

Narrative nursing as a holistic approach in modern healthcare: Integrating emotional and physical care

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Abstract

Narrative nursing (NN) is emerging as a critical approach in modern healthcare, addressing the complex interplay between psychological well-being and physical recovery. This manuscript discusses a study on NN and its role in alleviating psychological distress in patients with acute pancreatitis, published in the *World Journal of Psychiatry*. Their research demonstrates that NN, through structured storytelling, significantly reduces anxiety and depression, thereby enhancing patient satisfaction and fostering emotional resilience. This therapeutic approach extends beyond symptom management, offering a comprehensive strategy that supports the mental and emotional recovery of patients facing severe health challenges. NN provides a unique framework for engaging patients in their care journey, promoting a sense of agency, and strengthening the patient-provider relationship. In this manuscript, we explore the broader implications of NN by synthesizing findings from various studies, showing that NN is effective not only in acute settings but also in oncology, chronic illness management, and palliative care. The evidence indicates that integrating NN into standard clinical practice could enhance healthcare outcomes by addressing the holistic needs of patients, supporting psychological resilience, and fostering a compassionate healthcare environment.

Key Words: Narrative nursing; Patient-centered care; Psychological distress; Emotional resilience; Holistic recovery; Structured storytelling

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Core Tip: This manuscript highlights the impact of narrative nursing (NN) in reducing emotional distress among patients with acute pancreatitis by addressing both psychological and social well-being. Zhou *et al*'s study shows that NN, through structured storytelling, significantly alleviates anxiety and depression, boosting patient satisfaction and resilience. Evidence suggests that NN has broader applications across various clinical contexts, including oncology and chronic illness care, enhancing patient-centered care by promoting empathy, emotional resilience, and holistic recovery. Integrating NN into healthcare could improve patient outcomes by strengthening emotional support and fostering a compassionate care environment.

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TO THE EDITOR

The recent study by Zhou *et al*[1], published in the *World Journal of Psychiatry*, highlights the transformative potential of narrative nursing (NN) in alleviating psychological distress among patients with acute pancreatitis (AP). By utilizing structured storytelling, NN enables patients to process their illness experiences, thereby alleviating anxiety and fostering emotional resilience. Zhou *et al*'s findings show that NN improves mental health and satisfaction in patients facing physical and emotional challenges[2]. Unlike conventional psychological interventions such as cognitive-behavioral therapy, NN reduces psychological distress and strengthens the patient-provider relationship by fostering active patient engagement in their care process.

THERAPEUTIC FOUNDATIONS OF NN

NN focuses on patients' illness narratives to foster empathy, reconstruct meaning, and build resilience[3]. Charon[4] first introduced the concept of narrative medicine, providing a model for humane, empathic medical care through developing connections between patients and providers. Building on this foundation, NN offers a structured approach beyond physical treatment by addressing patients' psychological and social well-being. Artioli *et al*[5], for example, demonstrated that NN training can enhance empathy among healthcare professionals, creating more impactful and meaningful care interactions. This distinction highlights NN's unique ability to integrate emotional and social dimensions of patient care. Such integration could be particularly beneficial in high-stress clinical environments where patients often require multifaceted emotional and psychological support. However, Cognitive and Behavioral Therapy's structured approach to cognitive restructuring and motivational interviewing's focus on behavior change can offer complementary benefits when integrated with NN, particularly for patients requiring multifaceted support.

BROADER APPLICATIONS IN ONCOLOGY AND CHRONIC ILLNESS MANAGEMENT

The versatility of NN is demonstrated by its effectiveness in diverse healthcare contexts beyond AP. In oncology, patients often face significant emotional and physical challenges. Feng *et al*[6] found that NN reduced anxiety and depression in lung cancer patients during the perioperative period. Similarly, Sun *et al*[7] showed that NN could reduce stigma and improve self-confidence among oral cancer patients, empowering them to manage social interactions more effectively despite their illness.

NN has also shown significant benefits for chronic illness patients. Tang *et al*[8] found that NN substantially reduced stigma, anxiety, and depression in hematopoietic stem cell transplant patients, addressing their specific emotional needs during complex medical treatments. Wen *et al*[9] further noted that NN interventions improved physical and emotional health outcomes for postoperative lung cancer patients, underscoring NN's potential to foster resilience throughout recovery. Additionally, Xu *et al*[10] demonstrated that NN enhances patient satisfaction among oncology patients undergoing chemotherapy, where psychological support is a critical aspect of care.

Studies in oncology (e.g., Feng *et al*[6], Sun *et al*[7]) and chronic illness management (e.g., Tang *et al*[8], Wen *et al*[9]) consistently demonstrate NN's efficacy in reducing psychological distress and stigma and improving patient satisfaction. This consistency across diverse patient populations underscores the potential of NN to serve as a universal approach to holistic care, effectively addressing both the emotional and physical dimensions of health. These studies consistently demonstrate NN's effectiveness in reducing stigma, anxiety, and depression while enhancing patient satisfaction across various clinical settings. This consistency highlights NN's potential as a universal and impactful care model for holistic healthcare.

EVIDENCE ACROSS A RANGE OF CLINICAL SETTINGS

The therapeutic benefits of NN extend across various clinical contexts. Carlick *et al*[11], for instance, emphasized NN's importance in managing the financial and emotional burdens associated with metastatic cancer treatment, underscoring the need for comprehensive psychosocial support in healthcare. Wu *et al*[12] discovered that NN significantly reduced anxiety, improved sleep quality, and helped patients with moderate to severe cancer pain feel more supported throughout their treatment journeys. A meta-analysis by Zhang *et al*[13] reinforced these findings, confirming that NN positively impacts mental resilience and quality of life among cancer patients.

