

International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)



IDEAS AND INFLUENCES

Using stories within practice development

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Submitted for publication: 7th April 2014
Accepted for publication: 6th May 2014

Keywords: Stories, patient experience, emotional touchpoints

Introduction

I chose to write about patient stories as a key influence in my work because of my personal experience of using these. This experience has inspired me to encourage and enable others to use this approach to help them understand better the people they are caring for and their experiences of healthcare.

Being introduced to patient stories

I was introduced to the idea of patient stories when I was a participant on the Gerontological Nurse Development Programme in 2002. This three year practice development project, a collaboration between the Royal College of Nursing (RCN), the University of Portsmouth and the local acute and community older persons' services, was aimed at developing nurses and their practices. The RCN facilitator I was working with encouraged me to ask patients I was caring for some unusual questions such as, 'tell me about your life' and 'what prevents you doing what you want to do?' By listening to the responses I was able to start moving from seeing the patient in one dimension to seeing the whole person living in the context of their family and community, not just their medical condition. Subsequently, I wrote about my experience and the learning I gained from this simple but powerful experience (Odell, 2004).

As a result, I started to invite nurses I was working with to ask their patients the same questions as I had used. For example, I was mentoring a student nurse who had assessed an older person on admission to the community hospital. I asked the nurse to return to the patient the following day and ask questions about her life and likes and dislikes, as opposed to the standard medically oriented questions we traditionally ask. The nurse told me that doing so had enabled her to learn more about the person she was caring for and therefore to care for her in a more individualised way.

Facilitating others to use patient stories

For the past three years I have been working as a practice development facilitator for the Foundation of Nursing Studies and leading on the Patients First Programme. This involves working with nursing and healthcare teams to improve patient care in healthcare settings across the UK. One of the approaches that I advocate to enable the teams to listen to and understand the experience of patients is storytelling. The potential of doing this is illustrated by Charon (2003), who describes how stories can be used to help 'unfold' peoples' experiences, whether they be of a patient's ill health, a carer's account of looking after a family member or a doctor's stress at presenting on the weekly ward round.

My experience is that stories are a powerful way of helping to reach people – staff as well as patients. Stories are often collected by interviewing people individually or in a focus group (RCN, 2007) but one of the approaches I have started working with recently is the use of emotional touchpoints (Dewar et al., 2010). I have been encouraging nursing and healthcare teams to work with this technique on the Patients First Programme. Initially developed as part of the experience based design approach by the NHS Institute for Innovation and Improvement (2009), emotional touchpoints are structured yet flexible, and enable people to tell their stories using words or pictures; these stories describe the emotions that patients have experienced at any given time on their health journey, or staff have experienced when providing healthcare. An example is asking a patient to choose a word that describes the emotion they felt on arriving at the hospital or when speaking to the doctor in the outpatient department.

However, when working with nurses in this way, I have been struck by their concern and anxiety about asking patients or staff to share their stories. This has led me to reflect on the reasons for this. Is it because asking patients to share their stories isn't the norm, or is it the fear of not being able to deal with what people might tell you? Or could it be that nurses do not feel they have the skills to ask questions in a different way? My experience is that the reasons are varied and specific to teams and organisations, and that nurses need support and encouragement to ask patients such questions.

Despite the initial anxiety I encountered, I have been able to encourage several nursing teams to use the emotional touchpoint approach by sharing examples of how others have used it and information on the toolkit from the Scottish Health Council website. This has resulted in the collection of a variety of patient stories, for example:

- Patients with dementia and their carers describing their experience of being seen in a memory clinic
- Women waiting for gynaecological oncology surgery describing their experience of anxiety while on the ward
- Patients evaluating their experience of an end of life daycare programme in a hospice setting
- Patients with serious infectious diseases talking about their experience of receiving IV antibiotics
- Patients describing their experience of living with cardiac failure

All those involved in collecting the stories using the emotional touchpoints have reported that this technique provided a powerful insight into patients' experiences and enabled them to see those experiences from a different perspective. All these stories and experiences helped enable staff to see the person that they were caring for and to think about what changes could be made to improve care. One nurse offered this reflection on his use of emotional touchpoints with patients and carers living with dementia:

'One of the objectives of the project was about capturing the patient experience of the assessment. My facilitator had for some time been talking about the technique of emotional touchpoints and I was quite scared really about the whole thing. But eventually I said I have to get on with it. But I have to say it was an amazing experience personally and also for the carer, who said to me "why hasn't anyone asked me these questions before?" It was quite a touching moment. Then when I fed back to staff I was working with, one said, "now I have really got to grips with the project and I can really see why we have to change the way we are doing things."

The experiences of the staff I have been working with have confirmed my view about the effectiveness of collecting and listening to patient stories. However, to maximise the opportunity to learn from the stories and take action to improve care, I believe staff should also be allowed the space and time to reflect on and critically debate the learning that may be available from these stories and how to use them to improve individual practices or develop service improvements (Sorrell, 2001).

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