NARRATIVE MEDICINE AND NURSING EDUCATION: AN EXPERIENTIAL WORKSHOP TO DEVELOP EMPATHY, COMMUNICATION, AND REFLECTIVENESS

MEDICINA NARRATIVA E FORMAZIONE INFERMIERISTICA: UN WORKSHOP ESPERIENZIALE PER SVILUPPARE EMPATIA, COMUNICAZIONE E RIFLESSIVITÀ

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ABSTRACT
This mixed-method study explored the impact of a Narrative Medicine workshop on first-year nursing students. With 150 participants divided into experimental and control groups, results showed marked gains in empathy (+18%) and communication (+22%) only in the experimental group. Qualitative data revealed enhanced self-awareness, empathic listening, and ethical reflection. Findings support integrating Narrative Medicine into nursing curricula to foster person-centred, resilient care.

Uno studio con 150 studenti di infermieristica ha valutato un workshop di medicina narrativa. Il gruppo sperimentale ha mostrato significativi miglioramenti in empatia (+18%) e comunicazione (+22%), mentre il controllo pochi cambiamenti. L'analisi qualitativa ha evidenziato maggiore consapevolezza, ascolto empatico e riflessione etica. I risultati confermano l'efficacia della medicina narrativa da integrare nei curricula infermieristici.

KEYWORDS
Narrative medicine, nursing, empathy, communication, reflectiveness
Medicina narrativa, assistenza infermieristica, empatia, comunicazione, riflessività

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Introduction

In recent decades, training in healthcare professions has undergone a profound transformation, driven by the growing complexity of healthcare systems and the need to address not only clinical needs, but also relational, emotional, and ethical ones. Leading international organisations such as the World Health Organization and the OECD emphasise the importance of person-centred care, where technical and scientific skills are complemented by communication, empathy, and reflection (OECD, 2023). This approach necessitates educational models that can transcend the traditional transmissive approach and promote transformative, participatory and experiential learning (Mezirow, 2000). From this perspective, narrative medicine (NM) emerges as an innovative educational methodology capable of combining evidence-based and experience-based care. It is particularly effective at bridging the gap between disease and illness — that is, between the objective nature of a disease and the subjective experience of living with it — thereby promoting a more integrated and humanistic understanding (Charon, 2001; Charon, 2006). NM, when considered in terms of narrative competence — 'acknowledge, absorb, interpret, act' — uses pedagogical tools such as close reading, reflective writing, circle time and small group sharing to encourage empathy, active listening and critical reflection (Artioli, Cheli & Marzorati, 2021). Several studies have demonstrated that structured NM courses not only develop empathy, but also resilience and professionalism, thereby strengthening the therapeutic alliance and relational skills of future healthcare professionals (Zhao, Chen & Wu, 2023). Furthermore, systematic reviews have documented the ways in which humanistic and narrative training can counteract the decline in empathy observed in various academic contexts. This training supports the development of more mature communication and relational skills (Neumann et al., 2011; Cant & Cooper, 2017; Shin, Park & Kim, 2015).

NM's contribution is not limited to the educational sphere, but extends to the entire healthcare system. Several studies have demonstrated that structured narrative practices enhance the quality of clinical communication, minimise the likelihood of misunderstandings and encourage greater therapeutic compliance among patients (Greenhalgh & Hurwitz, 1999). Moreover, sharing experiences and stories fosters the psychological well-being of professionals, helping to prevent stress and burnout, which are growing challenges in helping professions (West, Dyrbye & Shanafelt, 2018). From a pedagogical point of view, NM belongs to the medical

humanities, an interdisciplinary field integrating clinical sciences, psychology, pedagogy and the humanities to educate professionals who can handle the complexity of care. Through storytelling and listening, narrative practices support transformative learning (Mezirow, 2000) by stimulating critical awareness and the development of a person-centred professional identity. Literature also indicates that these practices promote personal growth and have a positive impact on well-being and burnout prevention. They provide students with the tools needed to manage the stress and emotional challenges of clinical practice (Cairns et al., 2024; Dreifuerst, 2012). In this sense, MN offers a concrete response to the risk of excessive technicalisation in healthcare training, restoring the centrality of the human dimension of care. It allows students to confront illness not only as a biological phenomenon, but also as an existential, social, and cultural experience (Charon, 2006). Listening to stories of illness opens up spaces for reflection that allow us to recognise the uniqueness of each person being cared for, countering standardised approaches that are insensitive to individual experiences (Hojat et al., 2009; Ward et al., 2012).

