

# Explanation Outcome of communication between nurses and patients with cancer in shahid modaress hospital 2025

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## ABSTRACT

In order to assess the efficacy of therapy and the progression of the disease, quality of life and communication requirements for cancer patients have become more significant recently. The purpose of this research was to explain the state of communication between nurses and cancer patients in the Modaress Hospital's oncology wards in Tehran in 2025. The present research is subjective in nature. A total of fifteen cancer patients and twelve registered nurses participated. Collected data through unstructured interviews. Verbatim transcriptions of every interview were made while the audio recordings were continuously compared. Base on data analysis, outcomes between nurses and patient's communication consisted of that will be explained in detail include Outcome Trust , inconsistency in Speech and Behavior ,weariness and exhaustion satisfaction, dissatisfaction, On the outskirts of the family, Anxiety and stress of patient, The Order of Justice, Discrimination, Co - operation and co – ordination Stress and anxiety. Important results in communication between nurses and cancer patients were recognized as a result of the studies. Effective communication may be achieved by identifying the communication outcomes, creating new guidelines, employing innovative teaching strategies, and developing nurses' communication, particularly via the use of a patient-based approach. Cancer patients can communicate better because they are able to manage their illness and receive better care.

**Keywords:** Communication, Nurse, Patient, Cancer, Oncology

## Introduction

Cancer is one of the most common chronic diseases , as all types of cancers cause 31 % of all deaths and deaths across the world , and cancer is for every one is surprise and stressful [1]. In fact awareness of the malignant disease of life and life is one of the main causes of health care in Iran and around the world as the third cause of maternal mortality On the other hand , the common health care system has a high emphasis on customer satisfaction [2]. Every year between 15 and 35 percent of patients over 65 years . the number will double to continue to live and nurses are extremely painful and stressful Effective communication between the patient and the medical team is essential [3]. " asserts that there is a lot of evidence that stress and stress due to acute disease of one member of the family affect the overall performance of the family , and , in turn , the family behavior patterns can affect the disease . one of the major problems related to the family is the satisfaction of the family and

the patient . In regard to the importance of effective communication between the preventive team and the patient " s family , the hospitalised has been carried out in particular [4]. McCormic found that although most families are satisfied with the care of family in the special department , one - third of the families have expressed concern that their needs have not been met by the surveillance team . Research has also provided evidence that patient satisfaction and family satisfaction will be obtained when they having sufficient information about the patient 's condition , how to take care , care planning , diagnosis and expected outcomes [5].

Patients with cancer are aware that communication is a challenge in their care. To present, research has yielded little pertinent information to address this issue. Examining the variables associated with cancer patients' quality of life and their needs in relation to nurses is crucial in determining the effects of illness and medical care. Nurse-patient communication affects both the quality and outcome of nursing care as well as the well-being of the patient. Identifying and meeting the communication

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requirements of cancer patients has been seen as a desired aim and an essential area of nursing care in recent years [6]. This study was carried out in order to explain the implications of the relationship between cancer patients with nurses in the medical oncology sector of Tehran Madras Hospital in 2025.

## Materials and Methods

The investigation was carried out at Tehran's Shahid Modaress Hospital's cancer department. In this study, 15 cancer patients and 12 nurses took part. The first interviews were conducted using purposeful sampling, and data was gathered using theoretical sampling in accordance with the developing codes and categories. Each participant received a brief explanation of the study's goal. They were informed that the interviews would be videotaped and that they may withdraw from the research at any time if they so desired. After that, a consent form was shown. The prospective participant was taken into consideration for the study if they signed the permission form and read the information letter. After agreeing to participate in the study and completing the informed consent paperwork, nurses and family members were scheduled for an interview. Interviews were conducted when the participants believed their workload was light or they had adequate time to be questioned. Individual non-structured interviews were done in the hospital's private room. The interview guide included basic open-ended questions that allowed respondents to fully discuss their own perspectives and experiences. The interview questions were:

- 1) What positive outcomes nurse- patients with cancer communications?
- 2) What negative outcomes nurse- patients with cancer communications?