CLINICAL IMPLICATIONS AND MULTIDISCIPLINARY INTEGRATION

The findings of Zhou *et al*[1], in conjunction with supporting studies, suggest that NN should be integrated into multidisciplinary healthcare frameworks to enhance patient-centered care. Providers can use training programs and digital tools to integrate NN into daily practice. Xiao *et al*[14] observed that family-oriented narrative practices, such as dignity therapy, positively impacted lung cancer patients undergoing chemotherapy, fostering a sense of purpose and continuity. Song *et al*[15] highlighted NN's potential in addressing postoperative depression among cancer patients, which aligns with Zhou *et al*'s findings that NN effectively supports recovery by addressing both psychological and social aspects[1]. Additionally, Dickey *et al*[16] found that narrative exchanges among healthcare teams improved resilience and cohesion among staff members, demonstrating that NN offers significant benefits for patients and healthcare providers. NN complements holistic care by addressing psychological, emotional, and social needs. NN enhances holistic care by addressing emotional and social needs. NN complements patient-centered care by addressing emotional and social health. Its focus on storytelling and empathy complements these models, ensuring a comprehensive approach to improving patient outcomes and satisfaction.

CHALLENGES AND BARRIERS TO IMPLEMENTING NN

Despite its proven benefits, implementing NN in clinical practice presents several challenges. Moore *et al*[17] identified resource limitations and institutional constraints as common barriers to adopting patient-centered models like NN in high-demand healthcare settings. Addressing these obstacles and the limitations highlighted in Zhou *et al*'s study could provide a more balanced view of NN's feasibility across various healthcare settings, especially in acute care[1]. Specific strategies to overcome these challenges include initiating pilot programs in smaller units, integrating NN into existing workflows through short narrative sessions, and using technology like digital storytelling tools to reduce time and resource demands. Additionally, forming partnerships with community organizations and training peer facilitators can enhance the accessibility of NN in resource-limited settings. Collaborative partnerships with non-profit organizations and local health agencies can provide financial and logistical support for implementing NN in under-resourced areas.

Recognizing these challenges underscores the need for policies that support compassionate, holistic approaches to care, thereby ensuring the long-term sustainability of NN practices.

Additionally, offering modular training programs for healthcare staff can facilitate the gradual adoption of NN practices. Existing literature also notes specific criticisms of NN, such as the lack of standardized protocols and limited generalizability due to small sample sizes in studies. Addressing these gaps through larger, well-designed trials could enhance its credibility and broader adoption. Additionally, the time-intensive nature of NN can pose challenges in high-demand healthcare settings, especially without adequate staff training. Developing standardized frameworks and offering training programs could mitigate these barriers and enhance their feasibility.

STUDY METHODOLOGY OF ZHOU ET AL

Zhou *et al*'s study employed a non-randomized quasi-experimental design to assess the impact of NN on 92 patients with AP[1]. The intervention consisted of three phases: (1) Metaphorical reframing; (2) Empathetic listening; and (3) Positive narrative development. Each phase addressed specific emotional and psychological needs, such as reducing anxiety, enhancing emotional resilience, and fostering patient engagement. While effective for this study, the convenience sampling method may limit the ability to generalize the findings. Furthermore, the intervention's structured nature requires validation in broader and more diverse clinical settings to confirm its applicability. Future studies should consider larger, randomized samples to enhance generalizability. In addition, including diverse patient demographics would help assess NN's efficacy across various cultural and clinical settings.

Additionally, this study's non-randomized design introduces potential biases, which can impact the robustness of the findings. Addressing these limitations through rigorous experimental designs will strengthen the evidence base for NN. While the study demonstrated significant improvements in anxiety, depression, and patient satisfaction, the sample size and convenience sampling method may limit the generalizability of the findings to broader patient populations. The study's three-phase intervention effectively addresses emotional and psychological needs, but further validation in diverse settings is needed to enhance its generalizability.

GENERALIZABILITY AND BROADER APPLICATIONS

While Zhou *et al's* findings underscore NN's benefits for AP patients, its applicability to broader acute and chronic conditions requires further exploration[1]. Previous research, such as Feng *et al's* study on perioperative lung cancer patients[6] and Sun *et al's* work on oral cancer patients[7], suggests that NN can effectively reduce stigma, anxiety, and depression in various contexts. Future research could explore NN's relevance in managing chronic cardiovascular conditions or mental health disorders, extending its application beyond oncology and acute care.

CONCLUSION

Zhou *et al's* study significantly contributes to the growing literature on NN by underscoring its psychological benefits for AP patients[1]. Their findings support the integration of NN as a standard practice in clinical care by providing a comprehensive framework for understanding NN's impact on emotional well-being. This manuscript has synthesized relevant studies to illustrate NN's broader applicability across diverse clinical contexts, showing how it can transform patient experiences by addressing physical and emotional needs. Integrating NN into healthcare systems fosters holistic and patient-centered outcomes, bridging emotional and physical care. With further research and targeted implementation strategies, NN has the potential to revolutionize care delivery, making it more empathetic and patient-centered. Continued research on NN's applications across medical disciplines is essential for realizing its full potential in modern healthcare.

FOOTNOTES

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