# Therapeutic Communication of Iranian Nursing Students: A Qualitative Study

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## ABSTRACT

Establishing therapeutic communication with patients is considered as one of the most important duties of nursing students. Although therapeutic communication is a fundamental part of nursing education, its various attributes have not been clearly determined in nursing literature. Therefore, this qualitative study was conducted to explore therapeutic communication between patients and nursing students in the Iranian context through perceptions of nursing students, nursing instructors, and patients. In-depth, semi-structured interviews were conducted with a purposeful sample of six nursing students, six nursing instructors, and six patients as per the inclusion criteria. The data collection process continued in the field until theory saturation was reached. Data analysis was conducted by using a conventional content analysis approach over 8 months in 2016. Data analysis revealed three categories: "a measure to deliver patient-centered care," "emotional companionship," and "a phenomenon affected by values." These categories were considered as therapeutic communication defining traits. Putting more emphasis on therapeutic communication instruction and facilitating the recruitment of more men into the nursing career are recommended.

*Keywords:* Communication, Iran, nursing, qualitative research, students

## INTRODUCTION

One of the critical necessities of life is communication, which is defined as a multidimensional information exchange between people. Communication is a required skill in all human activities (Johnston et al., 2012). In the medical professions, communication is of great importance, because it leads to desirable outcomes in patients, such as reducing pain and improving health (Baghcheghi et al., 2011; Claramita et al., 2016; Rosenberg & Gallo-Silver, 2011). Thus, communication plays an important role in clinical nursing performance, and nurses must be able to effectively communicate with patients to perform their different roles (Street Jr, 2013). Birks and colleagues (2015) wrote that one of the most important aspects of professional communication was therapeutic communication between the nurse and the patient. Therapeutic communication is defined as an empathic interaction between the healthcare provider and the patient to enhance the patient's coping with disease complications. Heligard Peplau, a psychiatric nurse who proposed the theory of interpersonal relations, mainly contributed to the development of the therapeutic communication subject in the nursing discipline (Heath & Bryant, 2013). She described that there were three stages of therapeutic communication: identification, working, and termination. During the identification phase, the nurse tries to get to know the patient and determines his/her psychological and physical problems. In the second phase, the nurse provides quality care or education to promote the patient's health and autonomy. Later, the nurse summarizes the relationship process and evaluates the effect of communication on the patients' outcomes (Alligood, 2014). Because of health system reforms, the patients' charter of rights, and the patient-centered care approach, health executives are paying particular attention to therapeutic communication as a skill required by all healthcare providers (Parsapoor et al., 2013). The Iranian Nursing Organization (the main nursing foundation in Iran), along with other international organizations, has included therapeutic communication in its code of ethics (Zahedi et al., 2013). Therefore, Iranian nursing students are taught about therapeutic communication during the theory classes on the "fundamentals of nursing" and "psychiatric nursing." However, nursing instructors do not use simulation methods in preparing students to use therapeutic communication effectively in clinical rotations (Baghcheghi et al., 2011). Nursing students, the future backbone of the health system, need to communicate with patients to provide quality care (Imran, 2013). In some studies, a weak relationship between nursing pupils and patients has been considered as the main stressor in clinical placements which affects trainees' mental and physical health and reduces their motivation to learn (Jamshidi et al., 2016; Rosenberg & Gallo-Silver, 2011). There are some qualitative studies regarding the nursing trainee-patient therapeutic communication in different countries (de Lima et al., 2011; Suikkala & Leino-Kilpi, 2005) as well as

in Iran (Heidari & Mardani Hamooleh, 2015; Jouzi et al., 2015; Loghmani et al., 2014). These studies addressed therapeutic communication concept and its related factors and explored the experiences of some stakeholders. Suikkala and Leino-Kilpi (2005) interviewed Finnish patients and students, and de Lima et al. (2011) analyzed the videos of the interactions between Brazilian nursing pupils and patients. Loghmani et al. (2014) interviewed nurses and patients, Jouzi et al. (2015) interviewed nurses and nursing students, and Heidari and Mardani Hamooleh (2015) held interview sessions with nursing pupils. The findings of these studies demonstrated the weakness of nursing students' therapeutic communication and the important role of nursing educators' instructions in facilitating therapeutic communication in the clinical setting (de Lima et al., 2011; Heidari & Mardani Hamooleh, 2015; Suikkala & Leino-Kilpi, 2005). These results are supported by other quantitative studies regarding nursing students' therapeutic communication with patients (Baghcheghi et al., 2011; Kiani et al., 2016; Shafakhah et al., 2015; Sheldon & Hilaire, 2015).

