

Case study  
demonstrating  
narrative competence  
and powerlessness  
nursing essay



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Introduction: The purpose of this paper is to explain and demonstrate the goal of narrative competence. This paper will explore the concept of powerlessness and identify my meaning schemes and meaning perspectives of powerlessness. This paper will also interpret several examples of the phenomena experienced by Arthur Frank during his illness and provide effective nursing interventions which would support Frank and his family during his illness experience.

Acknowledging: To my understanding, powerlessness means people who are unable to exercise their will over others. I have been practicing at clinical at a student nurse and time that has been spent on the clinic floor allows me to experience patient's powerlessness. Patient A suffered from Parkinson's disease which caused her to have poor balance and Parkinson's gait. She had difficulty when attempting to transfer and ambulate herself independently. One morning I walked into patient A's room to take care another patient in the same room. Patient A was lying on her bed looked weak and desperate. She asked me in a small, hopeless voice if I could help transferring her to the washroom to urine then have breakfast. She was waiting in her bed for the past 45 minutes but nobody had come to check on her. I witnessed patient A's powerlessness due to her compromised physical condition and probably inadequate staffing at the clinic. My rule of meaning schemes is patients who are physically or mentally compromised make them at risk of powerlessness. Therefore, it is nurses' and other health care professionals' responsibility to empower them. Mezirow defined meaning perspectives as " the structure of assumptions within which new experience is assimilated and transformed by one's past experience during the period of

interpretation" (Mezirow, 1990). My meaning perspective has been influenced by my clinical instructor. My clinical instructor happened to walk into my patient A's room at nearly the same time as me. My clinical instructor and I both transferred patient A to the washroom and I assisted the patient to have her breakfast. Moreover, my clinical instructor reinforced the meaning perspective by constantly reminding us to follow the CNO's professional practice standards, includes promoting the best possible care for clients and advocating on behalf of the clients.

According to Redman's article " The Power of Narratives" (2005), a narrative is a storytelling method to help people obtain a common good, acquire a clear picture of a complicated situation, and to motivate people to overcome difficulties in their lives. Narrative is a powerful and humanistic tool in health care settings. It is because narratives help nurses and other health care professionals build up knowledge and values when stories, including their experiences and feelings, are shared by patients. According to Denning (2004), narrative can also help people, especially health care professionals, to connect with individuals' unique experiences with motivation and empathy (Redman, 2005). The ability to process these stories from patients into useful information is called narrative competence. The stores are processed by acknowledging them, interpreting the meaning, and finally acting upon the information learned from the story. Narrative competence helps health care professionals keep patients as their centre of care as patients reveal how illnesses exactly affect their lives in multiple ways by telling their stories and actually being heard.

Arthur is a sociologist and a university professor with extensive training in communications, philosophy and psychotherapy. Therefore, he is capable and proficient in transforming his own unique illness experience in writing and shares it with the broad public (Frank, 2002).

Arthur Frank was a husband; his wife, Catherine Foote, was also Frank's caregiver while Frank suffered from his illness. Frank was also a father, his daughter was named Kate. Frank's mother in law, Laura Foote, was a victim of cancer (Frank, 2002). Arthur Frank was diagnosed with ventricular tachycardia at thirty nine years of age. This is a virus infection was causes the heart to beat uncontrollably fast then stop pumping. Frank was fortunate enough that his heart started to pump again after a short moment while he was jogging by the river near his house and he recovered. Only a year after, he was diagnosed with testicular cancer. The second diagnosis terrified Frank and he went through chemotherapy to cure his cancer. Frank believed his illness guided him to a path of " embarking on a dangerous opportunity" (Frank, 2002) to experience illness and revalue his life.

Interpreting: Powerlessness is a concept that can be applied to the phenomena in Frank's illness experience. The definition of Powerlessness is " Perception that one's own actions will not significantly affect an outcome; a perceived lack of control over a current situation or immediate happening" (Gulanick & Myers 2006).

The attributes of powerlessness are patients who feel no control or influence over a situation or event, patients who feel withdraw, or do not participate during care or decision making processes. Also patients may feel depressed,

hopeless, and reluctant to express one's true feelings (Gulanick & Myers 2006).

There are several phenomena experienced by Arthur Frank worth addressing regarding his feeling of powerlessness in his book " At the will of the body".

