

Explaining the Role of Interactive Acceptability of Profession in Ethical Nursing Care: A Thematic Study

Foroughi Saeid¹, Alhani Fatemeh^{1*}, Kazemnejad Anoshirvan², Zareiyan Armin³

¹Department of Nursing, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran.

²Department of Bio statistics, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran.

³Department of Nursing, Faculty of Nursing, AJA University of Medical Sciences, Tehran, Iran.

*Corresponding author: E-Mail: alhani_f@modares.ac.ir, Tel: 00982182883898, 00989123495476

ABSTRACT

Introduction: The assessment criteria for the ethical care of the nurses are their performance and professional relationships which are deeply influenced by the internal and external motivating factors. The present study seeks to investigate the mutual relationship between professional interaction, recognition and occupational motivation and their influence on professional ethical care among Iranian nurses.

Materials and Methodology: A qualitative study with inductive approach through half-structured deep interview was conducted during which the experience of 23 nurses, head nurses, doctors, clients and client's attendants was studied during the period of February 2013 to July 2014. Having gained the consent of the participants, the conversations were recorded and rewritten and analyzed through thematic analysis using Brown's method. The accuracy and stability of the data were determined using Lincoln and Guba criteria.

Findings: An overarching theme titled professional interactive acceptability was formed as a the result of combining the following three sub-themes: professional motivation sub-theme was the result of three primary themes (the primary understanding of a nurse of his/her job, the primary motivation of nurse about the job, and the consequences of professional motivation). The mutual acceptability sub-theme was composed of 7 primary themes mostly based upon mental and behavioral acceptability of the nurse, client, colleagues, and society and the professional characteristic capabilities of the nurse. The third sub-theme, professional relationships, is also composed of the following seven primary themes: the verbal-therapeutic interaction, nonverbal communication, nurses' dressing and appearance, empathic behavior, the mood and uplifting status of the nurse, casting the doubts and ambiguities away and being responsive to the clients and their attendants and the way a nurse communicates with the treatment team.

Conclusion: The results of this study have shed light on particular aspects of nurses' professional interactive acceptability in Iran which form the main bases of ethical care. The results were in line with similar studies conducted in Iran and other countries. To promote ethical care in nursing, it is recommended to include mechanisms of selection, motivation, education, measurement and supervision in nursing clinical cares in order to facilitate professional interactions.

KEY WORDS: Nursing, Professional Ethical Care, Motivation, Professional Interactive Acceptability.

1. INTRODUCTION

Placing emphasis on observation of professional ethics in the realm of medicine has a history of 2000 years. The whole treatment team is committed to providing the client with ethical care, but the nurses have the most communication with the clients in terms of length and depth. Therapeutic relationship is the basis of nursing cares. Managers and planners of healthcare need to remove or moderate the obstacles to promoting the professional ethics among nurses (Anoosheh, 2009). The main duty of a nurse is to fulfill the demands and needs of the client by communicating and cooperating with him (Richardson, 2000). The research conducted by Leslie & Lonneman (2016), states that mutual trust between the client and nurse will result in the better recovery of the client (Caris-Verhallen, 2004). To establish a therapeutic relationship with the client, it is necessary for the nurse to have accepted his/her profession and possess the necessary communicative motivations and capabilities (Grahame-Smith and Aronson, 1992). The majority of nursing acts such as inspection, physical care, mental support and information exchange with the client focus on the correct fulfillment of the communicative role of the nurses. The final goal of such communications is to promote the health of the clients. Taylor (2004), believe that studies need to focus on understanding this relationship and determine strategies for promotion of care quality (Taylor et al., 2004; Salminen, 2013; Ghezelbash, 2015). The quality of the therapeutic relationship established between the nurse and the client is influenced by various factors such as education and mental health of the clients (Suominen, 2001). As the various researches indicate, occupational motivations have the greatest influence on the quality of the communication between the nurse and clients. One of the main motivations of this job is the recognition of the job and all its aspects by the nurse. The majority of the nurses enter this job without appropriate and sufficient knowledge and particular difficulties of the job might frustrate them. According to the research conducted by Berkelmans (2012), the familiarity of the clients with their job and the attractiveness of the job are two factors that influence the participation of the nurses in continuation and development of their job (Shorofi, 2016; Brekelmans, 2013). The job of the nurses is demanding (Hanifi, 2013), stressful and specifically difficult. Among other factors which make the job less

appealing, one can refer to non-recognition of organizational and social positions, lack of enough occupational independence (Valizadeh, 2013; Gorgich, 2016) and low salary and bonuses and job satisfaction (Huycke and All, 2000). On the other hand, the appropriate interaction between the client and his family, doctors and the therapeutic system with the nurse, result in promotion of his professional motivation and lead to her providing better care to the clients (Valizadeh, 2013).

