

The narrative interview for the assessment of the assisted person: structure, method and data analysis

Giovanna Artioli¹, Chiara Cosentino², Chiara Taffurelli³, Paola Ferri⁴, Chiara Foà²

¹ Azienda USL-IRCCS of Reggio Emilia, Italy; ² Department of Medicine and Surgery, University of Parma, Italy; ³ University Teaching Hospital, Parma, Italy; ⁴ Department of Biomedical, Metabolic and Neuroscience Sciences, University of Modena and Reggio Emilia, Italy

Abstract. *Background and aim:* If it is true that the impact of the symptoms of the disease is differently perceived by each person and that there is an incommunicability of the experiences of suffering, it is equally true that the narration provides an understandable representation, which derives from the network of representations that are part of a personal history. The aim of this study was to offer an in-depth analysis of the “narrative interview” collected during the assessment of a 74 years old diabetic woman. *Methods:* A case study was conducted by a nurse with advanced expertise in conducting narrative interview. Content analysis and Meaning analysis were performed using a Grounded theory approach and according with Gee's Poetic Method. *Results:* The patient after the diagnosis felt disbelief, anger and confusion. The illness forces her to change her life, habits and social role, with high suffering. However she adjusted to this new condition and thanks to her strong and positive attitude and the social support she received, she has succeeded in activating her “post traumatic growth”. *Conclusions:* A good narrative interview starts long before the interview itself and it requires: a specific training in the use of the instrument; the strengthening of specific skills (e.g. the active listening); the choice of optimal setting and timing for the patient; the ability to offer encouragement in the expression of the subjective experience and to conduct an analysis of the patient's words with a subjective lens, reflecting the uniqueness of each illness experience. (www.actabiomedica.it)

Key words: narrative interview, assessment, diabetes, nursing, method, meaning and content analysis

1. Introduction

In this article we will try to highlight the importance of the narrative interview in the social-health field, the basic pre-requisites and skills required to conduct a narrative interview aimed at identifying the main problems and needs of the sick person, how the narrative interview is structured, and how it can be analyzed. Through a case study, the concepts described will be exemplified.

1.1 The importance of the narrative interview in the social-health field

Rather than categorizing the data, observing

them from an objective point of view and generalizing them with the risk of creating dogmas, the narrative approach recognizes human experiences as constantly changing dynamic entities (1).

For the authors, narrative interviews are a means of collecting people's stories about their health and illness experiences, and are useful in understanding individual life paths.

In the narrative interview, therefore, the interviewer submits questions to interpret and understand the participant's words rather than try to explain or predict those words (2).

Indeed, those who tell their health and illness story do so to convey a specific perspective of an event. In this perspective, narration is not only a communicative

method, but also a way of “perceiving” the world (3). “Stories make the implicit explicit, make visible what is hidden, give a form to what does not have it, clarify the confusion” (2).

Telling a story about his own illness, it means describing a series of events, consciously or unconsciously selected and putting them into connection. This “story telling” is rarely structured into a single plot, but often hesitantly organized, in a discontinuous and fragmented manner (4).

If it is true that the impact of the symptoms of the disease is perceived and dealt with differently for each person and if it is true that there is an incommunicability of the individual experiences of pain and suffering, it is equally true that the narration provides a culturally mediated and understandable representation, which derives from the complex network of representations and symbolologies that are part of its history (5).

Then narratives “open the doors” to subjectivity and new meanings about situations and conditions experienced: the person who tells himself and talks about his experience takes on a central role in the process of care: he emerges and becomes an active part of the process (6).

The active involvement of the patient is also emphasized by De Vincentis and colleagues (7), who affirm the importance of a person-centered approach in the entire care path. In fact, their study showed that most patients considered positive and useful to express their experience and their expectations.

Therefore the narration encourages patients to see themselves at the center of their stories; it must be integrated to support and help the person to reformulate their thoughts, perspectives and sense of self. The opportunity for self-expression and reflection offered by narration can improve the quality of life, leading to clarity in the person: telling the experience and the history of illness helps to activate processes of reconstruction of a new identity (8).

Within the phenomenological-hermeneutic approach to which narrative medicine (e.g. 6) and narrative nursing refer (e.g. 9), the narratives are linked to the singularity, to the particularity, to the temporality and to the contextuality of the stories, helping the professional to understand the illness and sickness experienced by the patient (10).

