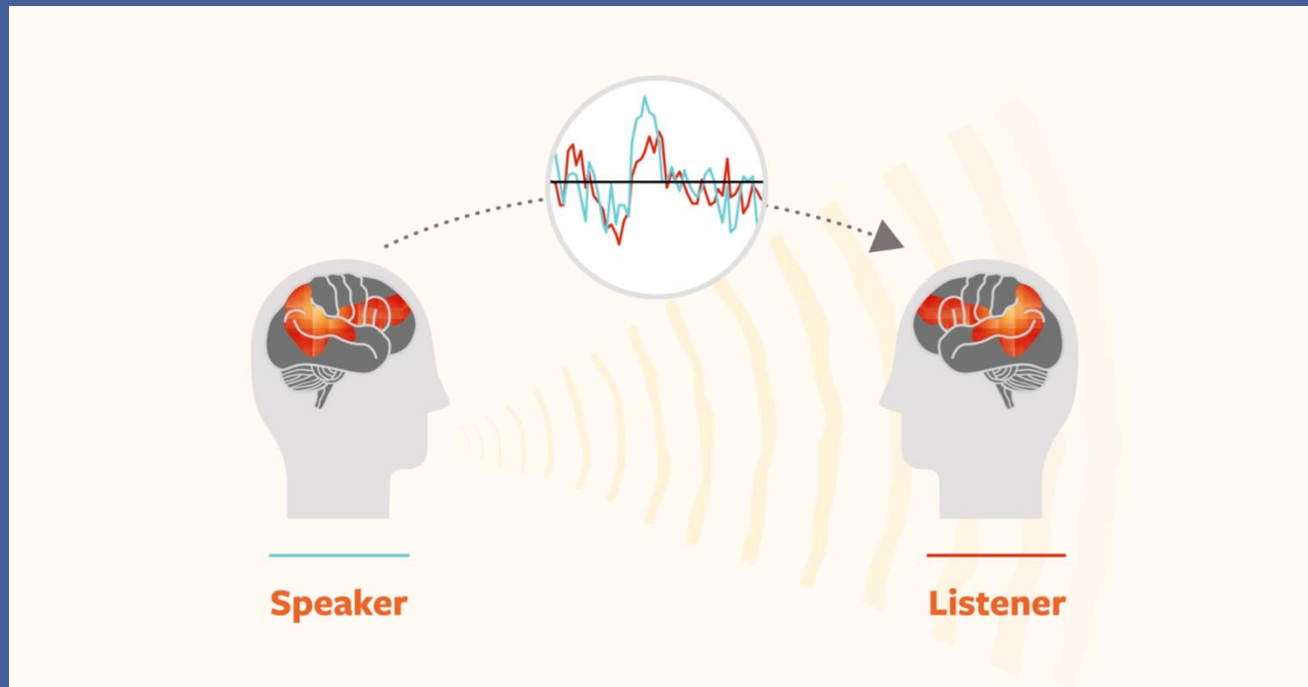
How Can We *Practice* Narrative Medicine?

By *close listening* to our patients.

By putting in *writing* people's narratives in clinical practice, research, and education as a way to promote healing.

By addressing the relational and psychological dimensions that occur in tandem with physical illness, through the individual stories of patients.

Listening to a story can activate emotions, thoughts and ideas in the brain of the listener.



The Positive Effects of Narrative Medicine

- Rediscover that we are Healers and Members of a Community
- Treat patients as a Whole
- Share information
- Reflect on our understanding of what patients go through (*patient's experience of illness*)
- Reflect on our understanding of the world
- Deal with stressful events or difficult patient encounters
- Improved comfort with death and dying
- Obtain a sense of closure
- Improved empathy
- Find Humanity in Medicine



<https://www.documentaries.org/why-doctors-write-finding>

Stress and Burnout

- Stress and Burnout lead to the Erosion of Physical and Mental Energy



- We become less patient, less kind, less tolerant, less willing to listen, less capable of relating to people



- Erosion of our Own Humanity

STRESS and BURNOUT

➤ STRESS

- A state of mental, emotional and physical strain or tension resulting from adverse and very demanding circumstances.

➤ BURNOUT

- *The reduction of a fuel or substance to nothing through use or combustion.*
- Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress.
- Is the result of a complex interaction between environmental stressors, genetic vulnerabilities, and coping styles.

