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NARRATIVE NURSING IN CLINICAL PRACTICE: AN INTEGRATIVE REVIEW

Enfermagem Narrativa na Prática Clínica: Uma Revisão Integrativa

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ABSTRACT

Introduction: Narrative nursing is an emerging approach that enhances humanized, person-centered care by integrating patients' life stories into clinical practice.

Aim: To explore the use of narrative in nursing care practice, identifying its uses, benefits, and outcomes.

Methodology: An integrative literature review with search on international four databases in April 2025 yielded 2,933 records, with eight studies meeting inclusion criteria. Methodological quality was assessed using the JBI checklist.

Results: Selected studies included theoretical essays, reflective analyses, and primary research. Narrative nursing was shown to develop clinical competencies, strengthen therapeutic relationships, empower patients, and support reflective and pedagogical practice.

Conclusion: Review highlights narrative nursing as an emerging approach capable of transforming care through deeper nurse–patient relationships, making it more humanized and patient-centered. This practice fosters empathy, enhances communication, strengthens the therapeutic relationship, and promotes patient empowerment. Its integration into clinical practice can improve care quality and nursing patient interactions.

KEYWORDS: Narration; Nursing care; Personal narrative; Patient-centered care; Professional practice.

RESUMO

Introdução: A enfermagem narrativa é uma abordagem emergente que promove cuidados humanizados e centrados na pessoa ao integrar as histórias de vida dos pacientes na prática clínica.

Objetivo: Explorar o uso da narrativa na prática de cuidados de enfermagem, identificando as suas aplicações, benefícios e resultados.

Metodologia: Uma revisão integrativa com pesquisa em quatro bases de dados internacionais em abril de 2025 resultou em 2.933 registos, dos quais oito estudos cumpriram os critérios de inclusão. A qualidade metodológica foi avaliada utilizando a lista de verificação JBI.

Resultados: Os estudos incluídos abrangem ensaios teóricos, análises reflexivas e investigação primária. A enfermagem narrativa demonstrou desenvolver competências clínicas, fortalecer relações terapêuticas, empoderar os pacientes e apoiar práticas pedagógicas e reflexivas.

Conclusão: A revisão destaca a enfermagem narrativa como uma abordagem emergente, capaz de transformar os cuidados através de relações mais profundas entre enfermeiro e paciente, tornando-os mais humanizados e centrados na pessoa. Esta

prática promove a empatia, melhora a comunicação, fortalece a relação terapêutica e fomenta o empoderamento do paciente. A sua integração na prática clínica pode melhorar a qualidade dos cuidados e as interações entre enfermeiros e pacientes.

PALAVRAS-CHAVE: Cuidados de Enfermagem; Cuidado centrado no paciente; Narração; Narrativa pessoal, Prática profissional

Introduction

Nurses represent the largest group of professionals in the healthcare sector, who spend most of their time with the people they care for, and their initial assessment and subsequent care are crucial for achieving health gains[1,2]. Nursing practice is grounded in humanistic care, with narrative nursing being an emerging approach that plays an essential role in the humanisation of care[1]. This approach promotes person-centred interventions through listening to and interpreting individual narratives and integrating the understanding of experiences and knowledge about beliefs, values, needs, and preferences into the care process[1]. It should be noted that, in this study, the term 'story' will be used interchangeably with the term 'narrative'.

Narratives can be conceptualised as communicative structures that reflect temporally ordered events, featuring a coherent plot and identifiable characters[3]. As Alwawi et al. emphasize, "stories are the shaping of experiences that add meaning to life, increase awareness, and guide individuals"[2] (p.432). These structures convey essential information about individual experiences and offer insight into the broader life context of individuals, which may inform the personal, family, or collective dimension, as well as goals, ideals, cultural beliefs, and the temporal, spatial, and socio-political framework[4]. It is important to highlight that, although narratives reveal subjective experiences, they are also shaped by the target audience and the aims of the communication[4]. In this sense, narratives are co-constructed through the dynamic interaction between the narrator and the listener, with both parties contributing unique perspectives to the construction of the narrative. Consequently, events within a story may be conveyed with a different meaning or purpose in each narrative[4].

