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Narrative modulations in patient-practitioner communication: Exploring attunement and misattunement in supported self-management

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ABSTRACT

This paper investigates the experiences of patients in communicating with healthcare practitioners within the context of supported self-management in the UK. Employing an innovative analytical concept of "narrative modulation", this study examines narrative data from patients' focus group discussions. Two contrasting processes, attunement and misattunement, emerge as narrative modulators that shape and form the meaning and trajectory of participants' storytelling. The study identifies multiple instances of misattunement in patient-practitioner interactions, highlighting a prevailing emphasis on diagnosis and treatment-focused perspectives, often at the expense of individual patients' experiences during clinical encounters. Despite these challenges, the participants expressed a desire for care that listens to and understands their unique experiences. They also wished to play an active role in their healthcare decisions, endorsing attunement, which promotes understanding and collaborative self-management supported by practitioners. This paper further discusses the implications of these findings for improving both patient-practitioner communication and supported self-management.

1. Introduction

Amidst the global shift in healthcare systems from hospital care to integrated primary care, improving patient experience and promoting effective patient-practitioner communication remain at the heart of successful healthcare service delivery (Imison et al., 2017; Jones et al., 2013). In the UK's National Health Service (NHS), a key commitment within its current strategic planning is the concept of "supported self-management", a care model that aims to enable individuals to manage their health through personalised support, enhancing knowledge, skills, and confidence. This renewed emphasis on self-management in the NHS stems from the shift towards fully integrated community-based healthcare and the growing demands on services due to an ageing population, unmet health needs, and medical advancements (NHS, 2019). Under this context, supported self-management accentuates the collaborative aspect of patient-practitioner communication, with an emphasis on "what matters" to the person. This is especially pertinent in addressing healthcare sustainability amidst rising costs, by empowering patients to take an active role in their health management while still receiving the necessary support and guidance from healthcare professionals (NHS, 2020). While patient-practitioner communication can foster a shared understanding and trust, potentially enhancing adherence to care, the extent to which it directly contributes to effective self-management remains a complex issue. As Street et al. (2009) discuss, the relationship between patient-practitioner communication and health outcomes is multifaceted, with several pathways potentially linking them, including aspects like increased patient knowledge, enhanced therapeutic alliances and mutual understanding. Existing research has provided further valuable insights into aspects surrounding self-management and patient-practitioner communication (Fu et al., 2018; Gucciardi et al., 2021; Sadler et al., 2014). Nevertheless, scholars have raised concerns regarding the analysis and interpretation of qualitative research data in patient experience studies, suggesting these are often straightforwardly elicited, individually-based and self-contained. These approaches risk overlooking the dynamic and interactive process where meaning emerges and develops (Hydén & Bülow, 2003; Lehoux et al., 2006; Moen et al., 2010; Morgan, 2012).

In response to these critiques, which highlight the important yet under-researched area of the dynamic and evolving processes in constructing patient experience, this paper employs the analytical concept of "narrative modulation" (Huang, 2020) to examine focus group data, based on patients' interactive and progressive storytelling of their clinical encounters on their self-management journeys. Drawing on the concept of narrative modulation, the study identifies two opposing processes – attunement and misattunement – that modulate participants' experiences in their storytelling. This analysis provides a

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nuanced, context-sensitive examination of how participants co-construct and modulate narratives about communicating and collaborating with healthcare practitioners (HCPs). Supported self-management encompasses a collaborative approach that necessitates a partnership between patients and their support network, with healthcare practitioners being an integral part (NHS, 2020). This paper focuses on the aspect of patient-practitioner communication that plays an essential role in the partnership building process that facilitates supported self-management.

In the sections that follow, Section 2 reviews recent studies of patient-practitioner communication in relation to supported self-management. Section 3 discusses the analytical concept of narrative modulations, along with attunement and misattunement. Section 4 explains the research design of the focus group discussions and outlines the data collection process. Section 5 presents an overview of the study's findings, while Section 6 examines the narrative data using the narrative modulation framework. Finally, Section 7 concludes the paper and discusses implications for practitioners and policy makers based on the research findings.

2. Literature review of patient-practitioner communication in supported self-management

Over the last two decades, the UK's health service has undergone significant change in order to tackle the widening gaps in quality of care, resource shortage and efficiency in service delivery (NHS, 2020). In response to these challenges, the concept of "supported self-management" has been developed to empower healthcare clients to actively manage their own health with the appropriate support of healthcare staff (NHS, 2019). This approach aims to offer patients greater opportunities to control their own health, make informed choices of treatment and maintain healthy lifestyles. Despite these well-justified rationales, challenges and barriers remain to achieving effective implementation of supported self-management in patients' real-life practice. Recent research has revealed substantial discrepancies between practitioners and patients' understandings of supported self-management, particularly in terms of expectations of responsibilities, approaches and patient outcomes (Sadler et al., 2014; Silver, 2018). HCPs have been observed to adopt a conventional approach, primarily centred on patient adherence to medical treatments and advice, with a predominant focus on physical health aspects. Meanwhile, patients prefer the supported self-management process to be guided not only by these physical health aspects, but also by psychological and social perspectives that foster collaborative partnerships and effective communication between patients and clinicians (Hibbard et al., 2009; Sadler et al., 2014).

In existing studies on patients' views and experiences of supported self-management, patient-practitioner communication is often identified as both a facilitator and a barrier for patients' pursuit of supported self-management. It is posited that healthcare encounters can only truly support holistic and patient-centred care when patient-practitioner communication is situated within the broader context of the patients' physiological, personal and social determinants of health (Rodham, 2020; Street et al., 2009). Alongside these complex contextual determinants, supported self-management is recognised as an ongoing process of adaptation and personal development that is a response to the individual's experience of living with illness (Kralik et al., 2010).

While these adaptational experiences are pivotal, they are frequently not comprehended within the context of the emergent and co-constructive processes involved in patient-practitioner communication. Current studies of supported self-management often report the status quo of patient-practitioner communication through summative content derived from research data, such as patient interviews, focus groups and surveys. Patient experience and viewpoints, however, tend to be interpreted as being individually-based, suggesting a lack of interaction among individual patients' narratives. Moreover, patient perspectives are sometimes presented as readily accessible, implying these perspectives are relatively stable and well-developed. Furthermore, different segments of a patient's stories are often treated as self-contained modules, with limited reference to cross-part interactions and modulations. For further discussions of these aspects, see Baynham (2013), Lehoux et al. (2006) and Morgan (2012).

