Theory and Practice of Science and Technology
2025, VOL. 6, NO. 9, 26-29
DOI: 10.47297/taposatWSP2633-456905.20250609

Promoting Nurse Wellbeing and Professional Resilience Through Narrative-Based Psychiatric Nursing

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ABSTRACT
Psychiatric nurses' wellbeing and professional resilience directly impact the stability of nursing quality. This paper constructs an intervention pathway based on narrative practice: interpreting mechanisms for reshaping professional meaning through narrative medicine theory; regulating emotional exhaustion using a reflective writing framework; and creating supportive environments through clinical narratology. Addressing current challenges—predominance of the biomedical model, lack of reflective mechanisms, and insufficient organizational support—the following solutions are proposed: establishing regular narrative reflection workshops to strengthen professional identity; developing training modules integrating case analysis and comparative case studies; and creating safe expression spaces through nursing narrative healing groups.

KEYWORDS
Narrative-based; Psychiatric nursing; Promoting nurse well-being; Professional resilience

1 Introduction

Psychiatric nursing is a deeply psychological professional practice centered on building therapeutic relationships rather than mere symptom management. This profession demands nurses maintain profound empathy while engaging in high-intensity emotional labor, rendering them vulnerable to occupational burnout and psychological trauma. Nurses' professional wellbeing has long been marginalized under the traditional patient-centered nursing paradigm. The field is now undergoing a profound transformation: the sustainability of practitioners' wellbeing is gradually replacing the one-dimensional emphasis on professional dedication. This paradigm shift stems from a fundamental cognitive shift—nurses' physical and mental health is a prerequisite for quality care, not a derivative factor. As a humanistic practice method, the value dimensions of narrative nursing need to be expanded. Reconstructing professional meaning through narrative reflection and fostering supportive organizational environments can cultivate nurses' professional resilience. Extending the narrative focus from patients to nursing practitioners—transforming it from a clinical intervention technique into a core pathway for nurturing nurses' professional vitality—is emerging as a critical lever for promoting sustainable development in psychiatric nursing.

2 The intrinsic value of narrative nursing in constructing nurse wellbeing and resilience

2.1 Elucidating the core value of narrative nursing in reconstructing professional meaning

The daily fragments of a psychiatric nurse's work scatter in memory if left unorganized. The precious value of narrative nursing lies in helping nurses weave these scattered work experiences together. This is achieved through the following steps: First, nurses reflect on significant events in regularly organized narrative workshops, uncovering breakthroughs in nursing communication within seemingly routine shift handovers. Second, they shift their perspective from merely fulfilling medical orders to understanding the psychological needs underlying patient behaviors. Most crucially, they learn to reinterpret experiences: When encountering patient non-compliance, it is no longer perceived as a setback but as an opportunity to demonstrate communication skills. And when dealing with patients experiencing recurrent illnesses, it becomes a vivid classroom for learning disease patterns. When we guide nurses to actively write their professional journals, transforming work experiences into words, they construct a new understanding of their professional value [1]. This process of self-dialogue serves as the most robust protective layer against professional confusion, enabling nurses to calmly navigate emotional fluctuations in daily work while maintaining their passion for the nursing mission.

2.2 Analyzing nurses' internal tension between empathy and burnout

The empathy perception dilemma nurses face fundamentally stems from the conflict between therapeutic demands and self-protection. Narrative nursing creates structured reflective spaces, prompting nurses to achieve the following cognitive shifts through clinical experience retrospection: First, establishing psychological safety distance transforms immediate emotional reactions into observable learning material; Second, it drives a fundamental shift in empathy

patterns, elevating spontaneous emotional resonance to reflective cognitive empathy. This allows nurses to understand patient needs while maintaining professional objectivity accurately; Finally, it cultivates a dynamic equilibrium mechanism, fostering organic synergy between deep emotional connection and necessary boundary setting. The core of this process lies in transforming high-risk scenarios in nursing practice into narrative objects, enabling nurses to deconstruct interactions from an observer's perspective. This allows for precise enhancement of therapeutic efficacy while avoiding emotional depletion.

