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RESIDENT PHYSICIANS' ENGAGEMENT WITH THE MEDICAL HUMANITIES

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This dissertation, written by Sachay Liriano, and entitled Resident Physicians' Engagement with the Medical Humanities, having been approved in respect to style and intellectual content, is referred to you for judgment.

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## DEDICATION

I dedicate this work to my family for their unconditional love, unwavering support, and continual encouragement. I am so very lucky to have a family like ours.

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ABSTRACT OF THE DISSERTATION

RESIDENT PHYSICIANS' ENGAGEMENT WITH THE MEDICAL HUMANITIES

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High rates of burnout and depression among medical students, residents, and physicians indicate that medical professionals at all levels of their career need healthy ways to sustain themselves against the emotional, physical, and mental challenges they face daily. Prior research suggests that students who engage with the medical humanities develop positive physician qualities and experience lower levels of burnout. However, no research has explored physicians' perspectives on how exposure to the humanities through the medical school curriculum carries into professional life and practice. Additionally, while numerous U.S. medical schools have established literary arts journals as outlets for self-expression, research on the significance of engaging with such journals is sparse. This study sought to explore how residents who engaged with self-expression through *Eloquor*, their medical school's humanities journal, understood their experience with the medical humanities and related it to personal and professional facets of their lives as physicians. Semi-structured interviews were conducted with eight residents who had published in *Eloquor* as students. Interview transcripts were analyzed to identify salient themes.

The results of the study indicate that medical humanities experiences instilled knowledge, skills, and attitudes that remained relevant beyond medical school, contributing to participants' ability to navigate the personal and professional challenges of physicianhood. Specifically, participants discussed how engaging with the medical humanities contributed to their personal well-being and professional growth, promoted balance between personal and professional facets of their lives, and fostered community and understanding within and outside the profession. Personal well-being was linked to self-expression in particular, which participants described as an outlet, processing tool, and avenue for self-improvement. Medical humanities experiences in general contributed to participants' professional growth, by facilitating career advancement and aiding their professional development. Medical humanities also offset the all-consuming nature of medicine and provided a break from the sciences, making room for the art of medical practice. Additionally, participants described how spaces like Eloquor cultivated community and understanding by illuminating physicians' experiences. The findings of this study suggest that medical humanities experiences enhance the education, practice, and well-being of future physicians.

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**CHAPTER I**  
**INTRODUCTION**

**Brief Background**

Physician suicide rates are the highest of any profession (Mangione et al., 2018). In the United States alone, between 300 and 400 physicians take their own lives each year—about a doctor a day (Glaser, 2015; Zisook et al., 2016). Additionally, physicians experience burnout and depression at higher rates than professionals in other fields, just as medical students and residents experience depression at higher rates than graduate students or young adults in the general population (Dyrbye et al., 2017; Givens & Tija, 2002; Goebert et al., 2009; Rotenstein et al., 2016). Stressors that include sleep deprivation, financial concerns, lack of leisure time, exposure to illness and death, and a physically and mentally demanding workload are present from early on in medical training and are commonly cited explanations for why medical trainees are susceptible to mental health problems (Coentre & Gois, 2018; Fahrenkopf et al., 2008; Goebert et al., 2009; Puthran et al., 2016; Zisook et al., 2016).

In addition to these stressors, certain cultural and systemic elements across medical training and the healthcare system seem to foster poor mental health among medical students and physicians (Poorman, 2019; Shanafelt & Noseworthy, 2017; Slavin, 2016). As medical students and residents progress through their training, they are exposed to a professional culture that does not accept help-seeking behavior and instead “demands that physicians suppress vulnerability or need” (Middleton, 2008, p. 267). Medicine’s culture of silence around practitioners’ own health extends beyond the suppression of emotions and works to cultivate and reinforce the stigma associated with

seeking help for mental health concerns, which only exacerbates their prevalence (Givens & Tija, 2002; Middleton, 2008; Myers & Fine, 2003; Zisook et al., 2016). The culture of medicine further values competition over cooperation, rewards punishing work and self-sacrifice, and characterizes those who struggle as “not strong enough” to handle the rigors of medicine and therefore being in the wrong profession (Lempp & Seale, 2004; Slavin, 2016, p. 2195). As physicians enter professional practice, they are exposed to an increasingly business-oriented healthcare system that values profits over patients. Doctors are thus forced to consider factors other than their patients’ best interests when making medical decisions, which interferes with their ability to provide high-quality care. These impediments to care, compounded by increased regulatory and administrative burdens, hamper physicians’ ability to fulfill their core purpose, and therefore have a profound impact on their well-being (Charon, 2006; Shanafelt & Noseworthy, 2017; Talbot & Dean, 2018).

Cultural and systemic factors, along with stressors inherent in medical training, can lead physicians to experience distress that can develop into more serious issues if left unattended. The coronavirus disease of 2019 (COVID-19) pandemic introduced additional and complex challenges to physicians’ lives both inside and outside the clinical environment, leading to concerns over workplace transition and relocation, social isolation, personal health risks, and increased disease burden (Coalition for Physician Accountability, 2020). A May 2020 report by the Coalition for Physician Accountability (2020), a group comprised of several national medical education organizations, acknowledged that new challenges and disruptions resulting from the pandemic could exacerbate residents’ stress and pose elevated risks to their well-being. Thus, now more

than ever, physicians at all levels of training need healthy ways to manage the emotional, physical, and mental challenges they face daily.

### **Statement of the Research Problem**

The literature on medical education acknowledges the high prevalence of burnout and depression among students, residents, and physicians (Fahrenkopf et al., 2008; Givens & Tija, 2002; Goebert et al., 2009; Mangione et al., 2018; Moir et al., 2018; Puthran et al., 2016; Rotenstein et al., 2016; Slavin & Chibnall, 2016; Zisook et al., 2016). Mental health issues in medical trainees and physicians deserve special attention, as they not only affect these individuals' lives, but may also lead to negative outcomes in patient care (Dyrbye et al., 2017; Panagioti et al., 2018; Puthran et al., 2016). Physicians experiencing burnout or depression tend to provide lower quality patient care and are more likely to commit medical errors, which in the United States alone account for up to 98,000 deaths each year (Fahrenkopf et al., 2008).

Researchers agree that medical school provides the optimal setting for addressing mental health issues (Goebert et al., 2009; Rotenstein et al., 2016; Sobowale et al., 2014). As such, medical schools across the country have adopted various approaches to promoting well-being, including engaging students in the humanities. The Association of American Medical Colleges (AAMC) has recognized that the medical humanities play “a unique and unrealized role in preparing and equipping physicians for 21st-century challenges” (Howley et al., 2020, p. 1). Through the medical humanities, students learn early on in their training the importance of engaging in reflection to become more aware of their own emotions and how to process them (Mann, 2017; Wald et al., 2018). Additionally, the humanities introduce students to topics they will inevitably grapple with

as practicing physicians, preparing them for future encounters with illness, death, and ambiguity and uncertainty in medicine (Grant, 2002). The humanities also provide rich opportunities for students to explore their role as physicians and find meaning in the practice of medicine (Hoff et al., 2014; Howley et al., 2020). Mangione et al. (2018) found that medical students who were exposed to the humanities reported higher levels of positive physician qualities such as empathy and emotional appraisal, while simultaneously reporting lower levels of physical fatigue, emotional exhaustion, and cognitive weariness, all qualities associated with burnout among physicians.

Medical humanities can be defined in a multitude of ways. The National Library of Medicine (2019) defines medical humanities as “the study of the intersection of medicine and humanistic disciplines such as philosophy, religion, literature, and the fine and performing arts.” Meanwhile, the AAMC refers to the arts and humanities in medical education as “content or pedagogy derived from arts and humanities and integrated into the teaching and learning of medical students, trainees, and practicing physicians” and states that “the approaches and experiences with this education are often interprofessional, interdisciplinary, and co-designed to teach and sustain diverse competencies for better health outcomes for patients, communities, and populations” (Howley et al., 2020, p. 4). This study employs an adapted version of Cole et al.’s (2015) definition, which states that medical humanities is a multidisciplinary and interdisciplinary field that “draws from many disciplines to examine issues related to the development and practice of medicine and health care” and “has an essential practical component because all medical humanities knowledge carries implications for the care of

patients, the professional development of students, the continuing education of residents and physicians, and/or the health of populations” (p. 8).

Narrative medicine, an emerging field within the medical humanities, is defined as medicine practiced with narrative competence, or the ability to acknowledge, absorb, interpret, and act on the stories of others (Charon, 2006). Engaging in reflection and self-expression through writing, the visual arts, and other creative means nurtures narrative competence and supports the development of self-awareness, empathy, and communication skills (Charon, 2001; Temudo, 2018; Wald et al., 2018). A study by Krasner and colleagues (2009) showed that increased self-awareness—resulting from engagement with reflective practices, including narrative medicine—was associated with improvements in burnout, emotional stability, empathy, and attitudes toward patient care. These findings suggest that by practicing narrative medicine, physicians can develop a greater capacity to connect with patients, which can result in higher quality of care and patient satisfaction. Moreover, doctors who form meaningful relationships with patients experience an enhanced sense of purpose and meaning in their work, which in turn inhibits job dissatisfaction and depersonalization, two characteristics of burnout (Divinsky, 2007; Krasner et al., 2009; Morera Serna, 2018; Panagioti et al., 2018).

Based on previous scholarship, it seems that engaging with the medical humanities, including narrative medicine, provides physicians with an opportunity for a healthy stress outlet and the potential to improve patient care (Charon, 2001; Childress, 2017; DasGupta & Charon, 2004). One way that medical students can engage with the medical humanities and develop the capability to practice narrative medicine is through self-expression. Dozens of medical schools provide students the opportunity to practice

self-expression through literary journals. These include established institutions such as Harvard Medical School, Dartmouth College Geisel School of Medicine (SOM), and Yale SOM, as well as newer schools such as Florida International University Herbert Wertheim College of Medicine (FIU HWCOC), Donald and Barbara Zucker SOM at Hofstra/Northwell, and Geisinger Commonwealth SOM. However, no prior research has explored how physicians who engaged with self-expression as medical students, particularly through these medical humanities journals, understand their experience in relation to personal and professional aspects of their lives, including well-being and patient care.

### **Purpose of the Study**

Through qualitative interviews, I explored how residents who engaged with self-expression as medical students through a formal medical humanities experience understood their experience with the medical humanities and related it to personal and professional facets of their lives as physicians. The formal experience allowing for self-expression was understood as, though not limited to, *Eloquor*, a literary arts journal compiled and published annually by the medical students at FIU HWCOC. Further, this study, in part, sought to explore the extent to which medical humanities experiences within the formal curriculum prepared students for their future physician roles and influenced how they practiced medicine.

Kirkpatrick (1998), who created The Kirkpatrick Model for evaluating the outcomes of educational programs, described four levels for assessing the effectiveness of training: reaction, learning, behavior, and results. At the start of the study, I was particularly interested in exploring level three, behavior. Kirkpatrick (1998) described

this level as an assessment of “What happens when trainees leave the classroom and return to their jobs? How much transfer of knowledge, skills, and attitudes occurs?” (p. 48). I sought to explore the degree to which participants’ experience with *Eloquor*, and more broadly the medical humanities, influenced their behaviors as physicians, and how they applied the knowledge, skills, and attitudes gained from the experience to their jobs. Though I did not intend to investigate beyond the third level, participants touched on level four, results, alluding to a connection between engagement with the humanities—in general and through self-expression specifically—and positive patient care outcomes.

Participants for this study were all graduates of HWCUM who engaged with *Eloquor* as medical students. All HWCUM students are exposed to the medical humanities through the curriculum. Students take required courses on ethics and humanism during their first year in medical school, and engage in narrative reflections, design thinking, and critical thinking throughout the preclinical years. This continues during the clinical years, and students can additionally participate in narrative medicine, medicine and arts, and ethics electives during their fourth and final year as students. I was interested in understanding the experiences of those who also engaged with *Eloquor* as this journal offers students a forum for deliberate engagement with the medical humanities and may be a student’s first experience with self-expression in relation to medicine. Research suggests that students who engage with the medical humanities develop positive physician qualities and experience lower levels of burnout (AAMC, 2019; Charon, 2004; Grant, 2002; Mangione et al., 2018; Morera Serna, 2018; Temudo, 2018; Wald et al., 2018). As a co-curricular opportunity, *Eloquor* engages students with

the medical humanities in ways they can continue to explore beyond medical school, once they are no longer immersed in the curriculum.

### **Research Question**

The following question guided this research study: how do resident physicians who engaged with *Eloquor*, a medical school humanities journal, understand their experience with the medical humanities and relate it to their lives as physicians?

### **Statement of Significance**

As I discuss in chapters four to eight, the findings of this study contribute to a deeper understanding of the significance of the arts and humanities, and particularly self-expression, within the lives of practicing physicians. To my knowledge, this study is the first to explore the role of literary journals in medical education. The findings of the study illustrate their contribution toward physician training and their capacity to influence contributors' future practice. This study also adds to the literature on narrative medicine by expanding beyond its narrow focus on the written form and toward a broader understanding of narratives as constructions of meaning that can take on a multitude of forms.

The study also provides insight on the medical school curriculum and its role in preparing physicians for their careers in medicine. The prevalence of mental health issues among physicians indicates that even after years of training, these individuals are not well-equipped to enter the field. This suggests a gap in their medical education and highlights the need to reevaluate curricular priorities and rethink the current approach to training physicians, or the understanding, even, of what constitutes a "trained" physician. Additionally, this study informs curricular design within medical schools and residency

programs and can spur change in how the medical community views and values the humanities and self-expression.

Perhaps the most significant outcome from this study is the encouragement of dialogue around the culture of medicine and systemic elements within the field of medicine and medical practice that underlie the prevalence of mental health issues in medical trainees and physicians. By giving a voice to these issues from a first-person perspective, this study brings awareness to physician experiences, and can inform the development of approaches and interventions aimed at preparing them for their professional roles. Gaining a deeper understanding of physicians' experiences is a crucial first step in moving toward "a new paradigm in medical education and health care that supports rather than diminishes and that inspires rather than disheartens" (Slavin & Chibnall, 2016, p. 1196).

The intended audiences for this research study are medical school faculty and administrators as well as residency program directors and hospital administrators who have decision-making power over the educational environment. Physicians, especially those in leadership positions, may gain an understanding of the issues affecting clinicians and potential insights on how to improve the work environment. This study may also interest humanists and researchers in the field of medical education, as it contributes to existing literature on the medical humanities, narrative medicine, and physician well-being. Lastly, this study may serve as a catalyst for medical trainees and physicians who have not previously engaged in practices like self-expression or narrative medicine, but who relate to the stories of participants, to explore the potential personal value in engaging with the medical humanities.

### **Delimitations/Assumptions of Study**

The study was limited to a small sample of physicians who all graduated from the same medical school. All participants were physicians, as opposed to students, as I was interested in understanding how a curricular experience carried with physicians beyond medical school and potentially influenced how they practiced medicine and self-care. I interviewed residents, as these individuals are in a unique stage in their careers in which they are still close to the medical school experience and can therefore engage in thoughtful reflection, yet they have undergone a major transition from student to doctor. As trainees, residents can reflect on their experiences with self-expression while also considering how this practice may carry forward into their careers. Additionally, residents are a particularly interesting group among medical trainees and physicians, as they are at the highest risk for depression and suicidal ideation (Goldman et al., 2015). Though the study was framed within a broader context surrounding the culture of medicine and physician well-being, I did not assess participants' personal wellness. Rather, I explored the role of self-expression within their professional lives and the ways in which it informed their approaches to personal well-being.

I was specifically interested in exploring participants' understandings of their experience with self-expression, as opposed to other humanities-based practices that may be prevalent in medical education, since this activity constitutes more than a mere distraction from the demands of the medical profession. Engaging in self-expression provides an opportunity for deliberate reflection, which can lead to greater self-awareness and an improved ability to process experiences and manage emotions (Charon, 2013; Childress, 2017). Lastly, the sampling criteria for this study required engagement with

*Eloquor*, as opposed to engagement with self-expression through any given medium, as I was interested in the formal aspect of the journal and its potential role, as a component of the medical school curriculum, in preparing students for their careers in medicine.

### **Definitions**

- *Medical humanities* – A multi- and inter-disciplinary field that draws from many disciplines including philosophy, religion, literature, and the fine and performing arts “to examine issues related to the development and practice of medicine and health care” and “has an essential practical component because all medical humanities knowledge carries implications for the care of patients, the professional development of students, the continuing education of residents and physicians, and/or the health of populations” (Cole et al., 2015, p. 8).
- *Narrative medicine* – Medicine practiced with the narrative competence to recognize, absorb, interpret, and respond to stories. Narrative medicine emphasizes storytelling and reflection in clinical practice to promote healing.
- *Resident physician* – A medical school graduate training in a specialized area of medicine and performing as a licensed practitioner under the supervision of a senior physician.
- *Self-expression* – The expression of one's feelings, thoughts, or ideas through writing, art, or other creative approaches.

### **Structure of the Dissertation**

This dissertation consists of nine chapters. In Chapter I, I introduced the research problem, articulated the purpose of the study, identified the research question guiding the inquiry, and explained the study's significance and delimitations. Chapter II consists of a

review of the literature relevant to the study. The literature is organized into three topics: medical education and physicians' mental health, humanities in medicine, and narrative medicine. The chapter concludes with a summary of the strengths, weaknesses, and gaps in the existing literature. Chapter III details the research design and methodology of the study, including the rationale for conducting a qualitative interview study, data sources, procedures for collecting data, the data analysis process, and techniques used to ensure data integrity.

Chapters four to eight comprise the results of the study. Each chapter features one of the five themes identified from the data: *personal well-being*, *professional growth*, *maintaining a balance*, *finding community and understanding*, and *continuation of engagement*. A total of ten sub-themes are presented across the five chapters. The final chapter of the dissertation, Chapter IX, summarizes key findings, outlines the limitations of the study, and provides recommendations for practical applications and future scholarly work.

## **CHAPTER II**

### **LITERATURE REVIEW**

This chapter consists of a review of the literature relevant to the research study. First, I discuss research on mental health concerns among medical students and physicians. Next, I provide an overview of the literature on the medical humanities and their place in medical school curricula, followed by a discussion on narrative medicine as a model for clinical practice. Finally, I examine the strengths, weaknesses, and gaps in the current literature.

#### **Medical Education and Physicians' Mental Health**

Medical school is often considered the most stressful phase in a physician's career (Puthran et al., 2016; Zisook et. al, 2016). As such, existing literature on medical education extensively discusses stress and mental health concerns during medical school and residency training (Goebert et al., 2009). Rotenstein et al.'s (2016) systematic review of literature and meta-analysis on the prevalence of medical student depression and suicidal ideation consisted of data from 167 cross-sectional studies and 16 longitudinal studies from 43 countries. The results of the analysis revealed that an estimated 27.2% of individuals studied suffered from depression or depressive symptoms and 11.1% experienced suicidal ideation. Of those experiencing depression, only 15.7% sought treatment. This study demonstrated that mental health issues in medical students are a global and pervasive problem that few students seek formal treatment to address. As such, Rotenstein and colleagues (2016) agreed that further research was needed to identify prevention and treatment strategies.

Coentre and Gois (2018) reached a similar conclusion. In a systematic review of existing literature on the prevalence of suicidal ideation among medical students, Coentre and Gois (2018) analyzed 17 studies comprising 13,244 students from 13 countries. The findings confirmed that suicidal ideation in medical students was a significant problem worldwide. The study identified the factors most frequently associated with suicidal ideation, including depression or depressive symptoms, low socioeconomic status or financial difficulties, and a history of drug use, and concluded that future studies needed to focus on preventive and treatment programs that could address the identified factors. The authors also pointed to preliminary data suggesting that “simple and general well-being interventions could have significant results in lowering rates of mental health problems,” and proposed that self-care and self-reflection in medical education could serve as preventive measures for suicidal ideation and other psychological problems (p. 879).

A separate study on depression, suicidal ideation, and utilization of mental health resources analyzed data collected from physicians across all levels of training. Zisook et al. (2016) invited 1,134 medical students, 1,380 residents and fellows, and 1,922 faculty from one U.S. medical school to complete an anonymous questionnaire that included items about depression, suicidal ideation, emotional distress, drinking and drug use, problematic eating, and utilization of treatments. In total, 369 medical students (33%), 237 residents and fellows (17%), and 396 faculty (21%) completed the questionnaire, for a total of 1,002 (23%) respondents. The authors found that 7% to 10% of those who responded met criteria for a major depressive syndrome, and 9% to 11% of respondents acknowledged suicidal ideation. Only 17% of those individuals were taking medication,

and only 12% were in therapy (Zisook et al., 2016). This study contributed to the literature by empirically documenting high rates of stress, burnout, depression, and suicide risk among medical students and physicians coupled with low treatment rates.

Similarly, Puthran et al. (2016) concluded, from a meta-analysis of studies examining rates of depression among medical students, that the global prevalence of depression among medical students was high, while treatment rates were low. The authors identified common reasons why students did not seek treatment, which included fear of a negative impact on their academic record and future career, lack of time, and the stigma associated with using mental health services (Puthran et al., 2016, p. 466). The authors recommended that medical schools offer early intervention and prevention programs to limit depressive symptoms among students prior to them graduating, noting the need to address “students’ psychiatric health as it will impact on patient care in the long run” (p. 466).

A prior study by Givens and Tija (2002) similarly reported low treatment rates among medical students experiencing depressive symptoms and identified frequently cited barriers to using mental health services, including lack of time, concerns regarding confidentiality, the stigma of mental health care, and fear of documentation in the academic record. The authors ultimately concluded that studies on early intervention and treatment were necessary as these could have far-reaching implications for “students themselves, their lives as physicians, and their future patients” (Givens & Tija, 2002, p. 921). The findings of this study and Puthran et al.’s (2016) meta-analysis suggest that the stigma associated with admitting to emotional or psychological distress can be a strong deterrent to seeking help (Kerasidou & Horn, 2016). The prevalence of serious mental

health issues combined with a culture that discourages help-seeking behaviors leaves medical students and physicians to deal with difficult situations on their own, increasing their potential to develop into more serious issues.

Mental health issues in medical trainees deserve attention, not only for their negative effects on students' and residents' lives, but also for their potential to negatively impact patient care (Puthran et al., 2016). In a study conducted by Fahrenkopf et al. (2008), the rate of medication errors made by depressed residents each month was 6.2 times higher than that of residents who were not depressed. Additionally, Panagioti et al.'s (2018) meta-analysis of 47 studies on physician burnout and patient care revealed an association between burnout and reduced patient safety, poorer quality of care, and lower patient satisfaction. The researchers found that physicians experiencing burnout were more likely to lack "critical aspects of professionalism" that are associated to quality of care, including communication skills and empathy (Panagioti et al., 2018, p. 1318). The relationship between burnout and low professionalism was especially salient among residents and early-career physicians.

The implications of poor mental health are arguably far greater once students become practicing physicians. Medical schools can aim to minimize or even prevent these issues by developing interventions that promote well-being, foster essential physician qualities and skills, and equip students with the means to manage the rigor and stress of the medical profession. One study by Wasson and colleagues (2016) sought to evaluate the effectiveness of learning environment interventions aimed at promoting medical student well-being. The authors conducted a systematic literature review to identify studies that examined the outcomes associated with any intervention to improve

well-being among students in U.S. medical schools. Only quantitative research studies were included in the review. Out of an initial set of 4207 publications on learning environment interventions, 28 met the eligibility criteria described above. While the literature pointed to positive outcomes associated with targeted interventions, the authors recognized that the evidence was too limited to suggest that certain interventions were associated with improved well-being among medical students and concluded that high-quality medical education research was needed.

A previous study by Sobowale et al. (2014) sought to explore wellness programs and mental health services available to students at one Chinese institution. A total of 348 second and third-year medical students at the institution completed a questionnaire measuring depression, suicidal ideation, and impairment. Of the 348 students, 30 participated in a focus group regarding the school's wellness curriculum and mental health services. Rates of depression and suicide ideation were high, but the authors were unable to assess the effectiveness of a wellness curriculum as none existed. While medical education and practice vary across national contexts, this study was consistent with prior research showing that mental health issues affect medical students globally.

As in prior studies (Givens & Tija, 2002; Puthran et al., 2016), Sobowale et al. (2014) identified stigma and lack of time as deterrents to seeking mental health treatment. Given students' reluctance to utilize mental health services, the authors agreed that "proactive wellness curricula as opposed to traditional reactive counseling may provide more benefit" and offered as an example "a recent pilot study of a wellness intervention focusing on coping skills," which revealed decreased levels of anxiety and depressive symptoms among student participants (p. 35). The authors concluded that "such wellness

interventions are necessary to ingrain healthy behaviors and practices that students can apply as physicians” (p. 35). However, as prior studies have indicated, further research is needed to explore the efficacy of medical school interventions aimed at improving well-being. This study sought to fill this gap in the literature by exploring, in part, the extent to which an experience within the formal medical school curriculum prepared students for their future physician roles and informed their approaches to personal well-being.

## **Humanities in Medicine**

### **Humanism in Medicine and Physician Empathy**

For centuries, humanism and medicine have been linked, yet shifts over the last decades have significantly changed clinical practice, dehumanizing medicine as a result (Hoff et al., 2014; Morera Serna, 2018; Shelley, 2016). The medical profession has historically been regarded as a vocation rooted in “humanistic values and commitments” (Hoff et al., 2014, p. 800; Shelley, 2016; Thibault, 2019). Evidence of this dates back to the 5<sup>th</sup> century B.C.E. in the form of the Hippocratic Oath, a set of ethical principles concerned with a physician’s duty to act for the good of the patient (Thibault, 2019). A modern version of the Oath, written in 1964 and administered to most graduating medical students to this day, impels new physicians to “remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug” (Hajar, 2017, p. 3). However, Shelley (2016) argues that an increasingly hi-tech medical world, characterized by logico-scientific thinking and evidence-based practice has emptied modern medicine of “the art of doctoring, caring and the therapeutic and empathetic bond between the doctor and patient” (p. 2). Several core components of medical practice are grounded in the arts and

humanities, including connecting with patients, finding meaning in medicine, and practicing empathy and compassion (Mann, 2017; Wald et al., 2018). As such, Shelley (2016) calls for engagement with the medical humanities as a means of infusing humanity back into medicine.

Rather than nurturing the innate qualities of aspiring physicians, “qualities such as empathy, compassion, and altruism” (p. 1-2), the current “biomedical emphasis of science-oriented physician development in our medical schools” (p. 3) has bolstered the image of the technically skilled, rational, and emotionally detached physician (Shelley, 2016). Some emotional detachment is necessary if doctors are to remain objective, maintain their composure when dealing with emotionally charged situations, and protect themselves from the daily stresses of their work (Kerasidou & Horn, 2016). However, being overly disconnected or indifferent toward patients is detrimental to their care and to physicians’ own well-being. Empathy, which represents the “ideal balance between emotional over-involvement and detachment,” has been associated with higher patient satisfaction, quicker recovery, fewer medical errors and malpractice claims, and a greater likelihood of positive health outcomes (Kerasidou & Horn, 2016, p. 2; Shelley, 2016). Additionally, physicians who remain detached from their own as well as their patients’ emotions are more likely to suffer from depression and burnout than those who are emotionally engaged (Kerasidou & Horn, 2016; Panagioti et al., 2018). As such, empathy appears to be a crucial trait for both effective medical practice and physicians’ overall mental health. Reflective practices such as reflective writing have become fundamental elements of medical humanities programs, as these promote empathy, foster self-

awareness, and support physician well-being (Kerasidou & Horn, 2016; Shanafelt, 2009; Shapiro et al., 2016).

A study by Hojat and colleagues (2004) demonstrated the importance of developing interventions aimed at fostering empathy. The authors invited 223 students to complete the Jefferson Scale of Physician Empathy (JSPE), consisting of 20 Likert scale items, at the beginning and end of their third year of medical school. A total of 125 students (56%) completed both the pretest and post-test. The findings of the study suggested that students' empathy scores were more likely to decrease in the absence of "targeted educational programs designed to retain, cultivate, and enhance empathy" (Hojat et al., 2004, p. 939). Based on these findings and prior research suggesting that certain educational activities could promote higher levels of empathy among medical students, the authors concluded that empathy should be fostered via deliberate medical school initiatives. Furthermore, they expressed the need for the development and assessment of programs aimed at cultivating empathy. This study demonstrated the importance of nurturing empathy during medical school through humanities-based programs, as it is an effective way to mitigate the substantial risk for emotional detachment in physicians, which has been associated with burnout and lower quality of care (Divinsky, 2007; Kerasidou & Horn, 2016; Shapiro et al., 2016).

A subsequent study demonstrated the importance of targeted efforts aimed at cultivating empathy and emotional self-awareness. Shapiro, Rakhra, and Wong (2016) conducted a study investigating medical students' perceptions of difficult interactions with patients. They analyzed 134 reflective essays written by third-year students using a grounded theory approach, and found that students often expressed feeling anxious,

overwhelmed, and uncertain during the patient encounters. These findings were supported by prior studies showing that students experienced difficulty managing their own and patients' negative emotions and addressing emotional aspects of patient encounters (Shapiro et al., 2016). While the students recognized the importance of behaving empathetically towards patients, they reported feeling insufficiently prepared to do so in the context of difficult encounters. As students' ability to empathize decreases in the absence of targeted interventions, they may be at increased risk of emotional detachment and withdrawal during the clinical years (Hojat et al., 2004; Shapiro et al., 2016). The authors established that students needed clear guidance and instruction "in order to approach difficult interactions with specific problem-solving skills while maintaining an empathic, patient-centered context" (p. 1033). Further, the authors concluded that dealing with the uncertainty and complexity of challenging interactions required reflection and self-awareness on the physician's part and suggested that medical schools nurture students' capacity for reflection through humanities-based methods such as reflective writing and narrative medicine. As self-reflection enables medical students and physicians to work through challenging experiences and recognize the feelings they elicited, it is "an important instrument for avoiding burnout as well as for developing empathy" (Kerasidou & Horn, 2016, p. 4).

### **Arts and Humanities in Medical Education**

Medical schools are increasingly integrating the arts and humanities into medical education to help foster essential physician qualities and abilities such as self-awareness, professionalism, and communication skills (Kim, 2016; Mann, 2017; Shanafelt, 2009; Wald et al., 2018). In March 2019, the Association of American Medical Colleges

(AAMC) formally declared the arts and humanities as fundamental to the development of physicians and formed a research team tasked with conducting a scoping review on how the arts and humanities were being incorporated into medical education. With this information, the AAMC aimed to determine how to best integrate the humanities and arts into medical curricula and advance the role of the arts in physician development, with emphasis on the areas of “resilience, communication, tolerance for ambiguity, clinical skills, [and] empathic and patient-centered care” (AAMC, 2019). Notably, Grant (2002) argued, nearly two decades prior to the AAMC’s declaration, that formally incorporating the humanities within the curriculum would lead to an enhanced understanding of the human condition, provide exposure to critical thinking, and give students the opportunity to develop a lifelong interest in the humanities which could serve as a “personal resource for coping with the inevitable pressures, crises, and tragedies which all medical practitioners encounter in the course of their duties” (p. 47).

Subsequent studies on the importance of incorporating the humanities within the medical school curriculum concur with Grant’s (2002) argument and may have informed the AAMC’s new initiative. One influential study on the impact of exposure to the humanities on student burnout was published in 2018. The purpose of the study was to test whether medical students who were exposed to the humanities reported higher levels of positive qualities, such as empathy and wisdom, while simultaneously reporting lower levels of negative qualities, such as emotional exhaustion and cognitive weariness (Mangione et al., 2018). The researchers invited all students enrolled across five medical schools in the United States, a total of 3107 individuals, to participate in an online survey measuring level of exposure to the humanities and assessing personal qualities. In all, 739

students (23.8%) completed the survey. Regression analyses revealed a statistically significant correlation between exposure to the humanities and positive qualities such as “empathy, tolerance for ambiguity, wisdom, emotional appraisal, self-efficacy, and spatial skills” (Mangione et al., 2018, p. 628). There was also a statistically significant, inverse correlation between exposure to the humanities and components of burnout.

Despite indications of their contributions to physician training, the medical humanities have traditionally been perceived as serving a secondary purpose in medical education. Macnaughton (2000) explored how medical students perceived two humanities courses taught at a medical school, one being offered as an elective and the other as compulsory. Student feedback indicated that the optional course was well-received by those who enrolled, yet attendance was low. The required course was less successful than the voluntary course, with comments revealing an attitude that is prominent in medical education: students perceived the course to be less important than their science courses and described it as irrelevant to their medical training, even though humanities instruction has been shown to meaningfully impact medical practice. Macnaughton (2000) concluded that three conditions should be met when offering humanities courses: 1) courses should be voluntary, 2) they should be graded, and 3) they should fulfill a requirement of the medical degree.

In addition to offering courses within the formal curriculum, another approach for incorporating the humanities into medical education has been through literary journals, yet research on these publications has been limited. Hoff and colleagues (2014) described how the current business-based model of medicine that values speed and productivity over humanity has led to “soul loss” among physicians who have emotionally distanced

themselves from their patients (p. 799). The authors briefly mentioned curricular and extracurricular opportunities established at their medical school to try to overcome this phenomenon, including the creation of a student-run arts and literature journal, *Abaton*, intended as an outlet for medical students. However, the authors merely stated that interest in the humanities increased with the creation of the journal but did not provide further details of students' engagement with the publication.

A study conducted the year prior by Rodriguez, Welch, Saunders, and Edwards (2013) sought to quantify students' perceptions of a creative arts journal, *HEAL*, and its impact on their medical education. The authors invited 487 medical students at one institution to participate in a survey containing 11 Likert scale questions intended to assess their perceived value of the journal. A total of 241 students (49.5%) completed the survey. Most respondents agreed or strongly agreed that the publication was enjoyable (80%), that it conveyed the importance of reflection and narrative (70%), that it could help prevent burnout (61.8%), that it helped students become more patient-centered (55.9%), and that reading it helped them understand their classmates better (64%). The majority of respondents disagreed or strongly disagreed with statements that assessed their perceptions of *HEAL* as irrelevant (65.1%), boring (78.4%), as being useful only to contributors (68.4%), or as a waste of resources (83.4%). This study contributed to the literature on creative arts journals, which remains scant. Nonetheless, its scope was limited to quantifying students' impressions. Further research is needed to explore students' understandings of their experience with literary journals and the outcomes related to engaging with a literary journal, including its role in shaping future physicians' approaches to patient care and personal well-being.

## **Creative Engagement and Implications for Physicians**

Prior research suggests that the medical humanities may play a critical role in preparing students for their careers in medicine. In addition to nurturing traits necessary to be an effective, well-rounded physician, engaging with the arts can spark joy and stimulate renewal in doctors experiencing burnout (AAMC, 2019; Charon, 2004; Temudo, 2018; Wald et al., 2018). Ultimately, the medical humanities can provide a means for coping with the daily stresses of clinical work (Morera Serna, 2018). Dozens of medical schools across the country have established literary journals as a means of engaging students with the humanities through self-expression. While there is limited existing literature on the benefits of self-expression among medical students and physicians, the broader idea that creative expression can be therapeutic has been established within other contexts. Stuckey and Nobel (2010) conducted a review of existing research on art-based therapies to assess the effectiveness of certain forms of creative expression in promoting healing and well-being. The results showed clear indications of health improvements as a result of creative engagement, whether through music, visual arts therapy, movement-based creative expression, or expressive writing. The findings seemed to suggest that creative engagement could reduce stress, anxiety, and mood disturbances. Similarly, Martin et al. (2018) conducted a systematic review of the literature on creative arts interventions in the context of stress reduction and management. Of the 37 studies included in the review, 30 (81.1%) reported significant stress reduction in participants.