After that, participants were asked to describe their own experiences and opinions about "communication methods that affected taking on the communication." In order to gain a deeper knowledge of the phenomena being studied, the interviews proceeded with subject inquiries and probes based on the participants' tolerance and interest in describing their personal experiences. The same interviewer conducted each interview. A digital sound recorder was used to capture the interviews, which were then verbatim transcribed and subjected to sequential analysis. Transcripts of interviews were examined several times before significant themes surfaced. Interviews lasted an average of one hour, with sessions lasting anywhere from twenty to ninety minutes. Interviews were conducted until data saturation was reached. Participants were interviewed in order to gather data. Analysis and data collection happened at the same time. The researcher painstakingly transcribed the audio following each interview. By concurrently listening to the audiotape and reading the transcripts, the correctness of the transcripts was verified. Content analysis, which has been found to be suitable for interview analysis, served as the basis for the examination of the interview transcripts. Eighteen themes were found to express the text's hidden meaning. A variety of colors were used to manually code the data. Units of condensed meaning were abstracted and

assigned codes. After that, the codes were categorized and subcategorized using comparisons of their similarities and differences. These files were also printed out, and categories were created using them. Ultimately, the original categories were used to build a higher-level classification. In other words, final and significant categories were created by combining categories that belonged to common files. The following techniques were used to apply the data acceptance criteria: extended participation, allocating sufficient time, a suitable relationship to comprehending actual data, peer and member verification, negative case analysis, and objectivity (one of the data characteristics of research) [7].

## Results and Discussion

The study's participants were nurses who had worked at the hospital for at least four years and indicated a desire to talk about their experiences. Those who worked for four years had plenty of chances to watch and take part in the conversation between nurses and cancer patients in a hospital environment. All of the participants were also full-time registered nurses from Tehran, Iran's Modaress Hospital. The age range of nurses was 25–50 years old. Five nurses and ten men were present. From four to twenty years, everyone had worked in the modaress cancer wards. Every cancer patient was a spouse, parent, or kid, and their ages ranged from 15 to 70. Table 1 listed both the positive and bad results of patients to nurses, with more explanations provided.

The findings of this research have resulted in two parts of positive outcomes , the points that patients have expressed , and the negative consequences that patients have complained about . that will be explained in detail include Outcome /Trust , inconsistency in Speech and Behavior , weariness and exhaustion satisfaction, dissatisfaction, On the outskirts of the family, Anxiety and stress of patient, The Order of Justice, Discrimination, Co - operation and co – ordination Stress and anxiety.

Outcome Trust If the care team has a duty to keep the patient " s confidence in their duty , the greater the family " s confidence , the greater the patient " s confidence , the greater the issues and problems that arise between nurse and patients to prevent any adverse consequences . " You have to rely more on doctors and nurses and to accept the doctor and nurse " s conversation " (sister of the disease , said , " The ICU is very it 's very stressful . They ought to have more confidence in doctors and nurses . I didn " t know what was going on with my patien One or two of the nurses were good enough to say , ' Don 't worry . We 've had too many of these patients , or worse , and I really liked you . ' and I trusted them (patient 7) .

" It 's good for us to connect with us and connect emotionally with us , " said the sick brother . If the patient is good and has no problems , let us know if they behave well , then we trust them too ." In contrast , we had a sense of distrust (patient 8).

In front of it we understood the concept of distrust . In that case , distrust . In the opinion of some of the nurses , there is a lack of

mistrust among patients in the specific parts of the care system , the conflicts that exist , or errors and carelessness that are in the care of care and distrust in patients .

" Because our health system is not very strong in comparison to other countries when you see films or those outside the country , we realize that people don 't trust in a therapeutic system , because it is probably due to the wrong diagnosis or errors occurring in the wiring of the hospitals and the patient 's life , " the nurse said . Or if death happens , we don 't even have to be excluded from this issue to those who can go abroad or go to Tehran or larger cities to treat them eventually , so young people will see the therapeutic conditions better elsewhere " (nurse 11). The nurse in the confidence of families said, "If their patient is good, they don't trust that if their patient is not self - assured, they do not trust that there are 60 to 70 % of the drugs. This distrust must be made from the root, and sometimes people ask us about the doctor if the practitioner is good or not ... "(nurse 12).

If they ask nurse questions and trust nurses ' conversations and if they ask for a nurse , I 'm afraid they will ask the patient a question , and this gives the nurse a question , and it prefers not to respond . Trust is very important " (Nurse 8) .

