

## HEALTH WORKERS PERSONAL CHARACTERISTICS AS DETERMINANTS OF UTILIZATION OF THERAPEUTIC COMMUNICATION SKILLS IN TEACHING HOSPITALS IN EDO STATE

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### ABSTRACT

*This study examined health workers' personal characteristics as determinants of the adoption and utilization of therapeutic communication skills in selected public and private teaching hospitals in Edo State, South-South geopolitical zone of Nigeria. Patients seek healthcare services with high expectations of quick and lasting recovery; however, the extent to which these expectations are met depends largely on the ability of health workers to effectively communicate therapeutic information. A descriptive cross-sectional survey design was adopted for the study. The population comprised doctors, nurses, and pharmacists in Igbinedion University Teaching Hospital (a private teaching hospital) and University of Benin Teaching Hospital (a public teaching hospital). Using multi-stage sampling techniques, a sample size of 500 health workers was selected. Data were collected using a validated questionnaire, and descriptive and inferential statistical tools were employed for data analysis. Findings revealed that five major therapeutic communication skills written, oral, contextual, listening, and combined skills—were utilized by health workers at varying levels. Doctors predominantly used written and listening skills, nurses relied more on oral and listening skills, while pharmacists demonstrated greater use of contextual skills. Gender differences showed that female health workers utilized oral and listening skills more frequently, whereas males made greater use of written and contextual skills. Years of service and career status significantly influenced the utilization of therapeutic communication skills, with senior and more experienced health workers demonstrating higher levels of competence. The study concludes that personal characteristics such as gender, years of service, and professional rank significantly determine the utilization of therapeutic communication skills among health workers in public and private teaching hospitals.*

**Keywords:** Determinants, Health workers, Personal characteristics, Therapeutic communication skills, Utilization.

## INTRODUCTION

The relevance of therapeutic communication skills to healthcare delivery cannot be overemphasized, as effective communication forms the foundation of patient-centred care and clinical outcomes. Therapeutic communication enables healthcare providers to elicit patients' concerns, convey diagnoses and treatment plans clearly, and promote adherence to medical advice, thereby improving recovery outcomes and patient satisfaction (Sharma, 2022; Popoola & Muraina, 2019). Communication in healthcare is inherently a two-way process involving the sender and the receiver—typically the healthcare provider and the patient. While patients are often able to express their health needs, ineffective communication on the part of healthcare providers can jeopardize diagnosis, treatment compliance, and overall healthcare outcomes (Chandra, 2019). Therapeutic communication goes beyond routine information exchange; it is a purposeful, goal-oriented interaction aimed at promoting patients' physical, emotional, and psychological well-being (Ariyanti, 2022).

In health care practice, therapeutic communication plays a critical role in fostering trust, motivating patients, and enhancing the healing process. Studies have shown that patients who experience supportive and empathetic communication demonstrate higher motivation toward recovery and better adherence to treatment regimens (Ebru & Ülkü, 2020; Sharma, 2022). Patient satisfaction, which is a key indicator of hospital performance, is strongly influenced by the quality of communication between health workers and patients, as satisfaction reflects the comparison between patients' expectations and perceived quality of care received (Chandra, 2019).

Healthcare delivery is a multidisciplinary enterprise involving doctors, nurses, pharmacists, and other allied health professionals. Although nurses account for a substantial proportion of patient contact time—estimated at about two-thirds of patients' hospital stay—other health professionals also play significant roles in communicating therapeutic information such as medication use, prognosis, and lifestyle modification (Ebru & Ülkü, 2020; Ariyanti, 2022). Consequently, focusing solely on nurses provides an incomplete understanding of therapeutic communication practices within healthcare settings. The performance of healthcare services in hospitals is influenced by the nature of services provided, management efficiency, and the competence of health workers (Ebru & Ülkü, 2020). Importantly, service quality is not determined only by technical accuracy but also by the ability of health workers to maintain therapeutic communication relationships that promote holistic healing. Therefore, the effective utilization of therapeutic communication skills is essential for achieving optimal healthcare outcomes (Sharma, 2022).

Despite its recognized importance, the utilization of therapeutic communication skills may be influenced by several personal characteristics of health workers, including gender, years of service, and professional rank or career status (Popoola & Muraina, 2019). In Nigeria, regulatory and professional bodies emphasize the acquisition of communication competencies in health training curricula; however, variations in actual utilization persist in practice. This study therefore examines the relationship between health workers' personal characteristics—such as gender, rank/career position, and years in service—and the utilization of five therapeutic communication skills among health workers in selected public and private teaching hospitals in Edo State, South-South Nigeria.

