Study Protocol

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Exploring the Impact of a Nurse-Led Narrative Interview on Newly Diagnosed Hematologic Patients: A Holistic Qualitative Single-Case Study Protocol

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Correspondence: Luca Guardamagna - Department of Orthopedics and Traumatology, Istituti Clinici di Pavia e Vigevano S.p.A., Via Parco Vecchio 27, Pavia – 27100, Italy; Mail: luca.guardamagna@grupposandonato.it

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Giovanna Artioli[1], Giovanna Casella[1,2], Andreina Saba[3], Sara Posla[1,2], Luca Guardamagna[4,5], Nicole Cassinari[2], Rosalba Cipolla[2], Orejeta Diamanti[6], Federica Dellafiore[7]

[1] *Department of Medicine and Surgery, University of Parma, Parma, Italy*
[2] *Local Health Authority, Azienda USL of Piacenza, Piacenza, Italy*
[3] *Department of Primary Care, Azienda USL-IRCCS of Reggio Emilia, Reggio Emilia, Italy*
[4] *Department of Orthopedics and Traumatology, Istituti Clinici di Pavia e Vigevano, Pavia, Italy*
[5] *Laboratory for Rehabilitation and Orthopedic Surgery (LAROS), Institute of Care "Città di Pavia", Department of Clinical Surgical, Diagnostic and Pediatric Sciences, University of Pavia, Pavia, Italy*
[6] *Department of Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy*
[7] *Department of Life Health Sciences and Health Professions, Link Campus University, Rome, Italy*

Abstract

Objectives. A diagnosis of hematologic malignancy represents a major biographical disruption, affecting emotional, relational, and existential dimensions of patients' lives. While biomedical care predominates, patients' lived experiences during the early diagnostic phase remain insufficiently explored. This study protocol aims to investigate whether nurse-led narrative interviews conducted within the first month after diagnosis can strengthen the therapeutic relationship, enhance trust, support emotional expression, and sustain patients' sense of identity and agency.

Trial Design. This study adopts a qualitative, holistic single-case study design, grounded in a constructivist–existentialist epistemological framework. An exploratory approach is used to generate in-depth, context-sensitive insights and inform future larger-scale qualitative research.

Participants and Settings. The study will be conducted in the onco-hematology department of a tertiary hospital in Northern

Italy. One adult patient (≥18 years) with a first diagnosis of hematologic malignancy within the previous 30 days will be recruited through purposive sampling. A primary caregiver will also be involved to provide a complementary perspective. Inclusion criteria include linguistic competence in Italian and clinical stability to provide informed consent.

Interventions. The intervention consists of two nurse-led narrative interviews conducted approximately 15 days apart. Interviews will be guided by open-ended questions and conducted by a trained nurse using attentive, empathetic listening. Additional data sources include reflective writing by both the patient and the nurse following each interview, and a semi-structured interview with the caregiver after the second narrative interview.

Primary and Secondary Outcomes. Primary outcomes focus on qualitative indicators of meaning-making, emotional expression, therapeutic alliance, and perceived support as expressed through narratives and reflections. Secondary outcomes include triangulated insights from nurse, caregiver, and researcher perspectives. Data will be analyzed using Reflexive Thematic Analysis, with methodological triangulation to enhance rigor and credibility.

Conclusions. This protocol will describe a holistic qualitative single-case study exploring the impact of nurse-led narrative interventions on relational and meaning-making processes in patients newly diagnosed with hematologic malignancies, providing a foundation for future person-centered research and clinical integration.

Keywords: Hematologic Malignancy, Holistic Qualitative Case Study, Narrative Interview, Narrative Nursing, Nurse-led Intervention

Introduction

A diagnosis of a hematologic disease represents not only a medical event but also a profoundly transformative life experience, reshaping a person's physical health, psychological wellbeing, social identity, and existential outlook (Lekarakou et al., 2024). From the moment of diagnosis, patients face a new and often unsettling reality, as their familiar sense of self and daily routines are disrupted by medical interventions, hospital visits, and persistent uncertainty. The timing of this disclosure – whether occurring abruptly during acute illness or more gradually following extended diagnostic investigations – can significantly influence patients' emotional responses, coping strategies, and capacity to integrate the diagnosis into their life narrative (Gregorio et al., 2024; Winestone et al., 2024). Treatment regimens such as chemotherapy, immunotherapy, or stem cell transplantation often extend over months or years, requiring patients to repeatedly adapt to bodily changes and renegotiate their self-identity in the context of illness-related limitations and hopes for recovery (Lekarakou et al., 2024). These challenges profoundly affect family dynamics, work life, and relationships, with loved ones also coping with emotional and practical demands of living with a chronic, life-threatening condition (Shah et al., 2024).

