

Examining the Relationship Between the Practice of Narrative Medicine and Well Being Among Nurses and Advanced Practice Registered Nurses

Paulette J. Thabault, DNP, APRN, JD, FAANP, Emily Gesner PhD, DNP, RN-BC

Purpose: To identify the relationship between narrative medicine practice among nurses and nurse practitioners with the prevalence of nursing burnout as expressed in a well-being index.

Research Question: How does the practice of narrative medicine impact nurse and advanced practice nurse-nurse practitioner (NP) well-being?

Background: Factors related to nurse well-being and burnout is a growing concern as the profession experiences a rising shortage and turnover of nurses and advanced practice nurse practitioners. Nurse burnout increases risk for fatigue, lower quality of life, patient care error and intent to leave the profession. Narrative Medicine (NM) is an emerging field with the goal of improving health. NM practice encompasses attentive listening, a deep appreciation of the stories our patients tell us about their journey in health and illness and writing for a deeper understanding of ourselves as healers.

Methods: A snowball convenience sample of clinically practicing registered nurses and advanced practice nurse practitioners measured the awareness and practice of narrative medicine and nurse and nurse practitioner wellbeing. The invitation to participate was sent nationally to Nursing leaders using email, social media, and professional nursing organizations and networks. Narrative Medicine (NM) Practice was measured using a NM survey developed by the researcher with content expert review. Well-Being was measured using the Mayo Clinic Nurse Well-Being Survey and the Mayo Clinic Advanced Practice Well-Being Survey. Qualtrics was used for data collection. Using IBM SPSS, a bivariate and multivariate analysis was conducted comparing participant demographics and the practice of narrative medicine dimensions with nurse and advanced practice nurse practitioner well-being index scores. Analysis was conducted for each participant group (RN and NP) separately.

Results: 3167 surveys were completed, 1934 from registered nurses (RN) and 1233 from advanced practice nurse practitioners (NP). Among all participants, 78% reported some knowledge of NM and 22% were not familiar with NM. Further, 83% of NP and 81% of RN samples reported having coursework in their nursing education program as stand-alone NM course or integrated into nursing courses. Most participants, (NP=79%) (RN=66.6%) scored in the at-risk range on the Well-Being index. The Well Being Index was more favorable among participants reporting higher levels of NM practice dimensions.

Limitations: These results may not be generalizable to the population of practicing RNs and NPs. Although the survey was sent to a national and international sample, participants from the Northeast had the greatest representation. Reliability of the NM survey is limited as it was developed by the PI with content expert review. Other factors may confound results.

Conclusions: Nationally, clinically practicing registered nurses and nurse practitioners are experiencing low levels of well-being. Higher levels of well-being are seen among this nursing population when dimensions of narrative medicine are integrated into practice.

Next Steps: Researchers can further evaluate, test, and refine the NM survey tool, and further define the critical dimensions of NM practice to support the highest levels of well-being among RNs and NPs. Educators and employers should build NM into nursing education and employers are encouraged to support NM practice in their health care delivery model.