To promote ethical care, the external and internal occupational motivations of the nurses and professional mutual interactions which influence the ethical care of the client need to be identified. The views need to be matched with the views of those who receive care so as to satisfy the final consumers and receivers of nursing services. Huycke and All (2000), believe it is important to identify the various views of the interest groups such as clients, care providers, those who pay for the costs and the public so that we may plan for improving the quality of nursing care services (Kunaviktikul, 2001). In the previous related studies, nurses have defined quality with 2 dimensions of process (safe and standard services) and outcome (client's satisfaction) (Braun and Clarke, 2006). Based on the experiences of those who have received the services and those who have provided them, the present research seeks to define the role of communication and those types of motivation which influence the ethical care of Iranian nurses.

2. MATERIALS AND METHODOLOGY

The present research was conducted using inductive thematic analysis method from February 2013 to July 2014. The primary participants in the study were selected among the clinical nurses of the subordinating hospitals of Lorestan Medical Sciences University based on three factors: having at least B.S., willingness to take part in the research, ability to express their experiences.

The first personal interview had no structure, while the next interviews were conducted in a half-structured format. The interviews started with primary questions about personal information, working experiences and former work places in the hospital and they were followed by the follow-up probing questions. All the interviews were recorded, typed and encoded after gaining the agreement of the participants. After the general trend of forming the demands and themes caused by information gap was revealed, the selection of the participants continued with the maximum gender diversity possible and clients, their attendants and doctors took part in the study as well. Thematic analysis methods were used to analyze the data. This descriptive-qualitative approach identifies the patterns or themes in a study and sets to analyze and report them (Ellinger, 2005). The analysis of the 20th interview resulted in no new codes and the researcher achieved data saturation. However, three additional interviews were conducted to achieve a higher degree of certainty. To ensure the acceptability of the data which represent the validity of the data, enough time was allowed to move back and fro between data. To form the themes, the introductory codes were displaced between the primary and sub-themes many times. The diversity in age, gender, work experience and work place (of the clients) and the hospitalization place of the clients was also taken into consideration. Such techniques resulted in the vast coverage of the desired information and more appropriateness or transferability of the data. Through constant immersion in data, the researchers increased the reliability and stability of the data and the data were described thoroughly. The data were checked by the participants in order to verify them. The revision of data, codes and themes by consulting professors, consultants and faculty members of nursing faculties in various parts of Iran verified the process of qualitative analysis.

Ethical considerations: This research was verified by the ethics committee of the medical sciences faculty of Tarbiat Modares University as per the provisions of letter number d/4999/52 on 12th of March 2013. After gaining the introduction letter from his university, the researcher made the necessary arrangements with matron of the hospitals chosen for the research. Then, the participants who were qualified for research were identified and the goals of the research were described to them. Their consent was gained and they were assured about the secrecy of their information. The participants were free to leave the study whenever they desired.

Findings: A total number of 23 participants were interviewed in this study (table 1). The nurses who took part in the study were single and married and were working in various positions ranging from general nurse to head nurse, supervisor, and matron and had the experience of working in general and intensive care units, management and nursing education departments (Rafat, 2015). Clients had several hospitalization records in general and intensive care units (dialysis, C.C.U, burning and chemo-therapy). They were all married with children and their level of education varied from illiterate to PhD. Three general practitioners and specialists working in the hospital and two client attendants were also among the samples. The resulting data were analyzed several times in sweeping method. Having deleted the overlapping and similar codes, 240 preliminary codes were extracted. Thematic analysis through Brown's method (Ellinger, 2005) on the gathered information helped us identify the primary themes (table 2).

Having gained assurance about the validity of themes, the abstract and conceptual naming process based on their inherent features started. In the last phase of thematic analysis, the (final) overarching theme titled "Professional Interactive Acceptability" was achieved (table 3).