To address these critiques, Section 3.1 outlines the notion of narrative modulation, which is an analytical concept designed to examine the emergent, co-constructive and contingent aspects in storytelling. In correlation with narrative modulations in patients' interactive storytelling, Section 3.2 further discerns two opposing processes, attunement and misattunement (Griffiths & Smith, 2016; Zoumpouli, 2021), for their instrumental roles in modulating and navigating successful or failed communication between patients and HCPs in the process of supported self-management.

3. Narrative modulations in storytelling

3.1. Narrative modulation

The concept of narrative modulation was proposed by Huang (2020) as an original analytical approach for underpinning the dynamic processes involved in narrative progression. This concept is developed within the fields of narrative studies and discourse analysis (Bhatia et al., 2008; Riessman, 2003), and is informed by research in cognitive narratology (Herman, 2007) and social cognition (Mar, 2018; Semin & Smith, 2013). Narrative modulation can be conceptualised as the dynamic process of navigating the trajectory of storytelling. This involves the mobilisation of relevant narrative elements[1] to enable shifts and transitions across storylines and corresponding themes. Narrative modulations are driven by an array of social, cognitive and affective processes and mechanisms. In a prior study (Huang, 2020), multiple mechanisms, including conceptual metaphors, frames, image schemas and coping strategies, were found to modulate the transitional experiences in the self-reflective narratives of breast cancer survivors. Expanding on these findings, this study explores the roles of attunement and misattunement in modulating patients' stories of supported self-management experiences (see Section 3.2). Moreover, this study aims to further develop the concept of narrative modulation by demonstrating its capacity to create meaningful structures in interactive storytelling, such as in focus group discussions. As demonstrated in Sections 5 and 6 in this paper, narrative modulation can facilitate the incorporation and development of interweaving storylines and themes, enabling storytellers to co-construct compelling and relatable narrative accounts of their shared experiences.

In this paper, the term 'storyline' refers to a narrative thread that runs through a story, and a 'theme' is a specific topic associated with a storyline. These notions of storylines and themes align with existing studies in social psychology (Harré, 2012) and have been applied in health narrative research for discussions on patient stories (Greenhalgh et al., 2011; Thomas et al., 2009). The relevant social, cognitive and affective processes and mechanisms that modulate the development of a storyline are referred to as "narrative modulators" in storytelling. For instance, in a previous study on breast cancer survivors' transitional experiences (Huang, 2020), the conceptual metaphor 'being ill with breast cancer is a journey' (hereafter referred to as the JOURNEY metaphor) was found in multiple participants' stories about surviving and recovering from breast cancer. The JOURNEY metaphor configured a series of narrative themes, such as treatment, medication and follow-up care, emotions, social support, attitudes, beliefs and hopes. The metaphor effectively navigated the trajectory of storytelling by mitigating an existing storyline (i.e. 'having breast cancer is a crisis'), and

[1] Narrative elements refer to the components that make up a story or narrative structure. These can include characters/actors, events, conditions, thoughts, feelings, etc. (Kleres, 2010).

concurrently advancing a counter-storyline (i.e. 'health and wellbeing can be restored').

Throughout the process of storytelling, the influence and effect that a narrative modulator can have on a storyline depends on its stance, scope and strength in mobilising relevant narrative components. The 'stance' of a modulator pertains to the values, beliefs and emotions that motivate the modulator to function in storytelling. It can serve to strengthen and support a storyline, in part or in whole. The stance of a narrative modulator bears similar attributes to the notion of 'experiential viewpoint' proposed by Dancygier and Sweetser (2014), where a narrative frame evoked in storytelling reflects the feelings and opinions of the narrator towards a given issue or situation. In the aforementioned example, the stance of the JOURNEY metaphor promoted the motivation of regaining health, wellbeing and agency, thereby strengthening the development of the storyline of restitution and weakening the storyline of crisis. A storyline can be influenced by more than one modulator with potentially conflicting stances. In such cases, the modulator with a wider narrative scope and stronger narrative strength will exert a greater influence in the development of the storyline.

The 'scope' of a narrative modulator refers to the range of aspects and themes it can influence, interact with and affect in storytelling. Using the previous example, the JOURNEY metaphor was employed by participants to guide their recovery processes in many aspects of their lives. Consequently, the JOURNEY metaphor demonstrated a broad scope of narrative influence, steering the trajectory of storytelling towards restitution and positive transitions. Closely linked to the concepts of stance and scope is the 'strength' of a modulator, which pertains to its ability to sustain its modulating function in storytelling. A modulator with significant narrative strength can lend continuing support to the development of an existing storyline. Importantly, a modulator with substantial narrative strength can also bolster a newly emerging storyline, challenging an existing counterpart and forging a new path in the course of storytelling. To continue with the example of the JOURNEY metaphor (Huang, 2020), this metaphor exhibited a substantive narrative force in some participants' storytelling, providing persistent support to propel the storyline of restitution and concurrently challenged the storyline of crisis. The results of the study showed that in certain narrative accounts, the strength of the JOURNEY metaphor was robust enough to eradicate the storyline of crisis as the participants' storytelling advanced. The stance, scope and strength of a modulator can individually and collectively strengthen or weaken an ongoing storyline. A careful examination of the narrative modulation process can shed light on how meaning and structure emerge and evolve throughout storytelling.

3.2. *Modulating storylines with attunement and misattunement*

As discussed in the previous section, a wide range of social, cognitive and affective processes can modulate the progression of a narrative, developing an evolving set of stances, scopes and strengths in storytelling. This paper focuses on two interrelated processes – attunement and misattunement – which serve as narrative modulators in the storytelling of patients' supported self-management experiences.

