

Review

Narrative nursing in the postoperative care of patients with nasal cavity, paranasal sinuses and skull base tumors: a narrative review

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CITATION

Zhang W, Chen X, Feng Y. Narrative nursing in the postoperative care of patients with nasal cavity, paranasal sinuses and skull base tumors: a narrative review. *Psycho-Oncologie*. 2026; 20(5): 4095.

<https://doi.org/10.18282/po4095>

ARTICLE INFO

Available online: 30 June 2026

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Abstract: Nasal cavity, paranasal sinuses and skull base tumors involve key structures of the sinonasal tract, requiring complicated surgery, a high recurrence rate and numerous complications. Even after comprehensive treatment, patients continue to suffer from anxiety and depression, and traditional nursing care lacks attention to this. Narrative nursing is a multidimensional concept that focuses on nurses listening to patients' stories and assisting them in reconstructing meaning. Externalization, deconstruction, rewriting, external witnessing, and therapeutic documenting are among the approaches used to assist patients in visualizing their issues, analyzing their core causes, exploring their potentials, improving their support, and alleviating their psychological anguish. This article is aimed to detail its application in the postoperative care of nasal cavity, paranasal sinuses and skull base tumors. It is founded that clinical studies have shown its effectiveness in care, and it can improve patients' quality of life and strengthen family support. However, narrative nursing is still in its early stages, with issues such as the lack of popularization of the concept and skills, nurses' time constraints, and patients' narratives being constrained. It is still expected to play an important role in clinical care and nursing development, and the application strategy should be continuously improved in the future.

Keywords: narrative nursing; nasal cavity; skull base; Sinonasal malignancy; postoperative period.

1. Introduction

Nasal skull base tumors face many challenges in clinical treatment and care concerns due to their unique anatomical location and complex pathological characteristics[1]. These tumors affects the skull base and are surrounded by numerous vital nerves, blood arteries, and tissues, making surgery difficult and after problems risky. At the same time, patients often suffer from both physical pain and psychological stress, such as anxiety, depression and other negative emotions, which seriously affect their treatment outcomes and overall quality of life[2]. Narrative nursing, a novel paradigm that combines humanistic and holistic nursing concepts[3], has arisen as a new avenue and hope for improving postoperative care for patients with nasal cavity, paranasal sinuses, and skull base cancers. The goal of this study is to thoroughly analyze the use of narrative nursing in this field, as well as to provide a comprehensive and in-depth reference basis for clinical practice by expanding on its idea, meaning, intervention methods, effects, and limitations.

This narrative review aims to comprehensively synthesize the available literature on narrative nursing in the postoperative care of patients with nasal cavity, paranasal sinus, and skull base tumors. We discuss the concept, intervention formats, and clinical outcomes. By providing a thorough overview, we hope to offer a practical

reference for clinicians and researchers seeking to integrate narrative nursing into routine postoperative care, ultimately improving the recovery and well being.

2. Materials and methods

A literature search was conducted to identify original articles, reviews, and clinical studies on narrative nursing in the postoperative care of patients with nasal cavity, paranasal sinuses, and skull base tumors. We searched PubMed and CNKI from January 2003 to December 2023, using combinations of the following keywords: “narrative nursing”, “narrative care”, “narrative medicine”, “postoperative care”, “nasal cavity tumor”, “paranasal sinus tumor”, and “skull base tumor”. Given the rapid evolution of nursing practices and the availability of electronic databases, we limited the search to the past 20 years. Only articles published in English or Chinese were included.

All retrieved records were screened by title and abstract. Studies that were clearly irrelevant were excluded. Full text articles were retrieved and assessed against the following inclusion criteria: (1) focused on narrative nursing or narrative based interventions; (2) involved postoperative patients with nasal cavity, paranasal sinus, or skull base tumors; (3) reported patient outcomes related to psychological well being, quality of life, or nurse patient relationship. The exclusion criteria is (1) editorials, commentaries, and case reports; (2) duplicate reports; (3) ongoing study or inability to obtain full text. The final citations were then analyzed thematically and synthesized in a narrative format, organized by key themes.

3. Results

The included studies originated from a range of clinical specialties. Despite this diversity, several content related themes were identified across the literature.

