

The effects of Expressing Writing on Palliative Care healthcare professionals: a qualitative study

Chiara Cosentino¹, Elena Baccarini², Martina Melotto³, Riccardo Meglioraldi⁴, Silvia D'Antimi⁵, Valentina Semeraro⁶, Victoria Cervantes Camacho⁷, Giovanna Artioli⁸

¹Department of Medicine and Surgery, University of Parma, Italy; ²AUSL - IRCCS Reggio Emilia, Italy; ³University Hospital of Modena, Italy; ⁴ONLUS Solidarity Center of Reggio Emilia, Casa San Pellegrino, Reggio Emilia, Italy; ⁵ASL of Modena, Italy; ⁶AOSP of Parma, Italy; ⁷Department of Medicine and Surgery, University of Parma, Italy; ⁸Azienda USL-IRCCS, Reggio Emilia, Italy

Abstract. *Background and aim of the work:* Expressive Writing (EW) is a useful tool for taking care of the person globally, and literature shows that self-care and self-awareness improve the coping skills of health professionals, positively increasing personal and professional satisfaction and reducing the negative aspects related to the profession, such as burnout. The objective of the research is to analyze the writings produced by healthcare professionals belonging to palliative care in a previous quantitative study to identify any changes between two sessions. *Methods:* It is a longitudinal qualitative research with an interpretative phenomenological methodology of analysis of documents written by professionals. The study included 50 expressive writings: 25 at Time 0 (T0) and 25 at Time 1 (T1). The analysis sample is composed of 25 professionals. All participants completed an Expressive Writing protocol homogeneous in procedure, mandate, and timing. *Results:* The study revealed a variation in contents from T0 to T1 highlighting both professional and intimate growth of the professionals. The practitioner appears more aware of working together to achieve a goal. Writing evolve as more spontaneous. Attention is focused on the relationship with the patient as an engine of personal and professional growth. The satisfaction is linked to the management of a complex case in its entirety. *Conclusions:* The investigated instrument resulted in a beneficial change in the healthcare professionals involved. Writing helps to find strategies to take care of the other, improves communication, favors the sharing of experience with the other, increasing the awareness of limitations and strengths.

Keywords: Expressive writing, Qualitative study, Palliative care, Health care professionals

Introduction

Expressive Writing (EW) is an effective tool for the elaboration of past traumatic events (1). It was first conceived and studied in 1986 by J.Pennebaker, who showed its several beneficial effects on psychological and physical health (2).

The EW consists in writing about a traumatic or emotional experience for a few sessions, for 15-20 minutes per session without interruption, describing both the event and the related emotions.

Writing about traumatic events, ambiguous and emotionally involving situations, and expressing one's deepest thoughts and feelings has several benefits: it affects the way of thinking about trauma, emotions and self, it helps to organize and structure the traumatic memory by creating more adaptive patterns, it helps to think about complex situations and facilitates their resolution, encouraging self-awareness (3, 4, 5, 6). The EW gives voice to the emotions, moods and intimate thoughts of patients, family members and healthcare professionals (7).

On the other hand, it can produce an immediate increase in the negative affects perceived rather than an immediate relief in emotional tension and the health benefits obtained are not related to the amount of emotions or negative anguish expressed or reported after the writing session (8).

Literature has reported how the use of Expressive Writing, which allows to write about emotional experiences, has various beneficial effects: both in terms of physical and mental health (9).

Several studies have been conducted applying EW to different categories of patients, obtaining specific beneficial effects, such as reduction of emotional stress, pain and improvement of physical health in cancer patients, and improvement of lung function and severity of the disease in asthmatic patients (10-13). Other studies have shown significant improvement in various biochemical markers of physical and immune functioning (14-16). However, other studies have not identified benefits (17, 18).

It was found that in health professionals, especially those working in palliative care, EW has a positive impact on job satisfaction, coping strategies, communication satisfaction, management of fatigue, prevention of burnout. Several studies show that the well-being of professionals positively affects the quality of care. (7, 19, 6).