Listening to the stories of those who experience health care brings a human dimension to the understanding of illness.[5] By highlighting the personal lived experiences, these narratives offer meaningful insights that have the ability to inform and transform professional nursing practice[5]. Hall et al. affirm that "narratives have been central to nursing and will continue to be so"[3] (p.1). For care to be truly person-centred, it is vital that nurses actively listen to and value the life stories of those they care for[5]. This approach enables the reorientation of priorities in an individualised manner and promotes a humanised practice aligned with each person's unique needs, values, and expectations[4]. Furthermore, "nursing can gain a deeper understanding of its own practice by paying attention to the narratives of the nursing team itself"[6] (p.9).

Narrative nursing has proven beneficial in improving health outcomes for both care recipients and nurses[1]. It supports individuals in coping with illness by helping to reframe lived experiences through active listening and responses tailored to individual needs[1]. This approach can lead to greater emotional calm, reduced symptoms of depression and anxiety, and an improved quality of life of patients[1]. Moreover, narrative nursing has the potential to alleviate stress among nursing professionals and to support the resolution of ethical dilemmas in clinical practice[1].

Despite the growing interest in narrative approaches in healthcare, the specific contributions of narrative nursing to clinical practice remain fragmented. The available evidence is dispersed and methodologically heterogeneous, making it difficult to understand how narratives are used in practice, in which care settings they are applied, and what concrete outcomes they produce for patients and nurses. This lack of synthesis limits the translation of narrative nursing into everyday care and the development of educational strategies that intentionally cultivate narrative competence among nurses. In this sense, an integrative review is justified with the aim of systematically identifying, appraising, and synthesizing studies on the uses, benefits, and outcomes of narratives in nursing care practice, providing a comprehensive and critical overview that can inform clinical practice, education, and future research. Thus, the following research question emerges: What is the use of narratives in nursing care practice?

Methods

This integrative literature review was conducted following the updated methodological framework proposed by Whittemore and Knafl[7], which supports the inclusion of diverse methodologies – both empirical and theoretical – to provide a comprehensive understanding of this complex phenomenon in nursing practice.

Given the limited knowledge currently available about the use of narrative in nursing and its uses in clinical practice, an integrative review is particularly appropriate. The broad scope and multiplicity of purposes of integrative reviews enable them to provide an in-depth and comprehensive representation of complex concepts, theoretical frameworks, and healthcare issues that are significant for nursing practice and research[7].

Eligibility Criteria

This review considered the following inclusion criteria: 1) Studies that presented the use of narrative, storytelling, or experience reporting in the context of clinical practice; 2) Were published in English or Portuguese; and 3) Were primary or secondary research studies. Exclusion criteria included articles that report narrative as a methodological approach. Publications in book chapters, theses, or conference abstracts without a full text were also excluded.

Search Strategy

The search was conducted in April 2025. Indexed terms in PubMed®, Scopus, the Cumulative Index to Nursing and Allied Health Literature (CINAHL® - via EBSCOhost) and Web of Science were used, as detailed in Table 1, along with the corresponding Boolean operators. In addition, natural language terms were also searched in the title and abstract. Furthermore, no time frame restrictions were applied in the search strategy to ensure comprehensive coverage of the integrative literature review.

Study Selection

The search results were retrieved from databases and imported into Rayyan®. Duplicate records were automatically removed using the software. Eligibility criteria were applied through blind screening of titles and abstracts by two independent reviewers (SM and AF). The relevance of each article for inclusion in the review was assessed based on the title and abstract. Conflicts were forwarded to the next stage. Subsequently, full-text screening was conducted independently by both reviewers (SM and AF). The selection process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines[8].

Data extraction and analysis

Data extraction from the included studies was performed by one reviewer (SM) and subsequently verified by a second reviewer (AF). To support this process, the researchers developed a data extraction instrument aligned with the objectives of the review. This tool captures key study characteristics, including study aims, methodology, participant details, country of origin, study design, uses of narrative in clinical practice and outcomes.

