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Original article

Pediatricians' storytelling about positive, negative, and turning professional experiences

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Abstract

Background: The present study aims to explore narratives about positive, negative, and turning autobiographical memories of pediatricians, evaluating differences among the three types of narratives in terms of their structure and exploring emerged contents of narratives.

Methods: Nineteen pediatricians employed in a pediatric hospital of central Italy took part in the study by narrating the low point, the high point, and the turning point of their professional experience. Researchers identified the narrative structure of collected stories. A content analysis was performed to identify the emerged themes of low points, high points, and turning points.

Results: Results show that pediatricians perform better-structured narratives when they focus on low and high episodes than turning ones (Friedman test = 15.176; p = 0.001). Furthermore, low points deal with the relationship with patients and the management of emotions due to their suffering and death, high points are related to both relational and individual issues as feeling gratitude from patients, professional upgrades and success, while turning points are more related to personal and individual issues like economic growth and the achievement of resident position.

Discussion: Authors discuss the importance of storytelling and autobiographical memory disclosure as a tool to help physicians to deal with the emotional impact of their professional experiences with patients.

Keywords

Pediatricians, storytelling, Narrative Medicine, autobiographical memory.

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Introduction

Several authors pointed out the importance of storytelling and autobiographical memory disclosure as a tool to help physicians to deal with the emotional impact of their professional experiences with patients [1-4]. For instance, medical trainings in communication skills and Medical Humanities often focus on both reading and expressive writing exercises about narratives of illness [2]. Scientific evidence has shown that adopting a narrative approach in Medical Education leads to improved professionals' attitudes and values and facilitates the sense-making process useful within the anamnestic and diagnostic phases of the clinical consultation [5-9].

Similarly, pediatricians' storytelling may be a tool to explore and deal with professional experience. As "narrative facilitators" [10], doctors often need not only to listen but also to provide narratives about diagnosis, decision-making, results of clinical tests to their patients. In this sense, empowering pediatricians' narrative skills seems to be a useful tool to promote clinical practice and relationship with patients [11].

Nevertheless, studies exploring medical narratives on their own professional experiences are very few to our knowledge. Most of the studies have focused on negative experiences or episodes perceived as problems in daily clinical activity [12-14], rather than on positive and crucial events related to the care profession.

Moreover, scholars researching life story narratives reported a difference in producing coherent and well-formed positive and negative narratives [15, 16]: people use to produce better-structured narratives when telling about negative past life events in comparison to positive events. About autobiographical narratives, McAdams [17] also described a third type of life events to narrate: the turning point, defined as an episode that marked an important change in an individual life story. Particularly, studies on not clinical samples have recognized a difference to provide positive or turning autobiographical narratives with the canonical structure of a story described by Labov [18]. In fact, narratives are structured around high points, defined as the point where the complication, which is the core of a story, reaches its maximum.

The components of a well-formed narrative are five [19]: abstract, orientation, complicating action, result or resolution, and coda. The abstract can be described as a sort of brief version of the story to set a framework, while the orientation provides background information (usually summarized as who, where, when, what, and why). Thus, abstract and orientation capture the listener's attention and help their understanding. Codas occur at the end of narratives, and serve to reflect and make sense of the story. The most important part of a narrative, also defined as "narrative device" [20], can be found in the couple complicating actions – resolution, in which the complication, also seen as a violation of the canonicity of events, occurs, and it is usually solved by some actions that lead to a resolution. Therefore, a story is considered "well structured" when it assumes such five patterns and, above all, a complicating action. Scholars in the field of narrative studies argue that the more a person elaborates and reflects on a past life experience, the more they can provide a well-formed story on it [4, 17-20].

Starting from these assumptions, the present study aims to explore narratives about positive, negative, and turning autobiographical memories of pediatricians, evaluating potential differences among the ability to perform the three types of narratives in terms of their structure. Furthermore, a second aim of the study is to explore the contents of the three types of autobiographical narratives in order to define which kind of professional experiences are more perceived by pediatricians as positive, negative, or turning points. Due to the small sample size, the study has to be considered as a pilot for further investigations in the field of pediatricians' autobiographical memories.