Attunement and misattunement can be observed in human communications and interpersonal interactions across different cultures and contexts. The concepts have been explored in various disciplines, including psychology, neuroscience, education, philosophy and communication studies, among others (Ahmed, 2014; Kligyte, 2023; McCluskey, 2005; Zoumpouli, 2021). In a recent study that explored social interactions in relation to psychotherapy, "attunement" referred to processes of building and materialising social expectations, anticipating and interacting with selves and others. In contrast, "misattunement" referred to an interpersonal mismatch of expectations, leading to communication breakdown, social isolation, and negative impacts on mental health (Bolis & Dumas, 2022).

These notions of attunement and misattunement can be meaningfully transferred to the context of supported self-management to illustrate the interpersonal relationships and communications between patients and HCPs. Under such circumstances, "attunement" can be understood as shared understanding and reciprocal expectations between patients and HCPs in managing patients' health conditions. "Misattunement," on the other hand, represents a mismatch of expectations, communication styles or goals and values between patients and HCPs. Misattunement can manifest in various forms, such as HCPs failing to recognise a patient's emotional state, or a patient feeling unheard, misunderstood or unsupported by HCPs. This disconnection can lead to patients feeling disempowered, becoming less engaged in their self-management, and ultimately, being less likely to achieve optimal health outcomes (Currie et al., 2015).

When examined within the analytical framework of narrative modulation, in light of the two contrasting approaches to patient care as mentioned in Section 2 (Hibbard et al., 2009; Sadler et al., 2014), the misattunement process appears to advocate a stance that aligns with the conventional approach, concentrating on patients' physiological conditions and adherence to medical treatment. In comparison, the attunement process embraces a narrative stance that supports a more holistic approach to patient care, addressing it in a situated, nuanced, and person-centred manner, encompassing not only physical but also psychological and social perspectives. Despite calls from patient care research for greater emotional and motivational attunement between patients and practitioners (Akhtar, 2007; Ashworth, 1992; Hojat et al., 2017; Zoumpouli, 2021), the biomedical model, which perpetuates the misattunement process, remains ingrained in clinical practice (Gifford, 2016).

The efficacy and appropriateness of attunement and misattunement may vary across different patient populations and individual circumstances. For instance, certain patients may benefit more from a structured, directive approach due to the nature of their health conditions or personal preferences, which might align more with a misattunement model in a conventional sense. Conversely, there might be scenarios where a high degree of attunement could potentially overshadow crucial medical advice if the reciprocal understanding veers off from evidence-based guidelines. Additionally, cultural, social, and individual factors could also influence the perception and impact of attunement and misattunement in the patient-HCP relationship. Therefore, while the general principles of attunement seem to hold significant promise for enhancing patient care and self-management support, a nuanced understanding and flexible application of these concepts are essential to cater to the diverse needs and circumstances of patients in their situated contexts. By employing narrative modulation as an analytical concept, this study presents an innovative approach to uncovering the ways patients navigate between the processes of attunement and misattunement during their clinical encounters with HCPs. These aspects will be discussed in the following sections.

4. Research design and data collection of the focus group discussions

To understand patients' interactions with healthcare practitioners (HCPs) as an integral part of the supported self-management process, this study examined patients' narrative data from focus group discussions. Focus groups were chosen for their suitability and strengths in creating a social space that facilitates interactive, co-constructive, and reflective environments. These discussions enable participants to share, acquire and contest knowledge (Edley & Litosseliti, 2018; Moen et al., 2010).

In this study, focus group participants were recruited from a charity organisation based in a borough in North-East England. The charity, with a current membership of over 2000, serves individuals over 50 residing in the region. The invitation was extended to all members with self-management experience who had received support from healthcare services such as local GP surgeries, hospitals, or community health

services. Twenty-six volunteers (seven males and nineteen females) responded to the invitation and agreed to participate in the focus groups, providing their written consent. The mean age of participants was 72 years, with ages ranging from 57 to 90. All participants had experience in self-management, as well as interactions with HCPs. Three participants reported no known health issues, although they regularly attended the NHS health-checks available for adults aged 40–74 in England. Five participants reported minor health issues under regular health review and monitoring. Eighteen participants reported having at least one type of chronic or long-term condition, such as diabetes, osteoarthritis, chronic pain, heart conditions, and chronic obstructive pulmonary disease. Ethical approval from the researcher's institution had been granted for the research design, data collection and data analysis in this study. Anonymity was applied to all research data to protect personal data of the participants.

Four focus groups were conducted at a community venue accessible to all participants. Two focus groups included six participants each, while the other two included seven participants. The focus groups were facilitated by the researcher and a research assistant, both of whom had experience in conducting qualitative research and working with patient groups. At the beginning of each focus group, permission was obtained from participants for the researcher to take field notes and use a digital device to record audio. The audio recordings were later used to produce verbatim transcripts, and the field notes captured group dynamics and relevant information not evident in the audio recordings. Each focus group began with an ice-breaking session and concluded when no further relevant information was forthcoming. The focus groups lasted between 125 and 168 minutes in each setting.

Viewing the focus groups as co-constructive social spaces, the researcher carefully observed how participants interacted with each other, how knowledge was shared, validated or challenged, and how common communicative grounds were established. The researcher also considered their own involvement in the construction of participants' views (Hollander, 2004; Hydén & Bülow, 2003; Lehoux et al., 2006). The ice-breaking session at the beginning of each focus group allowed participants and facilitators to acquaint themselves and become comfortable with the group setting. Following this, the facilitators introduced the concept of 'supported self-management' in lay terms. The concept refers to individuals working with their healthcare support network, including healthcare professionals, to manage their health, especially in long-term conditions. The facilitators also explained that the purpose of the focus group discussions was to invite participants to share and discuss their experiences in communicating with healthcare professionals, which formed part of the participants' supported self-management journey. The participants felt that the facilitators had clearly explained the concept and were comfortable and willing to participate in the discussions. Having established this common communicative ground, the facilitators encouraged the participants to talk about their experiences with healthcare practitioners and how these interactions had influenced their approaches to managing their own health.