2.3 Argument: building a supportive narrative environment is the key pathway to enhancing nurses' professional resilience

Enhancing nurses' professional resilience requires transcending traditional notions of individual adaptability and reframing it within an organizational context. Contemporary nursing management systems systematically overlook experiential expertise, creating structural barriers to practitioners' value recognition. Constructing a supportive narrative ecosystem demands integrated transformation: - Institutionally, integrate nursing narratives into core quality improvement processes, transforming individual experiences into public knowledge assets through case review mechanisms; At the resource level, develop standardized narrative support toolkits and deploy teams of narratively skilled facilitators with clinical psychology credentials; at the cultural level, establish non-accountability-based narrative ethics norms, ensuring clinical stories serve as team learning tools rather than liability traces. When nurses' authentic experiences are recognized as critical organizational inputs, a dual-promoting effect emerges: from an individual meaning-making perspective, it fosters a sense of self-efficacy in professional knowledge accumulation; From an organizational identity perspective, it promotes a sense of professional belonging through collective wisdom sharing [2]. This institutionalized narrative recognition essentially represents the modern restoration of nursing autonomy. While constructing an institutional psychological buffer for practitioners, it also propels an innovative paradigm shift in nursing knowledge production, ultimately achieving a systemic enhancement of the profession's sustainable development capacity.

3 Practical constraints on nurses' wellbeing in China's psychiatric nursing practice

3.1 The dominance of the biomedical model and the denial of nurses' emotional experiences

In contemporary psychiatric nursing practice, the biomedical model remains dominant, profoundly shaping the value hierarchy of nursing work. Its interventions focus on quantifying symptom assessments, precision medication titration, and behavioral risk management. Under this paradigm, nursing practice is narrowed to objective, measurable technical procedures. Nursing documentation is required to eliminate subjective elements, and interactions between nurses and patients are encouraged to maintain a professional distance. These dehumanizing, de-emotionalized professional demands fundamentally deny nurses' full humanity within the nursing relationship. The genuine emotions—grief, helplessness, anger—that nurses experience when confronting patients' profound suffering find no space for expression within this system. Instead, they risk being labeled as unprofessional. This institutionalized suppression of emotion forces nurses into a chronic state of internal cognitive dissonance with external demands, while their immense emotional labor goes entirely unacknowledged. Over time, these suppressed and denied emotional experiences become the most insidious root cause eroding nurses' mental health and leading to professional burnout.

3.2 Problem-solving orientation and lack of reflection mechanisms in support systems

Although some healthcare institutions have begun addressing nurses' mental health, existing support systems fundamentally operate as problem-solving models rather than meaning-building frameworks. They typically intervene passively and reactively only after nurses exhibit significant symptoms of professional burnout. This approach treats nurses' struggles as pathological conditions requiring repair, failing to address constructive mechanisms for preventing burnout and fostering growth at the front end. In reality, there is a widespread lack of institutional arrangements embedded in daily workflows to guide nurses in deep reflection on their clinical experiences systematically. Professional narrative supervision resources are extremely scarce [3]. Consequently, nurses' valuable experiences—even those rich with emotional and ethical tension—remain confined to the personal, unspoken, and tacit level.

3.3 Systemic neglect of narrative practice value by managerialist culture and evaluation systems

A deeper predicament stems from hospitals' managerialist culture and derivative evaluation systems. Under management logic prioritizing efficiency and quantification, nursing's value is oversimplified into quantifiable

performance metrics—such as medical record compliance rates or adverse event incidence. Within this cultural atmosphere, practices like narrative reflection—which demand time investment, involve difficult-to-quantify processes, and yield non-immediate outcomes—are easily labeled as impractical or inefficient. Nurses' career advancement pathways, including promotions and awards, are strictly evaluated based on traditional "hard skills" like clinical operational abilities and research output [4]. Whether a nurse possesses exceptional empathy and communication skills or can achieve sustained professional growth through profound self-reflection, these relational competencies, crucial for building high-quality nursing services, carry virtually no weight in the current evaluation system. The value orientation conveyed by this system fundamentally negates the humanistic core of nursing work, systematically undermining both the intrinsic and extrinsic motivations for engaging in narrative practices.

