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# Guardianship at the Bedside: Narrative Nursing and Humanistic Care in the ICU - A Reflection Inspired by Being Mortal

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**Abstract**

Based on the theoretical perspective of Being Mortal, this article explores the clinical practice and value of narrative nursing and humanistic care in the ICU, analyzing the inherent tension between technical rationality and humanistic care therein. Through real clinical cases, this paper elucidates the practical value of narrative nursing in addressing ethical dilemmas in medical practice. Specific implementation pathways are proposed across three dimensions: empathetic communication, family coordination, and narrative transmission within healthcare teams. In response to ICU nurses' occupational burnout, strategies are suggested to enhance psychological resilience through narrative reflection and the construction of "third spaces." The article emphasizes that ICU nurses should become "life narrators," achieving a dialectical synthesis between technological intervention and humanistic care.

**Keywords:** Narrative Nursing; Humanistic Care; ICU; Professional Burnout

## Introduction

ICU is not only the key place for medical treatment of critically ill patients, but also the core field where technological rationality and humanistic care interweave. In this special environment, nursers should provide both high-level technical care and undertake emotional support and humanistic care for patients and their families. In Being Mortal, Atul Gawande emphasized that medicine's ultimate goal is not just to prolong life, but to ensure a life of quality and dignity until its end-a view that carries significant implications for ICU nursing practice and calls for a critical re-evaluation of the dialectical relationship between technology and humanism in critical care. By integrating narrative nursing theory and the principles of humanistic care with clinical practice, this paper explores how ICU nurses can unite technical proficiency with empathetic presence to provide holistic and compassionate care across the treatment continuum.

## From Technical Intervention to Narrative Care: The Paradigm Shift in ICU Nursing Philosophy

From a traditional perspective, the ICU is seen as the final line of defense against death. However, excessive technological interventions may undermine patients' autonomy and dignity, particularly among critically ill individuals. Narrative nursing, originating from narrative medicine and grounded in a human-centered care philosophy, seeks to understand patients lived experiences through attentive listening and empathetic engagement. This approach helps patients reinterpret the meaning of their illness, enabling nurses to identify core needs and implement targeted interventions. Charon [1,2] first proposed the concept of "narrative medicine" in 2001, advocating the integration of narrative competence into medical practice and education. In 2017, Fitzpatrick [3] further clarified that narrative nursing emphasizes reflective practice and systems thinking, advocating for enhanced nursing intervention outcomes through story-based understanding. Artioli [4] posited a comprehensive narrative nursing model that structures practice around assessment, diagnosis, and education. This framework merges qualitative and quantitative methodologies, thereby promoting a more systematic and individualized approach to care.

## Narrative in Practice: Ethical Dilemmas and Humanistic Breakthroughs

In actual nursing work, nursers in ICU often confronted with dual challenges of ethics and emotions. For example, in the

care of a critically ill patient with respiratory failure, the family insisted on endotracheal intubation, but the patient repeatedly expressed refusal through hand gestures. By employing narrative techniques, the patient expressed a deeply personal wish: "to see my bedridden mother at home once again." This account proved pivotal in resolving the impasse in clinical decision-making. After communicating with the family members, the medical team shifted the treatment plan to focus on palliative care and symptom control program, thereby assisting the patient in returning home to die peacefully. This case illustrates the threefold practice dimensions of narrative nursing:

a) Empathic communication: Using open-ended questions such as "What matters most to you?" to guide patients in expressing their needs and values;

b) Family communication and ethical coordination: Facilitating family meetings and similar approaches to clarify treatment goals and balance patient autonomy with familial emotional concerns;

c) Narrative transmission within the care team: Integrating the patient's story into shift handovers and care planning to ensure continuity of care and consistency in humanistic values.

### Balancing Technology and Humanity: Ethical Tensions in the ICU

ICUs house advanced equipment like ventilators, monitors, and ECMO, which is crucial for sustaining life. However, these tools can inadvertently overshadow patients' individuality and emotional needs. Ge Wende pointed out that when medical care is reduced to a mechanical process, patients may lose their personhood and be treated as case files or bed numbers, rather than individuals. However, beyond technology, the warmth of human connection remains essential. The author once cared for a critically injured newlywed patient following a car accident. Through the medical team's unremitting efforts and the family's emotional support, the patient eventually regained consciousness and recovered. Such cases are not uncommon in the ICU. In subtle yet resilient ways, they accumulate into a spiritual strength that empowers healthcare professionals to confront death, while also demonstrating the practical value of humanistic care.

### Caregivers Need Care Too: Self-Healing and Professional Growth of ICU Nurses

Atul Gawande writes in his book: "To accept the finitude of life, clinicians must first reconcile with their own vulnerability." ICU nurses are frequently exposed to death and trauma, resulting in a high rate of occupational burnout [5]. In this context, maintaining their mental health and professional passion is of significant importance. Establishing a narrative reflection mechanism has been identified as an effective coping strategy [6]. This can take the form of maintaining nursing diaries to document patient stories and the caregiver's own emotions, thereby facilitating emotional release and meaning reconstruction. Additionally, implementing structured case reflection sessions-incorporating a "three-sentence narrative" segment that captures the patient's experience, family feedback, and personal growth-can foster emotional support within the team and encourage the sharing of experiential knowledge. At the same time, there is a need to create a meaning-oriented "third space" that moves beyond the binary framework of "resuscitation-success/failure," placing greater emphasis on quality of life and humanistic goals. For example, expanding nursing objectives from "maintaining oxygen saturation" to "facilitating final conversations between patients and their families" can provide ICU nurses with opportunities for psychological adjustment and value reconstruction.

## Conclusion

In an increasingly technology-driven healthcare era, ICU nurses are entrusted not only with the responsibility of saving lives, but also with the mission of preserving dignity and providing compassionate care. The true medical progress is to make death no longer a cold defeat, as pointed out in Being Mortal. In daily nurse practice, humanistic care often manifests in subtle yet profound actions: when we perform body hygiene for a patient, could we linger a little longer, conveying respect and attention through a warm, gentle touch? When family members are plunged into grief and helplessness, could we postpone the paperwork and offer a silent yet powerful company? These seemingly small gestures represent both a concrete practice of humanistic nursing and a vivid embodiment of narrative care philosophy within the clinical context. May every ICU nurse become a storyteller of life-protecting life with clinical expertise and healing the wounded spirit with empathetic presence. In the sacred space where life and death meet, may they embody the profound values and noble calling of nursing through respect, narrative, and compassionate care.

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