The goal of health professionals, according to this perspective, is to cure even when specific therapies no longer exist, ensuring that the patient does not remain in the solitude of his own suffering (11). The narrative interviews can therefore help professionals to better understand people’s experiences and behaviors and get closer to represent the context and the integrity of people’s lives compared to other quantitative means of research. This is precisely because narrative interviews are not concerned with the absolute truth of facts, but rather with the meaning of lived experiences.

For Egnew (12), especially for the person with chronic pathology, such as the oncological one, suffering becomes the central nucleus of the disease and is intended as an emotional perception of personal discomfort that aims to threaten the integrity of the self and of the whole experience of the person. The psychic pain that the disease brings sets in the individual a series of psychological responses that are reflected in the way in which he faces his own illness. In this context, thanks to the narrative interview, it is possible to lead the individual to the understanding and acceptance of his state.

The main objective of the narrative instrument is therefore the involvement of the person: through dialogue with the patient it is possible to open the way to inner reflection, with benefits on the acceptance of suffering. The patient, in fact, manages to find relief when he accepts his new condition. It is right to speak, in this sense, of the patient’s holistic healing, meaning a sense of harmony, well-being, peace and balance, which go beyond mere physical integrity: to talk about oneself helps the person to rebuild the past, to distance oneself from suffering and to reaffirm the search for a new identity (12).

The oncological disease affects not only the body, but also the mind, as well as the whole system of social and family relationships.

This approach, based on the holistic understanding of the person, helps social and health professionals to understand patients and improve communication with the person being cared for; it also derives different ideas and insights that concern problems inherent to the management of certain diseases or situations (2).

In particular, the narrative allows to better understand the different assistance problems of the person

and his family (9), providing a targeted assessment (13), a thorough diagnosis (14) and a personalized education (15). With reference to this last aspect, the narrative, helping patients and family members to understand the disease, can improve adherence to treatment and self-efficacy in monitoring and managing the disease. It becomes an effective instrument for therapeutic education, helping the patient to cope with the difficulties of life (16).

In this work, specific reference will be made to the assessment, which is the first phase of nursing processes. The assessment includes data collection, problem identification, and setting of priorities, which facilitates the process of making a nursing diagnosis. The assessment helps identify a goal that orientates the planning as well as the nursing intervention, which will be evaluated at a later stage (13). As already illustrated in the Integrated Narrative Nursing Assessment (INNA) model, the concept of the assessment is not a collection of information and its transcription; it is rather a multidimensional process of thinking which requires specific skills. This is not only because of the interconnection of a plurality of dimensions it involves (e.g. biological, physiological, psychological, socio-cultural, spiritual), but also because of the multidisciplinary and multiprofessional expertise it employs, when possible (17).

1.2 The structure of the narrative interview

Despite being a qualitative methodology based on the study of the experience reported by the patient, the narrative interview is not unstructured or unorganized. It is based on ontological, epistemological and methodological assumptions.

In particular, Connelly & Clandinin (18, 19) identified three common elements of any narrative interview:

- temporality: any event has a past, a present and a future and it is important to understand the phenomena as processes, as a continuous transition over a period of time;
- sociality: concerns individual characteristics (feelings, hopes, desires) and social characteristics (surrounding factors, existential conditions, physical environment) that inevitably affect ex-

periences and phenomena. In this regard, it is also important to consider the close relationship that is established between the participant and the professional;

- the place: the context (physical and topographical) in which the events take place. In the narrative investigation, the phenomenon cannot be de-contextualised since it has a high impact in determining the experience.

The authors define eight structural elements of the qualitative interview:

1. The justification: the reason why the study is important; in our case, the interview is aimed at providing extensive and in-depth information to better assist the sick person.

2. Giving a name to the phenomenon: what is being investigated; in our proposal, the real or potential problems of the sick person.

3. Considering and describe the particular methods used to study the phenomenon; in particular, we choose to use a narrative (unstructured) interview.

4. Describing the data analysis and interpretation process; in our case, the content analysis and the meaning analysis.

5. Providing the position of the study in relation to other research conducted on a particular phenomenon or conducted using a different ontological and epistemological assumption; we choose to deal with experiences in depth, compared to the "traditional" methods.

6. The uniqueness of the study: to offer a sense of what is possible to know about a phenomenon that cannot be known in the same way, from other theories, methods or lines of work; in our case, exploring, through a case study, a story of illness narrated in an intimate and personal way.