Based on our experience, nursing student-patient therapeutic communication is formed by the involvement of nursing students, instructors, and patients. However, there are no studies on therapeutic communication involving all stakeholders as participants. Also, Heath and Bryant (2013) mentioned that therapeutic communication was a context-based concept which was affected by various properties of the people involved in it. Therefore, it is necessary to conduct a qualitative research engaging all stakeholders to answer this question: "What is the students', patients', and instructors' perception of Iranian nursing students' therapeutic communication?" Gaining a deep knowledge about the nursing student-patient therapeutic communication provides nursing students with the information necessary to help them connect with patients therapeutically. Furthermore, nursing education executives as well as clinical instructors may use this study results to place more emphasis on therapeutic communication in the educational curriculum. Therefore, this study is aimed at exploring nursing student-patient therapeutic communication from the perspective of different participants including nursing students, instructors, and patients.

## METHODS

### Sampling and Data Collection

This study adopted a qualitative methodology to provide a comprehensive view of the different characteristics of Iranian nursing student-patient therapeutic communication. Polit and Beck (2014) mentioned that qualitative inquiry was helpful to extract data from key informants and to clarify important nursing phenomena. Based on the research question, content analysis was applied to analyze participants' experiences and to provide insight into therapeutic communication characteristics. Content analysis is a systematic methodology for data interpretation with the following three

approaches: conventional, summative, and directed. We adopted the conventional content analysis method due to the paucity of literature on the subject. In this approach, researchers interpret participants' points of views without having a predetermined analyzing framework (Elo et al., 2014).

Individual interviews were used as a data collection method in this research. In-depth, semi-structured interviews were conducted by this study's second author, who is a female PhD candidate in nursing and adequately trained in conducting interviews for qualitative studies. She has worked as a clinical nurse and a nursing instructor for several years. After spending some time in the clinical field, willing participants with rich experiences of therapeutic communication were selected by the second author among the nursing students, instructors, and patients through purposeful sampling methods. A maximum variation sampling strategy was used in terms of participants' age, gender, and work experience. The inclusion criteria for the different study participants were as follows: students having passed at least one clinical rotation, instructors with at least one year of clinical teaching experience in hospitals affiliated with Tehran University of Medical Sciences, and conscious patients who were cared for by nursing students for a minimum of 5 days.

After a face-to-face warm-up, the researcher explained the aims of research and assured the participants of data confidentiality. All participants accepted to participate in the interview and provided signed written informed consent. Interviews were held in a suitable place according to the participant's choice or at the interviewer's room at the school of nursing & midwifery. An interview guide was used which included some important questions, such as "what do you think about nursing student-patient therapeutic communication?" as well as probing questions used to elicit a clear answer. The interviewer made field notes during the interviews. When the interviewer did not get any new information, she summarized the key points mentioned in the interview and asked the participant about any pending issue that he/she wanted to add, at the end of the interview.

**Data Analysis**

Data collection and analysis were performed simultaneously over 8 months. The interviews lasted between 20 and 50 min, with an average of 33 min. Face-to-face interviews were audio-recorded and then transcribed verbatim using the conventional content analysis methodology. Conventional or inductive content analysis approach has three overlapping steps: data preparation, data organization, and data reporting. In the first step, after qualitative data collection, we began data interpretation by choosing units of analysis and deciding about the method of data classification (latent or manifest content). Considering whole interviews as the units of analysis, four researchers reviewed the texts several times to obtain a general idea of their content. Transcripts were returned to the participants for correction if they contained contradictory

information. After thoroughly reviewing the data, the researchers read the manifest content of the text word-for-word. In the second phase, the researchers generated primary codes by abstracting meaning units, sorted codes into various subcategories based on their similarities and differences, and then, created more abstract categories by grouping related subcategories. In the third phase, the researchers reported the process of data analysis and the obtained results in appropriate format with the related story line (Vaismoradi et al., 2013). MAXQDA 12 software (VERBI GmbH, Germany) was used to facilitate the content analysis process. After the 18th interview was interpreted, new codes stopped emerging from the interviews, and thus, the researchers decided that data saturation was reached. Demographic characteristics of the research participants are presented in Table 1.

