

## STORIES AT WORK: WRITING TO LEARN, CARE, AND COLLABORATE IN RADIATION THERAPY

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### ABSTRACT

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*Narrative writing has shown potential to foster skilled, compassionate care among health professionals. We describe the process and effects of a project that introduced experiential narrative writing to professionals and students at a large Canadian cancer centre. Four 90-minute introductory workshops in experiential narrative writing were offered to radiation therapy students (9), radiation therapists (28), and oncology nurses (1). These workshops were followed by an in-depth narrative writing course consisting of four 60-minute sessions. The course was offered twice with a total of 11 participants (all radiation therapists). Participants were prompted to write about their experiences, share their writing, and respond to each other's writing. Writing was not focused on professional experiences. All sessions were led by an experienced facilitator. In order to describe the process and effects of these courses, we used a combination of observations, reflective writing, ongoing dialogue with participants, and follow-up interviews (8 radiation therapists and 3 students). We describe five "active elements" of the narrative writing sessions: stories at (but not about) work, challenge, trust, quality of engagement, and continuity. We then discuss perceived effects of the narrative writing sessions, which we have termed pleasure, perspective, community, presence, craft, and collective artwork. These findings suggest potential for narrative writing to support the work, well-being, and community of health professionals in radiation therapy.*

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**KEYWORDS:** Radiation therapy, Education, Narrative, Reflective writing, Professional, Qualitative, Interview, Observation, Interprofessional

## INTRODUCTION

In the practice of radiation medicine, acts of human compassion and technical expertise are inherently and intricately interconnected. This is particularly true in a time of changing technology. Patients are receiving higher doses of radiation than ever before, using imaging technologies that allow precise targeting of therapy. These and other technologies have required rapid change for radiation therapists, who must continually learn new technologies while working intimately with patients—typically daily, for up to 7 weeks in a course of treatment.

We and others have found that technological change creates unique challenges for professional and inter-professional practice.<sup>1</sup> For example, highly experienced therapists are often challenged to master new technologies, learning alongside (and sometimes quite differently from) younger generations of therapists. They become novices in some senses, even as they teach students who are interacting with patients for the first time.

Such conflicting priorities often exist in tension with the kinds of caring that patients hope to receive and that professionals want to provide. In a recent qualitative research study, which is currently in the final stages of analysis, we found that therapists, nurses, physicians, pharmacists and dieticians at our large cancer care centre all felt strongly that the ideal of “caring” underpinned their own professional identities. However, participants held unique understandings of how they demonstrated care, and many felt that their ways of caring were not recognized by others (unpublished data, Kari Osmar, 2014).

We see these tensions as an opportunity for creative approaches to education. In 2008, two of the authors (KO and GW) designed a project that used art (painting and drawing) to prompt reflection among radiation therapists. We had modest expectations for this risky educational undertaking and were surprised by the enthusiastic response that the project generated. We had difficulty meeting demand for enrolment, and we were invited to expand the project with social workers, dieticians, oncologists, and pharmacists. We still receive visits from participants who tell us how the project has affected their experiences and their practices.

The project reported here was conceived as a next step in our ongoing commitment to understanding and fostering diverse acts of caring in our practice environment. In this project, we offered instruction in experiential narrative writing to radiation therapy students, radiation therapists, and advanced oncology nurses. (As discussed later in this article, most participants were radiation therapists.)

Training in narrative writing has been advocated for students and for practicing health professionals.<sup>2-4</sup> Narrative skills have promise for enhancing clinical judgment,<sup>2,5</sup> deepening clinical and inter-professional relationships,<sup>2,6,7</sup> creating a sense of wellness for professionals and patients<sup>8</sup> fostering critical self-reflection,<sup>3,4,7</sup> and recognizing others' perspectives<sup>4,8,9</sup>. While narrative writing has generated considerable interest and acceptance in professional education, questions remain concerning how health professionals experience narrative writing and how this type of work may affect professional practice. Relatively few studies have explored the potential of narrative writing for inter-professional groups<sup>9</sup>, and none to our knowledge for radiation therapy. Our project seeks to address these gaps and to help elucidate "the basic mechanisms, pathways, intermediaries, and consequences of narrative practices."<sup>2(p.1901)</sup>

## **OBJECTIVES**

Our ultimate goal is to create an environment that encourages professionals to recognize, provide, and continually seek to understand care: care of patients, of colleagues, and of themselves. Our specific objectives for this project were:

- (1) To equip professionals with the tools and space to write about their own experiences and to respond to others' experiences
- (2) To describe the process of experiential narrative writing for professionals in radiation therapy
- (3) To identify perceived effects of experiential narrative writing workshops on subsequent practice, focusing on the themes of learning, care, and collaboration.