3.1. Overview of nasal cavity, paranasal sinuses and skull base tumors and current status of treatment

Nasal cavity, paranasal sinuses and skull base tumors involves the nasal cavity and sinuses of the skull base, either as the main body of the tumor or locally. Due to the complexity and depth of the anatomical structure of the skull base and the thinness of the bone of the anterior nasal cavity, it is easy to break through into the intracranial area if the tumor is involved, and the important tissues and structures, such as the internal and external carotid arteries, optic nerves, arterial nerves, cavernous sinus and other important tissues and structures, which are adjacent to the surrounding area, can be easily wrapped around or attacked by the tumor tissues. The clinical manifestations of nasal skull base tumors are diversified, and early diagnosis is difficult. At present, minimally invasive nasal endoscopic treatment combined with radiation therapy (hereinafter referred to as radiotherapy) and chemotherapy (hereinafter referred to as chemotherapy) is often adopted as a comprehensive means of treatment[4].

Endoscopic endonasal skull base surgery (EESBS) is the most commonly used type of surgery in clinical practice, and with the development of medical science and technology, the area of nasal endoscopic skull base surgery has been expanded from the anterior skull base to the area of the lateral fossa of the pterygoid sinus, pterygoid saddle, cavernous sinus, and so on[5]. Due to the invasiveness of the tumors, they can infiltrate the brain tissue and other important cranial nerves, which on one hand leads to the difficulty of tumor resection. Even if all tumors are removed, they are prone to recurrence after surgery and lead to the occurrence of a variety of complications, which makes the nursing care more difficult.

Studies have shown that patients with nasal cavity, paranasal sinuses, and skull base tumors experience significant anxiety and depression. Specifically, the anxiety self-assessment scale (SAS) score after surgery is still higher than that of the domestic conventional model, and the depression self-assessment scale (SDS) score of patients with malignant tumors is higher than that of patients with benign tumors at one year after surgery[6]. The quality of life of tumor patients is highly connected with psychological distress, which implies that the worse the state of each functional area, the higher the psychological distress level, resulting in negative feelings such as tension, impatience, concern, and depression[7]. While up to 70% of cancer patients treated with chemotherapy reported varying degrees of sleep disorders[8]. This had an effect on the therapeutic impact and prognosis of cancer patients, both physically and mentally. As nurses evaluate patients' conditions and deliver medication instructions on a daily basis, it is easy to ignore communication with patients, resulting in insufficient nursing intervention[9].

Narrative, or the description of a tale, is a fundamental method for people to organize their experiences into events with actual meaning[10]. Narrative nursing, as a kind of nursing care developed from narrative medicine with the characteristics of holistic nursing concept and humanistic care[11], is to listen to the patient's life story, enter into the patient's past life story, explore the patient's behaviors and emotions, and collaborate with the patient to construct a complete and meaningful new story based on the understanding of the patient's situation. The patient can turn the new story into a new power to support itself and promote physical and mental recovery. The application of narrative nursing in the clinical practice of postoperative patients is now reviewed, with a view to providing reference for the further development of narrative nursing in clinical practice.

3.2. The concept and significance of narrative nursing

3.2.1. The concept of narrative nursing

In the 1980s, the theory of narrative medicine began to emerge in the medical field. Its core idea is to introduce the narrative approach in literature into medicine, emphasizing that doctors should not only focus on the disease, but also understand the patient's experience and story of illness. This theory provided an important ideological foundation for the birth of narrative nursing. During the same period, postmodernist thinking emphasized the uniqueness and diversity of the individual, prompting the nursing community to reflect on the singularity of the traditional nursing model and call for more attention to the rich experiences and emotional needs of the patient as an individual, and the concept of narrative nursing was gradually birthed in this context.

Scholars in different countries have explored the concept of “narrative nursing” from different perspectives, and so far, there is no uniform definition. At the end of the twentieth century, narrative entered the field of nursing, and Boykin[12] et al defined narrative nursing as a means of organizing, excavating, and revealing the knowledge of nursing practice, and restoring the artistry of nursing. Sandelowski[13] sees narrative nursing as a method of realizing the uniqueness of nursing care by reconciling science and humanities in nursing care, as well as preserving the wholeness of the patient experiencing the harm of the disease. Aloï[14] defined narrative nursing as a nursing intervention method that utilizes narrative means to help patients abandon past life storylines and construct new, positive stories. Huang Hui[15] et al combined the views of scholars from various countries to define narrative nursing as the nurse's listening to and absorbing the patient's story, helping

the patient to realize the reconstruction of the meaning of the story of life and disease, so as to implement nursing interventions for the patient.