Participants across all four focus groups engaged in lively and constructive discussions. The discussions, led primarily by the participants, involved minimal intervention from the facilitators. The facilitators adopted a reflexive approach throughout the sessions, paying careful attention to tailor their questions and responses based on the group dynamics and the evolving nature of the conversation. This approach allowed the facilitators to delve deeper into the participants' experiences and perspectives. Where appropriate, the facilitators would ask follow-up questions to invite the participants to further explore relevant aspects. For instance, facilitators asked questions like, "How often would you say this has happened in your experience?", "How does this make you feel?", or "Is there anything else that you would like to share with us about this episode?" These questions served not only to gather information but to encourage participants to reflect on their own experiences and perceptions, fostering an open, honest, and nuanced discussion. This reflexive approach adopted and encouraged by the facilitators ensured that the discussions remained participant-centred and relevant to the study's objectives, providing valuable insights into the personal and emotional dimensions as well as practical implications of supported self-management from the participants' viewpoints.

After the focus group discussions, audio recordings were first transcribed verbatim, followed by reviews and corrections by the researcher for accuracy. Field notes were used to annotate the transcripts with information indicating participant interactions, group dynamics, and other insights. This comprehensive process for focus group data has been recommended in previous studies on patients' views and health communication, and has proven to enhance the validity and reliability of the data analysis (Lehoux et al., 2006; Moen et al., 2010). The transcripts of the discussions, together with the annotated field notes, were subsequently subjected to a rigorous narrative analysis. Guided by the principles of narrative modulations, the analysis was carried out with a nuanced understanding of the participants' experiences and perspectives. Attention was not only paid to the stories shared by the participants but also to how these stories were constructed, contested, and modulated during the group discussions. The design and execution of focus group discussions, along with the systematic data collection and analysis, reflect the rigour and integrity of this research study. Following this, the next section (Section 5) presents the results of the study.

5. Results of the data analysis from the focus group discussions

With the transcriptions from the focus groups, the researcher employed a two-phase process for data analysis. The analysis addressed both the substantive side (i.e. the meanings, structures and linkages that configure a story) and the active sides (i.e. the activities that assemble the substantive components of a story) of narrative construction (Gubrium & Holstein, 1998). This data process approach had been previously adopted by Huang (2020) as an effective way to analyse patients' stories informed by the concept of narrative modulation. In the first phase, the researcher carried out a thematic content analysis to identify the storylines and corresponding themes that emerged in the narrative data. For each storyline, the researcher utilised the concept of narrative modulation to examine both the initial and modulated versions of the storyline as it developed. The initial results were reviewed and scrutinised by an independent researcher, who is familiar with the content analysis method and the approach of narrative modulations, and has extensive experience working with patient groups. The two researchers compared and discussed their results and agreed upon a revised list of storylines and associated themes based on the narrative evidence. Tables 1 and 2 below present the finalised list of storylines, themes and sub-themes that emerged from the narrative data. Following this, in the second phase of the data analysis, the researcher analysed how each storyline, along with its associated themes, underwent narrative modulations in the participants' storytelling. The modulation process facilitated interactions between participants' storylines, which in turn enabled the participants to co-construct their experiences in communicating with HCPs about self-management aspects.

As Table 1 illustrates, six main themes and nineteen sub-themes associated with the participants' stories were identified in the focus group discussions. The themes and sub-themes are categorised according to their narrative attributes, each having its own distinct functions and focus. However, cross-themed interactions also occur throughout the participants' storytelling. For instance, the first two main themes in Table 1 are closely connected to the interactions and communications between patients and HCPs. These themes often co-occur in the narrative to indicate multiple aspects of the participants' storytelling of healthcare encounters. Themes 3 and 4 focus on the participants' self-management approaches, from understanding test results to developing and implementing care plans. The final two themes (Themes 5 and 6) address the types and sources of self-management support that the participants felt they had access to within and beyond healthcare

Table 1
Themes and sub-themes in focus group discussions.

No.	Themes	Sub-themes	
1	Communicative interactions with HCPs	1A	Interactions with doctors
		1B	Interactions with nurses
		1C	Interactions with other healthcare staff
2	Patient-practitioner communication during healthcare encounters	2A	Atmosphere of conversation between patients and HCPs
		2B	HCPs' communication skills
		2C	Discussion of patient's physical health
		2D	Discussion of patient's wellbeing beyond physical health
3	Development of care plans	3A	Test results
		3B	Treatment and medication
		3C	Personalised care plans
4	Participants' self-management approaches	4A	Compliance to treatment and medication
		4B	Diet, lifestyle and general wellbeing
		4C	Attitudes to healthy living
5	Participants' self-management support network	5A	Family
		5B	Friends
		5C	Community
6	Participants' access to self-management information	6A	From support network
		6B	From the internet
		6C	From healthcare services

services.

In relation to the themes in Table 1, Table 2 provides a summary of the storylines that emerged from the narrative data. The column 'Storyline' contains the individual narrative threads that the participants discussed and developed across the focus groups. There are seven major storylines from the narrative data, each encompassing a set of associated themes. Similar to the interactions and connections across the narrative themes demonstrated in Table 1, the storylines also interact with each other in the participants' storytelling. Storylines 1, 2 and 3 primarily focus on narrative Themes 1 and 2, which discuss how interactions and communication during healthcare encounters impact the participants' self-management experience. Storylines 4 and 5 address how the participants approach HCPs regarding treatment and medication. Storylines 6 and 7 explore how the participants manage self-management issues from consultation rooms to their own living environments.

Table 2 summarises the storylines co-constructed by participants during focus group discussions. The column "Focus Group" identifies the groups where the storylines emerged and developed. The columns "Initial Storyline (Example)" and "Modulated Storyline (Example)" contain excerpts from the participants' narratives, illustrating the progression and modulation of the storylines throughout the focus group discussions. Additionally, Table 2 presents narrative themes corresponding to their respective storylines. Within each storyline, the themes associated with the initial storyline continue to be present in the modulated version, with the exception of Storyline 7. As the stories progress, additional themes are found in the modulated storylines where new narrative elements are introduced (e.g. "Additional Themes" in Table 2). These modulated storylines and the accompanying additional themes indicate transitions and shifts in the meaning and structure of the participants' stories. The following section (Section 6) will analyse the process of narrative modulations, where attunement and misattunement play important roles in shaping the participants' experiences in

Table 2
Summary of the storylines in focus group discussions.