The onset of a hematologic disease often constitutes a profound biographical disruption, a concept introduced by Bury (1982) to describe the way chronic illness can fracture the continuity of one's life narrative, challenging personal identity,

social roles, and future plans. This disruption shifts existence from the previously taken-for-granted to one redefined by uncertainty and dependence (Bury, 1982). While biomedical management remains fundamental to disease control and treatment, an exclusive emphasis on survival outcomes tends to marginalize these subjective, deeply human dimensions of illness. Patients' lived experiences risk being reduced to numerical indicators such as blood counts or remission rates (Weiss & Johnson-Koenke, 2023), which fail to capture the existential complexity of living with a hematologic disease.

To address this gap, narrative medicine and narrative nursing have emerged as vital frameworks for re-centering the patient's voice and fostering a more holistic understanding of health, suffering, and healing (Egnew, 2018; Weiss & Johnson-Koenke, 2023). In this context, holistic medicine emphasizes care of the whole person – physical, psychological, social, and spiritual – using approaches such as psychosocial support and integrative therapies to complement biomedical treatment and improve quality of life in cancer patients (Wei et al., 2024).

Narrative medicine encourages clinicians to listen actively and empathetically, recognizing patient stories as essential sources of insight into fears, hopes, and coping strategies (De Vincentis et al., 2018; Egnew, 2018; Slocum et al., 2017; Zocher et al., 2020). This approach fosters empathy and enhances clinical decision-making by aligning care with what matters most to patients (Paul et al., 2024). Building on these principles, narrative nursing translates narrative medicine into everyday clinical practice, emphasizing attentive listening, presence, and meaning co-construction through dialogue. By embracing patients' narratives, nurses respond more sensitively to emotional and psychosocial needs often hidden behind biomedical data (Paul et al., 2024; Rivest et al., 2023).

In clinical contexts, narrative nursing has been applied in oncology, palliative care, and chronic illness management to strengthen therapeutic relationships, improve communication, and facilitate patient meaning-making (Paul et al., 2024). According to Bert (2007), these applications demonstrate its potential to support person-centered care and address the existential challenges often experienced in serious illness (Bert, 2007).

Within this framework, the narrative interview emerges as a structured, dialogic expression of the principles underpinning both narrative medicine and narrative nursing. Rooted in the ethos of relational care and meaning-making, the narrative interview provides patients with a dedicated space to share their illness stories in their own words. Especially when introduced early in the cancer care pathway, it serves not only as a research method but also as a therapeutic intervention. Through open-ended and reflective dialogue, patients are encouraged to express fears, hopes, and coping strategies, fostering trust and generating insights that often remain hidden in structured clinical encounters (Turner et al., 2024). This co-constructed exchange values patients as experts of their own experience and strengthens the therapeutic alliance through authentic listening and recognition. The emotional relief and validation that emerge from being heard contribute to a deeper sense of connection and psychological integration (Abdallah et al., 2022; Ghodraty-Jabloo et al., 2016; Herrmann et al., 2020; LeBlanc et al., 2017; Nissim et al., 2013; Tsatsou et al., 2021). Moreover, narrative interviews support patients in reframing the meaning of their illness and maintaining a sense of identity and biographical continuity, even in the face of disruption (Artioli et al., 2024). Importantly, narrative approaches also benefit caregivers by validating their experiences, reducing feelings of isolation, and fostering more open communication with both patients and healthcare professionals. By engaging caregivers in narrative processes, studies have shown improvements in relational understanding and caregiver coping, which may ultimately enhance the overall quality of family-centered cancer care (Tuck et al., 2025).

Complementing the narrative interview, reflective writing offers a parallel opportunity for introspection (Slocum et al., 2017). While the interview facilitates meaning through relational dialogue, writing provides a private, structured space to process emotions, clarify values, and foster a sense of agency and coherence (Slocum et al., 2017). These benefits extend beyond patients: reflective writing also supports clinicians by helping them process their emotional responses, reinforce empathy, and maintain resilience in emotionally complex settings such as hematologic care (Bracken, 2021). Taken together, narrative interviews and reflective writing contribute to a more humanized, relational approach to care – one

that honors the lived experience of illness and fosters connection, trust, and meaning for both patients and professionals.