Firstly, when Frank first diagnosis with a heart problem, he felt confused about what he should talk about to his physician. Frank wanted to talk to his physician about his fear, frustration, personal change, and the breakdown of his life as a whole. However, his physician constantly made Frank feel conscious about what he was not supposed to ask and talk about. Therefore, conversation between Frank and his physician were only limited to the mechanism of the disease. This example showed that the physician had failed to recognize him as a whole person and neglected Frank's special emotional needs due to his illness (Frank, 2002).

The second example took place when Frank was diagnosed with testicular cancer and was hospitalized. He found a new sign below his name on his ward's door saying " the seminoma in 53". Frank felt that in the hospital, he was simply a disease name with a room number. He became a passive object in the hospital. Moreover, one time a residence doctor shared his personal history with Frank, however when another doctor found out, that residence doctor prohibited from socializing with Frank or other patients. The reason was because the health care system could not afford for a doctor to waste time just socializing with a patient instead of maximize their time to see a maximum number of patients. Once again, doctors and other health care providers failed to acknowledge Frank as a person. In addition, as his

disease became more complicated, the health care providers became more reluctant to discuss the disease with Frank, and even less eye contact were made (Frank, 2002).

Thirdly, Frank felt powerless when he and his wife Catherine were being interviewed by a nurse. The nurse just closed the thin curtain and started to ask Frank personal questions. Apparently, the thin curtain could not ensure any privacy and their interview content could be easily heard by others, therefore Frank and Catherine only give the nurse a smiling response to prevent them from showing their vulnerability in the public setting (Frank, 2002).

Through Frank's critical reflection " addresses the question of the justification for the very premises on which a problem are posed or defined in the first place" (Mezirow, 1990). Frank addressed the notion that control over our own bodies is considered a medical ideal. In fact, people should identify the wonder of the body instead of trying to control it. In fact, Frank explained that patients should acknowledge their illnesses, which include one's mind and body rather than just the disease which is simply a disorder of function of one's body. This helps me to acquire my transformative learning. Previously, I thought health care providers are only responsible for patient's physiological malfunction. I understand now that patients consist of both psychological and physiological components. Nurses should use a holistic approach to treat a patient, which means nurses should take care of patient's psychical sickness and mental health as well. If nurses ignore and do not treat the emotional side of patients, the patients will become

powerless just as Frank experienced during his illness process. It is nurses  
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and other health care providers' responsibility to empower patients so that patients can heal as a whole person which consists of one's body, mind, emotion, social cultural relationship, context, and environment.

Acting upon: The main issue Frank was experiencing was powerlessness. Therefore, effective nursing interventions should focus on empowering the patient and the family. Firstly, nurses should encourage Frank to express feeling and concerns about his illness and create a supportive environment where Frank could do so (Gulanick & Myers 2006). For example, nurses and doctors should encourage Frank to express his concerns on getting emotional support from health care providers. Secondly, nurses should enhance Frank's autonomy and provide a sense of control to the patient. For example, nursing and other health care providers should have given Frank full and correct information on his cancer chemotherapy and engage Frank in decision making by asking Frank's preference of where he feels comfortable being interviewed. Finally, the last nursing intervention is its access to recourses. Nurses can refer Frank to a cancer support group and Catherine to cancer care giver groups in their community. People who have cancer or have experience in taking care of cancer patients may be the ones who understand the situation the most. They may be able to provide the most support and deliver the most empathy to the cancer patient or cancer care giver. (Gulanick & Myers 2006).

Conclusion: I believe I have achieved the goal of narrative competence. I simply thought health care professionals including nurses should only focus on treating the patient's physiological abnormalities before I read the book "At the will of the body". After I finished reading Frank's reflection on an <https://assignbuster.com/case-study-demonstrating-narrative-competence-and-powerlessness-nursing-essay/>

illness narrative, I learned from Frank's experience and feeling that health care workers should adopt a holistic approach to take care of their patients. Health care workers can make patients powerless by acting cold and detached and identifying patients as a series of medical terms or by distancing patients. In fact, Healthcare providers can empower patients by accepting and recognizing a patient as a whole person. According to Charon (2001), narrative competence is the ability to acknowledge, interpret and act upon the stories presented by patients ( Redman, 2005). As nursing is a people-oriented profession, as a student nurse I should use my abilities to empower my patients. By adapting Mezirow's framework to Arthur Frank's "At the will of the body", I have achieved transformative learning and narrative competence.