Furthermore, integrating MN into university curricula strengthens reflective writing and critical thinking skills, both of which are in high demand in an innovative, quality-focused healthcare system. The opportunity to narrate and rework clinical experiences fosters a greater self-awareness and professional identity among students, promoting an approach to care that combines technical competence and ethical sensitivity.

Another important element concerns the impact of MN on interprofessional training. Narrative practices can be shared by students and professionals from different healthcare disciplines, stimulating dialogue and collaboration (Charon, 2001). Thus, storytelling becomes a tool for overcoming hierarchical barriers and promoting cohesive, patient-centred teamwork.

However, the adoption of MN is not without its challenges. The most frequently reported limitations include the difficulty of objectively assessing skills such as empathy and reflexivity, the need to adequately train teachers to facilitate narrative activities, and the risk of such courses remaining marginal unless fully integrated into the training curriculum (Fanning & Gaba, 2007; Jeffries, Rodgers & Adamson, 2015).

Despite these challenges, the future looks promising. For example, the use of digital technologies enriches narrative experiences through e-portfolio platforms, multimedia diaries, and digital storytelling tools. These innovations expand the

possibilities for student engagement, allowing narrative practices to be integrated into blended or distance learning and making them more accessible and flexible. Finally, MN is part of the broader debate on the sustainability of healthcare systems. Training that values listening skills, empathetic communication, and building meaningful relationships can improve therapeutic adherence, reduce conflicts and misunderstandings, and ultimately promote greater organisational efficiency.

1. Aim of the research

This study aims to evaluate the effectiveness of an experiential Narrative Medicine workshop as part of the training programme for first-year Nursing students at Vanvitelli University in Naples. The study will explore the potential of this methodology to develop the relational and ethical skills of future health professionals.

Specifically, the research seeks to address three key questions. The first concerns the development of empathy, which is defined as the ability to understand and share patients' emotions and perspectives. Empathy is essential for building therapeutic relationships based on trust and mutual respect, and has been identified as a predictor of better treatment outcomes and greater patient satisfaction (Zhao et al., 2023). Several studies have confirmed that narrative medicine can strengthen this dimension in healthcare students. For example, a randomised trial conducted with nursing students in China revealed that a storytelling and reflective writing course significantly improved empathy and professionalism (Xue et al., 2023). These results suggest that training experiences based on storytelling and active listening could be a powerful catalyst for students' personal and professional development.

The second question focuses on developing communication and active listening skills, both of which are essential for providing truly person-centred care. Effective communication involves more than just transmitting information; it also requires the ability to understand a patient's implicit needs, emotions, and concerns. Narrative practices involving close reading, writing and sharing experiences have been shown to enhance communication awareness and improve clinical interactions (Childress et al., 2022). Moreover, teaching activities based on textual and cinematic narratives have encouraged medical and nursing students to adopt a more reflective and personalised approach, moving beyond standardised communication models (Leijenaar et al., 2023).

The third question concerns critical reflectivity and ethical awareness — skills that enable students to question their own professional practice, recognise ethical care dilemmas and develop more informed response strategies. Reflective writing has particularly been recognised as a pedagogical tool capable of promoting self-reflection, transformative learning and professional identity development (Artioli et al., 2021). Research on the relationship between empathy and burnout also suggests that students and professionals who develop reflective skills tend to show greater resilience and better stress management (Cairns et al., 2024). Thus, narrative tools support individual development and contribute to training healthcare professionals who are more attentive to the ethical and relational dimensions of care. In light of this evidence, the study is a qualitative-quantitative investigation which aims to analyse numerical and narrative data together to assess the impact of the Narrative Medicine workshop on empathy, communication, and reflexivity. Ultimately, the goal is to verify how this approach can combine technical and scientific skills with humanistic ones, equipping students with the tools they need to provide more comprehensive, personalised, person-centred care (Palla et al., 2024; Efthymiou et al., 2025).