The health professional who works in palliative care has to intervene on the symptoms and the psycho-social and existential needs of the person to ensure the best possible quality of life, thus reorienting the goal of treating the disease. This professional does a real support of the patient and his/her family, using him/herself in a therapeutic way. Studies have shown that it is difficult for the professional to manage his/her emotions and the constant search to give meaning to the losses. Emotional exhaustion, compassion fatigue, and poor overall clinical judgments can lead to suboptimal patient care (20-22).

The consequence of a particular form of response to a chronic "distress", related to activity and the work environment, characterized by emotional exhaustion, is called burnout syndrome. It is also characterized by depersonalization and lack of personal fulfillment (23). There is a positive correlation between the burnout indices and the difficulty in describing emotional expe-

riences (24-27).

Self-care and self-awareness, the development of a collaborative and supportive climate in the team, the increase of self-esteem, professional fulfillment, the acquisition of communication skills, and emotions management are linked to a decrease in emotional distress and help coping with end-of-life trauma, improving therapeutic efficacy and job satisfaction (20, 28, 29).

Self-awareness is an introspective process, used to understand one's thoughts, feelings, beliefs and values, in order to authentically guide behavior (30).

There are no direct studies that connect Expressive Writing to an increase in self-awareness.

Aim

The aim of the present study is to explore what changes in meaning can occur in multiprofessional palliative care teams during an Expressive Writing intervention focused on emotionally intense professional experiences.

Methods

The study design is qualitative longitudinal (31) with a phenomenological (32) interpretative methodology aimed at highlighting a possible change of meaning (meaningshift) (33) within the Expressive Writing sessions, using the thematic analysis methodology of Braun and Clarke (34). Documents written by health professionals concerning traumatic, emotional or stressful events affecting the person's professional life were analyzed. The tool used is Expressive Writing. The texts were collected during a previous quantitative study by Cosentino et al (19) and then analyzed.

Data collection

The study included 25 participants, each of whom participated in the 2 writing sessions, allowing to collect 50 Expressive Writings: 25 writings at Time 0 (T0) and 25 at Time 1 (T1). The writing sessions lasted 15 minutes, and between one session and another there were from one to three days. The mandate of the two sessions was the same: "*Please write, considering your*

working day, about an event that was significant to you and that aroused strong emotions or feelings in you, which you can describe. Write continuously for 15 – 20 minutes". The writings performed by the same participant did not deal with the same event, but different events.

Participants

Participants in the study were selected through a balanced convenience sampling by setting. Palliative care professionals were included: Nurses, Social Health Operators (SHO), Physicians, and Psychologists, operating at Palliative Care Operational Units (Hospice, territorial network services) in Northern Italy.

All participants had a previous experience of at least 6 months in the field of Palliative Care. The sample was mainly composed of nurses (62.1%), then SHO (31.8%) and finally physicians (6.1%). The 68.2% of the sample was female. The age of the participants ranged from 18 to 65 years. The age group with the most participants was between 26–35 years 34.8%. The 83.3% of the participants worked in a Palliative Care facility (Hospice, Hospital, Palliative Care Outpatient Clinic) while 16.7% worked in the territorial area.

Data analysis

The writings obtained were first codified and analyzed using the Framework tables (35), comparing the various methods of analysis found in the literature (32, 35, 33, 34).

The texts were read in their entirety to grasp the more general meanings, then we moved on to a thematic analysis of each text which highlighted the following passages:

Development of units of general meaning: we identified portions of text (code) that contained at least one meaning related to the search problem,

Processing of sub-themes: we read and compared the units of meaning; when possible (or when repeated), we aggregated them as to identify sub-themes summarizing the different units of meaning,

Elaboration of themes: we identified the themes from the sub-themes, that is essential elements of meaning that group together sub-themes with similar characteristics of meaning.