## **THE STORY OF OUR PROJECT TEAM**

This project was conceived and conducted through a unique partnership among educators, practicing radiation therapists, and researchers. The idea for the project was suggested by Gail Williams, who has over 40 years of experience as a radiation therapist and who attended a writing workshop for cancer survivors facilitated by Ariella Damelin. Ariella is an educator and author who has led collaborative experiential writing courses for those who are sick, those who

are carers, and those who are both at once; her doctorate in education, and her life's work, have focused on narrative practice and arts-based research. Kari Osmar assembled our team and led the project. As a radiation therapist, clinical educator, and researcher, she has pursued an ongoing commitment to creative workplace learning and educational research. Marnie Peacock, whose professional role includes ushering new radiation therapists into practice, is herself passionate about stories and is always looking for ways to cultivate a respectful atmosphere in the profession. She joined the team both as an educator and as an insider participant. Sarah Whyte joined forces with the group as a researcher, bringing expertise in professional education, rhetoric, and applications of the social sciences and humanities to the practice of health professionals.

## **METHODS**

This project was conducted between February and July of 2013. In order to provide professionals with the tools and space to write about their experiences (objective 1), we began by offering a 90-minute workshop to introduce the concept of experiential narrative writing. The workshop was offered four times and was open to radiation therapists, radiation therapy students, and oncology nurses. At each workshop, the facilitator (AD) spoke about narrative writing, gave advice concerning how to engage in the process of writing, and then prompted participants to write, share their writing, and discuss one another's stories.

Participants in the introductory workshops (now having a sense of what experiential narrative writing entailed) were then invited to take part in a weekly course consisting of four 60-minute sessions. The full course was offered twice. At these sessions, participants were given a series of writing assignments to complete at home and to share each week with the group. The assignments were to select and write about a representative object, a photograph, and a favourite book; in the final week participants were asked to write a reflective poem about themselves, beginning, if they wished, from a model format.

In order to describe the process (objective 2) and perceived effects (objective 3) of these experiential narrative writing courses, we used a combination of observation, reflective writing, and interviews. A researcher (SW) attended a selection of the writing workshops (8 of 12) and recorded field notes to describe the process of the sessions. The facilitator (AD) also wrote reflections following every session. Summary versions of these reflections were shared with participants at the subsequent meeting and helped to stimulate group reflection on the process of the course. Spontaneous feedback from participants was also documented during and following the project. All of these collected notes and reflections were used to inform the writing sessions

as they evolved. They were also used to identify and conceptualize the specific mechanisms and effects of the sessions.

Participants were finally invited to take part in follow-up narrative interviews conducted approximately two months after their completion of the course. Interviews were conducted by a researcher (SW) who had observed but not facilitated the writing sessions. All participants in the full course were invited to be interviewed; 8 of 11 participants volunteered. In order to capture the unique perspective of students (none of whom were able to take part in the full course), we also invited all students who had participated in the single-session introductory workshop; 3 of 9 students volunteered to be interviewed. We believe that time constraints prevented wider participation, as the students were nearing the end of their clinical placements.

Interviews were designed to elicit participants' experiences of the writing courses and their perceptions of how the courses affected them within or outside of their professional work. Following open-ended questions, we asked whether the writing sessions had affected their learning, patient care, or collaboration in particular. We encouraged participants to share stories of their experiences. Such narrative accounts are a first step toward linking narrative education with clinical practice.

This project was reviewed and approved by our hospital's research ethics board. Participation was voluntary. Prior to the start of the project, all participants consented to attend the writing workshops and courses, to be observed by the researcher, and to take part in an individual interview.

## **Data Analysis**

Our analyses of the interviews and observation notes are descriptive and thematic. We brought two questions to the data: What effects of the experiential narrative writing courses were described or observed? And what were the active elements of these courses?

