

Reclaiming human narratives in maternal and child health in digital era through narrative inquiry

Kittikorn Nilmanat*

Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand

Abstract

Narrative inquiry is uniquely suited to nursing research, particularly when engaging with vulnerable populations. Narrative inquiry facilitates reclamation of lived experiences. By converting rich lived experiences into actionable insights, narrative inquiry provides a robust foundation for the advancement of true person-centered care. In the context of maternal and child health, this approach has value extending beyond capacity for data collection. This approach offers a powerful mechanism for continuous clinical practice and public health care improvement and transformation, empowering mothers and caregivers to move beyond the role of passive recipients of healthcare intervention and become active protagonists in their own stories.

Keywords: maternal and child health; narrative inquiry; qualitative research

Advancements in digital technology have optimized maternal and child healthcare through data-informed decisions. However, clinical protocols often prioritize quantitative measures and overlook the social, cultural, and emotional aspects of pregnancy, birth, and childhood. This can lead to clinical depersonalization. Narrative inquiry (NI) addresses the mismatch between clinical expectations and lived experiences of patients in healthcare delivery (Haydon et al., 2018; Kabir & Chan, 2023; Sumankuuro et al., 2019), centering on individual voices and emphasizing personal journeys and experiences are defined. This editorial aims to provide an overview of NI and highlight the application and impact of NI on maternal and child health research.

Overview of Narrative Inquiry

Understanding of human behavior is vital to nursing knowledge as part of a professional identity's definition centered on health and person-centered care integration (Watson, 2008). Hence, qualitative approaches provide essential pathways for knowledge development across diverse areas of nursing practice (Barradas et al., 2026; Thorne et al., 2016). NI is a qualitative methodology in which stories are the primary unit analyzed. NI aims to explore the rich lived experiences of individuals (Clandinin & Connelly, 2000) and give voice to the complexity of every nursing practice often taken for granted (Aranda & Street, 2001). Although a diverse range of narrative approaches exist, key commonalities are shared by these approaches. Therefore, careful attention to how research questions and clinical context align with the chosen methodology is required in selecting a specific narrative approach (Casey et al., 2016).

Ontologically, human existence is viewed in NI as inherently holistic and interconnected (Connelly & Clandinin, 1990). Human existence preserves the wholeness of stories by recognizing social and cultural contexts. NI functions as both a conceptual framework and a methodological tool that captures lived experiences through the processes of "living" and "telling" (Clandinin, 2006; Haydon & van der Riet, 2017). Experiences of a phenomenon are shared through stories while narratives serve as the analytical construct

OPEN ACCESS

Jurnal Keperawatan Padjadjaran (JKP)

Volume 14(2), 161-164
© The Author(s) 2026
<http://dx.doi.org/10.24198/jkp.v14i2.3172>

Article Info

Received : September 06, 2026
Revised : September 06, 2026
Accepted : September 06, 2026
Published : September 06, 2026

Corresponding author

Kittikorn Nilmanat*
associate professor, Department of Fundamental Nursing Profession, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand; Address: 15 Karnjanavanich Road, Hat Yai, Songkhla 90110, Thailand; Telp/fax : (66-74) 286416, 286456 ; Postal Code: 90110, Phone: (66-74) 286416, 286456; Email: kittikorn.n@psu.ac.th

Citation

Nilmanat, K. (2026). Reclaiming human narratives in maternal and child health in digital era through narrative inquiry . *Jurnal Keperawatan Padjadjaran*, 14(1), 161-164. <http://dx.doi.org/10.24198/jkp.v14i2.3172>

Website

<http://jkp.fkep.unpad.ac.id/index.php/jkp>

This is an **Open Access** article distributed under the terms of the [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/).

E-ISSN: 2442-7276

P-ISSN: 2338-5324

Nilmanat, K. (2026)

created from these accounts. This re-authoring process provides opportunity for individuals to find meaning within personal experiences, fosters a sense of agency, and improves overall quality of life (Frank, 2013; Haydon et al., 2018).

Clandinin and Connelly (2000) posit that lived experiences are defined by the interplay of three fundamental dimensions: temporality, sociality, and spatiality. Temporality accounts for the flow of time (past, present, and future); sociality includes interpersonal and intrapersonal relationships within stories; and spatiality recognizes the physical and social environments in which these experiences are situated. Stories are continuously told and reshaped by the fluid relationship between time, social context, and environment (Clandinin, 2006; Clandinin & Connelly, 2000). By exploring these complexities, researchers can uncover hidden

patterns and stories to gain deeper understanding of lived experiences.