Once the themes and sub-themes at T0 and T1 were identified, a comparison was made, defining a

meaning shift obtained with a table that favored the comparison between themes and sub-themes at T0 and T1. From this comparison of comparable themes and sub-themes, the topics have been reworked and renamed, representing the change in meaning: from which theme we started at T0 to which theme we arrive at T1. The differences correspond to the effect obtained in professionals thanks to the Expressive Writing intervention. Sub-themes followed, as further specifications of the new theme emerged. Finally, the theme found only in the writings at T0 was analyzed.

The researchers actively confronted each other all along the script analysis process.

Results

The analysis of the writings allowed us to identify 3 topics, present both at T0 and T1, which changed in their meaning between the two Expressive Writing sessions. These topics have been called "Team", "Emotions" and "Caring". Furthermore, at T0 a topic was identified that does not recur at T1 and that we named "Experiential Baggage".

Team

The first topic identified was named Team, and two fundamental themes were identified that allowed the meaning shift in the T0 to T1 writing (Table 1). The first theme involves the transition from "being in the team" to "team growth"; the second theme encompasses the transition from "difficulties in the team due to the absence of dialogue" to "difficulties in the team despite dialogue".

Table 1 Meaning shifts in the Team topic

TOPIC	THEMES	
	FROM (T0)	TO (T1)
TEAM	'Being in the team'	→ 'Growth of the team'
	'Difficulty in the team due to the absence of dialogue'	→ 'Difficulty in the team despite the dialogue'

Time 0

Being in the team

Participants talk about “being”, meant as a being present within an environment in which each one with their own experiences is able to help the other in recognizing mistakes, as to be able to avoid them in the future. Everyone brings themselves within the group and there is a desire to improve assistance, but the teamwork is understood as the union of the various parts without a real mutual improvement.

“I have been working in this service for a year and a half now and unfortunately there are many ‘avoidable mistakes’. My goal is to try to talk about them in order to avoid them later, trying to sensitize the operators” (20pre.3).

Difficulty in the team due to the absence of dialogue

There is a marked absence of dialogue and collaboration between members of a team interested in a common goal. Participants state:

“If there had also been greater collaboration and attention to the needs of the family, perhaps this would not have happened. It was devastating to see and “feel” the anger of relatives on me without being able to have support in the whole situation.” (2pre.4).

Time 1

Growth of the team

In the second writing, the concept of the team is strengthened, with the increase of complicity and sharing among the members. The wished concept of team is also concretized, speaking of “union, collaboration, dialogue” (9post. 3). The difficulties that emerge are transformed into tools to get to know each other better, improve each other and also achieve improvements in clinical practice. It emerges with particular clarity that belonging to the team is now a dynamic process, which also brings with it the inner growth of its members.

“Today I see in my colleagues the commitment and willingness to communicate and listen to patients, to relieve their pain, I perceive that the team’s goal is clear: dignity to the life of every person.” (8post.1)

Difficulty in the team despite the dialogue

There is greater awareness of the participants that a stressful job does not benefit the care of the sick and the family.

“As an operator I realized that it is a stress factor to work in a non-compact and non-determined team and the inability to manage disturbing refractory symptoms for the patient and also for the family member at his side causes stress.” (6post.3).

Caring

A second topic identified Caring, in which we found two themes that have changed their meaning from T0 to T1 (Table 2). In the first theme there is a transition from “simpler communication gestures” to “more complex communication gestures”. In the second theme in time T0 there is a “difficulty in taking care of the patient” which evolves into “it remains difficult to take care but the strategies are found”.

Time 0

Simpler communication gestures

In the first Expressive Writing texts analyzed, the provision of caring is rather linear; operators who tell their experience do so by describing their work, without highlighting a change or improvement in assistance.

“The first part of the assistance took place quietly, without particular problems: stable conditions of the patient, good relationship with the family, they trust me” (2pre.1); “After listening to all the anxieties, I greet husband and wife, giving them an appointment for the following days.” (1re.2).

