RESEARCH ARTICLE

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Experience of Nurses about Outcomes of Therapeutic Communication with Patients Suffering from Cancer: A Qualitative Study

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Abstract

Background: Therapeutic communication with patients suffering from cancer is the main part of health care-human communication role for achieving positive results. This study aims to explain the outcomes of nurses' therapeutic communication with patients suffering from cancer. Method: This study was performed with a conventional content analysis approach in the oncology wards of educational and medical centers in northwest of Iran. Purposive sampling was used to select 18 participants in 2020. Data were collected from semi-structured interviews and analyzed at the same time as data collection. **Results:** Data analysis: Two main themes; six Main categories and nineteen Subcategories were identified: 1. Self-actualization: Inner strength (significance and satisfaction of life, professional self-confidence, patient support role, being useful from the viewpoint of patient's family), self- construction based on moral values (proficiency, encouraging sense of altruism, independence in clinical reasoning, and moral courage), spiritual elevation (emergence of spirituality in nurses' appearance and communicative behavior, realistic approach to life, spiritual raising interaction, Acquiring religion-based strategy), mutual maturity (finding new goals, boosting patient confidence). 2. Nurse's Good sense of happiness with a positive attitude: Nurse Satisfaction (peace of mind, usefulness), improved positive mutual attitude (trust as the result of positive communication, satisfaction with patient's good feeling, patient comfort); **Conclusion:** According to the research findings, since nurses play a major role in taking caring of these patients and meeting their psychological-spiritual requirements, more attention should be paid to factors, such as management policies, education and clinical environment, and motivational factors of this group.

Keywords: Therapeutic communication- oncology nursing- qualitative research

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Introduction

One of the most important aspects of professional communication is therapeutic communication between nurses and patients [1]. Such communication is therapeutic, significant, and purposeful, and helps the nurse solve problems and induce adaptive reactions in the patient [2]. The therapeutic communication is defined as a system of social values and behaviors, a process of using verbal or non-verbal communication of medical staff with patients to identify their problems, and help for understanding how to take care of themselves based on honesty, empathy, and altruism. Such a communication method is considered a major part of nurses' professional performance that is necessary to identify patients and their problems and improve care behaviors and patient satisfaction [3]. According to earlier studies, effective therapeutic communication between the treatment team and nurses with patients and their families plays an essential role in therapeutic outcomes for the patient [4, 5].

Although the role of therapeutic communication is important in all patients, it is more important in patients suffering from cancer who are often exposed to a kind of inner turmoil, identity conflict, isolation, anxiety, and depression having communication difficulty with others [6] and need emotional-social support and spiritual-psychological support to enhance self-confidence and peace of mind [7].

In addition to psychological support, appropriate therapeutic communication between nurses and patients with cancer is essential for making decisions and involving patients in the care process as well as preventing the complications of cancer treatments during the entire course of disease, especially during the hospitalization of patients [8]. This leads to transferring useful information and feelings to him/her and changes the negative feelings

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to the positive ones, which could make him/her hopeful [9]. Good communication enhances patient satisfaction and trust among nurses, patients, and family members; it also improves treatment outcomes. In contrast, inappropriate communication could hurt the patient [10]. Therefore, nurses as one of the first health care providers who work closely with patients should learn how to communicate with them [11].

Despite useful and important effects of therapeutic communication in reducing stress, anxiety, and hopelessness among patients with cancer, studies indicate barriers and challenges in communication between oncology nurses and cancer patients caused by various factors [12]. Although these problems have partly faded the patient-nurse therapeutic communication, there are nurses who follow the therapeutic communication approach in dealing with patients suffering from cancer and describe it as a helpful relationship for the growth of the patient and the nurse in terms of meeting the human needs of the patient [13].

Although several quantitative and qualitative studies have been conducted in recent decades to institutionalize the concept of therapeutic communication in different countries, especially in Iran, in other groups of patients [14, 15], there are very few studies on the therapeutic communication with the participation of all stakeholders. Considering the significance of therapeutic communication with cancer patients, the main role of nurses in this regard, and available evidence on deficiencies, it is highly important to identify the outcomes of having therapeutic communication with these patients [1, 16]. Meanwhile, a deep understanding of the phenomenon of therapeutic communication in patients with cancer, as well as identifying interactions in this field to expand this communication method is very important and needs more attention. Hence, a qualitative approach was used in this paper. This method helps researchers have a better understanding of various phenomena. It is also based on the real experiences of the participants with more realistic results including different methods of data collection [17]. Therefore, this study is an attempt to review the experiences of participating nurses to identify the outcomes of therapeutic communication with patients suffering from cancer.