Table 1. Search Strategy

DATABASE	INDIVIDUALIZE SEARCH STRATEGY				
CINAHL®	Nurs*[b] OR nurse[a]	AND	Narrative[b] OR Storytelling[b] OR "Personal Narrative"[b] OR "narrative-based practice"[b] OR Narrative[a] OR Storytelling[a]	AND	"Clinical Practice"[b] OR "Professional Practice"[b] OR "Reflexive practice"[b] OR "Professional Practice"[a]
PubMed	Nurs*[b] OR nurse[a]	AND	Narrative[b] OR Storytelling[b] OR "Personal Narrative"[b] OR "narrative-based practice"[b] "Narrative Therapy"[a] OR Narration[a]	AND	"Clinical Practice"[b] OR "Professional Practice"[b] OR "Reflexive practice"[b] OR "Professional Practice"[a]
Scopus	Nurs*[c]	AND	Narrative[c] OR Storytelling[c] OR "Personal Narrative" [c] OR "narrative-based[c] practice "OR "Narrative therapy"[c]	AND	"Clinical Practice"[c] OR "Professional Practice"[c] OR "Reflexive practice"[c]
Web of Science	Nurs*[d]	AND	Narrative[d] OR Storytelling[d] OR "Personal Narrative"[d] OR "narrative-based[d] practice "OR "Narrative therapy"[d]	AND	"Clinical Practice"[d] OR "Professional Practice"[d] OR "Reflexive practice"[d]

[a] – Medical Subject Heading; **[b]** – Title/Abstract; **[c]** – title/abstract and keywords; **[d]** – title, abstract, keyword plus, and author keywords.

Data analysis in this integrative review involved a comprehensive synthesis of the extracted information to thematically capture the use of narrative nursing in clinical practice.

Methodological quality assessment

The quality assessment of the included studies was conducted in alignment with the JBI criteria, with findings summarized narratively and displayed in tabular form. In accordance with the recommended standards, each study was scored based on the proportion of checklist items fulfilled. Specifically, studies meeting 70–79% of the criteria were categorized as having moderate quality, those scoring between 80–90% were deemed high quality, and scores exceeding 90% were classified as excellent.[9,10]

Results

A total of 2933 papers were initially retrieved. After removing duplicates, the title and abstracts of 1686 papers were screened, and 58 full-text papers were assessed for eligibility. Ultimately, eight papers met the inclusion criteria (Figure 1).

The eight articles (Table 2) span a temporal range from 1994 to 2024, reflecting three decades of scholarly engagement with the topic. In terms of geographical context, only three of the articles are primary studies, and just two explicitly report the country of origin: China[11] and USA[12].

Regarding study types, the primary studies are a cross-sectional study[11], a Participatory Action Research project[13] and a quasi-experimental design[12]. The other articles fall into more theoretical or reflective categories, including two theoretical-philosophical essays[14,15], one editorial piece[16], one theoretical paper[17], and a reflective analysis.