Sub-theme (professional motivation): The first sub-theme was achieved by the primary codes which created the motivations for attracting and keeping nurses in their jobs (professional acceptability), thus named professional motivation. It included the following 3 themes:

a) Nurse's primary recognition of the profession: The experiences of the participants indicated the necessity of volunteers having a primary recognition of nursing before entering the job, such as particular professional duties, financial shortages, wrong social recognition, and unpredictable verbal and even physical confrontations. Having no primary recognition of the job results in conflict with colleagues, clients, their family and job burnout. One of the participating doctors said "my first expectation of a nursing applicant is his complete information and insight about the job, its challenges, and preparedness to confront them."

b) Nurse's primary recognition of the profession: The experiences of the participants indicated the necessity of desire, love of the profession and superiority of spiritual motivations. Those nurses who choose this job with great interest will provide better-quality services, have better chances for professional and scientific growth and will better match their role expectations. One of the participating nurses put it as follows: "I love my job, that's why I can create an appropriate balance between my family and occupational problems and other issues in my life".

c) Professional motivation consequences: The participants believed that a sense of inner satisfaction and peace of conscience are the most important results of ethical cares and enhance the nurse's motivation to provide better care to the clients. One of the participants said: "usefulness to save someone's life gives me a sense of indescribable joy. This inner sense of satisfaction results in my better performance at work, society and my family".

Sub-theme (mutual recognition): The second sub-theme is the result of combining 7 initial themes including the receptive views and behaviors between nurse, client, health system, and society. It was named mutual recognition. This sub-theme particularly belongs to this profession and includes the following seven themes:

a) The professional recognition of the client (by nurse): When the nurse recognizes the patient with all his physical and mental features as a needy individual, he will provide a more ethical and professional care to the patient, cases such as physical disabilities, being contaminated by discharges, lack of cooperation and bad temper. One of the nurses said: "as a nurse, I recognize the client with his unfavorable state. He is needy and it is not his fault that I have chosen this job. I am obliged to provide him with the best possible service."

b) Society's respect for nurse and nursing: Respecting nurses in the society enhances their professional motivation. Many of them believe that people, government authorities, and social media such as radio and television and newspapers do not pay them the appropriate homage suitable for their devotion and self-sacrifice. One of the nurses said: "An unreal picture of our profession is depicted in many movies. A humiliating picture of our especial services, level of literacy, devotions and professional and social status is depicted".

c) Medical system's respect for nurse and nursing: Ellinger (2005) believes that clear and observable support of the workers and positive feedbacks are some of the appropriate motivations (Eysenck, 2013; Ellinger, 2005). One of the participants as a surgeon and chief of the hospital said: "Inappropriate behavior with nurses by those doctors who do not believe in team work damages their professional motivation, especially when the governing administrative system offers the nurses no support".

d) Personal ability of nurses to manage situations: According to psychologists, personality is the set of thoughts, ideas and behaviors of each individual which seek to match him with the environment and society (Jollaei, 2010). Further to emphasizing the necessity of mental health and patience and politeness, the participants also referred to the fact that a nurse needs to be able to control situations such as controlling the behaviors of the attendants of a critically ill client or cases of the client's death. A matron said: "The nurse needs to be able to control an agitated patient. A bad tempered personality or mutual confrontation of the patient with the client or his attendants will result in the cessation of providing services to the patient or worse case scenarios such as confrontation and damage".

e) Satisfaction and trust: A large amount of the sentences spoken by the nurses and patients are about these concepts. A head nurse says: "patients act as judges in different units and watch us thoroughly. After one week of hospitalization, they can judge nurses and choose good ones better than s all". The experience of the majority of the participants indicates that when nurses undertake therapeutic and care processes with greater care, precision, emotion and speed and try to show respect for the patients and their health through their verbal and non-verbal behaviors, the respect, trust and satisfaction of the patients will be achieved. This recognition will be based upon the nurse's capabilities.

f) Situational interaction: The physical, mental and social conditions of a client are important motivational factors which influence his acceptance by the nurse. The behavior of the nurse changes in line with the behavior of the patients. One of the nurses said: "Someone who has not taken good care of himself and stinks may lead to the nurse being unwilling to approach and take care of him". The social class, level of education, the manner of speaking and the stress levels of the patients influence how nurses would accept them.

g) Situational acceptance: Based on the experience of the participants, the level of the patient's awareness of the rules governing the work place and the difficulty of nursing, affability, and showing appreciation enhances the

acceptability and ethical care of the patients. On the other hand, inappropriate therapeutic expectations, impoliteness, and being aggressive to workers, impatience and patient's lack of cooperation in treatment procedures discourage nurses in their service. Other factors such as disturbance and inappropriate expectations of patients and their attendants, visiting demands outside the set time must also be added to the list of negative factors. One of the participants said: "Aggressive behaviors mostly emanate from inappropriate expectations and cultural poverty and misunderstanding of the situation which could be solved through correct education".

