

ORIGINAL ARTICLE

Nurses' Perception of Therapeutic Communication: A Metaphor Study

Hemşirelerin Terapötik İletişim Algısı: Bir Metafor Çalışması

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ABSTRACT

Background and Aim: Therapeutic communication, vital for patient centered care, is often challenging for nurses to define. Metaphors offer a valuable tool for understanding this crucial aspect. This study was conducted to explain nurses' perceptions of therapeutic communication through metaphors.

Methods: This study was conducted with metaphor analysis technique based on phenomenological approach with 189 nurses as participants. Data collection occurred via an online survey in 2023, in which participants completed the sentence, "Therapeutic communication is like ... because ...". The qualitative data were analyzed using Braun & Clarke's six-step thematic analysis method.

Results: The study identified three main themes and nine subthemes. (i) Traits: magical, complex, continuous, essential, (ii) Benefits: offering support, healing, guidance, improving (iii) Obstacles: lack of awareness.

Conclusion: Nurses perceived therapeutic communication positively, yet obstacles indicate a need for greater awareness. These findings underscore the necessity of studies to enhance nurses' skills and attitudes in therapeutic communication.

Keywords: Metaphor, nurses, therapeutic communication

ÖZ

Giriş ve Amaç: Hasta merkezli bakım için hayati önem taşıyan terapötik iletişimi tanımlamak hemşireler için çoğu zaman zordur. Metaforlar bu önemli hususu anlamak için değerli bir araç sunar. Bu çalışmanın amacı hemşirelerin terapötik iletişim algılarını metaforlar aracılığıyla tanımlamaktır.

Yöntemler: Çalışma fenomenolojik yaklaşım temelli metafor analizi tekniği kullanılarak 189 hemşirenin katılımı ile gerçekleştirilmiştir. Veri toplama, 2023 yılında katılımcıların "Terapötik iletişim ... gibidir. Çünkü..." cümlesini tamamladığı çevrimçi bir anket aracılığıyla gerçekleştirildi. Nitel verilerin analizinde Braun & Clarke'ın altı adımlı tematik analiz yöntemi kullanılmıştır.

Bulgular: Araştırmada üç ana tema ve dokuz alt tema belirlendi; (i) Özellikler: büyü, karmaşık, sürekli, temel, (ii) Faydalar: destek sunma, iyileştirme, rehberlik etme, iyileştirme (iii) Engeller: farkındalık eksikliği.

Sonuç: Hemşireler terapötik iletişimi olumlu algılamaktadır ancak engeller daha fazla farkındalığa ihtiyaç duyulduğunu göstermektedir. Bu bulgular hemşirelerin terapötik iletişim konusundaki beceri ve tutumlarını geliştirmeye yönelik çalışmaların gerekliliğini vurgulamaktadır.

Anahtar Kelimeler: Hemşireler, metafor, terapötik iletişim.

Introduction

Effective communication is an integral part of patient care in all healthcare settings, from health maintenance to diagnosis, treatment and recovery of disease (1) and is essential to the execution of healthcare services (1,2). Communication is also a fundamental element of the nursing profession, enabling understanding, evaluating and attending the individual needs of each patient (3).

The importance of communication for the nursing profession has been a frequently mentioned topic by nurses and nurse scientists since Florence Nightingale (4). So much so that it has been introduced as a basic element of care from the beginning of the theory development process in nursing until today (5). For example, Peplau placed interpersonal

relations, Travelbee human-to-human relations, and Orlando placed therapeutic relationship and therefore therapeutic communication at the center of nursing care with the nursing process theory.

Therapeutic communication (TC), the primary type of communication between the healthcare provider and the patient (6), is essential for the delivery of health services (1,2). Its primary purpose is to build trust to establish a meaningful relationship between the patient and nurse (6,7) and to improve patients' health, safety, and comfort (6). TC also helps build a health-focused and stress-reducing collaborative relationship between the nurse and patient (7), and improves healthcare outcomes and patients' and healthcare professionals' satisfaction (8,9). Thus, it contributes to high-quality

(1,10,11) and patient-centered care, the universal goals of healthcare service delivery (10). In contrast, non-therapeutic communication can lead to health risks such as medicine errors and unintentional harm (12,13), as well as patient dissatisfaction (14). Considering the impact of these risks on patient care and safety, communicative competence emerges as a necessity for nursing professionals (15)