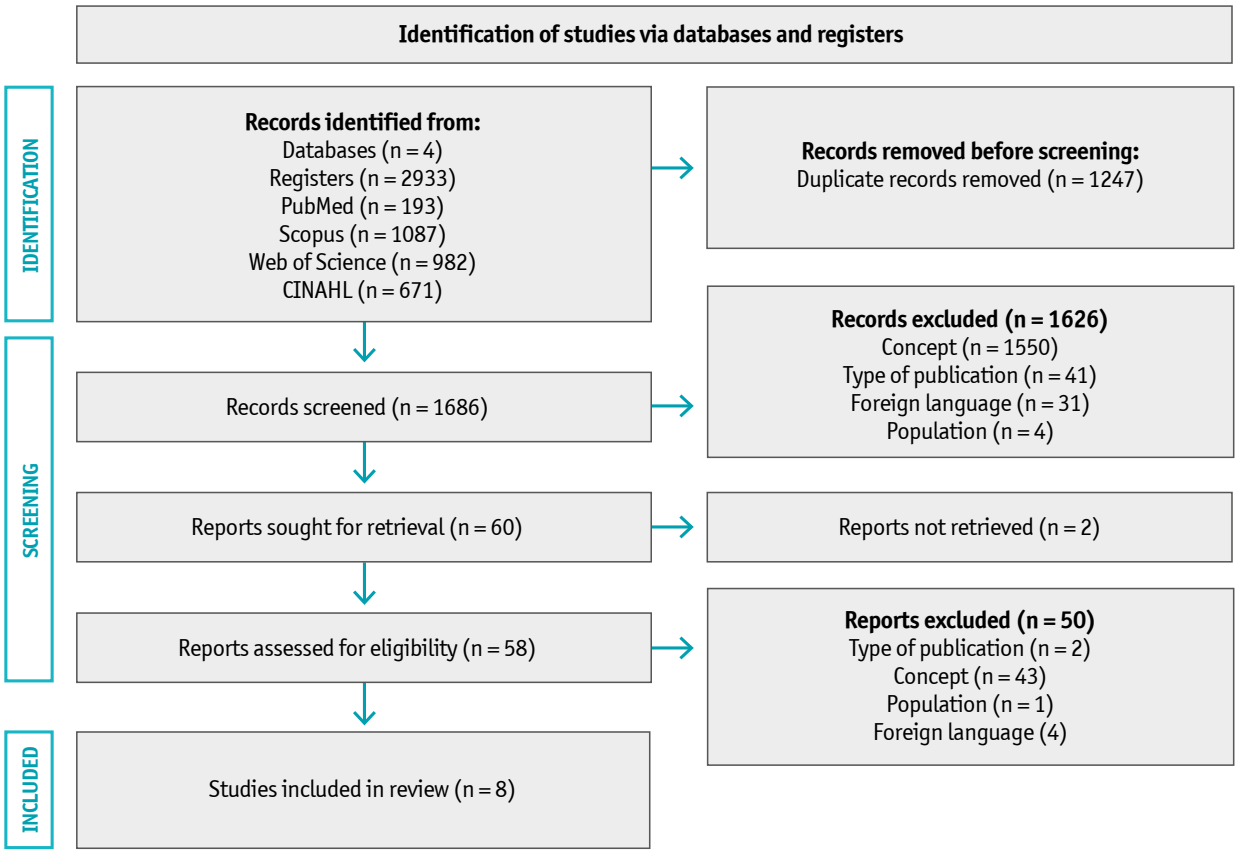

Figura 1. PRISMA 2020 flow diagram (Source:[8])

Table 2. Data extraction table

AUTHORS/YEAR/COUNTRY	AIM	STUDY DESIGN/ ARTICLE TYPE	PARTICIPANTS
Wang et al, 2024[11] China	To provide valuable insights for enhancing the training and development of medical narrative skills among nurses in VIP wards, with the ultimate goal of promoting narrative nursing in clinical practice.	Quantitative and cross-sectional study	94 nurses
Damsgaard et al, 2021[14]	This essay to highlight and argue that, in nursing care—and in health care—narration and creative imagination are crucial elements.	Theoretical-philosophical essay	Not applicable
Buckley et al, 2018[13]	To evaluate the effects of the implementation of a methodological framework for a narrative-based approach to practice development and person-centered care in residential aged care settings	Participatory action research	75 total participants (37 older adults and 38 healthcare professionals including nurses, carers, and residents)
Smithbattle et al, 2013[12] USA	This pilot study was to determine the feasibility of a home visiting intervention, titled Listening with Care (LWC), to cultivate responsive relationships between public health nurses and teen mothers, using narrative methods	Quasi-experimental	6 nurses and 19 teen mothers: 10 in usual care, 9 in intervention group)
Carter, 2009[16]	This editorial aims to highlight the role of narrative nursing in childcare	Editorial	Children, families and nurses