Difficulty in caring for the patient

In the texts produced at T0, the difficulties in taking charge and taking care of the patient appear

Table 2 Meaning shifts in the Caring topic

TOPIC	THEMES	
	FROM (T0)	TO (T1)
CARING	‘Simpler communication gestures’	→ ‘More complex communication gestures’
	‘Difficulty in caring for the patient’	→ ‘It remains difficult to take care but the strategies are found’

clear, in particular associated with the emergence of prejudices related to some therapies that complicate care.

“Following a refractory symptom, the palliativist added morphine to therapy. Initially Paola was frightened, but given the excellent effects of the drug and the reduction of the symptom she calmed down. The problem arose when her children learned of the beginning of this therapy, there are many prejudices “(11pre.1).

Time 1

More complex communication gestures

In the second session of Expressive Writing there is a change towards the awareness of one’s own abilities in having an open communication and a confidential relationship with the patient, as evidenced by the phrase *“he takes my hand” (14post. 2)*, and also the professional’s self-awareness indicated by *“in the most difficult moments he could count on us” (10post.2).*

“Every time I sat on that bed he told me a part of his life.” (14post.1);

“After a year and more working in this operating unit, I met a patient with whom I discovered that I had an innate sensitivity to listen to needs and to know how to manage them, something I was not aware of until recently. I became aware of it and after giving advice to this patient he replied that he would follow what I told him. Great satisfaction “(12post.1).

It remains difficult to take care but the strategies are found

In T1 theme the excerpts show us that prejudices and difficulties remain, and they can be highlighted by phrases such as *“The world fell on me” (1post.1)* or *“the sister saw in our work something too little to help Giulia” (10post.1)*, but the professionals find strategies to overcome this obstacle. There is therefore a maturation that occurs through communication with the patient and with colleagues. Sharing one’s experience with the other plays a fundamental role in the awareness of one’s abilities.

“I think that only experience and human contact with them (patients) can teach us to be ready to face and manage the various situations in the best possible way” (8post.2).

Emotions

The third topic identified is Emotions, in which 4 substantial themes were found that changed meaning from T0 to T1 (Table 3). The first theme recognizes the transition from a state in which “suffering must be filtered” to one in which “suffering is not held back”, the second theme leads from being “empathic but detached” towards the patient to being “involved to grow professionally and personally”, the third leads from a “satisfaction given by a single event in the care relationship” to a “satisfaction given by the management of complexity”. Finally, the fourth theme sees the transition from “helplessness in connection with the decisions of others” to “helplessness linked to the inevitable evolution of the situation”.

Time 0

Suffering must be filtered

In the writings, suffering is filtered out; emotions are displayed with a declaration of one’s state of mind, reworked and accepted.

“The path I shared with you was hard and painful for me, too involved, too weak in the face of your suffering, often too helpless. Yet if I could, I would have brought you the moon, I would have given you back that life you had the right to live. “ (21pre.2)

Table 3 Meaning shifts in the Emotions topic

TOPIC	THEMES	
	FROM (T0)	TO (T1)
EMOTIONS	‘Suffering must be filtered’	→ ‘Suffering is not held back’
	‘Empathic but detached’	→ ‘Involved to grow professionally and personally’
	‘Satisfaction given by a single event in the care relationship’	→ ‘Satisfaction given by the management of complexity’
	‘Helplessness in connection with the decisions of others’	→ ‘Helplessness linked to the inevitable evolution of the situation’

Empathic but detached

In these excerpts of the writings, two fundamental themes regarding assistance are noted. The first is a one-way focus in the relationship with the patient, ie the patient must show his fragility and intimacy, while the professional must remain “shielded”. The other theme concerns letting oneself be emotionally involved by the patient, seen in its negative assumption as it emotionally ‘strains’ the professional.