1.1 Sample Selection

The study was conducted with a sample of 150 first-year Nursing Degree students at the University of Campania 'Luigi Vanvitelli' in Naples. The participants were divided into two groups: an experimental group (n = 75) who took part in the experiential Narrative Medicine workshop and a control group (n = 75) who followed the traditional curriculum. This randomisation was performed to minimise selection bias and ensure comparability between the two groups, in accordance with the methodological principles of educational and clinical research (Creswell & Creswell, 2021).

The inclusion criteria for the study were defined to ensure sample homogeneity and the validity of the results. Firstly, voluntary and informed consent was required — an essential element of educational and ethical research in the health sciences — in line with international recommendations for protecting participants (World Medical Association, 2020). Voluntary participation ensures intrinsic motivation and reduces the risk of dropout, as confirmed by methodological studies on health education (Creswell & Creswell, 2021). A second criterion was regular attendance in the first year of the Nursing Degree Course to investigate a relatively homogeneous group in terms of academic and clinical experience. Literature

highlights that empathic and communication skills change during university; more advanced students may exhibit different levels of empathy and reflectivity compared to first-year students (Zhang et al., 2023). Therefore, limiting the sample to first-year students made it possible to minimise variability due to curricular progression.
The third criterion was willingness to participate in all scheduled workshop lessons, which was considered essential to ensure full exposure to the educational intervention. Continuous participation was considered essential because the literature emphasises the importance of the 'educational dose' in Narrative Medicine activities; only intensive, structured programmes can generate significant effects on empathy, communication, and reflexivity (Childress et al., 2022; Leijenaar et al., 2023).

Finally, acceptance of the data collection methods was required, including the completion of standardised questionnaires and, for the experimental group, writing reflective diaries. The integrated use of quantitative and qualitative tools is recommended in health education studies to capture measurable changes as well as experiential and subjective transformations (Palla et al., 2024). Students who did not give their consent, were not in their first year of the course, or could not guarantee full participation in laboratory activities were excluded from the study. This selection, combined with the random division into two groups, enabled a homogeneous and methodologically robust sample to be obtained, thereby reducing possible biases related to variables such as frequency, personal motivation and level of previous experience.

1.2 Tools

The study was designed as a mixed-methods research project, combining quantitative and qualitative approaches to provide a thorough evaluation of the impact of the experiential Narrative Medicine workshop. Using standardised tools alongside exploratory methodologies enabled us to measure changes in empathic and communication skills and capture the subjective, experiential and reflective transformations of the students. This integrated approach is now widely recommended in health education studies as it enables numerical data to be correlated with individual and collective narratives, offering a richer, more reliable representation of training processes (Palla et al., 2024; Efthymiou et al., 2025). Two internationally validated questionnaires were used to assess empathy and communication skills:

1. The Jefferson Scale of Empathy (JSE): This tool is widely used in health professions to measure the empathic orientation of students and professionals. The JSE uses a Likert scale to assess the ability to adopt the patient's perspective, recognise their emotions, and integrate empathy into the clinical process. Recent studies have demonstrated the scale's psychometric reliability and sensitivity in detecting changes following educational interventions. For instance, a Narrative Medicine programme was found to significantly increase empathy scores in nursing students (Xue et al., 2023) and postgraduate medical trainees (Zhao et al., 2023).
2. Questionnaire on communication skills (adapted from the Calgary-Cambridge Guide): This tool is based on an international reference model for evaluating communication abilities in clinical settings. It explores aspects such as initiating and managing conversations, active listening, understanding patients' emotions, and clarity of expression. Adapting the questionnaire for use in a nursing context enabled students' perceptions of their own communication skills to be gauged. Recent studies confirm that incorporating structured communication assessment tools into narrative and reflective programmes can highlight significant educational progress (Childress et al., 2022; Zhang et al., 2023).

Alongside quantitative tools, qualitative methods were employed to examine the subjective experiences and reflective processes evoked by the Narrative Medicine workshop.

1. Reflective journals.

After each meeting, students in the experimental group wrote in their personal journals about their emotions, experiences, and reflections during workshop activities. Reflective writing is recognised as a pedagogical tool that can stimulate self-awareness and transformative learning. A recent meta-synthesis confirmed its effectiveness in promoting professional and identity development in health professions (Artioli et al., 2021).