USES OF THE NARRATIVE	OUTCOMES	CRITICAL APPRAISAL
• Narrative is explored as a clinical skill and professional competency • Narrative competence is defined as the ability to recognize, absorb, interpret, and act on patients' stories. • The study assesses three dimensions of narrative competence: – Attention and listening – Understanding and responding – Reflection and representation	• Nurses with higher professional titles (e.g., deputy chief nurse) had significantly better narrative competence. • Nurses who were more familiar with narrative medicine/nursing scored higher	8/8
• Narrative as a therapeutic tool: Patients are encouraged to share personal stories, especially those involving "sparkling moments"—events that reflect creativity, hope, and resilience. • Engaging in dialogue: Nurses are encouraged to listen actively and respectfully, recognizing patients' lived experiences as valuable sources of knowledge. Verbs used in communication: Instead of using clinical verbs like "diagnose" or "intervene," professionals are encouraged to "ask," "encourage," "participate," and "contribute," fostering a more empowering and holistic dialogue.	• Patient empowerment: By recognizing their own stories and experiences, patients gain a stronger sense of agency and self-understanding. • Narratives help patients find meaning in their illness and identify strategies for coping, which supports emotional and existential healing. • Improved therapeutic relationships and humanized care: Storytelling fosters deeper connections between healthcare professionals and patients, enhancing trust and mutual respect.	6/6
• A methodological framework of narrative practice was implemented, built on three pillars—narrative being, knowing, and doing. • Staff used creative methods (e.g., poetry, painting) to explore existing care culture and identify narrative aspects of care. • Residents' life stories were used to inform care planning, validate personhood, and foster therapeutic relationships (co-construction of caring plans) • Narrative tools (e.g., "My Day My Way" sheets, life storybooks) were developed to improve handovers and personalize care.	• How people responded to change; engagement levels varied between wards. • Narrative knowing - Development of shared understanding; focused on residents' values and stories • Intentional actions taken to improve care; included communication tools and personalized activities. • Improved communication between staff and residents • Enhanced person-centered care through life story integration	9/10
• Narrative was used as both a therapeutic method and a relational strategy to enhance the quality of care provided by public health nurses to teen mothers (Nurses were trained to use narrative tools to foster empathy, dialogue, and clinical understanding) • Narrative was introduced to understand lives in story form, emphasizing that identities are co-authored and that sharing experiences with a compassionate listener can be validating and healing • Several narrative-based tools were used in the intervention: – Clinical interviews encouraged teens to share their experiences – "Speaking for the baby" was a technique where nurses voiced the baby's perspective to validate the mother's caregiving and promote bonding. – The baby book journal, written from the baby's point of view, invited mothers to reflect on their baby's development and their own growth, fostering narrative identity and emotional insight. – Therapeutic letter writing allowed nurses to affirm the teen's progress, offer encouragement, and reinforce key messages between visits.	• Depressive Symptoms and Self-Silencing- Declined in both groups; no significant difference • Nurse-Client Relationship - Higher ratings in Listening with Care group, but not statistically significant	7/9
• Stories are seen as essential to understanding patients' experiences, emotions, and needs. • Storytelling is described as a way for children to reach out and connect with nurses. • Narratives reveal fears, hopes, and subjective experiences that might not be accessible through clinical data alone. • Stories are dynamic, shaped by both the teller and the listener, and require reflexivity from nurses.	• Narrative competence is vital in nursing, especially pediatric nursing. • Listening and responding to stories can improve therapeutic relationships and care quality.	6/6

AUTHORS/YEAR/COUNTRY	AIM	STUDY DESIGN/ ARTICLE TYPE	PARTICIPANTS
Gaydos et al, 2005[17]	This paper explores the need for and nature of personal narratives and their relevance to nursing practice. It proposes that the co-creative aesthetic process can be used to understand and co-create personal narratives through an emphasis on self-defining memories and metaphor	Theoretical paper	Not applicable
Walker, 1995[15]	This philosophical essay brings a deep understanding of the narrative nursing	Philosophical essay	Not applicable
Baker & Diekelmann, 1994[18]	This study provides a reflexive analysis regarding narrative nursing in caregivers and nurses	Reflective analysis	Not applicable

The articles analyzed reflect studies involving diverse populations: adults[11], older adults[13], and adolescent mothers[12] One of the editorials also discusses the use of narrative in pediatric care[16], thus illustrating its uses across all age groups in clinical practice. From the data extraction table, narrative in nursing can be understood as a measurable clinical competency[11], structured around three dimensions: attention/listening, understanding/responding, and reflection/representation.

Narrative also emerges as a therapeutic tool, particularly through the use of creative imagination and more participatory verbs in communication – such as ask, encourage, participate, and *contribute* – which foster a more humanized approach to care[14]. In SmithBattle's study, the use of narrative was shown to enhance relational quality[12].

The concept of Narrative for Patient Empowerment and Meaning-Making[14,17] emphasizes how storytelling helps patients find meaning, cope with illness, and reclaim agency. Metaphors and self-defining memories play a central role in healing and identity formation.

Furthermore, narrative as a Pedagogical and Reflective Practice[15,18] highlights narrative's role in education, ethical reflection, and the development of professional identity. Storytelling reveals hidden dimensions of care and promotes interdisciplinary dialogue.

Lastly, narrative nursing is grounded in a Therapeutic Relationship[16] where listening to stories strengthens therapeutic relationships and enhances responsiveness in care. Also, Carter et al. emphasize the importance of storytelling in pediatric nursing, where children use narrative to connect and express emotions (Figure 2).