### *Inconsistency in speech and behavior*

One of the factors that cause distrust patients is contradictions and contradiction in speech and treatment of the therapeutic team . The paradox in the conversations of nurses and physicians or other medical teams that can 't trust the treatment of the therapeutic team . the doctor says the nurse says something else , and the nurse doctor says something . we dont know which is right . There must be one for them at least one by one. We 're baffled (patient 2).

One of the nurses said that one of the reasons that the families don 't trust , the doctor says something else , and the nurse says something else , and the nurse says something else , which makes people distrust . " We 're asking the doctors , ' You 're going to be fine , Madam , but the nurses are speaking slowly . And they give you hope . But the doctors did , there " s no hope . But the nurse said , ' Don 't worry , Madam , ' There is (patient 3)

They tell us about the contradiction in his father 's behavior , and on the other hand , the patient is contaminated with his bed or the hospital , whether it 's not a gurney or a stretcher .

### *Weariness and exhaustion*

Stress and anxiety and not understanding patient are another outcome that impedes communication . Since there are many chances of death in certain sectors The patients suffer from a lot of stress and anxiety , and because of a lot of anxiety they want to know the moment of the patient in case they do not meet their needs , they will lead to exhaustion in families I want to know if they did it for themselves , " participant said .. Sometimes I felt disgusted with them and said , " Why don 't they understand our condition ... In short , I don 't have a good memory at all , and I

don 't want to go there again , or they didn 't want to get back there , and they were unhappy about it . "

However , the patient is dear to his family , and the majority of the nurses don 't seem to have been aware of it , and they think that 's not going to happen to them unless they leave themselves with their nurses , " he said .

### *Satisfaction*

one of the implications involved in this study is the satisfaction of the therapeutic team or the patients . In various forms , some patients have expressed satisfaction with more nurses . From doctors and nurses I killed about 70 % . The doctors were good - I know almost my sick condition . They won " t let me in . they say they say harm to the patient . Those who were good would They told us the patient was recovering , and understood . and the talk of our conversation with the two or three of us , who were well informed , understood my mind , and I was getting better . we didnt ask for the infection . let us in . I was perfectly satisfied , perfectly satisfied , as if I were above the head of the patient . It was good to take care of you , too. It was good , but it would have been better . Some of them spoke familiarly . We " d have noticed the wolves , but some of them didn " t talk well , and we didn " t understand what they were saying . But the doctor fully explained to me that I understood them well ,

### *Unsatisfaction*

Another consequence of dysfunctional events was the of families ' dissatisfaction with the therapeutic team . When we compare nurses outside the country , we see the ground up to the sky , they " re doing everything for the patient , love and interest . They " re all forced to work here . they work as if they " re going to work properly . I " m also saying I don " t care about the nurses , but they " re very few . The information they don 't give is incomplete enough. Most of the patients expressed dissatisfaction with poorly informed information . " I don 't really know that some physicians and nurses don 't count the sick family at all . They don 't know we 're worried about the door behind the door , and it 's all wrong with the bad guys that we don 't blame them . We don 't blame them . "

. regard rules , but the rule is the wrong one can 't see his patient together . and the patient gets a little bit of a temper , and a little bit of fear and fear . Patients keep

Co - ordination and coordination of the care team and families will improve the patient " s recovery and affect the patient " s morale . " If a patient stays in bed for a long time , let her family come and talk to her , give her a spirit and massage her , it 's very effective in the patient 's recovery process , " the nurse said.

The shared strategy and with the purpose , which were the same improvement as the patient " s earlier recovery , were the two most important common factors among the participants that facilitate communication . " When the morale of the sick and happy patients is happy , this will be marked with the patient " s mobile face and carries the joy to the patient , " the nurse said .

And on the contrary, if the company is sad and anxious to be concerned about the patient's recovery, the patient's happiness and frustration will affect us in some way, and in fact we can say that communication helps us somehow to get sick early and be discharged from the department."