2. Focus groups.

At the end of the programme, focus groups were conducted with small groups of students from the experimental sample, led by expert facilitators. This method enabled an in-depth exploration of perceptions and changes attributed to the narrative experience, encouraging dynamic peer discussion and validation of individual interpretations. Recent studies have highlighted the effectiveness of focus groups in educational settings for investigating complex processes such as empathy and reflexivity (Leijenaar et al., 2023; Cairns et al., 2024). Qualitative data collected from reflective journals and focus groups was analysed using thematic

analysis. This systematic approach aimed to identify, organise and interpret themes emerging from students' narratives. This method was particularly effective in capturing changes in personal and professional perspectives, and in highlighting ethical and reflective dimensions related to training (Braun & Clarke, 2021). In summary, integrating standardised questionnaires and narrative tools with thematic analysis of qualitative data allowed for triangulated analysis of the workshop's effectiveness, combining objective data collection with an understanding of students' subjective experiences. This complementary methodological approach strengthens the reliability of the results and enables a more authentic and comprehensive evaluation of Narrative Medicine's educational scope (Palla et al., 2024; Efthymiou et al., 2025).

1.3 Methods

The intervention took place throughout the first academic semester, lasting approximately three months in total. Three-hour-long meetings were scheduled weekly, totalling 36 training sessions. In line with the research objectives, the two groups in the study – the experimental group and the control group – followed separate paths.
The experimental group attended an experiential Narrative Medicine workshop designed to stimulate empathic, communicative, and reflective skills through active, participatory methodologies. The intervention comprised several integrated phases to guide the students through a transformative learning process. The first phase involved reading and analysing narrative texts, including literary passages, accounts of illness, and autobiographical testimonies from patients and healthcare professionals. These readings were undertaken in small groups and discussed under the guidance of the teacher-facilitator. They provided an opportunity to practise “narrative competence” (acknowledge, absorb, interpret, act) and develop cognitive and emotional decentralisation skills. Recent literature confirms that critically reading narrative texts increases awareness of patients' experiences and supports genuinely person-centred learning (Leijenaar et al., 2023; Palla et al., 2024).

Subsequently, students were invited to try their hand at reflective and autobiographical writing by drafting personal texts that elaborated on emotions, subjective experiences, and reflections related to their future professional practice. Reflective writing was employed as a pedagogical tool to encourage self-awareness, facilitate identity transformation, and foster critical thinking. A recent qualitative

meta-synthesis has shown that this approach fosters professional development and equips students to navigate the relational and ethical complexities of care (Artioli et al., 2021).

A key part of the workshop involved plenary sharing and circle time, during which students presented excerpts from their writing to their peers in an atmosphere of mutual respect and active listening. This setting reinforced active listening and dialogic empathy skills while enabling students to practise managing their emotions in a group context. Similar educational experiences have demonstrated that sharing narratives in small groups enhances the perception of social support and improves communication skills among healthcare students (Childress et al., 2022). At the same time, the course incorporated multimedia activities to stimulate narrative, such as watching film clips, documentaries and audiovisual narratives. These materials prompted reflection on themes such as illness, vulnerability, the care relationship, and the importance of the individual. Multimedia storytelling broadened the channels of learning, engaging even students who were less inclined to write and stimulating critical reflection and empathy through different languages (Efthymiou et al., 2025).

Each session ended with guided reflective debriefing led by the teacher-facilitator. This concluding activity was designed to link the experiences narrated to the course's educational objectives. Through stimulating questions and open discussions, students were able to reflect on their experiences, strengthening their connection to professional values and the ethical implications of nursing care. Recent evidence confirms that reflective debriefing is an effective strategy for improving the ability to integrate theory and practice, as well as for developing person-centred critical thinking (Xue et al., 2023; Zhao et al., 2023). Overall, these activities promoted active, participatory learning, offering students a training context that valued emotional, ethical and communicative dimensions in line with the principles of person-centred training.

In contrast, the control group followed a traditional, classroom-based teaching approach characterised by theoretical, transmissive lessons focusing mainly on clinical care and methodology. This approach was developed through traditional teaching methods that favoured the systematic transmission of knowledge without including experiential or narrative components, and was adopted with the aim of ensuring that students acquired fundamental knowledge.

