

Original Article

Can Nurses Approach the Crying Patient Therapeutically? A Cross-Sectional Survey

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Abstract

Background: Crying, which is an expression of intense emotions that patients cannot express, is not rare in hospitals. However, there is no study in the literature explaining how nurses approach the crying patient and whether their approach is therapeutic.

Objective: The aim of this study was to investigate the nurses' approaches to crying patients and whether their approaches were therapeutic.

Method: The cross-sectional study was conducted with 309 nurses. The data were collected by using a Questionnaire Form.

Findings: Almost all of the nurses (97.1%) reported that they encountered crying patients. According to nurses, patients cry because they suffer a lot (93.5%) and feel helplessness (86.1%). Only 19.4 % of nurses were found to be able to approach the crying patients therapeutically (not judging, taking time, showing that I am ready to help). It was determined that the nurses aged 40 and over, married and having a bachelor's degree had a therapeutic approach to the crying patient, and the statistical differences between the groups were significant ($p < 0.05$) (Table 1).

Conclusion: It was found that nurses had difficulty in approaching the crying patient and that most of the nurses had non -therapeutic approaches to the crying patient. Nurses should know the therapeutic value of crying and should take a therapeutic approach to the crying patient.

Keywords. Crying, nurse, relationships, patients, patient communication, therapeutic approach

Introduction

Crying is a form of cathartic expression that helps an individual cope with negative emotions to eventually embrace positive feelings (Sharman et al., 2019). When individuals experience an onslaught of feelings so intense (happiness, sadness, etc.) that they are unable to express these with words, they tend to express themselves by crying. Among the most common emotions that trigger crying are sadness, anger, fear, disappointment, weakness, hopelessness, despair, anxiety, remorse, loneliness or positive feelings of intense joy, happiness, thankfulness or empathy

(Denckla et al., 2014; Vingerhoets and Bylsma, 2016). At the same time, personality traits, styles of attachment, mental health, culture, socialization and experiencing a traumatic event, as well as sleeplessness, fatigue, stress, becoming a parent, physical health, alcohol, substance or drug abuse are among the factors that can cause bouts of crying (Vingerhoets and Bylsma, 2016).

It has been reported in a compilation review of 72 articles on crying that crying is a healthy and beneficial coping technique that reduces emotional stress (Cornelius, 2001). Since intense emotions can be expressed through the act of

crying, an emotional catharsis takes place, yielding a therapeutic impact (Fooladi, 2005; Millings et al., 2016; Vingerhoets and Bylsma, 2016). The therapeutic effect of crying has been demonstrated with biochemical studies, where it has been reported that the lacrimal glands play a role similar to kidney function. The stress hormones produced during periods of intense emotion are secreted with tears and other toxic substances (Frey 1985). Another benefit of crying is that it acts as a call for help to the people in the social setting surrounding the crying individual, triggering them to offer their attention, support and assistance (Vingerhoets and Bylsma, 2016; Ozcan 2006; Nelson 2012; Terakye 1998).

In hospitals, crying is by and large considered a behavior attributed to problematic patients (Akgun-Citak et al., 2011). When nurses encounter a crying patient, they generally react in one of two ways. The first of these is to “stop the crying”; the second is to “wonder why the patient is crying.” Underlying both of these behaviors is the nurse’s own feelings of helplessness, unrest and curiosity. Nurses however need to know that crying reduces emotional stress, that it is a normal reaction and has therapeutic value (Petriček et al., 2011; Ozcan 2006; Terakye 1998; Ryde and Hjelm 2016). Nurses should respect the privacy of a crying patient, should never try to quiet the individual, should accept that the patient has a need to cry; nurses should never judge and decide independently on whether or not to ask the patient about the crying and the problem that is behind it. Patients should never be forced to talk and rather be encouraged to be at ease in expressing their emotions. The nurse should spend time with crying patients, empathizing and conveying to the patient that they are ready to help (Petriček et al., 2011; Ozcan 2006; Terakye 1998; Ryde and Hjelm 2016).

Although there are many studies on the causes, benefits and content of tears, there are still gaps in the literature on whether nurses can approach crying patients therapeutically. This was the pivot point of this study, which was conducted to identify how frequently nurses came into contact with crying patients, how they feel when they encounter these individuals, what kind of approach they use toward them and whether their approach is therapeutic or not.

Methods

Design: This cross-sectional study was conducted with nurses working at a university hospital in a province in northern Turkey.

