



Effective Characteristics of Iranian Oncology Nurses in Their Therapeutic Communication With Cancer Patients

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Abstract

Objectives: Therapeutic communication is a central element of the nurse-patient interaction in providing quality care to cancer patients. The present study aimed to evaluate effective characteristics of Iranian oncology nurses in their therapeutic communication that might determine the nature of nurses' communication patients with cancer.

Materials and Methods: This was a qualitative study performed with a conventional content analysis method in 2020. The participants included 18 nurses working in oncology wards of educational and medical centers in northwestern Iran, selected by purposive sampling. In addition, data were collected using semi-structured interviews.

Results: The qualitative data analysis led to the extraction effective characteristics of oncology nurses encompassed related of inner views and beliefs, family upbringing regarding therapeutic communication and personality characteristics. This is based on caring-participatory attitude, empathy, trust, mutual respect. Inner satisfaction (Nurse's and patient satisfaction), improved positive mutual approach (patient comfort and satisfaction with patient's good feeling) positive outcomes of therapeutic communication nurses with cancer patients were.

Conclusions: The establishment of effective therapeutic communication with cancer patients requires a change in the philosophy and attitude of nurses toward the potential skills of this area. In addition, nurses must have self-awareness of the importance of therapeutic communication in the improvement of patient quality care and consequences. Moreover, they should receive proper education in this area to meet their needs and encourage holistic and patient-centered approaches in these individuals.

Keywords: Therapeutic Communication, Oncology nursing, Patients with cancer, Qualitative research

Introduction

Patient-nurse therapeutic communication has been introduced as one of the basic elements of nursing care (1,2). It is important to identify patients' needs and concerns and create an atmosphere of trust through continuous therapeutic communication (3). Such communication approaches are meaningful and purposeful and are an important part of the nursing profession (4,5).

The nurse-patient therapeutic communication process has an interactive and dynamic nature and is affected by issues occurring in clinical settings and various factors. Therefore, scientific knowledge is required to meticulously investigate these situations (6). Since the challenges existing in nurse-patient communication must be properly understood in order to establish effective communication in this regard (7).

A comprehensive understanding of these effective features requires an in-depth assessment and use of multiple data collection techniques, all of which are consistent with the mission of qualitative research (8). Accordingly, the current research conducted an in-depth assessment of experiences and led to discoveries that would not be possible with quantitative methods (9). The researcher used a qualitative approach to better understand the phenomenon of therapeutic communication. Therefore, the main emphasis was on

the recognition of effective characteristics this type of communication and understanding its components based on the lived experiences of Iranian

Therapeutic communication particularly complicated in oncology wards due to the life-threatening nature of patients' diseases (10). Diagnosis of cancer is certainly associated with psychological distress and a higher need for information and emotional support in patients (11). Overall, the emotional burden in cancer care challenges the interaction between nurses and patients more than before. The establishment of suitable therapeutic communication with cancer patients is crucial (12,13). For the psychological support of these individuals in addition to assisting them in their decisions and participation in the care process, as well as preventing the side effects of cancer treatments (10).

Aim

This study aimed to evaluate Effective Characteristics of Iranian Oncology nurses' in Their therapeutic communication with cancer patients

Materials and Methods

Study Design and Setting

Therapeutic communication is a context-based phenomenon and can be better explained by qualitative



studies. In this research, we applied a content analysis qualitative approach, which includes the content analysis of narrative data and is identified as a flexible approach to recognizing the subcategories and prominent patterns among themes (14). The inductive method is recommended in the absence of sufficient knowledge about a phenomenon (e.g., therapeutic communication) or knowledge sharing (to describe the data and express the dominant and main themes of participants' experiences) (15). This method encompasses three approaches of conventional, directed and summative (16). In the current research, the participants were selected from the oncology centers of Tabriz and Urmia, affiliated with Tabriz and Urmia universities of medical sciences in Northwest of Iran using conventional content analysis. In general, this technique is a mental interpretation of data and textual content prepared by a systematic coding process and the identification of categories or themes (16).

