Overcoming the Monster! Perceptions of physiotherapy students regarding the use of stroke master plots for building therapeutic relationships; a mixed methods survey.

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Abstract

Background

Research is needed that considers student health care professional (HCP) reactions to different stories of illness. Master plots identify illness stories which are recognisable within particular settings. One master plot for people with stroke that has not been well studied is called ‘overcoming the monster’. Students reactions to such a plot are important as a way to enhance therapeutic interactions.

Objective

To examine the responses of physiotherapy students to three variations of master plot called ‘overcoming the monster’ generated from patients who have had a stroke.

Methods

A qualitative narrative vignette study was undertaken. A university in the West Midlands was used to access physiotherapy students on the pre-registration programs. A purposive sample of students volunteered to complete a single vignette questionnaire at one time point. The vignette provided three unique examples of the master plot overcoming the monster as told by people with stroke. Students responded to each by asking specific questions that captured demographic information and questions that captured reactions to the different versions of the master plot. Categorical content-analysis was undertaken.

Results

Thirty-two first year (BSc) students, thirty-nine first year (pre-registration) MSc students and nineteen third year (BSc) students participated in this study. Neither first year groups had undertaken any clinical training. All third-year students had finished the required clinical placement hours for the physiotherapy course. Students consistently demonstrated empathy towards this master plot. Students often valued the variant of the story which illustrated how difficulties following stroke could be experienced as an ‘adventure’. Students also valued and were motivated by the story variant that considered a family member as a source of motivation and encouragement. The story variant which focused on the shortcomings of the health care system was more often related to by the final year BSc students and MSc students. However, first year students, particularly BSc students, reported being more emotionally affected by the vignette.

Conclusion

Overcoming the monster is a master plot which appears to generate more empathetic responses compared to other master plots. This is important because it highlights the value of students understanding the patients’ story and challenges or ‘monsters’ faced. Therapeutic relationships will benefit from training HCP students on the importance of listening, exploring and reflecting on the different master plots they may hear in practice.

Background

Stroke is the world’s second leading cause of mortality and the leading single cause of disability (1). Stroke is a devastating condition with complex long-term physical, cognitive, psychological, and functional disabilities that demand care and support (2). Student health care professionals (HCPs) are required to deliver a patient-centered approach to care (3). Fundamental to this approach is the therapeutic relationship between patients and (student) HCPs (4). Therapeutic relationships influence patient participation and satisfaction of services as well as having a positive impact on the outcomes of stroke rehabilitation (5, 6). Communication is central to establishing an optimal therapeutic relationship. Poor communication can have a negative impact on patients’ psychosocial well-being (7). There are specific risks to the quality of communication between HCPs and patients including
stress on HCPs from heavy caseloads (4) or inherent biases toward the patients (8). There is a need to pay attention to the teaching skills provided to student HCPs that help develop better therapeutic relationships for people with stroke (9, 10).

Sharing illness narratives is one approach that can build therapeutic relationships between patients with stroke and (student) HCPs (11). Research has identified (12) several benefits of sharing stories, this includes patient empowerment and greater involvement and shared decision making (12). Patients who can share a personal narrative benefit from the ability to make meaning from the experiences and develop emotionally and socially (13). It is important for (student) HCPs to be aware of different illness narratives and be able to support the process of storytelling, as this can aid the psychological health and emotions of patients who have had a stroke (14).

Illness narrative master plots are recognisable stories of illness identifiable by the overarching plot often told in relationship to a particular and unique experience of illness. Research (15) has identified 13 master plots told by people with neurological disease. For instance, these include plots like the detached master plot which views events of the illness in a detached way with little emotion, the comic master plot which views the experiences of illness differently, or the detective master plot which illustrates a search for answers following illness. Recently, research has extended this understanding to more master plots. One significant master plot is called ‘overcoming the monster’. This narrative master plot was defined by Booker (16) as a major plot existing in literature. The plot relates to stroke as the different experiences related to, and following the onset of stroke can represent a monster which needs to be overcome. Examples of a ‘monster’ for people following a stroke include interpersonal challenges, mental health challenges, isolation and changes to their social identities (7). Student HCPs need to be aware of the importance of this master plot and understand how stories can be empowered or disempowered through interactions (17).

