A narrative journey into the borderlands of patient safety

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This paper is one of three as part of a qualitative, participatory PhD-project (2021-24), co-financed by Roskilde University and Region Zealand in Denmark. The overall purpose of the project is to investigate complex dialogic aspects of somatic hospital’s encounter with people with mental health service user experiences. In this first paper I explore the narratives of service users as I recognize narratives as a valuable experience-based form of knowledge.

I invited eight participants from all five regions of Denmark to take part in active, narrative interviews, drawing particular attention to relational ethics. They were recruited through the national Danish anti-stigma initiative "One-of-Us" and were all women between their 30s and 60s. The lived experiences of the participants are based on non-psychiatric hospitalization for either acute or chronic somatic reasons or following self-harm or attempted suicide:

“If they still treat you, like – you know, dis-respectful, then sometimes I’ve gone out and tried [suicide] again right away” (Donna)

“It sounds silly, but I – I get mindless when I’ve got to ask questions… And you don’t wanna make things any worse. You might be afraid of … taking any chances in that situation” (Charlotte)

The participants’ narratives are made subject of a preliminary analysis drawing on dialogic narrative analysis inspired by Arthur W. Frank, focusing on the hows of the negotiation of identities, responsibility, and safety. Thus, I aim to explore the discursive space of opportunities, one is given access to as a mental health service user.

All narratives unfold experiences of being met with prejudice or discrimination during a somatic hospitalization. The analysis offers a detailed elaboration of the power and agency of these relational aspects and how they can lead to a recurrence of psychiatric symptoms, e.g., psychosis, suicidal thoughts, or self-harm, thus having a negative impact on the person’s recovery and the experienced patient safety. These perspectives indicate that patient safety for mental health service users might be compromised if psychosocial and emotional aspects are not systematically addressed. The discussion criticizes the current conceptualization of patient safety as management tool and technology of conduct, which, in addition to unintentional patient harm, can increase inequality in health for people with mental health service user experiences. Based on the discussion, I argue for an expanded, more nuanced understanding of patient safety, based on recognition of users’ experiences. The conclusion suggests collaborative development of a person-centered, relational approach to an expanded patient safety perspective as a possible strategy.

The second study will cover somatic nurses’ perspectives and experiences on the encounter with service users, and finally, in the third part of the project the aim is to expand the existing body of knowledge on the topic by adding multiple perspectives gained from a series of collaborative, co-creative workshops. These workshops include both service users and somatic nurses as we perform a mutual critical analysis based on participants’ experience as well as on the preliminary empirical analysis, thus exploring the boundaries of co-creation as we unpack and illuminate embedded possibilities and limitations.

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