Although TC is a frequently used term in nursing and related sciences literature, it still needs to be clarified (16). Clarifying TC as a concept may contribute to strengthening nurse-patient interaction (16). It can also contribute to the development of pragmatic suggestions that will promote the advancement of nursing practices (17). Using metaphors in explaining TC can be a facilitating tool. Indeed, metaphors allow people to convey their perceptions of events (18,19) and offer the opportunity to disclose how they interpret their experiences and events (20). Metaphors make up our conceptual system and provide a means to understand how we conceptualize our experiences and make sense of that reality. Therefore, metaphorizing an expression can help individuals communicate what is hidden (21). Nurses' definition of TC through metaphors can guide future studies and evaluations on this topic. Thus, the study aims to define nurses' perceptions of TC through metaphors.

Methods

Design and sampling

This study employs a metaphor analysis based on the interpretative phenomenological approach on the qualitative design. The population of the study was nurses working in Turkey. Sample selection was not made, and data collection was terminated when the data started to repeat and saturation was reached. 244 nurses agreed to participate in the study, but 55 were excluded because they did not complete the form and thus, the study was completed with 189 nurses (n=189). The inclusion criteria were nurses working for at least one year and willing to participate in the study.

Data collection

The data were collected by an online survey application between January 2023 and June 2023. Each researcher within the scope of the study sent the form to the e-mail address of a clinician nurse and invited them to participate in the study. Nurses who agreed to participate in the study were asked to forward the form to other nurses. Thus, the form was distributed via e-mail using the snowball sampling method. The researchers and the participants did not know each other and did not meet during the research. The application allowed each nurse to fill out the form once.

Information about the demographic and working life characteristics, and experience related to therapeutic communication of the participants was collected with a structured questionnaire. Metaphor for therapeutic communication was prepared in line

with the relevant literature aligning with the research purpose and includes only one question: "If you could compare therapeutic communication between patient and nurse to anything, what would it be?". The answer to this open-ended question is "Therapeutic communication is like/similar to ... Because ..." Metaphor studies often use the terms "is like/similar to" to establish a more precise relationship between the subject and the origin of the metaphor. In the first part to be filled in the form, individuals are expected to indicate their feelings, thoughts, and perceptions regarding therapeutic communication. The second part aims to determine the causes of these feelings, thoughts, and perceptions (18,20,22).

Data analysis

Quantitative data from the research were analysed using arithmetic means, minimum-maximum values, frequencies, and percentages. Arithmetic mean, minimum-maximum values, frequency, and percentage values were used in the descriptive statistics. Braun & Clarke's (23) six-step thematic analysis method was used for qualitative analysis. These steps are as follows: familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, producing the report.

To address transferability and confirmability; the characteristics of the sample and the study setting, as well as the characteristics of the participants, are shared (Table 1). To reinforce confirmability and credibility (24); an excerpt of the results is presented, the authors independently evaluated the data and reached consensus on themes. Since the data was collected through an online platform, participants were not interviewed face to face. Researchers and participants did not know each other. Two of the researchers (EU-GK) have a doctorate degree in psychiatric nursing, one (TP) has a master's degree in psychiatric nursing, and the other (AÖ) has a doctorate degree in nursing principles. All have worked as nurse clinicians for at least four years. The reporting of qualitative data in the study was guided by the Criteria for Reporting Qualitative Studies-COREQ guide (25).

Ethical considerations

Ethical approval of the study was obtained from the Non-Invasive Clinical Research Ethics Committee of a university (Date: 25.04.2023 / Issue No: 88). Written informed consent was obtained from the participants. The principles of the Declaration of Helsinki were complied with throughout the study.

Results

The mean age of the 189 nurses participating in the study was 34.59; their average professional working years was 11.74, and 35.2% worked in specialized units. 69.3% reported that they did not receive any training on TC (Table 1). Three themes and nine related subthemes were identified as a result of the data analysis (Table 2).

Theme 1: Traits

This theme reveals TC traits. It has four subthemes: Magical, complex, continuous and essential.