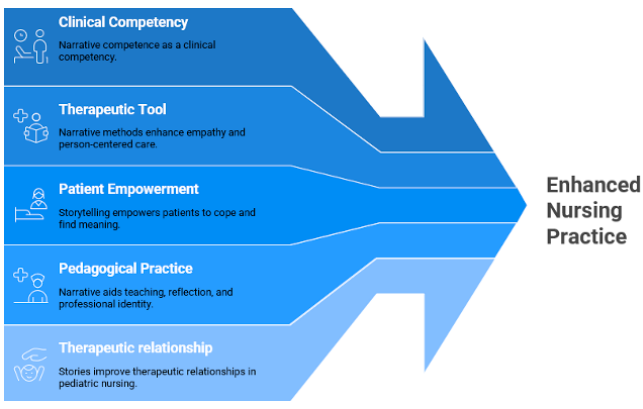

Figura 2. Narrative Nursing: its uses in practice. *Source: the authors*

USES OF THE NARRATIVE	OUTCOMES	CRITICAL APPRAISAL
• Personal narrative as self-story: Individuals make sense of their lives through autobiographical storytelling, shaped by self-defining memories and metaphors. • Co-creative aesthetic process: Nurses and patients co-create meaning through storytelling, metaphor exploration, and symbolic representation (e.g., Life Journey Portraits). • Emphasis on psychiatric nursing - where a person's history can be both a source of suffering and serve as a basis for developing their potential • Metaphors are used to express complex emotional truths. Nurses help interpret and reflect these metaphors to uncover deeper meanings. • Intuition and empathy: Nurses use intuitive understanding to engage with patients' narratives, fostering mutuality and emotional movement.	• Patients experience emotional relief, gratitude, and sometimes awe when their stories are heard and reinterpreted. • New meanings assigned to memories help individuals revise their self-story and gain hope. • The co-creative process deepens empathy, trust, and mutual engagement.	6/6
• Nurses' everyday storytelling is seen as a way of documenting and understanding clinical practice. • Nursing is framed as an oral culture where knowledge is transmitted through spoken stories, not just written records. • Emphasizes that stories are shared acts, shaped by language, context, and relationships.	• Critique of conventional research: Challenges the dominance of positivist and written methodologies, advocating for narrative-based inquiry. • Suggests that nurses can reclaim their voices and identities by telling their own stories.	6/6
• Clinical Storytelling: The story of Jack, a dying patient, illustrates ethical dilemmas, emotional labor, and advocacy in nursing. • Interdisciplinary Dialogue: Narrative is proposed as a way to bridge gaps between nurses and physicians, moving beyond power dynamics. • Pedagogical Tool: Narrative is positioned as a new pedagogy that reveals expert practice and fosters communities of care. • Humanizing Care: Stories reveal the emotional and existential dimensions of caregiving, making invisible aspects of practice visible.	• Narrative allows caregivers to dwell within each other's lived experiences. • Storytelling can reduce hierarchical tensions and foster collegiality. • Narrative reveals the intuitive and relational aspects of clinical expertise. • Stories help practitioners navigate complex decisions around death or suffering.	6/6

All included studies demonstrated high quality, with seven studies achieving a score of 100% and one study scoring 77.8%, based on the JBI assessment criteria[9,19,20]. The main weaknesses identified in the quasi-experimental studies were baseline differences between groups and the lack of randomization.

Discussion

This integrative review introduces narrative nursing as a new approach that can be integrated into practice, bringing together the evidence, outcomes, benefits, and clinical applications. Upon analysing the studies included in this integrative review, it is clear that initially, the research primarily consisted of editorials and philosophical essays[15,18]. These early papers laid the foundational theoretical frameworks for this clinical approach. More recent studies, however, demonstrate a significant shift towards empirical research and intervention studies[12,13]. The earliest articles employing narrative methods were published before 2000[15,18]. A major impetus for the advancement of narrative medicine was Rita Charon[21,22], who made significant contributions to the subject by emphasizing the importance of narrative medicine. She also developed a narrative medicine program that involved various healthcare professionals, including nurses.

Narrative nursing, although not yet widely used (our review finding only eight papers), is a domain with great potential in clinical practice and education. There are even studies that combine the convergence of digital and narrative, creating a pedagogical model that unites the best of both worlds: technology and humanistic values in patient care[23]. This approach helps ensure that, even with digital advancements, the foundation of a human and empathetic relationship in healthcare remains solid[23].