4 Implementation pathways for narrative nursing to promote nurse wellbeing and resilience

4.1 Establishing a group counseling and personal growth model centered on narrative reflection

Achieving the sustainability of narrative nursing requires establishing institutionalized dual-track practices. The primary track involves group narrative practice, centered on creating protected reflective spaces: Facilitated by narratively trained supervisors, closed groups employ collaborative witnessing and generative inquiry techniques to guide nurses in deconstructing problematic narratives within clinical experiences, uncovering agency obscured by mainstream medical narratives. This process reduces occupational isolation through collective meaning-making and fosters the formation of communities of practice. The secondary track involves structured individual reflection, utilizing standardized templates to guide nurses in documenting embodied experiences, value conflicts, and therapeutic turning points within critical scenarios. Periodic text review and coding analysis cultivate metacognitive abilities to integrate fragmented experiences into coherent professional narratives. This dual-track synergy allows collective wisdom to deepen individual reflection, while personal insights enrich the collective knowledge base, creating a self-renewing ecosystem for narrative practice.

4.2 Developing and implementing systematic narrative competency training programs

Professionalizing narrative nursing requires systematic competency development, with curriculum design incorporating the following progressive modules. The foundational level focuses on dual-narrative listening training: cultivating nurses' ability to simultaneously capture patients' surface symptom narratives and underlying life narratives, particularly identifying resilience resources embedded within expressions of suffering. The intermediate level strengthens narrative dialogue techniques: reconstructing power dynamics in nurse-patient interactions through decentralized questioning and externalization technique practice [5]. The advanced level develops cross-modal narrative competencies: guiding bodily and environmental narratives to extend the limitations of traditional verbal communication. Teaching strategies employ a clinical scenario simulation cycle: role-playing, immediate feedback, concept map analysis, and practice replication. This ensures nurses acquire transferable narrative mediation skills, ultimately achieving a paradigm shift from instrumental communication to existential dialogue.

4.3 Establishing a supportive evaluation system integrating nurse wellbeing and narrative competence into professional development

The cultural internalization of narrative nursing relies on structural transformation of the evaluation system, requiring the following value repositioning: Evaluation Logic Transformation: Shift from quantitative task-completion metrics to qualitative assessments of professional competence, establishing evaluation indicators for the meaning-generating dimension of nursing practice; Innovate evaluation tools: Develop professional growth portfolio systems incorporating three types of narrative evidence—anonymized clinical reflection journals, thematic analysis reports of group narrative process recordings, and narrative competency feedback matrices from interdisciplinary teams. Expand evaluation stakeholders: Construct a quadruple evaluation community encompassing nurse self-assessment, peer review, patient experience evaluation, and supervisor final assessment. This system visualizes nurses' narrative practices as key capital for promotion assessments, fundamentally reversing the technocratic bias inherent in the biomedical paradigm.

5 Conclusion

Psychiatric nurses' wellbeing and professional resilience form the core safeguard of mental health services. Within clinical settings dominated by the biomedical model, nurses' intrinsic support systems require reinforcement. Narrative nursing offers pathways through several intervention mechanisms: professional meaning reconstruction alleviates

identity crises; emotional tension regulation mitigates empathy fatigue; and peer narrative support strengthens team cohesion. Future practice requires a dual transformation: first, institutionalizing narrative practice by elevating spontaneous individual actions into structured professional activities; second, establishing a narrative competency development system to transform implicit qualities into assessable professional competencies. By constructing standardized narrative protocols, developing tiered training curricula, and implementing empowering evaluation mechanisms, narrative nursing can ultimately be deeply integrated into the nursing service system.

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