Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Heston Blumenthal meets healthcare

Korkiakangas T, Weldon S M, Kneebone R. 'Let me take care of you': what can healthcare learn from a high-end restaurant to improve the patient experience?
J Comm Health 2021; DOI: 10.1080/17538068.2021.1877602

'Please see me as human being, not a patient.'

Waiting room ... waiting time ... just waiting ... matters to patients. Patient experience data gathered from traditional survey methods, however, are often quantitative rather than qualitative feedback and fail to capture the emotions of the waiting period. It is postulated that it may be possible to learn from the experience of waiting for a meal in a restaurant, in order to improve the waiting experience for patients in a healthcare setting.

Building on immersive whole day field observations at Heston Blumenthal's three Michelin star restaurant 'The Fat Duck' and a day surgery unit at a major London teaching hospital, simulation exercises with members of the public (n = 75) were developed at four centres across England and Scotland. Hospital and restaurant settings were created, clinical and restaurant staff 'played' themselves and members of the public allocated invented biographies to enact. The scenarios lasted 10–15 minutes and continued until either a food order had been placed or consent had been given for an operation. Discussions between all participants, guided and transcribed by the researchers, followed for about 30 minutes.

Four themes emerged from analysis of the discussions.

1. Informed, not bombarded – too much information on the day and lack of knowledge of the clinical setting creates anxiety, in contrast to a restaurant where the procedure is culturally well-recognised
2. Conversation, not interrogation – little space was left in the clinical setting to ask questions, and questions asked of patients were often repetitive, leading to a lack of confidence that the clinical team were speaking to one another
3. Environment is communication – whilst restaurants can be busy, this is not an issue for diners, mediated perhaps by the personal attention of the waiter. A busy impersonal waiting area can, however, lead to stress for patients
4. Being met as a person, and not as 'a table' or 'a condition.' Attentiveness (eg eye contact), personal touch (eg knowing the patient's/customer's name) and attunement (eg awareness and response to anxieties and needs).

The authors conclude from this research that a good patient experience involves being given information in advance of the appointment; having the opportunity to have a conversation with a professional; being in an environment where busy-ness is managed well; being treated as a person. Barriers to introducing change, including frontline healthcare staff having their own work-related stresses, are discussed.

<https://doi.org/10.1038/s41415-021-2811-8>

Self-help literature has a dark side ...

Christensen L F, Simonsen P, Folker A P. Modern tragedies in self-help literature, blogs and online universes: conceptions of resilience as literary phenomenon. *Med Humanit* 2020; **46**: 474–482.

.. with idealised plot lines and authoritarian narrators.

Increasing levels of stress, anxiety and depression have led to an expanding market for both analogue and digital self-help remedies. The concept of resilience – the ability to bounce back from adversity – as a psychological self-development tool has become prevalent in recent years. It is argued that mental health issues and personal problems can be eliminated by training psychological resilience. Mental robustness can be improved and thus increase quality of life 'if the strategies and advice of the genre are performed in everyday life'. Examining examples of resilience literature from a sample of popular self-help books and a website, the authors discuss the texts from the points of view of the reader, the narrator and the plot.

The reader of self-help literature is promised recovery through their own free will and actions and, addressed as the second person 'you' in all texts, is given responsibility for their own mental health. However, if setbacks are not seen in a positive light and as opportunities for change, the consequences may be negative in the extreme and long lasting, returning to haunt the reader in what is described as a 'doomerang' scenario. In the worst case, 'the reader is abandoned and left with sole responsibility for their mental (health) if, despite self-help strategies, it is experienced negatively.'

The narrator usually presents themselves as an authority figure, usually in the first person 'I', detailing qualifications and personal experiences of their own management of stress and anxiety as reasons for the reader to be guided by them. Commonly, they link depression, stress and anxiety with modern societal pressures such as the structure of the labour market and technological advances, highlighting the difficulty of dividing work time from leisure time in the presence of devices which provide 24-hour access to email. However, in making this link, the narrator again places the sole responsibility for change on the individual, and not societal constructs.

In other literature, the writer controls the protagonists and the plot lines. In self-help literature the reader controls the plot, in completing various empty text boxes, scoring themselves on anxiety levels over time and online, interacting in chat forums. A successful denouement, however, is only possible if the narrator's suggested strategies are followed to the letter. If the anxiety scores fail to decline or the text boxes remain empty or reflect a different narrative, then the texts become 'a depiction of the reader's marginalisation, inadequacy and pathology.'

In this analysis, self-help resilience texts are shown to have a dark side. Simultaneously, they express 'a massive faith in individual autonomy and an inevitable tragic lack of freedom of action.'

<https://doi.org/10.1038/s41415-021-2812-7>