3.2.2. Implications for Narrative Nursing

In recent years, nursing scholars have mostly taken the meaning of narrative nursing as an entry point to develop narrative nursing clinical intervention research. Narrative nursing emerges as a humanistic attribute of nursing care that complements the connotation of humanistic nursing services. After listening to, absorbing, and reflecting on patients' life stories, nurses externalize the problems that plague them and assist them in re-examining their illnesses, reconstructing the meaning of their illness stories, and discovering the key points of nursing care, so as to implement clinical nursing interventions for patients. Narrative care has five core techniques: externalization, deconstruction, rewriting, external witnessing, and therapeutic documentation. Externalization enables patients to visualize their problems, such as naming their worries as 'weeds' or 'dark clouds', helping them to analyze their problems from a bystander's point of view and expanding the space for psychological self-view. The rewriting session stimulates inner potential by guiding the patient to recall past successes; external witnesses invite relatives to participate to enhance the patient's psychological support; and therapeutic documents such as awards and letters serve as incentives to assist the patient's recovery. Through the use of narrative nursing techniques, patients can be guided to fully express their inner stagnation, release their negative emotions, help them visualize their problems, distinguish themselves from their illnesses, and give full play to their personal positivity to build a new life story, thus alleviating the psychological pain caused by their old life stories. At the same time, narrative nursing is not limited to guiding patients to use their own stories to generate positive meaning, but can also introduce other people's stories for patients to think about and learn from, so as to better achieve the goal of nursing care.

3.3. Psychological dilemma analysis of patients with nasal skull base tumor

Nasal skull base tumors, due to their special location and complexity, bring not only physical torture to patients, but also challenges at the psychological level. At the early stage of diagnosis, patients are often shrouded in fear and anxiety. When they learn that the tumor is located in the critical area of the base of the nose and skull, close to the brain and other vital organs, the concern for life safety instantly takes over their hearts. The shadow of the malignant tumor, the high risk of surgery and the possibility of serious complications such as intracranial hemorrhage, intracranial infection and cerebrospinal fluid nasal leakage, and even death[16]. As the treatment process advances, side effects such as hair loss, nausea, and vomiting from radiotherapy can cause a double blow to their body and mind. Changes in body image, such as facial swelling and nasal tamponade affecting the appearance, will also lead to the breeding of low self-esteem, fear of socializing, and fear of being looked at differently. About 34.3% of patients with head and neck tumors were reported distress and 19.5% to have depression[17]. Long-term illness also tends to make patients fall into depression. The prolonged treatment cycle, exorbitant medical costs, and uncertainty about what lies ahead erode their sense of hope, leaving them feeling helpless and desperate[18]. Some patients may even experience a strong sense of self-blame because of the burden the disease places on their families. However, some patients will also show a fluke mentality, always hoping that it is a misdiagnosis or that the tumor will miraculously disappear on its own. To a certain extent, this mentality is the patient's self-protection instinct, but it may also delay the

best time for treatment. Understanding these psychological states of patients will help healthcare professionals and family members to give them more targeted care and support, and help the patients to get through this difficult time better.

3.4. Intervention methods of narrative nursing

3.4.1. Establishment of narrative nursing team

Build a narrative nursing team with nurses as the core, usually with about 10 members. The head nurse of the ward is responsible for coordinating the affairs of the team to ensure that all the work is carried out in an orderly manner. At the same time, hospital narrative nursing experts are invited to conduct systematic training for the team members, covering the theoretical basis of narrative nursing, conceptual connotation, operational methods and communication skills, so that the team members can have solid professional qualities and practical abilities, laying the foundation for the smooth implementation of narrative nursing.

3.4.2. Develop a narrative care plan

Based on the trajectory of psychological changes after diagnosis and the perioperative time point, a narrative care plan is carefully developed. During this period, interventions are carried out per week, and the length of each intervention is controlled at 30 - 40 minutes to ensure sufficient communication time. For discharged patients, out-of-hospital extended care was carried out by means of telephone callbacks and other methods, to continuously follow up the patients' psychological and physiological recovery status, and to provide support throughout the whole process.

3.4.3. Steps of Narrative Nursing Intervention

Stage 1: Establish contact with the patient and guide the patient to tell his or her story. This stage mainly focuses on relaxing the patient, establishing a trusting relationship with the patient, and getting hold of the patient's personal information and relevant treatments before the intervention in order to better understand the factors of the patient's psychological suffering.