Stress / Burnout

Over engagement / disengagement

Emotions are over reactive / emotions are blunted

Feeling of urgency and hyperactivity / feeling of helplessness and hopelessness

It leads to anxiety disorders / depression

Its primary damage is physical / greater emotional damage

Warning Signs and Symptoms of **Burnout**

➤ **Physical**

- frequent headaches, getting sick more often than usual, exhaustion, stomach and digestive issues, restlessness, sleep disturbance, heart palpitations, chest pain, etc.

➤ **Psychological**

- Increasing feelings of anger, frustration and irritability, feeling hopeless, helpless, and pessimistic, loss of enjoyment for activities once loved, debilitating self-doubt

➤ **Behavioral**

- Drop in productivity, increased absenteeism, isolation, wanting to eat lunch alone or just be alone, becoming a poor team player, increased alcohol/drug use, sarcasm, negativity

- ❑ Doctors are finding their work challenging, but they feel that **'burnout'** is a misrepresentation
- ❑ Clinicians are not burned out; instead, they are suffering **moral injury**

**Doctors Aren't Burned Out,
They are Morally Injured**



Moral Injury

- **Moral injury occurs when we perpetrate, bear witness to, or fail to prevent an act that transgresses our deeply held moral beliefs.**
- In the healthcare context, this transgression is caused by the need to accomplish the impossible task of satisfying the patient, hospital, insurer, and ourselves all at once.
- Clinicians are harmed when insurance, regulatory, administrative, or other barriers prevent them from providing the best care for their patients.
- Moral injury locates the source of the distress, appropriately, external to the physician and within the business framework of healthcare itself.

The Flame Broiled Doctor

FROM BOYHOOD TO

BURNOUT

IN MEDICINE

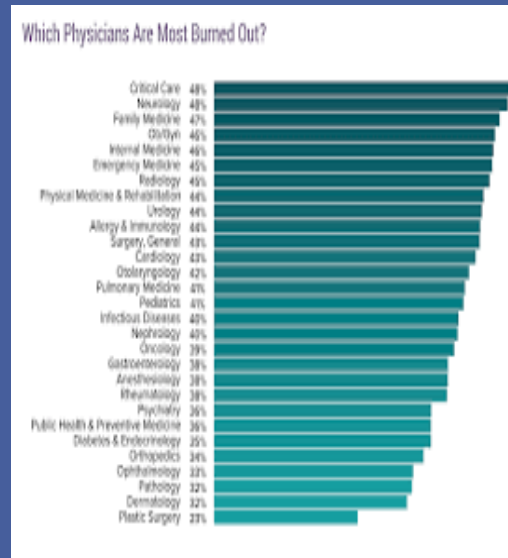


Franklin Warsh MD

BURNED TO A CRISP
HOW I BOUNCED
back from
BURNOUT

Physician Burnout by Specialty

- Urology ~50%
- Neurology
- Physical medicine & rehab
- **Internal medicine**
- Emergency medicine
- **Family medicine ~47%**
- Diabetes & endocrinology
- Infectious diseases
- General surgery
- Gastroenterology
- OB/GYNR
- Radiology
- Critical care
- Cardiology
- Anesthesiology
- Rheumatology
- Pediatrics
- Oncology
- Pulmonary medicine
- Psychiatry
- Allergy & immunology
- Orthopedics
- Dermatology
- Plastic surgery
- Otolaryngology
- Ophthalmology
- Pathology
- Nephrology ~33%



The Gender Breakdown



51%

of all males surveyed reported experiencing burnout.



62%

of all females surveyed reported experiencing burnout.