“I usually try to be friendly with patients and family members and try to build a good relationship with them but I also try not to bond emotionally with them. In this case I didn’t succeed.” (9pre.1)

Satisfaction given by a single event in the care relationship

These excerpts describe episodes in which professionals recognize positive emotions derived from a relationship with patients and / or colleagues. This satisfaction has the characteristic, in general, of arising from relationships with people to whom the professional feels particularly attached. Satisfaction also results from individual events in which the relationship was particularly positive, from which, in some cases, a privileged relationship with the patient was born.

“One night he decided to let off steam with me and talk to his wife about his death and will. It was very touching, since then I have been the only one whom he has always called by name.” (13pre.1)

Helplessness in connection with the decisions of others

Also in these writings excerpts emotions prevail. In particular, the participant often places his attention on the “*most negative feelings*” (20pre.1). Often the professional finds himself faced with complex situations. Some of these events concern, for example, the professional’s sense of helplessness in the face of complaints of the patient and not being able to do anything; feelings of anger and frustration in front of another professional they should work with.

“One afternoon after being given morphine because he was starting to have severe pain, he pulled me towards him to hug me. He died at the end of my shift a few days later. I remember feeling very sad and I remember the frustration and anger plus the fact that in my opinion the doctor at the time did not prescribe adequate pain relief.” (23pre.2)

Time 1*Suffering is not held back*

The excerpts are richer in detail, both on the expression of their emotions and thoughts, through sentences rich in meaning, such as “*I’m so bad*” (16post.3), “*it’s unacceptable and unnatural*” (16post.3) , “*I know how much it hurts*” (16post.1).

“Lately, however, a case has happened that has upset and shocked me. An always very nice and kind patient went into a terminal delusion in a violent way, was violent towards her and the staff who was trying to help her. After about 30 minutes of unconvinced and violent gestures, she passed away. I was there and I could no longer speak or cry. I felt like I was emptied of any feeling or sensation.” (18post.2)

Involved to grow professionally and personally

In these excerpts, however, there is a marked awareness of the importance of the role, of their abilities and limits, which are therefore understood not in a negative sense, of incapacity or inadequacy, but as an intrinsic limit of human nature and medicine. The relationship with the patient is seen as a way to grow professionally and personally, thus focusing on the results obtained

“Only now am I starting to realize and understand that in fact this is not the case, that I must not envy anyone anything, because I now feel that I have acquired more awareness in my work” (15post.3)

Satisfaction given by the management of complexity

Satisfaction, in this case, derives from a sum of small successful things. In the writings it is recognized that it is not possible to achieve a successful relationship with everyone, and that each case is complex and for this reason the focus of the excerpts is the management of the case as a whole. So the satisfaction comes from being able to cultivate the different aspects of a case, from the smallest to the largest.

Helplessness linked to the inevitable evolution of the situation

The emotions described in these texts derive from the professionals’ management of complex situations. Within the excerpts it emerges that bad management is caused not so much by a deficiency in those who

prescribe the therapy but more than anything else by the limits that medicine still has in treating some problems or in not having “*symptom control without the immediate results*” (3post.1), which forces the professional to “*have no alternative but to wait for the sedative effect of the drug*” (3post.2).

We enter into the perspective that it is not always easy or obvious to be able to manage the symptoms at the end of life and that there are situations in which to guarantee even just the presence towards the patient and his family or “*listen to the story of their experience*” (3post .2) can generate serenity and a sense of satisfaction.

Experiential baggage

It is the fourth identified topic, present only in the Time 0 writings (Table 4). The identified theme is: *Strategies to contain suffering*

It contains the strategies that professionals implement to contain suffering (Table 4). Professionals see themselves in the patient’s situation, identifying themselves and feeling a sense of emptiness, but at the same time “*learn to live*” (17pre.2), as they “*become more aware of the importance of being alive*” (22pre. 2). The difficulty that the professional experiences in these situations emerges, as evidenced in the writing 25pre.1: “*I found it difficult to enter, every time I went out with tears in my eyes*”.