### *On the outskirts of the family*

The very important and serious problem that the patients find is that it is on the fringes of their families. If any action is made to the patient at the hospital, the family does not come up with the family and the effective communication is not true to the patient's family, the treatment team uses the families to satisfy the patient's needs. The relationship with the patient's family has a taste of taste, and everyone fits with the disposition of the patient's disposition or spirit, and does not interfere with the patient's decision making and care, and they are always in a state of confusion and are unaware of what has become of their parents. "One participant said in this regard. I wanted to really know how sick I was when I wanted to go to her and find out what they were doing for her. I see the imprudence of it. I didn't know what I'm saying, the nurse said impatiently, "How nice of you?" They don't give me a convincing answer. Let's say we know. Doctors give time to families, "when the care team won't take care of the patient's family decision-making and care, it makes no connection between them. The family is dissatisfied that they are not involved in decisions. The participating states said: "We have a right to know whether we can take our seats elsewhere or do something else, or we will do the most of our efforts to get good."

### *Anxiety and stress of patient*

The main mental problems of patients in this study also included anxiety. The main concern of the patients with regard to the cost of treatment, clearance and consequences of the disease was the main cause of anxiety and anxiety. An inner part of the heart said, "There are always people who are worried about money, and they say they're going to get well, no, this is going to be done."

### *Peace - reaching approach*

The result is a consequence of the result of a consequence of the relationship between the team's empathy and the support of the care team, and the families are highly dependent on it. Many families said comfort and comfort of the care team will reduce stress and anxiety and comfort them. The sister of the disease said, "I didn't know what I didn't know when I was sick or two of the nurses were good, and they said you didn't worry that we were sick like these patients, or worse, and I really felt sorry for you. The family of patients in the oncology ward really need comfort, and someone solace them. One of the causes of severe anxiety in the patient is to face the changing circumstances of life, such as one family member in a hospital. In extreme cases, the patient has been hospitalised and the family experiences higher levels of stress. The sister of the disease said. She's sick with

the sick, she's in the middle of the earth, she doesn't want to worry about it, but it's going to be all out of the way of her life. The nurse said, "Well, the sick man is lying on the bed, and there are seven or eight other people out there every moment might happen to them if it's not a law. It was our human duty to make a family worry about it, and we are human, we are human, and we have a heart."

### *The Order of Justice*

The justice of justice is more than the other. Aware that it had to be impartial in the profession, the nurses acted, or acted, and entered the profession. The position, status of the patients and their families is not affected by the patient's care and attention to the family, and everyone is looking at them with an eye. One of the most important people in the nursing profession is to observe disregard for the people. And of course, in Iranian nurses there is also this trait. "In any case, we should assist whoever is in need of our help when we are in this profession," the nurse said. Some companions may sometimes break our nerves, but there is no change in our care. Of course, I personally try to communicate more to those who are less likely to communicate and inform them of the state of affairs that many are involved in this part."

### *Discrimination*

One of the most important social and cultural challenges is discrimination (non-justice). However, many patients saw that the care team between them and other people did not look at one eye, complaining that the team did nothing for you to do anything for you. They believed that only when you had the right to get acquainted with the division or receive information through a familiar acquaintance, others also approved the idea, and others said that if the family had a higher cultural status, social status and higher economic status, they would have an impact on their relationship with the patients' families. Well, the way we talk and the information we give is a hundred percent difference, of course it's very different when you talk to us, and you have to speak well on the other side, of course, cultural conditions are effective, and unconsciously the tendency is more to the individual who has a better financial position," the nurse said. The nurse said: "The nurses are better educated and better educated than they are educated at a higher level or financially. The cultural level, education and the financial situation have a lot to do with communication." "We did not see doctors too much," said a family, "if it were known, it would have been a good thing for us to meet the sick family if they were familiar... One of them is talking to the sick family, but unfortunately it's generally very familiar" (patient 7). The mother of the disease said, "It's particularly illness that isn't culturally or culturally very high. Molly or something from the village is where he works with Azra rural" (sick mother). It is also among the nurses who can influence the care team with one another, thus reducing their cooperation with one another."

### Co - operation and co – ordination

Co - ordination and coordination of the care team and families will improve the patient’s recovery and affect the patient “s morale.” If a patient stay in bed for a long time, let her family come and talk to her, give her a spirit and massage her, it’s very effective in the patient ’s recovery process, " the nurse said. The shared strategy and perposive , which were the same improvement as the patient " s earlier recovery , were the two most important common factors among the participants that facilitate communication . " When the morale of the sick and happy patients turns out to be happy with the patient " s mobile face , it can affect the patient " s face and affect the patient " s recovery , and in fact we can say that communication helps us somehow to get sick early and be discharged from the ward , " the nurse said .

