

October 2020

## PERCEPTION OF NARRATIVE MEDICINE AMONG MEDICAL STUDENTS IN LEBANON

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### Recommended Citation

Ahmadieh, Hala; Itani, Hadi; Itani, Sanaa; Sidani, Khaled; and Kassem, Mona (2020) "PERCEPTION OF NARRATIVE MEDICINE AMONG MEDICAL STUDENTS IN LEBANON," *BAU Journal - Health and Wellbeing*: Vol. 3 : Iss. 1 , Article 3.

Available at: <https://digitalcommons.bau.edu.lb/hwbjournal/vol3/iss1/3>

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## PERCEPTION OF NARRATIVE MEDICINE AMONG MEDICAL STUDENTS IN LEBANON

### Abstract

*The physician-patient relationship has evolved over the years. A good relationship necessitates mutual commitment from both parties, and narrative medicine can be considered as a tool that can aid in improving this relationship, as it helps to improve listening to patients' stories and turning the patients' subjective words into objective information, which help physicians to understand the nature of patients' illnesses, improve the quality of patient care and leads to a better therapeutic effect. A descriptive cross-sectional study was planned. Data collection was done via convenience sampling. Beirut Arab University medical students were asked to fill a paper-based questionnaire between August 2019 and February 2020. The study collected demographic information about the participants including the age, the gender, current academic year, and the cumulative grade point average, and assessed their knowledge about narrative medicine and its importance to be implemented in the medical school curriculum. Data were collected, entered, and analyzed on SPSS software version 23.1. 361 medical students participated. Around 60% thought that narrative medicine helps to promote reflection and empathy, and 80% thought that narrative medicine is essential for enhancing the quality of patient care and that listening to patients' stories would enhance physician-patient communication. Females tended to have a better understanding of narrative medicine's importance. The majority agreed that narrative medicine should be an integral part of the medical school curriculum. Medical students were found to be lacking adequate knowledge about narrative medicine. However, the majority agreed on the need for implementation of humanity courses in the current curriculum.*

### Keywords

Narrative medicine, communication, curriculum, empathy, patient care

## 1. INTRODUCTION

Communication skills, professionalism, and collaboration are considered by many medical schools to be essential competencies that need to be acquired by students at the time of graduation as they are added to the required skills set by the Accreditation Council for Graduate Medical Education (ACGME) of the United States and the Royal College of Physicians and Surgeons of Canada (RCPSC-CanMEDS) (Batalden et al., 2002; Frank, 2005; Swing, 2007). This is because communication skills and physicians' empathy towards their patients were proven to be essential in improving this relationship, whereby it is correlated with better clinical outcomes (Glass, 1996; Kaba & Sooriakumaran, 2007). Unfortunately, today's medical assessment has shifted to a more rapid technique with a more objective approach with less time and attention dedicated to a patient's story (Smith et al., 2013).

Furthermore, the physician-patient relationship used to adopt a paternalistic approach, whereby the patients seek help from their physicians, who, in turn, make the right decisions on their patients, which are enforced to be followed by the patients. However, this approach was criticized over time, and the nature of the relationship has evolved. The current proposal is in favor of a more active, autonomous patient-centered role, which advocates for greater control by the patient, less dominance by the physician, and mutual participation from both. This approach requires the physician to be in the patients' shoes and see the illness through his eyes (Kaba & Sooriakumaran, 2007).

Narrative medicine, or narrative-based medicine, was introduced in medical education as a tool to aid in improving the physician-patient relationship, and there is an increased emphasis worldwide to include medical humanities in the medical schools' curriculum (Shapiro et al., 2009). Rita Charon defined narrative medicine as "listening, reflecting, and responding to patient stories to promote healing" (Charon, 2001b). This involves listening to the patients' stories and turning the patients' subjective words into objective information, which in turn could help understand the nature of illness better (Lewis, 2011). Storytelling can turn a medical visit into a more empathetic and understanding experience for both patients and physicians (Mehl-Madrona, 2007; Muneeb et al., 2017; Rosti, 2017). Besides, narrative medicine provides the physician with a deeper understanding of the patients' disease (Muneeb et al., 2017).