Materials and Methods

Aim

To explain the outcomes of nurses' therapeutic communication with patients suffering from cancer.

Study design and setting

In order to identify the outcomes of therapeutic communication of nurses with patients suffering from cancer, a content analysis with a qualitative attitude based on inductive approach and three acceptable or conventional, direct, and developmental approaches was used [18]. In this study, the participants were selected from the departments of Tabriz and Urmia Educational Oncology Centers affiliated to Tabriz and Urmia Universities of Medical Sciences in northwest of Iran using a conventional content analysis, in which the researcher used names and classes derived from the data, instead of using predefined classifications [18].

Study participants

According to the objective of the study, which was to explain the outcomes of nurses' therapeutic communication with patients suffering from cancer, we first selected nurses working in Tabriz and Urmia educational and medical centers by the Purposive sampling method.

Inclusion criteria of the nurses in the study were as follows: Nurses who have at least one year of clinical work experience, nurses who had great experience in the studied phenomenon, nurses who were willing and capable of transferring these experiences, and nurses with good therapeutic communication. Also, nurses who had a bachelor's degree or master's degree in nursing

Exclusion criteria of the nurses in the study were as follows: Participants were completely free to participate or not to participate in the study. If they do not agree or consent to be interviewed, and nurses with bad therapeutic communication they will be excluded from the study. They had the right to withdraw at any stage of the study.

Participants included 7 men and 10 women with the mean age of 35 years old and the average work experience of 23 ± 12 years, the characteristics of whom are listed in Table 1. Lack of a new code or category in two consecutive interviews was considered saturation and the interviews were finished. Sampling was continued until data saturation and replication.

Data collection

Data were first collected by semi-structured, in-depth interviews. The interview was conducted after acquiring the informed consent from the nurses in the places and at the times selected by the participants (mostly in head nurse's room or conference room of the hospital during non-shift hours after coordination). Each interview lasted for 30-90 min. They were audio-recorded and transcribed word for word with the permission of the participants. All 18 interviews were conducted by the research team (MBZ, MHM, and MJ) between July and February 2020. Participants were asked about their experiences in therapeutic communication. Given the abstract nature of the research topic, the researchers asked more objective questions. To begin each interview, first, the general questions were asked to reduce stress and build trust in participants. Afterwards, the main questions were asked: "What are your experiences about communication with your patient?" "How did you feel about each of the situations, in which you cared for patients?" Then, based on answers received from the participants, the¬ interviews became more structural and focused on the outcomes of therapeutic communication, such as "What are the effects of patient-care experiences by nurses on both patients and nurses?" The next interviews were conducted with some of the early participants to confirm the initial interviews or to clarify the ambiguities.

The researcher aimed to thoroughly investigate various concepts and categories, focusing on their depth and the conditions under which they manifest. The study sought

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

to identify different dimensions and categories across varying contexts. Ultimately, the researchers concluded that the concepts and categories developed were aligned with the study's objectives, indicating that no significant new concepts, categories, or relationships emerged from the final interviews.

A review of related literature and theoretical sensitivity supported the formation of these cases. After conducting the last three interviews, the researcher noted that the data became repetitive, with no new information being introduced. This indicated a state of theoretical data saturation, leading the researchers to continue interviews until saturation was fully achieved defined as the point at which no new ideas or topics surfaced.

The researchers also used field notes for better communication with the study environment and participants as well as real analysis of data. In this study, the notes in the field also provided an opportunity to confirm the psychological and emotional reactions of participants immediately after the interview.

Data analysis

After collecting the data, they were analyzed by the conventional content analysis approach. Hence, Grundheim and Lundman's (2004) method was used, in which a complete interview is considered as a unit of analysis including notes that must be analyzed and coded [19]. The researchers listened to the interviews for several times and transcribed the recorded interviews word for 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 categorized based on their context and content. The texts were reviewed for several times to highlight the words containing key concepts or semantic units and to extract the initial codes. The codes were then checked several times in a continuous process from code extraction to labeling. Similar codes were merged, classified, and labeled, and the Subcategories were identified. The extracted Subcategories were finally compared and merged (if possible) to form the main categories.

Assessing data accuracy and stability

Guba and Lincoln's criteria were used to ensure data rigor. The credibility of the data was assessed using member-checking and prolonged engagement techniques. The data were also assessed by an external researcher (external checking process). Triangulation method was used to control dependability. In addition, the audit trail method was used to obtain confirmability. In this respect, all research steps, especially the data analysis steps, were recorded in detail to help other researchers pursue this work in future. The transferability of the findings was also established by providing a rich description of the research report [20].