Sub-theme (professional communication): The third sub-theme was professional communication. It was achieved by linking those profession-related interactions which included factors such as professional appearances, verbal and non-verbal communications, sympathy and responding to ambiguities. 7 initial themes can be discussed under this title:

a) Verbal interaction and being an active listener: According to the participants, listening to the patients is also a good way to gain information and plan treatment. One of the participating nurses said: "Speaking to my patient is the best source to gain therapeutic information during the nursing procedure; furthermore, when the patient talks to me about his problems and demands, he will feel more comfortable and expect me to listen intently". As the experience of the participants indicate, spending time for patients, speaking to the patients in the right way, respect, affection and modesty, listening to the patient and giving good feedback and appropriate response are recommended, while teasing or insulting or belittling tone, and refraining from using words or expression that would enrage the patients are strongly prohibited.

b) Non-verbal communication; an effective interaction: Non-verbal communication is the more effective aspect of human interactions and includes all behaviors except for speaking and writing. It is a more realistic and discernable communication and includes all aspects of body language. The non-verbal behavior towards the patient must also be respectful and far from being insulting. One of the participating patients said: "I was talking to the nurse about my problem while she was just busy minding her own business. She had turned her back to me and was not listening. I stopped talking and said nothing more". A participating nurse said: "Sometimes I can insult and humiliation in the way my colleagues look at the patients".

c) Good appearance: The participants put emphasis on the role of factors such as using the appropriate uniform, observation of religious rules, refraining from putting on heavy makeup or using strong perfumes among female nurses as important factors to facilitate the effective communication with the patients and their attendants. A supervisor in a full, ironed uniform and white nursing shoes said: "My full professional dressing gives the clients a sense of respect and peace. Just suppose how they would feel if I wore slippers and a uniform with undone buttons".

d) Empathic behavior: According to the participants, trustfulness, sympathy and affection are the essence of empathy. One of the participating clients said: "We expect nurses to show sympathy with us and understand our negative and positive emotions. Last week when a dialysis patient had a successful kidney transplant, the nurses were even happier than we were". The majority of the nurses believe that expressing emotions to the patients is ok as far as it does not lead to emotional attachment or disrupt the treatment procedure.

e) Uplifting: The participants emphasized on nurses' smiling and good temper towards the patient in order to create an atmosphere of uplifting mood even in the cases of emergency. Some even considered joking in the cases of emergency in order to sustain the good mood of the patients as a nursing skill. One of the dialysis patients said: "My life is full of sorrow, problems and constraints. Despite the toil of dialysis, when I meet nurse A here, I feel comfortable and we laugh together. Even the patient herself says that the work environment becomes more bearable in this way".

f) Creating a responsive environment: The therapeutics environment seems full of ambiguities and questions for patients and their families. The patients and their attendants believed that nurses should answer their questions. One of the nurses said: "I try to answer all the questions of the patients in an honest, frank and comprehensible way, except for chronic diseases, those treatments under the responsibility of doctors, taboos, and personal territory".

g) Mutual respect in their job: According to the participants, an important feature of therapeutic communication is the effective relationship and mutual respect between colleagues. Inappropriate competitions and causing professional damage to other colleagues are some of the behaviors which need to be avoided. One of the doctors said: "A nurse is the guest member of the therapeutic team. She must be careful to behave in a professional way. For example, asking doctors questions about suspicious cases should not be a way to settle old scores".

3. DISCUSSION

The present research was designed and conducted in order to investigate the motivational and professional principles in the communication between nurses and patients. The initial themes gained through interviews resulted in fully interwoven sub-themes: motivations, job recognition and communications which influence the ethical care (table 3).