Our analysis process was primarily inductive. We each read the interviews and field notes, independently identified salient themes, and met to discuss and compare our observations. As a secondary, deductive, analysis, we also identified comments related to the three a priori themes that had motivated the project: learning, caring, and collaboration. Our readings were shaped by the collective expertise of our team members in education, narrative and arts-based research, and rhetorical analysis.

Once we had identified the active elements and the perceived effects of the courses, one researcher (SW) reread all notes and transcripts to ensure that these themes were comprehensive and to document absences and divergent perspectives. This process supported the themes that we had identified and prompted some minor adjustments and additions.

## **RESULTS**

### **Objective 1: Equipping professionals to write and respond**

We successfully conducted 4 introductory workshops with 38 participants (28 radiation therapists, 9 radiation therapy students, and 1 oncology nurse) and 2 narrative writing courses with 11 participants (all radiation therapists). All sessions were fully enrolled and extremely well received.

The sessions were not as inter-professional or as intergenerational as we had originally intended: only one oncology nurse participated in the introductory session, and all participants in the full course were practicing radiation therapists. We believe that the under-enrolment of nurses is owed to scheduling challenges rather than lack of interest. After this project was designed, the organization of nurses' work was restructured such that their schedules no longer aligned with the timing of the sessions. Nurses who learned about the project after its completion told us that they would have signed up, had they understood what the project involved and had it been more feasible. Students also cited scheduling conflicts as the primary reason they chose not to proceed with the full course.

### **Objective 2: Describing the process of experiential narrative writing**

The process of these sessions has been described from the perspectives of the facilitator, the observer, and the participants. In analyzing these accounts, we sought to identify how the sessions worked. That is, what elements were most active in shaping participants' experiences? Below, we highlight five elements of the sessions that all groups identified as being particularly significant to the character and effects of these narrative writing workshops and courses.

#### **Element 1: Stories at work, not stories about work**

While these sessions involved writing and sharing stories at work, they did not focus on stories about work. This approach is distinct from narrative writing initiatives which prompt health professionals to reflect on encounters with patients, encounters with other health professionals, or

literary works on health-related themes such as illness, grief, healing, and death. While people could choose to write stories about their professional lives, they seldom did:

*[I was] pleasantly surprised that it was about something outside of work. Really pleasantly surprised. ... It became a little bit more interesting, and I thought, this is going to be challenging but more fun. But more challenging. (RT 7)*

One student and one radiation therapist saw a need to draw more explicit connections to clinical practice at some point in the course. However, a much stronger consensus formed that this very opportunity to step outside of practice was what made the sessions work as well as they did. It freed participants to learn more about one another than they ever would in the context of their clinical work:

*[If] you limit it to practice, then you're missing out on a whole other host of discussions that you can have that are not related to practice, but they are about relationships. (RT 1)*

*It was really interesting to hear how different everybody's stories were. ... It's kind of better, then. If we were given a topic ... there probably would have been a lot of overlap in the stories. Whereas this way it was just so different. (Student 1)*

Participants valued the new insights they gained, even about colleagues with whom they had worked for years. They felt that stepping outside of practice gave them a break from the pressures of their clinical work and allowed them to concentrate fully on the work of communicating with their colleagues. It also served to remove the implicit context of evaluation that always shapes discussions about practice. As one student put it:

*In clinic, you always have someone over your shoulder, so it's hard to think that anything you do isn't for evaluation purposes. (Student 2)*

For one student in particular, the opportunity to write freely, both in content and form, stood in stark contrast to his experiences of obligatory reflective journaling in his program of study.

## **Element 2: Challenge**

Many participants commented on how challenging the course was. The work of writing, finding quiet time, selecting topics, shaping stories, sharing those stories with colleagues, listening fully, and formulating specific and meaningful feedback pushed many participants beyond their bounds of comfort. Scholars and educators in this field know well that rigorous training is required to

develop and hone narrative skills. Many of our participants' comments affirm this fact and belie a common tendency to regard communication skills as "soft."