Different studies investigated the effect of narrative medicine and showed that it has a therapeutic impact on the patients and promotes the healing process (Liao & Secemsky, 2015; Wesley et al., 2018). This proves that narrative medicine plays a crucial role in achieving good medical practice, and this led several medical schools to introduce narrative medicine into their curriculum, (Braun et al., 2013; Gaußberg et al., 2010). However, narrative medicine is still not well implemented in the medical school's curriculum due to many challenges (Morris, 2008; Shapiro et al., 2009), such as lack of time and underestimation of the importance of non-clinical practice (Arntfield et al., 2013).

Narrative medicine curriculum can include listening to patients' stories, self-reflection, reflection on the profession, and even on the society (Charon, 2004; Hunter, 1991). At the Faculty of Medicine of Beirut Arab University, narrative medicine was first introduced in 2016 through the implementation of self-reflection lectures and assignments to first-year medical students, and by encouraging the students' to include it in their portfolio which is submitted at the end of a clerkship rotation. However, it was noted that medical students were not taking this matter seriously. This study was conducted to assess the perception of medical students at Beirut Arab University (BAU) towards narrative medicine and their general knowledge about it and its importance. Also, the study aimed to identify the motivation of medical students to have narrative medicine added into the curriculum, and determine if they are willing to accept the integration of narrative medicine into it.

## 2. MATERIAL AND METHODS

A descriptive cross-sectional study was conducted between August 2019 and February 2020 at the Faculty of Medicine at Beirut Arab University. Faculty of Medicine at BAU is six years in duration and includes three phases, the Pre-clerkship, Clerkship, and Pre-internship phase. A total of 578 medical students were invited to complete the survey. Those willing to participate were asked to sign a written informed consent and were told before hands about the aims of the study and that they had the right to withdraw at any time during the study.

Data collection was conducted via convenience sampling. Ethical Institutional Review Board (IRB) approval for this research was granted from Beirut Arab University before the

commencement of the study procedures with the approval number 2019A-0092-M-R-0348. After a thorough literature review concerning the importance of narrative medicine in medicine, a modified version of the questionnaire established by Chen et al. (Chen et al., 2017) was used. Before the conduction of the study, a pilot study was performed on 12 volunteer medical students, whereby two students from each medical year were randomly selected to participate, and the questionnaire was then edited based on the obtained results. The survey required approximately 15 minutes to be completed and consisted of three sections. The first section focused on the socio-demographic characteristics of the participants, including the age, gender, current academic year, and the cumulative grade point average (CGPA). The second section consisted first of an open-ended question, where the participants were asked to define in their own words what narrative medicine is. For those who did not know what narrative medicine was, a brief definition was presented to them before proceeding with the rest of the questionnaire. Then, they were asked to provide their perception of narrative medicine by answering whether they think it is useful to promote reflection, promote empathy, improve the physician-patient relationship, and relieve pressure during medical care. Furthermore, they were asked whether narrative medicine is essential in medicine, and whether narrative medicine helps to improve listening skills, improve therapeutic outcomes, and improve communication skills through listening to a patient's story and whether they thought that is essential for improving the quality of care. Even more, students were asked if they would consider sharing the concept of narrative medicine with coworkers. The third section asked the participants about their opinions on whether healthcare facilities should include training sessions for medical students about improving listening skills to better listen to patient's stories and whether self-reflection in medical practice should be an integral part of the medical school curriculum. They were asked if doing a workshop in storytelling can reduce their stress, and whether the current curriculum is sufficient to acquire excellent communication skills between physician and patients. Students were asked about their preferred method of self-reflection, and whether they thought that a course of humanities/arts should be included in the medical school curriculum. The questionnaire had a Cronbach's alpha value of 0.77. Data were entered into the Statistical Package of Social Science (SPSS version 23.1; IBM Corporation, Armonk, NY, USA), which was then used for data reviewing, management, and analysis. Data were analyzed using descriptive statistics. The mean and standard deviation were reported for continuous variables, whereas frequencies and percentages were reported for the categorical ones.