There is a paucity of research considering HCPs students’ reactions and views of illness narrative master plots and how the students’ reaction to the master plots can impact on care provided (18). One way to understand student HCPs reaction to stories is to use a vignette. A vignette is a demonstrative account of specific points in a story, based on the voices and perspectives of various participants (19). Vignette based research on student HCPs has highlighted that empathy can be lost through training and that student HCPs can react to different master plots by focusing on what is wrong with the plot and therefore seek to correct it (18). Overcoming the master plot is different from past master plots because it does not challenge the student's understanding of what may be possible in rehabilitation rather it reveals what is possible and has been achieved. Research is needed that identifies how student HCPs can work more effectively with different narrative master plots (7, 14) and using different stories that show how people change post stroke (20).

Given the above, the aims of this study are the following; (1) to gain an insight into how students perceive and react to three vignettes that represent the master plot called ‘overcoming the monster’ from people following a stroke, and (2) to compare the reaction of students with no clinical training (first years) versus students who had completed the needed number of clinical training required to obtain a physiotherapy degree (third years).

**Method**

**Design**

A narrative vignette (18) was used. In this case, it included providing three narrative master plots identified as overcoming the monster each with a different ‘monster’ identified from individuals who had suffered a stroke.

**Setting**

The School of Sport, Exercise and Rehabilitation Sciences at the University of Birmingham in the west midlands during the academic year of 2021/2022. The vignette was given to student physiotherapists in written formats during a lecture or via an email for an online form to be completed.

**Sampling and sample size**

A purposive sample was taken from two cohorts of undergraduate pre-registration physiotherapy students first year (BSc) and final year (BSc) students and one cohort of pre-registration master (MSc) physiotherapy students. First year BSc and MSc students had
never been taught about illness narratives. Third-year students, on the other hand, were familiar with concept of narratives and listening and understanding stories.

We considered sample size based on the concept of information power (21). The principles of information power are that authors should consider the aim of the study, the sample used, the type of analysis, identification of any established theory and quality of the data. A previous study (18) used 122 (77 BSc Year 1 and 45 BSc year 3) students in total and focused on three different narrative master plots using very similar questions for analysis. Given the greater focus on one narrative master plot it was identified that a similar number would be appropriate. Given the past study had similar aims, questions asked and analysis strategy we believed using the same strategy of requesting response from three cohorts of students would provide a useful number of responses to contrast between the three groups.

**Procedure**

Students were contacted through the course leader and emailed to provide the information sheet about the study, and if they were happy to undertake the study, they needed to click on a link for the vignette or receive it via a lecture. The vignette was accompanied by a survey. The survey was based on past research (18). To increase response rate, the vignette was presented to students in written format within a lecturer hall with a full year's cohort in attendance.

**Outcome measures**

Demographic data was identified within the questionnaire. The main outcome measure was the vignette, with questions beneath it. The questions designed to elicit students’ reactions and perception on vignette. The qualitative vignette created by R.A and A.S and based on narratives identified from past research (7). Students were informed that this information was derived (by R.A and A.S) from semi-structured interviews conducted on people 4 to 16 years after a stroke incident. These vignettes were labelled ‘Stories A, B, and C; but they represented the illness narratives that demonstrate 3 variations of the master plot of overcoming the monster (Supplementary file S 1 presents the vignette). The students were then requested to complete seven questions about each story (Supplementary file S2 shows the survey).

**Analysis**

Descriptive statistics were taken for Question 2 (Q2) including the number of times (n) each word was used and the percentage (%) of words occurrence in relation to the number of replies received. A categorical-content narrative analysis was undertaken (22). The main researcher carried out the analysis (R.A). Author (AS) served as a ‘critical observer/ friend ’ (23, 24), reflecting on and challenging explanations as they arose in respect to the data.