NI prioritizes a trusting relationship between researchers and participants in a storytelling. Hence, trustworthiness in NI is considered when a narrative possesses an explanatory and invitational quality, underpinned by its authenticity, adequacy and plausibility (Clandinin & Connelly, 2000). Through prolonged engagement, researchers build a rapport with participants. This temporal depth offers opportunities for participants to actively participate in the validation of their own stories, both during data collection and analysis, thereby ensuring methodological authenticity (Haydon & van der Riet, 2017). Crucially, rigorous reflexivity is required and serves to mitigate research bias and address power dynamics inherent in encounters (Berry, 2016; Lai, 2010; Rozario et al., 2026).

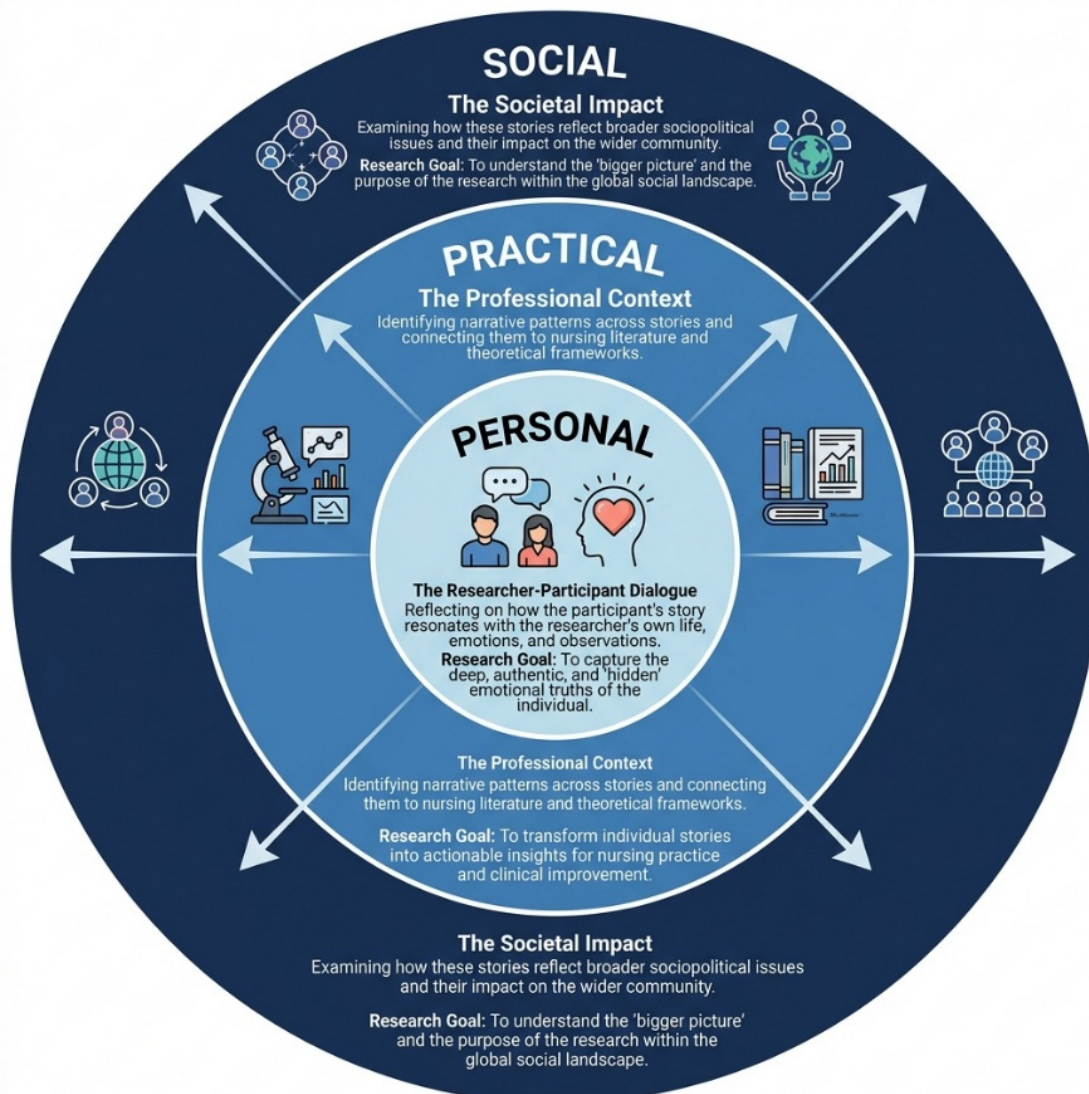


Figure 1. The Three Concentric Circles of Narrative Justification (AI Generate Image)

While the relational nature of NI promotes deep connections, the emergence of richer stories requires ethical rigor. Researchers must employ a relational ethical framework that values participants' autonomy over mere procedural compliance (Clandinin, 2006; Smythe & Murray, 2000). The complex power dynamics inherent in the sharing of personal stories entails dual responsibility (Lai, 2010; Smythe & Murray, 2000; Wang & Geale, 2015). Researchers must protect participants from psychological vulnerabilities while managing the emotional impact from these narratives on themselves. Suggestions were made for researchers to cultivate trust without inadvertently assuming therapeutic or clinical roles (Berry, 2016; Wang & Geale, 2015). In addition, narrative integrity requires continuous reflexivity to reduce power imbalance, over-disclosure, and research bias (Berry, 2016; K. C. & Dahal, 2026; Wang & Geale, 2015).