Discussion

From the analysis of the common categories, a change in meaning has been noted, that is, a starting point and an arrival point. In fact, from the analyzed

texts it emerges that writing about feelings and emotions has led to several positive results and has also proved to be an important outlet for professionals. This is also confirmed by the literature, as evidenced by the studies by Smyth & Helm of 2003 (36) and by Pennebaker in 2004 (37). Ultimately, Expressive Writing can be seen as “an opportunity to give space to one’s emotions” (5).

From the study carried out, a variation in contents from T0 to T1 emerged, which highlights a growth in those who performed the writings. In fact, there is a professional and personal maturation of the professional who becomes more aware of working together to achieve a goal and of the work dynamics that present various difficulties. We noticed a more spontaneous writing and with fewer filters, this means that their experience is clearly stated. The data collected confirm that the synergy and the ability to establish good relationships with colleagues, patients and the entire working environment are basic aspects (28). The participants tell through Expressive Writings that a work environment in which each with their own experiences is able to help the other is a strength. Union, dialogue and collaboration are essential to be able to evolve and grow professionally.

A 2017 study by Tonarelli (7) states how Expressive Writing has an impact on job satisfaction and provides coping and satisfaction strategies in the relational communication of healthcare professionals. Also in the present study it is clear that Expressive Writing is a good mean of self-help.

With regard to emotions, the focus changes, shifting attention from the negative aspect of involvement in the care relationship by the professional, to the opportunity for the relationship with the patient to become an engine for personal and professional growth. Specifically, at T0 health professionals write

Table 4 Experiential baggage topic with its theme and sub-themes

TOPIC	THEME
EXPERIENTIAL BAGGAGE	IN (T0)
	‘Strategies to contain suffering’
	↓
	SUB-THEMES
	Mirroring in the patient, rediscovering the here and now, transforming the experience through memory

about some of their experiences in which they try to be empathic but at the same time detached, asking the patient to let go but trying in turn not to get too involved. In fact, literature shows that those who work with cancer patients struggle to manage emotions (22) and that palliative care can cause exhaustion of the worker, compassion fatigue and poor clinical judgments, with consequent unsafe care of the patient (20). In consideration of the particular situation experienced by palliative care patients, we can speak of a real support by the professionals to the patient and the family that surrounds him/her. Consequently, it would be legitimate to expect from the operators a “controlled” attitude, aimed at curbing the excesses of empathy and identification in the patient (21). Remaining in a controlled attitude within the care relationship seems almost the first defense mechanism that the professional could put in place in the face of very painful situations. At T1 this aspect disappears, confirming that when working in the field of palliative care, they must find the right balance between using themselves therapeutically while at the same time trying to give meaning to the suffered losses (20). Writing about these difficulties helps to overcome denial, anxiety, the difficulty in getting involved, and allows them to deal with emotions by improving assistance and allowing greater acceptance of what they feel.

The data analyzed showed that self-care and self-awareness improve the coping skills of health professionals with respect to death, positively increasing personal and professional satisfaction, reducing the negative aspects related to the profession, such as for example burnout (20). This data emerges by comparing the Expressive Writings at T0 and T1.

The professionals, aware of their abilities also through the communication established with the patient, demonstrate greater satisfaction with respect to their work, but also to be more serene with respect to their role. Also from the analysis of the data it emerges that Expressive Writing reduces the frustration of the worker. Writing about their feelings and emotions helps to reflect and develop self-awareness, which for Kearney et al. (29) is a factor that protects the workers and helps them develop self-care.

The fear of emotional overload due to the inability to manage adequate distance with the patient is of-

ten reported in the writings. When working with less self-awareness, healthcare professionals are more at risk of losing perspective, experiencing more stress in interactions with the workplace, and more likely to experience compassion fatigue and burnout. Those who work with more self-awareness experience better involvement, with reduced stress in work interactions and better empathy. Self-awareness can therefore simultaneously increase self-care and improve the care given to patients, with an increase in worker satisfaction (29).