Study Participants

First, nurses with experience in the area of therapeutic communication were selected. In the purposive sampling stage, the participants were selected based on their insights into the phenomenon. Afterwards, theoretical sampling was applied based on the results of interviews and in order to confirm the results. Sampling continued until saturation, meaning that the sampling process ended when no new code was extracted. In addition, attempts were made to diversify and enrich the process and have a more comprehensive perspective toward the phenomenon under study.

The inclusion criteria were at least one year of clinical work, sufficient experience in therapeutic communication, and willingness and ability to transfer these experiences. In fact, the selected nurses had a good experience of therapeutic communication.

In total, 8 male and 10 female subjects were selected with a mean age of 35 years and mean work experience of 12 ± 23 years. The demographic characteristics of the participants are presented in Table 1. The absence of a new code or category in two consecutive interviews was considered saturation, which led to the termination of interviews. Sampling was continued until data saturation. In purposive sampling, Sampling with maximum variance was also used. And further according to data analysis with several patients with leukemia and medical oncology Was also interviewed.

Data Collection

Conducted for nine months (March-November, 2020), the research involved in-depth, semi-structured and in-person interviews performed with a mean duration of 60 minutes (30-90 minutes). The interviews were carried out at the workplace (mostly in the room of the head nurse or the conference hall of the hospital of the participants with their request in non-shift hours) following receiving

Table 1. Demographic Characteristics of the Participants

No.	Education	Work Experience	Position	City
1	Bachelor's	22	Clinical nurse	Urmia
2	Master's	18	Faculty member	Urmia
3	Bachelor's	15	Clinical nurse	Urmia
4	Bachelor's	25	Clinical nurse	Urmia
5	Bachelor's	3	Clinical nurse	Tabriz
6	Bachelor's	6	Clinical nurse	Tabriz
7	Bachelor's	12	Clinical nurse	Urmia
8	Bachelor's	21	Clinical nurse	Tabriz
9	Bachelor's	9	Clinical nurse	Tabriz
10	Bachelor's	13	Clinical nurse	Tabriz
11	Bachelor's	6	Clinical nurse	Urmia
12	Master's	21	Clinical nurse	Urmia
13	Bachelor's	8	Clinical nurse	Urmia
14	Bachelor's	10	Clinical nurse	Urmia
15	Master's	13	Clinical nurse	Tabriz
16	PhD	6	Faculty member	Urmia
17	Bachelor's	4	Clinical nurse	Tabriz
18	Bachelor's	8	Clinical nurse	Tabriz

informed consent. After the warm-up phase, which was mainly carried out to reduce the subjects' stress and create an atmosphere of trust, interviews continued about the research topic. The questions were related to the participants' experience of therapeutic communication and started with the following item: "what do you do to communicate patients with cancer?". However, given the abstract nature of the subject, more attempts were made to focus on the topic by using more objective and detailed questions. For instance, if the participants referred to the importance of family upbringing in nurses' inclination toward care behaviors, the following question would be asked: "Could you please share your experiences about your parents' teachings and suggestions about patient care?". In terms of the background factors affecting therapeutic communication with cancer patients, the subjects were asked: "based on your experience, what are the background factors for establishing therapeutic communication with cancer patients?"

The interviews were recorded and transcribed verbatim with the permission of the participants. It is notable that all 18 interviews were carried out by the (MJ and MBZ) research team. The next interviews were made with some of the primary participants and to confirm the initial interviews or clarify possible ambiguities. The interviews continued until complete data saturation, meaning that no new idea, concept or category was obtained from three consecutive interviews.

In addition, the researchers used in-field notes to better interact with the research setting and participants and carry out real data analysis. In this study, in-field notes were made immediately after interviews, which provided an opportunity for confirming the mental and emotional reactions of participants.

