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Listening to the narratives of our patients as part of holistic nursing care

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Abstract

Nurses in all settings interact with individuals often identified as vulnerable or marginalized, and at times are frustrated by their own inability to “make a difference”. By allowing oneself to listen, a fuller appreciation of the individual circumstance, or that which is unwritten, can be appreciated. Storytelling is a way to set the stage for experiences to be shared and can provide insight into lives. The narratives told by patients are often complex, affected by various influences of the environment and personal, which in combination with nursing informs their individual healing journeys. Using a philosophy of nursing that encompasses all of the distinct influences on these narratives can allow the nurse to more holistically care and advocate for their patients. As this case study shows, nursing plays a significant role in the narratives of others. Although many vulnerable populations live in a perpetual cycle of poverty and poor health, some nurses are able to assess the intricacies of a situation and facilitate understanding, as part of their support, caring and advocacy for their patients.

Keywords: vulnerable populations, narratives, community health nursing, story telling

Listening to the Narratives of Our Patients as Part of Holistic Nursing Care

Introduction

In recent times, health disparity concerns have been at the forefront of many agendas, initiatives and research proposals. This is a major point of interest for all that work in healthcare because of the increasing morbidity and mortality rates that continue to disproportionately affect vulnerable populations. Nurses in all settings interact with these individuals, often times frustrated by their own inability to “make a difference”. By allowing oneself to listen, a fuller appreciation of the individual circumstance, or that which is unwritten, can be appreciated. Using a philosophy of nursing that encompasses all of the distinct influences on these narratives can allow the nurse to more holistically care and advocate for their patients.

Narratives are shared and understood by people in every land and all cultures. Conveying messages and meanings through words, expressions, sounds or actions encompasses the significance of storytelling. The stories of patients and manner in which the nurse processes that information (or the pieces of the story) will affect the personal healing journeys of those individuals. Through inquisitive questions, taking notice of surroundings, interactions and listening (not just hearing), the narratives of the patients begin to be understood.

Vulnerable Populations and Nursing

In order to identify with the situations that many of these vulnerable groups face, a deeper understanding is clearly needed. What defines a vulnerable population varies depending on the discipline, topic or personal philosophy of an individual. The term “vulnerable populations” originated as a public health concept but has been used in many other disciplines of health. It is usually used in reference to those of low socioeconomic status, underserved (either

uninsured or lack access to healthcare), different disease categories or certain chronic illnesses (or those at risk for developing the disease or illness). Many of these groups can also be classified as marginalized or “people who are socially excluded and experience inequalities in the distribution of resources and power” (Vasas, 2005, p. 195), which may result in difference in health outcomes traceable to unwarranted disparities in healthcare (Agency for Healthcare and Quality Research, 2013). More often than not, these vulnerable or marginalized individuals are confronted with various obstacles and challenges that influence their healing journeys. Anyone can be vulnerable at any point in time and situations or circumstances can force individuals into that category as well.

The discipline of nursing is concerned with the human being but should also take note of the influence that the environment plays during the nurse-patient interaction. Community health nurses often work with vulnerable individuals, promoting the health and well-being of these populations and communities. In addition to the technical hands-on nursing skills, they devote themselves to education surrounding various healthcare issues and disease prevention and often times are mainstays in community settings. These community partnerships and collaborations incorporated with nursing knowledge to understand the health and illness experiences of the individuals and families for which they care. The following case study will demonstrate how integrating Fawcett’s (2005) four meta-paradigm concepts (human being, health, environment and nursing) with a philosophy based on social justice, one can begin to comprehend the complexities of the narratives our patients tell and more holistically understand their journeys.

The story behind the journey

Environment. Sammy frequented the walk-in, not because he could not remember to keep his regular appointments, but because he could not endure the waiting. When given a set

appointment time, he often waited well beyond that scheduled timeframe. The waiting extended from the actual waiting room into the exam room (for the nurse, the provider, the referrals and/or next appointments). Sammy suffered from anxiety and crowded areas and long waits usually generated an unsettling, intolerable feeling in him. Even the hustle and bustle of the employees bothered him. Many of the staff had labeled him difficult, impatient and rude, since he often began arguing with the receptionists about when his name would be called.

Sammy had made some damaging choices in his life. He had spent the last fifteen years incarcerated and had succumbed to the power of illegal substances to deal with the harsh reality of his life. A newcomer once again to the free world, Sammy was intensely struggling. Returning to the same environment, where the streets were his comfort, he was acutely aware that now his options would be limited. Branded by his past, despite trying to change his story in the future, Sammy felt under attack, even by those extending an open hand.