Materials and methods

Nineteen pediatricians employed in a pediatric hospital of central Italy took part in the present

study. The mean age of pediatricians was 38.9 (standard deviation [SD] = 8.9). They have been working as pediatricians for an average of 10.4 years (SD = 9.1). Professionals have been contacted by researchers with the facilitation of psychologists operating within the pediatric hospital. Originally 44 professionals had been invited to participate, 25 of them declined the consent to participate. Informed consent was obtained from all individual participants included in the study.

In a private and adequate office of the children's hospital, researchers explained the goals and the design of the study and collected participants' informed consent. Then, they administered to participants the "life story interview" [17], performed and validated by McAdams to help a person define and shape their autobiographical stories by narrating it through the identification of three key scenes or life points. Particularly, a researcher trained in narrative methods proposed to pediatricians three questions exploring the low point, the high point, and the turning point of their professional experience. The interview started by asking them: "Please describe a scene, episode, or moment in your professional life that stands out as an especially positive experience. This might be the high point scene of your professional life, or else an especially happy, joyous, exciting, or wonderful moment in the story" [17]. Then, it was asked participants: "Thinking back over your professional life, please identify a scene that stands out as a low point, if not the low point in your story. Even though this event is unpleasant, I would appreciate your providing as much detail as you can about it" [17]. Finally, researchers focused on the turning point narrative: "In looking back over your life, it may be possible to identify certain key moments that stand out as turning points – episodes that marked an important change in you or your life story. Please identify a particular episode in your life story that you now see as a turning point in your life" [17]. No limits of time have been given to participants, and researchers did not interrupt narrators. Interviews lasted a mean of 20 minutes per subject. In line with the methodological background of the present study [17], in this article we will refer to low, high, and turning points considering the negative, positive, and turning autobiographical events narrated by participants.

Narratives were audiotaped and transcribed. To reach the goals of the study, researchers implemented on data the high point analysis [19]. Two researchers individually carefully read all narratives and, for each of them, identified the five elements of narrative structure (abstract, orientation, complicating action, resolution, and coda), coding for each of them a 0-1 score (0 = absent; 1 = present in the narrative). Since the complicating action is the narrative device that allows defining a narrative as a well-formed story [20], the presence/absence of this element in narratives has been considered as the ability or not to perform a story on the life point. Moreover, the sum of the presence/absence of the five elements of the story has been calculated to obtain a total score of the story (TSS).

At first, K of Cohen index was calculated to assess the inter-observer agreement on coded variables. Researchers found a high degree of agreement between the two researchers in the analysis process (K = 0.94). Then, Friedman and Wilcoxon's non-parametric tests for paired samples have been calculated to assess potential differences among narratives' structure of low points, high points, and turning points.

In line with the second goal of the study, a content analysis was performed in order to identify the emerged themes of low points, high points, and turning points. Researchers carefully read narratives defining common and specific categories of contents related to the three key scenes narrated by pediatricians.

Results

As for the first goal of the study, results showed that participants narrated low point and high point stories providing more frequently their story with a complicating action with respect to turning point stories (Friedman test = 15.176; p = 0.001). **Tab. 1** shows percentages of presence of all coded variables.

Table 1. Percentage of presence of the five elements of the story structure in low, high and turning narratives of pediatricians; mean and standard deviation (SD) of total score of the story (TSS).

	Low points	High points	Turning points
Abstract	95%	89%	68%
Orientation	79%	68%	26%
Complicating action	89%	63%	21%
Resolution	26%	53%	21%
Coda	89%	84%	100%
TSS, mean (SD)	3.73 (1.2)	3.57 (1.8)	2.36 (1.4)

SD: standard deviation; TSS: total score of the story.

Particularly, a significant difference emerged between participants' low point and turning point narratives (Z of Wilcoxon = -3.357; p = 0.001) and between high point and turning point narratives (Z of Wilcoxon = -2.530; p = 0.011) in terms of presence of complicating action as the narrative device of a story. Conversely, no difference in complicating action has been found between high point and low points narratives (Z of Wilcoxon = -1.667; p = 0.09).

As for the presence of abstract in narratives, Friedman test showed no significant difference among the three kinds of narratives (Friedman test = 5.25; p = 0.072).