## LITERATURE REVIEW

### ***Concept of Communication and Therapeutic Communication in Healthcare***

Communication is a dynamic and systematic process through which meaning is created and interpreted using verbal and non-verbal symbols (Wood, 2019). In healthcare settings, communication extends beyond the transmission of clinical information to encompass emotional support, empathy, and shared decision-making between health workers and patients (Sherba, 2017). Therapeutic communication represents a specialized form of interaction that is intentionally structured to promote patients' physical, emotional, and psychological well-being.

Therapeutic communication has been defined as a purposeful, interpersonal process that supports patient healing through assessment, health education, behavioural modification, and emotional reassurance (Schoenty, 2018). Unlike casual or social communication, it is goal-oriented and patient-centred, emphasizing trust, respect, and understanding. Effective therapeutic communication enables health workers to identify patients' needs accurately, enhance compliance with treatment, and improve healthcare outcomes.

### ***Historical and Theoretical Foundations of Therapeutic Communication***

The foundations of therapeutic communication in healthcare can be traced to Florence Nightingale, who emphasized the importance of empathy, presence, and nurse–patient relationships in healing (Karimi & Masoudi, 2015). Over time, professional nursing and healthcare organizations have consistently recognized therapeutic communication as a cornerstone of quality healthcare delivery (Abdolrahimi et al., 2017).

Theoretically, therapeutic communication is grounded in humanistic and interpersonal theories, which emphasize empathy, genuineness, unconditional positive regard, and active listening (Gilbert, 2017; Hellesvig, 2018). These principles facilitate the development of therapeutic relationships that encourage patients to express concerns freely and participate actively in their care.

### ***Verbal and Non-Verbal Therapeutic Communication Skills***

Scholars distinguish therapeutic communication into verbal and non-verbal dimensions. Verbal communication includes spoken and written interactions such as questioning, clarification, paraphrasing, and patient education. These interactions are influenced by contextual variables including age, gender, culture, professional role, and literacy level (Leslie, 2017). Non-verbal communication such as facial expressions, eye contact, posture, tone of voice, and therapeutic touch often communicates empathy more effectively than verbal messages alone (Kimmel, 2017; Stickley, 2011). Studies indicate that congruence between verbal and non-verbal communication enhances patient trust, disclosure, and satisfaction (Abdolrahimi et al., 2017; Rodrigues, 2022).

### ***Therapeutic Communication and Patient Outcomes***

Empirical evidence consistently demonstrates a strong association between therapeutic communication and positive patient outcomes. Active listening and empathetic interaction have been linked to reduced patient anxiety, improved adherence to treatment, and higher levels of patient satisfaction (Daisy, 2019; Rodrigues, 2022). Patient satisfaction, a key indicator of healthcare quality, reflects the extent to which

patients perceive that their expectations have been met, particularly in relation to communication quality (Chandra, 2019). Conversely, non-therapeutic communication behaviours such as judgment, false reassurance, and dismissiveness undermine trust and impede effective care delivery (Amewonye, 2017). These findings underscore the necessity for healthcare providers to adopt communication strategies that foster emotional safety and patient engagement.

### ***Personal Characteristics and Utilization of Therapeutic Communication Skills***

Beyond communication techniques, literature indicates that personal characteristics of health workers significantly influence the utilization of therapeutic communication skills. Variables such as gender, years of professional experience, educational background, and career status have been associated with differences in communication styles and effectiveness (Popoola & Muraina, 2019; Ebru & Ülkü, 2020). Studies suggest that more experienced and senior health workers demonstrate greater confidence and competence in therapeutic interactions, while gender differences have been observed in preferences for verbal, listening, or contextual communication styles. Organisational and educational factors further shape communication practices. Simulation-based training and continuous professional education have been shown to enhance communication competence, empathy, and confidence among health workers (Bennett & Clarke, 2020; Williams & Davis, 2022). Cultural competence is equally critical, particularly in multicultural societies such as Nigeria, where socio-cultural differences may influence healthcare communication and patient trust (Garcia & Lee, 2021).

### ***Research Gap***

The reviewed literature establishes therapeutic communication as a professional, goal-oriented, and culturally sensitive process that is essential for effective healthcare delivery. While its importance is well documented, existing studies reveal variations in utilization influenced by personal characteristics such as gender, years of service, and professional rank. However, empirical evidence examining how these personal characteristics jointly determine the utilization of specific therapeutic communication skills among different categories of health workers in Nigerian teaching hospitals remains limited. This gap provides the justification for the present study.