Nursing skills in this stage: ① Establish a trusting relationship, make the patient feel safe, and respect the patient's wishes when communicating. ② Intervention, on the basis of the previous deeper understanding of the patient, to grasp the patient's basic information and disease information and other information, to provide support for the subsequent intervention. ③ in the process of communicating with the patient, do not directly ask the patient's distress, there should be a transitional stage to encourage the patient to express his true inner feelings, and gradually guide the patient to talk about his troubles, so as to fully understand the patient's distress. The way of communication is as follows: “Uncle, I think you are reluctant to talk in the past few days, did something unhappy happen? Do you want to talk to me? “ ④ When communicating, think in a new way, put yourself in the patient's situation, don't judge the right or wrong of the problems they are talking about, respond to the patient's complaints, and make the patient feel that his worries and pains can be understood, and that he is not isolated.

Stage 2: Deconstructing the problems and events led out. This stage focuses on the problem uttered by the patient and explores the implications of this problem.

Nursing skills in this stage: ① Combine the personal information learned in the first stage with the patient's specific problems, and gradually deconstruct the problems, naming the patient's problems as “weeds” or “dark clouds” and other epithets, so that

the epithets are separate from the problems and independent of each other. In this way, the patient is able to see the psychological problem and its consequences from a spectator's point of view, thus increasing the space for psychological self-view. The communication method is as follows: “Let's give you a nickname for your problem, okay? Let's call it “Dark Cloud”, what do you think?” ② Help patients explore the source of these problems, what causes these problems, and the impact of this matter on their own lives and the lives of others. Communicate as follows: “How do you think this ‘dark cloud’ has changed your life? Why?” ③ When communicating, use these supporting words to weaken the pain of the patient's complaint, to make the patient feel that his worries are not so terrible, and to pave the way for the next stage.

Stage 3: Explore the exceptions and glimmers in the event and help the patient to rewrite it. The main purpose of this stage is to help the patient to review the past, and to explore the positive events in the patient's life, and his inner potential.

Nursing skills in this stage: Guide patients to recall the “positive energy” events in their past life, how they overcame and solved these problems when they encountered them, amplify and strengthen the hidden positive meanings behind these “positive energy” events, and help patients understand their own inner potentials. This will amplify and reinforce the positive meanings behind these “positive energy” events, help patients understand their own inner potentials, and create a positive atmosphere for patients to have confidence in coping with their problems. Communicate in the following way: “What is the one thing you are most proud of?” In this stage, the patient is helped to recover the “positive energy” of the past, so that the patient has a positive mindset and confidence to face the next problem.

Stage 4: Reconstruction of mindset, positive coping, and witnessing together. The main purpose of the fourth stage is to let the patient persist with a positive mindset and face interpersonal and social relationships with ease.

Nursing skills in this stage: Help the patient to list the “positive energy” events found in the third stage, combine the patient's positive mindset at that time with the current problems, and involve the patient's relatives for joint support. Communicate in the following way: “Your family wants you to be strong, what do you think?” Through this process, the patient is empowered to build a mentality of hope. Encourage relatives to express each other's feelings, and jointly create a friendly family environment conducive to the patient's recovery, so as to lay a good foundation for the patient's early integration into society.

Other auxiliary techniques: ① Therapeutic documents: Therapeutic documents are an auxiliary technique without a uniform format, which can be letters, certificates, certificates of appreciation, audio-visual materials or various creative works, and are used flexibly according to the patient's specific situation. If the patient cooperates with the treatment, a certificate of “Best Cooperation Award” will be issued. ② Parallel medical records: known as shadow medical records or humanistic medical records, is a kind of summary of the patient's condition narrative, in addition to the patient's condition, but also covers its psychological, cultural and social attributes. Writing a parallel medical record requires reflecting the six elements of case profile, characterization, problems, narrative process, narrative outcome, and personal experience as much as possible [19].

3.4.4. Narrative care outcome indicators

In the field of psychological care for patients with nasal cavity, paranasal sinuses and skull base tumors, narrative care has demonstrated remarkable effectiveness, as

evidenced by the positive improvement of a series of outcome indicators. In terms of psychological status, narrative care has alleviated negative emotions, psychological pain and fear of recurrence in patients to varying degrees. Through professional guidance, patients were able to fully vent their inner negative emotions, thus effectively reducing the stress reactions brought about by surgery, radiotherapy and other medical processes. This not only enhanced the patients' ability to adapt to the disease, but also had a positive impact on their quality of life. From the perspective of quality of survival, narrative care plays a key role. By soothing the psychological pressure of patients, it enables them to maintain a relatively stable state of mind in the face of the disease, and then have a better state of mind in daily life, which ultimately achieves the improvement of the quality of survival. In terms of coping styles, narrative nursing prompted a positive change in patients. Patients gradually changed from the initial passivity in the face of the disease to active coping. This transformation enhanced the patients' sense of self-management, and also greatly enhanced their confidence in recovery, laying a good psychological foundation for subsequent treatment and rehabilitation. A number of research results[20,21] also further confirmed the positive significance of narrative nursing in the care of patients with nasal cavity, paranasal sinuses and skull base tumors, and its effect in improving patients' psychology, enhancing the quality of survival and optimizing coping styles deserves further promotion and application in clinical care.