Ethical considerations

Participants were selected after being approved by Ethics Committee of Urmia University of Medical Sciences and the necessary permits (code: IR.UMSU.REC.1398, 288) were submitted. The letter of introduction was presented to the hospitals upon attendance. Oral information concerning the study, interviews, and participants' rights was provided to all the nurses and their informed written consent was acquired. Prior to the interview, the participants were notified about anonymity, confidentiality of information, research method, goals, and their right to leave the interview if wished. The principles of the Helsinki Declaration were observed.

Results

The interview classification showed that 4 Subcategories of "Inner strength ", "self- construction based on moral values", "spiritual elevation ", and "mutual growth and maturity" led to the emergence of the main class known as "self-actualization". Two Subcategories of "nurse satisfaction" and "improved positive mutual attitude" led to the emergence of the main class called "Nurse's Good sense of happiness with a positive attitude "(Table 2).

Self-actualization

Therapeutic communication with patients suffering from cancer puts the oncology nurse on the path to growth and excellence in all human aspects. The data indicate that the common outcome of therapeutic communication is the access to self-actualization with inner strength, self-construction based on moral values, spiritual elevation, and mutual growth and development in both nurse and patient.

Inner strength

Needs of patients could be effectively met via providing the nursing services in multiple roles. In this

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

Core Category	Subcategories	Primary Concepts	Open Codes
Self-actualization	Inner strength	Significance and satisfaction of life	- Attitude change towards life and religious beliefs in continuous work with the patient - Involving the patient's sense of satisfaction in the nurse's personal life
	Professional self-confidence	Joy and happiness in teaching novice nurses	
	Patient support role	Being useful to the patient	- Effective nurse communication - Patient protection with self-care education - Patient's appreciation of nurses - Family's appreciation of nurses after patient's death
	Self-construction based on moral values	Proficiency	- Awareness of clinical care of patients - Basic/scientific care based on clinical knowledge
		Encouraging sense of altruism	- Friendly behavior of nurse with cancer patients - Kind behavior of the nurse with the patient
		Independence in clinical reasoning	- Solving significant problems for the patient - Taking necessary measures when issues arise
		Moral courage	- Developing courage and adherence to ethical principles - Defending the patient's rights with awareness of professional values
	Spiritual elevation	Emergence of spirituality in nurses' appearance	- Meeting the needs of belonging and respect in patients - Caring for patients with a strong spiritual foundation
		Realistic approach to life	- Attitude change towards life and death - Deep and new attitude towards life
		Spiritual raising interaction	- Faith in the spirituality of the nurse in problem-solving - Mutual belief in spirituality
		Acquiring religion-based strategies	- Strengthening religious beliefs in the nurse - Empowering patients through spiritual beliefs
	Mutual maturity	Increased patient's self-confidence	- Accepting oneself as a member of society - Change and transformation, determining new goals through motivation
		Attitude change, finding new goals	- Growth of the nurse alongside the patient through effective communication
Nurse's Good Sense of Happiness	Nurse's satisfaction	Peace of mind	- Ease of nurse's conscience and psyche through good communication - Estimating the patient's needs with inner satisfaction
		Feeling of being useful with continued service	- Most prominent nursing time in the oncology department
	Improved positive mutual attitude	Trust as the result of positive communication	- Solving the patient's problems by providing useful information through communication - Granting the patient the right to choose their nurse
		Satisfaction with patient's good feeling	- Nurse's happiness reflected in the patient's satisfied smile
		Patient comfort	- Nurse's happiness from patient's satisfaction - Comfort in conversations with the nurse - Feeling of acceptance and comfort in meeting patients' needs

study, the participants highlighted some characteristics, such as significance and satisfaction of life, professional self-confidence, patient support role, and usefulness in the eyes of patient's family and society.

As significance and satisfaction of life

Therapeutic communication with the patient plays a major role to form a new content of values and gives meaning to the nurse's life. In this regard, one of the participants said:

"*Compassionate care for these patients has changed the attitude of me and my co-workers towards life in terms of personality. Some of my co-workers have no positive attitude at first and are afraid to work in this ward, but their beliefs changes over time.*" (M-10)

Professional self-confidence

One of the characteristics of nurses' professional competence is to reach the belief in being able to serve patients, which plays a major role in building a motivation to work in the oncology department. In this regard, one of the participants said:

"*I feel good while working in oncology department and working in this ward is the most prominent part of nursing for me, because I feel I am useful in this department.*" (M- 2)

Patient support role

One of the roles of a nurse is to play a supportive role to meet the needs of the patient where the nurse with improved communication skills could be useful. A participant said:

"*I feel responsible for patients to make them feel happy during the time I spend with them by having good communication and taking care of them.*" (M-14)

Being useful from the viewpoint of patient's family

According to the data, many participants received verbal and non-verbal expression of appreciation from patients concerning their efforts; they could feel the happiness of the patients, which is the motivation to continue working.