Table 1
*Demographic characteristics of research participants*

| Number Participant Code | Participant Code | Educational Level | Age (year) | Gender | Working Experience |
|---|---|---|---|---|---|
| 1 | Akbar | Sophomore nursing student | 21 | Male | - |
| 2 | Zahra | Sophomore nursing student | 20 | Female | - |
| 3 | Saied | Junior nursing student | 22 | Male | 12 months |
| 4 | Samira | Junior nursing student | 21 | Female | 2 months |
| 5 | Sahar | Senior nursing student | 23 | Female | 6 months |
| 6 | Saman | Senior nursing student | 23 | Male | 24 months |
| 7 | Habib | Bachelor degree | 49 | Male | 25 Years |
| 8 | Saleh | Master degree | 32 | Male | 6 Years |
| 9 | Zinab | PhD student | 31 | Female | 4 Years |
| 10 | Rahim | Faculty with Master degree | 56 | Male | 25 Years |
| 11 | Sara | Faculty with PhD degree | 37 | Female | 10 Years |
| 12 | Elham | Faculty with Master degree | 47 | Female | 23 Years |
| 13 | Fatima | High school diploma | 60 | Female | - |
| 14 | Ahmed | High school diploma | 36 | Male | - |
| 15 | Ayeshe | Bachelor degree student | 30 | Female | - |
| 16 | Majed | Illiterate | 69 | Male | - |
| 17 | Sasan | High school diploma | 49 | Male | - |
| 18 | Efat | Primary school diploma | 50 | Female | - |

To establish rigor in this qualitative research, the researchers applied credibility, dependability, and transferability. All members of the research team participated in the data evaluation and discussed the coding process until they reached an agreement. For data credibility, maximum variation sampling, peer check, and member check

were used. Using member check for five of the participants provided the researchers with an opportunity to correct interpretation errors and avoid false data. Six external scholars, who were experts in the qualitative study and communication domains, helped in the peer check process. The researchers enhanced dependability and transferability by using a thorough audit trail including their field notes to help other researchers traced the project process and evaluated the data quality (Graneheim et al., 2017).

This research was approved by the Ethics committee of the University of Medical Sciences [(IR.TUMS.REC.1394.807)] and followed the ethical principles in accordance with the Declaration of Helsinki.

## RESULTS

The interview data analysis yielded 22 codes, nine subcategories, and three categories as follows: "a measure to deliver patient-centered care," "emotional companionship," and "a phenomenon affected by values" which are considered as therapeutic communication defining traits. The result of the data interpretation by conventional content analysis is presented in Table 2.

Table 2

*Iranian nursing student-patient therapeutic communication categories and corresponding codes*

| Number | Code | Subcategory | Category |
|---|---|---|---|
| 1 | Obtaining patients permission | Putting patient at the center of attention | A measure to deliver patient-centered care |
| 2 | Regarding patients' priorities | | |
| 3 | Nursing student as an information recipient | Obtaining information regarding patients problems | |
| 4 | Guiding the communication process in the right direction | | |
| 5 | Meeting patients' needs without delay | Providing care in a timely and responsible manner | |
| 6 | Not wasting time without purpose | | |
| 7 | Having a sense of responsibility toward patients | | |
| 8 | Not using scientific jargons | Apprehensible dialog | |
| 9 | Considering the patient's literacy level | | |
| 10 | Patient's perception of nursing student's kindness | Empathy with respect for boundaries | Emotional companionship |
| 11 | Respecting for boundaries | | |
| 12 | Showing patient that you understand his/her condition | Nursing student flexible behavior | |
| 13 | Using therapeutic touch | | |
| 14 | Coping with different situations | | |

Table 2 *(continue)*

| Number | Code | Subcategory | Category |
|---|---|---|---|
| 15 | Tolerance | | |
| 16 | Patients preference for same gender nurse | Religious value effects | A phenomenon affected by values |
| 17 | Considering therapeutic communication as a religious duty | | |
| 18 | Unconditional acceptance of patient | Cultural value effects | |
| 19 | Accepting students easily | | |
| 20 | Patients adherence to education provided by nursing students | | |
| 21 | Maintaining relationship as a duty | Professional value effects | |
| 22 | Professional code of ethics | | |

## A Measure to Deliver Patient-Centered Care

The first category, "a measure to deliver patient-centered care," included four subcategories: "putting patient at the center of attention," "obtaining information regarding patients' problems," "providing care in a timely and responsible manner," and "apprehensible dialog."

