Reflective writing, prostate cancer, disaster preparedness, and Dutch and Chinese women’s body image

Reflective writing. Although the theoretical value of reflecting-on-action is clear, the clear dislike of exercises in written reflection by medical students and doctors of all levels of seniority raises questions about what value it truly adds. A research team from Keele recently completed a study that arose out of efforts to improve medical student engagement with a reflective writing exercise.1 Realist methodology was used to explain the disinclination of the majority to do written reflection on workplace feedback, and the benefits to the minority. Three summary theories emerged showing the importance of context. First, written reflection is effortful and benefits those who invest in it when they need to think more deeply about a learning event. Second, following a reflective feedback discussion, writing a reflection may add little because the learning has already taken place. Third, external motivation tends to result in writing a ‘tick-box’ reflection. The authors suggest that exercises in written reflection could be better targeted to need by being more student-led, both in timing and topic.

Prostate cancer. To better understand how men experience the diagnostic and treatment trajectory of prostate cancer over a longer period of time, a Dutch research team recently examined unsolicited voices of men themselves as written down in book-length illness autobiographies.2 As autobiographies are written over time, they can show how the present changes every day, including differences in experiences, feelings, and thoughts. Men described a relationship with their cancer that is fluid and fitful, and often depends on place, time, and circumstances. They also found that the ‘not knowing’ of prostate cancer creates uncertainty, which can take different forms, transcends time, and is shaped through medical technologies, continual testing, and disagreeing doctors.

Disaster preparedness. Registered nurses in disaster management roles such as disaster preparedness coordinators (DPCs) have a profound impact on patient safety and outcome during the urgent first medical response in a major incident. A recent Swedish study examined nurses’ experiences as DPCs at the time of the April 2017 Stockholm attack when a truck was deliberately driven into crowds in a shopping street.3 Gaining situational awareness was deemed important, including deciphering information and forming a hospital incident command group. Staff briefings and managing uncertainty were identified as key challenges, particularly as balancing staff across departments was, in hindsight, identified as critically important. Education and training based on realistic scenarios focusing on the command’s ability to reduce uncertainty were deemed worthwhile activities that could improve management skills and positively affect patient outcomes.

Dutch and Chinese women’s body image. Dutch society is typically considered individualistic, and ranks highly with respect to gender equity. In contrast, Chinese society is considered more collectivist and male-oriented, underpinned by Confucian values, whereby women’s worth is valued in relation to men. Cosmetic surgery is becoming increasingly popular worldwide but the current literature is dominated by Western perspectives. A recent study sought to ‘cross-culturally’ explore Chinese and Dutch women’s attitudes towards cosmetic surgery.4 Women described sociocultural and intrapersonal factors as pro-surgery. Reasons against included psychological and health risks. Socioeconomic benefits of female beauty and attracting men were more salient among Chinese women. Chinese participants viewed ‘body appreciation’ as a promoter of cosmetic surgery as they conceptualised it as ‘self-love’, while Dutch participants saw it as a preventer as they conceptualised it as positivity about one’s body regardless of whether it meets societal beauty ideals.

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