Biggest Contributors to Burnout

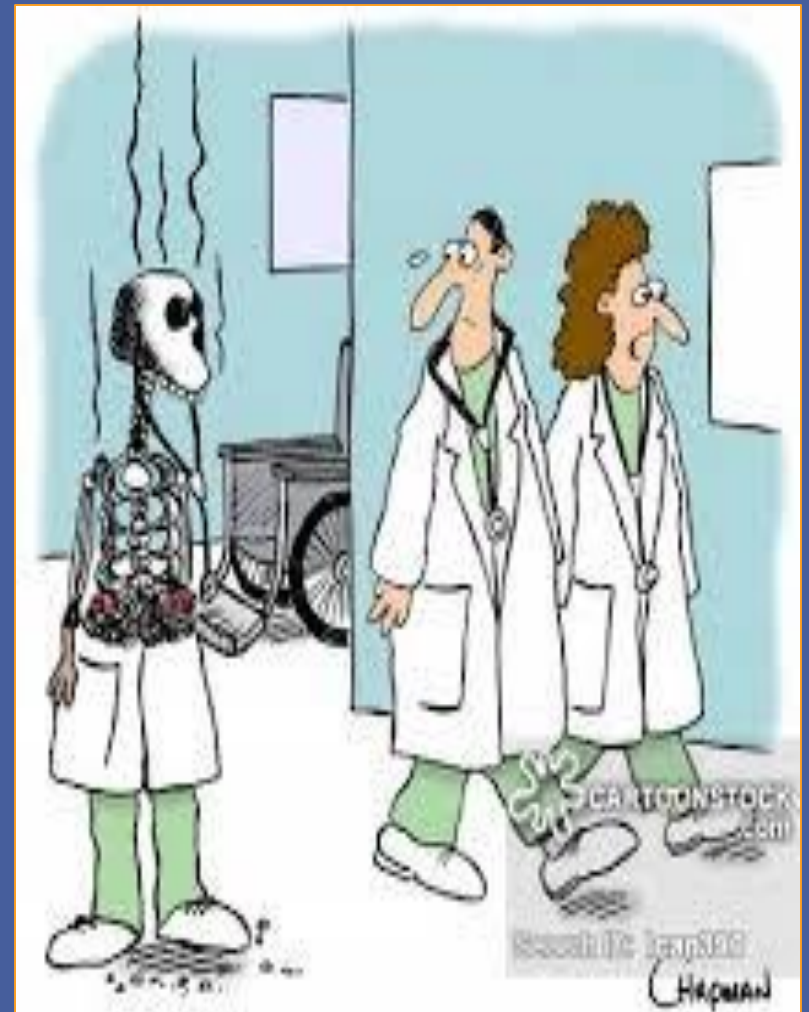
- Too many bureaucratic tasks
- **Excessive workload**
- Increasing computerization of practice (EMRs)
- Lack of respect from administrators/employees, colleagues or staff
- Insufficient compensation/reimbursement
- **Lack of control/autonomy**
- Government regulations
- Feeling like just a **cog in a wheel, feeling not appreciated**
- Emphasis on profits over patients
- Lack of respect from patients
- **Lack of support**

The undesirable consequences of stress and burnout

- Lower patient satisfaction and quality of care
- Higher medical error rates and malpractice risk
- Reduced job satisfaction -> higher physician and staff turnover
- Poor workplace morale
- Reduced productivity
- Increased absenteeism
- Communication breakdown
- Physician alcohol and drug abuse and addiction
- Physician suicide







"Dr. Singh's the third E.R. burnout we've lost this week."

How to Fight Burnout

- **System Changes / Culture Changes**
- **Workplace Strategies**
- **Personal Changes**

System Changes / Culture Changes

- **Make wellbeing part of the culture**
- Set role expectations and structure jobs to make work more manageable and engaging. Ensure that workload and time pressures are reasonable
- **Encourage teamwork and shared accountability**
- Design work environments to be as comfortable and inviting as possible

Workplace Strategies

- **Acknowledging and assessing the problem**
- Surveys of faculty wellbeing and work place satisfaction
- Use rewards and incentives
- Promote department chair and departmental recognition
- Promote flexibility and work-life balance
- **Provide resources to promote resilience and self-care** (*writing, yoga classes, narrative medicine courses, workshops etc.*)

Workplace Strategies (cont.)

- Support physical activity throughout the workday
- Encourage the taking of breaks away from the work environment
- Encourage social support and respect within and among work teams
- **Create a sense of community**
- **Create policies of inclusivity**
- Create support and access for faculty mental health programs
- Create a culture of psychological wellness for all faculty members

Personal Changes

- Improved self-care strategies
- Change the way you think and live
- Change how you think about and do work
- Improve relationships

TIME

TIME

TIME

TIME

TIME

TIME

Improved Self-Care Strategies

- Minimize or eliminate alcohol and caffeine
- Develop and follow a healthy eating plan
- Take time away from work
- Exercise / Walk in green spaces
- **Find a creative outlet** (painting, photography, *writing* etc.)
- Meditation, mindfulness, quiet reflection, prayer, massage, yoga, tai chi, reading, music,, stretching, dancing, breath techniques, etc.