Storyline	Initial Storyline (Example)	Modulated Storyline (Example)	Focus Groups
1. Navigating communication with HCPs during time-limited consultations	1a. There is not enough time for a proper conversation within a ten-minute appointment.	1b. I write down what I want to talk about on a list and bring it to my appointments. It works with some doctors but not others.	1 2 3 4
Associated Themes:	1 A, 2 A, 2B, 2 C	1 A, 2 A, 2B, 2 C	
Additional Themes:	N/A	2D	
2. Evaluating interactions with HCPs	2a. A lot of healthcare practitioners are not people persons. You don't feel you can confide in them.	2b. I have changed doctors a number of times, although you could jump from the frying pan into the fire.	1 2 3 4
Associated Themes:	1 A, 2 A, 2B	1 A, 2 A, 2B	
Additional Themes:	N/A	2D	
3. Describing working relationships with HCPs	3a. I don't feel I have much of a relationship with my doctors. I used to have a doctor who I liked, but she is retired now, and I am yet to meet a doctor that I feel completely comfortable with.	3b. Doctors are more approachable nowadays, but I won't call it a relationship. There is just a bit more rapport between us. I find nurses and pharmacists sometimes more helpful.	1 2 4
Associated Themes:	1 A, 2 A, 2 C	1 A, 2 A, 2 C	
Additional Themes:	N/A	1B, 1 C, 2D	
4. Addressing concerns about medication and treatment concerns with HCPs	4a. I have doubts about my diabetes diagnosis and medication, but my doctors are reluctant to review my condition and prescription.	4b. I will ask for a second opinion when I am due in for the next review. If I don't get a proper answer, I am going to stop my medication and see what happens.	1 2 3
Associated Themes:	1 A, 2 C, 3 A, 3B, 4 A	1 A, 2 C, 3 A, 3B, 4 A	
Additional Themes:	N/A	3 C, 4B, 4 C	
5. Understanding and interpreting test results	5a. It is good that the doctors and nurses are not judgemental, but neither do they volunteer to explain the meanings of my results.	5b. If the doctors and nurses say something that I don't understand, or if I have questions about my medication, I will ask them to explain it to me.	2 3 4
Associated Themes:	1 A, 1B, 2 C, 3 A, 3B, 4 A	1 A, 1B, 2 C, 3 A, 3B, 4 A	
Additional Themes:	N/A	3 C, 4B, 4 C	
6. Developing self-management plans with HCPs	6a. The nurse told me there is no more self-care advice she can offer me because I am already doing well.	6b. Most advice I have had is about losing weight, but in my case, I actually need to gain some weight so my needs are different from what you will see from a leaflet.	1 3
Associated Themes	1B, 2 C, 3B, 4 A	1B, 2 C, 3B, 4 A	
Additional Themes:	N/A	3 C, 4B, 4 C, 6 A, 6B	
7. Discovering and accessing self-	7a. The doctors don't seem to know what	7b. I look for self-care resources myself –	1 3 4

(*continued on next page*)

Table 2 (*continued*)

Storyline	Initial Storyline (Example)	Modulated Storyline (Example)	Focus Groups
management resources	self-care resources are out there.	from the internet, friends and family.	
Associated Themes:	1 A, 6 C Additional Themes: 5 A, 5B, 5 C, 6 A, 6B	N/A N/A	

communicating and interacting with HCPs surrounding self-management issues.

6. Discussion of narrative modulations in participants' storytelling

6.1. Co-constructing storylines in focus group discussions

The narrative themes and storylines emerging from the focus group discussions indicated a 'common communicative ground' (Hydén & Bülow, 2003) among the participants. As elucidated in Section 4, this common ground was facilitated by the researcher at the start of each focus group, where the participants gained a shared understanding of "supported self-management" in their own environment and were invited to share their experiences of working with HCPs in this context. With many participants having long-term conditions, they felt able to relate to the issues discussed in the focus group. For example, some participants had been engaging with healthcare professionals to regularly monitor their health conditions and tailor their treatment plans, and some were interested in accessing information and resources in the community that would help improve their health. Participants across all four focus groups showed genuine interest in these topics and carried out lively, interactive, and constructive discussions with each other. This collaborative group atmosphere could be attributed to a shared context, where the participants all came from a largely homogeneous social background and had relevant experiences of communicating with HCPs about self-management issues. Harmonious group dynamics were further facilitated because all participants were members of the same charity organisation, which offered an inclusive, friendly, and welcoming social environment. Moreover, as the focus groups took place in a community venue familiar to the participants, this created a safe and comfortable space for free exploration and discussion of social topics. These group dynamics enabled the researcher to access the participants' collaborative storytelling, providing a discursive platform where narrative modulations took place and took shape.

6.2. Modulating storylines with attunement and misattunement

Built upon this common communicative ground, participants' individual narratives were consolidated into seven interrelated storylines, as outlined in Table 2. While each storyline encompasses unique narrative details, all seven underwent narrative modulations driven by attunement and misattunement processes within the participants' storytelling. As described in Section 3.2, this study refers to 'attunement' as a mutual relational awareness, connection, and shared goals and values between patients and HCPs surrounding self-management support. Conversely, 'misattunement' signifies a mismatch of expectations, goals, and values between patients and HCPs regarding self-management issues.

Misattunement can be observed from the outset of each of the seven storylines (see the column "Initial Storyline (Example)" in Table 2), where participants expressed feeling a disconnect with HCPs during routine consultations, an integral aspect of their supported self-management. This observation is consistent with existing research suggesting that the current self-management model remains largely biomedical, thereby contradicting the patient-centred, biopsychosocial model advocated in healthcare guidelines (Sadler et al., 2014; Gifford, 2016). In Storylines 1, 2 and 3, misattunement maintained its narrative influence throughout the discussions, conveying a perceived lack of agency and autonomy from the participants during medical encounters with HCPs. In Storylines 4 and 5, while misattunement persisted, elements of attunement began to emerge, acting as a narrative modulator guiding the storylines away from a primarily biomedical domain and towards a more holistic and inclusive context incorporating biopsychosocial factors. Both attunement and misattunement modulated the narrative in the final two storylines (Storylines 6 and 7). Compared to previous storylines, the process of attunement in these final two storylines was more apparent, indicating stronger resistance from the participants to the biomedical model and a more pronounced sense of control, agency and ownership in participants' self-management approaches.