Creative activity has also been shown to help individuals recover from work and improve job performance (Eschleman et al., 2014). Eschleman et al. (2014) conducted

two studies to examine the relationships between creative activity, recovery from work, and performance-related outcomes. Data were collected via surveys and employee performance evaluations. The results of the analysis revealed that creative engagement was positively associated with recovery experiences and performance-related behaviors at work, namely job creativity and extra-role behaviors such as helping colleagues with tasks or fostering interpersonal relationships. Based on these findings, it seems creative activity can promote well-being and contribute to job performance, yet research on creative engagement among physicians is scarce.

### **Narrative Medicine**

Narrative medicine, a term first coined by Rita Charon in 2001, is a relatively new discipline within the medical humanities that emerged from “a confluence of sources—humanities and medicine, primary care medicine, contemporary narratology, and the study of effective doctor-patient relationships” (Charon, 2006, p. vii). Charon (2001) posits that along with medical knowledge, effective clinicians must possess narrative competence, or the ability to “listen to the narratives of the patient, grasp and honor their meanings, and be moved to act on the patient’s behalf” (p. 1897). Narrative competence essentially bolsters the capacity for empathy and compassion, qualities that have been linked with improved patient care outcomes and greater physician well-being (Hojat et al., 2004; Kerasidou & Horn, 2016).

Charon and DasGupta (2011) suggest that if sharing “accounts of self” are key occurrences in healthcare, then the more capable physicians are at expressing and receiving personal accounts of experience, then the more effective healthcare can be (p. ix). Narrative medicine is thus an approach to clinical care that extends beyond patients’

symptoms and medical histories and focuses on patients' stories, mitigating the "dehumanized" nature of modern medical practice (Shelley, 2016, p. 1). In the context of narrative medicine, narration is regarded as an external act that occurs when the patient relays his or her story of experience, or when the physician writes to process the experience. As opposed to other practices within the medical humanities, narrative medicine does not recognize art forms other than reflective writing as narratives, meaning it dismisses the idea of storytelling through painting, photography, poetry, performance, or other non-written forms of self-expression.

Narrative medicine provides an alternative framework for understanding the patient-doctor relationship, what practicing medicine means to a physician, "physicians' collective profession of their ideals, and medicine's discourse with the society it serves" (Charon, 2001, p. 1897-1898). In other words, narrative medicine allows for the exploration of what Charon (2001) refers to as "4 of medicine's central narrative situations: physician and patient, physician and self, physician and colleagues, and physicians and society" (p. 1897). Narrative medicine proposes that with rigorous training to develop narrative competence, "physicians and medical students can improve their care of individual patients, commitment to their own health and fulfillment, care of their colleagues, and continued fidelity to medicine's ideals" (Charon, 2001, p. 1901).

Through narrative medicine, physicians can validate patients' experiences and engage in self-care (Charon, 2001). Stories offer physicians opportunities to "exercise compassion and humanity towards patients and peers," question doubt and ambiguity, and reflect on their own and others' actions and approaches as well as "their own emotional responses to patients" (Charon, 2001, p. 1899; Childress, 2017). These

practices, Childress (2017) contends, are crucial for physicians “to sustain themselves against the pressures of twenty-first-century clinical work” (p. 275). Kerasidou & Horn’s (2016) study, discussed in the previous section of this chapter, reaffirms Childress’s argument in part, as it establishes that physicians who engage with their own emotions toward patient encounters are less likely to experience burnout and depression than those who fail to address their feelings.

As Charon (2013) explains, “the high-stakes, emotionally charged situations [physicians] experience around illness and death are particularly resistant to simply being undergone and understood on their own” (p. 1). Temudo (2018), a pediatric neurologist who practices narrative medicine, comments: “Writing is for me a necessity. Experience remains chaotic, formless inside me, until being represented. I write to understand myself and others, to exorcise thoughts, emotions and sufferings.” (p. 79). Temudo’s (2018) statement aligns with Stuckey and Nobel’s (2010) descriptions of writing as a way through which individuals “access the unconscious self,” “identify and work through feelings, improve relationships, and learn new things about themselves” (Stuckey & Nobel, 2010, p. 260). Narration allows physicians to “make sense of their own life journeys” while gaining a greater appreciation for their patients’ stories, which can help them rediscover a sense of purpose and find greater satisfaction in their work (Charon, 2001, p. 1899; Childress, 2017). This is especially important given “a growing body of research suggesting that enhancing meaning in work increases physician satisfaction and reduces burnout” (Shanafelt, 2009, p. 1339).

Diorio and Nowaczyk (2018), both pediatricians, pose the following questions: “How are we supposed to cope with the profound sadness we feel when one of our

patients dies? Or when we diagnose a patient with a life-altering condition? And what tools are we given to learn this very human skill?” (p. 1-2). The key, according to narrative medicine, is writing to process the complex emotional content of patient interactions and become explicitly aware of suppressed feelings (DasGupta & Charon, 2004; Diorio & Nowaczyk, 2018). Reflective writing allows practitioners to express that which is not captured in the medical chart, the patient history, the morning rounds, or the electronic medical record. Through this exercise, the individual brings emotions into conscious existence (Shelley, 2016). Nonetheless, different art forms, such as visual art, music, dance, and theatre, “provide different methods to activate resources and coping abilities” (Martin et al., 2018, p. 2). For instance, through visual art, individuals can “express experiences that are too difficult to put into words” and “reveal unconscious materials and symbols” that written language cannot capture (Stuckey & Nobel, 2010, pp. 256-257). Literary arts journals enable self-expression beyond the confines of narrative medicine, which gives precedence to the written form, and therefore may serve as a valuable resource for medical students and physicians with different creative or artistic inclinations and capabilities to work through their experiences and emotions. Narrative medicine suggests that physicians need to acknowledge and engage with their emotions to remain objective “while also experiencing the emotional core of physician-patient interactions” (Divinsky, 2007, p. 204). Further, and as already established in the literature, engaging with emotions is key to preventing burnout (Kerasidou & Horn, 2016).

While it is important for physicians to remain objective, Charon (2001) described how sociologists who studied medicine in the 1960s observed a “detached concern” in

how physicians treated patients. Physicians had traditionally been trained to maintain an emotional distance from their patients to protect themselves from experiencing distress (Divinsky, 2007). Thus, emotional detachment remained the standard practice for decades until new knowledge from narrative disciplines began to suggest a need for engagement. The Heartbeat Project, an initiative to collect and publish a book of doctors' stories, further highlighted the relational nature of medical practice. As part of the initiative, two qualitative researchers examined over 200 stories from family physicians. The researchers found recurrent themes of "community, family, listening, relationships, and even love," which served as confirmation of doctors' need for connection (Divinsky, 2007, p. 203). Narrative medicine maintains that meaningful relationships with patients lead to an enhanced sense of purpose and meaning in work, which prevents burnout (Divinsky, 2007).

Moreover, a study by Krasner and colleagues (2009) explored the connections between narrative medicine, physician-patient relationships, and physician well-being. The authors sought to investigate whether a continuing medical education course on mindfulness, communication, and self-awareness—key components of narrative medicine—would lead to improvements in physicians' burnout and mood and increase their capacity to relate to patients. Participants were instructed in the areas of appreciative inquiry, narrative medicine, and mindfulness as part of a 52-hour curriculum administered over a one-year period. The researchers used standardized instruments to measure pre/post intervention levels of burnout, mood disturbance, and mindfulness. The improvements in levels of burnout, mood disturbance, and empathy were significant and lasting. The results suggested that enhancing physicians' self-awareness and attention not

only increased their focus on patient-centered care but also reduced distress and helped them derive meaning from their work (Krasner et al., 2009). While research on interventions aimed at improving well-being is limited within the context of medical school and residency training, this study on practicing physicians highlights the potential value of engaging trainees in a formal humanities curriculum (Coentre & Gois, 2018; Sobowale et al., 2014; Wasson et al., 2016)

Notwithstanding targeted efforts such as the one described above, medical school curricula have generally failed to prepare physicians for the emotional demands of the profession (Diorio & Nowaczyk, 2018). Narrative medicine, as a specific form of self-expression situated within the broader medical humanities, provides a means for making sense of experiences and could potentially serve as an outlet during students' clinical years and as they transition into residency training and subsequent professional practice. Childress (2017) posits that through regular narrative practice, trainees may become more adept at tolerating uncertainty, maintaining healthy self-regard, finding satisfaction and meaning in their work, and managing the stresses that accompany a career in medicine. Nevertheless, narrative medicine prioritizes writing over other forms of self-expression. While studies have demonstrated the benefits of reflective writing on physician well-being and patient care, research is needed to explore whether other forms of self-expression play a positive role in physicians' lives.

### **Summary**

There is ample literature to indicate that burnout, depression, and suicide are prevalent issues within the field of medicine (Fahrenkopf et al., 2008; Dyrbye et al., 2017; Givens & Tija, 2002; Goebert et al., 2009; Mangione et al., 2018; Moir et al., 2018;

Puthran et al., 2016; Rotenstein et al., 2016; Slavin & Chibnall, 2016; Zisook et al., 2016). There have also been studies investigating the nature of these issues, including the factors that contribute to the deterioration of medical students' mental health (Coentre & Gois, 2018; Fahrenkopf et al., 2008; Goebert et al., 2009; Poorman, 2019; Puthran et al., 2016; Shanafelt & Noseworthy, 2017; Slavin, 2016; Zisook et al., 2016). However, not enough research has focused on the effectiveness of opportunities to help prevent or address these issues. Specifically, no studies have explored the first-person perspectives of physicians who engaged with specific curricular or co-curricular approaches during medical school aimed at improving their well-being.

The medical humanities seem to foster the necessary qualities for well-rounded, empathetic, and resilient physicians (Charon, 2004; Grant, 2002; Mangione et al., 2018; Temudo, 2018; Wald et al., 2018), yet no scholarly research has explored physicians' perspectives on how exposure to the humanities through the medical school curriculum carries into professional practice. Additionally, while numerous U.S. medical schools have established student-run literary arts journals as outlets for creative expression, there has been limited research on these journals and their meaning or impact. Specifically, no studies have explored the first-person perspectives of medical trainees on their involvement with these publications. This research study fills this substantial gap in the literature by exploring how physicians who engaged with the medical humanities as medical students, particularly through these journals for self-expression, understand their experience in relation to professional practice and personal well-being.

Ironically, proponents of narrative medicine and the medical humanities have failed to study their importance qualitatively. As Slavin and Chibnall (2016) affirm,

physicians' experiences are largely silent within the research literature. Most existing studies have been quantitative in nature, and I could not find many interview studies or studies that elicited a narrative from medical students or physicians. Additionally, narrative medicine fails to recognize art forms other than reflective writing as narratives, meaning it dismisses the idea of storytelling through painting, photography, poetry, or performance. This study sought first-person perspectives on the significance of self-expression, through any medium, in physicians' lives.

Lastly, several studies have called for systemic change across the medical field to address the factors contributing to the prevalence of mental health issues in students and physicians (Slavin & Chibnall, 2016). While I agree that changes in the educational and clinical environments need to occur, the culture of medicine is so deeply engrained that it will take time and investment from numerous stakeholders to even begin those conversations. In the meantime, we need to gain a better understanding of the value of introducing medical trainees to approaches for coping with the rigor and stress that accompany the medical profession.

## CHAPTER III

### METHODS

Choosing a research design that is appropriate for a study and that will yield the information being sought can be a difficult decision, one that requires careful consideration and extensive research. While conducting the literature review for this study, it quickly became clear that the field of medicine heavily favored quantitative research, and among the studies that were qualitative in nature, very few explored the perspectives of physicians. The purpose of this study was to explore how residents understood their medical school experience with the humanities and related it to personal and professional facets of their lives as physicians. After initial consideration of various research methods, I ultimately concluded that a qualitative interview research design was the most appropriate for this study, as this approach enabled me to gather first-person accounts of experience, which are lacking in the current literature, to “understand the world from the subjects’ points of view, [and] to unfold the meaning of [their] experiences” (Kvale, 1996, p. 1). By using this approach, I aimed to add a fresh perspective to the current literature and to give a voice to a group of individuals who, generally speaking, have been silenced by the culture of medicine.

This chapter is divided into several sections. The first, *research design/methodology*, introduces qualitative interviewing, and supplies the rationale for conducting this study using a qualitative interview research design. The following section, *data sources*, describes sampling and recruitment techniques as well as the characteristics of the study’s participants. The next section provides the reasoning for conducting interviews and describes the process of *data collection*, including the

development of the interview protocol, how interviews were structured and conducted, and the processes that occurred following each interview. The section that follows, *data analysis*, provides an overview of thematic analysis, describes first-cycle coding and its purpose, details the process of developing categories and broader themes through second-cycle coding, and discusses the role of memo writing throughout the analysis process. I then provide a statement on my positionality in relation to this study. Lastly, the section on *data integrity* addresses techniques used to minimize potential threats to the trustworthiness of the study.

### **Research Design/Methodology**

I conducted a qualitative interview study influenced by the tenets of narrative medicine, which promotes storytelling as a means of expressing and processing experience, to study how residents understood their formal medical school experience with the medical humanities and related it to their present lives as physicians. The following research question guided the study: how do resident physicians who engaged with *Eloquor*, a medical school humanities journal, understand their experience with the medical humanities and relate it to their lives as physicians?

This study is grounded in a constructivist understanding that assumes reality is subjective and knowledge is constructed through personal experiences and social interactions (Lincoln, et. al. 2011). A qualitative interview design, informed by constructivism and narrative medicine, enables “production of knowledge through the human interaction of the interview” (Kvale, 1996, p. 9). During this interaction, the interviewer and interviewee “act in relation to each other and reciprocally influence each other” (Kvale, 1996, p. 35). As Charon states, “narratives trigger changes of many kinds

in both the teller and the listener, yielding meanings that are reciprocally produced by each teller–listener dyad” (Charon, 2012, p. 342). Thus, the research findings are the “creation of the process of interaction” between the participants and the researcher, in the form of a co-constructed account of experience (Lincoln et al., 2011, p. 103). I acknowledge my role, as the researcher and interviewer, in constituting participants’ stories, and recognize that my voice is indeed present throughout the research findings. By conducting member checks, I aimed to privilege the voices of my participants over my own. I further discuss my positionality in relation to this study as well as the use of member checks later in this chapter.

Storytelling is at the core of medical practice, hence narrative medicine’s focus on external narration. Physicians must listen to patients’ stories and retell them, whether on the medical chart or to colleagues who are part of a patient’s medical team, as well as reconcile their own experiences with patient encounters. For this reason, Temudo (2018) believes that many doctors instinctively become storytellers without much training or prior practice. Nevertheless, physicians’ experiences are largely silent within the research literature, suggesting a need to elicit internalized narratives or understandings of experience.

Slavin and Chibnall (2016) assert that we need to understand medical students’ and trainees’ experiences to develop approaches that help them, specifically “in coping with the stresses of residency and finding meaning in their work” (p. 1196). Thus, a qualitative interview design was appropriate for this study as it provided a means by which to “understand the details of people’s experience from their point of view,” “see how their individual experience interacts with powerful social and organizational forces

that pervade the context in which they live and work,” and “discover the interconnections among people who live and work in a shared context” (Seidman, 2006, p. 130).

Interviewing was the necessary avenue of inquiry for this study, as the purpose was not only to explore how residents understood and made meaning of their experience with the medical humanities, but to understand the meaning of the experience within the context of their lives as practicing physicians. Given the participants’ shared context, I was able to explore thematic connections among their experiences with the humanities, and particularly self-expression, and uncover patterns in the experience.

Polkinghorne (1995) posits that storytelling comes naturally to individuals and is not something that needs to be taught. It is simply the “way in which they make sense of and communicate life episodes” (p. 13). Similarly, Charon (2006) poses that “such fundamental aspects of living as recognizing self and other ... [and] finding meaning in events ... are accomplished with the benefit of narrative,” or storytelling (p. vii). Thus, interviewing was suitable for this study as the interviews served as an avenue for storytelling and therefore understanding experience and its meaning through participants’ own words (Brenner, 2006; Seidman, 2006). Brenner (2006) notes that “part of the art of interviewing is encouraging the informant to open up and expand on his or her responses in a way that is distinctive from normal conversations” (p. 363). Thus, I aimed for depth in participants’ responses by asking them to share their experience with self-expression through examples of their creative work.

As further detailed throughout this chapter, each participant was asked to partake in two separate in-depth interviews, each up to 90 minutes in length. Interviews were semi-structured to allow for guided questioning as well as follow-up and clarification as

needed (Brenner, 2006). Interviews were spaced an average of two weeks apart to allow time for reflection, both for the participants and myself. Following each interview, I engaged in memo writing to reflect on concepts and patterns that I saw in the data and their possible connections to categories or themes (Creswell & Poth, 2018; Saldaña, 2009). Through memo writing, I explored “evolving ideas” and documented my “thinking processes” (Creswell & Poth, 2018, p. 188).

## **Data Sources**

### **Sampling Frame**

I chose to interview graduates of HWCUM as they had continuous engagement with the medical humanities through formal medical school experiences, which the literature suggests can “improve the education, practice, and well-being of physicians” (Howley et al., 2020, p. 3). In its commitment to graduating physicians who understand and consider non-biological factors when interacting with patients, HWCUM has integrated the medical humanities throughout its four-year curriculum. Topics in ethics, narrative medicine, humanism, and design thinking in medicine are taught through the formal curriculum across multiple courses. HWCUM also offers its students co-curricular opportunities to engage with the medical humanities.

This study employed purposeful, criterion sampling to select participants who published in *Eloquor* as medical students (Creswell & Poth, 2018). *Eloquor* is one of several opportunities offered through the Medical Humanities Club, a student organization designed to expose students to the arts and enable self-expression “through any medium thinkable” (Florida International University, 2019). The journal aims to expose the world of medicine from the perspectives of student physicians and acts as a

forum for engaging with the medical humanities through reflection and self-expression. The title of the journal is itself a Latin word meaning to express oneself.

*Eloquor* was first published in 2013 with the medical school's inaugural class and continues to be published annually to coincide with graduation. Each year the editors of the journal, all medical students, place a call for submissions of original student work, which can include poetry and fiction, narratives and reflections, paintings, drawings, and photographs. At the time of data collection, 394 unique works had been published in *Eloquor*. These included 90 fictional short stories or essays, 55 poems, 56 narratives, and 193 images. Of the 236 individuals involved with the journal as editors or artists, 129 had been women and 107 men, and those who had graduated represented over 20 medical specialties in total. I utilized participation with *Eloquor* to build my sampling frame given the diversity in submission types and representation across gender and specialties.

To establish the population from which to sample, I first compiled a list of works published in *Eloquor*. For each piece, I included the author's name, graduation year, the type of publication, and the journal edition in which it was published. I considered individuals who contributed the following publication types: short stories, essays, poems, drawings, photographs, and paintings. I did not consider those who contributed only a NeighborhoodHELP narrative, as it was likely written to fulfill a course assignment and therefore did not constitute an active, voluntary engagement with the medical humanities. I narrowed the list of potential participants to only resident physicians.

### **Participant Recruitment**

I obtained information to determine the study's population, as well as individuals' contact information, from a database kept by the alumni manager at the HWCOM Office

of Student Affairs (OSA). I contacted all potential participants via email on August 3, 2020 (see Appendix C). Ten individuals expressed interest in participating in the study, but only eight provided their availability for scheduling the first interview; the other two did not respond to multiple reminders.

### **Sample Size**

There is no consensus on what constitutes an optimal sample size in qualitative interview studies (Kvale, 1996). Ultimately, the emphasis should be on the quality and appropriateness of the data rather than on the number of participants. Data saturation, the point at which new interview data do not yield new knowledge, is reached by capturing a depth as well as breadth of information (Seidman, 2006). To maximize the diversity of the sample and capture a breadth of experiences, I decided to include all eight residents who responded to both the initial call for participants and the follow-up request for availability to schedule interviews.

### **Sample of Participants**

Of the eight participants recruited for this study, six were men and two were women. All participants were between the ages of 27 and 32 and altogether represented six distinct medical specialties. At the time of data collection, HWCUM had graduated eight medical school classes, four of which were represented among the eight participants. One participant had graduated with the class of 2016, two with 2018, three with 2019, and two with the class of 2020. All publication types accepted into *Eloquor* were represented among these eight participants. I must clarify that though I had hoped to conduct two separate interviews with each participant, two individuals were unable to partake in a second interview. Nonetheless, I believe I was able to obtain a breadth and

depth of information through this small, yet diverse sample of eight resident physicians.

It is important to note that I will not be providing participant profiles due to the ease of identification of the individuals, given the sampling criteria. Brenner (2006) affirms that “when confidentiality is of great importance, as when interviewers address sensitive topics . . . , the risk to informants should be minimized despite the potential loss of some data” (p. 361). Given that participants discussed topics such as their personal mental health and the expression of emotions, which carry a significant stigma in the field of medicine, I aimed to limit the potential risk of identification by readers (Givens & Tija, 2002; Kerasidou & Horn, 2016). An additional measure taken to preserve anonymity is the use of pseudonyms to protect participants’ identities. Prior to the start of the first interview, I asked each participant to provide a pseudonym by which he or she would be referred to throughout the study. The selected pseudonyms, which are used throughout the results chapters, are Mari, David, Natalie, Matt, Tony, Adam, Ivan, and Kevin. I acknowledge that I may be reducing the depth and complexity of the results through my commitment to anonymity. I believe this study nonetheless makes a meaningful contribution to a field that is substantially lacking in its engagement with qualitative inquiry.

## **Data Collection**

### **Interview Protocol**

Data for this study were collected via qualitative interviews, as this approach enabled me “to understand informants on their own terms and how they make meaning of their own lives [and] experiences” (Brenner, 2006, p. 357). I developed the interview protocol by first creating a series of questions informed by my review of the literature,

my involvement with *Eloquor*, and my understanding of qualitative interviewing. The questions were then shared with committee members as well as colleagues at the College of Medicine who were intimately familiar with the experiences of medical students and their lives as practitioners. Based on the feedback gathered, I revised questions and rearranged their order. Following Brenner's (2006) suggestion, I separated the interview questions by topic. The first interview focused on participants' medical school experience, particularly their experiences with *Eloquor* (see Appendix A). At the conclusion of the first interview, I asked each participant to reflect on his or her original pieces, decide on one that had been especially meaningful, and share it with me via email. I requested the samples prior to discussing them during the second interview so that I could familiarize myself with each piece prior to our conversation. The second interview explored participants' engagement with the medical humanities as residents (see Appendix B). The interview questions were designed to encourage meaning-making by prompting participants to explore the past, specifically their medical school experience, "to clarify the events that led [them] to where they are now," and to describe their "present experience in detail," thereby establishing the "conditions for reflecting upon what they are now doing in their lives" (Seidman, 2006, p. 19). The depth of information gathered from the interviews, including the conversations framed around participants' creative works, allowed for a rich analysis of participants' accounts of experience with the medical humanities, and particularly self-expression.

Qualitative research interviews vary significantly in structure, from predetermined sets of questions asked in a specific sequence to open-ended formats where interviewers build upon participants' responses (Kvale, 1996; Seidman, 2006). Brenner (2006)

recommends that novice researchers prepare and refer to a written sequence of interview questions. As such, the study employed a semi-structured protocol, as this allowed me to ask all participants the same core questions while also providing the freedom to probe and follow up based on their individual responses. Each of the eight participants was initially asked to partake in two separate interviews, each up to 90 minutes in length. However, two participants were unavailable for a second interview, one due to his demanding work schedule and the other due to unforeseen personal circumstances.

### **Participant Interviews**

I began recruiting participants and scheduling interviews in August 2020 and concluded all 14 interviews by the end of December 2020. It should be noted that all data collection took place during the first year of the COVID-19 pandemic. Due to restrictions associated with the pandemic and because participants were geographically spread across the United States, I conducted interviews over Zoom, a cloud-based teleconferencing software program. I began the initial interview with each participant by having an informal conversation aimed at establishing rapport, or in cases where I had known the participant from his or her time as a medical student, by briefly catching up. I then moved on to reviewing the informed consent form, addressing any general questions regarding the study, and asking each participant to provide a pseudonym by which he or she would be referred to throughout the study. Following this discussion, I asked participants for their consent to begin recording the conversation and proceeded to ask the first interview question. During the second interview, I asked participants to share their experience with self-expression through original art pieces. By asking participants to frame their conversations around meaningful personal works, I aimed to “encourage the informants to talk expansively” about their experience and its meaning (Brenner, 2006, p. 362).

## **Transcription and Memo Writing**

The average length of the interviews, including the initial and the follow-up interviews, was 50 minutes, with the shortest being 25 minutes and the longest lasting 76. The average time between the two separate interviews for the six participants who completed both interviews was 15 days. This two-week interval granted time for reflection both for the participant and myself, and allowed me to transcribe the initial interview and identify any participant responses that I wanted to follow up on during the second interview. I transcribed each audio file using an automated transcription service, Temi, and then reviewed the transcript for accuracy and made all necessary edits. Once the transcript was complete, I sent it to the participant for his or her review and feedback. Through this form of respondent validation, called member checking, all participants were given the opportunity to confirm the accuracy of the transcript and provide clarification or further elaborate on anything that was said (Brenner, 2006).

Following each interview, I also engaged in memo writing about the participant, my thoughts and feelings on the interview, and the overall research process. Memo writing served as a way of documenting my thinking process, and through it, I was able to identify patterns and concepts that appeared to be recurring from one participant to the next (Creswell & Poth, 2018). Additionally, by memoing and reviewing each transcript prior to conducting the next scheduled interview, I was able to reflect on how I could improve my interviewing skills with the next participant, including my ability to probe and to transition from question to question. As I became more comfortable with interviewing, the conversations flowed more organically, and I was able to have participants elaborate on their response without asking leading questions.

## Data Analysis

### Thematic Analysis

According to Seidman (2006), “the reason an interviewer spends so much time talking to participants is to find out what *their* experience is and the meaning *they* make of it, and then to make connections among the experiences of people who share the same structure” (p. 128). With this in mind, I conducted a thematic analysis of the interview data, as this method enabled me to identify connections and recurring ideas within and across participants’ accounts of experience. Braun and Clarke (2006) describe thematic analysis as a method that “involves the searching across a data set ... to find repeated patterns of meaning” (p. 86). As further described throughout this section, a thematic analysis entailed reading each transcript and marking passages that seemed interesting or important, labeling each passage with a descriptive word or phrase, organizing the labeled excerpts into categories, and searching for “connecting threads and patterns among the excerpts” within and across categories (Seidman, 2006, p. 125). A thematic approach was appropriate for this study, as the goal was not to generate individual stories of experience, but to gain a deeper understanding of the meaning of a particular experience. By conducting a thematic analysis of the data, I was able to explore patterns and connections among various individuals’ accounts of experience and illuminate salient themes.

In my analysis, I expanded the concept of narrative medicine beyond written narratives. As Sandelowski (1991) explains, “narratives assume many forms” and can manifest “in different media, such as the novel, film or painting” (p. 162). During

interviews, I asked participants to share their experience through specific examples of their work. I considered my participants' creative works as forms of self-expression regardless of the medium through which they chose to express themselves.

### **Codes and Coding**

I began my analysis by working with a single interview at a time, coding each transcript using two methods of first-cycle coding that are appropriate for essentially all qualitative studies, descriptive and in-vivo coding (Saldaña, 2009). Descriptive codes briefly summarize the topic of a passage while in-vivo codes originate from the participant's language, as in their own words serve as the codes. The research purpose and questions guided the process of assigning codes, though codes were mainly developed inductively, meaning they were derived from the data following multiple, close readings of the transcripts. Initial coding allowed me to reduce the data to manageable chunks that I could closely interact with. Thus, the purpose of initial coding was not to arrive at a fixed understanding of the data, but rather to gain a general understanding that would form the basis for further analytic work (Saldaña, 2009). I coded each transcript manually but utilized the qualitative research software Dedoose to help organize and manage the data. Using this software, I was able to build levels of analysis by considering the relationships between the raw data and emerging themes (Creswell & Poth, 2018).

### **Theme Development**

Once I had completed the initial coding of all interview transcripts, I began second-cycle coding by reading the data associated with each code and using pattern coding to group similar first-cycle codes into meaningful units of analysis. This process

was time-consuming, as there were over 200 distinct initial codes, some of which comprised multiple excerpts from interview transcripts. The goal during second-cycle coding is “to develop a sense of categorical, thematic, conceptual, and/or theoretical organization from your array of first cycle codes” (Saldaña, 2009, p. 149). By engaging in second-cycle coding, I was able to reconfigure and organize the data into a smaller set of broader categories (Saldaña, 2009). From the categories developed through pattern coding, I began identifying major recurring concepts, or themes, that addressed the study’s research question.

My review of the literature established the basis for the creation of themes. Specifically, scholars have identified issues such as burnout and stress; engagement with the medical humanities; and the practice of self-expression, including narrative medicine, to be meaningful aspects both in the medical school experience and for practicing physicians. Therefore, I focused on the ways in which participants articulated their experience in relation to these areas. Data also extended beyond what had been previously established in the literature. In such cases, I grouped codes according to shared qualities within the stories my participants conveyed. For example, codes such as “relating to others’ work,” “feeling less alone,” and “sharing unique experience,” which were not prevalent in the literature, ultimately became the theme *finding community and understanding*. Once I had identified the preliminary themes, I exported all the data to Microsoft Excel and began outlining each theme using representative quotes. Through this process, I was able to refine the themes and sub-themes and determine which cases helped illustrate each of the themes.

Memo writing proved to be crucial throughout the data collection and analysis processes, as it allowed me to reflect on emergent patterns, concepts, categories, and themes and document my decision-making process around potential themes (Saldaña, 2009). Saldaña (2009) posits that “analytic memo writing serves as an additional code- and category-generating method” (p. 41). By writing about specific codes, their meanings, and how certain codes seemed to interrelate, I was able to identify patterns and develop broader categories. In addition to memo writing, I “shop talked” throughout the analysis process, sharing ideas about my research, emerging categories, and themes with members of my dissertation committee as well as a classmate. As Saldaña (2009) states, it can be helpful to gain an outsider’s perspective on your study as “this person can ask provocative questions the researcher hasn’t considered, discuss and talk through the data analytic dilemmas you’re facing, and offer fresh perspectives on future directions with the study” (p. 190). Indeed, these discussions forced me to think through my ideas, refining and reworking them until I had solidified the final themes.

### **Positionality Statement**

Prior to discussing data integrity, I will articulate my position within this study. I am a full-time employee at the medical school from where my participants graduated and a doctoral student at said medical school’s parent university. Thus, I acknowledge that my association to the participants’ alma mater likely aided in their recruitment and helped foster trust. I also suspect that my status as a doctoral student, one that participants could wholeheartedly empathize with, contributed to their willingness to participate in the study and to speak openly and honestly about their experiences. My prior interactions with and knowledge of participants may have also resulted in potential biases and assumptions that

may have affected the research relationship. I recognize that my professional background and knowledge of medical education may have influenced my perceptions of participants' stories.

Furthermore, I have served as an advisor to *Eloquor* since 2015. My first encounter with *Eloquor* exposed a side of medicine I had never considered as an outsider to the profession. Through self-expression, students revealed their vulnerability and humanity. Their creativity discredited the idea that physicians are scientists first and foremost, and their stories challenged the notion of the ideal physician as dictated by the culture of medicine. My continued involvement with *Eloquor* reveals that I value the medical humanities and believe that self-expression plays an important role in how physicians and trainees make sense of their lives. Finally, I must also acknowledge that my undergraduate degree is in English, a humanities discipline. My background and interest in the humanities undoubtedly influenced many of my research decisions, beginning with my choice of topic. As described in the next section, I aimed to mitigate the potential effects of my biases through member checking and reflexivity.

### **Data Integrity**

The concept of validity in qualitative research is highly contested, with multiple perspectives and terms used to conceptualize this construct (Creswell & Poth, 2018). While some qualitative researchers have rejected the concept of validity due to its basis in positivist philosophy, others have reconceptualized it in ways appropriate to qualitative research (Kvale, 1996; Lincoln et al., 2011; Seidman, 2006). In line with a broader understanding of validity, I conceptualized validation as trustworthiness, and understood trustworthiness as encompassing credibility, transferability, dependability, and confirmability (Creswell & Poth, 2018).

To ensure the trustworthiness of my data and interpretations, I engaged in respondent validation, or member checking. All participants had the opportunity to review interview transcripts and make corrections, provide clarifications, or expand on any statements made during our conversations. None of the participants provided feedback on their transcripts except to confirm their accuracy. Once I had completed the data analysis process, I emailed participants requesting feedback on the major themes I had identified across the research data. I listed each theme, included a sentence that communicated its overarching idea, and provided bullet points of its component parts. I asked participants to provide input on my interpretation of the data as well as comment on whether my analysis was representative of their experience (Brenner, 2006). I chose to verify my findings in this manner to reduce the potential for claims that my study's findings are inaccurate or incomplete, that is, missing important aspects of experience shared by participants (Creswell & Poth, 2018). Additionally, member checking provided a sense of reassurance that my biases had not interfered with the data analysis process and that my perspectives had not superseded my participants' voices.

A potential threat to the trustworthiness of my study was researcher bias. I am aware of my positionality in relation to my study, and acknowledge that my experiences, beliefs, and personal biases may have influenced data collection and affected my findings. While complete objectivity is not feasible, or even desirable in qualitative research, I aimed to address the potential effects of my experiences, biases, and values on the research findings through reflexivity (Creswell & Poth, 2018). I engaged in reflective writing throughout the study to explore my assumptions, beliefs, and what I was

experiencing, with the aim of maintaining self-awareness of my subjectivity throughout the research process. The following excerpt from a journal entry exemplifies one such reflection: “I should have asked him about the importance of having YouTube videos as a hobby completely separate from medicine. I think the fact that I didn’t follow up on that shows my bias towards medical humanities engagement in a traditional sense and not creative involvement in general. I didn’t give the videos much importance because there was no connection to medicine, but I should have asked how this separation was important to *him*.” The journal entries formed an audit trail, adding to the trustworthiness of my study (Creswell & Poth, 2018).

## PREAMBLE TO THE RESULTS

There was a time when I viewed being a physician as an enviable position to be in—the epitome of success. That was prior to entering the world of medical education, where I gleaned a clearer perspective on the realities of the medical profession. From an insider view, I began to identify the gaps and uncertainties in what I once perceived to be a sophisticated and exact science. I became sorely aware of the unforgiving nature of the profession and witnessed the immense amount of the pressure medical students experienced throughout their training. All the glamour I associated with being a physician was replaced with a deeper appreciation for this group of individuals, who undergo a grueling journey in the pursuit of becoming healers.

This study was predicated on a personal hunch. Over the years I served as an advisor to *Eloquor*, I observed medical students—who barely had time for lunch during the day, much less for leisure—dedicate time and careful thought to their engagement with *Eloquor*. I reckoned that if despite the demands of medical school, they allocated time and effort into the journal, there had to be significant value in the experience. At first glance, *Eloquor* appears to be just another co-curricular opportunity in a sea of opportunities, yet participants contradicted this notion, and instead conveyed engaging with *Eloquor* as a deeply meaningful experience. Though the study was grounded in their engagement with the journal, participants spoke to the broader significance of the medical humanities and self-expression and related the discrete experience of engaging with *Eloquor* during medical school to their present lives as practicing physicians.