P153: "TC is like TC forest. Because it contains all kinds of colours for communication." (Magical)

P161: "TC is like a miracle. Because it makes fine touches to life." (Magical)

P112: "TC is like a video game. Because it has levels, and it progresses step by step. When you do not succeed, you are stuck at the same level until you do." (Complex)

P124: "TC is like the sky. Because sometimes it is as spacious and bright as can be, and sometimes dark and cold." (Complex)

P165: "TC is like a long narrow road. Because it continues for the rest of your career." (Continuous)

P173: "TC is like an ocean. Because it is endless, vast, and deep." (Continuous)

P46: "TC is like salt added to food. Because no matter what you add to the food, if salt is not added, the meal will not be complete; that is, the patient will not recover if there is no therapeutic communication." (Essential)

P49: "TC is like water and flower. Because the nurse is water, the patient is the flower. When therapeutic communication is not established with the patient, we cannot heal them, they dry up." (Essential)

Theme 2: Benefits

This theme focuses on the benefits of TC. It was associated with four subthemes: offering support, healing, guidance, and improving.

P14: "TC is like oxygen. Because it provides deep breathing and relaxation." (Offering support)

P28: "TC is like a blanket. Because it makes us feel comfortable." (Offering support)

P76: "TC is like a medicine. Because it cures patient's soul." (Healing)

P78: "TC is like a ship and harbour. Because every ship visits a harbour, recovers and resupplies there and moves on." (Healing)

P83: "TC is like a lighthouse. Because it provides holistic care to the patient as a 360-degree lighthouse." (Healing)

P88: "TC is like a soil and seed relationship. Because when you communicate correctly, everything can be resolved; a dry desert can become a forest." (Healing)

P103: "TC is like daylight. Because the patient blooms when they feel understood." (Healing)

P181: "TC is like a calm flowing river. Because the aim is to reach the destination, that is pouring into the sea, but carefully and confidently." (Guidance)

P184: "TC is like dolphins understanding each other

underwater. Because the sound waves they emit are only meaningful to each other and guide them only." (Guidance)

P61: "TC is like going on a long trip. Because learning new things on the way means witnessing all positive and negative experiences." (Improving)

P66: "TC is like an infant. Because it grows as you put the effort in it." (Improving)

Theme 3: Obstacles

This theme demonstrates the obstacles to TC. It has only one sub-theme, lack of awareness.

P128: "TC is like burning the ships. Because you need to lift all your boundaries and talk to the patient." (Lack of awareness TC)

P131: "TC is like a mother-child relationship. Because you witness every moment of the patient's every situation, there is no privacy, and they are in need of your help." (Lack of awareness)

P148: "TC is like a favour. Because if you do not want to do it, you do not." (Lack of awareness)

Table 1. The characteristics of nurses (n=189)

Characteristic	n (%)
Gender	
Female	156 (82.5)
Male	33 (17.5)
Marital status	
Married	115 (60.8)
Single	74 (39.2)
Education level	
High school	6 (3.2)
Graduate	110 (58.2)
Post-graduate	73 (38.6)
Worked position	
Nurse	154 (81.5)
Head nurse	19 (10)
Nurse manager	16 (8.5)
Worked unit	
Internal unit	36 (19)
Surgical unit	33 (17.5)
Specialised unit*	67 (35.2)
Management unit	16 (9)
Other	37 (19.3)
Received any training on TC?	
Yes	58 (30.7)
No	131 (69.3)
	Mean (min-max)
Average age	34.59 (20-54)
Average of professional working years	11.74 (1-34)

* **Specialized unit;** Intensive care, emergency service, etc.

Table 2. The themes and subthemes of the data (n=189)

