

Dear Editors and Reviewers:

Thank you for your letter and for there viewers' comments concerning our manuscript entitled “Narrative nursing for negative emotions in patients with acute pancreatitis: Based on model construction and application” (ID:101374). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in yellow in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:**Reviewer #1:****1. Comment:A larger cohort would help generalize the results across different demographics and clinical settings.**

Response:We sincerely appreciate the valuable comments. We will conduct large-sample, multicenter studies in future research to expand and improve upon this study.

2. Comment:In future research, it is recommended to extend the follow-up period to evaluate the long-term sustainability of emotional and satisfaction improvements observed in narrative nursing.

Response:We sincerely appreciate the valuable comments.Due to educational system constraints, we can conduct multi-center, large-sample studies in the future and increase follow-up results at 6 months and 1 year.

3. Comment:Ensure a more diverse participant pool in terms of age, gender, socioeconomic status, and cultural background, which can provide insights into the model's applicability across various patient demographics.

Response:We sincerely appreciate the valuable comments.We will conduct multicenter, diverse population studies in the future,This has been elaborated upon in the limitations section.

4. Comment:Provide more focused recommendations for future research, suggesting specific study designs or interventions that could further explore the

benefits of narrative nursing in various healthcare contexts.

Response: We sincerely appreciate the valuable comments. The present study narrative care delivery program has broad and far-reaching benefits in a variety of healthcare settings. This study first informed the intervention purpose, assessed emotions, comforted the uneasiness, and built trust through researchers and nurses. Promote patient engagement through tangible treatment, listening and understanding the cultural context. Secondly, by asking and solving the patient's mood, diet and other problems, the narrative elements in the story are deconstructed, and the empathic discourse response is adopted. Mining facilitative or hindering factors in disease narratives to help patients transition to positive emotions. Finally, the researchers encourage the patients to complete the narratives, naming the questions, and externalizing the questions. Explore exceptional events to help patients form a positive self-identity and continue into the future. In the process of the nurse to listen to the story of the patient, find nursing points, help patients to realize the reconstruction of life and disease story, correct cognitive errors, effectively make up for communication deviation, provide emotional support, not only can improve patient satisfaction and trust, promote patient self-awareness and emotion management, optimize medical decision-making and personalized care, also can enhance medical staff humanistic care ability, promote interdisciplinary cooperation and resource integration. Therefore, the narrative care model should be actively promoted and applied to bring benefits to more patients.

Reviewer #2:

1. Comment: This initial study lays the groundwork for further exploration of narrative nursing, suggesting additional research to validate and expand upon these findings.

Response: We sincerely appreciate the valuable comments. In future studies, a large sample, multicenter study will be conducted, and a qualitative study will be added for the validation and extension of this study.

2. Comment: Incorporate qualitative data collection methods, such as patient interviews or focus groups, to gain deeper insights into the patient experience and further substantiate quantitative findings.

Response: We sincerely appreciate the valuable comments. To obtain comprehensive and in-depth patient feedback, qualitative research methods will be used. Organize

patient interviews, invite patients of different ages, gender, condition and treatment experience to participate, and discuss treatment feelings, problems, expectations and satisfaction. At the same time, focus groups are organized to discuss around specific topics, encouraging patients to freely express their views, and gain inspiration from the experiences of others. Ensure that participants understand the study purpose, process and risks, record or video after consent, and protect privacy. Collect and analyze qualitative data, understand patient needs, support the improvement of medical services, verify mutually with quantitative data, and build a complete and accurate portrait of patient experience.

3. Comment: Control for the severity of pancreatitis in the analysis, as this might contribute to variability in emotional and satisfaction outcomes.

Response: We sincerely appreciate the valuable comments. In this study, the intervention effect of narrative nursing program on negative emotions in patients with AP was explored through similar experimental research, and the correlation analysis of disease severity and negative emotions will collect relevant data in later studies for further exploration.

4. Comment: Provide a more detailed description of the narrative nursing intervention to facilitate replication and application in different clinical settings.