Data Analysis

Data were collected using a conventional content analysis method, and data analysis was carried out applying a method by Lundman and Graneheim. In this technique, a full interview was considered as an analysis unit, which refers to the notes that must be analyzed and coded. The researchers listened to the recorded interviews several times and transcribed them word by word. Paragraphs, sentences and words were considered as semantic units; a semantic unit is a set of words and sentences that are related to each other in terms of content and are classified based on content and context (17). The written texts were examined several times to highlight the words containing the key concepts or semantic units and to extract the original codes. Afterwards, the codes were checked several times in a continuous process from code extraction to tagging. Following that, similar codes were integrated, categorized, and tagged to obtain subcategories. Ultimately, the extracted subcategories were compared and integrated with each other (if possible) to form the main categories or themes (17).

Assessing Data Accuracy and Stability

In this research, Guba and Lincoln criteria were used to ensure the accuracy and consistency of research data. In addition, the credibility of the data was assessed using the techniques of member review and long-term interaction. In addition, data were evaluated by an external researcher (external assessment process). Moreover, the triangulation method was used to control dependability, and the audit trail technique was exploited to achieve confirmability. In this regard, all stages of the research, especially the stages of data analysis, were accurately recorded to assist other researchers in pursuing this work in the future. The transferability of results was also exhibited by presenting a rich description of the content research report of interviews with selected quotes from specific participants. In addition, in-field notes helped the researcher to confirm the accuracy of the information during the data analysis process (18).

Results

After the classification of the results of the interviews, we identified three main categories as Effective Characteristics in establishing therapeutic communication between

nurses and patients with cancer, including: 1) "individual views/inner beliefs", 2) "family upbringing regarding nurses' therapeutic communication", and 3) "nurses' personality traits", which required special attention and led to the emergence of the main theme of "nurses' input reserves" (Table 2).

Inner satisfaction (nurse's and patient satisfaction), improved positive mutual approach (patient comfort and satisfaction with patient's good feeling) positive outcomes of therapeutic communication nurses with cancer patients were.

Facilitating and inhibiting factors are considered as pre-factors (pre) (challenging professional practice environment for nurses, effective characteristics of oncology nurses, insufficient attention in clinical education, reflection of structural characteristics in behavioral interactions) and strategies used by nurses according to these post-factors (post) (individual improvement and continuous learning, matching the nurse's attitude and practice with the patient, being a canopy for patients suffering from cancer).

Input Reserves: Backgrounds of Therapeutic Communication

The intrinsic and inner capacities of nurses are one of the important and effective factors that play an important role in their inclination toward therapeutic communication with patients in oncology clinical settings. Nurses have different capacities since, despite their many human similarities, people have unique characteristics and their inner views and beliefs are different from each other. All of these characteristics can lay the foundation for their preparedness and affect their care techniques. Based on the experiences of participants, "individual views/inner beliefs", "family upbringing regarding nurses' therapeutic communication" and "nurses' personality traits" were identified as subsets of this topic.

Individual Views/Inner Beliefs

The codes extracted from the interviews led to the emergence of three subcategories of "religious teachings facilitating communication with the patient", "the precedence of ethical principles in communication" and "compunction/(conscience) communication mediator between nurses and patients". The relationship among the four subcategories led to the formation of one of the

Table 2. Categories, Subcategories, and Codes Extracted From the Interview Analysis

Core Category	Subcategories (1)	Primary Concepts
Effective characteristics of Iranian oncology nurses in their therapeutic communication with cancer patients	Inner views and beliefs	Religious teachings facilitating communication
		The precedence of ethical principles in communication patient
		The voice of conscience
	Family upbringing regarding therapeutic communication	Being a good role model for communication
		The role of parents in the socialization of the individual
	Personality characteristics	Self-control
		Humanitarian personality
		Observance of patients' interactive rights

main categories entitled “individual views/inner beliefs”. According to these subcategories, despite the shortcomings in providing spiritual care to these patients, the mentioned factors encouraged nurses to be sensitive to their pain and discomfort through interaction with them, which ultimately led to effective therapeutic communication.