The five chapters that follow each present and discuss one of the five themes identified during the analysis of the interview data. These themes are *personal well-*

*being, professional growth, maintaining a balance, finding community and understanding, and continuation of engagement.* The themes are further organized into sub-themes or sub-sections that directly relate to the broader theme, but address a specific aspect of experience, as conveyed by participants and represented in the interview text. Each theme is illustrated through excerpts from the participant interviews. It is important to note that all themes are interconnected, as are the sub-themes within each theme. As such, readers will encounter individual excerpts that touch on multiple ideas which, at times, relate to themes or sub-themes outside the one containing the excerpt. Rather than trying to create stark distinctions between the themes and sub-themes, which would have entailed fracturing longer passages of interview text to produce discrete extracts, I opted to include longer quotations that occasionally touch on multiple themes or sub-themes. I consider this a strength of my analysis, as it shows the meaningful connections participants made in speaking about their experience with the humanities. Moreover, by providing uninterrupted passages, I aimed to highlight participants' voices and perspectives, which are largely absent from the current literature.

## CHAPTER IV

### PERSONAL WELL-BEING

Well-being can be understood as a combination of feeling and functioning well. Within the context of this study, well-being more specifically represents mental and emotional fitness for duty resulting from the ability to regulate emotions, recover from setbacks, and cope with stress and difficulty. The first major theme in this study explores the ways in which participants related their experience with the medical humanities, and particularly self-expression, to their personal well-being. The chapter is presented in three parts. As highlighted in the first sub-theme, participants portrayed self-expression, and at times *Eloquor* and similar spaces allowing for self-expression, as an *outlet* for reflection, meaning-making, unwinding, and stress relief. Participants described the act of self-expression as destressing and therapeutic, and communicated the importance of having an outlet in medicine to maintain well-being.

The second sub-theme, *processing tool*, attends to participants' conceptions of self-expression as a tool for processing experiences and as a means for emotional unburdening or debriefing. The final sub-theme reveals participants' perceptions of *Eloquor* and similar spaces as avenues for *self-improvement*. Through reflection and self-expression, two processes facilitated by *Eloquor* and similar opportunities, participants learned about themselves, their strengths, and their weaknesses, and considered how they could learn from past experiences and grow, personally and professionally. Altogether, the sub-themes reveal how the medical humanities, and particularly self-expression, contributed to participants' well-being, by functioning as an outlet in general, and more specifically as a tool for processing experiences for the purpose of self-improvement.

## Self-Expression as an Outlet

This sub-theme establishes the foundation for self-expression as a processing tool and as an important element of self-improvement, concepts that are introduced in this section and developed throughout this chapter. Participants described how self-expression specifically, and the humanities in general, served as an outlet for coping with the stressful and intensely emotional situations they encountered regularly as physicians. Through this outlet, participants were able to find meaning and purpose in their work, disconnect from their experiences and disrupt negative thinking, and relieve stress and tension. Noting the potential for burnout that all physicians faced—an awareness likely heightened by their present experience during the early phase of the COVID-19 pandemic—participants spoke of self-reflection as a fundamental way to mitigate this risk. Mari, for instance, communicated the need for an outlet to combat burnout and its detrimental effects on patient care. She said:

We forget what it's like to be in medicine. You just become depersonalized to it, and it's good to have an outlet to kind of soften that I guess. It gives you time to build resiliency while also softening that possibility of becoming burnt out and hating your job. The worst thing possible, I feel like in medicine, is to have a doctor who freaking hates their job. They're just not going to take care of patients well and that's not okay.

Mari expressed the importance of having an outlet to “soften” the potential for physicians to become disconnected from their patients and from their broader purpose. She implied that physicians could easily “forget” what made their work meaningful and described the negative implications of becoming “depersonalized” because of it, not only for the physician, but for his or her patients as well.

Adam similarly indicated that physicians could easily get caught up in their day-to-day workload and lose sight of their purpose. He conveyed the importance of connecting with the meaningful aspects of medical practice to avoid having work become mechanical and meaningless. He stated:

It gets so busy, at the end, you kind of feel like you're just writing notes. But if you take the time to listen to patients or to ask questions, and even joke around a little bit and kind of see how they respond, I feel like it helps a lot... I feel like a lot of people move away from that really fast and it's not our fault. It's just the stress and the workload. You don't think about why you went into that anymore. You're just, you're not burned out, but I don't know, there's definitely low periods that if you don't take the time to talk to the patient and make them somebody different, then you don't appreciate it. You just want to go home and sleep.

Adam's comment speaks to one of the main pillars of medical humanities, connecting to the human aspects of medicine. In particular, he articulated the importance of the core focus of narrative medicine, the physician-patient relationship. He described how the pace and the stress of medical practice could lead to a mechanical and dehumanized engagement with patients, which would itself contribute to burnout and cause physicians to "forget" what drove them to medicine in the first place. Much like Charon (2001), Adam recognized that physicians' ability to find meaning, purpose, and fulfillment was predicated on their connection to the core values of medical practice and its central figure, the patient.

Like Mari and Adam, Natalie spoke about self-expression in relation to stress and to the potential for burnout that medical students and physicians faced. Moving beyond Mari's articulation of the role of creative outlets in "softening [the] possibility of becoming burnt out," she described *Eloquor* as an outlet for discovering "the beauty" in medical practice. She said:

I see it [a literary journal] as a way to share about an experience while you're going through medical school or residency, this kind of more challenging, demanding time, and about what we can create and the beauty we can see during a time that maybe is traditionally associated with high levels of stress, or really is high levels of stress that you go through in medical school and in residency. And I kind of always saw the journals as a place to express yourself, maybe directly—like obviously in *Eloquor*, I was editing written pieces that were still directly about the experience, but I also contributed artwork or photographs that I thought were more about an experience that I had during that year.

Natalie construed “beauty” as an identifiable outcome of self-expression, which she portrayed not only as a healthy outlet during times of stress, but as an act of creating meaning within the practice of medicine. Natalie’s comment demonstrates that if “the worst thing possible... is [having] a doctor who freaking hates their job,” as Mari previously stated, then self-expression may not only help diminish this possibility but may in fact engender the opposite: physicians who find “beauty” in their work.

Interestingly, Natalie distinguished between experiences that were directly related to medicine and experiences that occurred during, but outside of medical school or residency. She felt both were acceptable contributions to a literary journal like *Eloquor*, but argued that a submitted piece should reflect an experience that had taken place during the year in which it was published, as the purpose of a literary journal was not to spotlight artistic talent in general, but to showcase how individuals made sense of their experience during such challenging time periods. Her comment helps illustrate how *Eloquor* and similar spaces may encourage medical students and residents to identify the positive and meaningful moments in what could otherwise be a “challenging,” “demanding,” and stressful experience, which previous literature, and Mari’s prior statement, connects to burnout and negative patient care outcomes.

Matt echoed the general sentiment shared by Mari, Adam, and Natalie, but focused more directly on the role that narrative medicine played on his personal development and well-being. He recounted:

I think that really helped me be more well-rounded and to kind of keep, broadly speaking, I think that narrative medicine helps me to stay humble cause it helps you recognize those high points too, but it also helps you really recognize your lows. And in that way, I think in medical school it was important for me to still be able to talk about those high points because it is a point, a time of a really kind of intense self-criticism... It's like you live in this academic incubator and your world becomes very small and then all you think about is school and your grades and school and your grades and studying. And so, to be able to open up that focus again and focus on people and on what makes me *me* was really therapeutic and important, I think, for my development.

Just as Natalie acknowledged the role of self-expression in helping her recognize “the beauty” present during periods associated with “high levels of stress,” Matt also noted its role in helping him identify “the high points” during a demanding time. Self-expression, specifically in the form of narrative medicine, offered Matt a means for recognizing the positive moments during a stressful period marked by “intense self-criticism.” He described writing as “really therapeutic,” implying that it gave meaning to his experiences by shifting his focus away from “school and ... grades and studying” and toward the self and others. Matt and Natalie’s comments reveal how experiences like *Eloquor* could contribute to well-being by helping medical students and physicians maintain a positive outlook through challenging and stressful phases of their careers. Moreover, their statements indicate that self-expression provided an outlet from the day-to-day stress and enabled them to connect with the meaningful aspects of medicine, which studies have shown can lower the risk of burnout (Krasner et al., 2009; Shanafelt, 2009; Shanafelt & Noseworthy, 2017).

Whereas Matt found narrative medicine to be an effective outlet for his preoccupations, self-reflection is what enabled Natalie to “open up [her] focus.” She expressed the value of reflecting regularly and reconnecting with her purpose at each step of her career, stating:

It’s a way to step back from the actual day-to-day, reflect about things, think about what we’ve been going through, and readdress like, *Why did I get into medicine? What are my goals? What do I actually want to do?* And remind yourself because it's like, okay, I'm doing residency, now I want to do fellowship, and then you're like, *Wait, but why did I even want to do medicine in the first place?* And it's a nice way to come back to that and think about it.

Like Mari and Adam, Natalie insinuated that physicians needed to deliberately “remind [themselves]” of the meaning and purpose of practicing medicine as they advanced through their careers. Otherwise, they risked losing sight of it in the “actual day-to-day.” The medical humanities provided the outlet through which Natalie was able to implement this vital practice and supplied the tool necessary for doing so, namely self-reflection.

In addition to serving as an outlet for meaning-making and reflection, several participants also portrayed self-expression, and at times *Eloquor* and similar spaces, as an outlet to unwind and disconnect, be it from experiences, ruminating thoughts, or a negative headspace. Adam, for instance, indicated that engaging with *Eloquor* kept him from being “stuck thinking about one thing.” He stated:

I also try to meditate, and I think that definitely helps with just responding, reacting to all the crazy emotions during situations. So with *Eloquor*, reading that journal and submitting things, it's kind of like meditation because you're not really stuck thinking about one thing. You're disconnecting at the same time.

Adam related meditation to engaging with *Eloquor*, viewing both as ways to “disconnect” from his thoughts whenever he felt “stuck.” He alluded to the emotional component of medical work, suggesting that reflective practices like meditating and

engaging with creative outlets could help physicians process and manage their emotions. As established in chapters one and two, physicians' mental and emotional health has been the focus of much research, with reflective practices being shown to increase self-awareness, thus enabling physicians to recognize the presence of stress and manage its effects, ultimately lowering their reactivity to stressful situations (Krasner et al., 2009; Shanafelt, 2009). Adam's comment highlights the importance of acknowledging and "responding" to emotions rather than suppressing them and illustrates how outlets like *Eloquor* could potentially facilitate doing so.

On par with Adam's analogy between creative engagement and meditation, Natalie described self-expression as an almost meditative practice that evoked relaxation and mental calmness. She shared:

I find just doing artwork, to me, is a way to let your mind relax and then have room for all the other things that you see that are uncomfortable, that you are experiencing during your day-to-day practicing medicine. There's certainly a lot of uphill battles.

Natalie considered difficult experiences as commonplace for physicians. Whereas reflective practices aided Adam in "disconnecting" from his thoughts, creating artwork helped Natalie unwind and establish the mental capacity to deal with such experiences. Her statement suggests the critical role that self-expression, as an outlet and healthy approach for dealing with the stresses of medical practice, could play in physicians' well-being. Natalie further expanded on the importance of having an outlet to preserve well-being, stating:

Every day when you go into work, if you're not happy with yourself, then it's going to show with how you talk to other people and how you experience with patients, and maybe your biases from one patient may lead to how you interact with the next. So it's really important to have a way to not get really caught up in

things. And maybe if it affects your sleep or how you're eating, your exercise, how you're going to go into work the next day and function, or I guess also with your family and how you're going to deal with other people.

Natalie considered how unhappiness and personal dissatisfaction could seep into a physician's work life. She stressed the importance of being able to disconnect from day-to-day experiences and shared the potential personal and professional consequences of not having an outlet through which to do so. Natalie's comment illustrates how spaces like *Eloquor* can support physician well-being and ultimately patient care by prompting physicians to reflect on, rather than get "caught up" in their experiences.

While Natalie conveyed how an outlet—or lack thereof—could impact daily interactions and well-being in general, Adam considered how art could "change the way we are" and specifically benefit "our mental health." He explained:

I think art is undervalued in medicine, and it could definitely change the way we are, our state of mind, our mental health. I think it could make a difference... Studies show if you have more compassion, you can actually be a better clinician. You can be a better physician, make better decisions, and then you can also benefit from a mental health aspect. You'll benefit because you won't be like stuck in your own mind, and art helps you to not be stuck, you know, like with rumination, and it just helps you see things differently and that's needed, I think, in medicine, with all the burnout. And so, art and compassion can definitely go together.

Adam established a connection between the arts, patient care, and physician well-being. He noted that compassionate physicians provided higher quality care and benefitted from better mental health. The research literature supports these claims, noting a link between empathy and physician well-being (Krasner et al., 2009; Puthran et al., 2016; Shanafelt, 2009). Empathy has also been associated with "increased patient satisfaction, improved adherence to therapy, decreased medical errors, fewer malpractice claims, and better outcomes" (Kerasidou & Horn, 2016, p. 1). Given the importance of empathy and

compassion in medical practice, Kerasidou and Horn (2016) propose that empathy be “actively promoted, assisted and cultivated in the medical profession” (p. 4). One way to do so is by engaging students and physicians with the humanities. Exposure to the humanities, including literature and the arts, has been associated with higher levels of empathy and reduced burnout, illustrating their potential role in enhancing patient care and physician well-being (Hoff et al., 2014; Mangione et al., 2018). Adam also believed that art could contribute to better mental health by broadening perspectives and by shifting a person’s outlook, thus positively altering his or her state of mind.

Elaborating on Adam’s statement, Tony provided specific examples of how self-expression could positively alter a person’s mindset. He explained:

It could be that you do something to express yourself. It might not even be for the sake of putting how you feel out there. It might even be you're doing something to kind of break, like if you're in a particularly negative headspace and then you do something that's supposed to be humorous, that helps break that, and now you're focused on this funny thing that you're doing, and that helps. Or you put something out there and then a couple of other people agree, then it feels nice, like, hey, you're not alone.

Tony accounted for some of the ways in which self-expression, whether private or public, could be beneficial to a person’s well-being. The mere act of engaging in self-expression, he posited, could “break” a negative thought pattern and shift a person’s focus to a more positive note, while sharing an expression with the public could lead to feeling understood by others and therefore “not alone.” In the same vein as Adam and Natalie, who turned to creative outlets to avoid becoming “stuck” or “caught up,” Tony engaged in self-expression to disconnect from a negative state of mind. Furthermore, while other participants portrayed self-expression as a beneficial outlet in the context of stressful situations, Tony spoke to its direct impact on stress levels, explaining:

I think the hard part and part of probably the thing that propagates stress and tension in the medical field or really in any field, is not being able to express yourself, whether it's privately, publicly, whatever. And I think having the option there is great for that... You can just go and create something, so you're still going through the motion of creating something, expressing yourself, kind of deflating the stress, so to speak, without being forced to submit something. And then later on if you feel comfortable, you can, and I think that's helpful. And I would bet that my friends—like the joke is in quarantine, everybody's stress-baking banana bread. I mean, hey, that's kind of a creative outlet. And so, one of my friends, who I'm pretty sure submitted to *Eloquor* a whole bunch, when she gets stressed, her way of de-stressing after exams was to sit and draw for the weekend, and a lot of the things that she would draw in her time of peak stress were some of the things that she submitted and were accepted.

Tony conveyed the value of having an outlet “in the medical field or really in any field” to relieve “stress and tension.” He maintained that it was necessary to provide outlets that would inspire self-expression, even if individuals ultimately chose to keep their expressions private, as the act itself was beneficial and could also result in a publication, a secondary bonus. He exemplified his point by referring to a friend who drew to destress, but also submitted her creative work to *Eloquor*.

Tony established a connection between self-expression and well-being in the form of stress relief. He stated that the inability to express thoughts and emotions “propagate[d] stress and tension” among physicians. His comment suggests that physicians long to feel heard and understood, and thus can benefit from engaging in self-expression as a means of articulating and sharing their ideas. Having the option that will encourage the action is key, as individuals may not otherwise feel inspired to engage in self-expression, which in itself “deflat[es] the stress.” Tony joked about the sudden upsurge in bakers during the COVID-19 pandemic quarantine period, suggesting that it illustrated individuals’ need for an outlet, especially in times of stress. He further

explained how an avenue for self-expression like *Eloquor* could serve as an outlet during the pandemic, stating:

The other purpose of this is—so especially in times of stress, like in the pandemic kind of thing, our limited time is even more limited, or what we can do with our limited time is even more limited, like we can't go out and blow off steam with friends as much as before because of limitations now. Well, this type of medium could be an outlet to be able to express yourself and blow off some steam and destress without having to put on a mask and risk infection and all that.

Tony considered how, as a solitary act, self-expression could help individuals destress during the pandemic, a time of high stress coupled with social limitations. He perceived *Eloquor* and similar avenues for self-expression as potential outlets to “blow off steam” when other options were limited or unavailable. His comment highlights the value of self-expression not only as an outlet for regular, day-to-day stress, but as an especially useful resource in times of high stress.

Mari conveyed the lasting impact of medical humanities engagement, and its relevance within the context of the pandemic. She said:

I think it helps downstream with like the pandemic because a lot of the things that I would do when it wasn't a pandemic, like travel, you just can't do anymore. So, what do you have? You're stuck in your house. What are you going to do? You know, you could just study forever, which is not possible, or you study and you do other things. You just make the most of the situation. So I feel like downstream effects of having the humanities and having those things, that indirectly relates to these life stressors that you have and how you cope with them.

Mari believed that humanities experiences added to individuals' personalities, and thus, were indirectly related to a person's ability to cope with “life stressors,” such as the pandemic. She explained how many of the activities she typically enjoyed had been disrupted by the pandemic, but insinuated that she had nonetheless been able to “make the most of the situation” by drawing on interests and skills she had acquired through her

engagement with the humanities. If not for these aspects of her personality, she may have felt “stuck” at home with very few options for spending her time during the pandemic. Grant (2002) argued for the integration of the humanities into the medical school curriculum in part to provide “lifelong interests” that could help practitioners “in coping with the rigours of professional life” (p. 47). This idea is validated by Mari’s comment, which confirms that her experiences with the humanities translated to her ability to cope with the stressful circumstances produced by the pandemic.

While Tony viewed self-expression as having a direct influence on stress levels, Mari considered her ability to manage stressful situations as one of the “downstream effects” of engaging with the humanities. Though these two participants discussed the relation between the humanities and stress differently, both recognized the connection between their experiences with *Eloquor* and their ability to cope with stress. Their comments suggest that the medical humanities can equip students with skills necessary to prosper within their careers, and therefore should not be viewed as occupying a secondary role in medical education.

Finally, Natalie shared a comment that can serve to summarize the value of self-expression as an outlet for practicing physicians. She said:

Maybe some people find it to be therapeutic and debriefing, and now there's that. Which, you need to find an outlet in medicine, or in anything you do. You need to find an outlet to express yourself ... There's a lot of stress. There's a lot of stress, whether it's just like the system or what you're dealing with.

Like Tony and Mari, Natalie formulated a connection between the humanities and managing stress. While Mari discussed the relationship between the humanities and stress more generally, both Tony and Natalie explicitly conveyed the need for self-expression

among physicians as a means for coping with the stresses of the profession. Studies indicate that creative engagement can contribute toward stress reduction and positive mood changes, suggesting that opportunities like *Eloquor* could support well-being and foster healthy approaches for managing a demanding career, ultimately contributing to students' ability to succeed as physicians (Martin et al., 2018; Stuckey & Nobel, 2010). Moreover, by offering experiences like *Eloquor*, medical schools provide students the opportunity to “find an outlet in medicine” and to potentially discover the “therapeutic and debriefing” benefits of engaging with self-expression to process their experiences.

Throughout this section, participants exemplified the ways in which engaging with self-expression contributed to their well-being. They related their creative engagement to their ability to find meaning in their work, regulate stress levels, and offset negative thinking. Several participants referred to self-expression as being therapeutic or described how the expression of thoughts and emotions helped them destress, unwind, and disconnect from work. In such instances, it seems creative outlets provided relief from the stresses of the profession, thereby creating the space necessary for participants to process distressing experiences and emotions.

### **Processing Tool**

In the first section of this chapter, participants discussed their engagement with the humanities in relation to their well-being, describing how self-expression and the arts provided an outlet for coping with the stressful and intensely emotional situations they encountered regularly as physicians. Further illustrating the potential role of creative outlets in promoting well-being, several participants described self-expression as a tool for processing experiences, often difficult or emotional in nature. For many participants,

the medical humanities experience was firmly grounded in their engagement with

*Eloquor*. David, reflecting on the purpose of *Eloquor* and similar spaces, stated:

I think it's an avenue of expression that's different than just talking about it [a difficult experience]. Like, let's say you had a bad day at work and a patient died that you were trying your hardest to do something positive for. You can certainly talk about it, but I don't think just talking about it gets the same sort of effect on people. I think some people have different ways to express their emotions and either writing a poem or painting a picture or doing some other format of expressing that emotion may be more therapeutic.... I think everyone's wired differently and like, let's say you played an instrument growing up. Maybe playing that instrument is sort of the way you talk about things, rather than just using words in a sentence. I think talking about an issue is a one-dimensional way to address a problem, or express yourself, or share your thoughts, but there are so many other ways that people do that, which we tend to ignore. So yeah, I think if you're a painter, then maybe that's a better way for you to consolidate your ideas and reflect your thoughts than just using sentences... I mean, there's so many alternative ways to express yourself compared to just a sentence, just an assemblage of words.

David described *Eloquor* as an outlet where individuals could “express their emotions” in whichever format they found most “therapeutic.” He viewed self-expression as a useful tool for processing thoughts and emotions and recognized the value in different modes of expression, noting that speech was not always the best avenue for reflection or communication. Using an example of a difficult experience at work, David described multiple pathways for processing the experience besides “just talking about it,” setting up a compelling case for creative expression and showing how, by accommodating personal preferences and abilities through nontraditional forms of expression, creative spaces like *Eloquor* can encourage self-expression among a wider range of individuals.

Natalie built on the previously established notion of self-expression as an outlet by elaborating on the challenges and unsettling experiences that medical students and

physicians faced and alluding to the therapeutic benefits of engaging with self-expression to process them. She said:

It's obviously a tool to use art as therapy in some form, a way to debrief about what we're seeing, what we're experiencing, the mixed emotions, seeing people who are suffering, who are dying, it's understanding life and death and where we fit in, what our role is, and all of that is through writing. I think a lot of people through their artwork picked things that maybe were calming and beautiful. There is definitely lots of juxtapositions in drawings and whatnot.

Natalie believed that the purpose of *Eloquor* was, in part, to provide an outlet for medical students to reflect on their experiences, observations, and emotions. She acknowledged the use of art as a therapeutic tool, implying that there were “obviously” benefits to engaging with self-expression to process conflicting feelings, debrief on encounters with suffering and death, and reflect on the role of the physician. She also noted that the artwork published in *Eloquor* often had a positive focus. By allowing students to process and filter their experiences through a positive lens, outlets for self-expression may foster a therapeutic approach for dealing with the stresses of the medical profession, validating their merit in medical education as a means for promoting healthy practices among future physicians.

Making an explicit connection between the idea of self-expression as an outlet and the use of that outlet as a processing tool, Matt indicated that his engagement during medical school, specifically with narrative medicine, had resulted in “a capacity and an outlet” to process his experiences as a physician. He said:

Now more than ever, I recognize how important it is to have that as a processing tool. A lot of folks just go to work and come home and never really take time to unpack everything going on, even if it's not COVID related. Dealing with sickness and death and dying is emotionally exhausting in a lot of different ways, and so having a capacity and an outlet to kind of work through these things on my own has really been a real asset, and I recognize now that the curriculum at FIU

really is very unique, like there was a co-resident of mine who wanted to start a narrative medicine workshop and a lot of my other co-residents had never even heard the term narrative medicine or understood what this meant, so I guess I neglected how fortunate I was to have that very early in my training.

Matt considered his capacity for self-expression, specifically through narrative medicine, “a real asset,” as it allowed him to process difficult and “emotionally exhausting” experiences on his own time. “Now more than ever,” amid a global pandemic and as a practicing physician “dealing with sickness and death and dying,” Matt recognized the tremendous value of self-expression as a processing tool. He appreciated having been exposed to narrative medicine through his medical school curriculum, noting that other co-residents had little to no knowledge on the topic. His comment suggests that narrative medicine could serve as an outlet for coping with the emotional stress of the medical profession, yet not all medical schools emphasize its importance or potential role in supporting well-being. Residency programs could potentially fill this gap, or reinforce prior exposure to the field, by incorporating narrative medicine training and engagement opportunities into the resident curriculum. Nonetheless, Matt’s statement is a testament to the value of introducing students to narrative medicine “very early in [their] training.”

In addition to its function as a processing tool, Matt further portrayed self-expression as a means of emotional relief. He explained how writing helped him experience catharsis, stating:

I like to think of it like, when I'm coming home, I'm carrying an extra, you know, 150 pounds of just emotional baggage, and to be able to spill that out on the page is really relieving sometimes. And of course, it's not always convenient or feasible to do it every day, but when you do, I feel like it's probably the healthiest way to deal with that rather than just, you know, I hate the thought of just, *Oh, okay, I'll leave it for the night team. It'll be there when I come back.* I'm so not very good about leaving that emotional component at work, and so in that way, it's been really good for me to continue to help unwind and really process my experiences.

Once again, Matt stressed the importance of tending to emotions in a healthy manner rather than “leaving [them] at work.” He portrayed his “emotional baggage” as a physical burden, which writing helped alleviate. This cathartic effect of expressing emotions has been documented in the literature (Eschleman et al., 2014; Shelley, 2016). Matt experienced relief as his thoughts materialized into words, and implied that only through writing was he truly able to process his experiences. His sentiments align with the tenets of narrative medicine, which contends that words give form to experience and materialize it, and that only in this tangible form can experience be confronted and overcome (Charon & DasGupta, 2011). David spoke to this idea directly, indicating that “the most important part” of processing an experience was putting it in writing, as doing so would “crystallize it.” He said:

Putting it down on paper is probably the most important part and then you can tweak it and make it right, make the sentences work to convey the story... I think translating from your mental narrative, like your consciousness sort of, and putting it into words, I think there's like this profound sort of making it concrete moment that is different than you just thinking about it. I think the process of you taking your thoughts and putting them into words, it helps crystallize it.

Consistent with the principles of narrative medicine, David characterized writing as the ideal means for expressing thoughts and reinforced the notion of ascribing words to experience to render it “concrete.” Moreover, mirroring narrative medicine’s focus on external narration, David placed emphasis on drawing out the “mental narrative” associated with an experience, describing its materialization as “profound.” Matt similarly described the outward expression of his inner thoughts and feelings as “therapeutic.” He said:

A kind of deliberate self-reflection I think is very therapeutic for me. For example, just to be completely blunt about it, every time I lose a patient, I kind of just sit and write an essay about it. Yeah. It's just good for me to get it out of my head.

Matt once again depicted his emotions as physically taxing. He revealed that patient deaths weighed heavy on his mind but insinuated that the emotional burden lessened as he transferred his thoughts onto paper. His remark on utilizing reflection and self-expression to cope with patient deaths demonstrates just how impactful these practices could be and validates their therapeutic benefits, further substantiating the relationship between self-expression and well-being.

Like Matt, Natalie recognized the importance of deliberately reflecting on difficult experiences, including patient deaths. She implied that many physicians failed to address the emotions they suppressed during work hours and conveyed the value of having an outlet to “release those emotions.” She said:

I think sometimes too, like with death, you're so used to seeing it that you don't actually reflect on it. You don't really think about the implications because it's really hard to keep doing your job if you're going to get emotionally involved. But somehow we still have those emotions and maybe they're kind of suppressed, and to have a place where you can open that box and to release those emotions about what you just saw, because you kind of have to close it a little bit to keep working and to not get personally involved because sometimes other people's stress stresses me out. And so it's really nice to have like a beautiful place where you can talk about all of these different things, like the beautiful things you saw combined with the challenges and how people and families are grappling with these complex issues, and then maybe the relationship and the love and the bonds that are formed, but also the sadness that goes with it. So it's nice, cause I think we do suppress a lot of our emotions.

Natalie indicated that although physicians often had to suppress their emotions in order to get through the workday, it did not mean the emotions disappeared. Returning to her previous comment about literary journals and their function as an outlet, she considered a

literary journal to be “a beautiful place” allowing individuals to revisit and “release those emotions” as well as reflect on the meaningful and positive aspects of their experiences. Natalie’s comment suggests that physicians would benefit from having an accessible outlet to express emotions that have been suppressed, as they may not otherwise encounter an opportunity to “open that box.”

It seems literary journals could serve this function, potentially becoming go-to spaces for individuals to process their experiences and unload the emotional burden accumulated throughout the day. Having such a space is crucial, as physicians who suppress or ignore their feelings are more likely to experience burnout or depression than those who engage with their emotions (Kerasidou & Horn, 2016). Patient care is also at stake, given that residents with burnout are more likely to commit medical errors, deliver suboptimal care, and feel dissatisfied with their careers (Fahrenkopf et al., 2008; Panagioti et al., 2018; Puthran et al., 2016). Thus, hospitals may benefit from encouraging reflection and self-expression among practitioners, potentially via literary journals, as a healthy approach for managing difficult experiences and emotions. These practices, it seems, could contribute to physicians’ well-being and impact their ability to function well in their professional roles.

Further illustrating the critical role of self-expression as a processing tool and as an outlet for emotional release, Matt described a piece he wrote following his first experience with a patient death. He recalled:

One that really did mean a lot at the time, it was a piece I wrote called [title].... It was about my first death because, of course, you lose family members and stuff, but it feels different when you're the one responsible for caring for a patient and you lose them. And that piece I really wrote as like a thank you letter, more or less, to this guy and to his family to let me be there in that moment and to learn

from that moment and to, again, be there at their worst. Yeah, that's one of those moments that's kind of etched into your brain and I don't think I'll ever lose it, and to have had the opportunity to kind of construct something that I feel is graceful and is humble towards this guy and his family, it was really important for me.

Matt described his experience with a significant loss and the role of self-expression, specifically through writing, in being able to process it. Rather than allowing the difficult experience to remain “etched” in his mind as just that, Matt was able to “construct something that [he felt was] graceful” toward the patient and that honored his memory. It seems this piece was especially meaningful as it was Matt’s first instance confronting the responsibility of caring for patients and experiencing their loss. Physicians are never explicitly taught how to deal with patient deaths, though they witness them even as students. Matt’s ability to utilize self-expression as a processing tool was not innate. He had to learn how to navigate stressful experiences and mitigate emotional burden. His experience highlights the value of exposing students to the medical humanities in order to cultivate their capacity to process difficult and distressing experiences. This ability is critical as “neglecting such emotions can seriously impact on the health and psychological wellbeing of these professionals” (Kerasidou & Horn, 2016, p. 3).

Reflecting on his *Eloquor* submissions, Adam recalled a particularly difficult patient encounter and shared how writing had helped him through the experience. He said:

I think I published twice—the first one was a poem. I volunteered for a program where you as a medical student, you get a call if a patient's comfort measures only, so at the end of their life, where they take out any support, anything that was supporting their organs, whether it's a respirator, whether it's the pressors to keep them alive. But their condition is so advanced that you expect them to die within a couple of hours or a couple of days, and so as a medical student, you can volunteer to just be in the room with them during those last couple of hours. So I did that at [the hospital] and it was a patient with end-stage liver failure, and he

was by himself. Family didn't, I mean, I didn't dig into what exactly was going on, but the family wasn't there. Nobody was there to really be with him, so they consulted our program... So that was a unique experience and very emotional... I wrote the poem in the room cause I didn't know what to do. I didn't have anything to do, like the patient was just altered, but completely altered. He wasn't opening his eyes or anything like that, so I mean, I'm not a good singer and I didn't know what to do. I liked writing poetry, so I decided I would write a poem about him, even though I didn't know him, and then I would just read it to him as I was writing and stuff, and it made the time go by faster too. And then I think I got an email or I heard about *Eloquor* so I just thought I would submit it. So that was the first one and it was nice. It was nice to get it published and just share it with other people.

In the preceding excerpt, Adam describes how creative expression allowed him to process a “very emotional” experience as it was occurring. By engaging with self-expression rather than taking a passive approach toward the situation, Adam attended to his emotions; acknowledged and engaged with the patient throughout the encounter, sharing the poem with him as it was being written; and constructed a piece that centered around the patient and honored his experience. It seems Adam also found value in publishing his poem. Through *Eloquor*, he was able to memorialize the experience and share its meaningful outcome with peers.

Matt built on the importance of self-expression in helping him not only process difficult experiences, but also move past them. He said:

There's several things where I've started and then won't come back to it for months until the time is more available, but also just to have a new perspective on the situation. And I think that's where I've had the most success with the more longitudinal things. Like, for example, with the larger piece looking at my experience with the surgery, thinking about not only the exact moment it happened, but then a month later and then a year later, and then three or four years later and how that perspective has changed. And so in that way, some of these pieces are a long build, but there's others where capturing exactly how you feel in that moment of pressure or of empathy or of loss is equally as critical and as powerful ... there's a lot of different approaches to it, but having something completed is always kind of gratifying and it sort of does help you put a bookend

on that moment in your life, whether it's a challenge or an accomplishment ... it does bring a sense of completion to that moment.

In an immediate sense, writing helped Matt process his emotional responses to situations. If sustained, he indicated that engaging with self-expression could be a longitudinal process resulting in more than just temporary benefits. Moreover, the intervals between writing sessions were just as valuable as the time he spent writing, as he was able to reflect and gain new perspectives on his experiences during these periods. Ultimately, having a finished piece helped “bring a sense of completion to that moment” and enabled Matt to move forward. Based on his statement, it seems self-expression can be beneficial throughout all stages of the process—whether it be in the moment, over time, or at its completion—serving as a powerful tool for processing experiences.

David also alluded to the value of self-expression as a longitudinal process, stating:

If you use acrylic, it's going to dry pretty quickly, but oils, they'll stay wet and malleable for days to weeks. So you can start, put some oil paint on a canvas, and then come back to it later and come back to it later and it's still—you're able to shift it and move it and sort of push the paint in directions that you want. And then after like three or four weeks, then it'll harden, but there's kind of an endless amount of time for you to push the paint and move it and add it and reduce it and just to tweak it exactly how you want. I think that's what happened with me with editing *Eloquor*, like I could ask certain students, “Hey, can you maybe shorten this so it can fit a picture that I think goes with it or, you know, lengthen it?” Or I think with [a classmate], I asked him to do a couple covers because I thought they would fit well, and in each of those tweaks, you're working with it, so it helps you little by little visualize and see where the result is going.

David placed more value in the process of creating a piece than in having a finished product. He likened his experience as an *Eloquor* editor to producing an oil painting, in both cases emphasizing the process of crafting the product. David understood the creative process as a meaning-making one, acknowledging that each interaction—prompting new

interpretations or perspectives—played a role in forming a “final” version or understanding of the experience. Matt and David’s comments indicate that self-expression’s function as a tool for processing experiences may result from the longitudinal process of creation rather than from any one instance of engagement.

Throughout this segment, participants extended the discussion on how self-expression contributed to their personal well-being. Beyond providing an outlet for general stress relief, self-expression served as a useful tool for processing experiences and releasing emotions. Through writing and other forms of creative expression, participants eased emotional burden and engaged with emotions they had previously suppressed. Interestingly, all four participants represented in this section brought up death, which demonstrates that it is one of the most, if not the most, distressing experiences physicians face, yet one they are not properly trained to deal with. Participants described engaging with self-expression to confront such emotionally charged experiences as therapeutic and cathartic. It seems self-expression contributed to participants’ ability to recover from distressing experiences and avoid emotional exhaustion, thus preserving their well-being and the capacity to function well in their professional roles.