7. Ethical considerations; the interview takes place in the context of absolute freedom to accept, to refuse or to anytime interrupt the interview by the interviewee.

8. The process of representation and the type of text are to be considered for those engaged in narrative investigations; in our case, the professional try to remain as faithful as possible to the interpretation that the interviewee gives to his condition of illness.

1.3 Pre-requisites and skills for conducting the narrative interview in the social-health field

The first prerequisite required, before starting any narrative interview, is that patients must be fully informed of the purpose and objectives of the interview and must give their consent, even by signing a specific form.

In addition to these basic indications, some skills that help the professional to create a context of relationship and participation suitable for defining a proper evaluation of the assisted person's problems are required before giving a narrative interview - among the 23 needs of the assisted person identified by Artioli and collaborators (10). Thanks to the acquired narrative competence, the professional is able to understand the meanings that the patient attributes to his illness, to identify the priority of the needs, and their interconnections with other needs (13).

Who uses this methodology does not use a rigid scheme, but generally tends to follow the content and the rhythm proposed by the interviewee very carefully.

The listener has to follow the story through its narrative trajectories, to identify the metaphors and images (20), tolerating also the ambiguity and the uncertainty (21).

Some specific skills, among those who collect a narrative interview, help to understand the complexity of the person, what determines his manifestations, what his responses to internal and external changes are and where he is oriented. This allows us to deeply understand what he feels and lives, thus favoring personalized adaptation processes.

To effectively conduct a narrative interview it is necessary:

1. To know how to choose the right setting;
2. To know the basics of effective communication;
3. To use communication facilitation strategies;
4. To know how to formulate open questions;
5. To know how to put in place the active listening to the patient and his point of view;
6. The understanding of 'being' in a difficult relationship.

As already argued, the ability to make inferences and formulate forecasting assumptions requires not

only adequate knowledge and basic nursing skills, but also the ability to use multidimensional thinking (13).

1.4 The narrative interview for the assessment of needs and problems of the sick person

Before conducting an interview, the professional must develop an interview guide to refer to during the meeting with the sick person.

In conducting the interview, it is advisable for the interviewer to refer to the questions presented in the guide set up beforehand. Nevertheless, it is important that the interview takes place in an environment based on non-judgmental listening and on mutual trust. For this reason, the questions can also be placed in a different order and, in any case, they must be used as much as possible starting from what is freely expressed by the interviewee on a verbal and non-verbal way. For the same reason, questions may from time to time be changed and reformulated based on what happens during the communication relationship.

Finally, at the end of the interview, it's a good thing to check that all the topics have been covered. But how to operatively conduct an interview? What to ask for?

The interview, focused on patient care, includes 3 phases: 1) an initial phase; 2) a central phase aimed at exploring four fundamental themes (illness experience; problems related to the disease; relapses of the disease on one's life and on loved ones; needs related to the current situation); 3) a final phase.

The different phases are identified below, accompanied by some sample questions:

1) *the initial phase*, in which there is the presentation of the object of investigation and the explanation of the purpose of the interview. This phase is summarized in two sub-phases:

1a. Introduction to the interview

In this phase it is useful to put the person at ease as much as possible, thanking him for having accepted the invitation and giving the availability to provide clarifications.

1b. Opening question

Example: "I will ask you some questions about your health situation; you are free to answer and tell

me if you doesn't feel like answering. Do you have anything to ask me?"

2) *The central phase*, in which the "core" contents of the interview are investigated. In this phase, the areas to be investigated are explained and defined with open questions. In particular, the following constructs are explored:

2a. Illness experience

Example: "Do you feel like telling how you are experiencing the condition of illness in which you find yourself?"

(for the interviewer only: it is useful to keep the attention on the areas of interest, such as the worsening of the illness, possible complications, loss of autonomy, loneliness ...).

2b. Problems related to the disease

Example: "In what you told me, and referring to your experience, do you feel like telling your most relevant problems? Can you give me an example?"

(for the interviewer only: if the person expresses problems only on a physical level, he can try to focus his attention on problems related to other dimensions, such as psychological, social or spiritual).

2c. Relapses of illness over one's life and on loved ones

Example: "Would you like to tell if and how these problems affected your family and your social life? Can you give me an example?"

(for the interviewer only: try to investigate what problems the disease may have determined on the family or on social relationships and if family and social relations can be considered a resource).