**Putting Patient at The Center of Attention.** Nursing students should regard patients' preferences and ask for their permission before doing any intervention.

Some participants told the researcher about respecting the patient's wishes:

"*I am a vegetarian person. The nursing student hadn't known this point and supplied me with a diet plan full of red meat."* –Ayeshe

"*When I want to make patient's care plan, I should refer to patient, not the patient's kardex."*–Saied

"*Students must honor the patient's preferences and wishes while providing care."*–Sara

Some of the other participants told the interviewer regarding the importance of asking for clients' permission before providing care:

"*The nursing trainee wanted to take my blood sample when I was asleep. I woke up suddenly and pushed her away. The needle punctured student's hand.*" –Majed

"*When I want to take a new patient history, I ask the patient: May I ask you a few questions? After that, they answer my questions more easily.*" –Zahra

"*When students ask for patients' permission before doing any procedures, a relationship with trust is created between them and the patient cooperates with him/her.*" –Zinab

**Obtaining Information Regarding Patients' Problems.** Healthcare providers should determine patients' problems and educate patients to empower them to cooperate in their treatment. In this regard, one of the important roles of the nursing student is to act as an information recipient to arrive at a nursing diagnosis.

Some participants highlighted:

"*I want to tell my problems to the student calmly so that she/he solves my problems.*" –Majed

"*After performing a procedure, I ask patients how they feel in order to determine and resolve their problems.*" –Saied

"*Students should specify the patient's problems and provide them with necessary information about their disease and self-management. Patients should be involved in their care and make decisions for themselves.*" –Rahim

The other role of a nursing student which was mentioned by the study participants was to guide the communication process in the right direction by asking appropriate questions. Some of the participants stated,

"*When I wanted to tell the student about my groom, she asked me to explain her about my medications.*" –Ayeshe

"*It is not necessary to waste time for listening to patients problems which aren't related to the disease.*" –Zahra

"*Some of the patients are very talkative. You should guide the communication appropriately by asking questions which adjust the flow of communication.*" –Zinab

**Providing Care in a Timely and Responsible Manner.** Since patients who are not in stable condition need immediate care or response, nursing students should meet patients' needs and answer patients without wasting their time during apprenticeship.

Some participants stated as follows:

"*When I ask students a question about my heart medication, they shouldn't answer me an hour later.*" –Ahmed

"*I answer all patients alarm bell quickly, even when patient is in stable condition.*" –Samira

"*A pupil should respond patient as fast as a nurse. They shouldn't waste their time by playing with their cell phones.*" –Zinab

However, therapeutic communication is destroyed when nursing students show a lack of sense of responsibility. A patient told the researcher,

"*A nursing student took a blood sample from me and told my companion to take it to a laboratory outside of the hospital. But the student gave the wrong address to my brother. Therefore, he couldn't find the laboratory. When I told the nurse, she told me that the student had made a mistake. When he found the*

*laboratory, it was closed. After that, I didn't accept trainee as a nurse any longer."* –Ahmed

An instructor stated in this regard,

*"The patient asked the trainee about her surgery. The student gave her wrong information. Fortunately, I corrected the trainee mistake and told her all the necessary information related to her treatment."* –Zinab

**Apprehensible Dialog.** To establish an apprehensible dialog between a nursing student and the patient, the trainees should use simple and unscientific words based on patients' literacy level. Some of the participants told the researchers regarding selecting words during interactions:

*"To have an effective communication with patient, it is important to use suitable and understandable words during interactions."* –Ayeshe

*"I don't educate patients with medical terms that I have learned in the nursing faculty. Using medical terms makes patients confused."* –Samira

*"The student explained about the test results to the patient. However, the patient did not understand because the nursing student used medical terms that were unclear to the patient."* –Rahim

Some of the participants told the interviewer about the necessity of considering the patient's literacy level:

*"Many patients are not educated. Students should educate us so that we can understand everything clearly."* –Ahmed

*"You should know about the patient's level of education. If he is illiterate, you should consider it from the start of interaction to educate him according to his level of understanding."* –Sahar

*"I always tell my trainees to ask patients regarding their literacy level during history taking."* –Elham

**Emotional Companionship**

"Empathy with respect for boundaries" and "nursing student flexible behavior" subcategories formed the second category.