Table 1: Posetive and negative outcomes

Posetive	Negative
Co - operation and co – ordination	Stress and anxiety
The Order of Justice .	Discrimination
satisfaction	On the outskirts of the family
inconsistencyin Speech and Behavior	Anxiety and stress of patient:
weariness and exhaustion .	unsatisfaction

The same study showed that patients ' expectations of nurses with respect to the role of care and support are needed, and before the care of nursing care, they need to develop effective communication skills, because the patient care providers and patients seek to provide effective communication. The importance of non - verbal communication is more important and more effective than verbal communication. If it is difficult to control it by the sender, the nurses need to establish complete co - ordination between verbal and non - verbal communication. Rapid progress in medical sciences and huge amounts of information and knowledge, and insufficient opportunities for such training in colleges, makes graduates experience sufficient skill in terms of individual and social connections in dealing with patients, relatives, and individuals [6]. The family will not fail. Undoubtedly, the provision of health care providers would have enabled nurses and healthcare providers to learn the skills required to communicate with the patient, their social ethics, tradition and culture, and to continue to promote it even after their leisure [8]. To convey meaning in conversation, you need to learn verbal skills and apply to application. Verbal communication skills are the ability to use words on a given [9, 10]. The study showed that only 3 / 14 % of nurses had good verbal communication skills and confirmed the aforementioned studies and showed that the majority of patients ' complaints were due to the importance of not caring for dignity [11- 13]. The theme of this study was “deepening the relationship” that suggested the main strategy of communication between the care

team and the patient. in this study, which was aimed to explain the relationship between nurses and cancer patients, conditions such as nurses ' belief in the importance of relating to the patient, the type of work nurse, work volume, and more attention to the patient’s demands had affected participant communication strategies, so that the nurse generally had the active role in relation to the patient and was always in order to improve her relationship to the patient and her family and meet her needs [14- 16]. The study also showed that patients ' perspectives on communication are weak in communication skills such as cultural, social, economic, labor intensity, equipment, gender issues, physical, physical and health issues. A study conducted in the Iran by Marashian in 2012 could also It can also be used as a guide to solving the communication problems of our society , they conducted a study entitled assessing the impact of the training course of their skills on knowledge , attitudes and nurses, [17] so as to The training program included 26 hours of training in 6 months ago , and then after training with the questionnaire , there was a significant relationship between nurses and nurses ' communication skills , and the education And the training on the serious of knowledge enhanced nursing practice attitude , and the nurses contacted the patients more effectively after completing the training course [18, 19]. The authors identified two communication styles, referred to as (a) biomedical and (b) biopsychosocial, that were documented in the literature. The biopsychosocial style is defined as communication that is patient-centered. We then examined the communication styles of NPs and their effects on the results of patients in 7 investigations [20]. Improved patient satisfaction, enhanced adherence to treatment regimens, and enhanced patient wellness are all examples of how a biopsychosocial (patient-centered) communication style favorably improves patient results, according to the research examined [20, 21].

### Conclusion

Due to the results obtained from the study, the poor communication between nurses and patients is. Therefore, in order to improve the existing situation, it is proposed: 1 - Short - term training courses and service for nurses in the context of communication skills; 2 - regular control of nurses ' communication status by nurses. 3. Thorough research and with larger specimens at the country level. 4. Research on the obstacles to effective nurse and fear communication. 5 There’s a research in the field the nurses ' awareness is in touch.

*Implications for practice:* According to the review's findings, NPs who use patient-centered communication in their practice are linked to better patient outcomes, including (a) higher patient satisfaction, (b) better adherence to treatment regimens, and (c) better patient health. To properly examine the connection between NPs' use of a patient-centered communication style and its effect on patient outcomes, more research must be done.