2d. Needs related to the current situation

Example: "Do you feel like telling what you need most in this phase of your life?"

(for the interviewer only: try to understand what the priorities are for the person and the reasons).

3) *The final phase* of the interview, in which a final question, thanks and greetings are expected.

Example: "Are there any other aspects you would like to talk about? Are there other things that came to mind?"

(for the interviewer only: it is a conclusive question, but which opens to further reflections).

2. The Narrative Interview Analysis

As highlighted until here, conducting a narrative interview requires specific transversal skills related to the professional's relational/communicative competence. However, being a professional expert in the use of narrative interview also means learning a technical methodology that allows to analyze the interview itself with a non-categorical and non-interpretative approach, instead idiographic and "expository", allowing to order the contents, still staying close to the words and concepts expressed by the person.

Therefore, the analysis of the narrative interview foresees three steps which, as in a good film editing, reflect three progressively more generalized moments of analysis: transcription, content analysis, meaning analysis.

2.1 Recording and transcription

This first step is undoubtedly the "technical prerequisite" of the analysis, yet it comes with a first level of interaction with the contents rising from the narration. In fact, at this level, the professional proceeds with the detailed transcription of the recorded narration or, in the absence of recording, with the immediate transcription of the crucial points that emerged during the narration. In this step, the professional will write the whole interview, typing out both the patient's words and those used by himself, to allow a thorough and detailed analysis of the entire interview, intended as a unique moment of interaction between the two actors. It is also fundamental to transcribe the feelings and emotions that have been conveyed by the person at the paraverbal (modification of the tone, pitch, and pacing of the voice, as for silences, long pauses, excited tones...) and non-verbal (body posture and movements, eyes movements, facial expressions, sweating...) and who immediately hit the professional while conducting the interview. This step has to be necessarily immediately after the interview. The elements outlined here, in fact, will be a fundamental piece in the construction of the last step, the meaning analysis.

2.2 Content analysis

In the qualitative analysis scientific discussion,

different approaches were aimed to a detailed analysis of the narration (25). Here, we will mention only a few, just to emphasize how content analysis is a process combining an extreme flexibility, linked to the absence of standardized contents, to a rigorous methodological strategy, monitoring the quality and reliability of the information collected. The aim is to “stem” the professional’s own interpretation favoring, instead, his critical thinking and his reflective ability. Regardless of the analytical approach chosen by the professional, the first step here is reading multiple times the narration. In this way the professional will put himself in an observer’s point of view with respect to the dynamics of the interview, bringing out the main thematic areas, the themes and the main categories.

2.2.1 Narrative analysis’s models: an overview

The models of narrative analysis can be considered the theoretical lenses through which the attention is focused on certain aspects of the narration, while sharing the common goal of capturing the experience lived by the single person through the study of the story that he/she tells (25). These approaches can be chosen and used separately, but a pluralist vision could allow the practitioner to choose how to combine these reading lenses, in order to reach a broad analysis of the single narration.

Below are some of these models, and the technical features that define them.

1. Labow and Waletzky model (26), in Frost (25): it is based on the identification of narrative events using a structural linguistic perspective. The sentences of the narration are temporally ordered according to a scheme including ‘beginning, middle and end’.

2. Poetic model of Gee (27), in Frost (25): provides a set of rules for organizing text by emphasizing the prosodic and paralinguistic aspects of speech, such as the pitch and intonation. The model pays close attention to the rhythm of the narration and offers a way of systematically deconstructing the narrative into groups of Lines, which in turn define Strophes, Stanzas and Parts of a story. This is useful in identifying changes of topic within stretches of speech and text.

3. Critical narrative analysis model of Emerson and Frosh, (28) in Frost (25): this models takes account

of the interaction between interviewer and narrator. It utilizes Gee’s poetic model but also actively considers the interviewer’s role throughout the process, to counteract the tendency to draw on personal and professional discourses to impose pre-given meaning on texts. The use of Gee’s model ensures that the interpretations remain grounded in the text whilst a systematic reflexive consideration of role makes the subjectivity of the interviewer explicit. This model emphasizes on the privileging of the participant’s words.

4. The ‘performative model’ of Riessman, (29) in Frost, (25): it uses the Gee’s model to examine the text, but draws attention to metaphors as organizing structures that frame narratives that may not be easily identifiable any other way.