### **Self-Improvement**

Participants expanded upon what had previously been established in the research literature by discussing their engagement with the humanities, and particularly self-expression, in relation to self-improvement, an aspect of well-being absent from the current body of literature. As conveyed in the prior section, self-expression served an important function in participants’ lives, as a tool for processing difficult experiences and

unloading emotional weight. Ultimately, engaging with self-expression served a greater purpose. By processing their experiences and emotions, participants preserved their well-being and their ability to continue to develop as physicians. This section contains several extended excerpts, which have purposefully been kept intact to illuminate reflective thinking and its relation to self-improvement. Participants' perspectives were especially valuable in illustrating these processes, as the topic of self-improvement has scarcely been explored in the medical humanities literature.

Building on the prior sections of this chapter, some participants described how reflection and processing via self-expression were a catalyst for self-improvement. Reflecting on his medical school experience, Adam shared how he believed *Eloquor* could contribute to an individual's personal growth. He recalled:

I feel like one of the most important things to improving is to feel like you can admit that you're vulnerable, and then as long as you know that you're going to work hard and improve eventually, just showing that you're vulnerable or you just weren't at the right level that one time, it's fine. It's important, otherwise you'll never really work on it. I feel like with *Eloquor*—which I didn't even use *Eloquor* that way, but I probably could've. I feel like it would have helped me to use it that way actually, that I could've worked on pieces showing my vulnerability and just trying to change my mindset... a lot of people will have a fixed mindset, meaning that say, you as a medical student, ... you get a preceptor to evaluate you and they don't give you all good marks. Then you're like, *Wow, Oh my God*. You feel like it's defining you. Yeah, you feel like you have to stick that evaluation in your bag and keep it forever. You feel almost like that's going to be a tattoo. But that's silly because it's just an opportunity to see where you're at and then if you don't want it to be permanent, all you have to do is work harder and learn from others, and then the next time, next evaluation, you try to get better marks, but by earning it and by growing. But for a lot of people, it leads to taking it personally. If you have a fixed mindset, you're going to take it personally because you're going to think, *Wow, that's it. I'm done*. But if you have a growth mindset, you can just say, "Okay, well, it hurts." No matter what it'll hurt, but you'll say, "Okay, what can I do for next time, for it to be better and for it not to hurt?"

Adam considered the potential role *Eloquor* could have in helping individuals expose their vulnerabilities and shift from a fixed to a growth mindset. He viewed vulnerability as a key factor in self-improvement, suggesting that individuals could never properly address the weaknesses they failed to recognize. This logic evokes a key principle of narrative medicine that both Matt and David discussed in the prior section, namely the idea that conferring form on otherwise immaterial thoughts is what enables someone “to approach and perhaps to comprehend or at least to *face*” the situation (Charon & DasGupta, 2011, p. vii). Adam lamented not having used *Eloquor* as a means of cultivating a growth mindset, by acknowledging his limitations and declaring his intentions to “work hard and improve.” He implied that without the capacity to reflect and identify potential ways to improve, students may feel defeated in the face of adversity. This demonstrates the importance of engaging students with the medical humanities, and specifically opportunities like *Eloquor*, to cultivate reflective practices that will serve as tools for “coping with professional and personal stress” in constructive ways (Shapiro et al., 2016, p. 1034).

Adam moved from discussing his personal experience with self-expression to describing how other medical students might benefit from becoming involved with opportunities like *Eloquor*, noting:

They'll learn things about themselves that'll kind of stick with them for a long time, and so it's worth it. It's worth doing it even if you don't feel like doing it at first, and then at the end of the day you learn more about yourself and that's critical. It's hard to do that also when you're in residency and all you can think about is the patients and just need to sleep and all that, so during med school, even though obviously it's still stressful, but it's definitely a time to explore other ways to express yourself and to learn from others.

Adam encouraged medical students' engagement with *Eloquor*, indicating that the journal provided a "critical" opportunity for individuals to learn about themselves in meaningful and lasting ways. He identified medical school as the ideal time for future physicians to experiment with different avenues of expression and explore new opportunities to learn from others, suggesting it would be difficult to initiate those practices during residency, when other priorities would take lead. His comments reveal the importance of having opportunities like *Eloquor*, which can promote self-improvement through reflection and self-expression, available from early on in a physician's training.

Like Adam, David referred to *Eloquor* and similar spaces as "critical" opportunities for students to learn about themselves and grow. He said:

I think it provides a different avenue of expression and learning about yourself and realizing what you've seen or encountered that day. I think they're critical in terms of development of a person. It gives you a chance to reflect, and if you're not doing that, then I don't think you're adequately growing or realizing what you did that day, month, year. Like if you don't have that period of reflection, then it's sort of wasted and I think extra-curricular avenues of expression allow you, kind of force you to sit down and reflect about those things... It's kind of how you organize and consolidate what you did that day or week or month... We have all these sensory inputs of what we've seen and heard and felt, and the majority of them we don't pay attention to, and the ones that you did, you kind of have to process them in a way that makes it, in your mind, something that you'll remember and then will influence your future decisions. So I think the narrative of your day or week is mostly influenced by that reflective period, because like I said, you'll have all these sensory inputs and you don't necessarily have the narrative created at that moment, but once you think about it and you take a step back and you're reflective on it, that's when the narrative of that moment gets consolidated for you. You see it all the time, at least for me was when I was on my trauma rotations. You're there and someone with a stab wound or gunshot or whatever, and you're so caught up in the moment. This is like the most salient example of this. And you're just acting, you know, you put the chest tube in, you put the central line, you decide to go to the OR and you're just kind of like a machine, so automated, but obviously I'm not going to know what kind of impact that had on me or understand how those moments will influence my future

decisions until I sit down and think about like, *Oh man, I could have, maybe should have done this, or maybe I could have been a little bit less aggressive towards the nurse when this was happening.* And until you're sitting down and thinking about it afterwards, like the play by play, that narrative is not going to mean anything to you... I mean, unless you do sit down and reflect on it, you're not going to learn from it or grow from it, and you'll just do the same things over and over.

David perceived opportunities like *Eloquor* as “critical” for an individual’s development because they encouraged reflection, a key element in self-improvement. He viewed reflection as a way to consolidate his actions and feelings and form a narrative of his experiences that would help guide future decisions. David described his experience during trauma rotations to illustrate how physicians often dealt with situations that called for urgency, leaving no room for reflection in the moment. He emphasized the importance of deliberately revisiting such experiences to inform future action. The italicized segment of the quote exemplifies this process, illustrating the reflective aspect of self-improvement and the role of self-expression in processing experiences.

David felt that individuals lost valuable opportunities for personal and professional growth when they failed to engage in reflection, allowing experiences to slip from their memory instead. Childress (2017) posits that “reflective physicians are likely more self-aware, more open to self-improvement—even, potentially, more wise” (p. 278). Reflection does not occur innately, however. David acknowledged the value of creative outlets like *Eloquor*, which “force you to sit down and reflect,” suggesting that without prompting, individuals may forego engaging in reflection, thereby squandering opportunities for self-improvement. Natalie had previously expressed a similar idea, noting how literary journals prompted engagement with emotions that would otherwise remain suppressed. Both comments illustrate the function of self-expression as a

processing tool and validate its role in promoting self-improvement and fostering well-being. By offering opportunities like *Eloquor*, which encourage reflection and self-expression, it seems residency programs and hospitals could foster professional development among physicians while cultivating well-being.

Whereas David emphasized the importance of reflecting on experiences, Adam stressed the value of recognizing faults and weaknesses, for the purpose of self-improvement. He said:

I feel like it's not helping you, to have that mask is actually—you're not able to improve as much as you would be if you admitted to having all those deficiencies, cause if you're always trying to hide it—you can still be a good doctor. Obviously, every doctor has weaknesses, but you can still be a good doctor and wear a mask where you want to hide certain things from your, you know, like your skills that you don't have. At all costs you're just trying to hide it, and you can still be a good doctor, but not be improving as much as you would be if you were freer to expose yourself.

Adam perceived physicians who hid their weaknesses as wearing a “mask,” which he felt impeded their full potential for improvement. He implied that although “still a good doctor,” someone hiding behind a mask could become even better by acknowledging his or her limitations. Spaces like *Eloquor*, he believed, facilitated opportunities for individuals to “expose [themselves]” and address deficiencies. While Adam highlighted how spaces like *Eloquor* could help individuals recognize the deficits they needed to address, Matt discussed writing as a means of capturing positive, meaningful interactions, which he would aim to replicate with future patients. He said:

I think about a lot of the pieces that I've enjoyed the most are just having a special connection with patients and families and what made it different. Of course, the point of narrative medicine for me is to try and hash out what went well in those interactions, but also just to share that too, like why it was special for me, what made it special. I mean, I enjoy reading others' work too and seeing what they did and how they fell into this beautiful moment and trying to replicate that every

time. Of course, it's not possible. You can't always have a perfect, meaningful, heartfelt interaction with every single family, but when you do it really means a lot, and so I kind of try to preserve those moments in my writing.

Though Matt and Adam utilized reflection and self-expression differently, both did so with the intention of increasing their self-awareness for the purpose of self-improvement. Through writing, Matt reflected on positive interactions and considered how he could replicate “what went well” with future patients. Moreover, narrative medicine provided a platform for sharing his work and learning from others’ experiences, practices that have been hypothesized to promote meaning-making (Charon & DasGupta, 2011). As evinced by Matt’s comments, reflection can foster self-awareness, a key component of self-improvement, and can help physicians connect with the most meaningful aspects of their work (Shanafelt, 2009). Studies suggest that “enhancing meaning in work increases physician satisfaction and reduces burnout” (Shanafelt, 2009, p. 1339). Thus, by facilitating reflection and self-expression among practitioners via narrative medicine, literary journals, or other creative outlets, it seems hospitals could potentially foster professional growth and cultivate well-being. Nonetheless, as Adam previously noted, the demands of residency training may preclude new physicians from initiating these kinds of practices. This is especially concerning given that residents, among all physicians, are at the highest risk for depression and suicidal ideation (Goldman et al., 2015). Therefore, medical school seems to be the ideal time for students to explore and establish an outlet that they can carry forward into residency, where they may need it the most.

Unlike Matt, who focused his self-reflection on positive patient interactions, David reflected mostly on what he could have done better or perhaps differently. He explained:

Ingrained in surgical training is morbidity and mortality conference, and that's once a month. Basically, you go in front of the podium—before COVID, now it's like a gym thing—and you go over all the complications on your service and then all the attendings kind of challenge you, and they point out where you went wrong or ask you why you did this or that. So it's a very formal and rigorous type of reflection process, and the purpose is to improve obviously, but that's what stands out when that outcome occurred. And then informally, I'll think about how the surgery went pretty routinely, not with anyone else or out loud, but kind of, *should we have done this differently? Maybe we could have actually*—like the other day we had one where we couldn't resect this colon cancer and we just bypassed her, but I wonder, if we persisted, maybe we could have, maybe it would have harmed her more, maybe it wouldn't have helped her at all, and then we just spent like three hours trying to take this thing out and didn't change her outcome. Yeah, that's most of it, reflecting on how the case went. Sometimes I think about how my interactions with junior residents go, *was I too mean to them? Or am I giving them too much leeway and now they're kind of dropping the ball?* So that's also another way to reflect.

David described his engagement in reflective practices through both formal and informal avenues. Though his attendings only challenged negative outcomes, he reflected “pretty routinely” on his surgical cases and on his interactions with junior colleagues. He recalled a recent case that had prompted him to consider other possible outcomes and question whether the decisions made had yielded the most favorable result for the patient. Shapiro et al. (2016) state that reflection is key to dealing with “uncertainty and complexity” in the clinical setting (p. 1039). By reflecting on his decisions and contemplating alternative approaches, David grappled with the uncertainty inherent in medicine, assimilated his experiences, and considered how he could improve upon future cases. These abilities resulted from David’s capacity for thoughtful reflection, which he developed as a medical student. His experience illustrates how engagement with opportunities like *Eloquor* may ultimately foster valuable skills and practices for managing a stressful career. David shared how reflection also played a role in his personal life, commenting:

I think if you don't have that reflection that presumably leads to improvement in your professional life, then you're doing cases and then they turn out poorly and then you get frustrated and it kind of snowballs, and I don't think there's a distinction between personal and professional life. I think it sort of blends where if my personal life is not going well, then it filters into work, and then if work is not going well, it filters into how I feel at home, and so it's hard to separate the two. So because that process, I think, improves how work goes, then it influences how my personal life is.

David remarked on the “snowball[ing]” effect of failing to engage in reflection as a physician. He explained that because reflection led to improvement in his professional life, it, too, influenced his life outside of work, as both spheres were interconnected.

David’s comment reveals the potential scope of influence associated with engaging in reflection and self-expression, and further illustrates how these practices could contribute to physicians’ well-being and to their ability to function well in their professional roles.

Matt also discussed the importance of reflection in relation to his personal life. He shared the following:

It's definitely an extension beyond my career too, but deliberate introspection, in that quest for continuous self-improvement, is really critical in every role that I have—as a husband, as a son, as a friend, as a person. I feel like anytime something goes wrong, that kind of empowers you to go back and think about where things went wrong and what could go better next time. At the same time when things go right too. It's just as important to recognize what went well and how to continue making those habits. So, I think that's how it's really changed me to be kind of objective in those moments and to think about opportunities for improvement, but also to identify with your own strengths too.

Matt acknowledged that reflection played a “critical” role outside of his career, as it contributed to self-improvement in all aspects of his life. While David seemed to reflect mainly on negative outcomes to identify opportunities for growth, Matt felt it was just as important to learn from “what went well” to continue making decisions that would yield similar results. It is important to note that all three participants represented in this section

used the term “critical” while discussing reflection or self-expression in relation to personal and professional growth. Their word choice conveys just how valuable these kinds of practices are, further validating their merit in medical education.

As a result of their engagement with self-expression, participants were able to manage the stresses of the medical profession, thereby creating space to process distressing experiences and ultimately learn and grow from them. Participants’ accounts of experience convey the importance of introducing opportunities like *Eloquor* during medical school as one way to prepare students for their careers in medicine.

### **Summary**

Participants understood and related their experience with the medical humanities—in general, through *Eloquor* specifically, and through other means of self-expression—to their personal well-being and professional success. Self-expression and the spaces where it unfolded, such as *Eloquor*, served as an outlet from the stress of medical school and clinical practice. Participants portrayed self-expression as a therapeutic act that could promote well-being by helping individuals destress, unwind, and disconnect from their thoughts. Within the context of the COVID-19 pandemic, participants viewed their engagement with the medical humanities as beneficial, as it introduced them to skills and abilities they could rely on as a source of renewal both in and out of work. Moreover, participants recognized how opportunities like *Eloquor* encouraged individuals to reflect on meaningful experiences, thus re-establishing their sense of purpose and prompting them to recognize and focus on the positive moments during otherwise challenging and stressful time periods.

The chapter's second sub-theme explored participants' depictions of self-expression as a useful tool for processing experiences and easing emotional loads. Participants alluded to the therapeutic benefits of self-expression, describing how the process of creation—through art, writing, or other modes of self-expression—allowed them to work through difficult and emotionally charged experiences. For some, writing led to catharsis. Through writing, participants aired out thoughts and feelings that had been suppressed throughout the day, which alleviated the emotional burden they brought home from work. Two participants each shared a specific instance where they utilized writing to process the emotions surrounding a patient's death or impending death. Both submitted their resulting written pieces for publication, illustrating how self-expression provided an avenue for emotional release while allowing them each to construct a positive product out of a difficult experience, thereby cultivating well-being.

The final sub-theme presented in this chapter further explored the value of self-expression as a means for processing experiences for the purpose of self-improvement. Participants viewed spaces like *Eloquor*, which encouraged reflection and self-expression, as opportunities to reflect on past decisions in order to modify future actions, and as platforms for exposing vulnerabilities and weaknesses in order to properly address them. One participant noted the importance of learning from negative experiences, while another emphasized reflecting on positive outcomes in order to continue making decisions that would lead to similar results. Overall, participants portrayed reflection and self-expression as key factors in their well-being, as these practices led to self-improvement within both their personal and professional lives.

## CHAPTER V

### PROFESSIONAL GROWTH

This chapter explores the second major theme in this study, which represents the ways in which participants related their experience with the medical humanities, and particularly self-expression through *Eloquor* and other means, to their professional growth. This theme extends the previous chapter's discussion on the general importance of self-expression, shifting the conversation from a personal to a professional context. This chapter is separated into two sub-themes: *career advancement* and *professional development*. Whereas career advancement refers to progression in career levels, be it from undergraduate education to medical school, medical school to residency training, or residency to fellowship, professional development refers to the acquisition of skills and qualities relevant to the physician role itself. The former can be understood as ascending the career ladder, while the latter is concerned with expanding professional capabilities and developing as a physician in general. While the two concepts are often linked, participant did not conceptualize professional development as a strategy for advancing their careers, but as a path to success and mastery within their current posts.

Participants spoke about the career-related benefits of participating in *Eloquor*, including being able to cite publications on their curriculum vitae (CV) and showcase their artistic side during residency interviews. While several participants conveyed these as the more obvious and tangible benefits of getting involved with *Eloquor*, others discussed the perhaps less overt benefits of their engagement with the humanities, which they could only begin to fully appreciate as practicing physicians. Through *Eloquor* and the medical humanities in general, participants saw an opportunity to develop and, at

times, maintain skills that were not necessarily prioritized in medical school but were nonetheless central to their professional roles. For some, *Eloquor* was an introduction to the practice of narrative medicine and to the idea of having a public voice and advocating for patients and communities. Several participants also discussed their experience with the medical humanities, including their engagement with *Eloquor*, in relation to their ability to connect with patients, communicate aspects of care, and attend to the human side of medicine. This theme illustrates the ways in which the medical humanities contributed to participants' professional growth, by enhancing their career portfolio and thus facilitating career advancement and by cultivating skills and qualities critical to their development and professional practice.

### **Career Advancement**

The research literature on the medical humanities primarily emphasizes its role in cultivating essential physician skills and qualities that will ultimately inform medical practice and enhance patient care, a concept explored in the chapter's second sub-theme (Charon, 2001; Krasner et al., 2009; Mangione et al., 2018; Mann, 2017; Shanafelt, 2009; Wald et al., 2018). However, studies have failed to capture how engagement with the medical humanities facilitates career advancement. While this may seem secondary to the development of professional traits and abilities, which have a direct impact on patient care, all eight participants in this study touched on the relation between their engagement with the medical humanities and their progression to the next level of their careers.

Though most participants discussed the benefits of having an artistic "side" by drawing from their experiences during medical school, including their engagement with *Eloquor*, one participant, Kevin, recalled how his creative endeavors, which are not

typically associated to the practice of medicine, nonetheless helped launch his medical career. He recounted:

It's funny cause I went into medical school with a lot of interviews that revolved around my YouTube editing and videos, et cetera. I remember bringing them up at my medical school interview and the interviewer just kind of running with that for the topic of the conversation.

Although Kevin's creative pursuits were unrelated to medicine, they were nonetheless a topic of discussion during his medical school interviews. He seemed surprised by how often interviewers expressed interest in his video channels, suggesting that his creative involvement added value to his medical school application.

Other participants discussed the value of creative engagement in direct relation to the residency application process. Adam, while commenting on the significance of having his photography published in *Eloquor*, stated: "Part of it is to get a little bit of recognition. The other part of it is to be able to talk about it also in interviews or residency; that's definitely a big part of it." Mari further conveyed the value of engaging with *Eloquor* and showcasing said involvement on residency applications. She stated:

On a practical side, it's something that could go on your CV and is different than what a lot of people are doing, like AMSA [American Medical Student Association], AMWA [American Medical Women's Association], which nothing wrong with that, but I'm just saying it's something different, that you have an opportunity to be a bigger fish in kind of a smaller pond, because this is something that's only done at FIU.

Mari pointed out that while any medical student in the country could become involved with a national medical student association, such as AMSA or AMWA, *Eloquor* existed at only one institution. Thus, she considered *Eloquor* a unique experience that would stand out on an applicant's CV. Furthermore, by indicating that most students joined professional organizations within the medical field, Mari highlighted the value of

becoming involved with “something different,” like *Eloquor*, as a way for applicants to distinguish themselves among their peers. Kevin also described *Eloquor* as a unique and distinctive opportunity. He said:

It was really cool that FIU had its own magazine for students to be able to submit to. That's something like pretty rare I feel, across the board. You don't hear about it at least in other fields, like from other schools I've asked and none of them had something similar. So for me, it was just a good opportunity for an outlet for students and a place that you can get a publication.

The competitive culture of medicine has been described and exemplified within the research literature on medical education (Grant, 2002; Lempp & Seale, 2004; Slavin & Chibnall, 2016). To be accepted into medical school, and later residency and fellowship training, applicants must find ways to stand out among their peers and gain a competitive advantage. This may explain why Kevin, like Mari prior, seemed to embrace the fact that *Eloquor* was exclusive to his medical school, as this made engaging with the journal a unique experience that residency program directors would potentially recognize and value as different from the ordinary.

Beyond the residency application, participants also recalled their interviews with residency programs, noting how their engagement with *Eloquor*, and more broadly the medical humanities, often served as a conversation piece. Mari said:

I brought it up at interviews a lot, so that was nice... I mean, it was a good opportunity to basically showcase stuff that I had done during medical school. I think one of the biggest things, it just made me look—I guess look more like a person is kind of weird—but it just added dimension to my personality. I guess you could say that. It was great. I mean, I think having the humanities, it just makes you more well-rounded. Eventually you just get to a point, which I just think is really funny. It's like, you go to medical school and you are very tunnel vision to get into medical school. You have certain things that you do, you have to have certain classes, but then they also kind of ask you if you're well-rounded cause they don't want you to leave their medical school. They don't want you to crash and burn, so having other things like the humanities, a really good obvious

one is the humanities, but having something else in your application, it helps you look more well-rounded.

For Mari, the appeal in engaging with the humanities was in part related to how individuals with decision-making power, such as medical school interviewers or residency program directors, would perceive her. She implied that while programs sought applicants who were academically qualified and who had taken all the necessary steps to advance to the next phase of their careers, they also had to ensure that any potential candidate would be able to succeed in that new phase, not “crash and burn.” Mari’s assessment of what residency programs look for in applicants is not surprising, given the high prevalence of burnout and depression among residents and the negative implications of mental health issues for patient care (Dyrbye et al., 2017; Fahrenkopf et al., 2008; Goebert et al., 2009; Panagioti et al., 2018; Slavin & Chibnall, 2016). Mari’s statement, coupled with Kevin’s prior comment, suggests that it is important for individuals to showcase their interests and skills outside of medicine, as Mari was able to do through her involvement with the humanities. It seems these attributes can enhance a person’s candidacy and signal his or her ability to cope with the pressures of medical school or residency through interests outside of medicine.

In a similar vein, Ivan discussed the value of opportunities like *Eloquor* within the context of residency interviewing, noting how these kinds of experiences helped showcase “the type of stuff that matters” to residency program directors. He said:

I think they [spaces like *Eloquor*] give students an opportunity to find a passion that they didn’t necessarily know that they had, whether that is narrative medicine or any type of art, or patient education, or whatever the case may be. I think it gives people an outlet that’s not just grades and down the line medicine, and at the end of the day that’s the type of stuff that matters in a residency interview. They want people to find themselves and figure out who you are, and having an official

role or something official that you can discuss that portrays that part of your passion, I think holds a lot stronger than just having these affinities in your head.

Like Mari, Ivan recognized that residency programs looked beyond academic performance and medical knowledge when considering candidates. As such, he perceived involvement with *Eloquor* and similar outlets as being worthy of discussion during interviews, as these experiences revealed students' passions and interests outside of medicine, or what Ivan deemed to be truly important in a residency interview. Evidently, residency programs seek individuals who are well-equipped to handle the rigors of residency training and look for indications of such readiness. Grant (2002) advocated for the inclusion of the humanities within the medical school curriculum to provide students "more personal resources for coping with the inevitable pressures, crises, and tragedies which all medical practitioners encounter" (p.47). It seems co-curricular opportunities like *Eloquor* could not only help prepare students for the next phase of their careers, but in and of themselves serve as evidence of their preparedness.

Further expanding on the extended benefits of medical humanities experiences on participants' career trajectories, Ivan described how as an "official" medium of expression, *Eloquor* legitimized creative engagement and augmented its value. He said:

I talked about the stuff that I submitted to *Eloquor* during my interviews and I think in one or two, either I read it to them, to the interviewer, or actually just left the poem for them to read themselves, and I think it just shows a different side. Now if I had just written the poem for myself, it would've been okay, but it wouldn't have had as much meaning or strength.

By sharing his *Eloquor* submissions, Ivan showed "a different side" of his personality and provided tangible evidence of his achievements outside of medicine. He once again alluded to the "official" quality of *Eloquor*, commenting on the added impact of

presenting his poem as a publication rather than as a pastime activity. Ivan's comments, along with Kevin and Mari's statements prior, suggest that experiences with the medical humanities enhance the professional portfolio and can thus contribute to an applicant's career advancement.

Other participants reinforced Ivan's perception of the added value of showcasing creative work through an "official" channel. Referring to his experience with *Eloquor*, David said:

It's a unique thing that most other surgeons probably don't have, and in being a surgeon, you sort of have to be a little artistic, and so it's a formal way to express or say that I've done something creative and artistic.

David felt his experiences in the medical humanities were worth sharing, as they conveyed what he considered to be a unique quality among surgeons, his artistic ability. His comment affirmed what Ivan had previously proposed, that spaces like *Eloquor* offer a "formal way" to showcase creativity and set the stage for discussing art as a serious pursuit. Like Ivan and David, Natalie acknowledged the value of being able to portray creative efforts as legitimate accomplishments on residency and fellowship applications.

Referring to *Eloquor*, she said:

I think it's all about like, what kind of art do you like and write and poetry, and these are important and we're going to give you a way to publish it and foster and encourage you to be creative, and give you a formal outlet to be creative. And, I mean, also, everyone's trying to put something on their CV, so hey, if you really like painting, instead of it being a hobby, now you're published, and so it legitimizes a hobby. I mean, probably my perspective on this right now is that I'm applying to fellowship, and I realized between all the contributions, I don't have to say, "Oh, I enjoy painting" because I can just put it down as a citation, and it's nice. It's something that you want to do in your free time and is actually recognized. It's nice that it's supported.

Natalie portrayed *Eloquor* as a symbol of the medical school's support for artistic expression and the product of its effort to encourage creativity. She seemed to appreciate having a "formal outlet" for creative engagement during medical school. Even as she was nearing the end of residency training and preparing for the next stage of her career, Natalie recognized the importance of having an official medium for medical students to publish their art. Her experiences with *Eloquor* remained relevant even while applying to fellowship, as she was able to showcase her creativity on her CV and discuss painting as a legitimate endeavor rather than as a personal hobby. Consistent with the findings presented in the previous chapter, Natalie's statement demonstrates that the benefits of engaging with self-expression are long-lasting and can manifest in formal and informal ways and in both personal and professional domains. Natalie's statement validates the importance of having opportunities for self-expression available in the medical school setting, as these experiences not only nurture personal interests and creativity, but also offer tangible, career-related benefits.

Continuing a discussion on the formal benefits of engaging with the medical humanities in an official capacity, Tony also related his experience with *Eloquor* to the fellowship application process and touched on the value of *Eloquor* as a formal experience that was supported and encouraged. He explained:

We get pushed even as premed students, like before medical school, we get pushed to do hardcore academic things, and what I mean by that is research. So if it's not novel bench research, then it doesn't count, and this was sort of how [the faculty advisor to *Eloquor*] would sell it to people. She was like, "No, this is legit. It's a publication. You can put it on your CV. You can look at your passion project and try and pull from that and see what piece you can publish, and it's just as legitimate as some kind of breakthrough medical discovery that you do in a lab." So for me, the purpose I think is to offer an outlet to do something meaningful that is enjoyable and get recognized for it, outside of the expected or

sort of usual, like the norm... but also more towards the academic thing, that it lets you be productive in that realm without feeling like—some people feel like they have to sacrifice some of themselves, like a part of themselves to create academically acceptable material, and I think *Eloquor* was a way to create stuff that's acceptable in academics without having to give up part of yourself, or even the other way around, saying it's a way to highlight a part of you that you can't—not count—but aren't usually able to off the bat. Like thinking about ERAS [Electronic Residency Application Service], the hobbies section is a very small piece, but if you manage to work that into a piece that's published in *Eloquor* or something similar, then it goes into the seemingly more important publication part of the application. So I think it's a way to magnify a part of somebody's self or persona that they're not usually able to. That's more like application, and that's kind of on my mind cause as a second year now, it's like, okay, perfect your way as a resident and then think about research and stuff that you're going to do to start creating your personal statement for fellowship and kind of doing that whole dance all over again.

In the preceding quote, Tony described several benefits of engaging with *Eloquor* related to career advancement. He implied that *Eloquor* publications served to highlight aspects of an individual's personality or skillset that were unrelated to medicine. Just as Natalie had recognized *Eloquor*'s capacity to “legitimize a hobby,” Tony noted how publishing a piece in *Eloquor* meant the author could consequently present a hobby as a “seemingly more important” publication on residency applications. Importantly, it appears *Eloquor*'s faculty advisor played a key role in contributing to the legitimacy of the journal. This suggests that merely having a formal outlet for self-expression may not in itself encourage student involvement, but that deliberate commitment may be required on the medical school's part.

Like Natalie, Tony also associated his experiences with *Eloquor* to future fellowship interviews, suggesting that his involvement with the journal was an important piece of the residency application process. Most importantly, it seems, Tony viewed *Eloquor* as an opportunity to be productive and scholarly without having to be a

“hardcore” researcher, neglecting personal interests for the sake of generating publications that would be deemed acceptable in the field of medicine. Tony’s statement illustrates how opportunities like *Eloquor* contribute to career advancement while allowing for personal differences.

In the same vein as Tony, Matt discussed creative expression as an academic pursuit that he understood as an important part of his medical education. He described how his narrative engagement progressed from an informal and private endeavor to a central aspect of his career. He said:

FIU, again, that's where that really evolved and frankly, through Dr. S [a faculty member], realized that that can be a part of my academic life as well, and that narrative medicine doesn't have to just be a secret of mine. It can be something that we kind of share with the world. In that way, I've been successful in publishing a few different pieces, not only through *Eloquor*, but through other outlets as well. I think that's been a real asset for my career. And on the interview trail, that came up far more than I expected. It's not just my scientific work that people are interested in. The narrative component is really kind of a trendy topic right now. It's not something that I really did very deliberately. It's just something that I was already doing, and then just creating an extension of that into a more academic world.

Matt described his narrative engagement and success in publishing as a “real asset” to his career. Like several participants prior, he commented on the value of his experiences with the medical humanities during residency interviews. He was surprised by the amount of interest his narrative writing garnered, implying that he thought interviewers would focus mainly on his “scientific work.” Much like Tony viewed *Eloquor* as an avenue for publishing academically acceptable work without having to renounce personal interests, Matt realized that he did not have to abandon his narrative practices upon entering medical school, as these could serve a professional purpose. Through narrative medicine, he turned a regular practice that did not intuitively fit within medical training into a

scholarly endeavor within his formal education. Like Tony, Matt highlighted the critical role that faculty play in promoting these kinds of practices.

Throughout this section, participants noted the ways in which their involvement with *Eloquor* and similar endeavors contributed to their career progression. Overall, they seemed to think that their experiences with the humanities enhanced their professional portfolio and thus improved their prospects of advancing to the next level of their careers. *Eloquor* served as a means of showcasing interests outside of medicine and legitimizing creative engagement. Furthermore, engaging with the journal was a unique experience that stood out on the CV and served as a topic of discussion during residency interviews. It is important to note that all eight of the study's participants contributed to the findings presented in this sub-theme. This section thus reveals a significant aspect of experience that prior studies on the medical humanities have failed to explore.

### **Professional Development**

In addition to discussing how their engagement with the medical humanities facilitated their career advancement, participants also relayed how such experiences helped cultivate important skills and qualities that enhanced their professional capacity and practice. For Matt, *Eloquor* served as an introduction to narrative medicine, a practice he continued to engage in during residency. Matt had written prior to starting medical school, but until then, had never shared his writing with the public. With the support of faculty members, he realized that his personal interest in writing could serve a professional purpose. Referring to *Eloquor*, he stated:

It was like my jumping off point. Again, if I hadn't submitted there first, I doubt I would've sent it anywhere else. But it was also nice to have the faculty and the editorial team take a look at it and help me understand my own writing style

better, and what I can do differently, like both mechanically, but also stylistically. And it's kind of cool to look back and see how your style changes and how your voice changes with time too. But yeah, I think just helping me be more polished and be more prepared for the next level.

*Eloquor* paved the way for Matt's future engagement with narrative medicine in professional practice. As established in chapters one and two, practicing narrative medicine has been associated with improvements in physician burnout, emotional stability, empathy, and attitudes toward patient care (Krasner et al., 2009). This illustrates the importance of having opportunities like *Eloquor* available from early on in physicians' training, as these experiences introduce students to practices that can ultimately support well-being, enhance patient care, and nurture professional skills and qualities. Moreover, Matt appreciated the journal's formal review process, as it helped prepare him for "the next level," writing about and sharing his experiences in medicine beyond medical school.

Similarly, Natalie believed that the writing skills fostered through *Eloquor* and the humanities had been central to her development as a physician and would continue to contribute to her professional growth. She shared the following:

I remember when I was doing *Eloquor*, I hadn't really written that much in med school because there's not that many places to write, and I've always really liked editing and I hadn't really done that in years... I think being able to reflect on your medical experiences, if it's narrative medicine or editing for this, being a writer and keeping up that skill and not letting it go is so important because you definitely, when you haven't written in a while, you're a little rusty when you start off again, but it's something that if you want—you definitely need it, I think, if you want to do something that's academic. Obviously you can do medicine that really doesn't—you can just be a clinician. You still write notes, so that's a good place to also be a good writer, but I guess it depends on what you want to do with your medical career, and I think I want to be able to have—it's becoming more and more clear—to have some sort of a public responsibility. I don't really know the entire capacity that I want to do that, but I do know that I enjoy writing, and maybe I enjoy research, but not basic science. I enjoy more of the clinical type

stuff, and who knows? Maybe because this is something that I feel like I've had all these skills and experiences and I feel confident, maybe I'll write something for the public, you know, in a newspaper or something.

Natalie deemed writing a fundamental skill in medicine, even for physicians involved exclusively in clinical work, which could be presumed to not require such skill. Despite its importance for essentially all physicians, Natalie indicated that *Eloquor* was one of the few opportunities for self-expression available during medical school. Her statement suggests that these kinds of experiences help prepare students for their medical careers by fostering critical skills and should therefore be widely accessible. Because Natalie had been able to maintain her skills through experiences like *Eloquor*, she had been successful in publishing during residency and envisioned herself ultimately writing for the public. In expressing her interest in having a “public responsibility,” Natalie touched on what Charon (2001) refers to as one of “medicine’s central narrative situations,” the interaction between “physicians and society” (p. 1897). Charon (2006) states that physicians must possess “sophisticated communication powers” to initiate meaningful conversations with the public about health care (p. 9). Through her involvement with *Eloquor*, Natalie acquired “skills and experiences” that served as the basis for her potential future engagement with society at large. She shared a significant accomplishment that she related to the skills she had gained through her involvement with the humanities. She said:

I actually wrote a case report and it got picked up by [a national public service broadcaster].... They said, we're doing a documentary on this supplement that I wrote a case report about and there's nothing else in the literature about it. And it's just a case report. Residents, I feel, do them all the time cause you need to get published, and nobody really thinks they're that important, but it happened to get picked up and they're doing a documentary and they interviewed me about it. And it was such a cool experience because I actually had my work—somebody read it,

which kind of shocked me in the first place. And now I have like, not just to the medical literature, but an actual public platform to talk about why supplements are bad.... And I think it all goes back to that about, you know, I think you have to enjoy writing, thinking, reflecting, because I'm pretty sure if you gave the same assignment to five other people, they would have had a different take on the issue, and I was more concerned about the cultural context of the supplement and the implications as physicians, and what we can learn from it, kind of the bigger picture, as opposed to just the acute liver injury that the person had, which obviously I wrote about. I think the [broadcaster] was more interested in, I mean, obviously they want to be like, "she had this crazy liver condition and she was jaundiced." But in terms of the public appeal, to kind of have that message and to reflect and to think about why this might actually be important and why we might actually want to share it, I think all of those skills that you learned through humanities kind of took me back in this current experience.... I think after that experience, I was like, wow, not only do I enjoy all of these things, but maybe there's actually a role for me. I mean, I never really thought of myself as somebody who would be on TV or like a public-type figure, but it's kind of fun and I realized that if I'm only a resident and I've had this experience, there are so many more experiences that I can have later...

