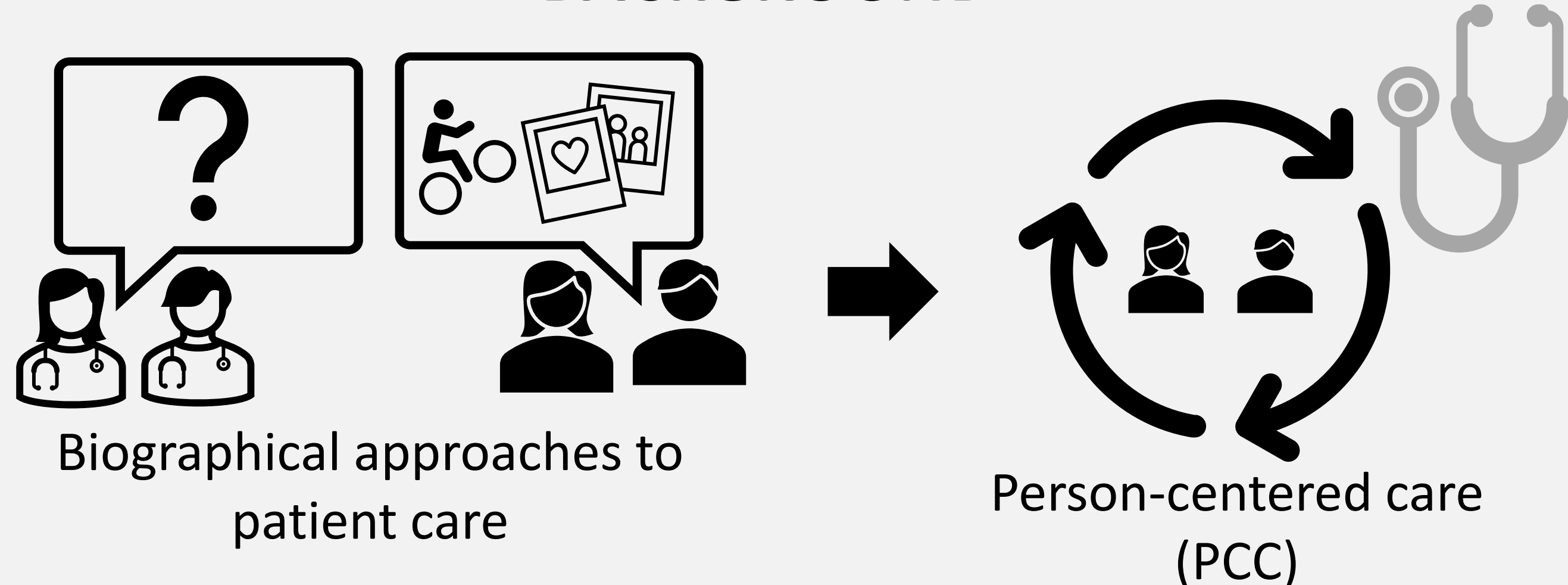


## BACKGROUND



The question has remained open about the specific ways the **content and form of patient biographies** reveal **dimensions of PCC** that are currently poorly understood