"*There were patients who praised our work and were grateful and it was encouraging, so we would do anything we could for them. Now that their treatment is over, they turn back sometimes and appreciate our efforts.*" (M-3).

Self- construction based on moral values

The higher the confidence and belief in capacities, the better the performance in self-actualization for expressing the moral values of care. The following characteristics are a consequence of the strategies adopted by nurses with good therapeutic communication to meet the needs of patients suffering from cancer.

Proficiency

According to the experiences of the participants in this study, one of the most significant themes that refers to perception of the self-efficacy of oncology nurses while caring is technical capabilities and professional knowledge-based care. One of the participants said:

"*Oncology nurse should be well aware and full of information to help the patient. The practical work will be gradually improved. Some of the practical procedures such as IV line are difficult and the patient should not be bothered with the possibility of infection.*" (M-3)

Encouraging sense of altruism

According to the experiences of most of the participants, due to the longer stay of the patients, the consecutive referrals to the treatment ward is a kind of unique friendship with nurses; in this regard, participant no. 11 said:

"*Our communication and knowledge of patients improves during their treatment. We also see the patients' health becomes worse over time, while the patients get hospitalized once in other wards. So we build an intimate and stronger relationship here.*"

Independence in clinical reasoning

Some participants noted independence in clinical decision-making as an outcome of nurses' efforts. According to the patient's clinical condition, they could use their ability and build patient's trust in order to help establish communication.

"*Since patients in this ward are vulnerable, I no longer wait to call doctors or residents about vancomycin injections, because it is a time-consuming process. Since we know that vancomycin is allergic, we inject hydrochloride instead; sometimes, we make decisions ourselves.*" (M-14)

Moral courage

Nurses are morally responsible for ethical problems and decision-making in dealing with these issues and should be accountable for their decisions and behaviors. The participants have presented their efforts in this regard by developing courage and adherence to ethical principles.

"*In dealing with moral challenges, regardless of the negative views of others, I insist on my own moral beliefs, even if it puts me in an unfavorable occupational or organizational situation against my seniors.*" (M-11)

Spiritual elevation

The codes extracted from the interviews led to four characteristics, including emergence of spirituality in nurse's appearance and communication behavior, realistic approach to life, spiritual raising interaction, Acquiring religion-based strategy. Explaining the point that, despite the shortcomings, nurses are trying to strengthen the patient's relationship with God by using spiritual reinforcement strategies.

Emergence of spirituality in nurse's appearance and communication behavior

The spiritual aspect of nurses is expressed in appearance and communication behavior. Nurses with such characteristics are a source of happiness, energy, hope, and strength for patients.

"*I took the nursing job for making patients with cancer and myself happy. When I manage to meet their needs,*

both the patients and I are satisfied. I found the meaning of spirituality in worshiping and I consider serving patients a kind of worship." (M-8)

Realistic approach to life

Nurses said working with patients suffering from cancer can change their worldview towards life and death. They found a deep and new perspective on life.

"*Believe me, thinking of death has made us have better worldview. We do not think too much about money and things like that. It makes us be more realistic.*" (M-12)

Spiritual raising interaction

Participating nurses talked about their experiences of spiritual growth and tried to play the role of a spiritual role model. This impact on the thinking of patients was accompanied by communication skills such as patience, kindness, and empathy.

"*I mean that a nurse has nothing else in hand than spirituality. A patient with cancer has various kinds of problems. You know prayers of these patients have helped me while facing serious problems in my life. I always tell the patients to just pray for me. I really believe in things like that.*" (M-14)

Acquiring religion-based strategy

In the oncology ward, many of the spiritual strategies used by nurses and patients to deal with cancer difficulties and its treatment are rooted in their religious beliefs.

"*I told the patient to take prayer beads in his hands. I told him that God will give you whatever you want if you pray, because you are a great person. If you believe in God, then, God gives whatever you want.*" (M-15)

Mutual growth and maturity

The codes extracted from the interviews lead to the emergence of two characteristics, including increased patient's self-confidence by strengthening the self-belief and attitude change, finding new goals, which explains the point that facing this stressful event leads to positive psychological consequences.

Increased patient's self-confidence by strengthening the self-belief

One of the components reported in nurses' experiences in the data is that establishing good therapeutic communication leads to self-confidence in patient and an independent role; this kind of self-confidence could lead to this result with the nurse's enhanced professional self-confidence.