5. The Qualitative Analysis Guide of Leuven (30): a systematic but non-rigid method and an actual guide, that is characterized by iterative processes of digging deeper, moving between various stages of the process itself.

6. Core Story Creation of Petty and Thomas (31): it involves reconfiguration of raw narratives, identifying elements of emplotment and re-ordering these to form a constructed story.

7. Grounded Theory approach of Willig (32): it involves the progressive identification and integration of meaning categories deriving from the narrative. It places the emphasis on the identification of the categories and the relationships that exist between them, to create an explanatory context. The categories emerge from the grouping of narrative components that share the central characteristics.

2.3 Meaning analysis

This final analysis’s step is the most delicate as it represents the synthesis of what was previously analyzed (immediate analysis, content analysis), with the aim of identifying the possible meanings that the person attributes to what he/she said, without however indulge in the interpretation of contents based on one’s own personal (or professional) pre-established mental categories.

At this stage, the professional must arrive at a broader vision of the same narration, which will be viewed as a unitary set of data. The professional will

have to recall the impressions emerged during the narrative, tone of voice, posture and silences during the narration. In this type of analysis, it is necessary that the professional activates his relational competence and his emotional resonance throughout the narration, asking himself “how did I feel?”.

This level of analysis aims to grasp the essential inner thoughts, and is aimed at identifying meta-problems or higher order resources, derived from their general condition, from their non-verbal behavior and the relational aspects of the intersubjective encounter between the patient and the caregiver. The use of the person’s own words, in every phase of this process, will allow the professional to protect the idiographic, and not nomothetic, vision of what emerged from the narration.

3. A narrative interview analysis: the story of Marianna

Below is a brief interview on the experience of Marianna’s illness, from the moment of diagnosis to the current condition. Marianna, 74 years old, received a diagnosis of diabetes 10 years earlier and the interview is collected during a regular assessment. The interview was conducted by Clara, a nurse with advanced expertise in conducting narrative interviews. The analysis was performed using a Grounded theory approach, which requires a first subdivision into Extracts, identified on the basis of the thematic sections of the narration, in accordance with the Poetic method, and a subsequent enucleation of the thematic categories defined by the patient’s own words. This definition is followed by the meaning analysis, with the integration of the information that emerged during the conduct of the interview.

3.1 Content analysis

1. “I wanted to slap him “

Receiving the diagnosis for Marianna is a moment of shock, which shows with feelings of fear, worry and despair.

“One day I went there with the [blood test] results and he came out [the doctor] came out, beautiful as ever and told me” well ... you have diabetes” (Extract 2)

“I immediately wanted to slap him ... but how can you tell me I’m sick with that face?” (Extract 3)

“I left all pissed off and worried” (Extract 4)

“I was desperate and call all my friends” (Extract 5)

2. “I did not understand anything”

Marianna tells her experience of confusion linked to a quick and summary presentation of information on the effects of this chronic pathology on her lifestyle. However, she also underlines the transition from the state of confusion to a level of comprehensible knowledge and understanding of her personal condition, thanks to the intervention of a specialized nurse.

“I left [...] with more questions than answers because he told me so, then he just gave me a very nice colored card with written things that I totally did not understand” (Extract 4)

“What should I do with this disease?” (Extract 7)

“The nurse started talking to me clearly” (Extract 8)

“Sugar instead of going where it should go, lies in the veins and ruins it, it “frosts” them... and after so long that I no longer have my insulin running, they get ruined” (Extract 9)

3. “It was a disaster [for my life]”

Marianna tells her state when she realizes the repercussions of the chronic condition on her lifestyle. She shares an emotional state of sadness, despair and a sense of injustice, yet her and her family’s effort to accept this new condition.

“He told me that practically I could no longer eat everything I liked” (Extract 10)

“... maybe I can get away every now and then ... and the initial weight was back, evenmore ... and again I cried ...” (Extract 11)

“It was a disaster ... no pasta ... no lambrusco [Italian wine]... no potatoes, and I like so much mashed potatoes, no cakes ... a disaster ...” (Extract 10)

“I cried because it seemed to me that God was mad at me” (Extract 12)

“What a bad time ...” (Extract 12)

“G. [her husband] was pissed because there was nothing good to eat at home and he said ‘I’m not sick, can I have something good to eat?’” (Extract 11)

4. “This pretty cute nurse”

During the narration, Marianna continually names

people close to her whom she addressed to during the difficult phase of illness adjustment. Formal figures (nurse) and informal figures (friends, nephews, relatives) played a strong supporting role in her path.