Recent evidence highlights the feasibility and value of nurse-led narrative interviews shortly after a cancer diagnosis (Wen et al., 2024; Zheng, 2024). These structured conversations have been shown to catalyze patient self-awareness, emotional adaptation, and engagement in care (Artioli et al., 2024). In the context of hematologic malignancies – particularly leukemia – where treatment is prolonged, complex, and emotionally demanding, embedding narrative practices within nursing care could enrich therapeutic relationships and promote compassionate, ethically grounded practice (Anderson et al., 2016; Groleau et al., 2006). Despite their potential, however, nurse-led narrative interviews remain underutilized in hematologic care, and little is known about their concrete impact on patient adaptation and meaning-making when implemented early in the care trajectory. This protocol addresses this gap by exploring how such an interview may function as a meaningful, holistic intervention – capable of strengthening the therapeutic alliance, enhancing patients' sense of agency, and promoting emotionally responsive, person-centered care during one of the most vulnerable phases of the cancer journey.

Objective

Accordingly, this study protocol aims to explore how a nurse-led narrative interview, conducted within the first 30 days following a hematologic diagnosis, can serve as a meaningful source of support for patients. Specifically, it will examine whether and how this narrative approach strengthens the therapeutic relationship, fosters trust and mutual understanding, promotes emotional relief, and enhances patients' sense of agency and resilience during their treatment journey.

Methods

Study Design

This study will employ a holistic qualitative single-case study methodology, suitable for in-depth examination of complex phenomena in real-world settings (Brogan et al., 2019). Case study research is particularly effective when the boundaries between the phenomenon and its context are blurred. Given the exploratory nature of this investigation, an exploratory case study design will be adopted to generate hypotheses for future larger-scale studies (Yin, 2017). The holistic focus will allow examination of the case in its entirety, preserving complexity while understanding dynamic processes such as illness experiences and relational dynamics (Yin, 2017). The study will be rooted in a constructivist–existentialist epistemological framework, which considers knowledge as co-created through lived experience, reflection, and interpersonal engagement (Sibbald et al., 2021).

The central research question guiding the study will be: What are the impacts and perceived effects, as viewed from multiple perspectives, of two nurse-led narrative interviews conducted fifteen days apart with a newly diagnosed onco-hematologic patient? Four perspectives will be integrated: (a) the researcher's interpretation; (b) the patient's personal experience; (c) the nurse interviewer's viewpoint; and (d) the caregiver's perspective. This multidimensional approach aims to generate rich theoretical insights that can inform future research and advance nursing practice in complex care trajectories.

Participants and Setting

The study will be carried out in the onco-hematology department of a tertiary hospital in Northern Italy, characterized by complex treatment regimens and emotionally intense care pathways. Participants will be recruited via purposive sampling, including a single adult patient (≥18 years) with a first hematologic malignancy diagnosis within 30 days, explicitly excluding patients with solid tumors. Inclusion criteria will include proficiency in Italian, cognitive and clinical stability to consent, and willingness to engage in two narrative interviews conducted approximately two weeks apart. Exclusion criteria will include severe cognitive impairment, inability to provide informed consent, unstable clinical condition precluding participation, and withdrawal or refusal of consent.

Eligible patients will be identified by a clinical nurse collaborating with the research team, who will introduce the study but not conduct eligibility screening, ensuring unbiased selection. Informed consent will be obtained

before any data collection, emphasizing voluntary participation.

Study Procedure and Methodological Framework

The research will unfold in three interconnected phases, consistent with Yin's (2017) qualitative case study framework (Yin, 2017) and guided by a constructivist paradigm (Sibbald et al., 2021) that values participants' subjective experiences and the co-construction of meaning through narratives and reflexivity. Table 1 presents the data collection timeline.

Table 1. Timeline data collection.