Themes	Subthemes	Metaphors
Traits	Complex (=21)	Raising a child (=1), Nested (=1), Seesaw (=1), Water (=1), Love (=1), Essence of needs (=1), Video game (=1), Touches the soul (=1), Farmer's garden (=1), Puzzle (=2), Fidelity (=1), Medicine (=1), Math question (=1), Rain (=1), Trade (=1), Flower (=1), Emotional affair (=1), Sky (=1), Game (=1), Vitamin (=1)
	Essential (=17)	Water (=4), Building block (=1), Salt (=1), Cell nucleus (=1), Mother-child relationship (=1), Water-flower relationship (=2), Key-lock relationship (=2), Key (=1), Injection (=1), Human-conscience relationship (=1), Human-water relationship (=1), Bread-water-air (n=1)
	Continuous (=12)	Marriage (=1), Sea (=1), Mother (=1), A long narrow road (=1), Eye reflection (=1), Holy hand (=1), Medicine (=1), Marathon (=1), Fidelity (=1), Mother-father (=1), Love (=1), Ocean (=1).
	Magical (=11)	Sycamore tree (=1), Illusion (=1), Forest (=1), Living room of a house (=1), Love (=1), Google (=1), Key (=1), Magic (=1), Iceberg (=1), Magic wand (=1), Miracle (=1).
Benefits	Offering support (=43)	Mother-child relationship (=11), Mother (=6), Lone star (=1), Sibling (=2), Sea (=1), Family (=3), Confidence (=3), Oxygen (=1), Buddy (=3), Plant-soil relationship (=1), Harbour (=1), Lifeguard (=1), Vaccine (=1), Blanket (=1), Mirror (=1), Light (=1), Art (=1), Chameleon (=1), Student-teacher relationship (=1), Tree (=1), The person who is always by your side (=1)
	Healing (=37)	Prayer (=1), Mother-child relationship (=2), Key-lock relationship (=4), Savior (=1), Medicine (=11), Ship-harbour relationship (=1), Cure (=4), Lighthouse (=1), Bridge (=1), Soil-seed relationship (=1), Palliative care (=1), Phoenix (=1), Bee-pollen relationship (=1), Blackbox (=1), Hobby (=1), Sea-wave sound (=1), Cloud (=1), Song (=1), Daylight (=1), Buddy (=1).
	Guidance (=16)	Sibling (=1), Understanding (=1), Therapy (=1), Navigation (=1), Lighthouse (=2), Key-lock relationship (=2), Medicine (=1), Calm flowing river (=1), Dolphins understanding each other (=1), Bridge (=1), Mirror (=1), Understanding (=1), Candle (=1), Light (=1).
	Improving (=8)	Long trip (=1), Keystone (=1), Bridge (=1), Mirror (=1), Freedom (=1), Infant (=1), Experience (=1), Steel rope (=1)
Obstacles	Lack of awareness (=24)	Smile (=1), Burning the ships (=1), Mother-child relationship (=13), Mirror (=2), Family (=3), Medicine (=1), Dealer-addict relationship (=1), Tree-ivy relationship (=1), Favour (=1).

Discussion

TC, an essential topic in the nursing literature (14,27) was evaluated through metaphors in this study. To our knowledge, it is the first study to demonstrate nurses' perceptions of TC through metaphors. The findings can contribute to the body of scientific evidence regarding nurses' perception of TC and guide actions to translate TC into care. The evaluations resulted in three main themes: the traits of TC, its benefits and obstacles.

The first theme analyzed in the study was the "traits" related to TC. Many traits have been attributed to TC to date, but the "magical" trait was first identified in our study. This is a remarkable finding in that it reveals how deep the nurses think the importance and impact of TC is. Nurses also defined TC as "essential" and "continuous". In the literature, TC was described as an essential element of the nursing profession to understand, assess and address each individual's needs (13). It is also emphasized that it should be applied in all healthcare processes, from health protection to the diagnosis, cure, and recovery of the disease (1). Considering that it deals with the individual's physiological, psychological, environmental and spiritual aspects (7), TC is obviously a multidimensional and complex process. This supports the "complex" aspect of TC defined by the participating nurses in our study. In a previous study, nurses commented that they believed in the power of the therapeutic relationship and used it as an essential part of their practice but had difficulty defining it (27). On the other hand, nurses in our study described positive features of TC, which is promising in enlightening the way for those needing professional support.

Another theme this study revealed was "benefits". TC is known to help nurses' better understand the problems of the individuals they care for, positively affecting and supporting them (28). TC is also cited as a crucial

element in managing prognosis and treatment plans (29). Reports show that it improves care outcomes (12,13,30) and healing (14) "Not all drugs go in bottles" refers to this aspect of TC. As non-professionals, patients may lack knowledge of the illness, and nurses are at a critical position in managing this process during which they can employ the effective TC tool (16). In this way, they help the patients increase their knowledge, understanding and compliance, provide them with the opportunity to know themselves better and realize their situation, support their development, increase their health and well-being, and improve self-management (31). Given that the first step in encouraging an individual to health-promoting behaviours begins with successful communication and relationship building (32), nurses' perception that TC is beneficial may increase their likelihood of using the TC tool, thus increasing the quality of care.