Concerning our results, studies involving vulnerable participants have been conducted[12,13,16,17]. Nevertheless, we did not find any studies within the oncology context, despite the significant potential for research in this area. For instance, Wen et al.[24] conducted a quasi-experimental study testing a narrative nursing intervention in patients with lung cancer experiencing cancer-related pain. Their findings suggest that using narrative nursing interventions can help patients better understand their disease, adjust their mindset, build confidence, alleviate subjective pain, and improve adverse emotional states[24].

Narrative is a viable tool for enhancing communica-

tion and therapeutic relationships[12–14,16,17]. Buckley et al.[13] found that integrating life stories into care planning improved communication and individualized care delivery in aged care. Similarly, Smithbattle et al.[12] reported that narrative-based home-visiting strengthened nurse-client therapeutic relationships and fosters the quality of care. In the pediatric context, Carter[16] highlighted how storytelling fosters therapeutic rapport with children and their families.

The benefit of narrative is not limited to communication; it also extends to patient empowerment. The study by Damsgaard et al.[14] emphasized the imaginative and empowering capacity of narrative to foster patient agency and hope. Likewise, the study by Buckley et al.[13] supported resident empowerment by using their stories to guide care. The empowerment of patients also plays a key role in humanizing care[25].

From the nurse's perspective, some studies have focused on narrative competence as a set of essential skills required in clinical practice. Wang et al.[11] conducted a study with 94 nurses, exploring narrative competence within three domains: attention and listening, understanding and responding, and reflection and representation. The findings demonstrate that senior nurses tend to exhibit higher levels of narrative competence. The authors also emphasize that narrative nursing is both a clinical skill and a professional competency. Another study, by Baker and Diekelmann[18] used narrative reflection as a pedagogical strategy to explore ethical and moral complexity in clinical practice.

Finally, adopting a more humanistic perspective, Baker and Diekelmann[18] take this further by stating that narrative nursing brings humanization to care, making the invisible aspects of practice visible. Supporting this point, Charon[26] emphasizes that healthcare professionals cannot rely solely on clinical data; they must also gather vital information through patients' narratives. This process involves not merely documenting but actively processing and understanding what the patient has expressed[26]. In doing so, the healthcare professional is also transformed, as care becomes a relational and humanized environment in clinical practice[26].

This integrative review highlights important implications for clinical practice, education, and research. Clinically, narratives emerge as an essential competency that enhances person-centered care, strengthens therapeutic relationships, improves communication, and supports patient empowerment through the co-construction of meaning and individualized care planning. In the educational context, the results highlight the need to incorporate narrative competence into nursing curricula using reflective, dialogical, and creative pedagogies that help students develop ethical sensitivity, relational skills, and a deeper understanding of patients' lived experiences. From a research perspective, future studies should focus on developing and testing narrative-based interventions, validating tools to assess narrative competence, and examining the impact of narrative practices on clinical, relational, and organizational outcomes.

Future research should evaluate the impact of embedding narrative nursing in nursing education regarding decision-making and clinical reasoning. Our review revealed that the majority of existing studies focus on older adults, pediatric populations, and teen mothers. The limited number of empirical studies and the absence of robust interventions in key clinical areas – such as oncology or palliative care – reveal a significant gap that warrants further investigation. There is thus a population with considerable potential for investigation, patients in oncology and palliative care and family members, in order to understand and process the patient's needs throughout a disease trajectory characterized by numerous challenges. This integrative review has a few limitations. Firstly, only papers in English and Portuguese were included. Additionally, we were unable to find the full-text of two articles even after reaching the authors.

Conclusions

Narrative use contributes to the development of nurses' clinical and relational competencies, including listening, reflection, ethical sensitivity, and narrative competence, while simultaneously strengthening therapeutic relationships and promoting patient empowerment and participation in care. Although the included studies suggest potential benefits for emotional well-being, communication, and care quality, the evidence remains methodologically heterogeneous and limited in number, which constrains robust conclusions about outcomes for patients and nurses. There is a need for more rigorous empirical research, in varied clinical contexts and with clearly defined outcome measures, to clarify how narrative nursing can be systematically integrated into practice and nursing education.

Despite its limited presence in the literature, the findings support its integration as a therapeutic tool as well as its ability to empower patients. Therefore, narrative nursing holds significant potential to transform care

by fostering deeper nurse-patient relationships, ultimately promoting a more humanized and patient-centered approach to healthcare.

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Conflito de Interesses

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