A significant proportion of the activities consisted of lectures supported by PowerPoint presentations. During these, the teacher presented the curriculum

content on nursing care, anatomy, physiology, and basic methodologies in a structured and linear manner. While this type of teaching allows for orderly and standardised learning, it reduces opportunities for active interaction and the practical application of knowledge. Recent literature confirms that, while this method is useful for establishing a solid theoretical foundation, it does not directly encourage the development of social and interpersonal skills, such as empathy and reflective thinking (Czerwiec et al., 2020; Zhang et al., 2023).

In addition to lectures, students were asked to read and comment on supplementary material in the form of textbooks and scientific articles selected by the lecturer. These texts were discussed in class to clarify complex concepts or care procedures. While this approach consolidated evidence-based knowledge, it involved limited personal and emotional engagement compared to narrative practices. Several studies emphasise that, while exposure to technical and scientific texts ensures rigorous training, it is not sufficient to stimulate reflective skills or promote transformative learning alone (Palla et al., 2024).

Another teaching tool adopted was formative assessment in the form of quizzes and short-answer questions. These activities, carried out periodically, were designed to monitor learning outcomes and encourage individual study and memorisation of key concepts. While this methodology is effective in strengthening cognitive skills, recent studies (Childress et al., 2022; Cairns et al., 2024) have confirmed that it does not contribute significantly to the development of interpersonal and communication skills.

Overall, the control group followed a traditional nursing education model focused on transmitting theoretical and methodological content. While this approach provides solid scientific and disciplinary preparation, recent literature confirms that it is less effective in fostering empathy, active listening, and critical reflection. These qualities appear to be cultivated more effectively through training courses based on narrative medicine and experiential methodologies (Xue et al., 2023; Zhao et al., 2023).

2. Results

2.1 Quantitative analysis

Quantitative data analysis was conducted using the Jefferson Scale of Empathy (JSE) and the Communication Skills Questionnaire (adapted from the Calgary-Cambridge

Guide). Both instruments were administered to the two study groups in the pre-test and post-test phases. This approach enabled the changes that occurred during the training semester to be accurately measured, allowing a direct comparison to be made between students who participated in the experiential Narrative Medicine workshop and those who followed a traditional course (Creswell & Creswell, 2021). Regarding empathy, the results revealed a significant difference between the two groups. Students in the experimental group recorded an average JSE score increase of 18%, demonstrating significant improvement in their ability to adopt the patient's perspective, recognise their emotions, and incorporate this perspective into the care relationship. In contrast, the control group showed much more modest progress of 4%, which appears to be mainly due to the natural progression of the academic programme rather than a real change in socio-emotional skills. These findings align with international evidence indicating that narrative programmes can substantially enhance the empathic abilities of healthcare students (Xue et al., 2023; Zhao et al., 2023).

Significant differences also emerged in terms of communication skills, as assessed using the adapted Calgary-Cambridge Guide. On average, the experimental group improved by 22%, with particularly evident progress in areas related to active listening, managing clinical interviews, and understanding patients' implicit needs. These aspects are central to person-centred communication, going beyond the mere mastery of technical concepts. In contrast, the control group showed a much smaller increase of 7%, mainly in terms of clarity of expression and information transmission. These dimensions reflect a more didactic and less relationship-centred approach to communication. These results corroborate previous findings from studies comparing traditional methodologies and narrative approaches, demonstrating that only the latter foster genuine evolution in communication and relational skills (Childress et al., 2022; Zhang et al., 2023).

Overall, the percentage differences between the two groups show that the Narrative Medicine workshop had a substantial and statistically significant impact on students' empathy and communication skills. The data confirm that, while traditional teaching ensures the acquisition of a solid theoretical foundation, it does not seem sufficient to produce significant transformations in complex areas such as empathy and clinical communication. Conversely, integrating narrative and experiential practices has been shown to be particularly effective in promoting personal and professional growth in students, and in fostering a more comprehensive and authentic person-centred approach to nursing education (Palla et al., 2024; Efthymiou et al., 2025).

2.2 Qualitative analysis

A thematic analysis of qualitative data collected through reflective diaries and focus groups highlighted substantial and well-defined differences in the perceptions and experiences reported by students in the experimental group compared to the control group.