**Results**

**Demographics of the respondents**

A total of 90 students (39 MSc year 1; 32 BSc year 1; and 19 BSc final year 3 students) agreed to take part in this study. There were (25/90; 28%) male students with an average age of 25.0 years and (65/90, 72%) female students with a mean age of 20.1 years. Seventy-five (75/90, 83%) had not been on a neurological placement. Sixty students including all from BSc year 1 identified as having no placement experience. See supplementary file Table S3 for a further break down of the group demographics.

**Responses to each variation of the stories**

*Story A: the monster is identified through the challenges created by the Stroke and references mental health difficulties. The monster is overcome through motivation, emotional support and relationship with her daughter.*

Story A appeared more attractive to the first-year students (MSc 28%, BSc 19%) compared to the final year BSc students where only one student (5%) identified this story as most attractive. The majority of students identified story A as the most common story of all three. Year 1 BSc students identified this as most often (20/31, 65%) with smaller amounts identified by other groups (year 3 BSc 8/19, 42%; year 1 MSc 14/39,36%). A similar number of first year BSc (14/31, 45%) and first year MSc students (18/39,46%) selected story A as the story they would prefer to hear. The BSc year 3 students selected it slightly less (7/19, 37%). Story A was most often selected as a preferred story to tell themselves if in a similar situation by final year BSc students (8/19, 42%) and MSc...
year 1 students (14/36, 39%). BSc year 1 students selected it less often (10/31, 32%). Many students would tell story A because they feel it would be the one that they would relate to the most. Only 3 students thought Story A was unusual. All three students were from the year 1 cohorts.

Most MSc students and BSc year 1 and 3 students felt uplifted and touched by the story and by the way the daughter supported her mother. This reaction was identified by around a half of year 1 BSc student (BSc 14/32; 50%) and slightly less prevalent for year 1 MSc students (12/39;31%) and in final year 3 BSc students (6/19;42%). For instance, one student stated, "Story A. It is heartwarming, loving and touching" (BSc Female Year 1 Student, P62). A majority of students across all student groups (BSc Year 3, 16/19; 84%; BSc Year 1, 22/32;69%; MSc Year 1, 29/39;74%) identified the importance and value of family members supporting the mental and physical well-being of the individual. Students often identified that the family member was a needed source of motivation to recovery and manage the impact of suffering two stroke. This was recognized by around two thirds of third year BSc (12/19,63%) but only in around a third of the other groups (MSc 12/39,31%; 1st year BSc 10/32,31%).

More year 1 students in both the BSc (11/32, 34%) and MSc (7/39, 17.9%) cohorts felt sad compared to the final year 3 students (2/19, 11%). However, the year 3 students identified as feeling empathy towards the individual (4/19, 21%) which was slightly similar to the year 1 MSc (6/39,15.4%) and slightly more than the BSc year 1 students (4/32, 12.5%).

More final year BSc students (7/19, 37%) were able to identify how common it was for patients who had a stroke to lose motivation due to the length of recovery and frustrating nature of the process. This was less evident in the first-year groups (MSc 4/39,10%; BSc 2/32, 6%). Further to this, year BSc 3 students highlighted the considerable healthcare challenges following stroke (12/19, 63%) which was higher than the year one students (MSc 9/39, 23%; BSc 4/32, 13%). For instance, a final year student stated: "The stroke was not fully treated and or she did not have the correct or personal recovery programme specifically for her case. The daughter family was the main rehab for her recovery not the untailored recovery [NHS] programme" (MSc-preg Female Year 1, P20).

**Story B**: The story identifies difficulties within the hospital experience as the monster; being able to recognize the difficulties and seeking to improve them was the way the monster was overcome.