"*As we work with these patients and provide training and counseling, we feel more self-confidence by seeing positive feedback from the patients. This gives me more motivation.*" (M-4)

Attitude change, finding new goals

As reported by the nurses dealing with the patients, when nurses having a new perspective and attitude to caring for patients with cancer try to encourage them, efficient thoughts and feelings of patients are expanded and components of attitude change and finding new goals emerge.

According to nurses, one of the patients said:

"*I have found new goals for myself. I appreciate the efforts of you and your co-workers. I have found new goals in life, which is the result of your encouragement.*" (M-17)

Nurse's Good sense of happiness with a positive attitude

The data indicate that establishing therapeutic communication with patients suffering from cancer leads to nurse satisfaction and improves the positive mutual attitude as the outcome of therapeutic communication. According to their statements, satisfaction is defined as a pleasant feeling resulting from nursing procedures.

Nurse Satisfaction

It is clear that nurses take steps as much as they can to provide comprehensive care by establishing therapeutic contact with patients. According to results of data analysis, nurse satisfaction is one of the most important sub-themes that is presented with the characteristics of peace of mind, feeling of being useful with continued service.

Peace of mind

Some nurses believe that establishing therapeutic communication with cancer patients leads to peace of mind. In this regard, most of the nurses believe that they do such communication and care in response to the inner voice of their conscience.

"*When communication is good, we could take good care of the patient. As a result, the patient is more satisfied and I feel satisfied as well. When the shift is over, I have managed to teach the patient one thing or two and the problems are solved. Everything goes so well.*" (M-1)

Feeling of being useful with continued service

Nurses feel being useful if they could solve a patient's problem. Some even think that their most prominent nursing time is spent while working in the oncology department.

"*If the patient's problem is resolved, we feel relieved. It is a unique feeling from the human point of view that makes us feel comfortable inside.*" (M-3)

Improves the positive mutual attitude

Results of the study showed that in addition to the positive consequences of establishing therapeutic communication for the nurse, such therapeutic communication and care have very positive results for the patient and their family, the most important one is patient satisfaction followed by the positive mutual attitude.

Trust as the result of positive communication

In this regard, nurses said that when the patients see their efforts to solve the problems, the patients' trust is increased and if a problem arises in the next time, they try to inform the nurse about their problem again.

"*Paying attention to the patient's needs and problems leads the patient to realize that if a serious problem occurs, s/he can count on the nurse, meaning that the patient can easily trust his/her nurse.*" (M-9)

Satisfaction with patient's good feeling

During medical and educational procedures, the positive feedback of the patient makes the nurse happy and the happiness of nurse is reflected with the patient's satisfaction smile.

"*I was very pleased with some of the patients, because I see them follow what I am teaching them.*" (M-15)

Patient comfort

Nurses thought that comfort and relaxation are the other outcome of good therapeutic communication with patients suffering from cancer. They believed this type of therapeutic communication with good behavior calms the patient down and leads to nurse satisfaction.

"*When the patients' problems are solved, I can see happiness in their eyes.*" (M-5)

"*I feel very relieved when I meet the patients' needs and treat them well.*" (M-11)

Discussion

According to the findings, self-actualization (inner strength, self- construction based on moral values, spiritual elevation, mutual growth and maturity) and Nurse's Good sense of happiness with a positive attitude (nurse satisfaction, improved positive mutual attitude) of the nurses were identified as the main positive and valuable outcomes of nurses' therapeutic communication with patients suffering from cancer

According to Maslow's hierarchy of needs, self-actualization is the highest human level resulted from good feeling and effective functioning in life that is equivalent to the high level of mental well-being and, briefly, shows mental health [21]. Hogan et al. defined self-actualization as a tool to reach high-quality care [22], which shows research findings based on experiences of participants. This has been reported in mid/high-level nurses in western countries [23]. Among the nurses in Middle East, the results of studies show that among five levels of Maslow's hierarchy of needs, the need for esteem is strong, the need for physiological is relatively strong, and finally, the need for safety and self-actualization is weak and insignificant. The greatest motivating role in nurses is the need for esteem and self-actualization [24].

According to the participants' experience, gaining self-confidence following motivation gives self-authority and inner strength and growth to the nurses. According to Valizadeh et al., one of the areas of professional success in health organizations is the qualitative growth of nurses in acquiring competencies [25]. Therefore, the research findings highlighted the patient support role by acquiring this capability. In this regard, Hanks et al. [26] found that decisiveness is one of the characteristics that can affect the supportive role of the nurse and, as said by participants, this is useful in building patient trust. One of the most important aspects of therapeutic communication between the nurse and patient reported in this study is its significance and purposefulness; such communication helps the nurse to solve problems [2].