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## References

- Mahmoudi H, Ebadi A, Salimi S, Najafi Mehri S, Mokhtari Noori J, Shokrollahi F. Effect of nurse communication with patient on anxiety/ depression and stress level of emergency ward patients. *Iran J Crit Care Nurs* 2010; 1(3):7-12. (Persian)
- Deborab M, Nadzam p. Nurse Role in communication and patient safety. *Nurse care Quality* 2009; 24: 184-188.
- Sylvan R. Role of the Nurse as a patient advocate. 2009, Site: [www.eHow.co.uk](http://www.eHow.co.uk): (15 Nov, 2010).
- Lai-ming W. A grounded theory study :communication model about end-of-life care in the intensive care unit. 2010. <http://theses.lib.polyu.edu.hk/handle/200/5686>
- McCormic A. in social worker in palliative care: evaluation of a self-efficacy mode. 2009.
- Zapatochny Rufo J. Critical care: Good-Better-Best: The virtual ICU and beyond. *Nursing Management*. 2020;41(12):38.
- Iliana M, Raimunda M, Isabela M , Ana F. Nursing Communication in Nursing Care to Mastectomized Women: a Grounded Theory Study *Rev. Latino-Am.* 2010;18(1):54-60 [www.eerp.usp.br/rlae](http://www.eerp.usp.br/rlae)
- McDonagh JR, Elliott TB, Engelberg RA, Treece PD, Shannon SE, Rubinfeld GD, et al. Family satisfaction with family conferences about end-of-life care in the intensive care unit: increased proportion of family speech is associated with increased satisfaction. *Critical care medicine*. 2004;32(7):1484-8.
- Allahbakhshian M, Jaffarpour M, Parvizy S, Haghani H. A Survey on relationship between spiritual wellbeing and quality of life in multiple sclerosis patients. *Zahedan Journal of Research Medical Sci-ences*. 2010; 12(3):29-32.22.
- Balboni TA, Vanderwerker LC, Block SD, Paulk ME, Lathan CS, Petecet JR, et al. Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. *J Clin Oncol*. 2007;25(5):555-60.
- Beth Happ M, Garrett K, Thomas DD, Tate J, George E, Houze M Et al. Nurse-patient communication interaction in the intensive care unit. *Am J Crit Care* 2011; 20: e 28-40
- Lohgmani L Factors Affecting the Nurse-Patients' Family Communication in Intensive Care Unit of Kerman: a Qualitative Study *Journal of Caring Sciences*, 2014, 3(1), 67-82.
- Walter F. Baile, MD; Margie Miller. 2019 Communicating With Cancer Patients: When the News Is Bad August 20, 2019. *NCCN Clinical Practice Oncology Forum*
- Hoonakker P, Carayon P, Douglas S, Schultz K, Walker J, Wetterneck TB. Communication in the ICU and the Relation with Quality of Care and Patient Safety from a Nurse Perspective. *Int J Healthc Inf Syst Inform* 2019 1; 6(1): 51-69.
- Lohgmani L. Communication barriers between staff member with family member intensive care unit: A grounded theory study .*Ann Trop Med Public Health* .2018 Jan 13;10:1552-7.
- Pene CTH, Kissane D. 2019 Communication in cancer: its impact on the experience of cancer care: communicating with the angry patient and the patient in denial. *Curr Opin Support Palliat Care*. 2019 Mar; 13(1):46-52.
- Pirasteh Motlagh AA, Nikmanesh Z. The role of spirituality in quality of life patients With AIDS/HIV. *J Shahid Sadoughi Univ Med Sci*. 2012; 20(5): 571 -80. 21.
- Marashian F, Esmaili E. Explore the relationship between spiritual coping and mental health and life satisfaction of students of Islamic Azad University of Ahvaz. *New findings in psychology*. 2022;7(24):98-85. (Persian)
- Lohgmani L. Communication between Staff Member with Family Member Intensive Care Unit: A Grounded Theory Study. 2015. *J. Appl. Environ. Biol. Sci.*, 5(7)397-41.
- Jahani A, Raghah N, Heravi Karemoy M, Hadavi A, Zayry F, Khatun AS. Its spiritual well-being and quality of life in patients with coronary disease exhibit. *Islamic life style with a focus on health*. 2013; (1)2:24-19. (Persian)
- Jafari N, Zamani A, Farajzadegan Z, Bah-rami F, Emami H, Lohgmani A. The effect of spiritual therapy for improving the quality of life of women with breast cancer: a randomized controlled trial. *Psychol Health Med*. 2013; 18(1):56-69.