By far the most commonly described challenge was gathering the courage to share personal writing. Almost all participants, to varying degrees, described feeling vulnerable or anxious about sharing their writing and revealing aspects of themselves, especially in the first session:

*I was very anxious the first time. Worried. I was just worried, really, that, you'd be judged, and how would people react to this? I said "I'm not coming back if they say something horrible."* (RT 2)

*It was really nerve-wracking at first. Telling a personal story in front of a group is intimidating.* (Student 1)

*You're putting yourself out there and there's always, I think, the fear that somebody's going to say, that's the stupidest thing I've ever heard in my life.* (RT 1)

*I was so nervous going into every single session. I was shaking and freaking out. The idea of sharing a part of yourself with a group of people. It's really, really scary.* (RT 4)

Importantly, though, these challenges themselves were also described as a principal source of reward. They led people to discover skills they didn't realize they had.

*It was a challenge, and I liked the challenge.* (RT3)

*It was extra work, but we liked doing the work.* (RT5)

*It was like a feeling of elation after that. ... It was like pushing through a fear. Pushing through a challenge. You get kind of that "I can do things" feeling.* (RT 4)

Several participants connected their own feelings of vulnerability to that experienced by patients when they are expected to be vulnerable, to share, and to trust in each treatment. One participant suggested that becoming comfortable revealing aspects of oneself with patients may encourage patients to be more comfortable and open as well (RT 1).



### **Element 3: Trust**

Because this work was challenging and had the potential to make participants feel vulnerable, a sense of trust was essential. A spirit of trust and respect was cultivated in the introductory sessions, during which the facilitator set out clear expectations. She emphasized that all sessions would be confidential. She asserted that our lives are important, and their details are worthy to be recorded. She reminded group members to focus on the writing, commenting on mood, tone, style, and how the story resonated with them. Feedback should honour the beauty in everyone's stories, with no judgment or rescuing.

Although participants felt initially apprehensive, they also described discovering a feeling of safety and support once they began sharing their work. There was some divergence in how participants described the source of this support and their relationship to other group members. Some attributed their comfort to the fact that they had worked for many years with other participants. Others attributed their comfort to the realization that everyone was similarly vulnerable.

One project member observed a parallel between the trust established through the writing groups and the trust required in clinical work. The need to trust in your teammates, and the distress of working with someone you do not trust, becomes a very large component in the professional lives of radiation therapists.

### **Element 4: Quality of engagement**

Quality of engagement was also integral to the perceived value of the sessions. As several participants noted, the facilitator's reflections modeled a capacity to listen and to observe which some participants strove to emulate. One participant noted that it would take far longer than five sessions to develop these skills—"That's years, decades of experience that are being applied there" (RT 5)—but the experience provided insight and motivation:

*Ariella did a beautiful job, and that kind of encouraged me, personally, I'm sure other people too, to carry on writing. ... She reflected on each and everybody's [story], summarized it in a nice little packet, and it was like getting a gift each time. (RT 7)*

*Learning to listen beyond the words. What's important to that person? Why is it important? Because it's in there. It may not be in the black and white writing, but around it [...] What is the actual focus? What's important to them, and why is it*

*important to them? It would take a lot more than a few hours to go any further.  
But Ariella shows you it's completely possible. (RT 5)*

Participants also remarked on the quality of their own and their colleagues' engagement. While they often referred to the surprisingly high quality of the writing itself, more important was the commitment and care that people brought to their writing and to the writing of their colleagues:

*I was blown away by the quality of the pieces. How much time people put in to it.  
We all took it very seriously, and I think that was very [important]. (RT 8)*

*If people start not putting effort into it, it's going to be a total waste, not just for  
that person but for everybody else there. Because it's that sense of community,  
right? ... I care enough and I know there are other people here who want to get  
something out of this too. So I'll put the effort in. Absolutely. (RT 5)*

This sense of commitment was also evident throughout the reflections of the observer and facilitator. For example, we noted how the groups took collective responsibility for managing the dialogue and emotions in the room. People were thoughtful and specific with their feedback. They honoured difficult stories and played up lighter ones when the dialogue seemed to require it. They chose to share their work in moments when they recognized an interesting resonance or contrast with preceding stories. And they took obvious care in handling the written pages, objects, photographs, and books that were brought in to the group.