Nurses' communication skills are vital in fulfilling care actions (6). Topalis says, "Communication can be as important and helpful as morphine in curing pain, or on the contrary, it can be dust or salt sprinkled on an open wound" (33). Despite being so important, nurses' "lack of awareness" about TC observed in this study represents an obstacle to TC. For example, nurses defined TC as an optional type of communication in which the patient depends on a nurse, and there are no boundaries or privacy, whereas TC is central in patient-nurse interaction (12,13,30) and it is essential for nurses to establish TC with patients to increase the quality of health services (14). Peplau (7) emphasizes that the patient and the nurse learn together in this process, and Travelbee? (34) underlines that even patient and nurse expressions should be used to facilitate communication. In addition, TC as a type of communication is based on mutual respect and commitment (16). Although the information on TC is a part of the basic nursing education curriculum in Turkiye (35), more than half of the nurses stated

that they had received no training on this subject, supporting that there may be a lack of awareness by the nurses on the subject. It is thus important to plan educational activities to increase nurses' academic equipage, competency and awareness during vocational education and to support existing nurses with in-service training programs.

Limitations

This study has some limitations. First is the metaphorical interpretation of TC, the focus of the study. Qualitative studies examining nurses' narratives in more depth are needed to provide more information. The results may involve bias depending on the nurses' professional experience, but this study may provide the basis for understanding the worldview of the nursing group. Additionally, despite the precautions taken by researchers, results may be affected by social desirability bias.

Conclusion

TC is an integral part of the nursing care process, and nurses' perceptions of TC do matter. According to the results of this study, the nurses have positive perceptions regarding the traits related to and benefits of TC. However, the TC-related obstacles pointed out a clear lack of awareness on the subject. Findings can clarify how TC is perceived as a crucial component in nursing care and suggest strategies to enhance it. They can act as a bridge between the theoretical knowledge in the literature and the nursing practice. The results can also be used in planning nursing education and research.

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References

1. Amoah VMK, Anokye R, Boakye DS, et al. A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. *BMC Nurs*. 2019;18(4). doi:10.1186/s12912-019-0328-0
2. Rider EA, Kurtz S, Slade D, et al. The International Charter for Human Values in Healthcare: an interprofessional global collaboration to enhance values and communication in healthcare. *Patient Educ Couns*. 2014;96(3):273-280. doi:10.1016/j.pec.2014.06.017
3. Fite RO, Assefa M, Demissie A, Belachew T. Predictors of therapeutic communication between nurses and hospitalized patients. *Heliyon*. 2019;5(10):e02665. doi:10.1016/j.heliyon.2019.e02665