The universe and sample of the study: The sample size was calculated as 221 using the sampling method whose population is known (number of nurses in the hospital is 516).

$$n = (N \cdot t^2 \cdot p \cdot q) / (d^2 (N-1) + t^2 \cdot p \cdot q)$$

N = Number of individuals in the universe (516)

n = Number of individuals to be sampled (?)

p = Frequency of the event to be examined (0.5)

q = Frequency of the event to be examined (0.5)

t = Theoretical value (1.96) found in the t table at a certain degree of freedom and detected error level

d = Desired \pm deviation (0.05) according to the incidence of the event

$$n = (516 \cdot 1.96^2 \cdot 0.5 \cdot 0.5) / (0.05^2 (516 - 1) + 1.96^2 \cdot 0.5 \cdot 0.5) \cong 221$$

All participants were required to meet the following inclusion criteria: have worked as a nurse for at least 1 year, willing and able to give informed consent. Convenience sampling was used, in case of sample loss and 309 nurses were included in the study.

Data collection tool: A questionnaire form was developed by the researchers based on the literature (Terakye 1998; Ozcan 2006; Petriček et al., 2011; Ryde and Hjelm 2016; Fooladi 2005). The questionnaire consisted of two parts. The first part comprised 11 questions on the sociodemographic of the nurses (e.g., age, gender, civil status, education, total years in the profession, clinic where employed). The second part constituted 8 questions on the status of the nurse’s encountering a crying patient, the gender of the crying individual, what the nurse felt when they saw a patient crying, the reasons for the patient’s crying, how the nurse approached the crying patient.

The scope validity of the questions in the second part of the Questionnaire Form were obtained by taking expert opinion (W = 0.352, p = 0.011).

Data collection: Data were collected between April 2020 and June 2020. Data were collected from nurses working in the clinics of the hospital where the study was conducted. Before data collection, nurses were informed about the purpose of the study and their written consent was obtained. It took about 30 minutes to fill the form by interviewing the nurses face-to-face in the nurse’s room in the clinics.

After the questionnaires were collected, the authors grouped together the responses given to the questions on the reasons for a patient's crying, what the nurse felt when confronted with a patient crying and how the nurse approached the crying patient. Following the initial grouping, the responses given to the question on how the nurse approached a patient who crying was assessed once more to determine whether the approach had been therapeutic. In the last stage, the opinions of 3 experts were enlisted regarding the grouping of the responses and revisions were made according to their suggestions.

Statistical analysis: The data were analyzed using the Statistical Package for Social Sciences (SPSS) 24.0 package program. Descriptive statistics (for example, nurses' sociodemographic characteristics, characteristics of crying patient) were expressed as frequency (n), percentage (%) values. The Chi-square test was used to compare categorical data. The results were evaluated at a confidence interval of 95% and at a significance level of $p < 0.05$.

Ethical considerations: To carry out the study, institutional permission was obtained from university hospital, and ethics committee permission was received from Medicine Scientific Research Ethics Committee (No. 82134845/730.08.03). Before collecting the data, the nurses were informed about the purpose of the study, and their verbal and written informed consent was obtained.

Results

Of the nurses, 30.1% were in the age group 33-39, 94.8% were women, 59.2% were married, 52.8% had undergraduate degrees and 35.6% had been working for 1-5 years. It was found that most of the nurses were working in adult surgery and internal medicine clinics and only 22.7% had received education on how to approach a crying patient as part of their school curriculum; 6.1% had received this education as in-house training.

It was observed that more nurses of the age 40 and above compared to nurses in other age groups,

more married nurses compared to single nurses, and more nurses with an undergraduate degree compared to vocational school graduate nurses displayed a therapeutic approach to crying patients and that the statistical differences between the groups were significant ($p < 0.05$) (Table 1).

Almost all of the nurses (97.1%) had encountered a crying patient and more frequently a female patient (64.7%). According to the nurses, the patients were crying most frequently because they were in pain (93.5%), because they had feelings of hopelessness (86.1%) and felt sad (80.9%) (Table 2).

It was seen that more frequently, the nurses encountering a crying patient described their feelings as: "I don't want the patient to cry (87.3%)," "I wonder why the patient is crying (83.3)," and "I feel uncomfortable when the patient cries (82%)." It was found that the nurses who experienced feelings of not wanting the patient to cry or feeling uncomfortable did not display a therapeutic approach toward the crying patient and the difference between the nurses was statistically significant ($p < 0.05$) (Table 3).