Assessment	Day 0	T0 (~30 days)	T1 (31-45 days)	Post T1
Diagnosis	X			
Narrative interview		X	X	
Reflective writing for patients		X	X	
Reflective writing for interviewers				X
Caregiver interview				X
Focus group (ward team)				X

Phase 1: Case Analysis – Data Collection, Thematic Analysis, and Meaning Evolution

Data Collection

Data will derive from two narrative interviews conducted with the same patient, spaced approximately 15 days apart. Narrative interviewing, used as a relational technique, facilitates eliciting rich life and illness stories (Artioli et al., 2019). Interviews will take place face-to-face in a confidential setting within the onco-hematology department, approximately 30 to 45 days post-diagnosis. During each session, the nurse will pose a small set of open-ended questions, practicing attentive, empathetic listening. Importantly, the nurse conducting interviews will not perform patient selection; recruitment will be conducted independently by the research team, ensuring unbiased enrollment. The nurse will receive targeted training to develop advanced narrative interviewing skills (Artioli et al., 2024).

Table 2 and table 3 show the guide of Narrative Interview in T0 and T1. Interviews will be audio-recorded, anonymized, and transcribed verbatim, with sociodemographic data collected at the end.

Table 2. Narrative Interview – T0.

Narrative Interview – T0
Participant Information: • Code, Age, Gender, Profession • Time since diagnosis communication • Interview location and duration • Interviewer's name
Example opening: Would you feel comfortable describing how the communication of your diagnosis took place? (Try to understand where the conversation happened, the communication style used, what was said, and who was present.)
1. Communication of the diagnosis as a source of stress These questions are intended as a guide to begin a conversation about how the communication of a cancer diagnosis relates to the patient's feelings of distress and personal difficulties. Example: *"Could you tell me how you are feeling right now?"*
2. The patient's adaptation to the illness These questions can help you understand whether the person has changed their internal or external coping strategies for dealing with the illness. Example: *"What emotions and sensations are you experiencing at this moment?"*
3. The impact of the illness on life and relationships These questions help to understand how, and if, the person's life has changed since the last meeting and whether there have been changes in specific areas: physical well-being (symptoms related to the disease and/or treatment), psychological well-being (emotional and cognitive aspects), social well-being (social relationships and family life), and fi-nally spirituality, religion, or personal beliefs. Example: *"Could you describe how you think your life has changed so far?"*
Example closing question: *"We are almost finished for today — is there anything else that comes to mind that you would like to add? Would you like to meet again in about fifteen days?"*
Example closing: *"Thank you very much for your time and willingness to share. I'd like to close the interview now, but may I contact you again if, after reviewing what we've discussed, there are any points that would be helpful to explore further?"*

Data Analysis

Data will be analyzed using Braun and Clarke's Reflexive Thematic Analysis (Braun & Clarke, 2019, 2021), following six iterative steps: familiarization, coding, theme development, review, definition, and reporting. Two researchers will independently code transcripts; discrepancies will be resolved through discussion with a third researcher. Reflexive practices will acknowledge interpretive subjectivity and minimize bias (Braun & Clarke, 2024; Sibbald et al., 2021).

Table 3. Narrative Interview – T0.

Narrative Interview – T1
Participant Information: • Code, Age, Gender, Profession • Time since diagnosis communication • Interview location and duration • Interviewer's name
Example opening: *"Thank you for being here again. How have you been feeling since we last met?"*
1. Communication of the diagnosis as a source of stress These questions are intended to highlight whether there have been any changes related to feelings of distress or personal difficulties connected to how the diagnosis was communicated. Example: *"As of today, how do you feel about the way your diagnosis was communicated?"* (Explore whether anything has changed since the first interview in terms of thoughts, emotions, worries, or expectations.)
2. The patient's adaptation to the illness These questions can help you understand whether the person has changed their internal or external coping strategies for dealing with the illness. Example: *"As of today, can you tell me how you are coping with your illness? Do you feel your life has changed? If so, in what ways?"* (Explore any changes in thoughts and emotions regarding how they manage the illness and adapt to it.)
3. The impact of the illness on life and relationships These questions help to understand how, and if, the person's life has changed since the last meeting and whether there have been changes in specific areas: physical well-being (symptoms related to the disease and/or treatment), psychological well-being (emotional and cognitive aspects), social well-being (social relationships and family life), and finally spirituality, religion, or personal beliefs. Example: *"In your opinion, what changes have occurred in your life?" "What changes, if any, have there been in your relationships with family and friends?"* (Physical aspects, concerns, social and family relationships, self-image, social roles, work, etc.)
Example Closing: *"Thank you again. Is there anything else you'd like to add?"*

Meaning Evolution

This step will identify and describe shifts in meaning across the two interviews. Researchers will closely examine changes in language, emotional tone, and perceptions to track evolving internal narratives over time. Attention will be paid to new metaphors, shifts in temporal orientation, and modifications in self-positioning. These elements, triangulated with nurse and caregiver reflections, provide evidence of evolving internal narratives without imposing pre-established interpretative models, preserving participant voice and idiographic understanding (Artioli et al., 2024; Audulv et al., 2023).