Religious Teachings Facilitating Communication

Cognitive, behavioral, and especially religious education is a cost-effective, influential, and safe way to help nurses communicate, especially with cancer patients. According to the participants, following the religious teachings and instructions played an important role in establishing good nurse-patient communication. The subjects extremely emphasized Islam’s request for helping one another, which was one of the main factors for proper nurse-patient communication.

“Some things stem from our religious. I think that they are involved in the patient care process. In our religion, it is important to help each other.” (P-7)

According to the subjects, the recommendations of the Imams and the religious elders have persuaded nurses to fulfill their orders in communicating with the patient and providing quality nursing care. In this respect, one of the participants declared:

“Our Imams have said obliged us to help those in need, emphasizing that those not listening to the request for help will not be from them. Therefore, I want to meet all needs of cancer patients.” (P-11)

The Precedence of Ethical Principles in Communication

Adherence to ethics is important in all professions, especially nursing. The spiritual behavior of oncology nurses along with their moral accountability was one of the features of this category. According to the subjects, issues such as respecting human rights, the right to life and choice, respecting the dignity of patients and respectful behavior and priority of the nurse’s moral behavior played a role in the optimization of patient care. In fact, these factors were introduced to improve the condition of patients and facilitate their recovery process.

“In caring for patients, I always try to be more ethical. I have realized that taking care of these patients and the way we treat them is more important than other groups of patients. Lack of proper ethical communication will result in unfavorable patient care.” (P-9)

Another subject mentioned: *“nursing profession is inherently valuable and ethical, and nursing care quality extremely depends on the performance of nurses, especially in cancer patients. I also try to adhere to these behaviors.” (P-4)*

Compunction (Conscience) Communication Mediator Between Nurses and Patients

A data analysis introduced compunction as one of the most important and effective background factors that encourage

nurses to establish proper therapeutic communication with cancer patients. Known as conscience, compunction forces the nurse not to be indifferent to the patient and makes them use proper techniques to care for the person. In this regard, one of the participants expressed:

“A nurse must pay proper attention and have interest in patient care. They should act like they are taking care of one of their own loved ones. In addition, they should draw all their attention to patient care and take care of the patient’s affairs based on physicians’ orders and eliminate their problems.” (P-11)

Another participant stated the necessity of performing behavioral care correctly by performing the assigned tasks on time and not being negligent and underemployed in the workplace.

“My conscience and peace of mind that comes from helping patients encourage me to more focus on their needs.” (P-8)

Family Upbringing Regarding Nurses’ Therapeutic Communication

According to the results, one of the issues affecting nurses’ therapeutic communication with cancer patients was family upbringing, which included the subcategories of “parents as good role models for the communicative role of nurses” and “role of parents in the socialization of individuals”. The family plays an undeniable role in all aspects of life and is recognized as one of the most important units that teach ethical values to the person. Any role that families play in educating and shaping their children’s morals directly affects society. Most subjects mentioned the importance of the role of family upbringing in nurses’ behavior and mood. According to the subjects, family upbringing plays a significant role in how nurses deal with patients and might have even normalized helping others.

Parents as Good Role Models for Communicative Role of Nurses

According to the experiences of the participants, parents are an important role model for the communicative role of nurses with cancer patients. In fact, parents have encouraged their children to help others since childhood, and children have attempted to emulate the behaviors of their parents and treat patients in need of their help warmly. In this regard, one of the participants claimed:

“I learned from my parents to help others. I also learned to help others, whether this person is my brother or a patient.” (P-6)

From the perspective of nurses, they emulated their brothers and sisters in addition to their parents and learned from them.

“We have been brought up in the same family and learn behaviors such as helping others from our parents. In fact, our proper relationship with our brothers and sisters has helped us in the way we treat patients.” (P-10)

Role of Parents in Socialization of Individuals

The family plays the most important role in the social growth of people, teaching them the skills required for communication. In other words, this type of training helps the person more easily interact with others and properly develop social communication skills. In the present study, the experience of most participants revealed the impact of the psychological-social atmosphere in the family on the formation of professional behaviors in nurses. Proper parenting leads to the development of nurses' personalities. In this regard, participant 5 affirmed:

"The psychological atmosphere of the family affects nurses' social and professional behavior in the workplace. In my opinion, the personality of each person is shaped by family education from childhood. In fact, people's type of communication is formed in the family."

