

Exploring the Impact of Narrative Nursing on Anxiety, Depression, and Quality of Life in Middle-aged and Young Dialysis Patients

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Abstract: *Objective:* To explore the impact of narrative nursing on anxiety, depression, and quality of life in middle-aged and young dialysis patients. *Method:* Eighty-six middle-aged and young dialysis patients admitted from January 2023 to December 2023 were selected and divided into a control group and a study group, with 43 patients in each group. The control group received general nursing interventions, while the study group received narrative nursing in addition to the general interventions. The levels of anxiety and depression before and after the intervention were compared, and the quality-of-life scores of the two groups were analyzed. *Results:* After comprehensive intervention, the scores of both groups significantly decreased ($P < 0.05$). After intervention, the scores of the study group were more significant compared to the control group ($P < 0.05$). Compared with the control group, the quality-of-life score of the study group showed a significant upward trend, and this difference was statistically significant ($P < 0.05$). *Conclusion:* Comprehensive narrative nursing can effectively reduce anxiety in middle-aged and young dialysis patients, further enhance their quality of life, and is worth promoting in clinical practice.

Keywords: Narrative nursing; Dialysis; Anxiety and depression; Quality of life

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1. Introduction

Narrative nursing is a nursing practice that involves the accompaniment of a psychotherapist. By listening to the stories of patients with psychological disorders, problems can be externalized, allowing for the selection of more appropriate solutions to help patients seek a path to problem-solving and achieve a transformation in their inner strength. Narrative nursing is also a postmodern treatment method that breaks away from the traditional concept of viewing people as problems. It uses storytelling and externalization of problems to make people more autonomous and dynamic.

As the proportion of middle-aged and young dialysis patients increases, and most of these patients are in the initial stages of treatment, they often lack an understanding of disease treatment methods and related

concepts. The discomfort caused by dialysis, concerns about the condition and treatment costs, and other factors result in most dialysis patients experiencing varying degrees of negative emotions such as fear, anxiety, and depression. This leads to poor cooperation during treatment, reduced effectiveness of dialysis, and a lower quality of life ^[1]. Medical researchers emphasize the continuation of nursing work, as most dialysis patients receive home care after treatment. Improving the quality of life and psychological state of dialysis patients has become a focus and challenge for medical staff. In recent years, narrative medicine, full of humanistic care, has gradually been proposed and applied. Medical staff combine listening, absorption, and response to patients' stories and difficulties to provide patients with respectful, empathetic, and vibrant medical care ^[2].

2. Materials and methods

2.1. General information

Eighty-six middle-aged and young dialysis patients admitted from January 2023 to December 2023 were selected and divided into a control group and a study group, with 43 patients in each group. Among them, there were 22 males and 21 females in the study group, aged 16–59 years, with an average age of 35.14 ± 5.44 years. The control group comprised 21 males and 22 females, aged 18–55 years, with an average age of 35.08 ± 5.26 years. There was no statistically significant difference in the basic information between the two groups of patients ($P > 0.05$).

2.2. Methods

The control group received conventional nursing interventions, while the study group received narrative nursing in addition to conventional nursing. The specific procedure is as follows: First, create a narrative nursing team comprising nurses with rich practical experience and a strong sense of responsibility, along with their supervising doctors and nurses. The supervising nurse acts as a teaching instructor to carry out training, covering nursing knowledge, defense planning, nursing skills, special success cases, precautions, etc., to ensure that medical staff fully understand and implement them, thereby improving the nursing effectiveness for dialysis patients.

Second, listen to the patient's story. Medical staff should increase communication frequency with dialysis patients, deepen their understanding of patients' mental states, values, and preferences, and encourage patients to share their stories, thereby effectively alleviating psychological problems related to depression symptoms. Third, guide dialysis patients to recall similar past experiences, analyze the problems and solutions, and use multimedia and other methods to present common knowledge about depression and medication. This approach is more conducive to their correct understanding of depression, providing examples of treatment and rehabilitation, and strengthening their determination to overcome the disease. Be empathetic towards the negative emotions of dialysis patients and use motivational language to alleviate their anxiety and depression. Additionally, incorporate more outdoor activities, strengthen interpersonal communication, and further release negative emotions. Communicate more with family members, instruct them to treat patients with love, increase companionship time, and further improve their anxiety and depression, enhancing their confidence and compliance with diagnosis and treatment ^[3].

2.3. Observation indicators

The Self-Rating Anxiety Scale (SAS) and Self-Rating Depression Scale (SDS) were used to evaluate the anxiety and depression levels of the two groups of patients before and after the intervention. Independent

criteria are displayed as percentages; the higher the score, the more significant the corresponding emotions of dialysis patients. The daily life questionnaire evaluated the quality of daily life of dialysis patients, including criteria such as daily life quality, social function, emotional and role function, cognitive function, and physical function. Independent criteria are displayed as percentages; the higher the score, the better the patient's quality of daily life. After intervention, the quality of life of patients was evaluated through the Core Quality of Life Scale, using a 1–5 point scoring method. The higher the score, the better the quality of life [4].