Response: We sincerely appreciate the valuable comments. ① The first stage: patients admitted within 48 hours, depending on the specific situation in the nurse station or quiet ward, by the researchers and nurses, first introduce themselves, told the purpose of the intervention, informed consent, assessment of negative emotional level, understand the patient's social and cultural background, by introducing the ward environment, facilities, physicians, nurses, comfort nervousness, close distance, gain trust. The intervention skills mainly focus on listening and externalization, aiming to effectively understand and deal with the emotions and needs of patients. The intervention content focuses on alleviating the patients' physical symptoms to improve their health status. Set the alarm range and alarm volume reasonably and deal with it in time to reduce the adverse stimulation to patients. In addition, in the explanation of relevant health knowledge, let the patient to accept, can be used, can also use personification way, such as inform patients AP is the alarm of the body, "pain" is a "friend", remind patients to pay attention to the physical condition, to develop good

living habits in the future; such as gastric tube, instruments and equipment used to fight "comrades", to overcome the disease together with the patient. With the help of vivid metaphors, patients will no longer feel lonely and afraid when facing the disease. Through metaphors and explanations, it helps patients to face the disease more actively, understand the process of treatment, and at the same time can reduce the fear and anxiety of patients, and stimulate patients' willingness to actively regulate their emotions.

② Stage 2:48 hours after admission to the patient's health conditions allowed, responsible nurses to choose a quiet single patient, the patient asked the mood, diet, sleep, health, psychological needs, pain, fasting, treatment and feelings since the hospital, combined with health education to help solve; identify the narrative elements in the patient's disease story, pay attention to the social and cultural factors, ask "why have such idea" "when to start" " family friends and colleagues view this matter?" 。 Empathic discourse is used to give timely responses, so that patients can feel that they are cared about and understood by others. Mining and document facilitative or hindering factors in patient disease narratives.

③ The third stage: According to the accumulation and preparation of the foundation and reflection in the early stage, the researchers determine the narrative theme, choose a quiet single ward at the agreed time with the patients, and encourage the patients to make a more complete narrative by means of questioning and inspiration. First of all, patients are invited to name the problem, such as "pancreatic gentleman", "trouble", "disaster", "or" it ". If the patient does not know, he will accompany the " unknown " with the patient to explore its influence. Considering problems and diseases as objective entities, it aims to achieve "the separation of people and negative emotions", "the separation of people and problems" and "the separation of people and diseases". When communicating with patients, special attention should be paid to the use of the reference pronoun "that" or "this". For example," How does that 'pain' affect you?"Or" What is the manifestation of that 'fear'?"And" How did that 'fear' affect your family relationship?"At the same time, you should avoid using "you".

5. Comment:While focusing on emotional health, consider including a control for physical recovery outcomes to provide a more holistic view of the intervention's impact.

Response: We sincerely appreciate the valuable comments. The study explored the impact of narrative care program on patients' emotional outcome and quality of life. The SF-36 quality of life scale includes the dimensions of physiological function, physiological function, physical pain, general health and physical health, and the impact on patient outcome can be explored in depth in future studies.

6. Comment: Investigate the mechanisms through which narrative nursing exerts its effects on emotional well-being, potentially through mediating variables like patient empowerment or perceived control.

Response: We sincerely appreciate the valuable comments. The mechanism by which narrative care affects emotional health can be further explored in future studies through intermediary variables such as patient empowerment or perceived control, to delve deeper into the subject.

7. Comment: Explore how narrative nursing can be integrated with existing standard care practices to offer a seamless patient care experience.

Response: We sincerely appreciate the valuable comments. In exploring the path of integrating the narrative care of patients with acute pancreatitis into standard care practice, we should first clarify the core value of narrative care ——listen to the story of patients, understand their emotional experience, and use it as an important reference for nursing decision-making. This process not only enhances the trust and communication between nurses and patients, but also promotes patients to better participate in self-care and improve the overall care effect. In order to achieve this goal, we can start from the following aspects: ① Narrative training and education: to conduct comprehensive and systematic narrative nursing training for nursing teams, so that they can deeply understand the meaning, principles and implementation methods of narrative nursing. Through case analysis, role playing and other interactive methods, the empathy and communication skills of nursing staff can be enhanced to ensure that every nurse can master the core skills of narrative nursing. ② Integrated care plan: narrative care is an integral part of developing a care plan for patients with acute pancreatitis. By collecting information about patients' personal experiences, disease feelings, and family support, the patients' "narrative file" was constructed. Based on this information, the standard care plan is adjusted and improved to make it closer to the actual needs of patients. ③ Establish a narrative