Another participant asserted:

"Not only parents' beliefs and type of behavior, but also the way they treat each other and their children can affect the formation of nurses' social behavior in relation to the patient and others." (P-15)

Nurses' Personality Traits

In addition to the above-mentioned belief-educational factors, nurses' personality traits play an important role in their therapeutic communication with cancer patients. In fact, this concept is one of the main categories of the present study. According to the data, some of the nurses' personality traits such as self-control in patient care, humane personality and observance of the patients' interactive rights help nurses to protect patients' rights and improve patients' interest by providing appropriate care.

Nurses' Self-control in Patient Care

Self-control is an essential aspect of nurses' professional life and is rooted in a person's cultural background. It is an important factor for establishing effective therapeutic communication between nurses and cancer patients. According to the participants, providing the best response, accuracy and precision in work by controlling emotions and mutual understanding of these patients were some examples of the nurses' spirit in dealing with cancer patients. In this regard, participant 3 marked:

"Working with cancer patients as its own specific stress and difficulties. You have to be mentally prepared to deal with their problems and must provide the best care while constantly understanding the conditions of these individuals." (P-3)

Another participant stated:

"Using self-realization (self-awareness and self-management), I have always tried not to disappoint myself or my patients as an oncology nurse." (P-8)

Humane Personality of Nurses

Another personality trait of nurses that affected their

therapeutic communication with cancer patients was their view of the patient as a human being and their attention to human values and altruism. In fact, nurses dedicated all efforts to meet the needs of patients with appropriate behaviors regardless of their race, ethnicity and social and economic status.

"When we consider patients as human beings and value them, we attempt to provide the best services and treat them with acceptable dignity. We accept patients with any conditions and it does not matter which city or village they are coming from." (P-1)

Another participant (P-5) mentioned the importance of the human dimension of care, emphasizing that *"nurses deal with humans, not objects. Therefore, they attempt not to be negligent in the care process of patients."*

Observance of Patients' Interactive Rights

Observance of patients' rights is one of the most important components of providing humane and ethical care. Participating nurses stated that they tried to provide real patient-centered care properly by establishing appropriate therapeutic communication. In addition, they provided fair access to services without discriminating between patients.

"I try to provide equal and balanced care for patients by setting and budgeting time and mentality, which has played a key role in the formation of my relationship and its continuity." (P-13)

Another participant expressed:

"Cancer patients are all similar to each other and can be distinguished. You have to put everybody in the same cup, meaning that you cannot discriminate between them in none of the areas of care, communication and giving love..." (P-14)

Discussion

According to the results, "individual views/inner beliefs", "family upbringing regarding nurses' therapeutic communication" and "nurses' personality traits" were identified as the effective characteristics nurses in Their therapeutic communication with cancer patients. In fact, these factors were introduced as the main categories and subcategories of the research.

One of the most important aspects of therapeutic communication between nurses and cancer patients is their capacities in terms of individual views and inner beliefs. According to the participants, this background factor is different in each person and encourages nurses to care for patients with more motivation, commitment, and belief, which has been mentioned in other studies (19-21). Based on the subjects' experience, nurses' religious teachings are one of the important individual beliefs affecting care. In this regard, we can refer to cultural differences between Islamic societies and other communities. Given the dominance of Islam in the former, nurses consider themselves obligated to follow religious precepts in many

of their behaviors and practices in relation to the patient. In a research entitled “Islamic values and nursing practice in Kuwait”, Atkinson concluded that religion and religious teachings played an important role in nursing care (22, 23). Accordingly, nurses feel ethically obligated to be sensitive to patients’ discomfort and alleviate their pain by establishing proper communication (24). In fact, the nurse’s conscience forces them to do what feels right for the patient (25). Therefore, the research findings highlighted the response to compunction as a communicative mediator between nurses and patients.