Phase 2: Integrative Analysis of Multiple Perspectives

To capture the phenomenon's complexity, four analytical units will be examined collectively (Yin, 2017). Table 4 presents the data collection guides, while the conceptual framework is illustrated in Figure 1.

Table 4. Integrative Analysis of Multiple Perspectives.

Researcher Perspective: Focus Group – Care Team
Guiding questions: • What aspects of the patient's life did this interview help you understand? • What impact do you think these interviews had on the patient and caregiver? • Did these interviews have any effect on how you provide care? • Is there anything else you would like to add?
Patient Perspective: Reflective Writing
Instructions: Find a quiet place where you can be undisturbed for 15–20 minutes. Sit in silence, focus on yourself, and write freely or record your reflections using these guiding questions: • How did you feel during the interview? • What did the interview bring up for you? Were there moments you appreciated or found challenging? • Do you feel you have any needs that might help you experience future interviews better? • Is there anything else you would like to share?
Nurse Interviewer Perspective: Reflective Writing
Instructions: Find a quiet place where you can be undisturbed for 15–20 minutes. Reflect on your experience as the interviewer and write freely using these guiding questions: • How did you feel during the interview(s)? • What differences did you notice between this narrative interview and interviews you conduct in routine practice? • What aspects of the patient's life did this interview allow you to better understand? • Were there any difficult moments? • What are the strengths of this type of interview? • What would you change about the process and why?
Caregiver Perspective: Caregiver Interview
Instructions for the interviewer: Before starting, explain the aim, obtain consent, and create a trusting, open atmosphere. Use these questions as a guide. Example of questions after the interview with the family member: • What reactions and feelings did your family member have during the interview? • How did you feel during and after the interview? • What do you think about the usefulness of this interview for the patient? • Did you notice any difficulties for the patient after the interview? • Do you feel this interview could be helpful for you as a caregiver? • Did you experience any difficulties related to this interview?
Example of closing quote: *"Is there anything else you'd like to add?" Thank them and ask for permission to follow up if needed.*

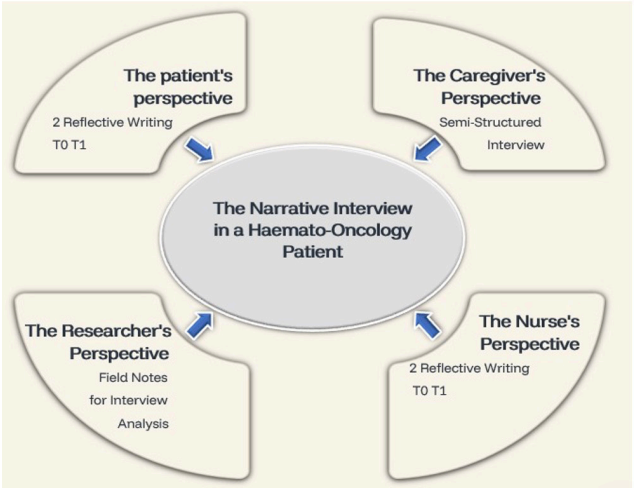

Figure 1. Conceptual framework.

Researcher Perspective

Researchers will maintain detailed field notes during analysis, focusing on nuances and divergences between the two interview timepoints. These notes will facilitate team discussions and will refine conceptual understanding termed the "researcher perspective", which will enhance analytic rigor and depth.

Patient Perspective

Following each narrative interview, the patient will engage in structured reflective writing exercises (Slocum et al., 2017) aimed at deepening introspection and further articulating her experience. Consistent prompts will enable comparative analysis over time, with these narratives analyzed alongside interview transcripts to enrich understanding.