Significant differences (Friedman test = 9.882; p = 0.007) were shown in orientation among the three key scenes: particularly, Wilcoxon test for two paired samples put in light a higher presence of orientation in low point stories than in turning ones (Z of Wilcoxon = -2.887; p = 0.002) and in high point narratives than in turning ones (Z of Wilcoxon = -2.309; p = 0.021), while no differences emerged between narratives of low and high points (Z of Wilcoxon = -0.632; p = 0.527).

The analysis of resolution in narratives showed no differences between the three key scenes (Friedman test = 5.167; p = 0.076), although descriptive statistics put in light that high points were more prone than low and turning ones to involve the solution of complications within the narrated autobiographical story.

Considering the coda, no statistically significant differences emerged among the three kinds of narratives (Friedman test = 2.800; p = 0.247); nevertheless, looking at descriptive statistics, researchers founded a 100% of presence of coda in turning point narratives.

No significant difference in the TSS emerged among the three kinds of key scenes (Friedman test = 5.104; p = 0.078), but Wilcoxon test for two paired samples revealed a significant difference between TSS of low point and turning point narratives (Z of Wilcoxon = -2.557; p = 0.011) and between high point and turning point narratives (Z of Wilcoxon = -2.176; p = 0.030).

The second goal of the study dealt with exploring contents of memories about professional life perceived as low points, high points, and turning points. **Fig. 1** shows emerged categories of contents per each key scene. The percentage of prevalence of memories in each category has been reported.

Considering narratives of memories related to low points of professional life, experiencing the death of a patient seemed to be the most reported negative experience (37%). Particularly, seven pediatricians narrated the impact of attending the first death of a patient as a low point of their career. 21% of narratives of low points were related to medical errors they made, which have caused important consequences on their self-esteem and on the relation with patients and their parents. A third category of contents (21%) was related with the difficulties of working in a multiprofessional

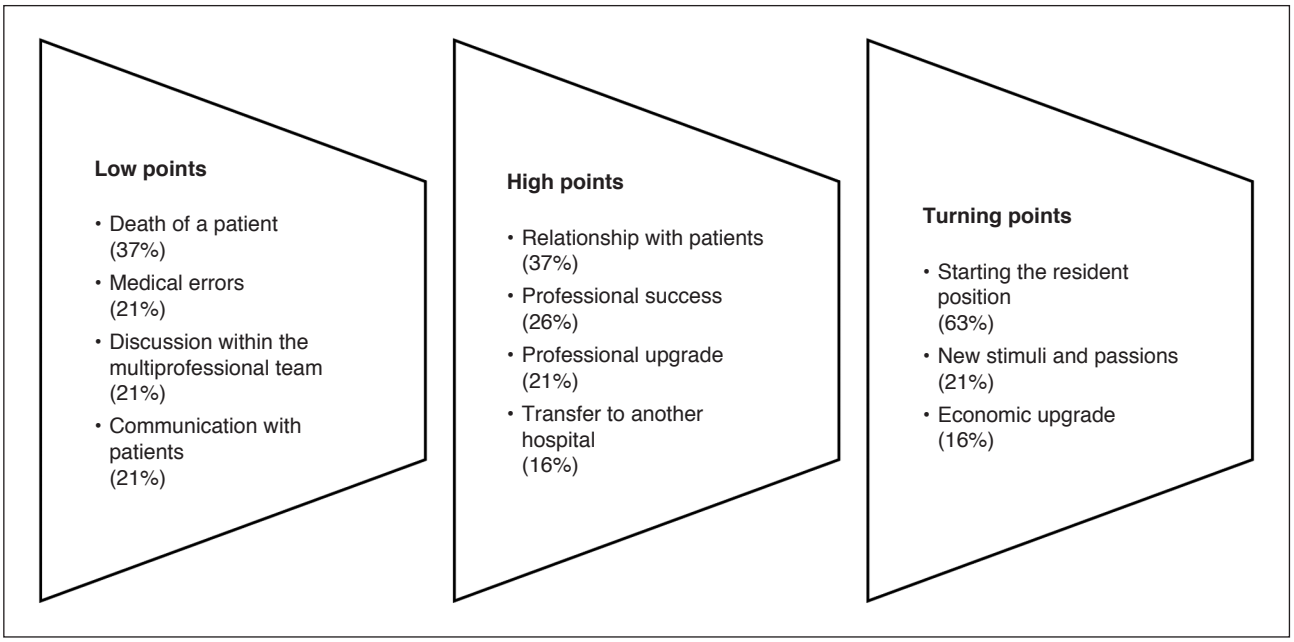

Figure 1. Categories of contents emerged per key scenes with percentage of prevalence within each category.

