



Desde otra perspectiva: la medicina narrativa y las narrativas de los proveedores de salud durante la pandemia de COVID-19

From another perspective: narrative medicine and healthcare providers' narratives during the COVID-19 pandemic

De outra perspectiva: medicina narrativa e narrativas de profissionais de saúde durante a pandemia da COVID-19

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Palavras-chaves: Liderança; enfermagem; equipes de saúde; graduação.

Abstract: Contrasting COVID-19 is widely debated but often treated from a clinical or, at most, managerial perspective. Less attention is instead assigned to a narrative view of the problem. However, the stories of those who combat this pathogen teach us the need to use storytelling strategies to counteract the effects of the disease on patients and its consequences on healthcare providers. This contribution aims to address the COVID-19 issue from the perspective of narrative medicine, first by defining it and then by reporting some healthcare professionals' experiences. It intends to highlight the importance that medicine has not only on the patient but also on healthcare professionals. It offers a brief review of some of their narratives, focusing on experiences with different tones and struggles and emphasizing the importance of narrative in one's work in supporting patients. In addition, this contribution also aims to reason that not everything can be solved with words, as they help but do not solve everyday problems.

Keywords: Narrative medicine; COVID-19; nurses; healthcare providers.

Resumen: La lucha contra el COVID-19 es ampliamente debatida, pero a menudo se trata desde una perspectiva clínica o, como mucho, gerencial. En cambio, se asigna menos atención a una visión narrativa del problema. Sin embargo, las historias de quienes combaten este patógeno nos enseñan la necesidad de utilizar estrategias de narración para contrarrestar los efectos de la enfermedad en los pacientes y sus consecuencias en los proveedores de atención médica. Esta contribución tiene como objetivo tratar el tema del COVID-19 desde la perspectiva de la medicina narrativa, reportando experiencias de los proveedores de atención médica y destacando la importancia que tiene no solo para el paciente sino también para los proveedores de atención médica. Ofrece un breve repaso de algunas de sus narraciones, centrándose en las experiencias con diferentes tonos y luchas y destacando la importancia que la narrativa tiene en el propio trabajo de apoyo a los pacientes. Además, este artículo también quiere razonar que no todo se puede resolver con palabras, ya que ayudan pero no resuelven los problemas cotidianos.

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Palabras clave: Medicina narrativa; COVID-19; enfermeros; proveedores de salud.



Resumo: A luta contra a COVID-19 é amplamente debatida, mas frequentemente tratada de uma perspectiva clínica ou, no máximo, de gestão. Em vez disso, é dada menos atenção a uma visão narrativa do problema. No entanto, as histórias daqueles que combatem este patógeno ensinam-nos a necessidade de utilizar estratégias narrativas para contrariar os efeitos da doença nos doentes e as suas consequências nos prestadores de cuidados de saúde. Esta contribuição visa tratar a questão da COVID-19 da perspectiva da medicina narrativa, relatando experiências de prestadores de cuidados de saúde e salientando a importância que tem não só para o doente mas também para os prestadores de cuidados de saúde. Oferece uma breve panorâmica de algumas das suas narrativas, concentrando-se em experiências com diferentes tons e lutas e salientando a importância da narrativa no próprio trabalho de apoio ao paciente. Por fim, este documento também quer raciocinar que nem tudo pode ser resolvido com palavras, uma vez que estas ajudam mas não resolvem problemas quotidianos.

Palavras-chave: Medicina Narrativa; COVID-19; enfermeiros; prestadores de cuidados de saúde.

INTRODUCCIÓN

Nowadays, clinicians engaged in the care of people recognize, more or less widely, the need to develop and apply the so-called narrative competence, which is the ability to recognize, absorb, interpret and act on the stories and problems of their patients and patients' families (Charon, 2019). Not by chance, currently, it is becoming widespread to consider medicine that is not attentive to the human dimension of healthcare to be a dull, limited, and unsuccessful medicine (Lewis, 2011).