"I used to go to this pretty cute nurse every once in a while and she saw that I was sad" (Extract 13)

"The important thing is that I can go to the nurse ... because she talks to me as I like" (Extract 19)

"I called in despair all my friends that I knew having my same problem and they told me: 'Dear God, M. but don't worry, you'll see that it's nothing ... you won't even notice you have something ... you do your stuff', take the medicines the doctor tells you to, take the blood tests you need to and that's it" (Extract 5)

"My niece started to tap on that tablet... and she pulled out all of the healthy recipes, without sugar ... or, when she was at home with me, we went shopping and she helped mi understanding something" (Extract 14)

"Then at Christmas they gifted me a cookbook with all the recipes for diabetics" (Extract 15)

"They helped me [the family members] to lose again a few more pounds and still feel happy" (Extract 14)

"... But she [my friend] helped me a little bit in the whole story because she told me how she used to do it, what she used to eat..." (Extract 17).

5. "I took it as a habit"

Marianna describes her transition of her perspective on the illness from "sentence" to habit, by learning small strategies that help her find a new balance.

"Immediately I was quite good, and I had lost weight and I always took the medicines... but this do not weigh me down, I already take so many" (Extract 13)

"I realized that I could make the cake good but with different ingredients... or they made me take the whole brain pasta that does not hurt... or the half normal and half whole flour to make pizza" (Extract 14)

"A cookbook with all the recipes for diabetics... Dear God, such a show! [...]. G. was happy to come home and see that book open in the kitchen because he knew that I was fine and he would have ate well" (Extract 15)

"We found a balance" (Extract 15)

"Now it's 6 months that I use that thing to see blood sugar level and understand how much sugar I have in my blood... I do it every morning before having breakfast and taking medicine" (Extract 16)

"And then I took it a bit as a habit that even when there are not the grandchildren, I'm going by myself to make a walk" (Extract 18)

6. *"It looks like a bad earthquake, but then everything will pass"*

Marianna, during this narration, arrives at a positive synthesis of her story, aware of the jolts she has received but also of a new positive reformulation, following the understanding of her condition and the adjustment strategies that she managed to implement to preserve her quality of life.

"... in short, I got sick but it could have been worse ... I can't complain" (Extract 19)

"That I consider myself a sick and lucky little patient... I immediately saw everything bad ... that seemed to me to have a bad disease (a tumor) but then I only needed to know my illness... you take the measures and discover that with the time you learn to know them" (Extract 20)

"It's always good for me to talk about what happened to me because if I ever meet someone like me who has diabetes, I'd tell them to stay calm. Even if at first it seems like a bad earthquake but then everything will pass" (Extract 21).

3.2 Meaning analysis

Marianna, at the moment of the interview, is a woman who has succeeded in integrating the condition of diabetic patient into her story ("I took it as a habit", "It looks like a bad earthquake, but then everything will pass"). Reviewing her history in this narrative, she immediately shares the first difficulties, as how she felt abandoned at the moment of the diagnosis communication, and how she felt downgraded, almost mocked. The first impact that the diagnosis had on her came with disbelief and anger ("I wanted to slap him"), along with a profound confusion ("I didn't understand anything"). Having a chronic illness forces Marianna to change her life, her habits and alter the characteristics of her role as wife, mother and grandmother. She lives an intense suffering, which manifests itself as a strong sense of desperation, crying, an apparently insurmountable difficulty ("it was a disaster"). However, during the narration Marianna shows her important resources that, after the initial displacement, allow her to adjust to this new condition. The first is social support, in fact Marianna appoints people who knew how to support her and that

she, despite the difficulty and desperation, has actively sought and heard, taking information, ideas and reassurances supported her creating a new normality (*“that pretty cute nurse”*). The second is the strong, emotional and positive spirit of Marianna; during the whole interview, in fact, she uses a calm and serene tone, and she is extremely collaborative and affectionate towards the nurse who collects the narration. She uses vivid and colorful expressions, transmitting a very strong vitality and sympathy, temperamental characteristics that, thanks also to the valid support she received from the external environment, certainly succeeded in activating a process of “post traumatic growth” (33) which allowed her to create a new normality *“and still feel happy”*.