2.4. Statistical analysis

The data was analyzed using SPSS 20.0 software. The comparison of count data rates was conducted using the chi-squared test, while the comparison between measurement data groups was conducted using the *t*-test. When $P < 0.05$, the difference was considered statistically significant.

3. Results

3.1. Comparison of psychological states between two groups of patients before and after intervention

As shown in **Table 1**, after the intervention, both groups of patients showed a decreasing trend in their scores on the Self-Rating Anxiety Scale and the Self-Rating Depression Scale ($P < 0.05$), with the study group showing a more significant decrease compared to the control group ($P < 0.05$).

Table 1. Comparison of psychological states between two groups before and after intervention (mean \pm standard deviation; points)

Group	SAS		SDS	
	Before	After	Before	After
Study group ($n = 43$)	58.41 \pm 5.74	36.14 \pm 3.55	60.85 \pm 7.13	38.74 \pm 4.03
Control group ($n = 43$)	58.49 \pm 5.65	41.31 \pm 4.38	60.78 \pm 7.24	44.66 \pm 4.94

3.2. Comparison of quality-of-life scores between two groups of patients

Compared to the control group, the study group showed a significant improvement in terms of negative mentality and quality of life among dialysis patients (**Table 2**).

Table 2. Comparison of quality-of-life scores between two groups

Group	Physical	Functional	Social	Mental
Study group ($n = 43$)	62.44 \pm 6.53	48.76 \pm 3.73	49.37 \pm 4.13	44.37 \pm 3.13
Control group ($n = 43$)	53.65 \pm 5.06	41.43 \pm 3.64	43.49 \pm 3.88	40.49 \pm 3.28

4. Discussion

4.1. General information analysis of two groups of patients

This study selected 86 patients, with no statistically significant difference ($P > 0.05$) in demographic and disease-related data between the study group and the control group. The basic data were relatively balanced. The age and dialysis duration of the two groups of patients were roughly the same. The analysis suggests that increasing age and dialysis duration may lead to a gradual decline in patients' functional immune function and

the emergence of dialysis-related complications, resulting in a decreased quality of life. This is due to the rising cost and pressure of dialysis treatment, weakened family and social roles, and a significant lack of self-worth. Patients tend to focus more on the negative effects of life, suggesting that medical staff should pay attention to caring for and supporting long-term dialysis patients.

From a gender perspective, there were significantly more male patients than female patients, which may be due to the influence of traditional Chinese culture, where men are mostly regarded as the backbone of the family. Due to the special nature of dialysis treatment, more than a quarter of the time each week is spent on completing dialysis, which can adversely impact patients' work and economic income. Male patients also face heavy economic and psychological pressure ^[5].

Based on the overall marital situation, many patients had complete families, indicating that they could seek family support during disease treatment. Regarding educational level, the majority of patients had received secondary education, while fewer had received higher education. This may be due to the higher average age in this study, influenced by the historical background and the lack of widespread higher education. This highlights the need for medical staff to focus on the popularization and education of disease knowledge.

In terms of household income, the proportion of households with a per capita income exceeding 3,000 Chinese yuan was the highest. Due to the high expenses incurred by dialysis patients, they need to have a certain economic ability to maintain high costs. The primary diseases of patients were chronic glomerulonephritis, followed by diabetic nephropathy and hypertensive nephropathy, consistent with the main causes of chronic renal failure in China. In addition, most patients had one or more complications such as anemia, hypertension, calcium and phosphorus metabolism disorders, and malnutrition, indicating that the quality of life of maintenance hemodialysis patients is low. These patients bear significant psychological and physiological pressure. Medical staff should strengthen the education related to dialysis complications.

4.2. The impact of narrative nursing on anxiety and depression in dialysis patients

Narrative nursing can improve the anxiety and depression of dialysis patients. The reasons for this may be as follows:

Firstly, narrative nursing focuses on listening to the patient's voice, requiring nurses to practice empathetic communication. Charon, who launched the narrative medicine movement, once said that a good doctor-patient relationship arises from words, and listening to the patient's account is the foundation of an intimate relationship between doctors and patients. Empathetic nursing requires nurses to think from the patient's perspective and experience empathy while listening. Research has shown that empathetic nursing can reduce emotional alienation in patients, resonate with their emotions, and help them regulate their emotional state. Frequent contact and interaction between nurses and patients, an equal and trusting relationship, and an attitude of acceptance and understanding are more likely to encourage patients to confide and alleviate their concerns.

Secondly, the practice of narrative nursing closely revolves around patients and is a new approach to clinical psychological nursing that is highly compatible with humanistic care. Due to the particularity of diseases and treatments, patients often have feelings of shame or inferiority ^[6]. In routine clinical work, even if patients are aware of their own psychological problems, they may find it difficult to speak up to medical staff. Narrative nursing, guided by interpersonal relationship theory, gradually establishes a trusting relationship with patients and provides a platform for them to confide. It guides them to open up and speak freely, implementing one-on-one communication and exchange, protecting patients' privacy while reducing inner concerns. This humanistic care approach helps with emotional release and improves intervention effectiveness.