**Empathy with Respect for Boundaries.** Nursing students' ability to understand patient's condition and to convey this perception to the patient through kind therapeutic touch while respecting the common boundaries helps them to provide emotional support to patients. Some participants said in the interview:

*"I was very nervous. I did not listen to student's words. She touched my hand and consoled me. Eventually, I calmed down and cooperated with her."* –Efat

*"When the patient perceives that I want to help him, he will cooperate with me."* –Akbar

*"A nursing student told her patient: I'm not your sister, but I can understand you*

*like my sister, ma'am. I understand that your physical condition is not good and you are hospitalized in this ward with high costs.*" –Saleh

**Nursing Student Flexible Behavior.** During therapeutic communication, nursing pupils should note that each patient has his own specific characteristics and problems. Also, the physical and emotional state of the patient may not be appropriate. Therefore, the nursing student should cope with the different physical and emotional states of the patients. Some participants highlighted,

*"After the hospital's visiting times, my brother brought some required things for me. The nursing student told this point to the nurse and she allowed him to enter the ward.*" –Sasan

*"I always consider patients' conditions and problems carefully before responding to them."* –Samira

*"The nursing student should have flexible reactions during therapeutic communication."* –Habib

As patients are sometimes bad-tempered, the nursing student should tolerate patients' sulkiness and try to calm them. Some participants told the researcher:

*"When I spoke with the student in angriness, the nursing student soothed me with his kind words and calm behavior.*" –Sasan

*"I don't get angry because of bad behavior of sulky patients. I try to pacify them by keeping silence and using some relaxing words.*" –Saman

*"Nursing trainees should keep their calmness and try to pacify their angry clients through using suitable words.*" –Elham

## A Phenomenon Affected by Values

The third category, "a phenomenon affected by values," included three subcategories, "religious value effects," "cultural value effects," and "professional value effects."

**Religious Value Effects.** A factor which has a deep effect on the Iranian nursing student-patient therapeutic communication is religious value. Patients preferred to communicate with a person of the same gender. Some participants said as follows:

*"Iranian female patients prefer to be cared for by female healthcare providers. Also, male patients prefer to be cared for by male healthcare providers.*" –Fatima

*"I think that patients interact with the same gender healthcare providers more comfortably."* –Sahar

*"I think these patients should have nurses from the same gender.*" –Habib

Also, some participants mentioned therapeutic communication as a religious duty:

*"I think that a student or personnel should interact with clients effectively*

*as it is highlighted in our religion.*"
–Efat

*"Whenever I interact with patients, I consider heaven as a result of my therapeutic communication."* –Akbar

*"It is highlighted in Islamic laws that a Muslim person should visit and create effective relationships with patients."* –Sara

**Cultural Value Effects.** Cultural value is another factor that influences communication between nursing students and patients. Accepting the patient without prejudice helps nursing students to make a human connection with the patient. Some participants stated,

*"I saw a nursing student who was telling her friend that Kurdish patients didn't have acceptable social behavior. Therefore, as a Kurdish patient, I didn't communicate with her because she was biased against Kurdish patients."* –Fatima

*"I am a novice nursing student. I look for a 'patient with the least physical and psychological problems' to establish therapeutic communication. Furthermore, I can't communicate with Turks. I don't like them and their accent."* –Akbar

*"Nursing trainees shouldn't have prejudice about patients with different cultures."* –Sara

Because of Iranian culture, patients trust and accept their healthcare providers very easily. Some participants told the interviewer:

*"I trust my healthcare providers and I act based on their orders and the education they provided."* –Majed

*"I always win the trust of patients and create relationship with them very easily."* –Saied

*"Most of the patients are commoners and they easily build trust in trainee as a healthcare provider."* –Saleh

**Professional Value Effects.** Also, some students and instructors commented about the impact of professional value on therapeutic communication. According to nursing rules, both registered nurses and nursing pupils are required to perform effective communication. The statements are as follows:

*"Therapeutic communication is considered as a professional duty in the rules of nursing profession; therefore, we should do it.*" –Zinab

*"It is my responsibility to create an effective communication with the clients."* –Sahar

*"When two people communicate, both of them are in charge of communication. But in therapeutic communication between nursing student and patient, the task of establishing and preserving*

*communication is left to the student, not the patient."* –Habib

Furthermore, two participants mentioned that they establish therapeutic communication based on nursing codes of ethics:

*"I interact with patients according to ethical principles of nursing profession."* –Saman

*"Based on nursing ethical framework, students must observe their tone of voice and gestures while communicating with clients verbally and nonverbally."* –Rahim

## DISCUSSION

After analyzing the interviews by conventional content analysis, three categories were extracted, including "a measure to deliver patient-centered care," "emotional companionship," and "a phenomenon affected by values."