The subsequent sub-sections (Sections 6.3 to 6.5) further discuss these modulation processes that are driven by attunement and misattunement, examining their stance, scope and strength within participants' storytelling.

6.3. Narrative modulations in Storylines 1, 2 and 3

The first three storylines outlined in Table 2 were co-constructed by the participants around the main narrative themes of patient-practitioner communication and interactions in relation to supported self-management. A persistent struggle between misattunement and attunement existed within these three storylines, with the former playing a dominant role.

In Storyline 1, most participants felt that the time constraints during consultations limited the quality of patient-practitioner communication. Throughout the discussions, participants explored potential ways to improve the situation. Some suggested that a patient could compile a list of the issues they wished to discuss and bring it to the consultation, which to some extent helped guide the conversation with HCPs. However, these participants also conceded that this strategy might not be feasible in many consultations. Some practitioners chose to disregard the patients' lists and focused only on areas they preferred to discuss, offering the patient little opportunity to explore their issues of interest (e.g. "Storyline 1b" in Table 2). Overall, Storyline 1 revealed patients made conscious efforts in consultations to foster an attunement process, focusing on holistic wellbeing. However, these efforts often went unreciprocated as HCPs failed to support or acknowledge patients' proactive roles during clinical encounters. The limited strength of the attunement process in participants' narratives was similarly observed in Storylines 2 and 3, as illustrated in Example (1):

(1).

P6_G1: A lot of them are not people persons, are they? I can't confide in a lot of my GPs, because I think they are all just sitting there in their shirts and ties, very official.

P4_G1: Sometimes you feel as though they are bored with you telling them what's wrong with you, and they go "right, yeah, yeah, right."

P3_G1: And quite a lot of the time they are looking around as though they are not interested. Well, mine is, anyway. And they sigh a lot, showing they are bored. You are pouring your heart out to someone who is sighing.

Participants across focus groups felt that many HCPs seemed to lack communication skills and empathy, making it challenging for patients to confide in them about health concerns. This negative perspective on interacting with HCPs is also present in Storyline 3, where participants experienced being unable to establish trusting relationships with their doctors (e.g. "Storyline 3a" in Table 2). In the modulation process, some participants suggested that dissatisfied patients could try changing doctors or engaged with different HCPs, such as nurses and pharmacists (e.g. "Storyline 3b" in Table 2 with the additional themes of 1B and 1 C). Other participants felt poor communication and the lack of a trusting

relationship between patients and HCPs were widespread in healthcare services, with patients having no real resource to challenge or improve the situation (e.g., Storyline 2b). The modulations of Storyline 3 (see "Storyline 3b" in Table 2) further led to the participants' belief that while some rapport could exist between patients and HCPs, these superficial interactions rarely developed into genuine, trusting patient-practitioner relationships. Narrative modulations in the first three storylines were further evidenced by the additional theme 2D (i.e. "discussion of patient's wellbeing beyond physical health" in Table 1). The theme emerged in the modulated storylines where participants expressed their desire to establish trusting relationships with HCPs with whom they could discuss issues concerning broader wellbeing, such as loneliness and isolation. However, these issues were rarely encouraged by HCPs during consultations, which left patients feeling misattuned.

The attunement process in the first three storylines underscores a narrative stance that values consultation opportunities (as in Storyline 1), effective patient-practitioner communication (as in Storyline 2) and trusting relationships between patients and HCPs (as in Storyline 3). All these factors are considered essential in patients' self-management (Deledda et al., 2013). On the other hand, misattunement represents a narrative stance that undervalues the communication, interactions and relationships between patients and HCPs during clinical encounters. There was a unanimous sentiment across all four focus groups that the stance of misattunement was prevalent in the culture, attitudes and practice in healthcare services, making it difficult for individual patients to challenge the status quo. Although the participants attempted to use the attunement process to counter the influence of misattunement in the first three storylines (e.g., with the additional theme of 2D), the narrative scope and strength of the attunement process were limited, resulting in the modulated storylines still largely remaining under the influence of misattunement. This finding aligns with a recent study that revealed patients with chronic pain faced challenges in communicating and building positive relations with HCPs in their self-management routines (Gordon et al., 2017). Taken together, the participants' stories of clinical encounters were largely shaped by the misattunement process, hindering the establishment of a patient-HCP relationship attuned to self-management needs and expectations.

In summary, narrative modulations in Storylines 1, 2, and 3 depict the participants' desires for greater autonomy in the consultation process, the ability to communicate with HCPs about holistic self-management issues and the development of trusting patient-practitioner relationships. However, the participants' experiences led them to believe that their willingness, expectations and actions were not acknowledged by HCPs. The healthcare services' institutional culture and practice, which emphasises patient compliance, largely dictated the participants' healthcare encounters. Consequently, the participants' needs and expectations for holistic self-management were often undervalued and unfulfilled.

6.4. *Narrative modulations in Storylines 4 and 5*

Storylines 4 and 5 explored participants' experiences of seeking advice from HCPs for self-management within and beyond the medical domain. Similar to the first three storylines, Storylines 4 and 5 contained a conflict between attunement and misattunement, with opposing stances. Notably, the process of attunement modulated Storylines 4 and 5 with greater narrative strength and broader scope, indicating a stronger sense of agency and control on the part of the participants.

Storyline 4 centred around the actions taken by participants when they had questions about their treatment and medication. Participants varied in their approaches: some chose not to question their HCPs, while others felt capable of inquiring. Regardless, the advice from HCPs was often to adhere to prescribed plans, showing little inclination to review or explain these plans. A case in point is illustrated in Example (2), where Participant 4 expressed doubts about her diabetes diagnosis. Participant 4's experience with her inconclusive diabetes diagnosis highlights an important gap in supported self-management. While the participant sought to better understand and manage her health condition, the (HCP) prioritised adherence to medical protocols over engaging the participant in her care. This approach missed an opportunity to embrace the tenet of supported self-management, which values the importance of personalising care based on the patient's unique needs, preferences, and strengths (NHS, 2020). This incident highlights a recurring theme in the narrative data from the focus groups, i.e., a tension between the traditional clinical approach that emphasises compliance with medical advice, and a more patient-centred approach, which values patient-practitioner collaborations.