Natalie's case report caught the attention of a national broadcaster as she was able to provide a unique perspective on a topic. She credited this ability to skills she had acquired through her involvement with the humanities: "writing, thinking, reflecting" and focusing on "the bigger picture." Rather than addressing the issue on the surface—focusing solely on the medical condition, its pathology, and symptoms—Natalie discussed the cultural context of the supplement and implications for patient care. Her attention to these aspects of care not only indicate an ability to think critically but signal social awareness and cultural competence, skills cultivated through engagement with the medical humanities (Hoff et al., 2014; Morera Serna, 2018; Shelley, 2016).

Natalie once again alluded to the interaction between physicians and society that narrative medicine explores (Charon, 2001). She valued being able to communicate an important message "not just to the medical literature" but through a "public platform," ensuring the information would reach the general population. Through her involvement

with the humanities, Natalie had developed skills that she felt were important for physicians in general and that contributed to the specific experience she described, an achievement that prompted her to consider future opportunities to expand her role as a physician. Her statement exemplifies the many ways in which her experiences with the medical humanities had been, and would potentially continue to be, an integral part of her professional development.

In addition to promoting students' writing and critical thinking skills, Natalie believed the medical humanities also helped highlight the visual aspect of medicine.

While describing what she considered to be the purpose of *Eloquor*, she explained:

I think just understanding too that there is a role for art in medicine. In so many ways, I think the visual eye is incredibly important in diagnosis and seeing, and when you see a patient, it's not just—there's so much more that you visualize, like how are they dressed? How do they compose themselves? You can do a physical exam almost just by looking at somebody, so I think there's that whole visual aspect, you know. Certain fields are also very visual. Pathology, for example, is incredibly visual. I mean, there's just so many fields where being able to differentiate anything visually is important. And then writing is obviously going to be very important in how you communicate on so many different levels. So I think they're all skills that are important to have, and it's important to foster in kind of a creative outpost.

Natalie considered visual cues essential to understanding and diagnosing patients. She noted that visual acuity was especially important within certain specialties like pathology, which relied heavily on visual information. She implied that through engagement with the arts, physicians could tend to the visual aspect of medicine and develop a keen eye. Her ideas are consistent with literature indicating that visual arts and thinking strategies can improve medical trainees' observational skills, resulting in more accurate diagnoses (Howley et al., 2020; Kim, 2016). It seems creative outlets like *Eloquor* can thus cultivate skills that ultimately contribute to the diagnostic process, illustrating their potential role

in patient care. Natalie expressed her desire to continue to hone her visual skills during residency by having her program host an event similar to one she had attended during medical school. She recalled:

I remember we had a lecture where someone came in and talked, like it was a noon conference about art in medicine, and she may have been an art curator ... I know other medical schools do that, and I was recently talking with one of my friends in residency here about that and how we want to bring that actually to one of our noon lectures in residency because it's such an important skill. And maybe for some of us visual people it's really fun, but it's also like noticing and picking up on very mild, discrete things, which is a skill when you're doing a physical exam and seeing what's in somebody's purse, noticing that they have that pack of cigarettes in their purse, you know? There's little things like that that you definitely pick up on, definitely have picked up on random things just by watching somebody. And I think that's also just a nice thing to have in a medical career. That's literally art and medicine.

As Natalie noted, medical schools often expose their students to Visual Thinking Strategies (VTS), a method of developing observational skills through careful examination and discussion of art images (Kim, 2016). Natalie regarded the activity as a creative way to address important skills in medicine, much like how she viewed her engagement with *Eloquor*. She implied that while “visual people” might consider the experience “really fun,” it would nonetheless benefit physicians in general. As she suggested, methods like VTS can improve physical examination and diagnostic skills, and thus contribute to effective clinical care, illustrating their potential role in physician training (Kim, 2016). Nonetheless, Natalie’s comment suggests that these kinds of experiences may often be lacking from the formal resident curriculum. Her desire to replicate this medical school experience in residency demonstrates its value in physician training and reinforces the importance of offering opportunities for creative engagement to physicians at all levels of the profession.

Another participant, David, explained why having an artistic inclination had been beneficial to his professional growth. He said:

If you've ever seen a video of a novice surgeon versus an expert surgeon, let's say for like the gallbladder, you can tell right away who's amateur and who's an expert in just the way they move the tissue and dissect around the artery and the ducts, and it can honestly be a beautiful thing if you do it right, so I would say having this artistic notch on my belt helped me see that sooner. Whereas maybe it'll take someone until chief year to do this operation beautifully, maybe I was doing it that way as a second year, instead of it taking, for general surgery, it's usually five years, five clinical years. Some people have researcher years built in, but I don't think necessarily everyone needs five years. That's just what they make it... I don't think experience-wise I would have ended any sooner... but I think from a technical standpoint, I probably could have finished after like year three or something, and that comes from having an artistic focus and understanding when a surgery goes well and why it goes well, and what made that dissection beautiful.

David felt that he had an advantage over residents who lacked an “artistic focus.”

Because he viewed surgical operations through an artistic lens, he was sooner able to recognize “what made [a] dissection beautiful” and replicate the proper techniques. He believed that what distinguished an expert from a novice surgeon was an artistic quality, and that technical skills developed quicker in individuals who had an appreciation for the art of surgery.

Whereas Natalie attributed specific skills to her involvement with the arts, David more generally conveyed the benefit of having an artistic mind. Though these two participants discussed the relation between art and medicine differently, both recognized that the integration of these two disciplines enhanced the practice of medicine. Their comments illustrate how the medical humanities can help prepare students for professional practice, validating their merit in medical education. David further described how his artistic abilities played a role in his work:

In preparing for a case, I think I exercise an artistic part of my brain when looking up the steps for a surgery and understanding, like kind of making the 3D picture in my head about where this vessel might be or where we would dissect. When you look at the CAT scan, you have this 2D image and you have to kind of visualize what it's going to look like when you're there. I've made a couple of videos about surgical cases, and I think video editing is sort of a different avenue of fine tuning some work. I remember when I was a kid, my friends and I used to make these videos and edit them, and so I had a little bit of background and then it was cool to like, I got a new program and, you know, cut and splice, and make transitions, and create this story of the surgery that's like a three-hour surgery condensed into like seven minutes or something.... I published one of them and probably going to submit the other one online somewhere. Yeah, it's a nice kind of activity. It's a good way to learn about similar types of surgeries that have been performed, but in order to get it published it needs to be a little unique, kind of like the case report, so you put your own spin on it and that's always fun. Nice little project.... Part of it though is I had to find an image to depict the problem and I didn't, so I ended up drawing it and that's in the slide show on the video. And I've written a few book chapters where we also had to include images and there's some photography involved in that, and one of the other residents helped draw something for it, so it's sort of artistic, I guess.... And honestly, that's what stands out most, when you think about that case, or the projects that I've worked on, like various research projects, the one that stands out the most is this video that like, it's colorful and I spent many hours narrating.

David depicted his involvement with the arts as an asset in professional practice, relating it to his ability to prepare for surgical cases, learn about procedures, and make scholarly contributions to his field. He shared that he prepared for surgical procedures by accessing his artistic side, visualizing and planning his approach prior to entering the operating room. While the medical humanities literature calls for engagement with the visual arts to enhance visual literacy, it fails to acknowledge its contributions to clinical practice outside of improved observational and diagnostic skills (Howley et al., 2020). David highlighted additional competencies fostered through visual engagement and their applicability to the clinical setting. Specifically, he demonstrated how visualization skills and spatial reasoning abilities acquired through creative engagement enhanced his professional practice. Additionally, David applied his arts background and experiences

toward opportunities that helped advance his knowledge and his career. By creating surgical videos, he gained expertise on specific procedures and “learn[ed] about similar types of surgeries,” all while contributing to his field and bolstering his CV through the resulting publications, which, as discussed in the previous sub-theme, engendered benefits related to career advancement. His skill in drawing and photography facilitated the creation of original content for the videos and enabled him to contribute to “a few book chapters” as well.

David recognized that of all his work projects, including research, the most memorable was a video he had created, an artistic endeavor. Interestingly, David referred to the video-making process as the creation of the “story of the surgery,” identifying a form of narration that has not been recognized within the research literature on narrative medicine. While narrative medicine prioritizes narration through writing, David’s comment reveals that narratives can assume other forms and that storytelling can occur through various media (Charon, 2001). This broader view of narration invites additional forms of narrative practice, not limiting its scope to writing alone.

While Natalie and David both related their involvement with the humanities to skills they considered essential within the medical profession, other participants felt that the humanities had contributed to their success as residents in different ways. Matt, like Natalie and David, spoke about the visual aspect of medicine, but connected it to his interactions with patients and their families. He said:

I think the arts are kind of at the root of my personal life, like painting and music and writing and books are so central to my joy, but it also changes the way that I approach things and talk to people and talk to patients and families. I think that thinking of each of those, there's really a visual component in medicine that's sometimes neglected, like of course, radiologists look at pictures all day, but

drawing a simple illustration for a family is sometimes the most effective way to explain what you're thinking, and a thousand words could never do it. So in that, frankly, I do draw a lot of pictures and probably more so than a lot of my colleagues, even if they're terrible anatomical drawings, just for the sake of getting my point across.

Matt noted that the arts played a significant role not only in his personal life, but in his professional practice as well. He suggested that his engagement with the humanities shaped how he approached situations and influenced how he communicated with patients and their families. Matt, like Natalie and David, recognized that medical practice included a visual component. Whereas Natalie discussed the importance of careful observation in assessing and diagnosing patients, and David the value of visual thinking in preparing for surgical cases, Matt commented on the usefulness of drawing simple illustrations to facilitate patients' understandings. Albeit in different ways, all three participants exemplified the value of visual literacy in medical practice, specifically in relation to patient care. Their comments suggest that the medical humanities can cultivate skills that enhance clinical practice, ultimately contributing to higher quality of care. Matt believed that except in specialties like radiology, which rely heavily on visual information, the visual aspect of medicine was "sometimes neglected." By embracing it, he helped improve patients' understandings of their medical care.

Tony also resorted to art at times to facilitate communicating with patients. He shared the following:

There's an artist that does like medical education through comics. They do both types. One is for medical professionals, so for people that want to learn the hard, the more detailed science, and then there's a section for the patient that wants to learn some basics about what's going on, and so I thought that was cool. It's simple, straightforward. I haven't used them in clinical practice, but I pull from some of those if I'm explaining something to a patient and I remember kind of a

sleek explanation that they put, like, *oh, that's easy to wrap your head around, so I'm going to borrow that.*

Tony's approach differed from Matt's in that he borrowed from art he had been exposed to rather than creating his own illustrations with patients. Nonetheless, the goal remained the same for both Matt and Tony: to communicate aspects of care to patients in ways that could be clearly understood. Matt further emphasized how the medical humanities contributed to effective patient-physician communication, stating:

I think that the way that I speak and think out loud is very well served in my profession. So typically we have our conversation outside of the room where we use our doctor language and then enter the room and try and simplify that for the family. And I admit that's something that we all kind of struggle with, especially entering residency, after having built this medical vocabulary for the previous four years and you want to use it every day. But being able to simplify things and like speak English to families in ways that they understand is equally as valuable, and I think that the narrative component certainly helps me in that way, in recognizing that the words that we use aren't always understood by everyone else and finding another way to describe problems in situations is imperative for the sake of patients and families understanding their medical care.

Matt's statement suggests that while students acquire an extensive vocabulary during medical school, they do not necessarily learn how to best communicate with future patients. Through his engagement with narrative medicine, Matt developed the capacity to convey information without having to rely on "doctor language." Narrative practices enabled him to break down complex medical concepts and explore alternative ways to describe problems, all to facilitate patients' understandings of their medical care. Grant (2002) cited "failures in communication and understanding" as a major factor in physician disciplinary cases and called for engagement with the medical humanities to cultivate physicians' self-awareness around verbal and non-verbal responses to patients (p. 46-47). Consistent with the claims set forth in the literature, practicing narrative

medicine enhanced Matt's self-awareness, specifically around language use, contributing to his ability to communicate appropriately, and thus, establish effective patient-doctor relationships (Charon, 2006; Charon, 2012; Krasner et al., 2009).

Based on Matt's commentary, it appears adding a "narrative component" to medical practice can significantly enhance the patient experience. He expanded on this idea by exemplifying how an illness could be better explained and understood through narrative than through medical terminology. He remarked:

It's important to remember that illness is a story, right? So for example, we'll have a hypothetical case. We'll say a 50-year-old guy walks in with a heart attack. We enter the room and say, you're having a myocardial infarction due to ischemia in your coronary vessels leading to damage to the muscle of your heart. That's obviously not going to be super well received, but if I'm thinking of it as a narrative and saying, when we think about diet and exercise and how there's a lot of fat in the blood vessels, and if you think about a highway, if it's very congested then you'll have a traffic jam. Just imagine having a traffic jam in your coronary artery and then nothing can get through, and if nothing can get through, then we have issues in feeding the blood to the heart muscle. Given, that might not be the most physiologic example ... but the point remains that if you're able to simplify things and think about ways to frame these physiologic processes in ways that people can understand, and kind of creating a story that's more temporal rather than just thinking about exactly what's happening in the moment, I think that's how you really get people to understand the processes that are attributing to their physical health and really helping them understand the root causes and how to change these things so they hopefully don't experience these same problems again.... You have to tell them a story so they understand what's going on and can try and take control of their health a little bit.

Matt understood that patients were not always receptive to medical language, as it could be difficult to understand, particularly in complex cases. He felt that narrating a story, even if it lacked precise detail, was a more effective way of communicating the causes and processes related to an illness. In "creating a story," he aimed to help patients identify and address "the root causes" of their illness to prevent the same issues from re-occurring. Narrative practices enabled Matt to simplify complicated medical concepts,

thereby contributing to his ability to communicate effectively and provide high quality care. David also commented on his interactions with patients, their families, and even colleagues, noting how he almost always excluded medical jargon from their conversations. He said:

I think now in practice ... the basic science stuff is so distant. I think in practice, the human side of it is the majority of what I do, like talking to the patient and talking to their family, or especially now [during the COVID-19 pandemic], we don't allow visitors, so I have to call patients' families a lot. And I mean, can you imagine trying to talk the nuts and bolts with the family? It's like, you have to know it in the back of your head, but what's used on the surface is almost exclusively human stuff. Even talking amongst my co-residents, it's not like we dive deep in the nuts and bolts very often. We talk about like, "Oh, how does this patient feel today?" Or kind of more big picture stuff rather than like, "Oh, what's their C-reactive protein?" I mean, it helps and influences your decision, but it's not what drives the care, so I think in practice, you need to be, if anything, relatable and understanding and empathetic.

David indicated that in practice, the human aspect of medicine preceded the scientific knowledge he had acquired during medical school. He recognized it was necessary to have a technical understanding "in the back of your head" when communicating with patients and their families, but argued that other factors, such as physician empathy, were what contributed to patient care. Several studies have highlighted the importance of fostering empathy during medical school through humanities-based programs and practices, as empathy has been associated with higher patient satisfaction, quicker recovery, and other positive health outcomes (Hojat et al., 2004; Kerasidou & Horn, 2016; Panagioti et al., 2018; Shanafelt, 2009; Shapiro et al., 2016; Shelley, 2016). These findings, coupled with David's comment, suggest that high quality care is premised on values associated with the humanities. Thus, it seems experiences with the humanities can be crucial to physicians' development and could be an asset in medical practice.

Adam echoed David's sentiments, noting that while scientific knowledge played a critical role in medical practice, it alone did not account for effective care. He said:

The best physician, I feel like, is a really good scientist, but also really good people person, willing to listen and to talk to people and care about them... I feel like the scientific part and the knowledge part is probably more important to know what's the treatment, what's the management, et cetera of the disease, but at the same time, I'm realizing that more and more, the other part, like the emotional intelligence, is just so important.

Adam described the ideal physician as someone who not only possessed scientific expertise, but who was also attuned to, as David described it, "the human side" of medicine. He specifically identified listening to patients, communicating, and showing empathy as key attributes of an effective physician, and remarked on the importance of emotional intelligence in medical practice. These abilities have all been associated with the medical humanities and have been shown to positively affect patient care as well as physician well-being (Kerasidou & Horn, 2016; Krasner et al., 2009; Mangione et al., 2018). These findings highlight the value of integrating the arts and humanities into medical education to promote trainees' professional growth through the development of essential physician qualities and abilities.

Like David and Adam, Matt recognized that being a good physician entailed more than just correctly assessing, diagnosing, or treating a disease. His success as a physician, he felt, did not stem from clinical accuracy or precision, but from humanistic and compassionate care. He said:

A physician is above all a compassionate human, and I think that's really kind of where we do the most good as physicians. When I think about my most successful clinical encounters, it's not because I can pick the right drug. It's not because I ordered the right study. It's because you take the time to hold somebody's hand, like talk to a mom who's having a hard time, just to be that provider of hope in those moments where it might seem hopeless.

Matt advanced the idea that high-quality care was predicated on a physician's ability to form meaningful connections with patients, not necessarily on his or her degree of scientific knowledge. In particular, he believed physicians were able to "do the most good" by being compassionate towards patients. In a poignant remark, Matt implied that his greatest contribution to patients and families during their most difficult moments was not as a health care provider, but as a "provider of hope." Though medical education places significant value on scientific expertise and clinical precision, Matt's comment indicates that in practice, humanism and empathy can prove more impactful than being "right" about a diagnosis or treatment plan. This validates the importance of exposing students to the medical humanities to cultivate practices and abilities that will positively contribute to patient care. Matt further emphasized the value of the patient-physician relationship and described the role of narrative medicine in his ability to connect with patients. He stated:

I think it just makes you less like, robotic. A lot of times your approach to patient encounters is to hit all of your questions and to get enough information to make your assessment and plan. But I think if you take an extra step to ask about these kids and ask about their families and what they like to do and how you connect with them, it really makes that connection a lot deeper. Which is why like, I ask stupid questions in my interview just to get that layer like, "Could I ask you, do you have any pets? What are their names?" You know what I mean? It's not always significant, but it adds these little elements that really help build that relationship and make it more fun. You know when you admit a kid to the hospital, you know you're going to have them in your care for at least a day, more or less, so why not make that day more rewarding for both parties instead of just checking your boxes and doing the job? Yeah, I feel like in that way, the narrative component has really made me more committed to getting to know my patients and more committed to really being a total healer rather than just a physician scientist. I don't know the proper word. My point is it adds that extra layer of care, I think.

Matt implied that physicians who only performed their basic roles and neglected getting to know their patients could appear “robotic” in their approach to care. Narrative medicine helped Matt become a “total healer” who tended to individuals rather than to their illnesses alone. He aimed to establish rapport and considered relationship-building as beneficial for both physicians and patients. This idea is supported by research, which suggests that physicians who establish meaningful connections with patients find greater meaning and fulfillment in their work, averting burnout as a result (Divinsky, 2007; Krasner et al., 2009; Morera Serna, 2018; Panagioti et al., 2018). Patients also seem to benefit from positive relationships, which have been associated with higher quality of care, patient satisfaction, and adherence to treatment plans (Charon, 2001). Matt credited his ability to connect with patients to his engagement with “the narrative component” of medical practice. Given the importance of the doctor-patient relationship, Matt’s comment illustrates the value of narrative medicine and similar practices in physicians’ personal and professional lives.

Sharing Matt’s commitment to establishing physician-patient relationships, Kevin also remarked on the need to relate to patients and commented on why he felt it was important for medical schools to provide opportunities like *Eloquor*. He said:

I think it's super important because I do feel like the rhetoric of a physician as a well-rounded person, it gets thrown around a lot, and at the end of the day, a physician should be a relatively well-rounded person. They have to be able to communicate to a person about a wide variety of subjects, not only in medicine, but kind of just in life. I mean, you have to be able to relate to your patients, and patients I feel as though, in my experience, they appreciate the little nuances. If you recognize like whatever stickers they have, whatever buttons they have, or if they bring up a show or bring up a hobby, you need to be able to somewhat relate to that to a degree. And I do think that *Eloquor* reflects that aspect, that physicians should be both curious and broadly exposed to the world.

Kevin agreed with the ideal that physicians should be well-rounded and believed that *Eloquor* fostered that quality by promoting curiosity, creativity, and exposure to the world outside of medicine. Since opportunities like *Eloquor* allow students to explore “a wide variety of subjects, not only in medicine,” but across a range of disciplines, engaging with the journal may contribute to students’ ability to relate to future patients and their interests. This, in turn, can enhance their capacity to form deeper connections.

Lastly, whereas Kevin and prior participants discussed their experiences with the humanities and the arts in relation to connecting with patients, Adam associated his engagement with the humanities to his ability to recognize patients’ perspectives. He shared how reading had broadened his views, stating:

There's some books that I read that kind of changed my way of thinking about people and just human nature.... Yeah, it's fascinating to see because sometimes people act, like the books try to tell you that there's certain biases that everybody has and that sometimes you can—cause you have biases too, and I think the people that get frustrated have their own bias. They're like, “Oh, come on. It's so easy. Why can't you just take your medicine? It's so easy.” Maybe it's not. Maybe they have another reason why they can't.

Adam implied that physicians who became “frustrated” with non-adherent patients lacked the capacity to empathize with other perspectives due to personal bias. As discussed in Chapter II, reading literature is one way to develop empathy, which encompasses the ability to “enter the perspective of the patient” (DasGupta & Charon, 2004, p. 351). Additionally, close reading of literature also develops narrative competence, or the ability to “absorb, interpret, and respond to stories” (Charon, 2001, p. 1897). Narrative competence enables physicians to practice medicine with empathy and to glean “insight, understanding, and new perspectives” from patients’ stories (Divinsky, 2007, p. 203). Adam’s statement demonstrates how engaging with literature can inform medical

practice, and reveals how reading literature can broaden perspectives, cultivate empathy, and work to mitigate bias. This illustrates the role of the humanities in patient care and highlights the value of exposing students and physicians to the humanities as a means of nurturing attitudes and capabilities that will serve them well in their professional roles.

### **Summary**

Participants articulated the ways in which their experience with the medical humanities contributed to their professional growth and success. The first sub-theme illustrated the tangible ways in which their engagement, particularly with *Eloquor*, helped them advance in their careers. Participants acknowledged that their involvement with the journal was a worthwhile mention on their CV and on residency applications, and described *Eloquor* as a “formal way” to showcase unique aspects of themselves during residency interviews. The formal quality of the journal—the fact that it was a legitimate publication—contributed to its value in the residency application process and nurtured participants’ perceptions of *Eloquor* as an experience that aided their career progression. All eight participants in this study associated their experience with *Eloquor* to their advancement whether into medical school, residency, or fellowship, illuminating a previously unexplored benefit of engaging with the medical humanities, and particularly literary journals.

The second sub-theme captured the ways in which participants discussed their experience with the medical humanities in relation to their development as professionals, noting that engaging with the humanities fostered skills and qualities that enriched medical practice and enhanced patient care. *Eloquor* and other experiences within the medical humanities cultivated writing skills and nurtured an appreciation for the visual

aspect of medicine, which played a key role when performing a physical examination on a patient or preparing for a surgical procedure. *Eloquor* also exposed students to professional pursuits they had not previously considered, such as practicing narrative medicine or writing for the public. As resident physicians, participants recognized how their experiences with the humanities as medical students had influenced their approach to patient care and contributed to their ability to connect with patients. The medical humanities prioritize the human aspect of medicine, directing physicians' focus to the person rather than their illness alone. Participants conveyed how their experience with the medical humanities helped them recognize how to best communicate with patients about their medical care, using plain language rather than medical terminology, and through other methods such as storytelling or illustrations. Participants also suggested that engaging with the humanities could broaden students' perspectives and enhance their ability to relate to future patients.

## CHAPTER VI

### MAINTAINING A BALANCE

The third major theme in this study corresponds to the ways in which participants associated their experience with the medical humanities, including their involvement with *Eloquor* and other means of self-expression, to maintaining balance in their lives. The medical profession rewards strenuous work and self-sacrifice, and as such, physicians may easily find themselves living a life consumed by medicine. This theme highlights the ways in which experiences in the humanities served to provide balance and draw attention to personal interests and priorities. This theme is presented in three sections: *life before medicine, a break from medicine, and not having to choose*. The first sub-theme explores instances in which participants conceived their experience with the medical humanities as a reminder of the important things in life outside of medicine and as a means of prioritizing personal needs and interests over professional commitments.

The second sub-theme highlights the ways in which participants portrayed their engagement with the humanities as a break from the constant focus on medicine and as an opportunity to explore interests, skills, and hobbies unrelated to the medical field. Finally, as exemplified in the third sub-theme, participants discussed how their experience with the medical humanities disconfirmed the notion that choosing a career in science meant having to forsake the arts or renounce personality traits that were unrelated to medicine. Participants recognized that the arts and sciences could co-exist and collectively contribute to a physician's career. Altogether, the sub-themes presented in this chapter convey different aspects of participants' experience with the medical humanities as it relates to maintaining a balanced life.

## Life Before Medicine

As discussed in Chapter II, the medical profession is shaped by a culture that tends to dehumanize both physicians and patients by favoring an objective, or as one participant described it, “robotic” approach to clinical care in the former and by reducing the latter to objects in need of being fixed (Kerasidou & Horn, 2016; Shelley, 2016). One immediate way to combat this culture is by explicitly recognizing that physicians had a life prior to their careers in medicine and continue to have one outside of the hospital setting. Three participants who had engaged with the humanities prior to starting medical school discussed the meaning behind specific art pieces that reminded them of their lives before joining the medical profession. Kevin’s story of a painting he had created with his brother exemplifies the lasting impact that engagement with the humanities can have. He recalled:

I was walking one day in my neighborhood with my brother, and we just happened to see this painting on the side, along all this other furniture. Bulk garbage comes once a month and people get rid of all their junk and there's this desert-looking painting, definitely from like the 1980s by amateur artists, but it was pretty good looking, and we looked at it, looked at each other, and he wanted to bring it home... And it was actually him that brought the idea forth to transform the painting into something else, so we took the desert theme and ... over the time course of a couple of weeks, we took the painting of a desertscape and then added the characters, added like the spaceships, added all this stuff for the background image and made it a Star Wars painting, so it was fun because it was something I did with my brother. It was creative... I still have it to this day, just not on me in my current place. I think the most meaningful part was just, it was a good project between my brother and me. We're particularly close, so it was just something that we can look at, and every time I see it, I just think of that walk: a time of just hanging out, having a good time. And it was pretty calming. I mean, I had it up on my wall and every time I was stressed about Step studying or the next medical test or whatever, I would look at the painting and then just kind of like, oh, that was fun. That's like a fun little throwback.

As conveyed above, the collaborative piece served as a reminder of time shared with family and carefree days void of the stress that Kevin would soon experience upon starting medical school. The painting seemed to invoke a sense of nostalgia for seemingly simpler days of “just hanging out, having a good time” and had a “calming” effect on Kevin during the most stressful points of his medical education. While research shows that engagement with creative activities can reduce stress and depression, his statement suggests that these effects can extend beyond the immediate instance of engagement (Stuckey & Nobel, 2010). It seems for Kevin, the memory of the experience itself was comforting and soothing, illustrating the potential positive and lasting impact of self-expression.

Tony also shared the story behind a particularly meaningful piece of art: a photograph he had published in *Eloquor*. He said:

I took the picture while going for a walk—and this is kind of corny—but going for a walk with my mom. Basically, I had gone for a walk with my mom, and it was part of a routine that we would have. I would walk my neighbor's dog and initially it started out—it was for years—it started out like, I'd go by myself and then after a while, my mom wanted to go, and then we got into a routine that she would ask me when's the next time we're going to walk the dog so we could go together. And it was nice, but as I got sort of pulled into med school and pulled into, now I guess, residency, I feel like I don't get as many chances to kind of slow down and do that or that kind of thing, like spending time with whether it's my mom or my parents or my friends. So long story short, I guess the reason I think the piece is meaningful is it's kind of a reminder of almost like, hey, when you slow down and take a moment to kind of be outside, which is important to me, but also spend time with people that you care about, it's nice cause look at what you'll see, and it's a cool picture, so you'll see a nice view and you'll have a good time.

Tony reminisced on a routine he was forced to discontinue as he was “pulled into” medical school and later residency. The photograph, a memento of the cherished tradition, served as “a reminder” of life before medicine, encouraging Tony to “slow

down” and dedicate time to what he valued: being in nature and spending time with family and friends. Both Kevin and Tony’s pieces were created prior to them starting medical school yet seemed to serve an important purpose throughout their time as medical students. For both participants, the pieces appeared to be a grounding force amid challenging times, refocusing their state of mind through positive memories, and reminding them of what was important in life.

Rather than discussing one art piece, Mari expressed her motivation for engaging in photography and later revisiting her photos. She explained:

It just makes you happy and reminds you of these things, like I remember the process of getting the photo. I remember the story and that's, for me, that's why I do photography. It's not so much I just want to remember this moment. It's more like I want to remember the entire process of me getting this photo, like I was on the back of a motorcycle and swerving in traffic and I wanted to get this cool shot, or I was on a boat, on a ledge, stuff like that. You care more about the process than the actual moment.

Mari recalled a set of photographs she edited prior to starting medical school. Seeing them now made her “happy” and reminded her of her past experiences. To Mari, a photograph represented far more than just a memory frozen in time. It delivered a reminder of the context surrounding the image, including “the process of getting the photo,” “the story” behind it, and her emotions at the time. Like David in the chapter prior, Mari alluded to a form of narration that has not been acknowledged within the literature on narrative medicine. She implied that photographs could encapsulate stories, suggesting that the current understanding of narratives as written forms is limited and simplistic (Charon, 2001). Her comment reveals that storytelling is not confined to spoken or written language and can occur through visual art as well. Mari’s photographs—and the stories they contained—served as a reminder of life before it was

largely consumed by medical school, transporting her back to those positive moments and reviving memories of what she enjoyed. She explained why she placed more value in “the process” than in the finished product, stating:

It's not always about the end destination. It's about the process of getting there, not only in the sense of just enjoying the ride—enjoying, quote unquote, medical school—but it's also realizing that there are other things that are happening in your life, and if you sequester them and you don't think about them, it may be too late when you're done, in the destination.

Mari likened obtaining a photograph to attending medical school. In both cases, she believed it was more important to focus on the process than on the outcome. She suggested that individuals who concentrated solely on the goal of becoming a physician would miss out on significant events or life experiences on their way toward “the destination.” In other words, Mari implied that life could not be placed on hold during medical school, and that students still needed to attend to aspects of their lives outside of medicine.

For all three participants, Kevin, Tony, and Mari, personal works of art served as a reminder of what was important besides medical school: being with family and dedicating time to interests and activities that provided personal fulfillment. Mari further explained her motivation for engaging with the humanities as a medical student, citing her involvement as a means of prioritizing herself over her profession. She recalled:

I was very adamant in medical school about having something outside of medicine and having something that I could turn to that wasn't related to patient care, a lot of it because I like to optimize things. A lot of things were related to maybe doing something that could be related to healthcare, but ultimately, I was like, at the end of the day, all you have is your sanity and your things that make you happy, and you need to have that. You need to have a balance and you need to have a way to be healthy and basically have a career for several decades. A lot of doctors go into medicine really focused on medicine, and they're like, “Once I get to six figures...,” and they don't really have anything, come to find out

eventually. At some point you're going to find out that there's nothing that's making you excited about six figures. What happens when you get to six figures? Are you going to be happy? It doesn't really work, so I've been trying to do—with the humanities, I mean—I have still been doing some photography, not as much as I did in medical school, but I still keep practicing.

Mari viewed her engagement with the humanities as a way to prioritize her happiness and “sanity” by continuing to have interests outside of medicine. She sought to maintain “a balance” between her personal and professional life, insinuating that individuals who sacrificed their personal lives and interests to achieve their professional goals would “come to find out eventually” that “they [didn’t] really have anything” outside of their careers, an idea further explored later in this chapter. Mari’s comment aligns with prior research suggesting that physician satisfaction increases not with material wealth, but by finding meaning and purpose in the practice of medicine as well as in other aspects of life (Shanafelt, 2009). Mari seemed to understand the importance of balancing professional aspirations with personal interests in order to have a fulfilling life as a physician, and aimed to maintain this balance in part through her continued engagement with the humanities.

Charon (2006) contends that because “the self is the caregiver’s most powerful therapeutic instrument,” providers need to “find means toward... inner nourishment” to ensure effective health care (p. 7). Mari spoke to this notion, implying that physicians had to have an outlet or “a way to be healthy” over the span of a long career, a statement reminiscent of the discussion in Chapter IV on the importance of having an outlet in medicine to prevent burnout and maintain well-being. She suggested that engaging with the humanities could serve this purpose, enabling physicians to maintain the ability to

function well in their professional roles. Hence, she shared her perspective on the importance of becoming involved with opportunities like *Eloquor*, stating:

I just think it's an opportunity to try something new because I feel like medicine is not always about, *I need to get an A on this test, I need to be at the top of the class*. There's a lot of things you're going to do in medicine that have nothing to do with your grade actually, and this is an opportunity to get involved with something that isn't going to affect your grade. It might actually just help you as a person, so I would say—cause this is probably the strongest thing I would say—this is something that if you want to prioritize yourself, this is something that you can do, which is actually a pretty bold statement to say in medicine cause I think in medicine we do not prioritize ourselves. I feel like a lot of doctors, they prioritize other things before they prioritize themselves, so if this is something that you feel like it's going to benefit you in the sense that it's something that you want to do, and it's going to make you happy, and it's going to be something that basically makes you happy, and you know that there are some positives from it downstream, then you should do it. Why not? You have yourself. Medical school's only four years.

Mari alluded to the idea that doctors are people first and physicians second, but acknowledged that, in reality, doctors often prioritized their profession over their selves. She viewed medical school as a temporary endeavor, and thus maintained that a person's life should not be consumed by it. Similarly, after completing medical school, being a physician would represent only one aspect of life and should not become a totalizing force defining the person. She encouraged students' engagement with *Eloquor* as the opportunity would give precedence to their interests and happiness rather than to their grades or academic standing. She perceived engaging with *Eloquor* as a means of prioritizing the self, portraying the experience as one that could “help you as a person.” This claim, validated by participants' accounts in chapters four and five, is supported by existing literature, which indicates that engaging with the medical humanities can improve personal well-being and foster positive personal qualities (Howley et al., 2020; Kerasidou & Horn, 2016; Krasner et al., 2009; Mangione et al., 2018).