In the first category, participants highlighted that therapeutic communication helps nursing students to deliver patient-centered healthcare according to the patient's specific problems and preferences. In another study by Loghmani and colleagues (2014), nurses used therapeutic communication to educate patients' families and made them self-sufficient to guide all significant clinical decisions. This result is congruent with other studies that considered therapeutic communication as an important means of providing patient-centered care (Masters, 2017; Pereira et al., 2016) and suggest that the first and the best source for data gathering is the patient, not the Kardex or file (Levinson, 2011). Obtaining permission from patients is used by students as a strategy to build trust and connect with them. This may be a result of the culture of Iran, a country in Southeast Asia, which stresses on respecting patient as an individual and obtaining permission before initiating any procedure (Borhani et al., 2016). Also, it is necessary that the nursing student obtain the therapeutic data from the patient by asking them proper questions during communication. These questions help the nursing student stop patients' unnecessary stories and focus on the more important issues (Birks et al., 2015). Another study in Brazil by Damasceno and colleagues (2012) showed that healthcare providers used similar techniques, such as asking various questions and summarizing the conveyed content, to guide the flow of interaction which is similar to the present study (Damasceno et al., 2012). Nursing student should satisfy different patients' demands as quickly as possible. Therapeutic communication with the patient is considered as a soft and non-technical skill which helps nurses diagnose and manage patients' complications more confidently and without any delay (Massey et al., 2017). A high sense of responsibility is effective in motivating trainees to interact therapeutically with patients experiencing physical and mental complications (Rosenberg & Gallo-Silver, 2011; Sheldon

& Hilaire 2015). Nursing pupils should not spend their apprenticeship time without fulfilling educational objectives; establishing therapeutic communication is regarded as one of the most important of them. However, in another Iranian study, the educators were unable to instruct nursing students, and they just documented trainees' attendance due to a large number of nursing students. Furthermore, nurses did not educate students due to the weak relationship between nursing faculties and nurses in the educational hospital (Aein et al., 2010). Moreover, gathering data on patients' literacy levels helps nursing students forge effective relationships with patients (Koo et al., 2016). Sometimes healthcare providers communicate with patients using medical jargon. Therefore, patients cannot understand the conveyed messages effectively (Knapp et al., 2013). Similarly, in another study in Australia, patients could not understand healthcare providers' medical language and asked them to clarify the jargon (Schnitzler et al., 2017).

In the second category, participants hinted that using empathy while maintaining boundaries plays an important role in creating a therapeutic relationship. Empathy is defined as the ability to understand the patient condition and transferring this perception to the client so that he/she realizes the caregiver compassion. Other researchers stated that empathy skill helps students and patients build trust and connect with each other in a two-way interpersonal communication (Pereira et al., 2016; Ward et al., 2012). This finding is consistent with other research by MacDonald-Wicks and Levett-Jones (2012), which mentioned regarding the importance of empathizing with clients in forging therapeutic communication between trainees and their clients. Applying strategies such as showing kindness, using therapeutic touch, maintaining boundaries, and respecting patient privacy are the principles of fostering trust in patients while delivering professional care (Birks et al., 2015; Rosenberg & Gallo-Silver, 2011). Furthermore, the nursing trainee should have a flexible behavior in front of the patient, who is suffering from physical and psychological effects of the disease as well as the emotional and financial burden of hospitalization. This point is of great importance especially during communication with patients who have had long and recurrent hospitalizations due to chronic illness (Komatsu & Yagasaki, 2014). Also, Iranian nursing students tolerate the patients' moodiness and outbursts and try to maintain their calmness during interactions. They do not retaliate against patient's undesirable words and behaviors with angry tone and harsh words since it leads to worse arguments. They use strategies such as keeping silence and expressing relaxing phrases to calm down the angry patient, especially in psychiatric wards. Also, in another Iranian study, it was reported that Iranian nurses use the same strategies and they do not report inappropriate patient actions to superior authorities even in cases of verbal and physical abuse (Hemmati Esmaeili et al., 2015).

