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Book Review

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## An Interview with Susan Bassett: Listening To Patients and Their Stories

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### Susan, you have just published a book. What is the title and what it is about?

The title of my new textbook is “Spotlighting Narrative Pedagogy in Nursing Education”, available in July of 2023 by Cognella Publishing. This book [1] presents a comprehensive look at the value of story telling/listening in a professional nurse’s practice. The first five chapters of the text provide a deep look at parameters of storytelling and listening. Storytelling illuminates the richness of experiences by bringing particular situations to life, but the real value is in the listener’s interpretations. According to Rosenblatt [2], the author of reader response theory, the listener internalizes the story, then integrates it into their own perceptions of how the world works-their own ‘story’. This is explained in much more detail in Chapter 5 of the textbook.

Later text chapters branch into specific values that students, nurses, and nurse educators can find by incorporating story telling/listening principles into daily practice. Stories can set the stage for exploring critical thinking and decision-making skills (Chapter 11). They can serve as a springboard for reflection on how actions can be improved in future scenarios (Chapters 9, 12). Stories can introduce novice students to how society expects them to respond to innumerable situations; building a realistic nurse identity (Chapter 13), or they can recognize the meaningful ways that practicing nurses contribute on a daily basis (Chapters 16, 17).

### How does this fit into a nursing training/education program?

Storytelling is one of the oldest forms of communication/education. In modern times, however, we generally think of storytelling as folklore or fairy tales. Indeed, we hardly know the basic principles of how to form an effective story. Regardless, student nurses encounter many stories from their teachers, their peers/colleagues, and their patients. This textbook presents contemporary teaching strategies (Chapters 9-11) to effectively prepare tomorrow’s nurses with a solid foundation in using aesthetic knowing (Chapter 8) in order to value the real-life lessons found within storytelling and to support the ‘art of nursing’.

### Can you tell me a bit more about this mention of ‘aesthetic knowing’ and why that is important to the ‘art of nursing’?

Sure. Knowledge, as defined by Carper [3] differentiates between scientific/empirical knowledge which is expressed as facts, theories and models and aesthetic knowing which is expressed as an artful act of resolving complex issues. Zander [4] re-examined Carper’s conceptualization of knowledge and determined that in contrast to empirical knowing, aesthetic knowing requires the nurse to interpret the patient’s behaviors or communications within relationships [4]. In another re-examination, Cloutier, et al. [4] suggested that the basis for nursing care is found within the context-bound uniqueness of each nurse-patient encounter.

When listening to a patient’s story, the nurse has an opportunity to gain a unique understanding of how information has been processed based on the patient’s perspective of life. This perspective can vary widely depending on cultural mores, societal norms, and previous experiences.

### **Is story telling/listening also important for the science-based practice of nursing?**

We know that our scientifically-based medical/nursing care is effective in addressing disease and disability. However, without hearing the patient's own personal journey through life, we cannot address potential misperceptions or concerns/fears about changes they may be facing in their lives. We do not know whether our healthcare advice or discharge teaching/planning will be continued once our patient is back in their home. Sometimes we wonder why our patients are 'non-compliant' when we simply did not realize their home or family situation could not support what we advised.

### **Facts, dates and details always seem to be important, but the patient's reflections and feelings are also important. Why do nurses need to take the time to listen to the stories of their patients?**

We must remember that the reason for the patient seeking their current episode of care is simply one chapter in the patient's longer life story. Living conditions (financial stability, education level, housing, food/water/clean air etc.) and previous life perceptions impact how well the patient will be able to deal with a new or progressing chronic disease. We simply must give more effort to hearing and integrating all these background issues into our care planning. This starts by paying careful attention to the patients' stories.

### **Often a son or daughter will come to the medical exam with an elderly parent. Why is their perspective and their story important?**

Family actors and emotion-filled events in the patient's personal history play a significant role in the quest for overall health. Sometimes the family stories do not match very well with the patient's memories. Nurses are in the perfect position to help coalesce past perspectives and move the patient/family towards a healthier path forward.

### **Pain- why do physicians and nurses need to be particularly sensitive to their patient's stories about pain?**

Pain is a very personal perception. Our brains actually form self-narratives about everything we think or do, past, present, and future. This type of narrative is a self-created identity that we form about ourselves. The ability to integrate external information with our internal cognition is a key attribute for how we see ourselves [5] and for how we cope with new situations, to include pain or adversity.

### **How therapeutic is it when a nurse takes the time to really listen and understand the story of their patient?**

This is a very broad question with the answer depending on how open the storyteller is, how engaged the nurse is, and the level of motivation each has to act on the results of true communication.

A story can be therapeutic when the patient finds someone to simply "share their journey" through suffering, confusion, and fear.

A story can be therapeutic when the nurse internalizes the patient's story and suggests areas that may be a bit different than the patient remembers. This allows the patient to reconsider previous perceptions and explore changes.

A story can be therapeutic when the patient, with the help of the nurse, uses their past story to "try out" various avenues of future actions in order to determine which outcome might be most acceptable. An example of this is the clinical narrative ethicist's role in assisting the patient or family in reviewing/revising their life story [6] in order to shed light on where the story should most naturally proceed in the future. This becomes a correct ethical choice for this unique situation (Chapter 12).

### **For the elderly, their stories are often laced with frustration and exasperation. What can the nurse do to help?**

Actively listen! People carry around an entire repertoire of culturally and/or socially based stories that have taught them what to pay attention to and what to value [7]. Changing the emphasis of a story to acknowledge accomplishments and good times in the elderly person's past can offer a sense of solace, perhaps even pride. Helping the elderly to reconsider perceptions and accept past events as simply a part of an overall life story, and to recognize that there is still an opportunity to create an altered ending, gives a degree of hope that is invaluable.

### **For some, being in a hospital brings up stories of relatives who have died. Is this a part of the grieving process?**

This sounds more like an oblique expression of the patient's own fears and concerns. All our previous stories and our varied interactions with each of those stories, become a part of who we are as well as who we are becoming [8]. Nurses can gently point out the separation of the patient's situation from how others have dealt with death. In other words, the nurse emphasizes the patient's opportunity to write their own future story, whether it is a final chapter or not.

**What do you hope to accomplish through the publication of this new text?**

I hope to emphasize to nurse educators that building the skills required to recognize important points in stories should be taught and practiced within overall nursing education. This may result in nurse educators learning to more effectively share stories of nursing experiences with their students, or it may mean learning to truly hear the main points of what is said (or not said) in the actions, events, emotions, and consequences found within any story. The possibilities for personal transformation through linking previous experiences with new reflections and changed perspectives are endless and deserve their place in the education of future nurses (Chapter 18).

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