### 3. RESULTS

#### 3.1 Participants' Socio-demographic Characteristics

Table 1 represents the socio-demographic characteristics of the participants. A total of 361 (62.4%) medical students agreed to participate in the study, of which the average age ( $\pm$  SD) was  $20.31 \pm 2.35$  and 207 (57.3%) were females. First-year medical students had the highest participation rate being 25.8% of the total participants. One hundred eighty-seven participants recorded their Cumulative Grade Point Average, and the mean was found to be  $3.16 \pm 0.44$ .

Table 1: Participants' Socio-demographic Characteristics

Variables	Mean $\pm$ Standard Deviation
Age	20.31 $\pm$ 2.35
Cumulative Grade Point Average (CGPA)*	3.16 $\pm$ 0.44
	N (%)
Gender	
Male	154 (42.7)
Female	207 (57.3)
Academic Year	
1 <sup>st</sup> year	93 (25.8)
2 <sup>nd</sup> year	74 (20.5)
3 <sup>rd</sup> year	44 (12.2)
4 <sup>th</sup> year	60 (16.6)
5 <sup>th</sup> year	55 (15.2)
6 <sup>th</sup> year	35 (9.7)

\*Variable had missing data (n = 174)

### 3.2 Participants' Perception of Narrative Medicine

Table 2: Participants' Perception of Narrative Medicine

"Letting patients tell their stories"
"Using patient story in clinical practice and management of illness"
"Listening to the patient carefully and give every patient the chance to express himself"
"Dialogue done between the patient and the physician where the physician listens to the patient concerns"
"Leaving the patient to express his self without worrying if the information is related to what he presents for"
"Narrative medicine is a medical approach to utilize people's narratives, hear people out and take a look at their life background"
"It is a way of communication between the patient and the physician, where the physician listens and takes into account the psychological aspect and the patient"
"It is a type of medicine that allows communication, understanding, and feeling with the patient not only as a patient but deal with his psychology to know what he is suffering from"

Students were asked to write their perception of narrative writing by describing it in their own words, and 110 (30.5%) only responded to this question. Eighty-three (75.45%) wrote that they did not know what narrative medicine is. Table 2 summarizes the participants' perception of narrative medicine.

Furthermore, table 3 presents the medical students' perception of narrative medicine.

Table 3: Medical Students' Perception of Narrative Medicine

Item	Strongly Agree/Agree N (%)	Neutral N (%)	Disagree/Strongly Disagree N (%)
Narrative medicine is useful to promote reflection	228 (63.2)	125 (34.6)	8 (2.2)
Narrative medicine helps promote empathy	215 (59.6)	133 (36.8)	13 (3.6)
Narrative medicine improves the physician-patient relationship	221 (61.2)	133 (36.8)	7 (1.9)
Narrative medicine is essential for improving the quality of patient care	293 (81.2)	58 (16.1)	10 (2.8)
Listening to the patient's story helps to improve communication	289 (80.1)	65 (18)	7 (1.9)
Sharing the narrative medicine concept with coworkers is important	165 (45.7)	174 (48.2)	22 (6.1)
Narrative medicine is essential in medicine	189 (52.4)	156 (43.2)	16 (4.4)
Narrative medicine relieves pressure during medical care	151 (41.8)	179 (49.6)	31 (8.6)
Narrative medicine improves active listening skills	227 (62.9)	127 (35.2)	7 (1.9)
Physician-patient communication skills can be improved with narrative medicine	228 (63.2)	123 (34.1)	10 (2.8)
Narrative medicine improves therapeutic outcome	222 (61.5)	119 (33)	20 (5.5)

### 3.3 Implementation of Narrative Medicine into the Curriculum

When asked whether training on narrative medicine should be included in the medical school curriculum, 317 (87.8%) agreed, 14 (3.9%) disagreed, and 30 (8.3%) did not know if it should be included. One hundred eighteen (32.7%) thought that the current curriculum was enough to acquire excellent communication skills between the physicians and patients, 163 (45.2%) felt that it was not, and the rest were uncertain. When asked whether self-reflection should be an integral part of the medical school curriculum, 259 (71.8%) agreed, 34 (9.4%) disagreed, and 68 (18.8%) did not know. As for their preferred method for self-reflection, 87 (24.1%) thought that writing is the best while 199 (55.1%) preferred the verbal method and 75 (20.8%) were indifferent. It was believed that the medical school curriculum should include a course in the humanities or the arts among 235 (65.1%) students. However, 45 (12.5%) disagreed, and 81 (22.4%) were neutral about it. Students were asked whether workshops in storytelling can reduce stress among medical students, of which 217 (60.1%)

thought that it does, 65 (18%) did not think so, and 79 (21.9%) did not know whether it would decrease stress or not.