Of the nurses encountering a crying patient, 80.6% used a non-therapeutic approach and only 19.4% used a therapeutic approach. Of the nurses who displayed a non-therapeutic approach, 82.5% tried to comfort the patient while 77.3% asked the patient why they were crying and told them they would feel better if they told the nurse why they were crying.

Others (66%) said that in response to patients who were crying because of an operation, procedure, diagnosis or the like, they told the patient that there was nothing to be afraid of. Among the nurses who displayed a therapeutic approach toward a crying patient, 92.2% said that they never judged the patient, 87.1% said they spent time with the patient while they were crying, and 87.1% said they told the patient they would always be ready to help them whenever they wanted (Table 4).

Table 1. The nurses' therapeutic approaches, according to their sociodemographic characteristics (n=309)

Characteristics			Therapeutic Approach		Non-therapeutic Approach		X ²	P value
	n	%	n	%	n	%		
Age								
18-25	77	24.9	6	7.8	71	92.2	8.990	0.029
26-32	87	28.2	20	23.0	67	77.0		
33-39	93	30.1	21	22.6	72	77.4		
40 and older	52	16.8	13	25.0	39	75.0		
Gender								
Female	293	94.8	59	20.1	234	79.9	1.870	0.172
Male	87	5.2	1	6.2	15	93.8		
Civil Status								
Married	183	59.2	44	24.0	139	76.0	6.138	0.013
Single	126	40.8	17	12.7	110	87.3		
Nurse's education								
Undergraduate	238	77.0	57	23.9	181	76.1	13.731	0.000
Vocational High School	71	23.0	3	4.2	68	95.8		
Years in profession								
1-5	109	35.6	17	15.5	93	84.5	6.085	0.193
6-10	83	26.9	17	20.5	66	79.5		
11-15	39	12.6	5	12.8	34	87.2		
16-20	42	13.6	13	31.0	29	69.0		
21 and over	35	11.3	8	22.9	27	77.1		
Clinic of employment								
Internal Medicine	70	22.7	15	15.0	85	85.0	6.559	0.256
Surgery	101	32.7	18	25.7	52	74.3		
Emergency Room	26	8.4	10	23.3	33	76.7		
Intensive care	43	13.9	11	10.8	33	89.2		
Pediatrics	43	13.9	4	25.6	32	74.4		
Polyclinic	26	8.4	2	13.3	13	86.7		
Received instruction in Nursing School about how to approach a crying patient?								
Yes	70	22.7	18	25.7	52	74.3	.130	0.092
No	239	77.3	42	17.6	197	82.4		
Received in-house training on how to approach a crying patient?								
Yes	19	6.1	5	26.3	14	73.7	.616	0.433
No	29	93.9	55	19.0	235	81.0		

Table 2. Some characteristics of the crying patients according to the nurses (n=309)

Characteristics of crying patient	n	%
Status of nurse's encountering a crying patient		
Encountered a crying patient	300	97.1
Did not encounter a crying patient	9	2.9

Frequency of nurse's encountering a crying patient (n=300)		
Frequently	183	61.0
Rarely	117	39.0
Gender of crying patient (n=300)		
More frequently women	194	64.7
More frequently men	2	0.6
Both genders equally	104	34.7
Reasons patients were crying, according to the nurses		
Pain and discomfort	289	93.5
Hopelessness	266	86.1
Sadness	250	80.9
Needed help	246	79.6
To express their feelings	233	75.4
Feeling inadequate	168	54.3
Feeling frustrated	161	52.1
Extreme happiness	139	45.0
Can't control their crying	138	44.6
Anger	137	44.3
Weakness	117	37.8
Feeling insulted	106	34.3

Table 3. Nurses' approach to crying patients in terms of their own feelings and emotions

Nurses' feelings when faced with a crying patient	Nursing approach							
	n		Therapeutic approach (n=60)		Non-therapeutic approach (n=249)		X ²	P
			n	%	n	%		
I don't want the patient to cry	262	87.3	46	17.6	216	82.4	5.185	0.02
I wonder why the patient is crying	250	83.3	45	18.0	205	82.0	0.166	0.68
I feel uncomfortable	246	82.0	42	17.1	204	82.9	4.238	0.0
I feel very bad	245	81.6	43	17.6	202	82.4	2.634	0.10
I feel helpless	128	42.6	23	18.0	105	82.0	0.433	0.56
I feel like crying	63	21.0	7	11.1	56	88.9	3.489	0.06
I get angry	8	2.6	1	12.5	7	87.5	0.271	0.60