## **METHODS**

### ***Research Design***

This study adopted a **descriptive cross-sectional survey research design**. The design was considered appropriate because it enabled the systematic collection of data at a single point in time in order to describe and examine health workers' personal characteristics as determinants of the utilization of therapeutic communication skills. The design also allowed for comparison across categories of health workers and institutional settings (private and public teaching hospitals).

### ***Setting***

The study was conducted in **Igbinedion University Teaching Hospital (IUTH) and University of Benin Teaching Hospital (UBTH)**, both located in Edo State, South–South geopolitical zone of Nigeria. Igbinedion University Teaching Hospital (IUTH) is a private tertiary health institution located in Okada Community, Ovia North-East Local Government Area of Edo State, a few kilometres from the Lagos–Benin Expressway. Established in 1999, the hospital provides preventive, promotive, curative, and

rehabilitative healthcare services. It also serves as a training centre for nursing, medical, pharmacy, and other allied health students. The hospital has approximately 204 staff across 22 departments, including doctors, nurses, pharmacists, laboratory scientists, and other health professionals.

University of Benin Teaching Hospital (UBTH) is a federal tertiary health institution located in Benin City, Edo State. Established in 1971 as the Midwest Medical Centre and renamed in 1973, UBTH has a bed capacity of about 900 and serves as a major referral centre for Edo State and the wider South–South region. The hospital provides highly specialized clinical and laboratory services and is actively involved in the training of medical students, resident doctors, nurses, pharmacists, and other health professionals.

#### *Population of the Study*

The population of the study comprised **Doctors, Nurses, and Pharmacists** working in Igbinedion University Teaching Hospital (IUTH) and University of Benin Teaching Hospital (UBTH).

#### *Sample Size and Sampling Technique*

A sample size of 500 health workers (Doctors, Nurses, and Pharmacists) was determined using Taro Yamane’s formula for sample size determination. A multi-stage sampling technique was employed. Convenience sampling was used to select the South–South geopolitical zone of Nigeria, Purposive sampling was used to select the two teaching hospitals (IUTH and UBTH) based on their ownership type (private and public) and teaching status while Stratified sampling was used to categorize respondents into Doctors, Nurses, and Pharmacists. Simple random sampling (balloting technique) was used to select participants within each professional group and Accidental sampling was applied at the point of data collection to include respondents who were available and willing to participate during the study period (Stephanie, 2017).

#### *Instrument for Data Collection*

Data were collected using a **structured questionnaire** developed by the researcher based on relevant literature and the objectives of the study. The questionnaire consisted of sections measuring respondents’ personal characteristics and their utilization of therapeutic communication skills.

#### *Validity and Reliability of the Instrument*

The questionnaire was validated using the **expert judgment technique**, involving specialists in nursing, communication studies, and research methodology. Reliability was determined using the **test–retest method** on 10% of the sample drawn from Federal Medical Centre, Owo, Ondo State. A reliability coefficient of **0.80** was obtained, indicating that the instrument was reliable for the study.

#### *Method of Data Analysis*

Data collected were analyzed using **descriptive statistics** (frequency, percentage, mean, and standard deviation) and **inferential statistics (chi-square)** to test the research questions at an appropriate level of significance.

### **Ethical Considerations**

Ethical approval was obtained from the relevant ethics committees of the selected hospitals. Ethical principles such as informed consent, confidentiality, anonymity, voluntary participation, and data protection were strictly observed throughout the study.

### **FINDINGS**

**Table 1: Demographic Characteristics of Respondents (N = 500)**

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Gender	Male	230	46.0
	Female	270	54.0
Profession	Doctors	120	24.0
	Nurses	280	56.0
	Pharmacists	100	20.0
Years in Service	1–5 years	160	32.0
	6–10 years	190	38.0
	11 years and above	150	30.0
Hospital Type	Public (UBTH)	300	60.0
	Private (IUTH)	200	40.0

Table 1 shows that the majority of respondents were female and nurses constituted the largest professional group. Most respondents had between 6–10 years of work experience, while a greater proportion worked in the public teaching hospital.

**Table .2: Types of Therapeutic Communication Skills Utilized by Health Workers**

<b>Communication Skill</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Interpretation</b>
Written	3.45	0.62	High
Oral	3.68	0.55	High
Contextual	3.21	0.71	Moderate
Listening	3.74	0.49	High
Combined Skills	3.52	0.58	High

Table 2 indicated that Listening and oral communication skills recorded the highest mean scores, indicating that they are the most frequently utilized therapeutic communication skills among health workers.