The last category highlights that therapeutic communication is influenced by religious, cultural and professional values of Iranian nursing context. Islam has influenced various aspects of Iranian life, including communication. Because Islamic laws recommend gender separation, most Iranians prefer to be cared for by nurses of the same gender. Martin and colleagues (2016) stated that even immigrant Muslim patients had this preference in non-Muslim countries. This tendency among patients is supported by the Iranian government policy, which motivates the recruitment of men into nursing (Zamanzadeh et al., 2013). Furthermore, some participants mentioned that they interact with patients for a heavenly reward. In this regard, in another research in Iran, nurses who considered therapeutic communication as a religious duty were more successful in establishing effective relationships with clients (Loghmani et al., 2014). This result is similar to those of other studies conducted in India and Iran, where contextual factors, such as culture and religion, strongly affect the process of establishing a relationship and the interpretation of messages (Imran, 2013; Marhamati et al., 2016; Norouzinia et al., 2015).

In Iran, which is a Shiite Muslim country, the nursing profession is regarded as a holy job (Alimohammadi et al., 2013). Thus, biases against Iranian nurses are low in comparison with other Middle Eastern countries, where nursing is considered a job for low-status and poor women (Haghighat, 2013). Therefore, patients accept and trust nursing students, but nursing trainees destroy this trust with their neglects and mistakes which is similar to those of a report about the medication errors of nurses in United Kingdom (Haw et al., 2014). As there are different ethnicities with various cultural backgrounds in Iran, such as Lur, Turk, Kurd, Baloch, and Arab, it is of great importance that nursing students accept patients unconditionally (Norouzinia et al., 2015). However, it is acceptable for novice trainees to choose a desirable patient. Having an own-race patient, who is in stable physical and psychological condition, provides students with a good opportunity for learning by practice in simple cases (Medical College of Wisconsin, 2015). This result is congruent with another qualitative study conducted in Turkey, where nursing students needed more preparation to provide cross-cultural care to Turkish and Kurdish patients (Karatay et al., 2016). However, as students improve their professional competencies, they should learn to accept patients in unstable conditions, even those with different ethnic characteristics, and create therapeutic communication with them (Khaghanizade et al., 2014).

Therapeutic communication is not like the social relationship between two ordinary people in which both of them have a balanced role in creating a relationship. Nursing students should consider therapeutic communication as their professional duty and work hard to establish and maintain effective relationships with hospitalized patients (Kourkouta & Papathanasiou, 2014). The Joint Commission on Accreditation of

Healthcare Organizations has determined therapeutic communication to be one of the most fundamental requirements for nurses to provide scientific and safe nursing care to patients in different settings (Shafakhah et al., 2015). Also, nursing trainees need to assess the patient, develop a nursing diagnosis, design a nursing care plan, and provide patient education to complete their clinical assignments (Khaghanizade et al., 2014). Therefore, nursing student seeing himself/herself as the person in charge of communication, re-connect with patients even after arguments (Alligood, 2014; Damasceno et al., 2012; Rosenberg & Gallo-Silver, 2011). Nursing codes of ethics, an essential component of nursing professional standards with a strong effect on therapeutic communication, includes important concepts such as respecting patients dignity, receiving patient consent, and keeping patient confidentiality (Parsapoor et al., 2013). Also, Jean Watson, a well-known nurse theorist, had dealt with the concept of ethical value as a facilitator of nurse-patient interpersonal communication in her theory of human caring. According to this researcher, performing verbal and nonverbal communication based on ethical values was a professional goal to help humans, as spiritual, religious, emotional, psychological, and physical beings, to heal and live in harmony (Alligood, 2014).

## CONCLUSION

The results of this study demonstrate the most important defining traits of nursing student-patient therapeutic communication.

Furthermore, these results highlight three more aspects: the necessity of focusing more on therapeutic communication instruction by educators and nurses, recruiting more men into the nursing profession, and removing barriers to retaining male nurses to establish healthcare provider and patient gender congruence. Further studies may explore the impact of simulation on improving novice nursing students' therapeutic communication with patients.

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