In the recent years in Iran, nursing behavior guides, patients' rights charter (Sanjari, 2011), and Iranian nursing principles (Zanjani, 2015) have been composed (Rasolabadi, 2015). These guides mostly focus on the standards required for nursing services and they have neglected the role of motivation, recognition and professional interactions in ethical and professional care. The motivations are the main factor behind all human behaviors. Toode (2010), name five factors which influence occupational motivation among nurses: particulars of the work place, hob conditions, personal features, individual priorities, and the inner mental states of the patients (Pirani, 2013; Toode, 2011). However, we may say there are only two types of motivation: firstly, inner motivation to do your duties in the best was possible which emanates from personal values of inner ethics, secondly, external motivations which include factors such as advertisement, appreciation, bonus, and days off (Rosnawati, 2010). The first inner motivation based upon the experience of the participants was the initial recognition of the job. Nursing has its own especial peculiarities such as difficulty of the job, chronically ill patients, night shifts, discipline, hierarchy, job stress (Toode, 2014). As the researches indicate, choosing the nursing as your job without having appropriate knowledge of it causes a lot of problems. A nursing applicant needs to be fully aware of professional expectations. A research conducted by Berkelmans (2012), considers the nurses' recognition before entering the job as a motivational factor (Shorofi, 2016; Brekelmans, 2013). The second inner motivation is one's love of people and nursing. The individual demands and values of nurses influences their occupational motivations (Pirani, 2013; Cho, 2010). People are attracted towards their major and future occupation based on such factors. Job attractiveness is an important factor which determines patients' participation in the continuation and development of their job (Shorofi, 2016; Cho, 2010; Mooney, 2008) also believe that loving this job is the main motivation among those students who choose nursing (Cho, 2010). A sense of inner satisfaction and calm of conscience are also other motivational factors for the participants in better and higher quality services (Mooney, 2008; Caris-Verhallen, 1999).

The second sub-theme was based upon the mutual recognition of people and situations. The first requirement was that the nurse should accept her patient with all his features. Caris-Verhallen and Wilma (1999), also believe that such view can be an invaluable factor in communicating with the patient (Jodat, 2014; Caris-Verhallen, 1999). This is a mutual relationship. To retain working motivation, the nurse also needs to be appreciated by the patient, society, doctors and therapeutic system. The researchers conducted by Jodat and Baraz (Baraz-Pordanjani, 2014; Nesje, 2015) indicate that appreciating nurses can retain their motivation. Those nurses who had participated in Nesje's research (2015) also deemed the social motivations as important in order to recognize the job of nurses (Warbah, 2007). The participants also place great emphasis on the personality, mental health, self-esteem, politeness and patience of the nurse and said a nurse needs to be able to control the situations and the behaviors of patients' attendants. These factors will result in greater acceptance of the nurse clients and patients. Ghezelbash (2015), discovered a strong relationship between nurses' self-esteem and their interpersonal abilities (Ghezelbash, 2015; Warbah, 2007) reported that more than 21% of the nurses experience mental stress and compatibility problems in different situations due to having aggressive personalities (Arian, 2015; Warbah, 2007). In addition to a good personality, participants believed that accuracy, skill, sentiments, and speed of the nurse in conducting therapeutic and caring processes and giving importance to the comfort, safety, rights and expectations of the clients will result in higher satisfaction with and trust in the nurse. This acceptability is mostly influenced by the technical capabilities of the nurse. On the other hand, the physical and mental conditions of the patient, his cooperation with treatment team and his expectations influence the acceptability of the patient by the nurse. In this research, Arian (2015), considered factors such as patient's non-cooperation, illiteracy, and ungratefulness as the obstacles to training the patient (Cossette, 2005; Arian, 2015).

The communicative behavior between the patient and nurse form the basis of high quality nursing care (Thorsteinsson, 2002; Sheldon, 2006). The participants pointed to the verbal and nonverbal communications and the mood and temper of the nurse. Sheldon (2006), also believe it is through communication that nurses learn about the care demands of their patients (McCormack, 2011). However, therapeutic relationship goes much deeper. This is a patient-based relationship in which the patients' needs, believes and values are respected (Pullen Jr and Alley, 2016). Salminent (2013), also report that training nurses will result in their greater respect for patients. According to the participants, respecting the patient is a necessity for the verbal and nonverbal communications between nurses and patients. Professional norms are emphasized everywhere around the world (Wu, 2016). However, Islamic norms are also added to these norms in countries like Iran.

Keeping in mind the importance of the nurse's empathic role, the participants emphasized a kind of spiritual care and giving peace to the patients through interactions. Empathy is understanding the emotions, sentiments and the mood of patients and behaving in an appropriate way which suits the situation. It is different from sympathy which is an obstacle to correct treatment. Wu (2016), report that Thai nurses (half of whom had no religious believes) showed a great tendency towards spiritual care while less than 13% of them were actually trained for it (Torabi, 2016; Wu, 2016). Torabi (2016), also studied the influence of this kind of care on reduction of stress in patients suffering from cancer.