4. Conclusions

The relevance of the narrative interview within the Healthcare System, as an accurate tool for gathering information, is now well recognized in the international scientific literature (1, 2).

The aim of this study was to offer an in-depth and applied analysis of the “narrative interview” in the clinical setting and with the purpose of assess the condition of this person. What is described here allows us to formulate a very strong first conclusion: the work for a good narrative interview starts long before the interview itself.

It begins with a professional who decides to become an expert in this technique and train to optimize some qualities (empathy, active listening, and reflective thinking) that are already part of his professional background, with the aim of making them even more accessible and defined, and ready to be used during the interview collection.

Again, the professional is required to know, based on his experience and his ability, how to analyze and make decisions, the best context and timing, to help the person open up and share his/her experience, without feeling forced, under scrutiny and, above all, without having the feeling to chase a “right” answer expected by the interviewer. The correct planning of the setting, in fact, supports the expressive freedom of the person who, in this approach, is absolutely central.

During the conduction, a professional who is a good interviewer has learned to dose his/her presence,

so that he/she can support the person narrating, still being able to freely collect the person’s words, so important to define his/her experience with a subjective lens. At the same time, the professional learn to be present in the moment, and to receive and store all the information that comes from the non-verbal channel and that may not always remain imprinted in an audio track.

The interview analysis phases, as we have said, can refer to different approaches, all scientifically reliable and able to support an interpretation that is both free and rigorous.

In this specific case, the Authors have chosen to refer to an original approach, borrowed from the Grounded Theory, in the belief that the possibility of preserving the person’s words even in the creation of categories of content, allows a deep analysis and the possibility to compare the person solely and exclusively with him/herself, in his/her experience of illness.

Minimizing inferences and categorizations, also allows the professional to use in different applications the information appropriately integrated with objective/quantitative data, as for the assessment (17), or the creation of an educational plan (15), or the diagnosis (14), still remaining in a perspective always deeply internal to the person, and continuing to know him/her a little more and to reverberate with his/her intrinsic needs, every time the professional reads the analysis.

Furthermore, the meaning analysis allows the professional to integrate his/her experience linked to that moment and to that interaction, focusing on what emerges in the immediacy of the narrative collection, rather than ideas or thoughts about the person who can be formulated in the long term. This can help the professional to demystify the personal attributes that each person physiologically performs, managing to identify the elements that arise exclusively from that interaction at that precise moment.

In this way, the uniqueness and unrepeatability of each narrative is preserved, which in turn reflects the uniqueness of each person who lives and shares his/her experience of illness.