The application of narrative competence or, in other words, the exercise of a narrative in medicine, is usually a medical educational instrument informed by receiving patients' stories which invites healthcare professionals to construct healing relationships with patients, colleagues, and the self (Rosti, 2017). Therefore, it is not an action directed only to patients, but it also affects those who provide it, who are in turn transformed by the words and concepts that constitute the narrative of the illness and therapy. Narrative medicine changes the functioning of healthcare teams and colleagues, allowing for the development of widespread and shared sensitivities. Not least, narratives in medicine affect people's social representations of both illness and health professionals, their work, and, in parallel, systems of care (Charon, 2019).

Since narratives of or to patients do not constitute the sole focus of narrative medicine, this short paper presents some reflections that witness the effect of narrative on healthcare providers during the difficult period of the COVID-19 pandemic, which was topical even for its ability to influence, sometimes brutally, the experience of these professionals (Barello, Palamenghi, & Graffigna, 2020).



In a phenomenological framework, applied to describe experiences as lived by individuals and sensitive to the meaning they give to the experiences they live (Baptista et al., 2011; Contreras-de-la-Fuente & Castillo-Arcos, 2015), this contribution highlights some of the narratives of healthcare professionals, recognizing that they do not remain just narratives. They, in fact, generate and are in turn generated by emotions experienced by clinicians in the performance of their care tasks.

Some reflections, straddling narrative medicine and psychology, constitute a brief discussion of the concepts reported in the study. Conclusions, finally, summarize and close the paper.

Health professionals' narratives

The arrival of COVID-19 has stimulated the production of numerous researches in the most diverse areas related to it. The narratives of health professionals have also been included in this effort to develop knowledge. Fortunately, the scientific literature allows selecting the richest contributions of these narratives from many publications.

Among the most striking studies in this area, the contribution by Rathnayake and colleagues (2021), who interviewed 14 nurses working with COVID-19-positive patients to delve into their working period coping with the virus, is particularly eloquent.

Several strong themes emerged from the interviews. The nurses reported physical and psychological stress, essentially due to their fear of being infected with COVID-19, in some cases fueled by many deaths among healthcare workers and resulting in psychiatric symptoms such as hallucinations. The concerns of these nurses were also reported to be related to maintaining the health of family members, given the possibility of becoming infected and infecting loved ones at home. These forms of anxiety were also compounded by stigma and discrimination from colleagues, family members, and friends, who shunned participants as potentially infectious, generating frustration. Also contributing to the nurses' malaise were the concerns of the patients, the objective health status of some of them, the inability to provide patients with direct, humanly committed care, given the limited ability to approach because of the infectious danger and the use of cumbersome protective equipment to conceal expressions and limit movement. The sometimes-disastrous experience of these nurses, however, was not characterized by elements of difficulty alone.

In several parts of this research contribution, some narrative elements counterbalance, at least in part, the difficulties experienced and emphasize the importance of storytelling in supporting patients and in care activities. Here the power of narrative medicine is revealed.

Coping strategies such as recourse to religiosity, itself - in some ways - a powerful form of narrative, but also the framing through specific narrative pathways of their



activity as the realization of a passionate work of caring for others constituted salvific elements for these health professionals. The construction of meaning in their work took three primary forms. Working with COVID-19 patients was seen as an opportunity to: a) do one's duty and serve one's country; b) perform a new and challenging professional activity, given the novelty of the disease; c) feel satisfaction from the narratives that the media devoted to nurses and healthcare professionals, who were described as heroes grappling against an enemy threatening our world. Elements of narratives less interior to the professionals but closer to the narratives addressed to the patients also emerged in the fact that the nurses in the study were still able to exercise the therapeutic and accompanying action of words at a distance from the patients, for instance, through webcams and video-communication systems.

The elements described so far are repeated substantially in other studies on the subject. At times, metaphors, tools among the cornerstones of narrative medicine, have enriched the description of experiences. For example, Bergman and colleagues (2021) found that the arrival of the pandemic was described as a "plunge into chaos" (very sick patients, increased workload, lack of equipment, inability to "disconnect", sense of exhaustion, nightmares). They found elements in common with the study of Rathnayake and colleagues (2021), even concerning positive narratives in response to the stress experienced. Even additional studies have confirmed similar findings (e.g., Gordon et al., 2021; Thusini, 2020).