Mari further emphasized the importance of having interests outside of medicine as she described the broader impact of her engagement with the humanities. She said:

I think a lot of it has been the flexibility of just having different skills that are not related to medicine. Not so much photography itself. Photography has always been a great starting point, but the humanities in general, just having something that's not medicine. So that's something from medical school that I took to residency, is that I think before medical school, I was very focused on the job. I'm still very focused. I want to work hard, but realizing, I got this far, and I already know what it's like when you think that you've done all the work, and no one cares about you. Not like that, but people aren't really looking out for your best interests, I guess, so you really need to take care of yourself, and so I was like, okay, so this is how I'm going to make sure I do that. And so that's one of the biggest things that I got, like just having hobbies that are outside of medicine, plants, traveling.

Mari shared a key takeaway from her engagement with the humanities during medical school that had accompanied her into residency: the importance of prioritizing herself and her well-being through interests outside of medicine. She insinuated that a career in medicine could be all-consuming and indicated that physicians needed to establish ways to ensure self-care and balance. She realized while in medical school that she had to safeguard her own well-being, as no one else would, and identified the humanities as a means to do so. Kerasidou and Horn (2016) suggest that “promoting best practice in medical care” requires devoting “more attention to the doctor as a person, and tending to their emotional and psychological wellbeing” (p. 3). Studies have indeed shown that cultivating physician well-being improves quality of care (Shanafelt, 2009). Given these findings, Mari’s statement, and participant accounts previously shared in Chapter IV, it seems the humanities offer a way to attend to personal well-being, which not only benefits physicians, but also their patients. This illustrates the importance of having

opportunities like *Eloquor*, which promote engagement with the humanities, available to physicians at all levels of the profession.

Mari also considered the benefits of engaging with the humanities within the context of residency training. She remarked:

Eventually, once you get to residency, you get to a point where people do not care about your job anymore. They actually just care about you, and if you're not interesting, you're going to have a hard time coping with the stress of a new job and also maybe a new city or dealing with after work... You have to learn a new skillset and it takes time, but it's at a point where people are forgiving of that because they obviously hired you because they matched you to the residency, and they know that first-year residents do not know anything, and they're forgiving of that. So what else do you have to bring to the table when you're a new person at a new group? It's your personality, all the things that you did in your life, all the hobbies that you had. I think having the humanities, it helps, not that it helps you, but I think downstream effects, it just makes you a more dimensional person, and then eventually it gets to a point where it actually matters, like people care about that more than they care about if you got this pathology right or if you read this correctly, because they know that you may not read it correctly the first time, and you're only a few months into the year.

Mari challenged the idea that medical students always had to prioritize scientific and clinical knowledge over other forms of knowing and engaging. She believed it was just as valuable to acquire interests and skills outside of medicine, explaining that once residency began, “people [did] not care about [the] job anymore” and instead focused on “what else” new residents could contribute to the team. Her statement echoes the discussion in Chapter V about the ways in which medical humanities engagement facilitated advancement into residency. Mari also emphasized the importance of having interests and hobbies that could help in “coping with the stress of a new job... a new city or dealing with after work,” evoking the discussion in Chapter IV about self-expression as an outlet for stress management. Mari portrayed her engagement with the humanities in medical school as an asset during residency—where personal qualities outweighed

clinical proficiency—as it had added “dimension” to her personality beyond her professional identity.

Similarly, Kevin stressed the importance of having interests outside of medicine to balance his professional identity and stay “well-rounded.” He said:

I always saw medical humanities as that of a physician should be a well-rounded person, but that well-rounded person, when they go home at the end of the day, they don't need to be a physician. They don't need to be a physician with their family or at the party or with their friends. They can be that separate person. And that was kind of always one of my, not fears, but I guess a fear of being that stale physician in the friend group or wherever you go, you're always going to be seen as the surgeon person, and that's all you can talk about, or you're always going to be seen as the psychiatrist, the internist, that's all you talk about. And for me, it's just I tried to separate that as much as possible. I enjoy my career in medicine, but at the end of the day, a lot of the things that I enjoy outside of the hospital remain that: they remain outside of the hospital, separated from medicine.

Kevin viewed his involvement with *Eloquor* and the humanities as an opportunity to shift his focus away from medicine whenever he was not at work. He was intentional in his effort to maintain “that separate person” that he was before starting medical school, utilizing the humanities as a means of preserving other interests. Just as Mari felt that engaging with the humanities helped her become “a more dimensional person,” Kevin believed it kept him from becoming “that stale physician in the friend group.” Both participants were adamant about maintaining their interests outside of medicine to avoid becoming physicians whose lives and identities revolved around work. As is suggested in the literature and affirmed by both Mari and Kevin, medicine can easily dominate many aspects of life, as the very notion of balance stands in tension with medicine’s culture of self-sacrifice (Slavin, 2016). For physicians, achieving an equilibrium between personal and professional life requires deliberate effort, which experiences in the humanities, such as *Eloquor*, can help facilitate. These kinds of

opportunities can be especially beneficial, as creative engagement has been shown to help individuals recover from work and improve job performance (Eschleman et al., 2014).

### **A Break from Medicine**

In the previous section, participants discussed their engagement with the arts and humanities, as well as with *Eloquor*, in relation to life outside of their medical careers. Personal art pieces served as a reminder of life prior to entering the profession and prompted participants to consider what was important to them, while experiences within the humanities, including *Eloquor*, provided a means for prioritizing personal interests. This section further illustrates the potential role of the humanities in enabling medical students and physicians to prioritize personal over professional life and attend to aspects of their lives outside of medicine. Several participants described their engagement with the humanities as a break from the everyday focus on medical content and from the stress of medical school, or as an opportunity to acquire skills, interests, and hobbies unrelated to medicine. One participant, Tony, spoke extensively about his involvement with the humanities, discussing how it contributed to his medical school experience. He remarked:

It [medical humanities experiences] made it [medical school] fun. It let us kind of talk, us medical students, talk about stuff that wasn't necessarily medicine when we didn't feel like talking about medicine, so that was good. It actually inspired something that I did for a while that was more like a humanities thing that turned into a wellness thing. A lot of what I published happened to be pictures, so what I started to do after that was to take a picture every day... and then under that, do like a five-item gratitude list. And so, it was always take a picture, write a gratitude list, and post it on social media. I think a lot of the work with the humanities kind of inspired that, and that also was a fun thing, like all my friends, all my classmates would help me look for pictures to be featured in the list, so then it became like a group thing. So my friends would always try and like, okay, let's do something cool to be part of the list... It became kind of an offshoot, to the point that I carried on with it for a while in residency for the first couple months, probably three quarters of the way through first year, and I actually today was thinking about picking it back up, so that's funny. But yeah, it helped. I guess

I started—one, I liked taking pictures; two, I realized I spent way too much time on social media, so I figured let me let it be useful. And a couple of my friends had reached out and said that when they would see the picture and the list, it would trigger them to remember, to think about like five things they're grateful for or whatever, so it was kind of nice. It ends up being a talking piece, but also helpful to everybody else, so at the risk of sounding too good, that was that. And then, I'm kind of weird, so I would put ironic hashtags. So it would be a picture of a cake or something and then like, I don't know, *keto diet going strong* or something like that, and it's obviously not that, but it was meant to be lighthearted and funny and try and like, a break from the biochemistry or the whatever, like now is a break from the COVID madness, I guess.

In the preceding excerpt, Tony shared how his involvement with the humanities inspired him to begin practicing gratitude through an activity that he continued into residency. The gratitude lists offered a break from the constant focus on medicine and sparked conversation among Tony and his classmates, allowing them to “talk about stuff that wasn't necessarily medicine when [they] didn't feel like talking about medicine.” As a social and interactive activity, the exercise fostered community and prompted Tony’s classmates to consider what they were grateful for as well, proving “helpful to everybody.”

Tony identified a connection between the gratitude activity and improved well-being, acknowledging that what started out as an experience within the humanities ultimately “turned into a wellness” practice. The exercise infused humor and lightheartedness into the medical school experience and “made it fun.” Moreover, it seemed to provide a respite from stressful situations, such as “the biochemistry” in medical school and more recently, “the COVID madness.” Research suggests that engaging with creative activities can reduce stress, anxiety, and depression and lead to positive mood changes (Martin et al., 2018; Stuckey & Nobel, 2010). Tony’s statement illustrates some of the ways through which creative engagement can promote well-being,

namely by fostering social connections and offering medical students and physicians a break from their experiences in medicine.

During another point in our conversation, Tony related his involvement with a medical school organization to his daily gratitude lists, as both pursuits served the same purpose. He stated:

One of the things that we did, or one of the things that kind of jumps out at me is the PLC [Panther Learning Communities] wellness stuff. I was involved in some of the leadership for that, and I felt like it was basically me hanging out with three of my friends coming up with fun things to do for the rest of the class. And what came out of that was—I don't know if this is still being done, but it happened I think for two years in a row, which was nice—but the wellness palooza. And it was kind of for the same reason I'd want to put the gratitude lists together, or the same reason I do them, the whole like, giving people something fun to do that's nice, so it was sort of a wellness palooza thing. The goal was to give people a break from the stress or the monotony of med school sometimes, and then be like, well, here's a bunch of wellness things, like make your own aromatherapy, a mindfulness session or a mindset session, but also here's this delicious ice cream and let's go play some laser tag. So it was kind of a mix of both aspects or multiple aspects of that, with the goal of getting everybody to be a little, even if it was for a moment, to forget all the stress and be a little bit happier, I guess, after that ... I think that the attitude of, *how can we make work fun?* I kind of carry that into residency a little bit.... I know at least when I put a presentation together, I try to incorporate a little bit of humor and stuff, so trying to keep things light, I guess. And there's a particular Friday lecture that we call bread and butter. It's for our clinic week. So as a joke, one of those, like the last one that we had, because it's called bread and butter, I brought cafe con leche and tostada. It was like, *hah! the bread and butter*, but it was also like, well, here's coffee and some food.

Tony associated his participation in the PLC and the gratitude lists to wellness, as both experiences offered “a break from the stress or the monotony of med school.” Through both pursuits, he intended to alleviate tension and promote happiness among his peers. He discussed well-being as a collective rather than as a personal matter and seemed to favor communal experiences over individual self-care practices. By incorporating multiple dimensions of well-being into a “wellness palooza,” Tony aimed to improve

morale and help his fellow classmates “forget all the stress” of medical school if only “for a moment.” Now as a resident, Tony continued to incorporate humor and lightheartedness into his work whenever possible and seemed just as attentive to the well-being of the collective as when he was a student.

Tony also spoke about his involvement with the Medical Humanities Club (MHC), the student organization responsible for publishing *Eloquor*. He said:

I like the idea of the organization, which was like, hey, let's make space for people to express themselves in a non-medical, non-science, more of an artistic, or to kind of touch on things that you might not really be able to express in medical school, like in classes at all, and then sometimes with friends. So I thought, cool, I'll get involved with this.

Tony's decision to join MHC was primarily driven by his perception of the organization's purpose and values. The club offered a platform for self-expression and creativity that was largely lacking in the formal curriculum, enabling students to explore ideas they were unable to discuss in the conventional classroom setting. Like the gratitude activity, MHC granted Tony a break from the typical medical school experience. Similarly, Kevin recalled his involvement with MHC as an opportunity to delve beyond the scope of focus of “other medical clubs,” stating:

I got involved because of a particular classmate of mine. She was of the class above and kind of right off the bat, I started talking to her and we both had a similar interest in art. And eventually when it came time to, I realized, you know, we're going to be upgrading to the second class and that means positions are going to be available, so I tried to seize that opportunity right off the bat and go into at least a club that—it was different from the other medical clubs. You know, if you like radiology or ophthalmology, dermatology, you got your interest group, but this was kind of a wider stroke of a club. Also, Dr. G had been leading it at the time and she was just such an interesting person on campus. She was always enthusiastic, ready to challenge your thought process, your perception about the world, et cetera. So it was something that I wanted to be a part of and kind of going into it, it was exactly that. People would get together. We would discuss certain ideas, whether it was a moral battle between two different viewpoints or

putting a piece up and everyone talking about how they perceived it. It was a fun experience.

Like Tony, Kevin was encouraged to join MHC by a classmate, but ultimately did so because he valued the club's ideals. He noted that "going into it, it was exactly" what he had expected based on his interactions with the faculty advisor to MHC, who seemed to play a key role in promoting the club's values. He considered MHC to be "a wider stroke of a club" when compared to other student groups that focused on specific medical specialties. MHC provided a break from medical content and instead invited group discussion, philosophical exploration, and artistic engagement. Kevin's comment indicates that through their involvement with MHC, students had opportunities to reflect and develop critical thinking and observational skills, essential physician qualities. This demonstrates the importance of offering formal co-curricular opportunities in the medical humanities, which not only provide a break from curricular content, but foster critical professional skills.

Kevin further expressed how his involvement with MHC balanced his medical school experience. He commented:

I think overall it was like a break from the everyday medicine stuff, and I don't mean to separate the humanities so much from medicine. It's just, for me, it was kind of a fun side thing to do. I personally don't love just being 24/7 engaged in medicine because it's pretty draining, and I didn't ever want medicine to become my absolute personality. So for me, *Eloquor*, I mean, not *Eloquor*, but the humanities club was that outlet, and I enjoyed all the guest speakers that we had, the presentations by Dr. G, and they're just refreshing. I think the main part of it was you were able to see other people's perspectives in a non-medical setting. It was just kind of fun. It really reinforces that we're all going through life with different experiences and those experiences shape how we see the same picture.

The literature on the medical humanities and narrative medicine largely advocates for their integration into medical practice, yet Kevin shared a perspective that challenges this

supposed ideal. He viewed his experiences with the humanities as “a break from the everyday medicine stuff” and deliberately sought to disassociate his involvement with the humanities from his professional role. He valued MHC because it enabled him to focus on and preserve aspects of his personality that were unrelated to his career. Additionally, the club offered “refreshing” content that seemed to counteract the “draining” effect of being immersed in the medical school curriculum. This idea is consistent with prior research, which suggests that creative activity can promote relaxation and recovery from work, and thus positively affect job performance (Eschleman et al., 2014; Stuckey & Nobel, 2010). These findings imply a potential connection between creative engagement and clinical care, even when the engagement is unrelated to medicine. Furthermore, both Tony and Kevin indicated that the humanities added an element of “fun” to their medical school experience, further validating their role in promoting balance and well-being.

While Kevin discussed his involvement with MHC as a way to keep medicine from becoming his “absolute personality,” Natalie portrayed *Eloquor* as an opportunity for medical students to nurture “other parts” of themselves. She remarked:

It [*Eloquor*] encourages people to have a way to pursue their other interests as well and the other parts of them that might be really important to who they are that might not be traditionally valued in medicine, and to show that we value the whole person just as much as we're trying to... as a doctor, trying to value the whole person.

Natalie portrayed *Eloquor* as a venue for students to cultivate interests and aspects of their identity that were undervalued in medicine or viewed as extraneous to the profession. She implied that spaces like *Eloquor* offered students a way to explore the human aspects of care and consider “the whole person,” balancing out the formal curriculum and its focus on scientific and clinical knowledge. Her comment illustrates

how the humanities can complement clinical practice by promoting a holistic view of patients.

Other participants recalled their experiences with *Eloquor* and the humanities as opportunities to explore their interests outside of the medical field and develop skills unrelated to the practice of medicine. Mari shared the following:

I really wanted to learn more about graphic design and working on a magazine and how to make that cause I was interested in photography, so I wanted to make books. So it was really nice as an editor to be able to do that and learn InDesign and just develop those skills. And I think it was a really great outlet too for people to showcase their art and showcase their artistic side that isn't always—we always focus on science. We always focus on things, things have to be done so that we match well, have good step scores, whatever, but *Eloquor* was nice because it was like giving an opportunity to talk about humanities in medicine and to talk about these experiences. Not that many people know what it's like to be a doctor and to be a medical student.... so it was nice in that aspect to have that outlet, not just study all the time.

Mari described *Eloquor* as Kevin did MHC. Both opportunities served as an outlet, offering an escape from the world of medicine and its accompanying stress. Through her involvement with *Eloquor*, Mari nurtured her interest in photography and acquired relevant skills that enabled her to venture beyond her professional interests. In preparing the journal for publication, she learned a new process, interacted with innovative software, and developed a skillset in an area unrelated to medicine. The journal provided what the formal curriculum seemed to lack: a space for creativity and self-expression, and an opportunity to shift attention away from science and studying. It appears Mari's experience as an *Eloquor* editor was a refreshing change from the usual medical student routine.

David also enjoyed his involvement with *Eloquor*, as it differed from the everyday medical school experience. He said:

I was the editor for I think one year, one or two years, I don't remember. I created one of the templates. I don't know if they still use it, but I learned how to use InDesign, and basically, I put out flyers for people to contribute and put it together with a few other students. It was a nice experience. It's nice to do something different than the nuts and bolts of medicine, you know? I had a good time trying to learn a new computer program and I spent many hours on this project, putting the pieces together and formatting it properly so it looked okay... I probably had a few stories here and there, maybe a painting or two, probably mostly from college, but I think the more rewarding aspect of it for me was the editing and kind of fine tuning it and bringing it together.

Just as Kevin portrayed the humanities as “a break from the everyday medicine stuff,”

David characterized the many hours he dedicated to compiling and editing *Eloquor* as a pleasant change from the routine engagement with “the nuts and bolts of medicine.”

Through his involvement with the journal, he learned a new software, contributed original work, and further exercised his artistic ability by creating promotional flyers and design templates. Moreover, he was able to apply his editing abilities and detail-oriented disposition toward a project that was unrelated to medicine. It seems being an *Eloquor* editor was an enjoyable and “rewarding” venture amid the routine medical school experience, and the fact that David devoted “many hours” of his limited time to it speaks to the value of the experience.

Throughout this section, participants recalled their medical school engagement with the humanities, describing how such experiences fostered social connection, offered a break from the stress or routine of medical school, and provided an outlet for expression and creative engagement otherwise not available within the formal curriculum.

Participants also alluded to a potential connection between creative engagement and job performance, indicating that experiences in the humanities aided recovery from a demanding workload while simultaneously fostering important professional qualities.

## Not Having to Choose

Throughout the previous section, participants seemed to indicate a dichotomy between the humanities and medicine, describing their involvement with *Eloquor* and other experiences within the medical humanities as a break from curricular content and the everyday medical school experience. Meanwhile, the current sub-theme highlights the ways in which participants portrayed experiences with the humanities as opportunities to integrate personal and professional interests or maintain interests outside of medicine. Through the medical humanities, participants recognized that they could continue to engage with the arts even after committing to a career in the sciences, not necessarily having to choose between the two. Commenting on *Eloquor*, Kevin described how the journal could enable students to maintain the traits and interests that defined them prior to medical school, stating:

I think the purpose of *Eloquor* is to foster a creative environment for students, just say, *Hey, there's something outside of medicine. You are still all those pieces that you were going into medical school, you know, you're a writer, you're a painter, you're into digital media, et cetera, you're into photography.* It reinforces those aspects of a person. And I think by everyone submitting and comparing, it's kind of a fun experience. It doesn't all have to be medically related, or it can be, but it's an outlet for students... Just a place where you can officially be acknowledged for some skills that you have, aside from just being good at a medical interview or being good in medical knowledge. It's like pouring out your soul onto whatever piece, your poems, your writing, your art.

Kevin perceived *Eloquor* as an outlet for creativity and as a means for preserving “all those pieces that you were going into medical school.” The journal offered students a space to showcase personal skills and talents, and therefore receive recognition for abilities that were unrelated to academics or that could not be demonstrated within the formal curriculum. Moreover, it provided a platform for students to further engage with

“medically related” concepts if they so wished. Kevin’s comment suggests that opportunities like *Eloquor* do not limit students to one view of medicine—scientific or artistic—but allow for the integration of the two domains. As Kevin implied, *Eloquor* reinforced the notion that individuals could continue having interests outside of medicine and fostered “those aspects of a person” that were important to them prior to joining the medical profession.

Natalie expressed a similar sentiment, highlighting the false choice between the humanities and the sciences that is often perpetuated by the culture of medicine and formal medical training. She said:

I really enjoyed having the humanities and to understand, or to remind ourselves that it's important, and that just because you're in something that's scientific or medicine doesn't mean that all of those other things that you have done aren't important and you can't still do them.

Like Kevin, Natalie believed that starting medical school did not have to mean abandoning other interests. The humanities enabled Natalie to continue to engage with “all of those other things” she valued that were unrelated to medicine. In a similar vein, Mari acknowledged the role of *Eloquor* and the humanities in helping her maintain her engagement with the arts. She stated:

I think that *Eloquor* and having the humanities, it just gives you an opportunity to not focus on science and to focus on the empathetic, like I guess it helps you build empathy. It indirectly builds some degree of resiliency. I'm not saying that having humanities courses is correlated with not having, like it helps you not have burnout, cause that's not necessarily true, but it also just gives you an avenue to express things that maybe you didn't really think about beforehand, if you're so inclined. I think that's a great opportunity just because it's very easy to go down the rabbit hole. I mean, everyone was the same way in medical school. I was very focused on radiology. I was very focused on getting to where I wanted to go, but I also had the arts background, so I wanted to have that, keep that, and I think it helps you be well-rounded. Like even in this pandemic, it's just helped me be more flexible with what I like to do normally and incorporating things that I

haven't done in a while and just like, bring it up. It basically helps you use, I guess, more parts of your brain. It helps you be more flexible, I think.

Through *Eloquor* and other experiences within the humanities, Mari retained her arts background and avoided going “down the rabbit hole” of focusing solely on medical school and career-related goals, which she implied could potentially lead to burnout. Her comment calls to mind the discussion in Chapter IV on the importance of having an outlet to avoid getting caught up in the day-to-day and losing sight of the broader meaning and purpose of medical practice. She viewed *Eloquor* as “an opportunity to not focus on science,” but on developing empathy and resilience, and becoming well-rounded. She further emphasized the value of engaging with the humanities as a medical student by noting how her experiences had contributed to her ability to deal with the COVID-19 pandemic, indicating a relationship between humanities involvement and the capacity to adapt to change. Mari suggested that engaging with the arts helped her “be more flexible” and utilize “more parts of [her] brain,” an idea that has been supported by research linking creativity to polymathy, or to “a broad education and a multifaceted mind” (Mangione et al., 2018, p. 633). Mari’s statement conveys the value of having opportunities like *Eloquor* available during medical school to prepare students for their professional roles while nurturing personal interests and abilities.

As established in chapters one and two, burnout is highly prevalent among medical students and physicians, and is associated with adverse patient care outcomes (Dyrbye et al., 2017; Fahrenkopf et al., 2008; Mangione et al., 2018; Panagioti et al., 2018; Zisook et al., 2016). While Mari specified that engaging with the humanities was not a guaranteed means for preventing burnout, she insinuated that it could help. As

discussed in Chapter IV, her comment, like several prior, further illustrates the potential role of the humanities in supporting physician well-being and enhancing patient care. Moreover, it demonstrates the benefits of remaining engaged with the arts while pursuing a career in the sciences, and highlights *Eloquor*'s role in facilitating the continuation of said engagement.

Matt also shared his perspective on the value of continued engagement with the arts even as a medical professional. He remarked:

The truth is that there's a surprising number of residents who have been involved in the arts in some capacity, whether that's music or painting or writing or something, either in high school or in college or something like this, and they kind of leave it behind when they commit to a career in science, but it's not necessarily the case where you have to choose one or the other. I think that narrative medicine is a cool way to bridge that gap and still have that creative outlet while still remaining scientific and committed to your profession, and it's not like it's a distraction from that. Rather, I think it's an enhancement of your occupational experiences too, and I think that a lot of people that have some sort of experience in the arts may really be able to apply themselves to that and benefit from it in a lot of ways that they might not expect.

Like Kevin and Natalie, Matt indicated that choosing a career in medicine did not have to mean abandoning artistic pursuits. While Kevin portrayed *Eloquor* as a means of preserving the creative “aspects of a person,” Matt described narrative medicine as a “way to bridge” creative and scientific interests. Despite offering different perspectives, both participants implied that spaces like *Eloquor*, which support creative expression in a variety of forms, including narrative medicine, enable individuals to engage with the arts as well as the sciences without having to “choose one or the other.”

Matt viewed narrative medicine as a way to indulge creative interests while enhancing professional practice, suggesting that numerous, unanticipated benefits could result from actively engaging with the arts as a physician. Mangione and colleagues

(2018) referred to this dual interest in art and science as “an omnivorous curiosity” and pondered how it could be preserved throughout medical school and residency, as it seemed to ultimately contribute to medical practice (p. 633). One way to potentially nurture this quality in medical students is by encouraging their engagement with creative outlets like *Eloquor*, which embrace a broad range of interests and promote an interdisciplinary view of medicine. Matt’s experience is a testament to the potential lasting impact of engaging with the humanities during medical school. In his case, the engagement nurtured his “omnivorous curiosity” and cultivated practices, namely narrative medicine, that continued into residency, shaping his approach to medical care. He further commented on the importance of devoting attention to the humanities while pursuing a career in medicine. He said:

The first piece of advice that I always give undergrads or anyone early in their training is to just read as much as you can. That's something that, again, when you exist in that academic incubator you think that everything you read has to be a physiology textbook or something, but I don't think that's really the case. There were a lot of important books that I missed out on in college and in medical school just because I was so caught up in trying to learn the science and to feel like I was doing something towards that career goal of becoming a doctor. And surely, all of that science reading did help but at the same time it's important to read the classical literature to be complete, appreciate beautiful words for beautiful words.

Matt characterized the medical school environment as an “academic incubator” that confined students’ focus to the basic sciences. He advised medical students to supplement “all of that science reading” with “classical literature” in order “to be complete,” much like Mari strove to preserve her arts background throughout medical school to stay well-rounded. Both participants’ perspectives align with the AAMC’s stance on the humanities as a central component in the development of well-rounded physicians (Howley et al.,

2020). Though it seems contradictory to traditional wisdom, attending to domains outside of medicine appears to be beneficial to the practice of medicine. To this end, spaces like *Eloquor* serve a dual function, providing students a break from the sciences while fostering professional development.

Like Matt, Natalie endorsed the integration of the humanities into medicine, highlighting the interdisciplinary nature of medical practice. She said:

Most people are a biology major or they're a humanities major, and you don't have to necessarily be one or the other. And I think one of the things I really love in medicine is the ethical questions and the dilemmas and the social component and like, *well, okay, this might be the best plan, but who is this person? What's best for them? What are the social constraints to whatever's going on?* And I enjoy that part of medicine a lot... every now and then it's just interesting to kind of take a step back and think about social impact... I personally haven't done a lot of policy, but... I think some of our faculty are very much involved in the political world. And maybe it's not quite humanities, but it's certainly the interdisciplinary nature of what we do.

Natalie rejected the supposed dichotomy between art and science and proposed that students did not have to necessarily choose between “one or the other.” Like Matt, she portrayed having “an omnivorous curiosity” as beneficial to the practice of medicine and conducive to its interdisciplinary nature (Mangione et al., 2018, p. 633). She implied that medical knowledge played a limited role in patient care, dictating “the best plan” for treatment, but leaving aside other factors, such as ethical, social, and policy considerations. Narrative medicine provides a model for recognizing these and other factors that make up the social context of the patient (Charon, 2006). Through careful attention to patients’ stories, physicians can ascertain, as Natalie put it, “who is this person? What's best for them? [and] what are the social constraints” that may be affecting their health. This practice reinforces a patient-centered approach to care, which has been

associated with improved diagnoses, reduced health disparities, stronger doctor-patient relationships, and lower health care costs (Charon, 2001; Krasner et al., 2009). Like other participants, Natalie seemed to reject the idea of medicine as an exclusively scientific field, and instead conveyed the value of integrating other disciplines, including the humanities, into medical practice.

### Summary

Participants discussed the medical humanities in relation to maintaining balance between the personal and professional aspects of their life and identity. The chapter's first sub-theme explored the notion of *life before medicine*, where *before* indicated both time and placement. A few participants discussed their art as a reminder of life prior to entering the medical profession, sharing how specific creative works prompted them to recall family traditions, pastimes, and meaningful experiences that preceded their enrollment in medical school. In other instances, participants portrayed their involvement with the medical humanities as a means of prioritizing their personal interests and well-being over their profession. Through the humanities, participants preserved and fostered interests outside of medicine, which they felt contributed to their personalities as individuals rather than as physicians. These participants implied that physicians' lives often became consumed by their careers and maintained that medical trainees and professionals needed to give precedence to themselves.

The second sub-theme focused on instances where participants described their involvement with the medical humanities as *a break from medicine*. Participants viewed experiences with the humanities as a respite from the constant focus on medical content and as opportunities to explore interests, skills, and hobbies unrelated to the medical

field. The humanities served to ease stress, generate conversation among medical students on topics unrelated to medicine, and allow individuals to explore the creative aspects of their personalities. Several participants described their experience with *Eloquor* as an opportunity to acquire the skills necessary to compile a publication, cultivate interests that are traditionally undervalued in medicine, and attend to the human aspects of care.

As illustrated in the final sub-theme, participants portrayed experiences within the humanities as a reminder that they could remain engaged with the arts even while pursuing a career in the sciences, *not having to choose* one interest over the other. Participants perceived *Eloquor* as a space for continued involvement with the arts during medical school, recognizing that the journal encouraged students to pursue interests outside of medicine and reinforced the creative aspects of their personalities. One participant emphasized the benefits of creativity within the medical field, encouraging students and physicians to integrate the arts into their practice and avoid forsaking creative engagement in favor of acquiring scientific knowledge alone. Another remarked on the interdisciplinary nature of medicine, highlighting key aspects of medical practice that were grounded in the humanities.

## CHAPTER VII

### FINDING COMMUNITY AND UNDERSTANDING

The fourth major theme in this study explores the ways in which participants discussed their experience with the medical humanities in relation to finding community and understanding among professional colleagues and beyond. Participants perceived *Eloquor* and other forums for creative engagement as spaces that contributed to the sense of a *shared experience* among medical trainees and exposed individuals outside the profession to the unique experience shared by insiders. This theme is presented in two parts: *the shared experience* and *the experience, shared*.

The first sub-theme highlights participants' perceptions of *Eloquor* and similar creative spaces as avenues conducive to sharing and reflecting on the unique experiences of medical students and physicians, thereby cultivating a sense of community and connectedness among them. The second sub-theme presents instances in which participants discussed the role of *Eloquor* and other creative outlets in enhancing the general public's understanding of the unique experience shared by medical professionals via insider perspectives. Overall, the theme captures the loneliness and isolation that accompanies medical practice and illustrates how spaces like *Eloquor* can help individuals find community and understanding, through colleagues who share their experience or by sharing their experience to cultivate a deeper understanding of medical students' and physicians' lives.

#### The Shared Experience

Whereas the three previous chapters explored the role of the medical humanities, narrative medicine, and *Eloquor* from a largely individual perspective, throughout this

chapter, participants discussed *Eloquor* and other creative outlets in relation to a broader community of medical professionals. Natalie described how reading others' *Eloquor* submissions prompted her to reflect on her own, similar experiences as a medical student.

She explained:

I think for me, at least when I physically am doing artwork, I just don't really think. It's a time to not think, but through *Eloquor* actually, I mean, a little bit was contributing, but mostly it was actually editing and reading, and maybe it was like processing through editing and processing other people's experiences and trying to synthesize them, organize them, take people's ideas and actually help them express them and become more clear—cause I think that's what I did a lot as an editor. Also, in some way reflecting or somehow thinking about my own experiences, and maybe I was putting my own experiences a little bit into the way I was helping people, or the words, or the way that I was maybe shaping or deleting or adding phrases or trying to say, “Hey, you should do this or that.” And probably on some level was definitely organizing my own thoughts cause there were a lot of similar themes in what people were expressing, which is a lot of the social barriers that we experience and deal with as physicians when we're providing care, that the actual medical treatment sometimes is very simple, but it's the *how do we deliver that care and what are our patients' first priorities, what is going to prevent them from being able to get that care?* And there's just a lot of similar themes and feelings that we all share and have that definitely need to be expressed in some way.

Through her work as an *Eloquor* editor, Natalie discovered many parallels among medical students' written submissions. She recognized “a lot of similar themes and feelings” across the pieces she read and revised, and acknowledged that reading others' stories helped her process her own, similar thoughts. Her experience suggests that *Eloquor* and other creative outlets can serve multiple purposes, including to help build community among medical professionals by uniting them around “themes,” or shared experiences.

It seems Natalie benefitted more from being an editor than from contributing original pieces to the journal. There is evidence to suggest that creative engagement, even

as an observer, can lead to improved mental and emotional states (Stuckey & Nobel, 2010). In her case, engaging with the works of others prompted a level of reflection and processing that would not have occurred through self-expression alone. Charon and DasGupta (2011) postulate that physicians derive meaning from writing about their experiences and sharing them with colleagues, and from interpreting others' narratives. As discussed in Chapter IV, finding meaning in work is key to maintaining professional satisfaction and avoiding burnout (Shanafelt, 2009). Natalie's comment exemplifies how spaces like *Eloquor* can promote meaning-making, further illustrating their role in cultivating physician well-being.

Natalie further discussed the reflective opportunities that her involvement with *Eloquor* as an editor provided, stating:

It's a very nice way to reflect, especially reading other people's writings about their experience with NHELP [Neighborhood Health Education Learning Program]. I guess maybe that's why I subconsciously brought NHELP up, but that's what I was doing, was reading people's experiences, and it was kind of, I guess it's cathartic to work through these very challenging experiences. I think we all had to write about NHELP. Obviously, I couldn't really submit work as the editor. Maybe, but it would have been weird. But it was a very nice experience to reflect on something where we definitely saw a lot of difficult things, a lot of challenges that our patients were experiencing.

As Natalie recalled, she and fellow classmates were each required to write an essay on their experience with the Neighborhood Health Education Learning Program (NeighborhoodHELP) as part of their formal curriculum. If not for *Eloquor*, which granted students the opportunity to publish their NeighborhoodHELP essays, these experiences would have remained largely private, shared only with the professor who assigned the activity. The journal, thus, cast light upon an experience common to all medical students. Though she did not publish her own essay in the journal, Natalie found

catharsis in reading others' narratives and relating to the challenges they all faced collectively. It appears the journal helped her feel less alone in her experiences, as she could work through them alongside fellow classmates who had written about similar challenges.

Natalie further conveyed the sense of connectedness *Eloquor* evoked in the face of what was often an isolating experience as she emphasized the importance of self-expression among medical students and physicians. She said:

I think it's important to know that we're not alone and that there is a lot that's frustrating, that's aggravating, that's just sad, and maybe we feel guilty or responsible if things go badly, even if it wasn't fully our own fault. But there's a lot of emotions when you're taking care of very sick people, whether it's just the struggles of the system that you're encountering that's making it very challenging to deliver the care that they need, or family situations that are very upsetting, or they're just end of life and coming to terms with the challenges. But we definitely, as physicians, get to see into so many different people's lives and see their struggles that maybe other people in other professions don't encounter as much, ever. And it's a unique privilege of a doctor that people do have trust in you, and you are supposed to open those boxes so that you can really understand what's going on and give the best care. But it's also a huge burden, and I think it's really important that we have a place where we can have a way to debrief and to interpret all of those emotions. Everyone has different ways, like there's meditation—I don't, personally. Meditation gets me anxious, so it's not the best thing, but some people can find it through humor or talking to your colleagues. I think talking to your colleagues is a huge one, but writing is also a way to express things and to have that shared common experience and to realize maybe we're not alone, and to see how other people interpret certain events, which maybe they interpret it different than I do, or I interpret a situation differently, and maybe I can learn from how somebody handled something, either that I want to do it that way, or I don't want to do it that way, that the way they expressed X may have been really profound or maybe made me really uncomfortable and I don't ever want to do that. So while we have a lot of similar experiences, we may express it differently, and I think it's good to have different avenues to let it out.