The sense of helplessness is also present both in the first and in the second writings, but with different nuances. In fact, they moved from a sense of helplessness in connection with the decisions of others, an helplessness that can be experienced with anger, to a sense of helplessness linked to the inevitable evolution of the situation - typical of patients in palliative care. It is therefore a more tolerable helplessness, because it is related to something that cannot be controlled, not being guilty of it.

All the writings that were analyzed did not reveal any trace of alexithymia. Contrary to some studies (26, 27) conducted on health professionals operating in the palliative care sector showing a strong positive correlation between the levels of emotional exhaustion and the alexithymia levels, even if in the writings at T0 there have been some operators who have shown signs of emotional exhaustion, these have not resulted in alexithymia.

Conclusions

The results obtained from the qualitative analysis of Expressive Writings lead us to consider the investigated tool as the bearer of a beneficial change in healthcare professionals in line with the reviewed literature.

From the comparison between the results obtained with the literature, it appears that this tool can be considered a good means of self-help, since: it makes professionals more aware of what is necessary to manage a case; improves the perception of their work; leads the professionals to have a greater awareness of their communication skills. Defending themselves from difficult situations and bonding with the patient as stress

is overshadowed by the gain in the relationship.

The positive change in the content of the writings between T0 and T1 produced by the participants of the group exposed to Expressive Writing, prompts us to carefully consider the positive aspects and limitations of the study in order to offer prospects for real improvement for future research. The tool has proven effective in helping the palliative care practitioner to process a traumatic event and to make it grow in its professionalism. The tool is also characterized by ease and inexpensiveness of administration.

Expressive Writing is a simple tool in its use and training, so it could easily be used within the various departments and represent a valuable aid in processing traumatic events. The use of the tool could spread among operators through training events, finding space in clinical practice

Writing helps a lot to find strategies to take better care of the other, improves communication with the patient and with colleagues, favoring the sharing of one's experience with the other and ending up also increasing the awareness of one's own limits and strengths. The research conducted here is innovative: in the literature there are in fact no qualitative studies on the EW produced by healthcare professionals in palliative care. A further strength of this research is represented by the high number of scripts analyzed, which make the sample adequate. A limit of the study is related to the professionals included in the sample, not balanced between nurses, socio-health operators and physicians. A further limitation concerns the mandate and is represented by the fact that the professional was asked to write about a traumatic event without specifying it to be the same episode between the first and second Expressive Writing session, thus leading the professionals involved to write about different events. We were also able to analyze only the sensations perceived by health professionals during their work experience on writings not characterized by the same thematic thread and the number of Expressive Writings performed by the single participant was only 2. The analyzed writings do not take into consideration the point of view of the patient, therefore, we could not analyze the benefits of using Expressive Writing in their care paths, possibly also taking into consideration patients with different diagnoses such as HIV, cystic fibrosis. Finally, another

weak point is represented by the geographic basin of the research: it is in fact a study conducted only in northern Italy.

It might be of interest to investigate whether the tool has different or similar effects based on the professional category to which it is applied, thus carrying out a specific study by profession. A greater number of writing administrations could lead to a further study of the effects of Expressive Writing and in future studies it would be useful to qualitatively analyze Expressive Writings concerning the same traumatic event. In addition to this, the possibility of carrying out an additional session after some time, for example months, could be useful for evaluating whether the changes found between the close sessions are preserved over time.

In addition, it may be of interest to investigate the client's perception of the quality of care in a team that uses Expressive Writing in a habitual way in comparison with one that does not use it.

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- Correspondence:
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Correspondence:
Chiara Cosentino
Department of Medicine and Surgery
University of Parma
Via Gramsci 14 - 43126 Parma, Italy
E-mail: chiara.cosentino1@unipr.it