communication mechanism: encourage nursing staff to take the initiative to establish narrative communication with patients in their daily work, to provide a safe and non-judgment environment for patients, so that they can freely express their inner fears, worries, hopes and other emotions. At the same time, nursing staff need to maintain a high degree of focus and listening, timely give emotional support and encouragement. ④ Team cooperation: strengthen the communication and collaboration between interdisciplinary teams to ensure the smooth transmission of narrative nursing information between medical treatment, nursing, psychology and other fields. Through regular case discussion meetings, multidisciplinary consultation, and other forms, the personalized nursing plan of patients is discussed together to realize the optimal allocation of nursing resources. ⑤ Evaluation and feedback: establish an evaluation system of narrative nursing effect, regularly collect feedback from patients, family members and nursing staff, and conduct a comprehensive evaluation of the implementation effect of narrative nursing. According to the evaluation results, the nursing strategy is adjusted in time, and the narrative nursing process is optimized to ensure the continuous and effective and humanized nursing services for patients. ⑥ Continuous improvement and innovation: encourage nursing staff to actively participate in the research and practice of narrative nursing, and constantly explore new methods and techniques of narrative nursing. At the same time, we should pay attention to the new trends and trends in the nursing field at home and abroad, introduce advanced nursing concepts and technologies into the nursing practice of patients with acute pancreatitis, and promote the deep integration and innovative development of narrative nursing and standard nursing practice.

8. Comment: Discuss the broader implications of implementing narrative nursing in terms of healthcare policy and potential impacts on healthcare provider training.

Response: The introduction of narrative care has not only had a profound impact on the level of individual patient care, but also its ripple effect in the field of healthcare policy can not be ignored. With the gradual popularity of narrative care concept, policy makers begin to examine the non-technical factors in the existing medical system, such as communication barriers, emotional neglect and marginalization of patients' stories, and think about how to support the popularization and development of this innovative care model through policy adjustment.

At the policy level, narrative nursing may prompt the government and medical

institutions to introduce more policies to encourage listening to patients' voices and respect patients' subjectivity. For example, establish the patient narrative collection and analysis mechanism to integrate the medical service quality evaluation system, promote the addition of narrative medicine courses in the medical education system, cultivate the empathy and narrative ability of medical staff; and encourage medical institutions to conduct the research and application of narrative nursing practice through financial subsidies or tax incentives. At the same time, the potential impact of narrative care on healthcare provider training is also profound. Traditional medical education often focuses on the teaching of technical skills and ignoring the psychological, emotional and social background of patients. The rise of narrative nursing requires corresponding changes in the medical training mode, and includes soft skills such as narrative ability, empathy skills and cross-cultural communication skills into the compulsory courses. This can not only help to improve the comprehensive quality of medical staff, but also promote the effective communication between doctors and patients, reduce misunderstanding and conflict, and build a harmonious doctor-patient relationship. Furthermore, narrative nursing training may also inspire healthcare workers to rethink their self-professional value. By listening to patients' stories, medical staff can have a deeper understanding of patients' pain and struggle, and feel the meaning and responsibility behind their work. This enhancement of professional identity will help to improve the career satisfaction and loyalty of medical staff, and thus stabilize the medical team and improve the overall quality of medical services.

The broader impact of narrative care in terms of healthcare policy, and the potential impact on healthcare provider training, is both profound and positive. It will not only help to promote the overall progress of the medical system, but also promote the harmonious coexistence of the doctor-patient relationship, laying a solid foundation for the construction of a more humanized and efficient medical service system.

9.Comment: Measure additional patient-centered outcomes like quality of life related to specific symptoms of pancreatitis or daily functioning levels post-discharge.

Response: This study through the narrative nursing program on the intervention effect of AP patients negative mood related indicators, patient-centered results about pancreatitis specific symptoms of life or daily function level and other after discharge, in the future research will be collected for further exploration, including

in the evaluation of the treatment effect of pancreatitis patients, focus on a series of patient-centered indicators, these indicators not only covers the physiological recovery, more deeply into the patients' daily life and psychological improvement. For example, a standardized questionnaire or scale can be used to assess the patient's quality of life, especially for specific symptoms that pancreatitis may cause, such as abdominal pain, nausea, decreased appetite, to understand the extent to which these symptoms affect the patient's daily life and improvement. At the same time, the level of daily functional performance after discharge is also an important aspect to measure the treatment effect. It includes patients' self-care ability, recovery of work ability, family role commitment, and participation in social activities. We can collect patient feedback on these aspects by means of regular follow-up visits, family visits or telephone surveys.

10. Comment:It is recommended to increase the number of references.

Response:We have expanded our literature review section to include more comprehensive and up-to-date references. We believe this will further strengthen the credibility and rigor of our research. Thank you for your patience and guidance.

We tried our best to improve the manuscript and made some changes in the manuscript.These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in yellow in revised paper.We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.Once again, thank youvery much for your comments and suggestions.