4. Younis, J. R., Mabrouk, S. M., & Kamal, F. F. (2015). Effect of the planned therapeutic communication program on therapeutic communication skills of pediatric nurses. *Journal of Nursing Education and Practice*, 5(8), 109. doi:10.5430/jnep.v5n8p109
5. Mirhaghi A, Sharafi S, Bazzi A, Hasanazadeh F. Therapeutic Relationship: Is It Still Heart of Nursing? *Nursing Reports*. 2017; 7(1):6129. doi:10.4081/nursrep.2017.6129
6. Blake T, Blake T. Improving therapeutic communication in nursing through simulation exercise. *Teach Learn Nurs*. 2019;14(4):260-264. doi:10.1016/j.teln.2019.06.003
7. Peplau HE. Peplau's theory of interpersonal relations. *Nurs Sci Q*. 1997;10(4):162-167. doi:10.1177/089431849701000407
8. Finset A. 50 years of research on the effect of physician communication behavior on health outcomes. *Patient Educ Couns*. 2014;1(96), 1-2. doi:10.1016/j.pec.2014.05.018
9. Lofli M, Zamanzadeh V, Valizadeh L, Khajehgoodari M. Assessment of nurse-patient communication and patient satisfaction from nursing care. *Nurs Open*. 2019, 26;6(3):1189-1196. doi:10.1002/nop.2.316
10. Campbell SH, Aredes ND. Global interprofessional therapeutic communication scale (GITCS): Development and validation. *Clin Simul Nurs*. 2019;34:30-42. doi:10.1016/j.ecns.2021.12.006
11. Kirca N, Bademli K. Relationship between communication skills and care behaviors of nurses. *Perspect Psychiatr Care*. 2019;55(4):624-631. doi:10.1111/ppc.12381
12. Arkorful VE, Hammond A, Basiru I, et al. A Cross-Sectional Qualitative Study of Barriers to Effective Therapeutic Communication among Nurses and Patients. *International Journal of Public Administration*. 2020;44(6):500-512. doi:10.1080/01900692.2020.1729797
13. Sulina A, Meliala SA, Najihah K. Relationship Between Nurse Therapeutic Communication with Patient Satisfaction in Outpatient Installation of Special Eye Hospital. *Journal of Asian Multicultural Research for Medical and Health Science Study*. 2023;4(2):28-35. doi:10.47616/jammhss.v4i2.389
14. Kwame A, Petrucka PM. Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review. *Int J Af Nurs Sci*. 2020;12:100198. doi:10.1016/j.ijans.2020.100198
15. Xue W, Heffernan C. Therapeutic communication within the nurse-patient relationship: A concept analysis. *Int J Nurs Pract*. 2021;27(6):e12938. doi:10.1111/ijn.12938
16. Appiah EO, Oti-Boadi E, Ani-Amponsah M, et al. Barriers to nurses' therapeutic communication practices in a district hospital in Ghana. *BMC Nurs*. 2023;22(1):1-11. doi:10.1186/s12912-023-01191-2
17. Dalcali BK, Kaya H. Mental images of nursing students regarding nursing profession: A metaphoric study. *Int J Caring Sci*. 2020;13(3):1621-1628.
18. Parsi K. War metaphors in health care: What are they good for? *Am J Bioeth*. 2016;16(10):1-2. doi:10.1080/15265161.2016.1221245
19. Woodside JM. Organizational health management through metaphor: a mission-based approach. *J Health Organ Manag*. 2018;21;32(3):374-393. doi:10.1108/JHOM-05-2017-0098
20. Kuntz AM, Presnall MM. Wandering the tactical: From interview to intraview. *Qualitative Inquiry*. 2012;18(9):732-744. doi:10.1177/1077800412453016
21. Tanrıverdi H, Kahraman O. C. Metafor Analizi. *Sosyal Bilimlerde Araştırma Yöntemleri, Eğitim Yayınevi, Konya*. 1st ed. 2018, pp.275-286.
22. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77-101. doi:10.1191/1478088706qp0630a
23. Cypress BS. Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimens Crit Care Nurs*. 2017;36(4):253-263. doi:10.1097/DCC.0000000000000253
24. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19:349-57. doi:10.1093/

intqhc/mzm042

25. Abdolrahimi M, Ghiyasvandian S, Zakerimoghadam M, Ebadi A. Therapeutic communication in nursing students: A Walker & Avant concept analysis. *Electron Physician*, 2017;9(8):4968. doi:10.19082/4968

26. Hurley J. A qualitative study of mental health nurse identities: many roles, one profession. *Int J Ment Health Nurs*, 2009;18(6), 383-390. doi:10.1111/j.1447-0349.2009.00625.x

27. Sherko E, Sotiri E, Lika E. Therapeutic communication. *J AHR-European Journal of Bioethics*. 2013;4(7):457-66.

28. Kourkouta L, Papathanasiou IV. Communication in nursing practice. *Mater Sociomed*. 2014;26(1):65-67. doi:10.5455/msm.2014.26.65-67

29. Rezende LCM, Costa KNFM, Martins KP et al. Therapeutic communication between nurses and patients in pre-operative during an admission in a medical surgical unit. *J Nurs UFPE on line.*, Recife, 2013;7(8):5280-7. doi.org/10.5205/1981-8963-v7i8a11804p5280-5287-2013

30. Street RL Jr, Makoul G, Arora NK, Epstein RM. How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Educ Couns*. 2009;74(3):295-301. doi: 10.1016/j.pec.2008.11.015

31. Martin CT, Chanda N. Mental health clinical simulation: Therapeutic communication. *Clin Simul Nurs*. 2016;12(6):209-214. doi:10.1016/j.ecns.2016.02.007.

32. Özcan A. Nurse-patient relationship and communication, Sistem Offset, Ankara. 2012

33. Travelbee, J. To find meaning in illness. *Nursing*. 1972;2(12), pp.6-8. doi:10.1097/00152193-197212000-00002

34. Association for Evaluation and Accreditation of Nursing Education Programs (HEPDAK). 2023. Accessed: 1 July 2023 <https://www.hepdak.org.tr/>