The nurse provides humanitarian care to the patient while recognizing his/her strengths and weaknesses. Gaining control and communication skills are learned based on empathy and altruism; this proficiency has been also mentioned in other studies t [11, 27]. Research findings showed that nurses have highlighted this type of experience. In this regard, independence in clinical decision-making is considered important as the clinical competencies of an oncology nurse to enter this profession. Alizadeh et al. found that nurses' self-efficacy plays a major role in their clinical decision-making [28]. Participants see professional ethics can determine the foundations of implementing ethical values. Foroughi et al. explained the role of values in the professional ethics of nursing and formed the main theme called shading [29]. Participants also believed that nurses are morally responsible for dealing with moral distress and decision-making. According to Helena, seven main characteristics of moral courage included personal and professional development and empowerment [30].

This study demonstrated that nurses experience spiritual growth as a stage of professional development in interaction with patients. They tried to support the patients and their families by conveying emotions, treating them honestly, encouraging them, and accepting God's providence. Jung and San Seo's study showed that nurses experience gradual spiritual growth [31]. This spirituality is effective in providing nursing activities to invite patients and their families to pray and talk to others about spiritual matters and emphasize on not forgetting God [32]. A relationship in which nurses can convey happiness, joy, affection, sense of trust, and empathy to patient through spiritual care and respect their religious and spiritual beliefs could help strengthen spirituality [32]. This is reflected by research findings based on the experiences of the participants. The spiritual development puts the oncology nurse in the path of an improved realistic approach to life, which helps maintain this type of spiritual relationship [34].

The subject extracted from the data was "mutual growth and development of nurse and patient". The therapeutic communication puts the cancer patient and oncology nurse on the path of growth and excellence in all the human aspects. Achieving relaxation by the patient and the nurse is reported as a common result of this type of care. Results of studies indicate that nurses follow a therapeutic communication method in dealing with cancer patients and describe it as a supportive relationship for the growth of the patient and the nurse in order to meet the human needs of the patient [13]. This changes the attitudes and finds new goals in both groups. Hogan et al. argued that the interaction of nurse and patient led to mutual excellence in reaching a meaningful life [35]. According to the findings, the nurse's self-confidence with strengthened inner self-confidence provided this feeling to the patient and nurse [7].

According to nurses, satisfaction is defined as a pleasant feeling resulting from comprehensive nursing measures and establishing therapeutic communication with patients, which has been mentioned in other studies [34]. Nurses believe that despite many problems found in the clinical environment, they still attempt to perform compassionate care with therapeutic communication for

the patient to make them feel good and reduce their stress. Perry et al. concluded that when nurses are compassionate and could solve patients' problems, they feel professionally happy [35]. Nurses said that when they provide nursing care to patients, the sense of usefulness and job satisfaction is increased by establishing therapeutic communication with patients. Dawar et al. [36] believed that interactions with therapeutic communication creates positive energy in the clinical personnel.

The results of the study showed that, in addition to the positive outcomes of establishing therapeutic communication for the nurse, this type of therapeutic communication and care has very positive results for the patient and their family, and reaching this point is the ultimate success in the good and effective therapeutic communication between an oncology nurse and the patient. Good communication increases patient satisfaction and trust among nurses, patients, and family members and improves treatment outcomes [8]. The common result of treatment care is to achieve peace that helps the nurse give comfort and peace to the patient and, finally, reach inner satisfaction; this was highlighted by the participants [34]. Perry emphasized that therapeutic communication is formed based on the interaction between the nurse and the patient, the efficiency of which goes back to both parties. In addition to making the patient comfortable, it has positive effects for the nurse that finally improves the positive attitude [35]. In this regard, Hassan Khani et al. argued that empowering patients and their caregivers leads to a positive attitude, hopefulness, and attitude change towards cancer followed by effectiveness of treatments [37, 38].

Limitations

The findings of this study were limited to outcomes of therapeutic communication between oncology nurses. Establishing therapeutic communication with cancer patients requires further qualitative studies and quantitative approaches in different cultures.

In conclusion, the research findings provided an insight into the positive effects of establishing therapeutic communication with patients suffering from cancer. The therapeutic communication puts the oncology nurse on self-actualization, growth, and excellence in all human aspects. Concerning the clinical challenges, it seems essential for the directors to make more emphasis on teaching the correct way of establishing therapeutic communication, pay attention to therapeutic communication issues in the educational curriculum, especially with cancer patients, attempt to enhance the capacity of nurses via encouraging them and strengthening their mental functions in order to train committed and professional nurses with a sense of responsibility. It seems that researchers in future studies could focus on developing effective spiritual interventions yet sensitive to cultural and religious differences of nurses. According to the results of the present study, regarding positive effects of therapeutic communication on nurses and patients, it is suggested to design and implement a special program and investigate the effects of this type of program on the quality of care.