Story B was the story that was identified as most attractive across all students. The third-year BSc students appear to be the most drawn to this story (12/19, 63%), followed by the two first year cohorts BSc (14/31, 45%) and MSc students (17/39, 44%). A large number of MSc students selected story B as the most common story (16/39,41%), with the around 20% (BSc year 1 6/31, 19%; BSc year 3 4/19, 21%) of students identifying it as most common. Many students highlighted faults with the NHS that contributed to this being a common story. This included overwhelming stress on the NHS, the HCP’s ability to implement screening protocols/procedures and negative culture in the wards. For instance, one student stated: "Story B- I think there are a lot of people/patients that are seriously suffering in hospitals and finding it challenging to try and recover. The will to survive might be gone as well. That's why it is essential to have a supportive environment to reignite their will to live" (MSc male year 1 student, P24).

Students also recognised that it was common to hear unpleasant stories because stroke was regarded as a difficult experience to live through. A relatively low number of students selected Story B as the preferred story to tell (MSc year 1 5/36, 14%; BSc year 1 4/31, 13%; BSc year 3, 3/19, 16%). Story B was most often selected by students across the cohorts because it considered motivated people to be independent, persistent and self-driven to accomplish all their goals. One student stated: "I would like to tell story B because this individual seems to have been extremely motivated by his stroke and they have achieved every goal set for them, which really inspires me and I hope by telling this story other people can be inspired too" (BSc female year 1 student, P57). Another student stated: "[story B] encourages people to do their own research and be persistent when asking doctors questions" (MSc male year 1 student, P3).

This story considered was most unusual for the BSc first year students (17/31, 55%), followed by the MSc students (13/39, 33%) then the BSc year 3 students (5/19, 26%). The majority of year 3 BSc students highlighted the shortcomings of the hospital environment (14/19, 74%). Less numbers of year 1 students highlighted this although numbers were still considerable (MSc 24/39, 62%; BSc 14/32, 44%). The shortcomings identified by students including the HCP misdiagnosis, inadequate care, patient neglect, a lack of communication between the patient and a lack of patient-centered care. The students were also critical of the ward environment on the mental health of the individuals; similar numbers highlighted this across programs (BSc year 3 6/19, 32%; BSc year 1 7/32 22%; MSc year 1 10/39 26%). One student illustrated this; "[the story] highlights flaws in healthcare systems and shows
how it affects patients and negatively impacts their recovery. Shows how patient centered care is sometimes not achieved and the needs and wishes of patients aren't always taken into account” (BSc female year 3 student, P72).

Students consistently identified this story with words that demonstrated their shock, annoyance and frustration at seeing the narrative reported by the individual. This was most prevalence for the year 1 BSc students (11/32, 34%) and less prevalent for the BSc year 3 students (5/19, 26.3%) and the year 1 MSc students (7/39, 19%). Interestingly, some third-year BSc students (4/19, 21%) identified the story as realistic and were able to identify the mistakes as unfortunate but understood it from the perspective of broader challenges with the NHS and problems faced like short staffing and patient overload. One student stated; "The patient shed light to the unfortunate but realistic experiences that happens to stroke patients where their stroke might have been missed in the early stages" (BSc male year 3 student, P80). Students identified that they felt empathy towards the individuals this was most often in BSc cohorts (year 1 11/32, 34%; year 3 10/19, 53%) and less often in the MSc cohort (7/39, 19%).

**Story C.** The monster was identified as a loss of control following the stroke and the identification of negative or challenging experiences e.g., the inability to speak or express herself. A central way the monster was overcome was to view negative experiences as an adventure. Life and new experiences become an adventure.