team: misunderstandings, different perspectives or knowledge, discussions about the most appropriate therapeutic decision are often related to a feeling of impotence and solitude in participants' narratives. Lack of comprehension and trust was also the topic of the fourth category, which was related to gaps in communication with patients (21%).

Considering high points in professional participants' lives, most of them were related to gratitude and trust derived from the relationship with patients (37%): patients and relations with them had an important role in autobiographical professional narratives. Conversely, the other three emerged categories dealt with personal aspects as professional success (26%), a career upgrade (21%), and a transfer to another hospital (16%). Thus, 63% of reported high points identified episodes connected with positive professional improvements.

Similarly, narrated turning points focused on starting the resident position (63%), the discovery of new stimuli and passions in the daily job activity (21%), for instance doing research together with clinical practice, and economic upgrades (16%). Looking at categories of turning point contents, results showed a total adherence of topics with professional aspects rather than interpersonal ones.

Discussion

The present study aimed to explore narratives of low, high, and turning episodes related to the professional life of pediatricians working in a children's hospital in central Italy. The interest for this specific topic was due to a lack of evidence on professionals' storytelling about their own experience and its use as a tool in Medical Education. Considering scientific literature in the field of narrative studies, researchers adopted a narrative approach administering the life story interview by McAdams [17], aiming to help a person recall and narrate some key scenes of their life. The structure and the content of collected narratives have been analyzed in order to explore differences between low, high, and turning points of professional life.

Results show that pediatricians perform better-structured narratives when they focus on negative episodes and positive ones.

In this sense, our data confirm the need to "create coherence out of chaos" [15]: when people deal with negative autobiographical events, narrative seems to be an important tool to give memories an external language and to provide personal experience with internal coherence. Participant number 5 offers an example of a well-structured story of a low point of her career:

"I will never forget this episode… I was in the Emergency Ward; it was night, and there were really expert colleagues with me… but… then a child arrived, he was 10/11 years old, and while arriving doctors were still implementing the cardiopulmonary resuscitation. He was playing with a ball and a car ran over him. When he arrived... he was dead… but I had never seen a dead child before. It was a shock for me, a trauma, because I entered the Emergency Room knowing what I was going to see, but then I realized that no one is ready to see a dead child. There was a colleague of mine more expert than me, he said: 'It's ok, I'm here with him, you can go'. There was nothing to do […]. I thought I would never be able to be detached like him from patients. Maybe it was because I was not expert […]".

The reported narrative is an example of a story structured with the five elements: the pediatrician started with an abstract (I will never forget this episode), providing then the listener with information orienting him (the pediatrician was in the Emergency Ward, it was night, and she was with more expert colleagues). Then a complication came: a young boy arrived, and he was dead; she saw a dead child for the first time, and it was a trauma. A senior colleague offered a resolution proposing the narrator to exit from the Emergency Room. A coda completed the low point narrative: the pediatrician reflects on the difficulty to detach from patients' suffering and death.

As we found in the content analysis, stories related to patients and suffering are the prevalent category of low points. Negative professional episodes are connected with experiences with others more than with personal events. In this sense, we can discuss that the impact of negative experience with young patients, like facing their death or dealing with critical professional issues, lead pediatricians to the need of elaborating these memories by narrating them [17].