Author Contribution Statement

The study was designed by MJ, MHM and MBZ. MBZ participated as the main interviewer. The initial deductive data analysis was done by JDHG 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.

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Conflict of interest e participants were selected after the approval of Ethics Committee of Urmia University of Medical Sciences and necessary permissions (Code: IR.UMSU.REC.1398.288) were granted. Prior to the interviews, the participants were informed about their anonymity, confidentiality of their information, the research method and objectives, and their right to leave the study at will. The participants also signed informed consent forms.

Availability of data (if apply to your research)

The interview dataset generated and analysed during the current study are not publicly available due to promises of participant anonymity and confidentiality. However, on reasonable request the data could be available from the corresponding author. All applications should be sent to Bafandehzendeh.f@umsu.ac.ir. All requests will be answered within a maximum of 1 month by email

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Any conflict of interest

The authors declare that they have no competing interests.

References

1. Karolak H. Philosophy of communication ethics: Scholarship beyond the one and the other. Rev Commun. 2015;15(4):316-31. https://doi.org/10.1080/15358593.2015.1114138
2. Birks M, Chapman YB, Davis J. Professional and therapeutic communication. Oxford University Press; 2015 Nov 19.

3. Mitsi A, Kourakos M, Poulimenakou G, Latsou D, Sarris M. Therapeutic relationship and quality of life in chronic diseases. Am J Nurs Sci. 2018;7(3-1):103-8. https://doi.org/10.11648/j.ajns.s.2018070301.25
4. Kooij L, Groen WG, Van Harten WH. The effectiveness of information technology-supported shared care for patients with chronic disease: a systematic review. J Med Internet Res. 2017;19(6):e221. https://doi.org/10.2196/jmir.7405
5. Brunner-La Rocca HP, Fleischhacker L, Golubnitschaja O, Heemskerk F, Helms T, Hoedemakers T, et al. Challenges in personalised management of chronic diseases—heart failure as prominent example to advance the care process. EPMA J. 2016;7(1):1-9. https://doi.org/10.1186/s13167-016-0051-9
6. Monterosso L, Platt V, Bulsara M, Berg M. Systematic review and meta-analysis of patient reported outcomes for nurse-led models of survivorship care for adult cancer patients. Cancer treat rev. 2019;73:62-72. https://doi.org/10.1016/j.ctrv.2018.12.007
7. Nielsen BK, Mehlsen M, Jensen AB, Zachariae R. Doctor, ease my mind! associations between cancer patients' emotional distress and their perception of patient-centeredness during oncology consultations. Open J Nurs. 2017;7(07):788. https://doi.org/10.4236/ojn.2017.77060
8. Quinn B. Exploring nurses' experiences of supporting a cancer patient in their search for meaning. Eur J Oncol Nurs. 2003;7(3):164-71. https://doi.org/10.1016/S1462-3889(03)00019-X
9. Hack TF, Ruether JD, Pickles T, Bultz BD, Chateau D, Degner LF. Behind closed doors II: systematic analysis of prostate cancer patients' primary treatment consultations with radiation oncologists and predictors of satisfaction with communication. Psychooncology. 2012;21(8):809-17. https://doi.org/10.1002/pon.1984
10. Shirazi ZH, Sharif F, Rakhshan M, Pishva N, Jahanpour F. The obstacles against nurse-family communication in family-centered care in neonatal intensive care unit: a qualitative study. J Caring Sci. 2015;4(3):207. https://doi.org/10.15171/jcs.2015.021
11. Kiani F, Balouchi A, Shahsavani A. Investigation of nursing students' verbal communication quality during patients' education in Zahedan hospitals: Southeast of Iran. Glob J Health Sci. 2016;8(9):331. https://doi.org/10.5539/gjhs.v8n9p331
12. Banerjee SC, Manna R, Coyle N, Shen MJ, Pehrson C, et al. Oncology nurses' communication challenges with patients and families: a qualitative study. Nurse Educ Pract. 2016;16(1):193-201. https://doi.org/10.1016/j.nepr.2015.07.007
13. Bafandeh Zendeh M, Hemmati Maslakpak M, Jasemi M. Nurses' perceptions of their supportive role for cancer patients: A qualitative study. Nurs open. 2022;9(1):646-54. https://doi.org/10.1002/nop2.1112