According to Lindsay & Schwind (2016), NI operates through "*concentric circles of justification*" (Figure 1). At the personal level, narratives rely on deep dialogue to uncover individual truths. At the practical level, narratives connect these stories to broader nursing practice, clinical realities and theoretical frameworks, making the outer circle reach the social level. Justification focuses on examining how these stories impact the wider world and contribute to the evolution of healthcare practice and policy. These concentric circles of justification demonstrate how reconstructed narratives are not only authentic to individuals, but also hold profound significance for the nursing profession and society at large.

The Matter of Narratives in Maternal and Child Health

NI has been widely used in maternal and child health research. The true value of narratives in maternal and child care lies in scalability from personal experiences to systemic reform, a process best understood through the three concentric circles of narrative justification (Lindsay & Schwind, 2016).

At the personal level, narrative sharing enables mothers to process childbirth trauma, reduce tokophobia, and manage realistic expectations (Mahdavi et al., 2022), while also exposing deep-rooted socio-cultural dynamics that delay timely care-seeking in resource-constrained settings in rural Ghana (Sumankuuro et al., 2019). In an integrative review, Mahdavi et al. (2022) demonstrated how childbirth storytelling impacts both the storyteller and the listener. On one hand, telling stories enables an individual to construct meaning from lived experiences, and the transmission of lived experiences to peers can promote personal resilience. On the other hand, positive stories empower individuals and reduce anxiety while traumatic stories may exacerbate fear

and prompt requests for medical invention, such as elective C-sections.

Maternal and child health stories are translated into clinical intelligence at the practical level. Narratives amplify women's voice to expose gaps in practice, such as transactional care, dismissive communication, and fear of maltreatment, across global contexts (Kabir & Chan, 2023; Sumankuuro et al., 2019). Research by Alex-Ojei et al. (2023) illustrates how narratives can pinpoint specific failures in care, such as judgmental attitudes and communication gaps that dictate healthcare utilization among adolescent mothers in Nigeria. In this capacity, NI is a diagnostic tool used to identify intersectional gaps between patient needs and institutional care delivery. This study provided the actionable insights necessary to refine professional training and care protocols.

Finally, storytelling moves beyond the personal and practical to fulfill its role within the social circle of narrative justification. NI serves as a transformative bridge between quantitative clinical data and the complex socio-cultural background of women's lived experiences. Project Detroit illustrates how this framework operates at the societal level (Carr et al., 2026). This project produced storytelling videos about birthing that feature Black and Brown women. Through this medium, storytelling functions as an active intervention within a health equity framework. These narratives transformed individual experiences into compelling evidence, driving urgent policy reforms needed to reduce preventable maternal mortality (Carr et al., 2026).

Conclusion

The future of nursing lies in the ability to navigate tensions between clinical precision and the profound need for meaning among humans. NI provides an essential tool for this balance, bridging the gap between fragmented illness and ontological wholeness. Nurses can empower patients to reclaim agency over life through a narrative approach. In the digital era, nurses can leverage storytelling as a transformative health education tool for counteracting online misinformation and engaging a global audience.

Declaration of Interest

I have no conflict of interest.

Declaration of AI Use

The author used Gemini and dotblueAI for English grammar editing and refining, paraphrasing assistance, and for creating the illustrative graphics featured in Figure 1 (dotblueAI). All conceptual framing, narrative structures, and data interpretations are original, and the author assume full responsibility for the content.

Acknowledgment

Not applicable.