## **Element 5: Continuity**

Participants remarked on the importance of the weekly engagement and the opportunity to grow progressively more comfortable with their own writing, more trusting of their colleagues, and more deeply involved in the progression of the course. Here are two participants reflecting on their own and their colleagues' development over time:

*There was no way I would have mentioned the things that I mentioned [in the last  
session] without that progression [from the opening introductory workshop]. It  
was almost delving deeper and deeper into yourself, which you don't usually get  
to do. (RT 3)*

*I noticed that the stories got more elaborate and got longer from everybody else  
as the class was going on. ... I noticed that some of them just started with one  
paragraph. But by the time it got to the fourth one, you were getting two pages.*

*Because they were getting more comfortable and they were knowing what they wanted to write. And putting it all in. (RT 6)*

The facilitator and observer also recorded how connections were formed from one session to the next. For example, participants often observed relationships between stories told in successive sessions. Ideas that were suggestive in one story became more prominent in later ones. And participants became bolder and more experimental in their writing styles. One participant commented that at the beginning, she felt her writing “wasn’t as good as the others” but by the end of the course she came to recognize and to like her own style.

In addition to allowing for progression, continuity was important because the effects of the sessions were somewhat transient. Or, put another way, participants recognized that narrative writing required ongoing practice and renewal. As one participant described:

*It’s muscle memory. I need to have something that keeps me going back to that. Like having this interview is taking me back to that place. ... And I remember feeling that. But it’s easy for that to get lost again, I think. (RT 4)*

Another participant echoed this point, saying that “you forget” the effects of writing until you do it again. (RT 2) A third said that work of this sort had potential benefit in radiation therapy, but he cautioned that “if it’s not done regularly, the effects will be short term.” (RT 5) This insight is particularly significant, given that regular small-group meetings are not common in professional settings. Continuous series such as this require significant commitment, resources, and accommodation on the part of both managers and participants.

### **Objective 3: Identifying the effects of experiential narrative writing**

This section describes what the experiential narrative writing courses did. We identify and briefly describe six perceived effects that emerged across the interviews and observations.

#### **Effect 1: Pleasure**

In the education of health professionals, enjoyment is typically seen as less valuable than more obviously pragmatic and clinically measurable outcomes. In analyzing the interviews, however, we realized that we not only needed to include pleasure as an outcome—we needed to begin with it. Enjoyment was one of the strongest features in all of the interviews. Participants described having fun, finding the work pleasurable, fiercely protecting their writing space and time against less important intrusions, experiencing release, de-stressing, detoxifying, feeling elated when

they surpassed their own expectations, feeling unburdened, feeling release or catharsis, looking forward to each session, and having a sense of loss when the course came to an end. These kinds of enjoyment extend beyond the pleasant experience of an educational session that is soon forgotten. They are the kinds of enjoyment that motivate and inspire people to think and act in new ways. These experiences, as several participants asserted, are also inherently valuable:

*The experience was wonderful. And we don't do things just because you're going to learn from an experience. You do it for the experience. (RT 8)*

*It was good to do something that made me feel satisfied. And to have somebody offer me something like that at work that made me feel—it was kind of job satisfaction which made me better as a staff. (RT 7)*

*I loved doing it. Loved the work for it. ... There was no stress involved in doing it, and you felt less stress when you came out of it. (RT 5)*

## **Effect 2: Perspective**

All participants described gaining new perspective. This perspective ran in a number of directions. Some people described gaining significant new insight on themselves, discovering elements of their own stories, either through writing or through their responses to others. For example, one participant began each assignment feeling that she didn't have anything to write about, only to discover that she did, in fact, have stories to tell:

*I was thinking about the [assignment to choose a] picture. I'm like, I can't pick a picture. Wait a second, now I can't not pick a picture. I've got too many. And then the stories start flooding into me, and I'm this whole person. And with that came a sense of empowerment. It was like, okay, I have things to offer. And I think within that I learned that I'm enough, and I have something to offer other people. And it's like, okay, you know what, I can hold someone's hand. I can offer support to somebody else. ... And I found that through my stories, a little bit. I have things to say, and I have weight, of sorts. (RT 4)*

Several participants also felt that these writing skills could be usefully applied to gain new perspective on clinical situations, especially those that were somehow troubling or stressful. This kind of perspective was described primarily by students:

*I kind of like how it made you think about things and put different perspective on things ... Instead of letting a situation pass, you actually sit there and think about it, about what actually happened and the details about it. (Student 1)*

*Every once in a while I'll write something down, and I'll say you know what, that's not really a big deal. Don't worry about it. Tomorrow is a new day. That kind of thing. So it's kind of helped in that sense. (Student 2)*

By far the most emphasis was placed on the perspective that participants gained concerning the experiences and lives of others. This was facilitated by the personal nature of the stories being shared:

*I didn't realize it would be quite so illuminating to people's personalities. So it was very much a sense of intimacy. ... When I saw that in the first one, I thought, oh, you know, I see these people differently. I see them in a different light. (RT 2)*

*I found that listening to them in the stories really gave them so much more power. It makes you recognize how strong people are. (RT 8)*

*There's just all these different things that you find out about people, that makes them human. And it's not just the person you're working with for eight hours. They've got all these other things going on as well. (RT 6)*

*I learned a lot about the people in the group. Even though I've known them all for some time, I learned things I wouldn't have known. I learned how they feel about certain things, and what's important to them. I think that's really valuable when you work in the type of environment that we do, where ... it can be very emotional work. (RT 1)*

For one participant, this new perspective radically transformed her understanding of a colleague who had previously seemed cold and distant.

*I have this one person in my head, and I remember when I listened to them give their presentation and share their story, I was just blown away by how different that person was in that context. That was really powerful for me for sure. ... [It transformed my perception of that person] more than I can possibly convey. (RT 4)*

### **Effect 3: Community**

Such new perspective, combined with the shared commitment to the narrative writing sessions, created a sense of community. Like the pleasure of participation, community was perceived as inherently valuable:

*We gelled, right, and looked forward to seeing each other. And we trusted each other. And, you know, that gave you the satisfaction. (RT 7)*

Participants were struck by similarities as well as by differences that emerged from their collective experiences. One participant said to another: “When you read your story, it makes me think that we have a lot in common.” (RT 2) These commonalities were not located in the content of the stories but rather in the style of the writing. Another noted:

*Every time we spoke we had a commonality, which was quite surprising. Because, you know, there was a large age group variation. There was one boy with us. Racially, we were really—culturally, we were really split up. But the same things were focused on each time. (RT 5)*

These common experiences forged connections between group members which extended beyond the context of the narrative writing group. For example, radiation therapists who were experiencing professional disappointment or frustration found connections with more senior therapists who were able to look back, with the benefit of time, on similar challenges in their own lives.

Several participants linked this strength of community to their ability to work and communicate well together as teams:

*Because we took this course, we know more about each other, I sort of know how they react because I've interacted with them. And so when they make comments, I don't have to guess. Are they being sarcastic? Oh they are being sarcastic! Or, no they're not being sarcastic. Because I know them a little bit better. And so you don't have to spend that time second guessing it. You just take them at their word, you know what that means, you move on, you keep going. And there's not this delay, “Hmm. Should I be doing this? Do they mean that?” ... It's like working with your colleagues that you've known for a longer time. This sort of speeds up the process. (RT 2)*

This same observation was made by a second participant, who likened her communication with this group to that she had achieved in a prior position over a period of several years. Another participant described being able to anticipate when colleagues needed a break. Several said they were more inclined to interpret colleagues generously rather than becoming frustrated.

#### **Effect 4: Presence**

Participants described the challenge and value of listening fully. One participant shared that it was particularly challenging to attend to her colleagues' stories when she was anxious about what she herself had to say. Many participants—perhaps especially the students and more junior therapists—described how the risk of sharing their own stories, and the reward of feeling heard and understood, carried over to their immediate interactions with patients. After leaving the sessions, they found themselves suddenly attentive to, and grateful for, to the stories that were shared with them on a daily basis. They remembered, for example, to follow up on things that patients or colleagues had mentioned the day before. They started asking questions in new ways. Instead of leading with “How is your diarrhea?” they began instead with “How was your weekend?”

Several participants explained that the practice setting in radiation therapy doesn't leave much space for sharing long, personal stories. Although they have a unique opportunity to see patients frequently, and to engage with new patients at some length, routine appointments are quite short and technically demanding. Participants noted, however, how much value could be held in a simple moment of meaningful exchange.