Nurse Interviewer Perspective

Mirroring the patient's reflections, the nurse will complete structured reflective writings post-interview, commenting on the interview process, relational dynamics, and perceived data quality. While the nurse serves both as interviewer and author of these reflections, this dual role is methodologically intentional and justified. Nurse's reflections will be analyzed alongside three additional perspectives – the patient, the caregiver, and the research team – ensuring triangulation and providing a counterbalance to any potential self-referential bias. The reflective writings of the nurse may also contribute to reflexivity, allowing the research team to critically consider how relational dynamics and interviewer choices may influence the data. During team discussions and collaborative triangulation, any interpretive biases introduced by the nurse will be identified and discussed, enhancing analytic rigor. In this way, the nurse's dual role strengthens the study by deepening contextual understanding, supporting nuanced interpretations, and capturing relational subtleties that would be inaccessible through patient or caregiver data alone.

Caregiver Perspective

To broaden contextual insights, a semi-structured interview will be conducted with the patient's primary caregiver soon after the second patient interview. This approach will balance predefined questions with openness to emergent themes (Adeoye-Olatunde & Olenik, 2021)

Phase 3: Data Triangulation

Data triangulation, a cornerstone of robust case study research, will be employed to enhance validity by integrating multiple qualitative data sources. This strategy will allow cross-verification of findings, mitigate biases associated with single sources, and support a richer, multifaceted interpretation of the case's complexities (Schlunegger et al., 2024). By synthesizing narrative intervention, reflective writings, and field notes, the study will achieve a holistic, coherent representation of the phenomenon grounded in diverse evidentiary strands, thereby reinforcing the credibility and depth of the interpretative framework (Yin, 2017).

Research Rigor

To ensure robust methodological rigor, this study will follow established principles of trustworthiness in qualitative research (Gaikwad, 2017; Houghton et al., 2013). Credibility is reinforced through triangulation of multiple data sources – including patient interviews, reflective writings, caregiver perspectives, focus group insights, and field notes – to build a rich, evidence-based understanding. Peer debriefing by an external expert will critically review coding and thematic analysis, adding validation. Dependability will be supported by a transparent audit trail documenting methodological choices. Confirmability will be ensured via

systematic reflexivity: the research team will maintain journals to monitor assumptions and biases and engages in open dialogue to confront preconceptions. Researchers will clearly communicate their roles to participants, promoting trust and situating the study within the real-world ward context. The team's combined expertise in nursing, clinical practice, qualitative research, and organizational psychology will ensure sensitive and informed observations. Direct observation by experienced nurses will minimize misinterpretation of patient and family behaviors. Transferability will be enhanced through rich contextual descriptions, allowing other practitioners and researchers to assess applicability. Together, these strategies ensure credible, transparent, and meaningful study results (Gaikwad, 2017; Houghton et al., 2013).

Ethical Considerations

The study will adhere to the approved protocol and the Declaration of Helsinki. Participants will receive clear explanations and provide written informed consent, covering interviews, reflective writings, sociodemographic data, and research use of all data. Withdrawal will be permitted at any time. Ethical approval was obtained from the Ethics Committee of Area Emilia Nord, Piacenza (protocol 2024/0105011 of 30/09/2024).

Discussion

This protocol builds directly upon the pilot feasibility study conducted by Artioli et al. (2024), which examined the impact and acceptability of a nurse-led Narrative Intervention for patients recently diagnosed with cancer (Artioli et al., 2024). The primary aim of that preliminary investigation was to explore how a nurse-facilitated Narrative Intervention could support patients in coping with their illness at the critical juncture of initial oncologic diagnosis. Findings highlighted multiple benefits: the intervention facilitated patient expression of complex emotions and the reframing of their illness experience, enabled healthcare professionals to gain a richer understanding of the patient's narrative and individual needs, and provided caregivers with valuable perspectives on the patient's emotional journey.

However, the pilot's limited sample restricted exploration of intervention variability across diverse patient contexts and did not integrate caregiver and multidisciplinary team perspectives systematically. The present study protocol addresses these gaps by explicitly including caregiver input, employing triangulation across multiple viewpoints, and refining methodological strategies to better capture the relational and contextual dynamics of narrative practice in hematology care, thereby generating novel insights into the early-phase use of nurse-led narrative interviews.

Extant literature corroborates the effectiveness of Narrative Intervention across various clinical settings, including oncology, palliative care, and chronic disease management (Tuck et al., 2025; Zhang et al., 2024).

To further strengthen the international context of this work, we have integrated recent studies, including Tuck et al. (2025), Winestone et al. (2024), and Paul et al. (2024), demonstrating the relevance and impact of narrative interventions across diverse healthcare systems (Winestone et al., 2024; Paul et al., 2024; Tuck et al., 2025).