Environment played a particularly important role in many of the chapters in Sammy's story. Environment can be viewed as anything outside or within the human body that has the potential to interact or influence the events and actions of the mind, body or spirit. This can include physical items, the spiritual world, mental capabilities or social networks, to name a few. Our environment is part of the action that can complicate, create conflict or positively influence our plot or course in life. Sammy's environment manipulated the prospects that influenced his health and healing. It also shaped his interactions with the clinic staff. Growing up in a home with a broken family; being educated in sub-par, inner-city, public school system; living in a poor neighborhood where drugs and violence are the norm, where acting tough-skinned is a basic survival skill learned at a very young age; all of these aspects of his environment shaped who he

would later become, perhaps even positively influencing his ability to survive all those years in the prison system.

Nursing. Observing his behavior and reactions within the clinic environment was a unique nurse (*Abby*), who quickly realized that anxiety was a major issue. On various occasions, she chose to converse with Sammy, engaged him and listened to the story he told. He chronicled a life narrative filled with sadness, despair and hopelessness. He shared with her (what she had thought to be part of the problem), that the noise including the cacophony of those around him created within his mind an intense and often unbearable overwhelming feeling. Abby heard and listened to Sammy. Despite the difficulty, she agreed that when he presented for care, she would try to accommodate him as quickly as possible, decreasing his wait time and limiting his interaction with others. At times, only an empty office could accommodate his needs. Nonetheless, he appreciated the kindness, the helpfulness and most importantly the time that this nurse dedicated to him when he visited.

During one of these “unofficial” nurse-patient encounters, Sammy mentioned that he would love to eat an “alcapurria”, a food that is part of various Hispanic cultures and was familiar to the nurse. She immediately directed him to a small corner store where they were sold. Sammy sheepishly hung his head and said that if he had money, he would. The nurse exited the room and returned with a five dollar bill, which she handed to him. Although she did not normally give money to her patients, she felt that Sammy was being sincere and could really use the meal. He grinned and said that he would even be able to buy rice and beans with the money. The nurse laughed, but secretly hoped she had made the correct decision. Later, in discussing what she had done with the social worker, she was chastised for giving money to a patient with a

history like his. What if the money was used for some illegal substance? What if he now expected to be given money on an as needed basis? Despite these negative thoughts, the nurse felt she had made the right choice. She defended her decision and advocated for Sammy.

Abby realized that Sammy was embarking on a personal healing journey despite the barriers and challenges that he was facing. She had listened and tried to facilitate what he had decided would assist him in this process. She did not try to persuade him to change or chastise any misguided steps. The interactions between Sammy and Abby were positive connections that lead to relationship formation; but could have caused a disconnect on the patients part if he had felt that the nurse was being judgmental or not “*listening*”. Her nursing knowledge and understanding of the community and vulnerable populations, provided her the capability to change the outcome of the interaction. Sammy felt the nurse had heard his story (emotional needs, barriers, abilities, etc.), and therefore his movement toward healing began. Gadow (1996) discusses this as a relational narrative where the construction by patient and nurse is “an interpretation that is their coauthored narrative” (p. 8), signifying the influence that the nurse can create.

As Abby listened to Sammy and advocated for his needs, the nurse-patient relationship was formed. Bishop and Scudder (2003) expressed this example of advocacy as “helping another person do what they could not do by themselves” (p.107) and “fostering self-direction through being with others” (p.107). Nurses are able to assess the intricacies of a situation and facilitate understanding, as part of their support for those they care for. Abby advocated for Sammy’s special circumstances in relation to his visits at the clinic. She also advocated for his person when the social worker questioned her decision to give him the five dollars.

Human Being. A few months later, into the clinic walked a nicely dressed and neatly manicured man. He asked to speak with nurse Abby. As she approached, she recognized the person to be Sammy. He beamed with pride and looked exceptionally well. Sammy proceeded to tell the nurse that on that day he did indeed use the money to buy himself a meal (as he said he would). For some reason on that day, he decided to seek psychiatric services for his anxiety. Sammy was now on medication, in on-going therapy and feeling like he had been given a second chance. He had even found a part-time job. He then told the nurse that he had returned, not only tell her about how he had been, but also to pay her back. He presented Abby with not five, but ten dollars and some chocolates. He expressed what a difference she made and thanked her, not for the five dollars, but for his life.