Change the Way You Think and Live

- **Focus daily on your accomplishments**
- **Avoid criticizing yourself unnecessarily**
- Give yourself a gift on your birthday or other holiday event
- Create a space in your home that feels serene and peaceful
- Keep your environment organized and tidy

- **Write** daily in a gratitude journal to help refocus your mind on those things that are positive in your life

- Post a list of what is valued, enjoyable or precious in your life on your fridge or somewhere you will see it daily
- Nurture your spirit using **quiet reflection, meditation, or prayer**

Change How You Think About and Do Work

- **Stop multi-tasking – focus on one thing at a time**
- **Work at a reasonable, steady pace**
- Break down seemingly overwhelming tasks and projects into smaller achievable parts
- Recognize and **celebrate your small steps** along the way
- Tell your boss/manager/superior you want to be successful at your job and ask them how they would measure that
- Take regular assigned breaks
- Resist working unnecessary overtime
- Even if you must provide contact information in case of emergency, try as much as possible to **stay disconnected from work** during vacation time

Improve Relationships

- **Set boundaries** for yourself in terms of what you will and will not do – be okay with saying no
- Avoid toxic people and situations
- Learn to be comfortable with saying “ I don’t know” if you don’t know
- **Shut out media that includes disturbing images and messages**
- **Became more involved and connected with friends, family or the community**

Writing

- According to science, can be legitimately used to improve our mental health
- It can become a personal tool of self-care
- Writing is inexpensive
- Almost everybody can benefit from writing
- Writing can help us to understand how we 're responding to what happens to us and why

Self-understanding, self-awareness and self-discovery are crucial elements of personal growth and healing

Science-backed Ways to Use Writing As Therapy

1. Free Writing
2. Expressive Writing
3. Reflective Journaling
4. Gratitude Journaling
5. Letter Writing
6. Poetry Writing

- Writing involves a brain region known as **Exner's area**, located above Broca's area and anterior to the primary motor control area.
- This region is also activated in reading. Damage to this area may cause difficulty in reading and writing.

Cont....

Executive or Expressive Areas

➤ **Broca's area**

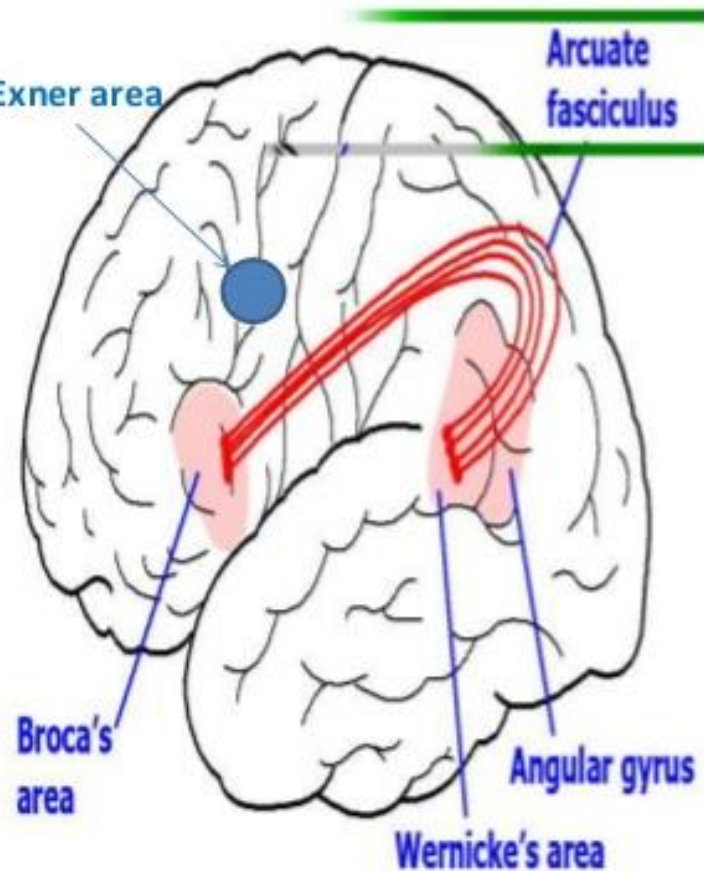
- Regulate the function of muscle of lips, tongue, pharynx & larynx