The participants emphasized the educational role of the nurses such as answering the questions of clients and their attendants and casting their doubts away. Gillet (2016), discovered 3 factors which helped doctors be effective in guiding the patients: a good role model, previous experience, and class learning (Torabi, 2016; Kangasniemi, 2016). These factors are usually neglected in training nurses in Iran. The working hours and fatigue of the Iranian nurses is extremely high and some nurses believe casting away the doubts of the patients and their families is not a part of their duty.

Another factor which was expressed by the participants was the mood and temper of the nurse. Trust is an inseparable component in therapeutic relationship which helps develop the treatment process. The research conducted by Leslie (2016), in the completely different culture of the US shows that nurses build trust in their patients through respect and appropriate and polite behavior (Caris-Verhallen, 2004). This respectful behavior also covers the relationship between the nurses and treatment team. In their view, nurse's respect for the doctor and other colleagues is not just a sign that shows the treatment team accepts each other, it will also result in the greater acceptability of the treatment team by the patient. Inappropriate competition and causing damage to the reputation of other colleagues will result in less acceptance of the nurse by patient. Kangasniemi (2016), used Delphi method to extract the most important ethical guides for cooperation in nursing in Finland. The professional nurses in this research considered nurses' respect for one another as the most important code (Kangasniemi, 2016).

Table.1. The demographic properties of the participants

Participant	Average age (years)	Average work experience (years)	gender and number	degree
Nurse	39±4.6	15±4.8	7 females 5 males	11 B.S's 1 M.S
Patient and his family	41±6.8	-	3 females 5 males	illiterate elementary to high school M.A 2 PhD's
Doctor	40±5.3	9±6.2	3 males	1 general practitioner 1 internist 1 general surgery expert

Table.2. Thematic analysis procedure for 3 initial statements made by the participants up to formation of overarching themes

Number and reference code	Participants' statements	Preliminary codes	Initial themes	Sub-themes	Overarching themes (final themes)
Code 1253 participant 23 (matron)	I often see nurses are depressed and work ineffectively because they had no proper knowledge of nursing before choosing it	Lack of awareness of professional duties before choosing the job results in lack of motivation to provide good care to the patient	Initial recognition of the patient of the job	Professional motivation	Professional interactive acceptability
Code 839 participant 21 (a doctor)	Nursing is different from other jobs like selling. A nurse works with ailing people with troubled minds. We must admit that our clients are not normal.	It is necessary to realize that a patient is different from other people in a society. Agent of confronting and providing good care to the patient	Professional acceptance of the patient (by nurse)	mutual acceptance	
Code 1125 participant 16 A patient in the oncology unit	As of any patient who doesn't know where to go or what to do, they guide him kindly about where to find his medicines or how to complete his file	Information aid of nurses to patients and their families if necessary	casting the doubts away and responding to the patients and their attendants	professional communications	

Table.3. Initial themes, sub-themes and overarching themes formed in the present research

Initial themes	Sub-themes	Overarching themes
Initial recognition of the nurse of the job initial motivation of the nurse for the job professional motivation consequences	Professional motivation	Interactive acceptance of the profession
Professional acceptance of the patient (by the nurse) society's respect for the nurse and nursing organizational respect for nurse personal capability of nurse in managing situations satisfaction and trust situational interaction situational acceptance	Mutual acceptance	
Verbal interactions and being a good listener non-verbal communications; an effective interaction good appearance empathic behavior uplifting creating a responsive environment mutual respect	Professional communication	

4. CONCLUSION

The findings of this research emanate from those participants who had understood and realized communications, motivations and professional and individual acceptance during illness and nursing the patients. Researchers suggest that executive by laws and professional ethical care assessment tools be designed for nurses.

5. ACKNOWLEDGEMENT

This research was verified by the ethics committee of the medical sciences faculty of Tarbiat Modares University as per the provisions of letter number d/4999/52 on 12th of March 2013. The researcher wishes to thank all the participants and also the research deputy of Tarbiat Modares University for their financial and scientific support of this project.