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References

- Anderson C, Kirkpatrick S. Narrative interviewing. *Int J Clin Pharm* 2016; 38(3): 631-634.
- Wang CC, Geale SK. The power of story: narrative inquiry as a methodology in nursing research. *IJNSS* 2015; 2(2): 195-198.
- Fortuna J. Integrating Art and Narrative to Enhance Quality of Life in Palliative Care. *OJOT* 2018; 6(4):14.
- Launer J. *Narrative-based Primary Care*. Abingdon, UK: Racliffe Medical Press, 2002.
- Zannini L. *Medical humanities e medicina narrativa. Nuove prospettive nella formazione dei professionisti della cura [New perspectives in the training of care professionals]*. Milano: Raffaello Cortina, 2008.
- Murphy J W, Franz BA, Schlaerth C. The Role of Reflection in Narrative Medicine. *J Med Educ Curric Dev* 2018; 5(1): 1-5.
- De Vincentis G, Monari F, Baldari S, Salgarello M, Frantellizzi V, Salvi E, Reale L, Napolitano S, Conti G, Cortesi E. Narrative medicine in metastatic prostate cancer reveals ways to improve patient awareness & quality of care. *Future Oncol* 2018; 14(27): 2821-2832.
- Slocum RB, Howard TA, Villano, JL. Narrative Medicine perspectives on patient identity and integrative care in neuro-oncology. *J Neurooncol* 2017; 134(2): 417-421.
- Artioli G, Foà C, Taffurelli C. An integrated narrative nursing model: towards a new healthcare paradigm. *Acta Biomed HP* 2016; 87(4): 13-22.
- Artioli G, Copelli P, Foà C, La Sala R. Valutazione infermieristica della persona assistita-approccio integrato [Nursing assessment of the person – integrated approach]. Milano: Poletto Editore, 2016.
- Pegna, A. L. (2017). La relazione tra medico e paziente. [The relationship between doctor and patient.] *Appunti sulle politiche sociali* 2017, 2: Trimestrale Gruppo Solidarietà. Retrieved from http://www.sossanita.it/doc/2017_06_Appunti-GRUSOL-politiche_sociali_2.pdf.
- Egnew TR. A narrative approach to healing chronic illness. *Ann Fam Med* 2018; 16(2): 160-165.
- Artioli G, Foà C, Cosentino C, Taffurelli C. Integrated narrative nursing: a new perspective for an advanced assessment. *Acta BioMed HP* 2017; 88(1): 7-17.
- Artioli G, Foà C, Taffurelli C, Cosentino C. "I would like to tattoo the illness on my arm". The Integrated Personalized Nursing Diagnosis (IPND). *Acta Biomed HP* 2018; 89(7): 50-59.
- Artioli G, Foà C, Cosentino C, Sulla F, Sollami A, Taffurelli C. (2018). "Could I return to my life?" Integrated Narrative Nursing Model in Education (INNE). *Acta Biomed HP* 2018; 89(4):5-17.
- Picchi S, Bonapitacola C, Borghi E, Cassanelli S, Ferrari P, Lemmi B, Alfieri E, Artioli G. The narrative interview in therapeutic education. The diabetic patients' point of view. *Acta Biomed* 2018; 89(6): 43-50.
- Artioli G, Foà C, Cosentino C, Sollami A, Taffurelli C. Integrated narrative assessment exemplification: a leukaemia case history. *Acta BioMed HP* 2017; 88(3): 13-21.
- Connelly FM, Clandinin, D. Narrative inquiry. In J. L. Green, G. Camilli, & P. Elmore (Eds.), *Handbook of complementary methods in education research* (3rd ed., pp. 477-487). Mahwah, NJ: Lawrence Erlbaum, 2006.
- Clandinin DJ, Pushor D, Murray Orr, A. Navigating sites for narrative inquiry. *J Teach Educ* 2007; 58(1): 21-35.
- Bucci R. *Manuale di Medical Humanities [Manual of Medical Humanities]*. Roma: Zading, 2006.
- Charon R. Narrative medicine. *N Engl J Med* 2004; 350: 862-864.
- Lunney M. *Il pensiero critico nell'assistenza infermieristica [Critical -thinking in Nursing Science]*. Rozzano: Casa Editrice Ambrosiana, 2010.
- White L, Duncan G, Baumble W. *Fondamenti di infermieristica. Principi generali dell'assistenza infermieristica. Integrated narrative nursing for an advanced assessment [Basics of Nursing Science. General assumptions of Nursing Care]*. Second Edition. Napoli: EDI, 2013.
- Bormolini G, Nardone G, Ghinassi A. Costruire la buona morte [Building the good death]. *Psicologia Contemporanea* 2017; 264: 24-29.
- Frost N. "Do you know what I mean?": The use of a pluralistic narrative analysis approach in the interpretation of an interview. *Qual Res* 2009; 9(1): 9-29.
- Labov W, Waletzky J. *Narrative Analysis: Oral Versions of Personal Experience*, in J. Helm (ed.) *Essays on the Verbal and Visual Arts*. Seattle, WA: University of Washington Press, 1967.
- Gee JP. *A Linguistic Approach to Narrative*. *Narrat Inq* 1991; 1(1): 15-39.
- Emerson P, Frosh S. *Critical Narrative Analysis in Psychology*. London: Palgrave Macmillan 2004.
- Riessman CK. *Narrative Analysis*. London: Sage 1993.
- Dierckx de Casterle BD, Gastmans C, Bryon E, Denier Y. QUAGOL: A guide for qualitative data analysis. *Int J Nurs Stud* 2012; 49(3); 360-371.
- Petty J, Jarvis J, Thomas R. Core Story Creation: Analysing narratives to construct stories for learning. *Nurse Res* 2018; 25(4); 47-51.
- Willig C. *Introducing Qualitative Research in Psychology*. Maidenhead, Berkshire, UK: McGraw Hill Education, 2013.
- Tedeschi RG, Calhoun LG. Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychol Inq* 2004; 15(1): 1-18.

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Correspondence:

Giovanna Artioli

Azienda USL-IRCCS of Reggio Emilia, Italy

E-mail: giovanna.artioli@ausl.re.it