**Table 3: Utilization of Therapeutic Communication Skills by Professional Category**

Profession    Written    Oral    Listening    Contextual

Doctors	3.72	3.30	3.78	3.25
Nurses	3.35	3.82	3.80	3.10
Pharmacists	3.40	3.25	3.45	3.65

**Table 3 shows that,** Doctors utilized written and listening skills more, nurses relied heavily on oral and listening skills, while pharmacists demonstrated greater use of contextual communication skills.

**Table 4: Gender Differences in Utilization of Therapeutic Communication Skills**

Gender	Written	Oral	Listening	Contextual
Male	3.62	3.40	3.55	3.50
Female	3.30	3.85	3.90	3.15

As shown in table 4, Female health workers demonstrated higher utilization of oral and listening skills, whereas males showed greater use of written and contextual communication skills.

**Table .5: Influence of Years in Service on Utilization of Communication Skills**

Years in Service	Mean Score	F-value	p-value	Decision
1–5 years	3.20			
6–10 years	3.55	6.84	0.003	Significant
11 years and above	3.80			

Table 5 indicates a significant influence of years in service on utilization of therapeutic communication skills, with more experienced health workers demonstrating higher competence.

**Table 6: Influence of Career Status on Utilization of Communication Skills**

Career Status	Mean	t-value	p-value	Decision
Junior Staff	3.25			
Senior Staff	3.78	5.92	0.001	Significant

Table 6 showed that, senior health workers demonstrated significantly higher utilization of therapeutic communication skills compared to junior staff.

## DISCUSSION OF FINDINGS

### Utilization of Therapeutic Communication Skills among Health Workers

The findings of the study revealed that health workers in both public and private teaching hospitals utilized five major therapeutic communication skills: written, oral, contextual, listening, and combined skills although at varying levels. Listening and oral communication skills recorded the highest mean scores, indicating that they are the most frequently utilized forms of therapeutic communication among health workers.

This finding is consistent with earlier studies which emphasize that listening and verbal interaction form the core of therapeutic encounters in healthcare settings (Ebru & Ülkü, 2020; Sharma, 2022). Effective listening enables health workers to understand patients' concerns, build trust, and provide appropriate clinical responses, while oral communication facilitates explanation of diagnoses, treatment plans, and reassurance. The relatively moderate utilization of contextual communication skills suggests that while health workers are attentive to patient interaction, environmental and situational cues may not always be fully integrated into communication practices. This may be due to workload pressure, time constraints, and institutional demands common in Nigerian teaching hospitals.

### **Professional Differences in Utilization of Therapeutic Communication Skills**

The study further revealed variations in the utilization of therapeutic communication skills across professional categories. Doctors predominantly utilized written and listening communication skills, nurses relied more on oral and listening skills, while pharmacists demonstrated greater use of contextual communication skills.

These findings reflect the distinct professional roles and responsibilities of each category of health workers. Doctors are more involved in documentation, clinical notes, prescriptions, and diagnostic records, which explains their higher reliance on written communication. Their use of listening skills aligns with the need for accurate patient history-taking. Nurses, who maintain prolonged and direct contact with patients, naturally rely more on oral communication and listening skills to provide care, reassurance, and emotional support. Pharmacists' greater use of contextual communication skills can be attributed to their role in patient counseling, medication instruction, and clarification of drug use within specific clinical and social contexts.

This pattern supports the multidisciplinary nature of healthcare delivery and aligns with findings by Ariyanti (2022), who observed that professional role expectations significantly influence communication styles in healthcare environments.

### **Gender Differences in Utilization of Therapeutic Communication Skills**

The findings showed significant gender differences in the utilization of therapeutic communication skills. Female health workers demonstrated higher utilization of oral and listening skills, while male health workers showed greater use of written and contextual communication skills. This finding is consistent with previous studies suggesting that female healthcare providers tend to exhibit stronger interpersonal and empathetic communication behaviors, including active listening and verbal engagement (Popoola & Muraina, 2019). Female health workers may be more inclined toward relational communication, which enhances patient comfort and satisfaction. Conversely, male health workers' greater reliance on written and contextual skills may reflect task-oriented communication patterns commonly associated with professional documentation and procedural efficiency. These gender-based differences do not imply superiority of one approach over the other but rather highlight complementary communication strengths that can enhance patient care when effectively integrated within healthcare teams.

### **Influence of Years in Service on Utilization of Therapeutic Communication Skills**

The study revealed a statistically significant influence of years in service on the utilization of therapeutic communication skills. Health workers with longer years of service demonstrated higher levels of utilization compared to those with fewer years of experience.