However, the experience of nurses, physicians, or other healthcare professionals working in COVID-19 departments is not the only setting from which to observe the effect of narratives in medicine in today's pandemic settings. The literature provides other examples, including that of two no-longer-young physicians, a retired family doctor and a psychiatrist, called by U.S. health authorities to become vaccine physicians (Crowe, 2021; Kronmal, 2021). Their contributions tell of the hope reborn in patients with the vaccine administration to the population, even thanks to the closeness of those administering it. Associated with this, insightful elements of self-narration characterize the stories of these professionals. In one case, joyful narratives of connection with people imbued with hope were reported (Crowe, 2021). In the other case, the self-ironic narratives of a psychiatrist who felt unconnected to the administration of intravenous drugs and who did not feel like a hero but rather compared herself to a teenager who, as a small job, put clients' groceries in bags, at the supermarket (Kronmal, 2021).

Narrative as a (not the only) solution

The research contributions reviewed in this brief paper, clearly not intended to be exhaustive, have brought to light some experiences of health professionals engaged in work activities in the new context generated by the COVID-19 pandemic.



In my opinion, essentially, two types of experiences were treated. On one side, there is the dense, multifaceted and sometimes contradictory experience of professionals engaged in the front line of the fight against COVID-19 in hospital wards, alongside infected patients. Moreover, on the other side, there is the less "tiring" and lighter, "smiling" elderly vaccinator physicians' experience. In contact with healthy patients, these physicians were engaged in activities of prevention - and not cure - of the disease. No less important, however, can be considered their reassuring commitment to thinning the doubts and fears in the kind thoughts they devoted to their users and, last but not least, no less stimulating were their reflections.

Whether it is COVID-19, chronic illness, patient narratives, or self-narratives for which it is the healthcare provider who is "looking inward," one point that needs to be briefly considered is that the valuable thrust of narrative medicine may not account, in a single word, for all the "psychology" of what we are experiencing.

Because it is not the healthcare provider-patient relationship but the dialogue with self that the healthcare provider brings forth, it is necessary not to dwell on the forms of sensitivity and application that represent the tools of the healthcare provider to intervene in the patient's story and support them in their care pathways. The focus of all narrative medicine efforts constitutes what has eloquently been defined as an "honoring of personal history" (Charon, 2021): the history not only of the patient but, from the practitioners' perspective, also of their own.

Like the patient is not just a patient but a person, at the same time, no effective medicine can exist if the healthcare professionals do not remember their fallibility as persons. These workers should not only accept their cognitive and intervention boundaries when interfacing with the history of a person who deserves answers. They should also accept their limits and, above all, recognize their needs for care and self-care, their need to bend over their story, to ask for help, and to recognize themselves as needy people among other needy people. This, after all, may seem the teaching of the COVID-19 pandemic, which can be considered an episode of illness for health professionals themselves, grappling - as the patients - with a challenging non-normative change (Parrello, 2008). So, for this reason, nurses, medical doctors, psychologists, or any other health professionals suffering from work in the times of COVID-19 must necessarily be provided, in the facts and not only as a good intention, with concrete psychological help. However, this should also be associated with training courses to improve individual coping activities and teach them listening, dialogue, and word care in their activities in contact with patients.

So, it should be recognized that healthcare providers cannot live by storytelling alone, but there is also a need to intervene in the work and contexts in which healthcare workers operate. In this working area, resources are also, as said, created by working on oneself and one's team. However, as recognized by scientific theories such as the Job-Demands Resources Model (Bakker & Demerouti, 2017), it is necessary that the organizations in which healthcare workers work also do their part, eliminating excessive work demands



and providing tools to do it better. For this reason, the narrative must intervene at work because it is possible and necessary, but also healthcare system managers should also eliminate, at least in part, the workloads and bureaucracy that dehumanize healthcare professionals and their work.

CONCLUSION

This paper reported a few experiences of narrative medicine contained in some research contributions on the theme of work in healthcare during the COVID-19 pandemic. Essentially, the points of view of healthcare workers engaged in the front line of COVID-19 patients and those of two vaccinating physicians engaged in administering the anti-COVID-19 vaccine to healthy patients were offered.

In both types of experience, some elements of difficulty, especially narrative self-reflection, have emphasized the need that even healthcare professionals have to build compelling narratives that can accompany them in their work experience. A few simple hints on the issues addressed were finally offered, adding some narratives closer to narrative medicine to a perspective better related to psychological or organizational disciplines.

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