Students who participated in the Narrative Medicine workshop described it as a unique opportunity to develop a greater awareness of themselves and their professional role. They perceived reading and analysing narrative texts, combined with reflective writing, as tools capable of stimulating identification with patients' experiences and offering an opportunity to process emotions often neglected in traditional academic contexts. Focus group discussions revealed that sharing their reflections in an atmosphere of respectful listening was a highly formative experience that consolidated empathic skills and promoted more conscious management of emotional reactions. Some students reported that the workshop enabled them to 'see the patient not only as a bearer of a pathology, but as a person with a complex and unique history'. Overall, most participants reported a sense of personal and professional growth that went far beyond theoretical learning, bringing them closer to a more humanistic, person-centred approach to future nursing practice (Artioli et al., 2021; Leijenaar et al., 2023).

Students in the control group had a different opinion, focusing mainly on acquiring disciplinary and technical knowledge. They found the training to be linear and theoretical, and while they thought it was useful for consolidating theoretical foundations, they felt it was not very stimulating on an emotional or ethical level. Students highlighted the lack of opportunities for personal discussion and activities that encouraged critical reflection on several occasions. While they appreciated the clarity of the lectures and the soundness of the scientific material presented, some stated that they felt there was a lack of space to discuss the human implications of care or to process their own experiences. This unspoken need for greater interaction and participation is consistent with reports in the literature that exclusively transmissive teaching is less effective in stimulating socio-relational and ethical skills (Zhang et al., 2023; Cairns et al., 2024).

The comparison therefore reveals a clear dichotomy between the two training courses. While the control group experienced learning as predominantly cognitive

and oriented towards acquiring knowledge, the experimental group experienced transformative learning, where cognitive, emotional, relational, and ethical dimensions were intertwined. Qualitative data confirm that Narrative Medicine encouraged participants to broaden their knowledge and mature personally and professionally, enabling them to approach the care relationship more authentically and consciously.

These results are in line with the latest scientific evidence, which emphasises how narrative practices, when integrated into healthcare curricula, promote deep and transformative learning, capable of combining technical and scientific skills with the development of empathy, reflectiveness and communication skills (Palla et al., 2024; Efthymiou et al., 2025). The convergence between quantitative and qualitative data therefore reinforces the conclusion that narrative-based training courses can be a strategic element in contemporary nursing education.

3. Discussion

The results of the study confirm and build upon existing international literature documenting the effectiveness of narrative medicine as an educational tool in health professions. The significant increase in empathy scores and communication skills observed in the experimental group aligns with Xue et al.'s (2023) data, which demonstrated that structured narrative interventions can produce measurable changes in nursing students' socio-relational dimensions. Similarly, the evidence collected is consistent with Zhao et al.'s (2023) research, which found that Narrative Medicine programmes contribute to the development of empathic skills and the strengthening of professionalism and therapeutic alliance. From a pedagogical point of view, these findings emphasise the importance of combining traditional teaching methods with active, transformative approaches that engage students in participatory, experiential learning. While transmissive models are fundamental for consolidating theoretical foundations, they risk failing to adequately stimulate the development of socio-emotional and ethical skills (Shin, Park & Kim, 2015). On the other hand, the experience reported by students in the experimental group shows how reading, reflective writing, and circle time facilitated processes of critical awareness and identity construction, in line with Mezirow's (2000) perspective on transformative learning.

Another emerging element concerns critical reflection, enabling students to question the ethical dilemmas of care and develop more conscious strategies for

navigating the relational complexities of the clinical context. This outcome is particularly pertinent in light of the burnout and empathic decline risks reported in the literature during university studies (Neumann et al., 2011; Ward et al., 2012). Participation in the workshop equipped students with resilience and self-reflection tools that will be valuable resources in their future professional practice. Furthermore, the narrative process reduced the sense of isolation experienced by students during periods of greatest educational difficulty, fostering an environment of sharing and mutual support. This finding is consistent with the work of West, Dyrbye and Shanafelt (2018), who have studied the well-being of healthcare professionals. From a clinical and care perspective, the data suggest that integrating Narrative Medicine courses into nursing curricula enriches academic training and helps prepare professionals who are more competent in communication, empathic listening, and managing patient relationships. As documented by Hojat et al. (2009), these skills translate into more favourable clinical outcomes and greater patient satisfaction, thus enhancing the overall quality of care. In particular, listening to and reworking stories of illness helps to build a stronger therapeutic alliance, which has positive effects on treatment adherence and reduces misunderstandings between practitioners and patients (Greenhalgh & Hurwitz, 1999).