We have chosen the word “presence” to describe these moments. (Rita Charon uses the term “attention” to describe a similar, fundamental aspect of narrative medicine.<sup>10</sup>) This theme incorporates simultaneous self-awareness and attentiveness to others:

*You're more aware of interacting with people. And how you interact with people.*  
(RT 7)

*Coming out of those sessions I felt so real. I feel very emotional saying this. I felt like everything was really real. Everything had weight again. It made me realize that everybody has their story and I have mine and that's important. And like the interactions that we have every single day are really important. And it's those little things that totally matter. I don't know what it was about the sessions that made me feel that. I guess it's like sharing realness. Everyone in that room is being so*

*real and so raw and vulnerable. And then when you walk outside of there you just carry that with you.* (RT 4)

During one writing session, one participant said she “liked to think that all of these 5-minute conversations we have are with someone who has a universe. It’s easy to let these pass by, and sometimes it’s necessary, but as you see a patient each day, they reveal a little bit more, and it’s special.” One person described this as an “honour.” Another as a “responsibility”. One participant said that she meets “40 ordinary people with extraordinary lives every day.”

It is important to note that the demands of practice eventually dampened these effects for some participants who described them. Once the course had concluded, this degree of presence couldn’t always be maintained relative to time pressures, technology, and competing demands for attention.

*The pressures of work and the stress, the time, definitely toned down [the immediate effects of participating]. Maybe after today it will spark that again.*  
(RT 3)

*I heard an analogy once. Is your bell still ringing? And it’s like when you have a powerful experience, your bell rings from that experience for a while, but then it kind of [fades].* (RT 4)

## **Effect 5: Craft**

The ability to write and respond to personal stories does not appear on the checklist of competencies that one needs to demonstrate in order to be certified as a skilled radiation therapist. In fact, this made it hard for some students to justify proceeding to the full course, even though they felt that they gained a great deal from participating in the introductory session. Nonetheless, these narrative sessions honed skills that have clear relevance to practice: skills in expressing oneself succinctly, recognizing meaningful patterns and images, listening fully, formulating feedback, and hearing, as one participant put it, “beyond the words” of patients and colleagues.

A focus on craft—the ability to write well and to make detailed observations—is evident throughout our observations. This focus appeared to facilitate aesthetic and ethical forms of learning in the groups. For example, we discussed how the opening of a story set up expectations which were sometimes realized and sometimes subverted. We discussed how narrated experiences revealed and responded to cultural values. And we discussed how particular images,



absences, narrative points of view, and pacing (to highlight just a few recurrent topics) worked to evoke particular emotions or create particular effects for listeners.

### **Effect 6: Collective artwork**

The creative achievements of the group came to fruition in unexpected ways. The facilitator felt that the culminating poems read in the final week of each course were strong enough to be shared with a wider audience. Interested participants were invited, on a volunteer basis, to submit their poems for display. These participants hand wrote their poems, which were then combined into an art piece by one of our project team members (GW). The art is now hanging in our cancer centre, offering a permanent record of the group's work and time together. This piece continues to generate positive feedback from health professionals, artists, non-clinical staff, and patients.

## **DISCUSSION**

This project demonstrated positive effects of narrative writing for a small, self-selected group of radiation therapists and students. Benefits described by participants included pleasurable experience; new perspective on themselves, their colleagues, and challenging situations; a strong sense of community; heightened sense of presence or attentiveness to themselves and others; and increased confidence and skill in writing and responding to stories. We have termed these effects pleasure, perspective, community, presence, and craft. The creative achievements of the group also resulted in a display of poetry that continues to provoke reflection and conversation in our workplace.

Interviews and observations suggested that these benefits may translate into the clinical work of professionals in at least four ways. Most directly and fundamentally, the narrative writing groups created a sense of well-being for professionals. In emotionally challenging areas of health care work, such as oncology and palliative care, supporting the wellness of professionals is important for preventing burnout, conflict, distress, and illness among caregivers.<sup>8-10</sup>

Second, engaging in experiential narrative writing created a sense of presence or awareness for some participants, which attuned them to the stories of their patients and colleagues. These findings resonate with the concepts of attention, representation, and affiliation described by Rita Charon,<sup>10</sup> who suggests that acts of representing can change the way that professionals subsequently experience their interactions with patients. This principle rang true in our project even though the written representations did not address clinical encounters. Our findings also highlight the principle of mutuality described by Arthur Frank, who asserts that "taking seriously

their own stories ... is the absolutely necessary prerequisite to doctors encouraging their patients' stories" <sup>8</sup>(p. 51).