REFERENCES

- Anoosheh M, Zarkhah S, Faghihzadeh S, & Vaismoradi M, Nurse–patient communication barriers in Iranian nursing, *International Nursing Review*, 56, 2009, 243-249.
- Arian M, Mortazavi H, Tabatabaeichehr M, Tayebi V, & Gazerani A, The Comparison between Motivational Factors and Barriers to Patient Education Based on the Viewpoints of Nurses and Nurse Managers, *Journal of Nursing Education*, 4, 2015, 66-77.
- Baraz-Pordanjani S, Memarian R, & Vanaki Z, Damaged professional identity as a barrier to Iranian nursing students' clinical learning: a qualitative study, *Journal of Clinical Nursing and Midwifery*, 3, 2014, 1-15.
- Braun V, & Clarke V, Using thematic analysis in psychology, *Qualitative research in psychology*, 3, 2006, 77-101.
- Brekelmans G, Poell R.F, & Van Wijk K, Factors influencing continuing professional development: A Delphi study among nursing experts, *European Journal of Training and Development*, 37, 2013, 313-325.
- Caris-Verhallen W, Timmermans L, & Van Dulmen S, Observation of nurse–patient interaction in oncology: review of assessment instruments, *Patient Education and Counseling*, 54, 2004, 307-320.
- Caris-Verhallen W.M, De Gruijter I.M, Kerkstra A, & Bensing J.M, Factors related to nurse communication with elderly people, *Journal of advanced nursing*, 30, 1999, 1106-1117.
- Cho S.H, Jung S.Y, & Jang S, Who enters nursing schools and why do they choose nursing? A comparison with female non-nursing students using longitudinal data, *Nurse Education Today*, 30, 2010, 180-186.
- Cossette S, Cara C, Ricard N, & Pepin J, Assessing nurse–patient interactions from a caring perspective: report of the development and preliminary psychometric testing of the Caring Nurse–Patient Interactions Scale, *International journal of nursing studies*, 42, 2005, 673-686.
- Ellinger A.D, Contextual factors influencing informal learning in a workplace setting: The case of “reinventing itself company”, *Human resource development quarterly*, 16, 2005, 389-415.

Eysenck H.J., *The structure of human personality (Psychology Revivals)*, Routledge, 2013.

Ghezelbash S, Rahmani F, Peyrovi H, Inanloo M, & Shekarchian S, Comparison of Self-Esteem Among First to Fourth Year Nursing Students From Universities of Medical Sciences in Tehran, *Thrita*, 4, 2015.

Gorgich E.A.C, Arbabisarjou A, Taji F, & Barfroshan S, Job Satisfaction and External Effective Factors in Operating Room Nurses Working Educational Hospitals in 2015: A Cross-Sectional Questionnaire Study, *Global Journal of Health Science*, 9, 2016, 74.

Grahame-Smith D.G, & Aronson J.K, *Oxford textbook of clinical pharmacology and drug therapy*, Oxford University Press, 1992.

Hanifi N, Parvizy S, & Joolae S, Motivational journey of Iranian bachelor of nursing students during clinical education: a grounded theory study, *Nursing & health sciences*, 15, 2013, 340-345.

Huycke L, & All A.C, Quality in health care and ethical principles, *Journal of advanced nursing*, 32, 2000, 562-571.

Jodat S, Farajzadeh Z, & Saadatjoo S, A study of job motivation of nurses working in Valiasr Hospital of Birjand in 2013, *Modern Care Journal*, 10, 2014, 296-304.

Jollaei S, Bakhshande B, Mohammad Ebrahim M, Asgarzade M, Vasheghani Farahani A, & Shareiat E, Nursing ethics codes in Iran: Report of a qualitative study, *Journal of Medical Ethics and History of Medicine*, 3, 2010, 45-53.

Kangasniemi M, Arala K, Becker E, Suutarla A, Haapa T, & Korhonen A, The development of ethical guidelines for nurses' collegiality using the Delphi method, *Nursing ethics*, 2016.

Kunaviktikul W, Anders R.L, Srisuphan W, Chontawan R, Nuntasupawat R, & Pumarporn O, Development of quality of nursing care in Thailand, *Journal of advanced nursing*, 36, 2001, 776-784.

Leslie J.L, & Lonneman W, Promoting Trust in the Registered Nurse-Patient Relationship, *Home healthcare now*, 34, 2016, 38-42.

Mccormack L.A, Treiman K, Rupert D, Williams-Piehota P, Nadler E, Arora N.K, Lawrence W, & Street R.L, Measuring patient-centered communication in cancer care: a literature review and the development of a systematic approach, *Social science & medicine*, 72, 2011, 1085-1095.