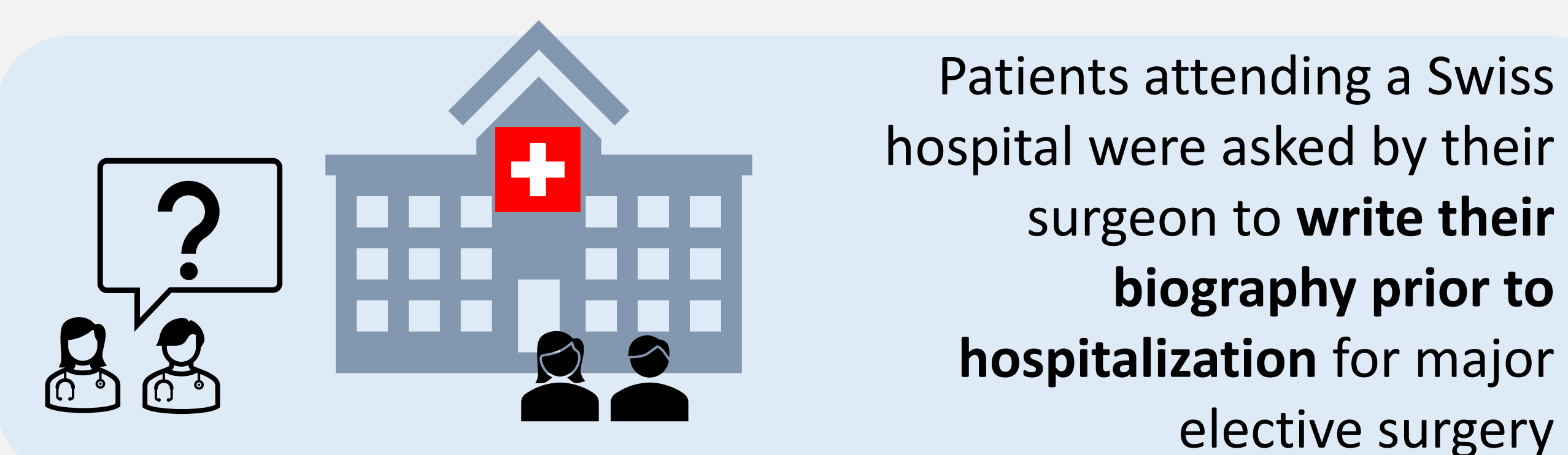
## AIM and OBJECTIVES

This Capstone project aimed to **analyze and describe the structure of a sample of 10 written biographies** that patients were invited to share with their health care team shortly before their hospital admission for major elective surgery between 2019 and 2022.

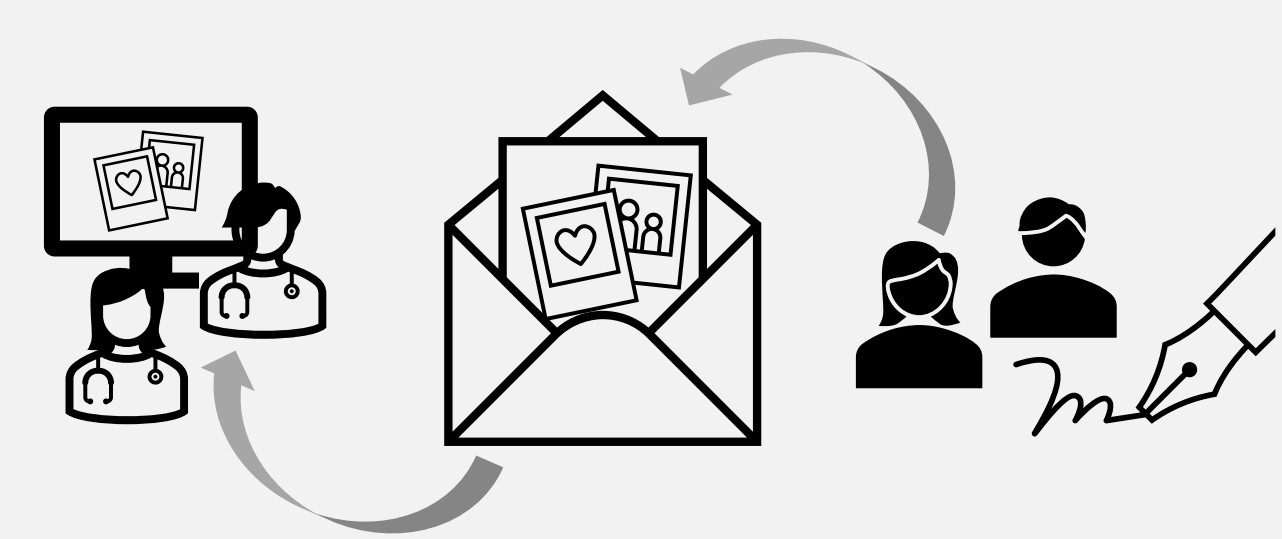


- 1 What are some of the **commonalities and differences** among the biographies in the forms that patients use?
- 2 Where are the “**narrative turns**” in each of the biographies?
- 3 **What do patients choose to focus on** when they are given the chance to tell the care team about themselves?

## METHODS



Patients sent their written biographies to the surgeon, who **shared them with the care team**



We analyzed the **narrative structures of the biographies** to understand **how patients communicated their values and needs** they identified as most essential for their providers to know

## FINDINGS

- We analyzed **10 biographies**
- The biographies were written by **7 women and 3 men**
- Patients’ age ranged **between 46 and 68**



### The plea to be known

Patients used **multiple, distinct narrative structures** and a **striking level of detail** to strongly convey their need to **be seen and known as unique human beings**

“

My name is Laura, I was born on March 30<sup>th</sup>, 1952 in Madrid, Spain. My father died at the age of 71 and my mother at the age of 92. I have an older sister but for various reasons we no longer see each other.