➤ **Exner writing area**

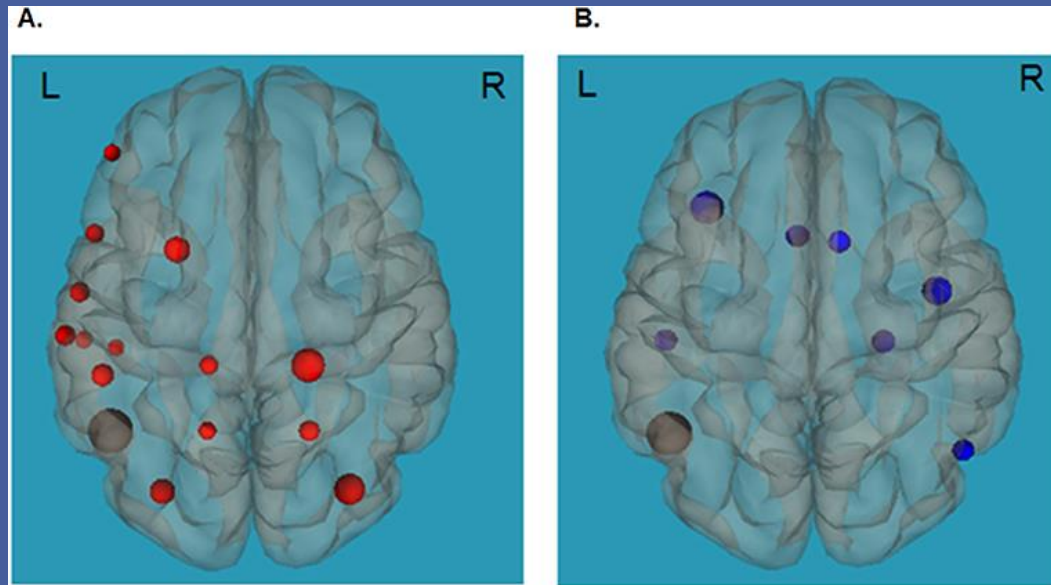
- Visually perceived word are given expression in writing through this area