Natalie insinuated that medical students and physicians could easily feel alone in their experiences, as they encountered challenges and situations that individuals in other professions never had to face. Shanafelt and Noseworthy (2017) deemed “peer support”

as critical in “helping physicians navigate these [unique] professional challenges” (p. 138). Natalie viewed self-expression, especially through writing, as key to cultivating this sense of support and community among medical professionals. She posited that by engaging with the written works of their peers, students and practitioners would recognize the similarities across their experiences and feel less alone in their thoughts and emotions. Natalie’s comment illustrates the importance of providing established opportunities for self-expression within the medical humanities. Without *Eloquor* as a recognized outlet for medical school experiences, a student may not consider a particular encounter as something worth reflecting on or writing about. Having a dedicated space encourages self-expression and prompts engagement from readers, which together cultivate a sense of community and understanding among the group.

According to Divinsky (2007), stories “help us see other ways of doing things that might free us from self-reproach or shame” (p. 203). Natalie’s statement supports this very idea. She indicated feeling “guilty or responsible” for negative patient outcomes and shared how creative engagement helped her “see how other people interpret[ed] certain events... learn from how somebody handled something.” Her statement illustrates how engaging with the works of others can be a healing experience that leads to new perspectives, provides validation, and potentially curbs self-blame. Natalie acknowledged that while medical professionals shared “a lot of similar experiences,” not all expressed their thoughts in the same way. Her comment suggests that students who do not publish in *Eloquor* perhaps prefer or pursue other options for self-expression. Nonetheless, these individuals may still benefit from the journal as readers, as their experiences, ideas, and feelings likely resemble those of fellow classmates.

Like Natalie, Tony recognized the value of creative expression in helping physicians feel less alone in their experiences. He explained:

I follow a handful of physician artists, and they happen to put out relatable comics about the different stages of residency that I like. They seem to come up in the right moment. So like when we were all blasted with the coronavirus stuff and in the very beginning, we're putting on all this PPE, the personal protective equipment, and wondering, like we didn't know that it was effective. So it was kind of like you take a deep breath, you put your mask on, you put all the other stuff, you put your face shield on, and you take another deep breath and you go in the room and hope nothing crazy happens on your way out. And so there's a particular artist, ... there's a comic where it's a picture, like a caricature of him with the plastic face shield and there's a bunch of words in the background and it's all like different points of anxiety or statements like, *signing up for med school I didn't want to be a martyr* or *signing up to go to residency I didn't want to risk my life every day* or something. And there was a lot of like, *does this mask even work? Do I even have a seal on my N95?* All this stuff that when I saw that, it was like, dude, me too. It was great because it put what we were all thinking on paper.

Tony valued the artistic contributions of “a handful of physician artists,” whose comics were relevant to his experience as a resident. It seems the comics relating to the COVID-19 pandemic were especially poignant, as they addressed not just his own, but the thoughts and fears shared by virtually all physicians around the globe. He recalled one specific illustration which seemed to capture “what [physicians] were all thinking” during the early days of the pandemic. Tony’s response to the piece highlights the role of the arts in helping physicians feel validated and less alone in their experiences by evoking a sense of solidarity among them.

Tony further commented on the significance of the comics produced by physician artists, particularly in illuminating experiences that were not overtly visible to others, and which only medical students and physicians could identify with and fully appreciate. He stated:

I look to these comics to speak about the experience that we have that not everybody can see, like our patients see us as the all-knowing sometimes, the all-knowing doctor that's here to take care of you, and not many people can appreciate the true, like, we're just regular people too. We happen to have some experience with things that other people don't really have experience with and we use that to try and help people, but at the end of the day, we have our own fears and needs and whatever. And these comics kind of showcase some of that or some of the strange things about the whole medical education path in the sense of—like there's another com artist that made a comic about certain rotations and how brutal they are, and how when they were on surgery, it was like, *oh, I haven't peed in 48 hours, or I don't remember when's the last time I had a warm meal*. So, I mean, it's kind of an exaggeration, but it's these things that I'm sure med students and definitely residents can identify with, and it's nice cause it's almost like being seen. Like, yeah, that was definitely something that we dealt with.

Tony found validation through other physicians' creative works, as they seemed to capture ideas and sentiments shared by all medical students and physicians, including himself. The comics depicted the harsh reality of being a doctor, focusing on unique experiences that individuals outside the profession could not appreciate or comprehend. Through these comics, Tony aimed to find community and feel “seen” and understood by others in similar positions. The value in these comics, in part, was in their ability to show that medical students and physicians were not alone in their thoughts or emotions, as they belonged to a larger group of individuals united by a shared experience. Interestingly, although Natalie and Tony engaged with different forms of creative expression—written works and graphic arts, respectively—both experienced the same sentiments, understanding and belonging, as a result of their engagement. This contradicts narrative medicine's ideals, which prioritize writing, and substantiates the value of creative engagement, in its many forms, as a means of self-care (Charon, 2001).

Tony elaborated on the significance and purpose of his engagement with the comics in dealing with the loneliness and isolation that accompanied practicing medicine.

He said:

It can be very lonely and isolating in an already potentially lonely and isolating time, on top of stress, on top of the normal stress of the job. So that's an outlet or at least a way to not feel alone pretty much. It's one of those things where you see it and there is—for example, the more intense one where it was the picture of the PPE with all the words, that was kind of like feeling less alone, more connected, and then there's others where, like the joking about the whole, *oh, I haven't had any food in a week because I'm on surgery* or whatever, or *I haven't slept in two days* or whatever. That's more of like you have a choice. You either make fun of it and you laugh, or you get stressed about it and you cry. And if you opt for the getting stressed about it too many times in a row, you're either going to continue but hate your job, or you're not going to continue and that's not good. So I think it's important to maintain a connectedness to other people and also to laugh about the stressful things so you can kind of get through it.

Tony viewed engaging with comics, especially the “more intense” ones, as an “outlet” for the loneliness and isolation that accompanied being a physician. The illustrations helped him feel “less alone,” as they evoked a sense of connectedness toward others undergoing similar experiences. Other comics highlighted the demanding nature of medical training through deliberate exaggeration. Tony appreciated their comedic approach, as he considered humor a valuable tool for coping with the stresses and challenges of the profession. Tony’s comments suggest that creative engagement can serve as a means for mitigating feelings of loneliness, detachment, and resentment toward work. Thus, hospitals may benefit from encouraging creative engagement among physicians, potentially via creative outlets like *Eloquor*. These spaces, it seems, can promote professional satisfaction and well-being by cultivating community (Shanafelt & Noseworthy, 2017).

While Natalie and Tony both discussed the role of creative engagement in highlighting the similarities across physicians' experiences and helping them feel less alone, Adam illustrated how creative expression could foster community by “unmasking” the shared reality of medical students. He remarked:

In both medical school and also residency there's so many—people are always wearing masks. It's insane. So at least in medical school, you don't want anybody to know. I was like that, and it ended up hurting me. If I didn't know something, I didn't want somebody else to think that I didn't know it. I cared about what the other classmates thought or even what my preceptors thought. I didn't want anybody to think that I didn't know this, cause I thought everybody else knows it already, and if I don't know it then I'm not at the level. And it turns out that I wasn't the only one thinking that, you know, but I never knew that because nobody's going to share, and that just makes it worse. It just makes it worse cause you're not really able to assess yourself and assess how good you are or even how bad you are. It doesn't matter cause if you're bad, then you need to improve. It's not about labeling you, but if nobody talks about how they're really feeling, how they're really doing, then it just makes it harder for you to also know how you're doing, and most of the time you're going to think you're doing worse than the others, and it just makes it go way worse. And so I was talking to them, to the medical students [on my team], and they were saying the exact same thing, and that's just because there's no way to really express yourself. Nobody really wants to look, you know, nobody wants to reveal that they don't know, but maybe if it's through art or through a pseudonym or whatever, maybe they can, maybe they can. And then the other people who read it will be pleasantly surprised, and then it becomes more of a *we're in this together*.

Adam portrayed medicine as a profession filled with individuals “wearing masks” around one another to conceal their weaknesses and vulnerabilities. He acknowledged hiding his deficiencies during medical school to avoid being perceived as incompetent, only to eventually realize that he was surrounded by colleagues doing the same. Adam recognized that no medical student would willingly reveal his or her shortcomings or self-doubts to other classmates directly but posited that individuals might be more inclined to unveil their true thoughts and feelings through art. Adam's statement suggests that medical students would benefit from opportunities that facilitate self-expression and

creative engagement. It appears shared experiences abound among medical students, yet the sense of community and connectedness among them—the *we're in this together* sentiment—can only develop when said experiences are openly shared. Otherwise, their collective nature remains masked. Creative outlets such as *Eloquor* encourage self-expression and can promote unity by showcasing the similarities across individuals' experiences.

Adam stressed the importance of self-expression not only among medical students, but practitioners as well, indicating that by remaining silent about their experiences, physicians harmed younger colleagues. He explained:

I think we try to compare ourselves to the people who've already made it, so the people who are in residency, the people who are attending, and then our faculty. I don't remember that many advice that any faculty has given me, except for the faculty that were open and shared their vulnerabilities, and I remember Dr. H did that during orientation, and then after that, I can't remember really. He's the one that I remember the most clearly, just saying, "Okay, here's where I kept messing up," and that makes a huge difference because then you tell yourself, *even if I mess up, I can still get there*. So in residency, in one year, only one person, one attending has revealed a weakness that they had in the past, and that to me, that blows my mind because those are the people that we're trying to become like, but we don't even know what they're like. We don't know. We just think, *Wow, they're amazing. They never have to go through what we're going through*. So, it's a bad spiral... Something like *Eloquor*, that can help because you can—if it was me, I would make the faculty at FIU put anonymously at least once or twice where they felt terrible in their career, where they really felt terrible and maybe even a time when they didn't think they could make it, without names or whatever, but I feel like it would help a lot... I feel like the student craves that. You want to hear that from the people you're trying to be like.

Adam expressed his frustration toward the culture of silence that pervaded the field of medicine. He noted that physicians rarely exposed their vulnerabilities or discussed challenging personal experiences. As a result, trainees were unable to identify with senior colleagues, whom they considered role models, relate to their experiences, or recognize

their professional position as attainable. Moreover, their approach created expectations for residents that were unattainable, thus adding to the stress and isolation discussed previously. By concealing their authentic selves, physicians failed to validate junior colleagues' thoughts, feelings, and experiences as common to all, even highly accomplished, medical professionals.

Adam's excerpt illustrates the flip side of a shared experience. Medical students and residents feel alone in their thoughts and feelings, as they are unable to identify with senior physicians who seemingly "never have to go through" the same challenges as them. Unaware of the qualms and predicaments faced by the individuals they aspire to become, trainees may develop a skewed view of themselves and doubt their ability to ever "get there" in their own careers. Adam alluded to the potential role of creative outlets like *Eloquor* in bridging the divide between trainees and practitioners by uniting them around their shared experiences. Creative outlets can offer physicians a safe space for self-expression, allowing them to self-disclose their vulnerabilities, and provide validation to readers who feel alone in their experiences. Thus, by providing these kinds of opportunities, hospitals could help cultivate an atmosphere of inclusion and fellowship.

### **The Experience, Shared**

The previous section highlighted how spaces like *Eloquor* fostered community and connectedness among medical professionals by uniting them around common, shared experiences. In addition to creating community within the profession, participants discussed the role of *Eloquor* and other creative outlets in exposing individuals outside the profession to the unique experience shared by insiders, thereby enhancing their

understanding of medical students' and physicians' lives. When asked what he perceived to be the purpose of *Eloquor*, Adam stated:

I think it's to give an outlet to medical students to express what they're feeling, and also on the other side, for the readers to maybe, hopefully understand more of what they're going through and what is important to the medical student, what's important to like, general medical education. And it helps bridge a certain gap that otherwise you won't cause you can't go around just asking random medical students what their emotions are, so at least you have *Eloquor* and if you're interested in it, you can at least read about it, read their words or look at their art, which speaks more than just doing an interview or just talking to them, cause that's what art is about and something that's pretty important. I think it's undervalued.

Adam viewed *Eloquor* as serving a dual purpose: the journal offered students a forum to express their thoughts and feelings while granting audiences insider access to the world of medical education. Adam suggested that by offering first-person perspectives, *Eloquor* could help reconcile the disconnect between outsiders' perceptions of medical school and insiders' reality. He believed that art's ability to communicate ideas and emotions was undervalued and felt that individuals could learn far more about medical students from engaging with their creative work than from "doing an interview or just talking to them." Adam's comment reveals that the medical school experience is misunderstood or not fully understood by the general public. Creative outlets such as *Eloquor* expose typically unseen aspects of the experience through insider perspectives and could therefore help individuals outside the field understand the unique pressures and challenges faced by medical trainees. This, in turn, could help medical students feel understood and less alone in their emotions.

Natalie also discussed *Eloquor* in relation to the ability to communicate with the public, specifically about the residency training experience. She said:

I don't think people really know. I don't think the public really understands residency, like the crazy hours, and the minimal pay, and all of that stuff, or the things that residents see and experience, and it's important that we are good at communicating those. And I think the way to be is to continue to use it, which is one of the reasons why it was so nice to be an editor. It just kept up a whole skill that I realized I had kind of forgotten about.

Natalie postulated that writing could serve as an avenue for communicating with the public. She indicated that individuals outside the field lacked awareness and understanding of residents' experiences, and articulated the value of engaging with creative outlets like *Eloquor* to foster the writing skills necessary to effectively convey the challenges and demands of residency training. While Adam discussed *Eloquor* as a direct avenue for communicating with the public, Natalie considered her ability to communicate effectively as one of the benefits of engaging with the journal. Albeit in different ways, both formulated a connection between their experiences with *Eloquor* and the ability to bridge the gap between outsiders' perceptions of the medical field and insiders' reality.

Natalie further commented on the role of *Eloquor* in demonstrating the value of medical students' work. While discussing her engagement with the journal and its purpose, she said:

Sometimes I think we feel like—or maybe this is just residency speaking—but like, what am I actually doing? But when you kind of take a step back, it's like, wow, wait, this is where we were when we first met the household and this is where we are now, and there's a lot that's changed. And even if it's just a therapeutic relationship, that means something in somebody's experience and understanding of the medical world and how they're going to approach medicine, and so it was also seeing people understand and realize that we are doing something and that it's powerful and it's important.

Natalie recalled the “household” she routinely visited over the span of three years as part of NeighborhoodHELP, an initiative at her medical school aimed at improving

community members' health and quality of life. She implied that the work of caring for a household could seem meaningless from day to day but considered *Eloquor's* role in exposing its value. Through first-person perspectives, the journal revealed the importance of the work done by medical students and its potential for positive, lasting impact on the lives of community members. Natalie's comment suggests that medical students long to be understood, and creative outlets like *Eloquor* could provide the means for enhancing the public's understanding of their experiences.

Mari conveyed how doctors themselves contributed to the public's misconception and limited understanding of what being a physician was truly like. She commented:

Everyone has a story, and our story is quite unique, and we don't really talk about it a lot. We just talk about it like, "Oh, I'm a doctor," and it's like, no, it's really hard to be a doctor actually. It's really hard to be a resident, and it's really hard to be taking care of patients. It's just really hard to take care of patients. I think we do forget that after a while.

Mari considered the physician experience to be "quite unique," and yet rarely discussed. She viewed the humanities as an outlet for the reality of being a physician and caring for patients, a reality much harsher than what even doctors themselves portrayed it to be. She sensed that with time, physicians began to "forget," or take for granted just how challenging practicing medicine could be. She implied that by contributing to creative outlets, physicians could offer readers a genuine glimpse into their experience beyond the superficial account denoted by the remark, "Oh, I'm a doctor." Mari's excerpt indicates that the public's understanding, or misunderstanding, of the reality of being a physician may be in part driven by doctors' own silence. Creative spaces could encourage physicians to share their stories and thus help bridge the disconnect between outsiders' perceptions and insiders' authentic experience.

Furthermore, Mari implied that by showcasing physicians “as people” with lives and interests outside of medicine, spaces like *Eloquor* granted readers a more comprehensive, nuanced view of doctors and their experiences. She said:

I definitely think having these experiences in the humanities and just having a more people-focused mindset in our curriculum... it helped me, I think, in residency and it's changed the way that I talk about our experiences in residency. As a physician, I really try to focus—not try to focus—but I try to bring up more about people's life and try to talk about their life more than their work, because I think we all kind of default to a state of work... And I feel like these opportunities, like in *Eloquor* and having humanities in medical school, it helps show that doctors are people too and show that people like doctors have interests. I think people know that. They know that you are a doctor and you are a person, but I don't think they separate it when they're like, “Oh, it's 7:00 PM and I'm going to call you because I have a question about this medication or I have a question about my treatment or whatnot.” I don't necessarily think that a lot of people put two and two together, and this is a problem throughout all of healthcare. It's not just patients, just anyone who's not a doctor. And even doctors ourselves, we don't necessarily see our colleagues. Sometimes we don't think of our colleagues as people unless we work with them every day. So it's helped me, I think, try to think about the other side and think about other clinicians, other doctors and try to have a more humanistic communication relationships with people that you should be having humanistic relationships with.

Mari alluded to society’s one-dimensional view of doctors, explaining that physicians were generally characterized by their professional identity and seldom recognized as individuals with lives outside of work. She remarked on *Eloquor*’s ability to “show that doctors [were] people too” whose identities were comprised of aspects beyond their profession. Her involvement with *Eloquor* and the humanities prompted her to consider colleagues’ lives in general and strive for people-centered rather than work-based relationships. Mari’s comment suggests that even among peers, physicians are not fully understood or seen as multi-faceted individuals. It seems creative outlets like *Eloquor* could help change how people perceive doctors, as these spaces offer a more

comprehensive and intimate view of physicians, past the white coat and into the person behind it.

### Summary

Participants conveyed the loneliness and isolation they occasionally experienced as physicians and discussed finding community and understanding through their involvement with the medical humanities. Participants portrayed *Eloquor* and similar spaces as avenues conducive to sharing the unique experience of medical professionals, both with colleagues, thereby cultivating a sense of unity among them, and with individuals outside the profession, thus contributing to their understanding of the unique experience shared by insiders. The chapter's first section illustrated the potential role of creative outlets in fostering community and connectedness among medical students and physicians by uniting them around common, shared experiences. Participants depicted medicine as an isolating profession filled with experiences that almost no one could understand, and which were seldom discussed by those who did. Participants recognized the value of creative engagement in helping students and physicians feel validated and connected to others in the field, as spaces like *Eloquor* revealed ideas and sentiments common to all medical professionals and showcased the parallels across their experiences.

The second section of the chapter focused on participants' perceptions of *Eloquor* and other creative venues as spaces that could contribute to the general public's understanding of the unique experience shared by medical professionals. Participants indicated that the medical student and physician experience were poorly understood by individuals outside the profession, in part due to insiders' own silence. Through forums

like *Eloquor*, trainees and practitioners could share their stories and reveal aspects of their experience that were typically unseen or misunderstood by the general public. Participants suggested that by offering first-person perspectives, creative outlets could help reconcile the disconnect between outsiders' perceptions of medical practice and insiders' reality. Similarly, spaces like *Eloquor* could help change people's perceptions of physicians as one-dimensional beings by exposing facets of their personalities that extended beyond their professional identity.

## CHAPTER VIII

### CONTINUATION OF ENGAGEMENT

A major theme in this study—*continuation of engagement*—illustrates why some individuals continue to engage with the medical humanities as residents while others do not. Though this theme may appear to be tangential to the research question, it speaks to the broader impetus for the study and is nonetheless crucial in informing our understanding of residents' continuation of engagement with the medical humanities outside of the discrete medical school experience. As evinced throughout prior chapters, it seems as though participants generally found their experience with the medical humanities, and particularly *Eloquor*, to be beneficial, yet some residents extended their involvement with literary journals and, more broadly, the medical humanities beyond medical school while others discontinued it. Two major factors were responsible for either enabling or disabling residents' engagement with opportunities resembling *Eloquor*: availability of similar opportunities and time.

Participants perceived *Eloquor* as an accessible and welcoming space, and expressed how that alone was enough to encourage them to create a piece and submit it for publication, which illustrates the importance of simply having opportunities available. Several participants spoke about either participating in experiences similar to *Eloquor* through their residency program or about their desire for having opportunities available within their own program. Others alluded to time constraints as the main factor hindering their engagement with the humanities, indicating that their time had become very limited upon starting residency, which resulted in less or no involvement at all with opportunities like *Eloquor*. Nonetheless, participants described other ways they had continued to

exercise artistic expression and shared future plans for incorporating the humanities within their professional lives.

Beyond having an interest in the humanities in some form or another, it seems as though most participants engaged with *Eloquor* as medical students simply because the opportunity was available, easily accessible, and encouraged. As Mari stated,

With *Eloquor*, it was just really obvious. I had a lot of travel photography, so I was like, okay, I'm going to submit my stuff and go from there, so I was very involved in that because it's not that hard to pick up.

Becoming involved with *Eloquor* seemed like an “obvious” choice for Mari since she had personal pieces she could submit and an avenue by which to do so. In her case, simply having a space was enough to encourage her participation. Tony also recalled his first experience with *Eloquor*:

My first submission, I think it was two pictures, and it kind of came about by accident. So in the weeks leading up to the deadline day for submissions, there was a workshop, like, *Come in. There'll be some art materials. Create something and maybe you'll submit it or you'll get inspired to start something to submit by the deadline.* So I was going through my phone to look at old pictures for fun, and one of my friends was kind of looking over my shoulder and stopped me and was like, “Oh, that looks really cool. You should submit it.” And Dr. G was in charge of that at the time and she saw the pictures and was like, “Oh no, you should definitely go ahead and submit.” And so I sat on it for a while and then came up with a weird, sort of creative caption. And then two of the three pictures I submitted got accepted, which was cool.

Tony described his initial experience with *Eloquor* as accidental because he never intended to submit to the journal in the first place. He happened to attend a workshop with classmates, where a friend and a faculty member both encouraged his participation. These factors led Tony to publish in *Eloquor*, but his process was not deliberate.

Like Tony, David did not seek out *Eloquor*, but was inspired to submit when he learned of the opportunity. While sharing the story behind his first published piece, he remarked:

I knew the journal, they had asked for submissions and I thought about that time, and so I decided to write about it. It seemed relevant and a unique enough experience that may catch a reader or something... I don't think without prompting I would have written about it ever, so I think that's why it's important to have an outlet like this, where you might not realize what matters to you until someone prompts you and says, "Hey, tell me about a time that something mattered to you," and then you're like, "Well, let me think about it. Okay."

*Eloquor* inspired David to reflect on and write about an experience that had occurred years prior. Although it had remained on his mind, he never wrote about the event until *Eloquor*'s call for submissions prompted him to do so. David's statement suggests that without accessible opportunities for self-expression, individuals may not have a way to process and share meaningful life experiences. Ivan touched on this very idea. Referring to *Eloquor*, he stated:

I think for me it was just nice to have an incentive to be creative. You know, medicine is an art, not just a science, so I think that *Eloquor* does a good job of helping with that. I wasn't as involved with other parts of *Eloquor*, like in-person events and the Facebook group and stuff like that, but for me it was like, okay, I have these thoughts. I want to get them on paper. Here's a little extra motivation to get it done... I have some observation and I'll be like, okay, that's interesting, and without *Eloquor* I wouldn't necessarily have a way or a reason to express it. Yes, there's a bunch of places you can submit poetry and narrative medicine stuff, but *Eloquor* was very close to home, there was no judgmental audience that was going to read it, it was very acceptable, so it was like, alright, maybe I'll just put some thoughts to paper and see if it works.

Ivan engaged with the artistic side of medicine through *Eloquor*, which provided him "an incentive to be creative." Knowing that the journal would provide an external reward motivated him to write, something he had a desire to do, but would not have pursued without having "a way or a reason." Ivan acknowledged that there were "a bunch of

places” where medical students could submit their work, but none seemed as accessible and as accepting as *Eloquor*. His comment demonstrates the importance of having opportunities for self-expression at the home school since it seems as though students are more likely to engage with familiar, existing opportunities than search for external options on their own.

Matt further reinforced the value of having “in-house” opportunities like *Eloquor*.

He said:

I think, first of all, it's a nice outlet to highlight student writing. Even if it's not academic medicine, narrative medicine certainly has a place in the scholarly repertoire, I think, of all trainees, and to have that as an opportunity at a medical student level, I think is outstanding. Further, I was never involved in the editorial board or anything like this, but that's another opportunity for students to really grow and develop and understand the process of developing a publication. Frankly, I kind of have a bit of regret about not being more involved in that respect, but just to have that in your own institution, I think makes it so much more accessible too, like I know they also have [a research journal], which is housed at FIU, but just to have an in-house publication, I think, is really empowering and probably more attractive to some residents who might be a bit more shy or reluctant to send to larger journals.

Matt appreciated *Eloquor* as both an introduction to narrative medicine and as an opportunity for students interested in serving as editors and learning how to compile a publication. Like Ivan, Matt emphasized the importance of *Eloquor* as an “in-house” opportunity since this is what made it accessible even to students who may have been hesitant to submit their work to other, external journals. His statement suggests that although plenty of publishing opportunities exist, individuals tend to favor those present at their own institutions. Indeed, Matt shared that he had submitted work to his residency program’s own literary journal, stating “[The university], which is the academic affiliate of [my program's] medical center, has their own narrative journal too and just had

something accepted there too.” It is likely that Matt would have continued to engage with narrative medicine and publish written pieces even if his residency program did not have its own journal. Nonetheless, this served as an additional, accessible opportunity to engage with the humanities.

Matt was not the only participant to disclose his continued involvement in experiences resembling *Eloquor*. Natalie explained how she learned about her residency program’s journal and decided to submit to it. She said:

My current residency program actually has a literary magazine as well and who even knew? I don't know if I brought it up or maybe the interviewer brought it up when I was interviewing here, cause we were both talking about our different literary magazines, so it's nice that I can still contribute to that here as well. And I decided to kind of get back into doing art and painting cause randomly one day I was like, I'm going to go buy art supplies, and I painted something, and then I submitted it. So I mean, all of that never leaves you. You can still contribute and kind of have a time to reflect.

She described the journal while flipping through its pages:

It's really similar except there's no NHELP section. It doesn't have the bind that I know *Eloquor*—I don't know if it still does—but it's essentially, it really does look a lot like *Eloquor* with people's drawings, this maybe is a poem, so it's very, very similar, I think. This is my page. But I think that's another reason why I really liked [this residency program] was that I felt like it kind of picked up where FIU left off and understood the importance of the humanities, not that everyone is involved in it, but they definitely encourage it or understand the importance of it.... [I decided to submit to it] because I had something to submit. I mean, that's the truth, but I do enjoy—if there is a space to submit something, it's really nice to be able to. Why not? I have paintings or photographs, and yeah, it's kind of cool that there's a place that I can formally share it or contribute.

Natalie’s residency program facilitated her continuity of engagement with the medical humanities by providing a space similar to *Eloquor*. The familiarity of the experience contributed to her understanding of it as a direct continuation of her experiences with *Eloquor* as a medical student. Natalie expressed that “all of that never leaves you,”

implying that individuals can continue to engage in those kinds of practices beyond medical school, but nonetheless acknowledged that her involvement was made easier by having an accessible space where she could submit her art. She implied that having a literary journal showed her institution's and program's commitment to the humanities and identified that as one of the reasons why she liked the program to begin with.

Matt and Natalie, who both submitted to their residency programs' literary journals, serve as examples of how individuals may be more likely to continue to engage with the humanities beyond medical school when the opportunities are available and easily accessible. One participant, Tony, expressed interest in having an opportunity similar to *Eloquor* available within his residency program. He said:

It kind of made me think about, is there a way to do something similar in my own program? Like, there's a psychiatry resident that she paints and recently she's been doing like a COVID kind of art collection, and so she'll do portraits of residents that she's worked with. She's not an FIU alum or anything, but it made me think that there's at least a few people across the hospital that would probably jump on board if we tried to do a [hospital] version of this, which is kind of neat...

Tony recognized the benefit in having a space where residents could share their creative works. He felt that even individuals from other medical schools who had not been exposed to *Eloquor* as students would show support for having a similar opportunity available in residency. Besides providing an outlet for those already engaged in creative practices, like the psychiatry resident Tony referred to, having an available space could encourage other individuals to become involved with the humanities.

Ivan alluded to this idea as he remarked on the importance of having opportunities for self-expression. Referring to *Eloquor*, he said:

I mean, it was cool to have a creative outlet, for me. I think I submitted a few poems or essays. I'm not exactly sure what ended up getting in, but it provided a

platform for me to let it out all on a page and without it, I don't know whether I would've just written for myself and so I really appreciated that, and that writing has kind of continued and I want to continue writing. The other day I wrote something and just put it on Facebook about what it was like working on the Jewish Sabbath for the first time because usually you're not supposed to do any work on the Sabbath but when you're saving lives, you're able to. It's not encouraged, but it was the first time in my life that I was really working on the Sabbath so I was like, alright let me write it. But *Eloquor* kind of planted the seed of finding a place to write for some external motivation when I didn't necessarily have as much internal motivation.

During another point in our conversation, he commented:

If there was no *Eloquor*, yes there are other literary magazines, but it would've been harder to find them and harder to find the right audience, and likely I wouldn't have done as much writing.

*Eloquor* provided a conveniently accessible space, served as a motivator, and catered to a relevant audience of Ivan's peers. He recognized the lasting impact of his experiences with *Eloquor*, as the journal had "planted the seed" of seeking opportunities for self-expression, without which he would not have written for himself. Ivan asserted his desire to continue writing and described a recent instance where Facebook had provided the space and the motivation necessary for him to express his thoughts. He further described his decision to publish his writing on Facebook, stating:

I had two different ideas in my head and I was like, okay, let me just get the low-hanging fruit to get some momentum because writing is like any—a writing exercise, like any exercise, the more you do it, the more you start thinking in terms of what's worthy of being written of. The audience is also important. I felt like my experiences with the Sabbath were relevant to a lot of my Facebook friends who keep the Sabbath or might not but are in the medical field, so that was the intended audience. As far as, if I were to get that published, I just don't think there's a Jewish narrative medicine audience out there that would be better than my Facebook friends, so that's why I put it on Facebook.

Ivan had continued to engage with the humanities during residency through Facebook, which, like *Eloquor* prior, was easily accessible and reached a relevant audience.

Nonetheless, he noted it was difficult to maintain his desired level of engagement, stating:

Still I have a lot of thoughts that I don't necessarily act on that I want to keep writing. That's why I just wrote that thing and put it on Facebook cause then I would get that external reward. It's honestly hard to find the time to write, and I need those little oomphs that keep me going.

Having an "external reward," such as recognition, is what motivated Ivan to continue writing, yet it seems as though limited time, coupled with a lack of accessible opportunities, impeded Ivan's engagement with self-expression. His statements suggest that if you have to make the time to find a space, it becomes much more difficult to continue to consistently engage with the humanities.

Ivan was not alone in citing time constraints as a factor influencing his level of involvement with the humanities during residency. Matt discussed his reduced frequency of engagement with self-expression, stating:

It's undeniably something that I still do with regularity. Frankly, not at the pace that I wish I could. I think in medical school I was probably writing more, but of course, I think that's to be expected as the workload has changed, but I think that it's still really helpful for me working through big moments and small ones too, whether they're positive or negative or frustrating, but ... as I move on to fellowship and then attendingship, I'm not sure how that process will change for me.

As discussed in Chapter IV, Matt utilized writing as a processing tool and had continued to write about his experiences even after leaving medical school. However, his increased workload during residency resulted in less time for doing so. He described his approach towards constructing narrative pieces:

It's gotten harder, of course. I feel like I've less time to do it, but the truth is that that part really flows very easily. It's not like when you sit to write a scientific piece and you have to be very deliberate about a literature review and have a very regimented schedule to it and your approach is very fixed. With narrative

medicine, I feel like you can just kind of take 20, 30 minutes, whatever you have, and it just pours out of you. I'd say I do frequently come back to it. Very few of my pieces are left kind of raw, so when I have the time—again, I just take whatever I have—I just let it pour out and try and keep it as close to the event as possible cause I feel like that's where, that's kind of the purest, but I tend to make a lot of revisions to these works and whether it be weeks, months, even years later, just to try and clean it up a little. I think that's kind of important too is that even though it is kind of a raw emotive narrative experience, it still deserves the polishing of anything else.

To account for his limited time, Matt had established a realistic approach for engaging with narrative medicine. He advised on the importance of taking “whatever [time] you have” to write about a significant event, even if it ultimately took “weeks, months, even years” to polish the written piece. It appears as though Matt’s medical school experiences with the humanities were meaningful and impactful, enough that he continued to make time to engage with narrative medicine during residency.

Natalie also remained involved with the humanities, though she acknowledged that having to find time to engage in creative practices was challenging. She remarked:

I think the nice thing about being in school is you were given the time, and I think you're also expected to have extracurriculars where you do these kinds of things and do a class, or this, or that. And I think once you have to start actually creating that time, it becomes harder, but I think it's still very important and nice to be reminded of and not lose your childhood hobbies.

Natalie recalled how engaging with the humanities was expected and encouraged during her school years but became more difficult once she had to allocate time for it. It appears Natalie perceived engaging with the humanities as enjoyable and effortless when she was “given the time.” She alluded to this as she shared a story about a painting she created during a weekend off from work. She recounted:

Recently, like nine months, maybe it was a year ago, and I had one of those random weekends where you don't really have much going on and like, what do I do with myself? I'm not used to having two days off, and I went to the art store

and I bought art supplies and I painted this. And it was the first time I think I had actually picked up acrylics and actually painted in probably 10 years, since maybe I was like 19 or 20, cause I did do an art class once in college. And it felt so good to pick it up again, and I was like, why did I just stop? It had been such a big part of my life for like all elementary, middle, high school. And I guess life gets in the way, but it's not necessarily a great excuse, and I guess this symbolizes just picking up an old hobby and remembering what I used to really enjoy, also very colorful because I was not going in with any expectations. I didn't even know what I was going to paint, but I painted one of the plants that's sitting behind me. Yeah, it was really nice to start doing something again. I didn't even really care what it looked like, which I think was the most freeing part about it. I wasn't going in like, it wasn't a class where I was like, oh, I want to make this thing perfect. It was just like, okay, this is a random weekend hobby.

Natalie serves as an example of what individuals can achieve when they actually have time for creative pursuits. Even though Natalie described the activity as a “random weekend hobby,” she ultimately submitted the painting she created to her residency program’s literary journal, where it was subsequently published. Without time as a hindrance, Natalie felt free to paint without any expectations, from herself or others. Her experience suggests that if individuals were “given the time,” remaining engaged with the humanities beyond medical school would become possible, if not probable.

Like Natalie, Kevin had continued to express his creativity, but in a limited manner. He explained:

For me, I've mostly done videos since leaving medical school just because I find it the most entertaining and worth my time, at least to get into. My other artistic skills have fallen a little bit by the wayside, but that's only because residency also has limited time slots and you really have to go home and make the most of your evenings, make the most of your weekends, and it just so happens that I tend to be focusing on videos more so. I've kind of been taken aback from pictures and such just because people scroll by so much quicker on social media. They don't have the same exact lasting impact for me personally.