Another theme extracted from the data was “family upbringing regarding nurses’ therapeutic communication”, which was related to having a role model in this area. From birth, this role is performed by parents or other family members. According to the results, nurses highlighted this type of experience. In this respect, Firth-Cozens and Cornwell mentioned that many people who enter the medical profession have learned these behaviors from their parents or other family members (26). According to the results, the ability to communicate and participate in collective activities might be the most obvious example of the sociability of a person. The family is the main cause of the socialization of children, and, as professional people, nurses are no exception. This issue affects the individual and social life of all people (27,28), and our findings approved this conclusion based on the experiences of participants (29,30).

In the present research, nurses’ self-control in patient care, humanitarian personality, and adherence to interactive rights of patients were identified as nurses’ personality traits affecting their therapeutic communication with cancer patients. Other studies have also emphasized the impact of personality traits on nurses’ intention to establish therapeutic communication with patients (31,32). Subbiah Rashed et al realized the importance of self-awareness in nurses’ personality and professional development regarding establishing effective nurse-patient communication and improving nursing skills to gain more self-control. In addition, its importance in nursing and nurse-patient therapeutic communication and its evolving nature is doubled in this area (33,34). Many nurses enter the field of nursing with humanitarian and self-sacrificing goals to help and care for others (35,36). One is encouraged to take steps toward supporting and caring for others consciously by this type of thinking, which shows respect for humanity (37,38). Fattahi Masoom et al also pointed out the role of Iranian nurses in adherence to the interactive rights of patients in various situations (39). These people have had the biggest participation in the development of justice in care by not discriminating between patients. In addition, they have played a considerable role in patients’ treatment and recovery (40,41).

Limitations of the Study

Since the present research only focused on therapeutic

communication of oncology nurses, it is recommended that further research be conducted on therapeutic communication with cancer patients in different cultures using qualitative and quantitative approaches. The therapeutic relationship between nurses and cancer patients is the key to positive outcomes, which will increase knowledge in this field. By using this approach, nurses can pay the necessary amount of attention to patients’ psychological needs in addition to focusing on their physical care.

Conclusions

Researchers of the present study gained insight into the background factors affecting nurses’ therapeutic communication with cancer patients. According to the results, individual views/inner beliefs, family upbringing, and nurses’ personality traits were crucial for gaining the skill to communicate with cancer patients. However, more efforts must be dedicated to increasing nurses’ capacities and laying the proper foundation by encouraging them. Our findings could be the harbinger of topics of more complete studies. In fact, nursing researchers can apply our findings to find strategies for developing potential nursing capacities. Therefore, given nurses’ understanding of the importance of therapeutic communication, they must be more aware of their potential abilities and personal attitudes.

Authors’ Contribution

The study was designed by MJ, MHM and MBZ. MBZ participated as the main interviewer. The initial deductive data analysis was done by MBZ and used as validation of the analysis carried out by MJ and MHM. The final data analysis of the interviews was discussed and consented to by all authors. A first draft of the article was developed by MBZ and MHM. All authors then contributed to this, and finalized it together. MBZ was responsible for the final draft of the manuscript. All authors read and approved the final manuscript.

Conflict of Interests

The authors declare that they have no competing interests.

Ethical Issues

The present research was approved by the ethics committee of Urmia University of Medical Sciences with the code of IR.UMSU.REC.1398.288, and the necessary permissions were received before enrolling the participants into the research. Before interviews, the objectives were explained, and the subjects were ensured of the confidentiality terms regarding their personal information. In addition, the participants were allowed to leave the study at any time. Notably, informed consent was obtained from all subjects prior to the research.

Financial Support

This study was funded by the Research Department of Urmia University of Medical Sciences, which had no role in the design of the study, data collection, analysis, interpretation of data, or writing the manuscript.

Acknowledgments

This study is part of a PhD dissertation approved and funded by the Office of Vice Chancellor for Research Of Uremia University of Medical Sciences. The researchers would like to thank the authorities of School of Nursing and Midwifery, Urmia University of Medical Sciences, as well as the participants for their kind cooperation.

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