Third, and perhaps most profoundly, the groups' experience of writing together created a sense of community that is characteristic of excellent team practice. All participants described how much they appreciated the stories of their colleagues, as well as the trust and intimacy that were developed through dialogue about those stories. Two participants noted that developing intimate collaborative relationships usually takes years; sharing this experience "sped up" the process.

Finally, some participants suggested that they had worked hard on practicing their interpretive skills to ensure that their feedback to colleagues was detailed and perceptive. These skills, they felt, might help in the interpretation of patients' stories.

These observations suggest links between experiential narrative writing and the clinical work of radiation therapists. While these insights are important, our findings also highlight that experiencing pleasure and establishing community must be recognized as valuable in themselves. They are essential ends of the work, without which more pragmatic or instrumental goals would be impossible. By focusing on personal experiences, and on the dialogue of the group, this project foregrounded the affective and relational dimensions of narrative work over the analytic and cognitive ones.<sup>11</sup>

It's important to note that many participants felt they already had a healthy sense of perspective concerning their colleagues and their patients. According to these participants, the course did not radically change their perspective but rather allowed them to exercise and refresh skills that they already had. This is an interesting insight. It is likely that our project self-selected professionals who already felt confident in their communication and listening skills. Professionals without these strengths may have been less inclined to volunteer. However, this finding may also challenge a common presumption that health professionals need remediation in their capacity to care and to communicate. Our findings suggest that the nature of the work environment—less time, more patients, and technologies that demand more vigilance and responsibility—simply squeezes out opportunities to exercise the skills that many professionals already take pride in.

Some participants also rejected or subtly avoided the term "learning." While some granted that they had learned about colleagues, or learned particular things about themselves, others couldn't articulate anything specific that they had learned. They preferred saying that they had been "exposed to" narrative writing, or they had been reminded about particular aspects of patient care. This avoidance of the term "learning" may reflect a common assumption that education is primarily about imparting information.

This study has helped to illustrate that continuing professional education is in fact a form of practice. It requires ongoing work and regular renewal. These observations have significant implications concerning the structure of learning opportunities. Educational initiatives for health professionals tend to involve standalone workshops or short courses. Participants emphasized that the continuity of the weekly sessions was an important element of this project. Such continuity requires ongoing commitment from participants and managers. It can be difficult to achieve in busy clinical environments.

Most reported accounts of narrative writing in the health professions focus on stories in and about professional work. Professionals and students are prompted to write about patients or ethical dilemmas, sometimes taking on others' points of view. These approaches have demonstrated value. Our study suggests, however, that bringing the focus outside of work may offer particular advantages, especially where the goals are to foster well-being and to strengthen community.

Our findings provide a strong reminder that experiential narrative writing must be conducted with care and ethical sensitivity. Other researchers, too, have described difficult emotions associated with narrative work. For example, Sands et al found that narrative training increased stress at certain times for professionals writing about pediatric oncology, perhaps because they became "more aware of the unfairness and the suffering" in their work<sup>9(p.311)</sup>. DasGupta et al identify 8 positive and 8 negative emotional states described by medical students who were asked to write about personal illness experiences and to share their writing with peers.<sup>4</sup> The personal nature of stories was also, initially, a source of challenge for participants in our project. However, the freedom to select topics conferred a significant measure of control over what they chose to share with the group. Careful cultivation of trust and ongoing dialogue in the group ensured that participants' contributions were met with attention and respect.

Our project suggests that experiential narrative writing has powerful potential to support the work, well-being and community of health professionals in radiation therapy. We also suggest some of the "essential elements" of this work that should be carried forward, or examined further, in other initiatives of this kind. The success of this project relied on the voluntary and serious engagement of participants, who brought a spirit of generosity to their work and their peers. ■

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## COMPETING INTERESTS

We have no competing interests in designing, conducting, or reporting this work.

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