(2).

> P4_G3: I went back to the doctor's and the doctor said, "Well, if we say you have got diabetes, you have got diabetes, and you're better to take the tablets as not take them." But they didn't tell me what that meant, they didn't really tell me anything about diabetes at the surgery.

Participant 4′s story elicited sympathy and empathy from fellow participants, triggering lively debates among the focus group members. Many participants supported the idea that Participant 4 should request a second opinion of her medical condition. With the support from fellow participants, Participant 4 expressed her intent to further discuss her medical concerns with the healthcare provider; failing that, she was prepared to stop taking the medication prescribed for her health condition.

Participant 4′s narrative relates to Storyline 4 (i.e. "Addressing medication and treatment concerns with HCPs" in Table 2). The storyline was modulated by the dual processes of attunement and misattunement. On one hand, the attunement process supported the patient's willingness to collaborate with HCPs to better understand her treatment options. On the other hand, the misattunement process contributed to the patient's potential action of abandoning her medication. Modulations in Participant 4′s narrative signified a transition of the storyline from its initial version (i.e. "Storyline 4a" in Table 2) to the modulated version (i.e. "Storyline 4b" in Table 2). With the emergence of additional themes of 3 C, 4B and 4 C in the narrative (see Table 2), Storyline 4b illustrated the potential for patient agency. This modulated storyline emphasised the need for effective patient-practitioner communication, a lack of which may lead to intentional non-adherence in patients with chronic conditions (Heisler et al., 2007; Zolnierek & DiMatteo, 2009).

The next storyline (Storyline 5 in Table 2) shifted focus to participants' understanding of test results. According to the participants, although HCPs were generally non-judgemental about test results, they often neglected to provide contextualised information (e.g. "Storyline 5″ in Table 2). For instance, as depicted in Example (3), participants felt the need for improved attunement from HCPs, which could include a more detailed explanation of the test results. They believed that such improved attunement could enhance their ability to self-manage.

(3).

> P5_G4: I usually ask about my results; the nurses don't volunteer it. Very rarely volunteer it. It is usually the cholesterol, and they would just say that is good cholesterol. And I say well I am sorry can you explain what good cholesterol is and what bad cholesterol is.
>
> P2_G4: But if you didn't ask you wouldn't know.
>
> P1_G4: That's right, and it can be dangerous when people don't understand their results. You have got to read it in the right way and take from it what you need to look after yourself.

In both Storylines 4 and 5, the dual processes of attunement and misattunement acted as significant narrative modulators. As a result, the storylines moved away from a biomedical focus to adopt a more person-centred approach. This shift advocated explorations, conversations and understanding of a patient's care plan with a holistic, whole-person

context.

It is also noteworthy that the participants demonstrated in their storytelling a critical understanding of the balance between misattunement and attunement, with some expressing concern for the vulnerability of older healthcare clients, as shown in Example (4) below.

(4).

> P2_G3: I am very impressed with the people sitting around in this group, that you obviously have the ability to fight your corner. But a lot of older people haven't got your get up and go and fight. Vulnerable older people.

Although misattunement maintained its influence in HCPs' actions in Storylines 4 and 5, it was persistently countered by an opposing process of attunement. This dynamic balance demonstrated the participants' commitment to improved self-management outcomes and signalled a potential shift from patient compliance towards patient empowerment and patient-centred care. The next section further examines the modulation process in participants' storytelling and the ways attunement and misattunement shaped the participants' self-management experiences.

6.5. Narrative modulations in Storylines 6 and 7

The final two storylines (6 and 7) in the narrative data (see Table 2) explored the participants' self-management approaches from consultation rooms to their own living environments. Storyline 6 emerged from participants' discussions of personalised self-management plans. The concept of personalised care is endorsed by the NHS (2014, 2019a) where patients and HCPs agree on shared self-management goals in developing and implementing action plans. Although this guideline embraces the attunement process between patients and healthcare providers, most participants in the focus groups could not recall developing personalised care plans with HCPs. Further to this, participants felt many HCPs were not prepared to tailor self-management advice according to individual patient needs (e.g. "Storyline 6a" in Table 2). In cases where healthcare advice was offered by HCPs, it was often based on a standardised scenario instead of the patient's personal context. Example (5) below is an example from Focus Group 2:

(5).

> P3_G2: The nurse asked me a whole lot of questions about diet and gave me a leaflet on how to lower cholesterol and lose weight. Now, I am not overweight, and I never have been. My BMI is usually a bit below 20, so if anything, I came underweight. So a diet to lose weight is certainly not what I need and I dismissed this as a load of rubbish.

This example revealed a barrier to effective patient-practitioner communication, which was caused by HCPs' failure to engage with patients in exploring personalised care. This resonates with the findings of Wilson et al. (2006) in a previous study, where nurses appeared challenged by patients' potential self-management strategies and dismissed them as non-compliant in the narrowest sense. Storyline 6 was further supported by Storyline 7, in which the participants from three focus groups (i.e. Groups 1, 3 and 4) unanimously felt that HCPs seemed to lack adequate knowledge of available self-management resources beyond the NHS premises (see "Storyline 7a" in Table 2). Consequently, many participants expressed that they would approach their self-management network (e.g., friends, family and community groups) and the internet for health and wellbeing information (e.g. "Storyline 7b" in Table 2).