Students were equally attracted to story C (BSc year 1 11/31, 35%; BSc year 3 6/19, 32%; MSc year 1 10/32, 25%). Around 10% of all students identified story C as the most common (MSc year 1 4/39, 10%; BSc year 1 3/31, 10%; BSc year 3 2/19, 11%). Those that identified the story as common did so by referencing the common physical and cognitive problems that many stroke patients experience such as losing ability to perform basic activities, speech, reduced memory and concentration. Story C was also identified as common due to the ability of people to adjust to one's viewpoint and mindset after a stroke. The BSc year 3 students most often selected story C as their preferred story (12/19, 63%). This was similar to the year 1 BSc students who most often selected it (15/31, 48%). Slightly less students from the MSc cohort identified C as the preferred story (12/39, 31%). Students valued particular characteristics demonstrated in this story including persistence and determination to succeed. Also, students said that motivation would reassure respondents that their loved ones would be determined to progress and persist with their rehabilitation programme in order to achieve the best quality of life possible. BSc year 1 students stated that they would tell Story C if they were in a similar situation (14/31, 45.2%). This was slightly less from other cohorts (MSc year 1 12/36, 33%; BSc year 3 5/19, 26%). The value of the story for these students was the perceived ability to demonstrate the capacity to evolve and cope with a life-changing disease in a positive and novel way by viewing life as an adventure. For instance, one student stated: "... because it is a story of hope and is encouraging that things will end up good" (MSc-preg Female Year 1 Student, P14). Despite it being preferred, the majority of students across cohorts identified Story C as the most unusual for two cohorts (BSc year 3 13/19, 68%; MSc year 1 22/39, 56%), and perceived as unusual by less BSc year 1 students (12/31, 39%). Story C was assumed to be unusual due to the individual's positive and hopeful outlook on life and seeing how life and recovery journey was an excitement and adventure.

High numbers of all year groups (year 1 BSc 18/32, 56%; year 1 MSc 16/38, 42%, n = 1 missing data; year 3 BSc 14/19, 74%) perceived that they story illustrated an amazingly rare positive attitude and mindset following the stroke. A significant number of students found the story motivating and inspiring to read (BSc year 3 7/19, 37%; BSc year 1 7/32, 22%; MSc year 1 4/38, 11%). Interestingly this was identified as a surprising story for a number of final year students as it was unexpected and represented a unique ideology (8/19, 42%) whereas only one student in the year 1 cohorts identified it as surprising. At least half or more of all students identified the characteristics of the individual of this story most often. They highlighted the ability of someone to find strength, determination, and motivation intrinsically, enabling her to persevere with the rehabilitation program to move forwards in her recovery journey from stroke. This was illustrated by similar response levels across groups (BSc year 3, 12/19, 63%; MSc year 1 19/38, 50%; BSc Year 1 15/32, 47%).
Table 1
A descriptive summary of student responses to individual questions