On the other hand, although to less extent than low points, most high points have also been provided of a narrative structure by pediatricians. Differently from evidence of the literature, positive experiences were shared by pediatricians by means of well-structured narratives. We can

discuss this result, arguing that professionals need to reflect and elaborate not just negative memories but also positive ones, especially when the latter deal with the relationship with young patients. In this regard, professional number 13 narrated when a patient demonstrated gratitude to her:

"I'm going to tell you an episode about the relationship with a young girl. I was attending the Pediatric Gastroenterology Service, and a 15-year-old girl arrived. I visited her, and I realized she was affected by Crohn's Disease. There was a sort of empathy with her… She had lost her mother a year before, and she lived with her father, but she was so angry with him, with all the world! She was admitted to the hospital to perform clinical exams. In the night, she had to assume a medicine, a sort of milk, but she refused to do so. Then I remember I was at home and a colleague called me asking to come and speak with her because she wanted to see only me. I came to visit her again, and she decided to take the medicine. It was so beautiful… I was full of energy and positive emotions because there was this empathy with her. I learned it is not possible to set apart emotions in our job".

In this story, the complicating action (she had to take a medicine, but she refused to do so) is the narrative device used to share with the listener the thematic issue at the base of the high point experienced: the young girl wanted to speak only with the pediatrician, and she felt full of empathy and gratitude for that demonstration of affection.

Conversely, turning point narratives have not been reported as well-formed stories by participants: narratives seemed to be mainly lists of events or personal reflections about particular episodes. For instance, participant number 7 told when he won the resident position:

"Five years ago, I had my resident position. It was a personal satisfaction, both for economic and personal reasons. It dealt with the opportunity to be independent in my decisions about treatments, therapies… to manage a patient from the first moment to the recovery […]".

The present narrative lacks in terms of orientation and complicating action. The professional introduces the topic of his turning point (the resident position), then starts to list the benefits of his new position and the reason why he considered it a turning point in professional life, as a sort of coda of the narrative. In this sense, turning points have been narrated as lists of things that have happened without a structured description of the story.

As we found in content analysis, this kind of key scene is strictly related to personal and individual issues than interpersonal ones. Pediatricians considered turning points as very personal episodes that somehow changed their personal lives from an economic or working point of view. In this sense, they do not perceive the need to perform a structured story to describe them, but they just introduce the issue without sharing the story of it. Conversely, low and high points, especially because they are more related to the interpersonal world, need to be re-elaborated, sharing narratives with others and fully describing what happened with details and temporal and causal references. In these latter kinds of key scenes, identifying the complicating action is an important tool to help professionals to deal with the core meaning of the story and to facilitate a coda for giving it a sense.

Despite the interest of described results in the field of Medical Humanities and Medical Education, our study presents some limitations. Firstly, the sample size is limited and allows researchers to consider the present research as a pilot study. Future studies could amplify the sample, also considering different types of professionals by distinguishing residents from pediatricians in training or professionals with different specialties. Our research group is now considering other variables which, in our opinion, should be taken into account, for instance, seniority or a previous job in different contexts (e.g., private practice) before taking the position at the pediatric hospital. Next, studies could also focus on qualitative analysis of narratives, considering occurrences and co-occurrences within collected narratives.

To conclude, since the construction of a coherent and complete narrative is considered the fruit of a deeper and more mature cognitive and linguistic elaboration, it can be assumed that telling this kind of memories helps a better cognitive elaboration. In line with a Narrative Medicine approach [4, 8, 9], educational programs for medical students and residents could be focused on sharing memories about positive, negative, and turning episodes related to professional practice, in order to empower pediatricians' ability to reflect on story meanings and use them to deal with their clinical activities [21, 22]. Since turning episodes seemed to be difficult to narrate and describe, a specific focus on those autobiographical experiences that importantly change professional lives could be proposed to pediatricians to facilitate their elaboration.

Take-home messages are presented in **Tab. 2**.

Table 2. Take-home messages.

What is known	Narrative and storytelling are tools to empower pediatricians' communication and clinical practice.
	Narrative helps physicians to deal with the emotional impact of their professional experiences with patients.
What is new	Narratives of turning experiences are related to individual issues; negative narratives concern relational experiences; positive narratives are about both relational and individual experiences.
	Pediatricians perform better-structured stories when narrating their negative and positive memories about professional life than when narrating turning ones.

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Declaration of interest

The Authors declare that there is no conflict of interest.

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