#### 4. DISCUSSION

The role of narrative medicine is crucial in achieving good medical practice (Liao & Secemsky, 2015; Wesley et al., 2018). However, there is an apparent deficit in the knowledge of its importance among students and institutions as well, which hindered the application and the success of its concepts (Shapiro et al., 2009). The objective of this study was to evaluate the knowledge about narrative medicine among Beirut Arab University's (BAU) medical students and to determine their readiness to accept the integration of narrative medicine in their curriculum.

A proper definition of narrative medicine is not yet well defined (Solomon, 2015). Charon explains that it is medicine supplemented with narrative skills "to recognize, absorb, interpret, and be moved by the stories of illness." (Charon et al., 2016) In 2014, a definition concluded that it is "a fundamental tool to acquire, comprehend and integrate the different points of view of all the participants having a role in the illness experience." (Fioretti et al., 2016)

The benefits that can be achieved through narrative medicine are variable and are not only limited to the physician and the patient, but also extend to both the listeners and readers of the narrative (Muneeb et al., 2017). One of these benefits includes improved empathy (Charon, 2001a; Misra-Hebert et al., 2012; Muneeb et al., 2017), a key element in building excellent physician-patient communication (Charon, 2001b; Hojat et al., 2002), which can eventually benefit the outcome of the medical care provided (Hojat et al., 2011). Other benefits that can be achieved through narrative medicine include improvement of self-reflection and listening skills (Huang et al., 2017), and pressure relief during medical care (Chen et al., 2017).

In 2017, Chen et al. (Chen et al., 2017) suggested that narrative medicine led to an enhancement of compassion. When looking at the importance of narrative medicine, our study showed that around 81.2% thought that narrative medicine is essential for improving the quality of patient care and believed that listening to patients' stories would enhance the physician-patient communication skills. Furthermore, around 59.6% thought that it helped to improve empathy and 61.2% agreed that narrative medicine improves the physician-patient relationship. Finally, 52.4% of medical students thought that narrative medicine is essential in medicine.

However, only 41.8% of the BAU medical students thought that narrative medicine could help them relieve their pressure, while medical students in another study reported that narrative medicine would enable them to avoid burnout (Arntfield et al., 2013). Furthermore, when asked whether sharing narrative medicine concepts with coworkers is important or not, only 45.7% of our participants thought so. In the study conducted by Chen et al., multi-professional healthcare providers were generally highly willing to tell their coworkers about the concept of narrative medicine after they were exposed to a narrative medicine program (Chen et al., 2017).

The majority of participants in this study (71.8%) agreed that self-reflection should be an integral part of the medical school's curriculum and that the current one should include a course about humanities and workshops in storytelling (65.1%). Medical students in other studies were also found to respond favorably to implementing narrative medicine as part of their curricula (Arntfield et al., 2013; Miller et al., 2014). In addition, implementing a narrative medicine curriculum was found to be acceptable and feasible (Chretien et al., 2015), which further supports the importance of its integration in the current teaching programs.

Only 32.7% of the BAU medical students thought that the current curriculum was enough to acquire excellent communication skills between physicians. In another study, medical students also believed that their current curriculum could not convey the essential skills of communication, collaboration, and professionalism to them (Cassel, 1982; Spiro, 1993). Narrative medicine was considered to be a promising addition to the present teaching regimens and was needed to prepare medical students for a better and more effective performance (Arntfield et al., 2013).

This study has several limitations. One of them is that it included medical students from a single medical school in Lebanon. The other limitation is that the study design was cross-sectional, so only descriptive results were reported. Finally, not all participants provided their CGPA at the time of data collection, so missing information was present in that regard.

## 5. CONCLUSION

- A. Medical students at BAU were found to be lacking adequate knowledge about narrative medicine.
- B. The majority of students agreed on the importance of the implementation of humanity courses in the current curriculum and believed that it lacks the skills to promote empathy and better communication skills.

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