<table>
<thead>
<tr>
<th>Story</th>
<th>Cohort</th>
<th>Year</th>
<th>Most attractive story (n &amp; %)</th>
<th>Most unusual story (n &amp; %)</th>
<th>Story the student would want to hear (n &amp; %)</th>
<th>Story the student would want to tell (n &amp; %)</th>
<th>Most common story (n&amp;%)</th>
<th>Three most common words (frequency, % against number of students)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BSc</td>
<td>1</td>
<td>6 (19%)</td>
<td>1 (3%)</td>
<td>14 (45%)</td>
<td>10 (32%)</td>
<td>20 (64%)</td>
<td>Motivational (19; 59%)  Family (9;29%) Love (6; 19%)</td>
</tr>
<tr>
<td></td>
<td>MSc</td>
<td>1</td>
<td>11 (28%)</td>
<td>2 (5%)</td>
<td>18 (46%)</td>
<td>14 (39%)</td>
<td>14 (36%)</td>
<td>Motivational (22; 56%)  Family (13;33%) Sad (6;15.4%)</td>
</tr>
<tr>
<td></td>
<td>BSc</td>
<td>3</td>
<td>1 (5%)</td>
<td>0</td>
<td>7 (36%)</td>
<td>8 (42%)</td>
<td>8 (42%)</td>
<td>Motivational (19; 59%)  Family (9;29%) Love (6; 19%)</td>
</tr>
<tr>
<td></td>
<td>BSc</td>
<td>1</td>
<td>14 (45%)</td>
<td>17 (55%)</td>
<td>1 (3%)</td>
<td>4 (13)</td>
<td>6 (19%)</td>
<td>Sad (9;19%) Despair (6;19%) Neglected (6;19%)</td>
</tr>
<tr>
<td></td>
<td>MSc</td>
<td>1</td>
<td>17 (44%)</td>
<td>13 (33%)</td>
<td>2 (5%)</td>
<td>5 (14%)</td>
<td>16 (41%)</td>
<td>Neglected (9; 23%) Sad (8;20%) mental health (7;18%)</td>
</tr>
<tr>
<td></td>
<td>BSc</td>
<td>3</td>
<td>12 (63%)</td>
<td>5 (26%)</td>
<td>0</td>
<td>3 (16%)</td>
<td>4 (21%)</td>
<td>Despair (6;31%) Negative [hospital experience] (4;21%) Frustration (3;15%)</td>
</tr>
<tr>
<td></td>
<td>BSc</td>
<td>1</td>
<td>11 (35%)</td>
<td>12 (39%)</td>
<td>15 (48%)</td>
<td>14 (45%)</td>
<td>3 (10%)</td>
<td>Persistent (15;42%) Motivational (6;19%) Inspiring (6;19%)</td>
</tr>
<tr>
<td></td>
<td>MSc</td>
<td>1</td>
<td>10 (25%)</td>
<td>22 (56%)</td>
<td>12 (30%)</td>
<td>12 (33%)</td>
<td>4 (10%)</td>
<td>Persistent (14; 36%) Motivational (9;23%) Positive (11;28%)</td>
</tr>
<tr>
<td></td>
<td>BSc</td>
<td>3</td>
<td>6 (31%)</td>
<td>13 (68%)</td>
<td>12 (63%)</td>
<td>5 (26%)</td>
<td>2 (11%)</td>
<td>Persistent (8;42%) Inspiring (6;31%) Positive (6;31%)</td>
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<td>Note: please note some % were affected by a missing number from the year 1 cohort: The most attractive, unusual want to hear and common columns had other answers and won't add up to 100%</td>
</tr>
</tbody>
</table>

Discussion

To the best of the authors knowledge this is the first study to consider how HCP students respond to the master plot ‘overcoming the monster’. Student HCPs consistently wanted to hear story A it and could identify with it and with the importance of family. Final year students identified empathy with the story, whilst more first year students identified feeling sad because of the story. A large proportion of students were attracted to story B, but often did not want to tell it. A moderate proportion of students across cohorts were attracted to story C and valued the characteristic of the person who told them. However, final year students were surprised that it would be told.

Students recognized the challenges and poor experience of inpatient care identified in story B. Third year and pre-reg MSc students seem aware of the challenges facing the current National health services (NHS) that included lack of staffing across all health care professionals, an excessive workload, an inadequate level of resources, and training, all of which have an impact on building a therapeutic relationship and the ability to provide high-quality patient care (25). This may suggest that level of clinical exposure and age play a role in the expectations around healthcare experience, something identified in past research (26). For example, younger newly qualified nurses evaluated their work environment more positively, whereas senior registered nurses evaluated their workplace more negatively (26).

There were several important comparisons that this study has with past research on students’ responses to narrative types. In the current study, student HCPs did not question whether the patient accepted what had happened or if the story was realistic. This is in contrast to past research. For instance, in another vignette study by Soundy (18) physiotherapy students viewed a ‘quest master
plot’ and questioned if acceptance had occurred and considered a ‘restitution master plot’ and questioned if it was actually realistic. Further students who heard the ‘chaos narrative’ identified the individual as depressed (18). It is important to understand that, in the current study, students did not use such ‘labels’ which can infer a judgement to the nature of the master plot, but were most often empathetic to the plot.