Similar to the first five storylines, both misattunement and attunement served as narrative modulators in the construction of Storylines 6 and 7. However, different from the previous storylines, the modulating function of misattunement in the final two storylines was noticeably weaker due to the participants' conscious choice to advocate attunement as a counter modulator. Participants challenged or disregarded HCPs' medical advice on the grounds that some advice failed to meet individual needs or adequately recommend suitable self-management resources. The process of attunement modulated these two storylines with the support of additional themes (e.g., aspects from the main Narrative Themes 3, 4, 5, and 6 in Storylines 6b and 7b). These themes covered a wide narrative scope, representing the participants' motivations, intentions and values embedded in their self-management. The additional themes highlighted participants' commitments and efforts in taking greater ownership of their self-management actions, embracing healthy living and maintaining positive life attitudes. However, these commitments and efforts were not always supported by HCPs in participants' experiences. A key insight gleaned from the analysis of Storylines 6 and 7 is patients' expectation for self-management advice from HCPs to be more attuned to their health and wellbeing needs. This requires a shift in the mindset of HCPs to better appreciate the personal contexts and lived experiences of patients, leading to more personalised and effective self-management plans. This further strengthens the call for a transition from a primarily biomedical model to a more patient-centred, biopsychosocial model of care.

6.6. Constructing patient experience of supported self-management with attunement and misattunement

Upon examining the narrative data from the focus group discussions, this section presents key findings on how attunement and misattunement shape participants' storytelling of their experiences in patient-practitioner communication surrounding self-management matters.

Participants' narratives emphasised their perception of self-management as a crucial means to maintain their health and wellbeing, helping them to lead a healthy, independent and fulfilled life. Across the focus groups, there was a general consensus that, while HCPs can offer patients valuable support and guidance, patients should assume responsibility and ownership of their self-management decisions, actions and outcomes, where appropriate. Despite participants deeming patient-practitioner communication vital for self-management, storylines in the narrative data were modulated by two contrasting processes – misattunement and attunement. Misattunement supported a narrative stance that focused on the biomedical model and patient compliance, while attunement promoted the biopsychosocial model, person-centred care and patient empowerment. As discussed in Sections 6.3 – 6.5, storylines were initially dominated by the misattunement process, characterised by substantial modulating strength and scope. Consequently, the narrative data from the focus groups reveal that participants perceived having limited agency and narrative power in negotiating or expressing their preferred communication styles and interactions with HCPs in clinical encounters. This lack of attunement adversely affected the establishment of collaborative patient-practitioner relationships. As indicated in the participants' narratives, many felt unsupported by their HCPs in their self-management journeys. Such instances of misattunement, found in the focus group discussions, revealed that these were not isolated occurrences but part of a broader narrative observed across participants in this study.

As the focus group discussions progressed, participants, both individually and collectively, utilised the attunement process as an alternative modulator to counter the misattunement process. To enhance the narrative strength and scope of attunement, participants incorporated additional narrative themes (reviewed in Sections 6.3–6.5 above) into their storytelling. These themes further enriched the concept of self-management from the participants' perspective, enabling a greater influence from attunement in the modulation process. The modulated storylines, with the added narrative themes, thus helped participants to better position themselves as active social actors with increased agency and control over their self-management. Despite participants' attempts to promote the attunement process in self-management, their storytelling was largely configured by misattunement and its associated themes.

The narrative data from this study suggests that the participants perceived a sense of vulnerability in their interactions within the existing healthcare framework, which largely focused on patient

compliance with medical treatments. While these observations are context-specific and may not be generalisable, they do indicate potential areas for further investigation and discussion regarding the role of patient-practitioner relationships in self-management processes, particularly in similar demographic groups. This topic will receive additional consideration in the concluding section of this paper.

7. Conclusion

This study was undertaken with the aim of deepening the understanding of patient-practitioner communication in the context of supported self-management within the NHS. Through the development and application of an innovative concept of "narrative modulations", this paper explored how patients' experiences were modulated by attunement and misattunement processes.

To achieve these objectives, this study employed focus group discussions to invite participants to share their experiences of discussing self-management with the support of healthcare practitioners (HCPs). Recognising the focus group as a co-constructed social space, this study scrutinised participants' convergent storytelling, illuminating the dynamic modulation process where storylines unfolded, evolved and broadened their themes, content and meaning. The outcomes of these discussions were systematically analysed within the narrative modulation framework, yielding a comprehensive and contextual examination of how the attunement and misattunement processes mobilised narrative elements to shape and guide storytelling. This research supports existing studies asserting the biomedical model's continued prevalence in patient-practitioner interactions (Sadler et al., 2014).

Importantly, this study explores an under-researched area, by examining the transitional experiences of patients in supported self-management, utilising narrative data gathered from focus group discussions. Through analysing the modulation process, new empirical evidence has been uncovered, revealing a transitional approach in participants' storytelling. Participants reflected upon, resisted and challenged the narrowly focused patient compliance model they encountered in clinical settings by employing attunement as a narrative modulator. These counter-narratives advocate for greater attunement in patient-practitioner communication, challenging the prevailing healthcare narrative that undermines patient agency in self-management. These insightful experiences are heavily reliant on participants modulating their storytelling. This highlights the need for comprehensive investigations by researchers and practitioners to understand the barriers and struggles patients face in achieving their self-management goals. Narrative modulation serves as a valuable tool for observing and elucidating these evolving social, cognitive and affective processes, such as attunement and misattunement, that shape patients' experiences.

Building upon previous research that used the concept of narrative modulations to understand cancer survivors' transitional experiences in written narratives (Huang, 2020), this study expands the analytical scope of the concept to include scrutiny of co-constructed spoken narratives. This development reinforces the concept's validity as a robust method for systematic, in-depth analysis of narrative data.

Focusing on patient communication with HCPs, this study offers valuable implications for practitioners, policymakers and stakeholders in UK healthcare services and beyond. It underscores the sophisticated understanding many patients possess regarding communication barriers. Consequently, it is crucial for HCPs to develop narrative competence (Charon, 2006) to effectively interpret and act upon patients' stories. The narrative modulation framework, besides being a useful tool for analysing narrative data, offers HCPs a heuristic approach to identify and engage with narrative modulators, thereby facilitating the development of attuned, collaborative and responsive patient-practitioner relationships. Healthcare providers should also commit to institutional changes that improve patients' access to self-management resources, fostering independence in information seeking and problem-solving.

While the study's qualitative nature and small sample size limit the generalisation of the findings, the analytical approach of narrative modulations presented in this paper offers valuable theoretical and practical insights for future studies with broader scopes, contributing to the fields of narrative studies, language and linguistics, and healthcare communication.

Declaration of Competing Interest

The author declares no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Data availability

The data that has been used is confidential.

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