Mooney M, Glacken M, & O'Brien F, Choosing nursing as a career: A qualitative study, *Nurse education today*, 28, 2008, 385-392.

Nesje K, Nursing students' prosocial motivation: does it predict professional commitment and involvement in the job?, *Journal of advanced nursing*, 71, 2015, 115-125.

Pirani S, Nurses Motivation: an emphasis on Managers role, *i-Manager's Journal on Nursing*, 3, 2013, 18.

Pullen Jr. R.L, & Alley K, Does your professional image need a makeover?, *Nursing 2016*, 46, 2016, 54-56.

Rafat S, Gharib A, Rafat S, & Rahimi F, Related factors in medication error based on nurses' self-report in Sanandaj, Iran, *Der Pharmacia Lettre*, 7, 2015, 198-201.

Rasolabadi M, Khaledi S, Khayati F, Kalhor M.M, Penjvini S, & Gharib A, Scientific production of Medical Universities in the West of Iran: A scientometric analysis, *Acta Informatica Medica*, 23, 2015, 206-209.

Richardson M.A, Sanders T, Palmer J.L, Greisinger A, & Singletary S.E, Complementary/alternative medicine use in a comprehensive cancer center and the implications for oncology, *Journal of Clinical Oncology*, 18, 2000, 2505-2514.

Rosnawati M.R, Moe H, Masilamani R, & Darus A, The Bahasa Melayu version of the Nursing Stress Scale among nurses: a reliability study in Malaysia, *Asia-Pacific Journal of Public Health*, 22, 2010, 501-506.

Salminen L, Metsamaki R, Numminen O.H, & Leino-Kilpi H, Nurse educators and professional ethics—Ethical principles and their implementation from nurse educators' perspectives, *Nurse education today*, 33, 2013, 133-137.

Sanjari M, Zahedi F, Aalaa M, Peimani M, Parsapoor A, Cheraghi M.A, Mirzabeigi G, & Larijani B, Code of ethics for Iranian nurses, *Iranian Journal of Medical Ethics and History of Medicine*, 5, 2011, 17-28.

Sheldon L.K, Barrett R, & Ellington L, Difficult communication in nursing, *Journal of Nursing Scholarship*, 38, 2006, 141-147.

Shorofi A, Jafari H, Lolaty H.A, Cherati J.Y, & Karimzadeh M, Nurse Burnout and Patient Satisfaction With Nursing Care at Dialysis and Cardiac Care Units, *Journal of Critical Care Nursing*, 9, 2016.

Suominen T, Leino-Kilpi H, Merja M, Doran D.I, & Puukka P, Staff empowerment in Finnish intensive care units, *Intensive and Critical Care Nursing*, 17, 2001, 341-347.

Taylor D.P, Coakley A, Reardon G, & Kuperman G.J, An analysis of inpatient nursing communications needs, *Medinfo*, 11, 2004, 1393-7.

Thorsteinsson L.S, The quality of nursing care as perceived by individuals with chronic illnesses: the magical touch of nursing, *Journal of Clinical Nursing*, 11, 2002, 32-40.

Toode K, Routasalo P, & Suominen T, Work motivation of nurses: A literature review, *International Journal of Nursing Studies*, 48, 2011, 246-257.

Toode K, Routasalo P, Helminen M, & Suominen T, Hospital nurses' individual priorities, internal psychological states and work motivation, *International nursing review*, 61, 2014, 361-370.

Torabi F, Sajjadi M, Nourian M, Borumandnia N, & Farahani A.S, The effects of spiritual care on anxiety in adolescents with cancer, *Supportive & Palliative Care in Cancer*, 1, 2016.

Valizadeh L, Zamanzadeh V, & Shohani M, Challenges of autonomy in nursing: an integrative review, *Quarterly Journal of Nursing Management*, 2, 2013, 9-17.

Warbah L, Sathiyaseelan M, Vijayakumar C, Vasantharaj B, Russell S, & Jacob K, Psychological distress, personality, and adjustment among nursing students, *Nurse education today*, 27, 2007, 597-601.

Wu L.F, Tseng H.C, & Liao Y.C, Nurse education and willingness to provide spiritual care, *Nurse education today*, 38, 2016, 36-41.

Zanjani S.E, Shadnoush N, Khoshgoftar Z, Mash'ooof S, & Goshki E.S, Introduction to codes of ethics for nursing students in Iran, *Medical Ethics*, 7, 2015, 11-30.