HCPs can influence which narrative types exist within an inpatient or outpatient environment (27) and being aware of plots by listening to experience of the various ‘monsters’ or challenges faced seemed to be central to this. Interactions with patients should provide opportunity to consider peoples’ stories and HCPs should be aware of their own preference for particular types of narratives so that they can isolate their own biases in understanding patients’ narratives (18, 20). It is important for students and HCPs to understand how a patient defines the plot may be different from how an HCP regards the narrative. For instance, an individual in the study by France et al (20) regarded himself as ‘cured’ despite the ongoing disability. The current findings support the importance of sharing stories rather than seeking to correct stories (14).

Empathy was consistently expressed towards story B like story A. The ability to relate the stories to their own personal experiences when considering family or professional experience and considering the health care environment appeared to be important aspects in developing empathy which is confirmed by research (28). Empathy is one of the core psychosocial skills that can improve patients’ psychosocial outcomes, including adherence and patient confidence (30). In the past work (18) a reduction in empathy from training was identified due to the reaction of students to the stories. There is a need for student HCPs and HCPs to consider the different stories that may be told by an individual with a stroke that can be conflicting (31) and that the opportunity to listen to the challenges faced by patients is important in order to be able empathise with the individual. These findings are supported by the fact that courses that are designed to enhance narrative medicine in student HCPs show... (32).

The current findings illustrate how student HCPs could relate to the need of family support, and recognised the importance of the motivating effect that family can have within the process of stroke rehabilitation. Several studies have demonstrated the significance of positive family support for stroke survivors’ functional recovery and mental wellbeing (33–36). Stories that are inspiring and reveal a positive recovery message are met with a positive response by health care students (37). Given this, the ability to relate to a master plot is likely influenced by the story containing elements that illustrate how challenges are overcome, compared to master plots that do not illustrate this.

Implications

- Students appeared to be empathic to understanding the ‘monster’ or challenges faced by patients who have had a stroke. Giving time within interactions to do this will help build therapeutic relationships.
- HCP students need to create environments where stories can be told, and the personal challenges of patients understood. There may be master plots told by patients that evoke a response by the (student) HCPs where the student perceives a need to correct the story (using positive interventions). However, (student) HCPs should consider that the telling of the story is therapeutic, it builds trust and the individual’s story will likely evolve with time and opportunities to share and listen to other stories.
- There could be great value where education provides offer placements that have a goal of listening and understanding experiences of stroke and or other chronic illnesses.
- Patients may need time and space as well as direct questions within interactions to identify a monster and the understanding that the ability to overcome the monster may evolve over time.
- Student HCPs would benefit from time to self-reflect on their responses to different narrative master plots during clinical placements.

Limitations

- Individuals presenting this narrative were identified from a group who had a long time to recover and less challenges to narrate their story. The effects of aphasia and inability to narrate due to a stroke is not considered within the current manuscript.
- How common ‘overcoming the monster master plot’ is needs further consideration.
- The current manuscript is focused on one plot and how other master plots evolve or how they interact with this master plot is not established.
Responses to each narrative appeared to vary with clinical experience and potentially age. Further research is needed to develop understanding of both these factors.

Numbers across groups were not equal and this may limit a fuller understanding of the responses by the final year students.

**Conclusion**

Students responded to the master plot of overcoming the monster with more empathy compared to other narrative master plots. This is significant because it emphasizes how crucial it is for students to understand the patients’ stories and difficulties or ‘monsters’ encountered. It is important that (student) HCPs take time to identify what the ‘monster’ may be for a patient, and this requires time for getting to know a patient and their story. It appears more important to encourage students to listen and understand challenges, to identify the problems in the story that may not fit currently with the goals of stroke rehabilitation.

**Declarations**

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*Availability of data and materials:* Data available in the Supplementary Materials

*Declarations:* Nothing to declare.

*Ethics approval:* Ethical approval was obtained from the University in the West Midlands Reference number: ERN_17-0149C.

*Consent for publication:* Not applicable.

*Competing interests:* The authors declare that they have no competing interests.

**References**


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