4. Discussion

The present review indicates that narrative nursing is effective in the postoperative care of patients with nasal cavity, paranasal sinuses and skull base tumors. First, it improves quality of life. These patients often suffer from surgical trauma and other uncomfortable symptoms, and narrative nursing allows for individualized care plans that fully address patients' needs and values. Second, it promotes family support and psychological preparation. Malignant tumors not only impact patients themselves but also impose great psychological pressure on their families. By encouraging family members to recount personal stories and share emotions, narrative nursing enhances mutual support and connection[22].

Several mechanisms probably explain its benefits, and they are closely tied together. For one, guided narration gives patients a chance to let things out. When someone can actually say aloud what they have been holding in—fear, anger, helplessness—it takes the pressure off, and that tends to ease both anxiety and depressive symptoms. Another piece is the act of rebuilding a personal illness story. Tumors throw everything into chaos, and helping patients make sense of what happened to them can restore a feeling of coherence and control. Then there is the listening itself. When nurses genuinely listen without judgment, patients start to trust them more, and that trust can carry over into better adherence and greater self-efficacy. There is also some tentative evidence that reducing psychological distress this way might influence cortisol levels and immune function, which needs much more rigorous evidence.

Narrative nursing, compared to other intervention approaches, sits in a different spot. Structured cognitive behavioural therapy (CBT), for instance, works through standardized protocols aimed at correcting maladaptive thinking[23]. Narrative nursing does not try to fix thoughts—it validates the patient's own story and lets them expand on it. Psychosocial interventions, meanwhile, is largely about handing out information and self-care instructions[24]. Narrative nursing cares less about

knowledge transfer and more about emotional expression, making it especially useful for postoperative patients who may not yet be ready to confront their emotions directly or who do not have clear cognitive distortions to work on. Narrative nursing is a low-barrier, empathy-first entry point without requiring specialized psychological training.

However, the clinical application of narrative nursing faces several limitations. The concepts and techniques have not been widely disseminated in clinical settings. Nurses are overloaded, and finding time to sit and listen is genuinely hard. Patients also worry about privacy and may hold back what they really feel. The bigger issue is that direct evidence for this specific tumor subgroup is thin. Most of the studies looked at broader oncology groups—chemotherapy patients, rectal cancer patients, nursing home residents. But patients with nasal cavity, paranasal sinus, and skull base tumors face unique stressors such as possible facial disfigurement, breathing and swallowing problems, speech changes. Their psychological burden is not the same as that of a general cancer population, studies focused specifically on this group are urgently needed.

Looking ahead, researchers could explore more narrative formats, including online storytelling, shared narrative databases, peer learning among nursing staff. Nursing administrators can create supportive learning environments for narrative nursing and promote narrative nursing into clinical settings, so that patients get access to more genuinely effective narrative care.

5. Conclusion

Narrative nursing shows significant advantages in postoperative care for nasal cavity, paranasal sinus, and skull base tumor patients by improving psychological state, quality of life, and family support. Despite challenges including limited dissemination, time constraints, and privacy concerns, ongoing research is expected to establish it as an indispensable component of clinical care, driving nursing toward greater humanism and professionalism. Future practice should prioritize its development and optimization to better serve patients and promote comprehensive physical and mental recovery.

Author contributions: Conceptualization, ZWY and FYP; methodology, ZWY and CXY; formal analysis, ZWY; data curation, FYP and CXY; writing—original draft preparation, ZWY.; writing—review and editing, FYP and CXY; supervision, FYP. All authors have read and agreed to the published version of the manuscript.

Funding: None.

Ethical approval: Not applicable.

Informed consent statement: Not applicable.

Data availability statement: The data supporting the findings of this review are derived from previously published studies and publicly available databases. All sources are cited in the reference list.

Conflict of interest: The authors declare no conflict of interest.

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