14. Manzari ZS, Memariyan R, Vanaki Z. Effect of therapeutic communication on pain anxiety and burn wounds healing status. Internal Medicine Today. 2013;19(2):59-65.
15. Ebrahimi H, Namdar H. The effect of therapeutic relationship in schizophrenic patients. Nursing And Midwifery Journal. 2014;12(6):491-8.
16. Sherko E, Sotiri E, Lika E. Therapeutic communication. JAHR. 2013;4(7):457–466.
17. Speziale HS, Streubert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative. Lippincott Williams & Wilkins; 2011.
18. Wildemuth BM, editor. Applications of social research methods to questions in information and library science. Bloomsbury Publishing USA; 2016 Nov 14.
19. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today. 2004;24(2):105-12. https://doi.org/10.1016/j.nedt.2003.10.001
20. Lincoln YS, Guba EG. But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. New directions for program evaluation. 1986;1986(30):73-84. https://doi.org/10.1002/ev.1427
21. Tay L, Diener E. Needs and subjective well-being around the world. J Pers Soc Psychol. 201;101(2):354. https://doi.org/10.1037/a0023779
22. Haugan G, Kuven BM, Eide WM, Taasen SE, Rinnan E, et al. Nurse-patient interaction and self-transcendence: assets for a meaningful life in nursing home residents? BMC geriatrics. 2020;20:1-3.3. https://doi.org/10.1186/s12877-020-01555-2
23. Valizadeh S, Haririan H. Nurses work motivation: A big challenge for health system; A review article. PCNM J. 2016;5(2):56-64.
24. Khaefelahi AA, Hosseini R. Designing the Interpretative Structural Model of the Motivation System for Faculty Members Based on a Fuzzy Technique. Organizational Behaviour Studies Quarterly. 2018;7(2):177-206.
25. Valizadeh S, Fallahi Khoshknab M, Mohammadi E, Ebrahimi H, Arshadi Bostanabad M. Nurse's perception from barriers to empowerment: a qualitative research. Nursing and Midwifery Journal. 2015;12(12):1128-38.
26. Hanks RG. Social advocacy: A call for nursing action. Pastor Psychol. 2013;62:163-73.
27. Fawcett J. Middle-range theories and situation-specific theories: similarities and differences. Situation specific theories: Development, utilization, and evaluation in nursing. 2021:39-47.
28. Alizadeh I, Salari A, Ahmadnia Z, Moaddab F. An Investigation into Self-efficacy, Clinical Decision-making and the Level of Relationship between them among Nurses in Guilan Province. J Guilan Univ Med Sci. 2020;29(2):38-49.
29. Foroughi S, Alhani F, Kazem Nejad A, Zareian A. Explaining the role of values in the ethics of the nursing profession: A thematic study. Found. 2016;18(1):56-64.
30. Numminen O, Repo H, Leino-Kilpi H. Moral courage in nursing: A concept analysis. Nurs Ethics. 2017;24(8):87-91. https://doi.org/10.1177/0969733016634
31. Sun-Seo I, Yong J. The experience of spiritual growth in hospital middle manager nurses. In23rd International Nursing Research Congress 2012.
32. Zamanzadeh V, Rassouli M, Abbaszadeh A, Nikanfar AR, Alavi Majd H, Mirza-Ahmadi F, et al. Spirituality in cancer care: A qualitative study. J Qual Res Health Sci. 2014;2:366-78.
33. Samson A, Zerter B. The experience of spirituality in the psycho-social adaptation of cancer survivors. J Pastoral Care Counsel. 2003;57(3):329-43. https://doi.org/10.1177/154230500305700308
34. Moosavi S, Rohani C, Borhani F, Akbari ME. Consequences of spiritual care for cancer patients and oncology nurses: a qualitative study. Asian Pac J Oncol Nurs. 2019;6(2):137-44. https://doi.org/10.4103/apjon.apjon_37_18
35. Perry B. Conveying compassion through attention to the essential ordinary. Nurs Older People. 2009;21(6):14-21. https://doi.org/10.7748/nop2009.07.21.6.14.c7137
36. Dewar B, Adamson E, Smith S, Surfleet J, King L. Clarifying misconceptions about compassionate care. J Adv Nurs. 2014;70(8):1738-47. https://doi.org/10.1111/jan.12322
37. Hassankhani H, Eghtedar S, Rahmani A, Ebrahimi H. Going forward lightening the shadow of cancer: experiences of family caregivers toward empowerment. Holist Nurs Pract. 2018;32(4):202-9. https://doi.org/10.1097/HNP.0000000000000272

38. Zendeh MB, Maslakpak MH, Jasemi M. Effective Characteristics of Iranian Oncology Nurses in Their Therapeutic Communication With Cancer Patients. Crescent J Med Biol Sci. 2022;9(4):218-24. https://doi.org/10.34172/cjmb.2022.36