This finding suggests that therapeutic communication skills improve with professional exposure, continuous practice, and experiential learning. As health workers spend more time in clinical environments, they acquire better communication competence through repeated patient interactions, mentorship, and familiarity with diverse clinical scenarios. This supports Chandra's (2019) assertion that communication competence is not solely acquired during formal training but is refined through sustained professional engagement. The implication is that junior health workers may require structured mentorship and targeted communication training to bridge the experience gap.

### **Influence of Career Status on Utilization of Therapeutic Communication Skills**

The findings further indicated that career status significantly influenced the utilization of therapeutic communication skills, with senior health workers demonstrating higher utilization than junior staff. This result aligns with the finding on years of service and underscores the role of professional maturity in communication competence. Senior health workers often occupy leadership roles that require decision-making, supervision, patient counseling, and interdisciplinary coordination. These responsibilities necessitate effective communication skills, which may explain their higher utilization levels. Additionally, senior staff are more likely to have attended professional development programs that emphasize patient-centered communication. This finding is consistent with earlier studies which suggest that rank and professional authority influence confidence and effectiveness in therapeutic communication (Ebru & Ülkü, 2020).

### **Implications of the Findings**

Overall, the findings confirm that personal characteristics such as profession, gender, years of service, and career status significantly determine the utilization of therapeutic communication skills among health workers. While communication skills are widely utilized, disparities exist that may affect the consistency and quality of patient care. These disparities highlight the need for institutional policies that promote continuous communication training, interprofessional collaboration, and gender-sensitive approaches to patient interaction.

### **CONCLUSION**

This study examined health workers' personal characteristics as determinants of the utilization of therapeutic communication skills in selected public and private teaching hospitals in Edo State, Nigeria. Using a descriptive cross-sectional survey design, the study assessed how professional category, gender, years of service, and career status influence the adoption and use of therapeutic communication skills among doctors, nurses, and pharmacists.

The findings demonstrated that therapeutic communication skills are widely utilized among health workers, with listening and oral communication skills being the most frequently employed. However, notable variations exist across professional groups, gender, years of experience, and career status.

Doctors predominantly utilized written and listening skills, nurses relied more on oral and listening skills, while pharmacists demonstrated greater use of contextual communication skills. Female health workers exhibited stronger utilization of oral and listening skills, whereas male health workers showed greater reliance on written and contextual communication.

Furthermore, the study established that years of service and career status significantly influence the utilization of therapeutic communication skills, with senior and more experienced health workers demonstrating higher levels of competence. These findings affirm that therapeutic communication is not merely an individual trait but a professional skill shaped by experience, role expectations, and personal characteristics.

In conclusion, therapeutic communication remains a critical component of effective healthcare delivery. However, its utilization is uneven and influenced by personal and professional factors. Addressing these disparities through structured training, supportive institutional policies, and continuous professional development is essential for improving patient-centered care and healthcare outcomes in both public and private teaching hospitals.

## RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

- **Institutional Training on Therapeutic Communication**

Hospital management in both public and private teaching hospitals should organize regular in-service training and workshops focused on therapeutic communication skills for all categories of health workers. Emphasis should be placed on integrating verbal, non-verbal, contextual, and listening skills in patient care.

- **Targeted Support for Junior Health Workers**

Structured mentorship and orientation programmes should be developed to support junior health workers, particularly those with fewer years of service. Pairing less experienced staff with senior professionals can enhance communication competence through experiential learning.

- **Interprofessional Communication Development**

Hospitals should encourage interprofessional training sessions that bring together doctors, nurses, and pharmacists to promote shared understanding of communication roles and collaborative patient care. This will help harmonize communication practices across professional boundaries.

- **Gender-Sensitive Communication Training**

Training programmes should acknowledge gender-related communication differences and leverage these strengths while addressing gaps. Promoting balanced communication approaches will enhance patient trust and inclusiveness.

- **Incorporation into Performance Evaluation**

Utilization of therapeutic communication skills should be included as part of routine staff performance appraisal and quality assurance mechanisms. This will reinforce accountability and encourage consistent application in clinical practice.

- **Policy and Curriculum Review**

Regulatory bodies and training institutions should strengthen therapeutic communication components within health professional curricula and ensure that communication competence is emphasized alongside clinical skills.

- **Further Research**

Future studies should adopt qualitative or mixed-method approaches to explore patients' perceptions of therapeutic communication and examine how institutional culture and workload influence communication practices in healthcare settings.

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