Thirdly, narrative nursing emphasizes individual differences. Even if the same disease receives the

same treatment, there are individual differences in the psychological status and health needs of patients. By encouraging patients to narrate their disease stories and gain a deeper understanding of their current physical and mental state, the crux of the problem can be identified. Through individual and collective reflection, nursing measures can be continuously improved, and precise nursing can be provided based on the specific situation of the patient. Research has shown that a comprehensive evaluation of patients and the implementation of individualized precision nursing can alleviate negative emotions and improve their quality of life.

Fourthly, nurses use core narrative techniques to help patients concretize and visualize the problems they face, enabling them to externalize their difficulties or negative emotions and objectively view the issues. By amplifying the excellent qualities exhibited by patients in exceptional events, patients can return to their true selves, establish new self-identity, re-examine themselves, and effectively manage their emotions, thereby achieving the goal of relieving anxiety and depression ^[7].

4.3. The impact of narrative nursing on coping strategies of dialysis patients

Implementing narrative nursing interventions for dialysis patients has shifted their coping strategies towards more positive approaches, improving their ability to manage their illness and encouraging them to actively face their condition. Research has found that narrative nursing can significantly enhance patients' coping styles, increase self-identity, promote post-traumatic growth, and improve social adaptability.

In a study conducted by domestic scholars, 68 patients undergoing radical gastrectomy for gastric cancer were randomly divided into a control group and an intervention group. The control group received routine psychological care, while the intervention group received a two-week narrative psychological intervention. The intervention involved contacting the patient's family to understand their home situation, guiding self-narration around the patient's psychological and disease conditions, clarifying nursing issues, and providing measures such as popularizing knowledge of gastric cancer-related diseases and psychological counseling. The results showed that narrative nursing intervention can help patients gain more family and social support, making them more active and proactive in coping with the disease and treatment. It is highly effective for postoperative recovery ^[8].

Scholars provided narrative nursing care to a female patient who passed away due to her daughter's illness, was diagnosed again, and entered a designated isolation hospital without the company of relatives. The patient was on the brink of collapse and refused all treatment. By fully utilizing the techniques of externalization, deconstruction, and rewriting, they entered the patient's story and explored the positive aspect of "looking forward to watching their granddaughter get married and helping them take care of their child" deep inside the patient's heart. Through WeChat videos, they gained the encouragement of the granddaughter, an important witness. From the initial despair of life to later cooperation with treatment, and finally recovery from the hospital, the results demonstrated that narrative nursing can change patients' attitudes towards diseases and guide them to actively cooperate with treatment.

Intervening with narrative techniques such as obtaining family cooperation, externalizing issues, discussing details, and reconstructing stories for hospitalized patients with bipolar disorder, it was found that narrative therapy can significantly improve patients' psychological condition, enhance their overall happiness, and significantly improve their ability to cope with the disease. The above research is consistent with the results of this study.

Narrative nursing can improve the disease coping strategies of maintenance hemodialysis patients ^[9]. Analyzing the reasons may be related to the following:

Research has shown that allowing patients to narrate is meaningful. When people share their personal

experiences, they have the opportunity to understand and reflect on their own difficulties. Narration is a positive process of thinking for patients themselves, and narrative nursing uses narrative as a carrier to trigger positive emotions in patients through the narration of the main and side stories. Narrative nursing emphasizes that everyone has the ability and resources to solve problems. Through externalization, narrative nursing removes disease labels from the body and makes it easier to objectively analyze problems from a third-party perspective, forming positive thinking patterns and correct self-awareness.

In dealing with disease issues, the relationship between nurses and patients is a cooperative alliance. The establishment of a nurse-patient alliance is beneficial for patients to manage their own behavior, better exert their subjective initiative, motivate patients to actively think about problems, and recognize that positive emotions are the driving force for individuals to achieve their goals and effective ways to solve problems. Related studies have shown that diary-style health guidance and daily thought recording forms can stimulate patients' self-management ability and compliance^[10].

In this study, recording home diaries was used to help medical staff judge patients' treatment compliance and capacity control standards. For patients, the diary-keeping method can effectively transform their avoidance psychology when facing diseases, urge them to work with medical staff to develop plans, and promote their initiative to participate in treatment. Research has shown that individualized education is beneficial for promoting patients' self-management abilities. This study provides personalized guidance to patients by listening to their problem events, tracing the root causes, and identifying the crux of the problem.

Related studies have proposed that the kidney-friendly support model can improve patients' negative emotions and attitudes toward the disease by establishing kidney-friendly relationships through kidney-friendly associations, sharing dialysis experiences, and visiting and communicating. Patients are provided with an environment of acceptance and sharing, inviting fellow kidney friends to participate. Through sharing the dialysis process with kidney friends who have more than ten years of dialysis experience, positive events and energy deep inside are explored and tapped into, motivating patients to face problems and difficulties, and encouraging them to take proactive measures to cope with the disease.

Disclosure statement

The authors declare no conflict of interest.

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