Arcuate Fasciculus

- Coordinates understanding & execution of speech & language skills

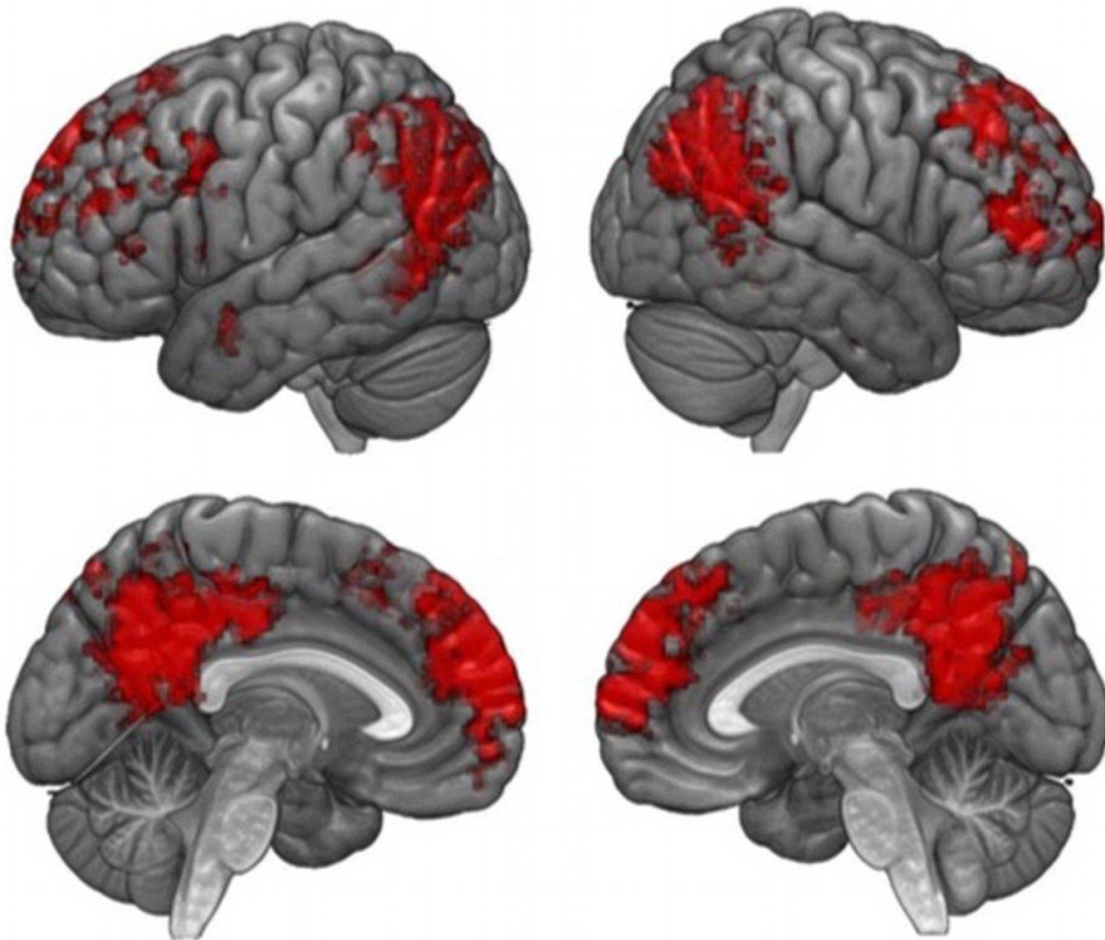


- Reading and Writing stories light up different areas of the brain compared with numbers and statistics.



- Reading and writing help to connect emotions to intellect which is critical when trying to relate to others with different experiences and backgrounds.

Empathy



Narrative Medicine Helps Increasing Personal Well-being by:

- Developing empathy and fostering a sense of shared responsibility in a patient's health
- Fostering a deeper connection to patients
- Appreciating and reflecting on the patient's experience and the patient-physician relationship
- Building trust
- Finding/rediscovering Humanity in Medicine

“No one was talking about clinician burnout at that time. But, as narrative medicine programs began to spread across the country, some physicians trained in its principles began to see how it can protect clinicians from feeling a sense of depersonalization and other symptoms of burnout” (Dr. Charon)

Many medical schools and residency programs have added narrative medicine courses into their curricula since Dr. Charon introduced the concept in efforts to counter burnout and moral injury.

Narrative Medicine Programs

- Master of Science in Narrative Medicine is offered by the University of Southern California's (USC) Keck School of Medicine, Los Angeles, CA, 2020
- Courses and activities woven throughout the four year medical school curriculum:
 - UCSF
 - Philadelphia-based Temple University's Lewis Katz School of Medicine

Narrative Medicine is an International Enterprise

<https://narrativemedicine.blog/about/>

BCM Initiatives

■ Narrative Medicine Course for Medical Students:

- Scheduled every 8 weeks.
- It lasts for 2 weeks with 4 sessions in week one and two sessions in week two.

“The goal is teach students through narrative medicine to become more compassionate towards their patients, colleagues, and themselves”

■ Narrative Medicine Workshop for Health Care Professionals:

- Ten sessions total, each lasting 1.5 hours.
- Each session is preceded by a short didactic session on a variety of topics.
- The school has partnered with Inprint, Houston’s premier literary non-profit organization, to run these workshops

It was intended as a wellness activity to enhances communication and empathy

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Tuesday, December 1st from 5-7pm

Training Session:

Goals of the NM Course.

Course logistics and dates for 2021.

Information on how faculty/student facilitators can sign up.

Brief interactive activity to give everyone an example of how the NM workshops would run.

MY

PERSONAL

EXPERIENCE

Writing provides the lens or frame for the work we do in medicine and helps us in the practice of medicine

Examples of Narrative Medicine Essays

- Faustinella F. A Very Persistent Cold. *Annals of Internal Medicine*. 2020 Jan;172(2):155-156
<http://annals.org/article.aspx?doi=10.7326/M19-032>
- Faustinella F. A Day at the Walk-in Clinic. *The Pharos. The Journal of the Alpha Omega Alpha Honor Medical Society*. 2018 Summer;46-50
<http://alphaomegalpha.org/pharos/2018/Summer/2018-3-Faustinella.pdf>
- Faustinella F. The Ranting of Mr. Schafer: Finding Meaning in Life. *Acad Psychiatry*. 2018.
<http://link.springer.com/article/10.1007/s40596-018-0902-x>

CONCLUSIONS

- Narrative Medicine is recognized as a **formal field of medicine**
- Narrative Medicine is an effective **tool to counter stress/burnout**
- Burnout is recognized as an **occupational health problem** involving multiple symptoms linked to chronic work-related stress.
- We have to be able to identify the solutions that are **within** vs the solutions that are **without** our sphere of influence.
- **Writing is an accessible, evidence-based tool of self-care**

WRITE!

WRITE!

WRITE!

**TELLING OUR STORY
DOES NOT MERELY
DOCUMENT WHO WE
ARE, IT HELPS TO
MAKE US
WHO WE ARE.**

– RITA CHARON



**SELF
INARRATE**

OWN YOUR STORY. SHOW YOUR SELF.

THANK YOU!