Seminal works by Artioli et al. (2019) and Egnew (2018) demonstrated that Narrative Intervention can facilitate patients' meaning-making processes, promote reframing of suffering, and enhance patient-provider communication (Egnew, 2018; Artioli et al., 2019). Similarly, De Vincentis et al. (2018) underscored the capacity of narrative approaches to help patients articulate nuanced emotions that might otherwise remain unvoiced (De Vincentis et al., 2018). More recent evidence by Tuck et al. (2025) reinforces these foundations, showing that Narrative Intervention combined with creative modalities uncovers the lived experiences of cancer patients and their families, revealing psychosocial, spiritual, and economic challenges often concealed in routine clinical encounters (Tuck et al., 2025). Collectively, this evidence substantiates the potential of narrative methodologies to reveal otherwise hidden dimensions of patient experience and guide culturally sensitive, comprehensive care.

Adopting a holistic qualitative single-case study design, this updated protocol aims to elucidate the impact of Narrative Intervention from multiple interconnected perspectives: the patient, the interviewing nurse, the primary caregiver, and the involved ward professionals. Maintaining the Narrative Intervention structure and timing established in the 2024 pilot – two interviews conducted 30 to 45 days post-

diagnosis and repeated 15 days later – the study seeks to generate more robust evidence on how narrative approaches support meaning-making, psychological adaptation, and relational care in hematologic.

Anticipated outcomes include a nuanced understanding of how Narrative Intervention facilitates patient emotional articulation and illness awareness during the early adjustment phase, enriches caregivers' insight into coping mechanisms, and fosters reflective practice among healthcare professionals – potentially enhancing the team's empathic and compassionate care delivery. Importantly, this study transcends mere sample expansion, situating the Narrative Intervention within a complex, real-world clinical environment that acknowledges narrative work as inherently relational, holistic, and co-constructed.

The broader significance of this research lies in its contribution to the evidence base supporting narrative nursing as a feasible, meaningful, and cost-effective adjunct to biomedical treatment – addressing psychosocial and existential patient needs that often remain unmet. By triangulating multiple stakeholder perspectives, the study aims will identify practical considerations for integration into routine hematology practice, including optimal timing, training requirements, and potential barriers. It also offers longitudinal, multi-perspective insights into nurse-led narrative interviews at the early phase of hematologic diagnosis, an area scarcely investigated in prior literature. Ultimately, this work aims to strengthen person-centered hematologic care by honoring patient narratives and highlighting the therapeutic value of attentive listening, situating findings within both Italian and international research contexts, and advocating for narrative practice as a transformative approach capable of fostering trust, resilience, and humanized care.

Limitations

While the study seeks to deliver an in-depth understanding of nurse-led Narrative Intervention, several limitations warrant acknowledgment. The inherently small sample size characteristic of qualitative case studies may constrain transferability. Reliance on self-reported accounts and subjective reflections introduces potential bias, including social desirability and recall biases. The dual role of the interviewing nurse as reflective writer may pose interpretative bias; however, this risk will be mitigated through methodological triangulation, reflexive thematic analysis, and peer debriefing, ensuring rigor and depth in interpretation. The recruitment strategy, based on purposive sampling within a single hospital unit, may limit representativeness and restrict diversity of experiences. Finally, as the research is confined to a single hematology unit, organizational and cultural factors may influence results in ways not generalizable to other settings.

This protocol therefore provides a methodological foundation for future studies and practical implementation, guiding the integration of narrative approaches in broader hematology practice.

Conclusion

This protocol describes a holistic qualitative single-case study designed to deepen understanding of nurse-led Narrative Intervention in patients newly diagnosed with hematologic malignancies. By capturing the voices of patients, caregivers, and healthcare professionals, it offers novel insights into relational and emotional dimensions of narrative practice. Unlike previous work, this study explicitly triangulates multiple perspectives and focuses on meaning-making shortly after diagnosis, addressing an underexplored gap in hematology care.

Despite inherent limitations, the protocol provides a methodological basis for future multicenter, longitudinal, or comparative studies aimed at embedding narrative approaches in routine care. Future developments may include the creation of evaluation tools and nurse training programs in narrative practice, fostering systematic integration of narrative approaches into clinical pathways. By emphasizing person-centered and relationally informed care, this study supports enhanced understanding and communication among patients, caregivers, and clinicians.

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