Kevin’s involvement with the humanities during residency had been reduced to what he deemed to be worth his time. His perceived value of engaging with certain creative

activities, like photography, had decreased as his time became more limited since he felt these endeavors had a low return on investment, meaning they required him to invest valuable time, but did not leave a lasting impression on others. Mari spoke about her lack of engagement with the humanities in a similar way, stating:

I haven't really edited any photos for a long time, but the whole point of the humanities is it's there for your availability. It's not meant to be something you have to do. You do it cause you want to do it. So for me, I'm like, I don't want to do this right now. I don't have time to do this right now. It's not worth it to me. Maybe next year, maybe when I'm done with residency, maybe never. I don't know. Hopefully not never because I do like editing my photos...

Mari did not consider photography a worthy endeavor, currently, given the time constraints associated with residency training. Nonetheless, she viewed engaging with the humanities as an option that would always be available to her should she want to pursue it in the future.

Other participants shared their current and future plans for engaging with the humanities and incorporating their artistic skills within their professional lives. Natalie explained how she had continued her involvement with the humanities during residency via an optional track she had been accepted to at the start of her training. She stated:

I was talking about that track that I'm in, ... and while there's definitely a focus on the underserved, I think a lot of it and a lot of our discussions comes back to ethics, writing, advocating, and just thinking and reflecting. So every five weeks, we have some sort of assignment. Every tenth week—so like every other time we meet in person—there's a prompt. Each five weeks there's some sort of theme, and every 10 weeks we meet as a group, and we might have a reading assignment and a guest person come to speak, and so we've had certain books that we've read or chapters, which spark a conversation. And it's kind of nice, my friends and I call it our book club because it's one way to read, but also to feel like it's not just purely for fun, cause who really has time, but to kind of mix all of it together and to think, and to read about something that is related to what we do, but in a different light. And it's a time to reflect and to think about maybe what brought us to medicine, what are our goals, what kind of doctors we want to be.... So it's every other [week] we meet in person, and then when we don't, we have some sort of

assignment which often includes a reflection or writing about whatever the theme is. This coming week it's about advocacy, so that's what I have to do for next week. And so it's a very nice space and there's about five of us, five or six of us, who participate each year. So there's maybe five third-years and we all meet together. I guess maybe we all enjoy that aspect of medicine as well, so that's a nice time to have. It's an added responsibility, but it's also really meaningful.

Natalie continued to engage with the humanities beyond medical school through a formal opportunity offered by her residency program. She appreciated having the space and the time to read, write, reflect, and discuss important topics, even though it was “an added responsibility.” She viewed her engagement with the humanities as productive rather than as “purely for fun” since it occurred within a formal setting and was directly related to her medical career. As previously discussed in Chapter V, it appears as though formal avenues for engaging with the humanities legitimize what can otherwise seem like a distraction from work. Thus, medical students and physicians may be more inclined to engage with the humanities when there are formal opportunities available for doing so.

Tony also spoke about his residency program’s curriculum and efforts to promote the humanities and wellness among residents. He explained:

I know at least in our program they're creating a more durable wellness curriculum. So that's on the “bread and butter” Friday, we do our medical topics, and then in the afternoon we do like an hour of self-reflection and kind of talking about stuff, and then around lunchtime, we do yoga. And then on the weekends, right now they're working on organizing different kinds of things... The cool thing would be to start some kind of *Eloquor* thing. I don't know how much interest there would be within [my specialty], but I feel like since we have a handful of residency programs at the hospital, there would be other specialties that probably would be interested, so it'd be cool to do something like that or even like a cross-specialty, wellness, physical activity kind of event, like bringing more people together to mix and mingle, and I think that'll be good cause then when you're consulting somebody it's less of like, *oh, now I have to talk to the surgeon*. It's probably like, *oh, hey, so and so is on call. I know them and we can talk about a case*. I think that'll be good for patients too because they're less reluctant to do things because they know the other person who is asking wouldn't be asking—like if you have a relationship with somebody you trust their judgment a little

more than if it's a stranger, I guess, so that's where I see things going, expanding the people that go to these things beyond just our program and then maybe doing like an *Eloquor*-type thing, which would be cool.

Tony often associated the humanities to wellness and to people coming together. He saw himself becoming more involved with his residency program's wellness curriculum by attending activities and by potentially creating an opportunity like *Eloquor* for residents interested in the humanities. He believed that experiences that brought people together, such as wellness events and *Eloquor*-like publications, were beneficial to both physicians and patients. Tony also shared a potential future project. He said:

One of my friends wrote a book and then he knows about the gratitude list, so he was saying like, "Dude, why don't you turn them into a book?" So that's something I'm thinking about is turning the pictures with the lists into like, I don't know, a year's worth of gratitude or whatever, but we'll see. It sounds kind of corny, but that may be coming. I don't know.... I thought about a couple of ways, about how did I want to do this. So the goal would be, I think, I'd want it to push people to do something similar, not necessarily taking pictures, but more to nudge people into thinking about gratitude—or not thinking about gratitude—taking moments to be grateful. And I've thought about, if I put together a collection, would I want it to be like a workbook where for every day of the year, this is what I saw and what I was grateful for on like the left-hand side, and then on the right-hand side, there was an empty square for your picture and then empty lines for whatever you're grateful for versus just the year's worth of pictures and captions and then in the intro or the ending be like, okay, well, you saw my list and now it's your turn. I mean, maybe both, but those are the two ideas of how to do it. But yeah, the goal would be to maybe inspire people to do something, at least push a little bit of gratitude into their life.

Just as Tony's initial involvement with *Eloquor* had been inspired by a friend, so was the idea of publishing a book based on his work with the humanities. Tony had been considering two potential options for compiling a collection, both with the goal of motivating others to partake in a similar activity. He had not yet made a final decision on whether to pursue this project, but he spoke about it with enthusiasm.

Kevin also shared how he envisioned his artistic skills playing a future role in his career. He explained:

I make videos, but that skill has translated to me making the department's promotional videos. I told them I could edit videos and such, and they actually asked me this year to make the residency promotional videos, and I said, okay, I'll do it. I mean, they didn't pay me, that kind of sucks, but I did it as a favor. And in the future, I want to have my own practice. I know a lot of multimedia things, and I know the more you know about a topic, you expose yourself to others who may potentially know and be people that you work with or collaborate with for future projects. So I do see a potential with medicine, whether it be marketing pieces, pieces for marketing or promotional things, as well as more likely influencing me down the line, in terms of what I produce. As I age, I will probably reflect more on medicine through my arts. It's just that in medical school, I was focused on still a lot of the topics that I like to draw or to take photographs of or write of. I don't write too often, but I didn't want to come home and write about my experiences at the OB/GYN clinic and such. I do think in going forward though, I'll probably incorporate more medicine as I get more specialized and the role of psychiatry or the identity gets hammered into me. It's still pretty early on.

Kevin discussed his future engagement with the humanities in two ways. As previously discussed in Chapter V, he considered the potential ways in which his video-making skills would prove useful in advancing his career and contributing to the success of a future private practice. However, he also noted that his future involvement with the humanities would likely include reflection through drawing, writing, or taking photographs. He explained how he preferred to separate the humanities from medicine while he was in school but could foresee the two becoming more integrated as medicine became a bigger part of his life and his identity. David could also envision the humanities playing a bigger role in his career. Referring to his experiences with the humanities, he stated:

I think they add this diverse, dynamic element to my story, and I think going forward, it's an experience that I'll hopefully let filter into my professional life more, like similar to how I made that video. So I think I'll seek opportunities to continue those sorts of avenues of creative reflection moving forward, rather than

just neglect it. And I think it's kind of like the prompting that I had for the story, where I think in the future, I'll always have this prompting of, oh, maybe I can make this into a video or maybe I can make this into a photograph or this kind of looks like what I saw in the OR, maybe it would be a neat analogy for someone to see them juxtaposed.

David learned the importance of constantly reflecting and thinking creatively through *Eloquor*, which prompted him to reflect on an event he had not previously realized was so meaningful. David expressed his desire to continue to engage with the humanities by infusing reflection and creativity into his work whenever possible.

### Summary

The theme *continuation of engagement* explored some of the elements influencing residents' involvement with the humanities and with opportunities resembling *Eloquor*. Most participants recalled their initial experience with *Eloquor* as not being deliberate. Rather, participants were drawn, as medical students, to submit to the journal simply because the opportunity was available, accessible, and non-judgmental. Several participants' statements suggest that individuals are more likely to engage with literary journals when the opportunities exist, especially if they are "close to home," meaning they are familiar, "in-house" opportunities rather than external options. Indeed, two participants shared that they had published in their respective residency programs' literary journals, while another expressed his desire for creating an *Eloquor*-like publication within his program.

Various participants indicated that time, or lack thereof, was a major factor influencing their levels of involvement with the humanities during residency. Participants expressed how time constraints led to decreased engagement or less perceived value in their engagement with the humanities. Nonetheless, one participant explained that during

a weekend off from work, when she actually had time, she created a painting that was subsequently published in her residency program's literary journal. Though participants acknowledged it was difficult to find the time for creative pursuits, they also shared future plans for engaging with the humanities by allowing art and creativity to play a bigger role in their medical careers.

## CHAPTER IX

### CONCLUSION

#### Introduction

The high rates of burnout and depression among medical students, residents, and physicians indicate that medical professionals at all levels of their career need healthy ways to sustain themselves against the emotional, physical, and mental challenges they face daily. Prior research suggests that the medical humanities can prepare medical students for their future physician roles by informing their approaches to personal well-being and by cultivating skills, qualities, and practices that enhance patient care. Nonetheless, scholars have largely failed to explore and potentially substantiate these claims through first-person accounts of experience. The purpose of this study was to explore how resident physicians who engaged with self-expression through their medical schools' humanities journal understood their experience with the medical humanities and related it to personal and professional facets of their lives as physicians. The following question guided this study: how do resident physicians who engaged with *Eloquor*, a medical school humanities journal, understand their experience with the medical humanities and relate it to their lives as physicians? Through qualitative interviewing, I aimed to understand participants' experience and the meaning they made of it.

During interviews, participants reflected on their medical school experience with the medical humanities and considered its bearing on their present lives as practicing physicians. The results of the study indicate that these experiences instilled knowledge, skills, and attitudes that remained relevant beyond medical school, contributing to participants' ability to navigate the personal and professional challenges of

physicianhood. While each participant shared a unique perspective, several common themes were present across all interviews. Respectively, chapters four, five, six, and seven recount the ways in which participants discussed their experience with the medical humanities in relation to *personal well-being*, *professional growth*, *maintaining a balance*, and *finding community and understanding*. Meanwhile, Chapter VIII highlights the factors responsible for either enabling or disabling participants' *continuation of engagement* with the medical humanities and with opportunities resembling *Eloquor* during residency. This chapter summarizes the key findings derived from the results presented in the five previous chapters. The limitations of the study are discussed, as are implications for practice and recommendations for future research. The chapter concludes with final remarks.

### **Summary of Findings**

This study explored resident physicians' medical school experience with the medical humanities and its relevance to their lives as physicians. The results were consistent, in part, with existing literature on the humanities in medical education. Specifically, the themes *personal well-being* and *professional growth* spoke directly to the two main concerns addressed in the medical humanities literature, improving physician well-being and enhancing medical practice (Gordon, 2005; Hoff et al., 2014; Howley et al., 2020; Mangione et al., 2018; Wald et al., 2018). Meanwhile, the themes *maintaining a balance* and *finding community and understanding* delved into concepts that have received limited attention in the medical humanities literature, but in many ways inform the field's contributions to physician well-being and patient care. The findings of this study thus extend knowledge on the role of the medical humanities in

physician training and preparation by contributing to a deeper understanding of how medical school experiences with the humanities manifest in professional life and practice, beyond what has previously been explored.

### **Personal Well-Being**

The demanding nature of medical training and practice, and its detrimental effects on medical students' and physicians' mental health are well documented in the research literature (Coentre & Gois, 2018; Dyrbye et al., 2017; Fahrenkopf et al., 2008; Glaser, 2015; Goebert et al., 2009; Moir et al., 2018; Myers & Fine, 2003; Poorman, 2019; Shanafelt, 2009; Slavin, 2016). Not surprisingly, participants frequently referred to the challenges and demands of their profession and to daily encounters with stressful, emotional, and complex situations which they managed in part by employing practices and techniques acquired through their engagement with the medical humanities.

The existing literature accounts for a multitude of benefits derived from engaging with the medical humanities, yet the mechanisms underpinning their association are not well-established. In many instances, scholars offer broad statements about the outcomes and competencies that can stem from different forms of humanities engagement, neglecting to describe the processes or factors that lead from point A to point B. The results of this study contribute to the current body of literature by elucidating some of the mechanisms underlying the association between medical humanities engagement and physician well-being. Specifically, the findings reveal that the medical humanities can contribute to physician well-being by providing an outlet for reflection and expression, a tool for processing experiences, and an avenue for self-improvement.

Participants expressed the importance of having an outlet in medicine to mitigate burnout and its detrimental impact on patient care. The findings suggest that self-expression provided such an outlet, which was utilized to find meaning and purpose in medical practice, disconnect from experiences, disrupt negative thinking, and deal with stress and stressful experiences. Participants indicated that self-expression enabled them to step back from the day-to-day routine to reflect on the broader purpose of their work and identify the meaningful aspects of it. This shift in focus rekindled their connection to patients and core values as physicians, and thus prevented a mechanical and disengaged view of medical practice, which has been linked to physician burnout and adverse patient care outcomes (Kerasidou & Horn, 2016; Krasner et al., 2009; Panagioti et al., 2018).

Participants also described engaging with self-expression to unwind and disconnect from their day-to-day experiences and disrupt negative thinking. By redirecting attention, whether away from work or from ruminating thoughts, the act of self-expression induced a healthier mental state and more positive frame of mind. Additionally, participants identified self-expression as an outlet for built up stress and tension and as a means to deal with stressful experiences. A couple of participants acknowledged turning to the humanities during the COVID-19 pandemic, highlighting the value of self-expression not only as an outlet for everyday stress, but as an especially useful resource in times of high stress.

The findings also provide insight on the contributions of self-expression, as a tool for processing experiences and emotions, toward physician well-being. Participants described engaging with self-expression to process and move past difficult experiences, ease emotional burden, and confront inhibited emotions. Consistent with prior research

linking creative engagement to catharsis and positive affectivity, participants described the expression of thoughts and emotions as therapeutic and even cathartic at times (Charon, 2006; Eschleman et al., 2014). Writing and other creative forms of expression externalized the emotional baggage of their experiences and provided relief as a result. This finding substantiates, in part, narrative medicine's claim that experience can only be confronted and overcome when it exists in tangible form, meaning once it is materialized in writing (Charon & DasGupta, 2011). While participants affirmed the importance of concretizing experience in order to process it, they did not associate materiality solely with the written form. Instead, their expressions transcended the limitations imposed by narrative medicine's confined focus, suggesting that a reconceived understanding of narration beyond its current scope could potentially open up space for additional forms of narrative practice and accommodate practitioners whose artistic abilities are, at present, incompatible with the practice of narrative medicine.

The results of this study indicate that medical humanities experiences not only armed students with an outlet and a tool for managing the challenges and stresses of professional practice, but in doing so, forged a path toward self-improvement. The findings illuminate an important function of medical humanities engagement that is largely unaccounted for in the existing literature and highlight the role of literary arts journals in fostering self-improvement by promoting reflection and introspection. Participants identified deliberate reflection as the foundation for continuous learning and improvement and described engaging in that process to build on personal strengths, identify areas of improvement, and inform future actions. Notably, the findings indicate that self-improvement is contingent on having a space and a capacity to reflect, which

demonstrates the importance of having opportunities for self-expression available at the medical school setting to cultivate reflective practice.

### **Professional Growth**

Within the context of medical education, the primary purpose of the medical humanities is to ultimately inform professional practice (Gordon, 2005). Accordingly, participants discussed their medical school involvement with the humanities as a contributor to their professional growth in general, and specifically to their development as physicians. Consistent with prior literature, participants associated their medical humanities involvement during medical school to specific skills and qualities in professional practice. In discussing their experiences as practicing physicians, participants accounted for several of the competencies identified in the literature as products of medical humanities training. Extending beyond the scope of existing scholarship, all eight of the study's participants discussed their medical school experience with the humanities in relation to their career advancement. These findings contribute to a deeper understanding of the role of the medical humanities in medical education by illuminating a previously unexplored area.

Participants identified several ways in which their medical school involvement with the humanities, particularly their experience with *Eloquor*, aided their career advancement. Framing their discussion mainly around the residency application process, participants described *Eloquor* as a unique and valuable addition to the CV, indicating that the experience not only distinguished them from other applicants, but also generated interest and discussion during interviews. The results of the study suggest that the value of the experience was linked to the official nature of the journal and the ability to present

creative endeavors as legitimate accomplishments. Another important finding of the study was that faculty played a critical role in upholding the legitimacy of the journal, suggesting that the career-related benefits participants described were predicated on and contingent upon a deliberate commitment on the medical school's part.

As suggested in the literature and affirmed by participants, involvement with the medical humanities shaped professional development, namely by cultivating skills and qualities that informed medical practice. Participants indicated that medical school experiences like *Eloquor* established a foundation for future professional practice, in part by cultivating writing and critical thinking skills as well as narrative and reflective practices. Participants also recognized the importance of visual thinking and literacy in medical practice, and indicated that experiences in the humanities cultivated such abilities. This is consistent with literature indicating that visual arts and thinking strategies can improve medical trainees' observational skills, resulting in more accurate diagnoses (Howley et al., 2020; Kim, 2016).

Participants also indicated that the arts and humanities served an important role in their ability to communicate with patients and relay medical information in ways that could be clearly understood. The findings suggest that the formal medical terminology that is taught in the curriculum is not necessarily suitable for the bedside, and as such, physicians must develop the ability to translate and deliver complex medical concepts in ways that are accessible to patients. Participants indicated that the arts and humanities afforded them this capacity, highlighting their role in physicians' professional development and ultimately, patient care.

Existing literature on the medical humanities points to its role in fostering empathy and compassion among physicians and nurturing a humanistic view of patients (Kerasidou & Horn, 2016; Mann, 2017; Wald et al., 2018). In accordance with the literature, participants related their experience with the medical humanities to a more humanistic and compassionate practice. Participants indicated that in practice, the human element preceded the scientific focus emphasized during medical school and identified factors such as physician empathy and communication as key contributors to patient care and to the physician-patient relationship. The findings suggest that although medical education places significant value on scientific expertise and clinical precision, humanism and empathy are necessary in professional practice. This idea is supported by research linking empathy to higher patient satisfaction, quicker recovery, fewer medical errors and malpractice claims, and a greater likelihood of positive health outcomes (Kerasidou & Horn, 2016; Shelley, 2016). This demonstrates the contributions of the medical humanities to physicians' professional development and their capacity to provide higher quality of care.

### **Maintaining a Balance**

In the course of their training and practice, physicians endure frequent stress, long hours, and a heavy workload (Coentre & Gois, 2018; Fahrenkopf et al., 2008; Goebert et al., 2009; Puthran et al., 2016; Shanafelt, 2009). Participants frequently referred to the draining, all-consuming nature of medicine, and discussed the humanities as a resource to maintain life balance. Experiences in the humanities provided a reminder of what was truly important in life, besides medicine, and served as a means of prioritizing personal over professional aspects of life. Participants aimed to maintain interests outside of

medicine to avoid becoming physicians whose lives and identities revolved around work, and indicated doing so in part through the humanities.

Participants also described their involvement with the humanities as a break from the everyday focus on medicine and from the stress of medical school. Experiences in the humanities provided a space for self-expression and creativity that was otherwise unavailable through the formal curriculum and introduced students to topics that were not explored in courses, but were relevant to the practice of medicine. While the arts and humanities are increasingly becoming integrated into medical education, participants at times challenged this supposed ideal, indicating that the humanities balanced out the medical school curriculum and enabled students to shift their focus to skills, interests, and personality traits unrelated to the practice of medicine (Howley et al., 2020).

In other instances, participants described their involvement with the humanities as an opportunity to integrate personal and professional interests or preserve interests outside of medicine to maintain a balanced life. Participants rejected the idea of medicine as an exclusively scientific field, and instead conveyed the value of the arts and humanities in medical practice. Some described their involvement with the humanities as a way to indulge creative interests without having to deviate from their commitment to medicine, while others viewed it as a way to maintain personal interests, priorities, and personality traits through the pressures and demands of medical training and practice.

### **Finding Community and Understanding**

The culture of medicine promotes competitiveness and frowns on vulnerability and open expression, to the detriment of physicians who end up feeling all alone in their emotions and discouraged from talking about them (Kerasidou & Horn, 2016; Moir et al.,

2018). The findings of this study contradict the image of the ideal physician as shaped by the culture of medicine—competitive, confident, detached—and instead show that physicians long for community, connection, and understanding. Participants described *Eloquor* and other forums for creative engagement as spaces that contributed to the sense of a shared experience among medical professionals, and thus combatted feelings of loneliness and isolation.

Through the arts and humanities, participants reflected on the experiences of fellow students and physicians and related to the challenges they all faced collectively, which led to a sense of belonging and connection. The findings suggest that shared experiences abound among medical students and physicians, but the sense of community among them can develop only if said experiences are openly shared. Otherwise, their collective nature remains concealed. Participants indicated that by illuminating the similarities across individuals' experiences, outlets for self-expression promoted unity among medical students and physicians.

*Eloquor* and other creative outlets also exposed individuals outside the profession to the unique experience shared by insiders, which enhanced the general public's understanding of the unique pressures and challenges faced by medical students and physicians. The findings of the study indicate that there is a disconnect between what outsiders think the medical profession entails and what insiders truly experience and feel. Participants indicated that only by sharing their experiences as physicians would other people understand how difficult it is to be one, and discussed how spaces like *Eloquor* could facilitate doing so.

## **Continuation of Engagement**

While all participants spoke positively about their medical school experience with the humanities, and particularly their involvement with *Eloquor*, not all had continued to engage with the medical humanities during residency with the same frequency or in the same capacity as they had during medical school. The findings revealed two main factors that either aided or hindered continuation of engagement with the medical humanities during residency training: accessibility of opportunities and availability of time.

Accessibility seemed to be the key driver of engagement. Several participants recalled submitting to *Eloquor* for the first time simply because the opportunity was available to them and easily accessible. As residents, those who had access to a literary journal within their residency program had continued to engage with self-expression through that avenue, while others whose programs had no such opportunity available expressed their desire for an *Eloquor*-like space. Reminiscent of the discussion in Chapter V, participants indicated that formal avenues of expression legitimized what could otherwise seem like a distraction from work, indicating that physicians may be more inclined to engage with the humanities when there are formal opportunities available for doing so. The findings also suggest that individuals are more likely to engage with familiar, existing opportunities than search for external options on their own. This highlights the importance of offering opportunities for self-expression not only at the medical school setting, but throughout all levels of physician training.

Participants also identified lack of time as a factor hindering their creative involvement during residency. The increased workload resulted in less engagement with self-expression and less perceived value in it. The findings indicate that limited time,

coupled with a lack of accessible opportunities, impedes self-expression during residency, suggesting that continued engagement with the humanities beyond medical school is largely contingent on having the time and the space for it.

### **Limitations**

To explore how residents understood their experience with the medical humanities and related it to their lives as physicians, I interviewed eight resident physicians—all graduates of HWCUM—who had previously published in *Eloquor*, the medical school's humanities journal. One of the limitations of this study is that all participants graduated from the same medical school. Therefore, their accounts reflect one curricular experience. The format, content, and scope of medical humanities curricula vary across institutions. Thus, it is possible that graduates of other medical schools may have understood their experience with the medical humanities differently or related it to their lives as resident physicians in ways that were not discussed by the participants in this study.

Furthermore, *Eloquor* represents just one avenue of self-expression. The sampling criteria for this study excluded HWCUM graduates who may have engaged with self-expression through alternate channels and as a result, may have possessed a unique perspective that was not captured in this study. Essentially, this study does not account for experiences with other medical schools' literary journals or with opportunities for self-expression that are not affiliated to a particular institution. While I never intended to generalize the results of this study to a broader population, expanding the scope of the research to include graduates from other institutions or a wider variety of opportunities for self-expression may have resulted in a more comprehensive view of the topic.

This study was also limited by a small sample size of eight resident physicians. While there was diversity among the participants in terms of gender, medical specialty, graduation year, and mode of self-expression, a larger sample may have contributed to a deeper and more nuanced understanding of resident physicians' experiences. Additionally, two of the eight participants were unable to complete a follow-up interview, thus limiting the depth and breadth of experiences gathered. The commitment to maintaining participants' confidentiality also resulted in limitations. Participant profiles were omitted from the final dissertation, as readers may have been able to identify several of the study's participants through descriptors, given the sampling criteria. Though not a limitation of the study, per se, readers' understanding of the results could potentially be limited by the lack of participant profiles. Additionally, the final dissertation does not contain the original creative works that participants shared and discussed during the interviews, as several of the pieces had been published and thus could easily be found and linked to the authors.

### **Recommendations for Practice**

The practical implications of this study span the continuum of medical education and practice. Specifically, the results have important implications for curricular design and implementation as well as organizational culture and structure within physician training programs and healthcare institutions. While the AAMC FRAHME initiative is indicative of a growing interest in arts and humanities integration into the medical school curriculum, this study also points to the value of engagement that occurs outside of a formal curriculum. There is a need to better understand the co-curricular learning that takes place within the scope of medical humanities and support these kinds of learning

opportunities. A practical recommendation stemming directly from the results of this study is that medical schools should provide in-house opportunities for humanities engagement that are accessible, non-judgmental, and that are recognized in an official capacity, an example being literary arts journals. While the commitment to creating well-rounded physicians through medical humanities immersion is broader than co-curricular engagement, the results of this study indicate that experiences like *Eloquor* can have a lasting impact on individuals who find meaning in it. What may be valuable for one student may not be for another, and as such, medical schools need to provide a variety of opportunities for humanities engagement in their efforts to equip students with the resources and capabilities necessary for professional life and practice.

Throughout the results, participants discussed various forms of expression, including painting, photography, and video-making, all of which seemed to offer the same or similar benefits as writing. This finding is incongruent with previous scholarship on narrative medicine which upholds writing as the ideal mode of expression or narration. Similarly, much of the literature on the medical humanities emphasizes the use of reflective writing in medical education (Shapiro et al., 2016; Wald et al., 2016). The results of this study challenge this reductionist focus by revealing the multitude of ways through which individuals process, make meaning of, and communicate experience. This indicates the need for curricular interventions that are not only focused on reflective writing, but on other forms of self-expression.

The results of this study also indicate that faculty play a critical role in validating humanities experiences and encouraging students' engagement. However, humanities efforts are often sustained by select individuals who have a special interest in, but no

official role tied to the humanities. Medical schools need to incorporate humanities departments into their organizational structure and establish positions, to be held by field experts, dedicated exclusively to humanities initiatives, including education, programming, research, and faculty development (Gillis et al., 2020). With growing efforts to integrate the arts and humanities into medical education, there is also the need to provide humanities training for medical school faculty and administrators to ensure a true integration across the curriculum, rather than the creation of standalone humanities courses to fulfill the condition of educating students in the humanities.

With respect to graduate medical education, the findings of this study could potentially inform program development and organizational change aimed at fostering resident well-being, professional development, work/life balance, and collegiality. The findings point to a lack of resources, namely opportunities and protected time, within residency programs to accommodate engagement with the humanities, and specifically self-expression. This signals a disconnect between a curriculum that primes students to incorporate the humanities into practice and a practice that does not provide opportunities for humanities integration. In the absence of supports or resources, residents may discontinue their engagement with the humanities and self-expression, at a time when they, and their patients, stand to benefit from it most.

Given the contributions of self-expression to physician well-being and patient care, there is a critical need to establish structured and accessible opportunities for self-expression in graduate medical education to enable sustained engagement. To address the issue of time constraints, residency programs should offer residents protected time for engagement with the humanities as a means of professional development and self-care.

There is also opportunity within the formal resident curriculum for programming and training in the humanities. Workshops on narrative medicine, mindfulness meditation, and other narrative and reflective practices are one way to engage physicians with their work and help them derive meaning from it, for the benefit of both physicians and their patients (Charon, 2012; Krasner et al., 2009; Shanafelt, 2009).

The results of this study also highlight the value of self-expression for the broader professional community. Physicians can easily feel alone in their experiences given the unique challenges and demands of medical practice. Additionally, the transition from medical school to residency training can further isolate physicians from established support networks. One way residency programs can intervene to help is by establishing forums, such as discussion groups or literary arts journals, where physicians can connect and collectively share their experiences. As indicated by the results of this study, these initiatives have the potential to foster a sense of community and belonging among residents by uniting them around shared experiences. Moreover, there is evidence to suggest that sharing experiences among colleagues can enhance meaning in work and reduce burnout (Charon & DasGupta, 2011; Shanafelt & Noseworthy, 2017).

While the medical humanities are primarily concerned with understanding the human aspects of medicine to optimize patient care, the findings of this study indicate that the humanities play an important role not only in patient care, but also in physicians' lives (Gordon, 2005). Shanafelt and Noseworthy (2017) argue that "given the strong links to quality of care, patient safety, and patient satisfaction, there is a strong business case for organizations to reduce physician burnout and promote physician engagement" (p. 142). Extending opportunities for humanities engagement beyond physician training

environments could be a means of continuing to foster balance and well-being, in addition to professional development, in practice. However, while these individual strategies are necessary for physicians to be able to navigate the demands of medicine, efforts to address the organizational issues contributing to burnout should be central to the pursuit of supporting physician well-being.

### **Recommendations for Future Research**

The humanities are not new to medical education, yet existing research is limited in scope. The current body of literature focuses primarily on undergraduate medical education, covering a range of topics including curricular integration, approaches and interventions, learning outcomes, and evaluation methods, among others. Meanwhile, very few articles or studies are specific to the subsequent stages of physician training, illustrating a substantial gap in the literature. More research is needed within graduate medical education to explore the value of integrating the arts and humanities into residency curricula and fellowship. It would also be useful to examine the extent to which such experiences remain relevant beyond the trainee stages, as well as how engagement or its purpose potentially change over the span of a physician's career.

Further research is also needed to examine the alignment between expected and actual outcomes of medical humanities education. This requires additional exploration within the context of graduate medical education and subsequent practice to investigate whether the intended outcomes of medical school humanities programs are in fact observable, if not measurable, in practice. Evidence of these outcomes through program evaluation and learner assessment would strengthen the rationale for humanities integration into medical education and lead to greater intentionality around curricular and

programmatic design. Patient perceptions could also supply evidence of the benefits of a medical humanities education to patient care.

Despite a growing movement to integrate the arts and humanities into medical school curricula, there is a lack of consensus around the optimal approach for doing so (Howley et al., 2020). This has resulted in a multitude of implementation strategies across medical schools and a lack of clarity around the effectiveness of individual approaches. Furthermore, despite evidence of their contribution to physician training and practice, the arts and humanities continue to be perceived by students as tangential, rather than fundamental, to their training. This calls for further qualitative research in order to gain a deeper understanding of students' experience with humanities curricula, which could inform design and implementation.

This study was limited to a small sample of residents who shared the same curricular experience and who had made the choice to further engage with the medical humanities via a co-curricular experience. Future studies should take into account different samples and populations to build on the findings of this study and further elucidate elements and conditions that make for a valuable humanities experience. Additional research across varied medical school and residency settings is also needed to gain a better understanding of the role of literary arts journals. Additionally, this study considered medical humanities experiences as a whole rather than individually. Further research should tease out individual forms and approaches, for instance narrative medicine or visual thinking strategies, to examine if and how their contributions to physician training and practice are distinct.

Finally, although the literature largely positions the arts and humanities as integral to physician training, discussions predominantly center around its impacts on physician well-being and patient care. The results of this study suggest that the contributions of medical humanities engagement extend beyond these conventional domains established in the literature. Additional research is needed to further comprehend the breadth of impact of the arts and humanities.

### **Conclusion**

Physicians contribute to society in a multitude of ways, as practitioners, researchers, educators, leaders, and advocates for the health of individuals and communities. Despite their crucial role and society's need for more of these professionals, the culture of medicine has generally failed to support physicians in their practice and nurture their potential to transform lives. Additionally, the increasing complexities of the U.S. healthcare system have introduced barriers to providing high-quality care, rather than facilitating its delivery. Together, these factors have contributed to a high prevalence of burnout, depression, and other mental health issues among physicians. Addressing these issues at their core requires systemic change across the field, but in the meantime, it is important to continue to support physicians through the demands and pressures of medical practice.

The present study shows that there is value in discrete efforts to support physicians. It is important to clarify that my intention was never to present the medical humanities and self-expression as cure-all remedies for burnout or other mental health issues, nor did I mean to suggest that all physicians would experience the same benefits as participants described through engagement with the medical humanities. The findings

do demonstrate, however, that these experiences *can* be extremely meaningful for some. It is imperative that medical schools expose students to a variety of opportunities that could potentially serve as an outlet in future practice. Moreover, the more we understand the experiences of our trainees and physicians, the more effective we can be in designing interventions that help them. Studies that privilege physicians' voices are key to acquiring a deeper understanding of these individuals' experiences and initiating meaningful dialogue around how we can best support this group of professionals. I hope this study serves as a source of inspiration for others who long to one day see a community of physicians distinguished by their well-being, empathy, life balance, and collegiality.

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## APPENDICES

### Appendix A: Interview One Protocol

Research topic: Resident physicians' engagement with the medical humanities

Research question: How do resident physicians who engaged with *Eloquor*, a medical school humanities journal, understand their experience with the medical humanities and relate it to their lives as physicians?

#### **Questions:**

1. Tell me about yourself.
2. Tell me about your experiences so far as a physician.
3. What does it mean to you to be a physician?
4. How did your medical school experience prepare you to be a physician?
5. Tell me about your experiences with *Eloquor*.
6. What do you think is the purpose of having *Eloquor*?
7. How do you think spaces like *Eloquor* may be beneficial to medical students in general?
8. How did this add to your medical school experience?
9. What would you express to a new medical student who may be interested in *Eloquor*, but is on the fence about getting involved?
10. Is there anything else you would like to add that we didn't discuss?

## Appendix B: Interview Two Protocol

### Questions:

1. Last time we spoke, I asked you to think about a piece you created that was especially meaningful to you.
  - a. Tell me the story.
  - b. Tell me about your process for creating the piece.
  - c. How was having a finished piece meaningful?
2. How do you engage with the medical humanities now or since leaving HWCOM?
3. How is this important?
4. How did medical school help prepare you to engage with self-reflection, narrative medicine, or similar practices as a physician?
5. How do you understand *Eloquor*'s role in that? How was that particular experience significant?
6. How do you feel that your experiences with the medical humanities as a student have carried with you?
7. How would you have wanted your medical school experience to be different?
8. How do you see this practice carrying forward into the future?
9. Is there anything else you would like to add that we didn't discuss?

## Appendix C: Recruitment Email

Hello, Dr. [last name]

I hope you're doing well.

I am writing because I am currently a Ph.D. student in the Higher Education program at FIU and I would like to invite you to participate in my research study. I am reaching out to you because of your involvement with *Eloquor* as a medical student. The purpose of my research is to explore your experiences with *Eloquor* as a medical student and how, if at all, you continue to engage with the medical humanities as a resident.

Participation in this study entails being part of two separate 90-minute interviews via Zoom. If you agree to take part in this research study, I will send you an informed consent package to review and I will schedule the first interview at a time that is convenient for you. I would like to audio record the interviews to facilitate the analysis process.

I realize that you are extremely busy as a resident. However, I feel this is a topic that deserves attention, and your experiences would add tremendous value to my study. If you would like to participate or have any questions about the study, please email me at [email@fiu.edu](mailto:email@fiu.edu) or text/call me at xxx-xxx-xxxx.

Thank you very much for your time and consideration.

Sincerely,  
Sachay Liriano

## VITA

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