References

- Alex-Ojei, C. A., Odimegwu, C. O., & Ntoimo, L. F. C. (2023). A qualitative investigation into pregnancy experiences and maternal healthcare utilisation among adolescent mothers in Nigeria. *Reproductive Health*, 20(1), 77. <https://doi.org/10.1186/s12978-023-01613-z>
- Aranda, S., & Street, A. (2001). From individual to group: Use of narratives in a participatory research process. *Journal of Advance Nursing*, 33(6), 791-797. <https://doi.org/10.1046/j.1365-2648.2001.01719.x>
- Barradas, C., Miguel, S., & Caldeira, S. (2026). Qualitative research and nursing knowledge on human responses: Considering diagnosis validity. *Journal of Research Nursing*, 17449871261419692. <https://doi.org/10.1177/17449871261419692>
- Berry, L. E. (2016). The research relationship in narrative enquiry. *Nurse Research*, 24(1), 10-14. <https://doi.org/10.7748/nr.2016.e1430>
- Carr, A., Anthony, V. D., & Taylor, I. (2026). Project Detroit: Voices for life - the power of storytelling in reducing maternal mortality: Amplifying voices. *Changing lives. Maternal and Child Health Journal*, 30(Suppl. 1), 10-14. <https://doi.org/10.1007/s10995-025-04191-7>
- Casey, B., Proudfoot, D., & Corbally, M. (2016). Narrative in nursing research: An overview of three approaches. *Journal of Advance Nursing*, 72(5), 1203-1215. <https://doi.org/10.1111/jan.12887>
- Clandinin, D. J. (2006). Narrative inquiry: A methodology for studying lived experience. *Research Studies in Music Education*, 27(1), 44-54. <https://doi.org/10.1177/1321103x060270010301>
- Clandinin, D. J., & Connelly, F. M. (2000). Narrative inquiry: Experience and story in qualitative research. Jossey-Bass.
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19(5), 2-14. <https://doi.org/10.3102/0013189x019005002>
- Frank, A. W. (2013). The wounded storyteller: Body, illness, and ethics (2nd ed.). University of Chicago Press.
- Haydon, G., Browne, G., & van der Riet, P. (2018). Narrative inquiry as a research methodology exploring person centred care in nursing. *Collegian*, 25(1), 125-129. <https://doi.org/10.1016/j.colegn.2017.03.001>
- Haydon, G., & vanderRiet, P. (2017). Narrative inquiry: A relational research methodology suitable to explore narratives of health and illness. *Nordic Journal of Nursing Research*, 37(2), 85-89. <https://doi.org/10.1177/2057158516675217>
- K. C., R., & Dahal, N. (2026). Ethical dilemmas in narrative research: A review informed by Eastern wisdom traditions. *Frontiers in Research Metrics and Analytics*, 10, 1656083. <https://doi.org/10.3389/frma.2025.1656083>
- Kabir, M. R., & Chan, K. (2023). "They were quick, insipid, and stuck to the typical medical checkups": A narrative study on women's expectations and experiences of maternity care in Bangladesh. *Journal of Patient Experience*, 10, 23743735231215607. <https://doi.org/10.1177/23743735231215607>
- Lai, C. K. (2010). Narrative and narrative enquiry in health and social sciences. *Nurse Research*, 17(3), 72-84. <https://doi.org/10.7748/nr2010.04.17.3.72.c7748>
- Lindsay, G. M., & Schwind, J. K. (2016). Narrative inquiry: Experience matters. *Canadian Journal of Nursing Research*, 48(1), 14-20. <https://doi.org/10.1177/0844562116652230>
- Mahdavi, Z., Amiri-Farahani, L., & Pezaro, S. (2022). Storytelling in pregnancy and childbirth: An integrative review of the literature. *Journal of Pregnancy*, 2022, 8483777. <https://doi.org/10.1155/2022/8483777>
- Rozario, S. Y., Lazarus, M. D., Sarkar, M., & Farlie, M. K. (2026). Narrative inquiry for beginners: A practical guide for health professions education researchers. *Anatomical Sciences Education*, 19(2), 242-253. <https://doi.org/10.1002/ase.70105>
- Smythe, W. E., & Murray, M. J. (2000). Owning the story: Ethical considerations in narrative research. *Ethics & Behavior*, 10(4), 311-336. https://doi.org/10.1207/S15327019EB1004_1
- Sumankuuro, J., Mahama, M. Y., Crockett, J., Wang, S., & Young, J. (2019). Narratives on why pregnant women delay seeking maternal health care during delivery and obstetric complications in rural Ghana. *BMC Pregnancy Childbirth*, 19(1), 260. <https://doi.org/10.1186/s12884-019-2414-4>
- Thorne, S., Stephens, J., & Truant, T. (2016). Building qualitative study design using nursing's disciplinary epistemology. *Journal of Advance Nursing*, 72(2), 451-460. <https://doi.org/10.1111/jan.12822>
- Wang, C. C., & Geale, S. K. (2015). The power of story: Narrative inquiry as a methodology in nursing research. *International Journal of Nursing Sciences*, 2(2), 195-198. <https://doi.org/10.1016/j.ijnss.2015.04.014>
- Watson, J. (2008). Nursing: The philosophy and science of caring (Rev. ed.). University Press of Colorado.