”

“

I don’t feel like hearing words or examples from relatives or friends who have already been through this tunnel. But, at the same time, I don’t know how to give a different image of myself. I have a hard time laughing if I find nothing inside me to do so; I have a hard time chatting when I am drained inside.

”



### Enacting trust through intimate engagement

Through the act of telling their story, and **choosing to share intimate details** that are not strictly clinically relevant, **patients yearned to establish trustworthy relationships with their providers**



### A quest for protection

Patients recognized a **risk that their identities may be threatened** and asked their providers to **keep their identity protected** during their surgeries and hospitalizations

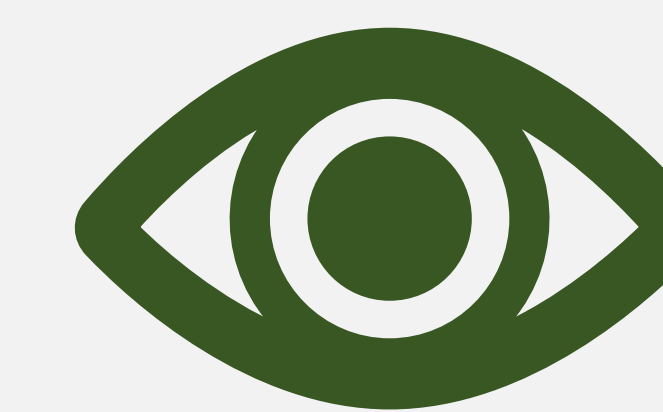
“

Dear Dr. X,  
You asked me to describe what I am beyond my illness. I can begin by saying that I am a 63-year-old “boy”, who hardly lets difficulties get him down. I am optimistic by nature, and I always see the positive side of things.

”

## DISCUSSION

Care should go beyond respecting the person’s unique values, preferences, and needs and become **attentive and responsive to patients’ unique biographies** and careful to avoid **damaging their personal identities**.



Being recognized by the physician as a person **whose narrative is valued**, and worth being elicited and read, makes them feel comfortable and secure in sharing their identity and thus **facilitates the creation of a bond of trust**.



Our analysis uniquely demonstrates **patients’ awareness of the risk that their personal identities could be threatened** during their hospitalization and that their biography may represent a tool to mitigate such a risk.



## CONCLUSIONS

Writing brief biographies may offer a **tool for promoting person-centered care** by:

1. **Allowing providers to know their patients** as unique persons.
2. **Facilitating** the establishment and strengthening of **connections**.
3. **Mitigating patients’ sense of risk** that their identity may be damaged inside the hospital.



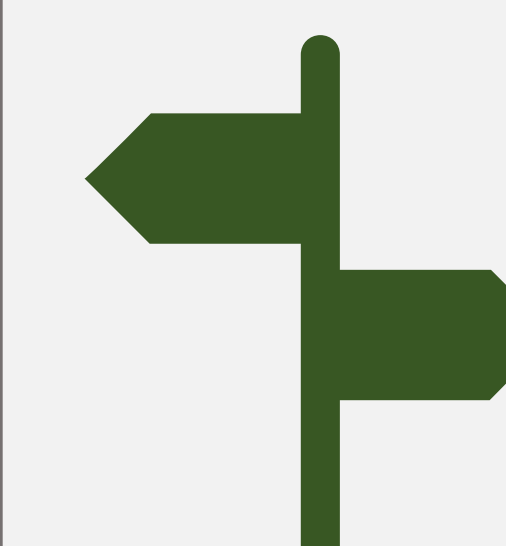
## LIMITATIONS

This project relied on a **small sample of patient biographies** collected from a single hospital. It is possible that extending the sample size could have resulted in different findings.



## FUTURE DIRECTIONS

Results informed a **five-year study on biographical approaches in healthcare** that is currently under consideration for a Swiss National Science Foundation (SNF) professorial fellowship. The study will test the **effectiveness of an innovative intervention, involving patient biographies, on patients’ and providers’ experiences of PCC**.



## REFERENCES

Use the QR code at right to view references.