This particular nurse valued Sammy as a human being, realizing his potential for self-determination. Although she may not have agreed with some of his choices, she did not try to impose her standards or even those of the clinic on him. She, in essence, respected and valued his individual person. Respecting the inherent human worth of all human beings by protecting and helping to maintain the human dignity of individuals should be a primary focus for all nurses. We can achieve this by being nonjudgmental when our values and morals may differ from our patients’.

If an individual’s capacity to self-advocate is limited (as is often the case with vulnerable groups), social justice would be an appropriate context to work within. This would encompass not only how we should act toward others (do no harm) but also ensure that basic human rights of individuals are respected. This fundamental entitlement of equity goes back to when religion sponsored most of the nursing work and is based on the two main principles of the Catholic Church: human dignity and common good (DeChesnay, 2004). Compassion has also been

identified as a key component for advocacy related to social justice (Pacquiao, 2008), which was conveyed through Abby's actions for Sammy.

Health. Health for Sammy was not an ideal weight, being disease-free or his ability to run a marathon. For him, as it is for many, health involved a process of healing incorporating some of his mind, body and soul. Often times, the discipline of nursing is concerned with and involved in this healing process. Healing is part of our personal stories and often is associated with climatic events, which perhaps for Sammy was his release from prison, his ability to access mental health services, or just the feeling the someone was listening and understood his story. Egnew (2005) describes this process as a “subjective experience involving a reconciliation of the meaning an individual ascribes to distressing events with his or her perception of wholeness as a person” (p. 257). What constitutes healing should be individually decided, yet the process is facilitated by the nurse.

Culture should also be contemplated as influencing one's subjective idea of health. It can be defined as shared knowledge encompassing language, thoughts, values, beliefs, spirituality and social activities by a group of people. The breadth and extreme influence of this concept for many is difficult to grasp. Culture is not only attached to people originating from a particular country but can also be viewed in terms of social class, on an organizational level, gender specific and regionally, to name a few. Our knowledge is based on the culture we are born into and what we are taught, witness and eventually believe is true. This is influenced by our experiences and the experiences of those with whom we interact. Constructionists believe that “meanings are constructed by human beings as they engage with the world they are interpreting” (Crotty, 1998, p. 43). The meanings are therefore constructed between the world and the objects

in the world and created as we emerge or move toward the ending of our story, taking into account that there is no one true interpretation.

Discussion

The clinic is located in an underserved area, in a large inner-city, more commonly referred to as “the ghetto”. This particular nurse had over a decade of experience dealing with vulnerable populations and the circumstances that envelop many of their “health-conditions”. She also is bilingual (Spanish/English) and familiar with many of cultural intricacies; all of which inspired the dynamic process of reconstructing the narrative rather than just the transmission of nursing knowledge based on learning from books and classroom interactions. Relationships between people, perceptions and the meanings attached to those connections, communication and an individual’s self-defined views of him/her-self are all essential when constructing nursing knowledge (Fawcett, 2005). The combination of the sociocultural and personal in this narrative (Hess, 2003) had strong significance and were of the essence to Sammy’s story.

For Sammy, the rules of the clinic did not meet what his capabilities were at that point in his life. He could not wait; he could not be surrounded by others and could not be anything but impatient. This was relative to his personal journey. Within our life’s narratives there are no “eternal truths” (Crotty, 1998, p. 64), just “diverse ways of knowing, distinguishable sets of meanings, separate realities” (p. 64) that can alter interpretations. Our culture, language and experiences create an understanding of not only who we are, but this backdrop will also color how we see things. It is through all of these complex parts that we synthesize and form a whole picture and eventually our completed stories. We construct truths based on what our perceptions, thoughts and beliefs guide us to believe is true. Our interactions with each other and with the

world are grounded in social connections which influence the construction of our life narrative. This is how meanings, significance and results are created within the nurse-patient relationship.

The narratives told by patients are often complex, manipulated by various environmental and sociocultural influences, that in conjunction with nursing, informs their individual healing journeys. As this story shows, nursing plays a significant role in the narratives of others. They are able to assess the intricacies of a situation and facilitate understanding, as part of their support, caring and advocacy. Entwined within this advocacy, is linking cultural competence when caring for vulnerable populations. Understanding that everyone has the right of self-governance, nurses should encourage autonomy and advocate within the cultural context of people's lived experiences in order to facilitate their continuous healing journey. Storytelling is a way to set the stage for experiences to be shared and can provide insight into people and their lives. Are we genuinely listening to the words or actions that are conveyed through the narratives of our patients? If we are, then we can make a difference and help individuals to transcend many of the barriers that stand in their way to better health, and holistically care for their needs.

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