Furthermore, engaging in shared reflection within small groups strengthened collaborative dynamics and stimulated an interprofessional approach to clinical work among students. This is an increasingly important dimension in complex healthcare contexts, where the quality of care depends on teams' ability to communicate and cooperate effectively (Cant & Cooper, 2017). Therefore, the MN experience is not only limited to promoting individual skills, but can also positively impact the development of a professional habitus based on collaboration and mutual respect.

However, the study also has some limitations. While the six-month intervention produced significant effects, it did not allow for an assessment of the persistence of these changes in the long term. Furthermore, while the sample size was adequate, it was limited to a single university, which limits the generalisability of the results. Therefore, it will be necessary to conduct multicentre, longitudinal studies to confirm these findings and investigate the effects of Narrative Medicine on multiple cohorts and in different educational settings. Another limitation is the difficulty of isolating the specific effect of NM from other pedagogical variables, which suggests the need for controlled experiments with more complex designs. Looking ahead, integrating narrative practices with digital and multimedia tools appears promising. Using online platforms, e-portfolios and digital storytelling

could make the narrative experience more accessible, personalised and sustainable without reducing its humanistic dimension. Moreover, innovative technologies could facilitate long-term monitoring of student progress, enabling evaluation of the persistence of effects and adaptation of training courses to individual needs.

Finally, the results of this study provide valuable insights into the debate surrounding the sustainability and humanisation of contemporary healthcare systems. Raising professionals who can combine technical and scientific expertise with narrative sensitivity is not just a desirable goal, but a necessity if we are to ensure quality care in a context characterised by increasing clinical, organisational and relational complexity.

Conclusions

This study has highlighted the effectiveness of an experiential Narrative Medicine workshop as a pedagogical tool for training nursing students, with a significant impact on the development of empathy, communication skills, and critical reflection. Unlike the traditional model, which focuses mainly on transmitting theoretical and methodological content, the narrative approach is a transformative educational method capable of integrating cognitive, emotional, and ethical dimensions. Through activities such as reading, reflective writing, sharing experiences and guided debriefing sessions, students were able to develop a deeper understanding of patients' experiences, gain greater self-awareness and awareness of their professional role, and develop a more mature and critical ethical perspective. These results are consistent with recent studies documenting the positive impact of narrative medicine on the professional and personal growth of healthcare students (Artioli et al., 2021; Leijenaar et al., 2023), highlighting its ability to foster transformative learning processes.

These results confirm the pedagogical validity of Narrative Medicine and suggest the need for its structural inclusion in nursing training curricula and, more generally, in the educational pathways of healthcare professions. Contemporary healthcare training must promote the development of interpersonal skills and emotional resilience, as well as technical and scientific skills, to equip healthcare professionals to deal with the growing complexity of clinical and social contexts. The most recent literature reiterates that empathy and communication skills, reinforced by narrative approaches, improve the therapeutic relationship and are associated with greater patient satisfaction and better clinical outcomes (Zhao et al., 2023; Xue et al., 2023). Investing in narrative methodologies therefore contributes to training

future professionals to be more empathetic, aware, and reflective. They will be able to establish genuinely person-centred care relationships and respond sensitively to patients' needs (Palla et al., 2024).

At the same time, the emerging data highlights the importance of expanding research in this area further, by promoting multicentre and longitudinal studies that can explore the impact of Narrative Medicine on the professional well-being of practitioners and the quality of care provided, as well as in terms of training. Integrating digital and multimedia tools is an interesting prospect, as it can make narrative experiences more accessible and customisable. Research exploring the use of digital platforms and audiovisual resources in educational contexts (Efthymiou et al., 2025) has demonstrated this. This opens up new possibilities for developing innovative approaches that combine a humanistic tradition with technological innovation.

Ultimately, Narrative Medicine is confirmed as both an enrichment of the training programme and a strategic resource for building a culture of care that combines technical knowledge and the human dimension. Systematically adopting it in nursing education is a fundamental step towards preparing professionals who can deal with the complexities of modern clinical practice competently, empathetically and resiliently. As Cairns et al. (2024) point out, developing narrative and reflective skills contributes to student growth and the prevention of burnout, enhancing the well-being of healthcare workers — a crucial aspect of contemporary healthcare.

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