Table 4. Approaches of nurses toward crying patients

Nursing approaches	n	%
Therapeutic approach	60	19.4
Non-therapeutic approach	249	80.6
Non-therapeutic approaches		
I try to comfort them	205	82.5
I ask them, "Why are you crying?" and say, "You'll feel better if you tell me"	192	77.3

If they're crying because of an operation, procedure, a diagnosis or the like I say, "There's nothing to be afraid of"	164	66.0
I try to stop their crying	157	63.1
I find out why they're crying and tell them that it's nothing to cry about	114	46.0
I say, "Don't worry, you'll get over it."	113	45.3
I try to change the subject	104	42.1
Even if the patient says they want to be alone, I don't leave them by themselves until they stop crying	62	24.9
I say to the patient, "Crying doesn't become you" or "I thought you were strong, what's happened to you?"	44	17.5
I act as if nothing's wrong	29	11.7
I ignore their crying	12	3.9
Total	1196*	100.0
<u>Therapeutic approaches</u>		
I never judge the patient because of their crying	55	92.2
I allot some time to the patient while they are crying	52	87.1
I tell the patient I'm always ready whenever they need help	52	87.1
I leave it to the patient to decide whether they want to tell me why they're crying	51	86.1
I observe to see whether the patient wishes to be alone or not while they're crying	50	83.2
I touch the patient therapeutically (especially on the shoulder or arm)	50	83.2
I try to understand what they're trying to communicate by crying	50	83.2
I leave the patient's side if they want to be alone	49	80.9
When the crying has stopped, I speak about the reason for the crying	48	79.6
To make it easy for the patient to express their emotions, I use a "third person" narrative	39	64.4
I accept from the beginning that patients can exhibit crying behavior.	38	63.8
I ask the patient "How can I help you?"	31	52.4
I ask a patient who is crying, "Would you like me to stay with you?"	28	47.2
I don't try to stop their crying	24	40.1
Total	617*	100.0

*More than one response was given

Discussion

Crying is a human behavior that is widely encountered in public hospitals. An expression of strong emotions by patients is not a rare event in hospitals, medical practices or in public places and so it could hardly be expected for a nurse to go through their professional career without seeing such a patient (Petriček et al., 2011). As mentioned in the literature, in this study as well, the majority of nurses interviewed had encountered patients who were crying (Petriček et al., 2011; Stadel et al., 2019; Becht and Vingerhoets 2002; Ryde and Helm 2016; Celik and Durmus 2018; Kukulu and Keser 2006). In studies by Celik and Durmus (2018) and Kukulu and Keser (2006) and in the research conducted by Becht and Vingerhoets (2002) in 29 countries, it was found that women in 7 countries, Turkey included, were more likely to cry compared to the men in their own countries (Becht and Vingerhoets 2002; Celik and Durmus 2018; Kukulu and Keser 2006). It has been reported that when patients suppress their crying, some psychosomatic (e.g., muscular stress, headache, insomnia) and/or physiological (e.g., cancer, hypertensive ulcers, colitis) illnesses develop

(Bylsma et al., 2011; Cornelius, 2001; Vingerhoets and Bylsma 2007). In fact, it may be that men cannot benefit from the therapeutic benefits of crying because they do not show a tendency to cry. This is why nurses are in an ideal position to evaluate male patients in this context and make sure that men who need to cry or particularly cannot let themselves cry, find a comfortable, restful, empathetic and trustworthy environment in which they can feel safe (Griffith et al., 2011).

Because nurses are the members of the healthcare team that spend the most time with patients, it is more likely that they will be the ones to witness a patient's crying rather than their colleagues. The nurses in our study stated that their patients cried mostly because of pain and discomfort, feelings of hopelessness, worry, a need for help, to express themselves, among other reasons. Studies on this subject indicate that other nurses have shown similar reasons for why patients cry (Vingerhoets and Bylsma 2007; Rottenberget al., 2008; Ozcan 2006; Terakye 1998; Petriček et al., 2011; Ryde and Hjelm 2016).

Nurses should allow crying patients to vent their emotions, let their patients know that they are always beside them, approach patients empathetically and try to understand what the patient is trying to express by crying (Petriček et al., 2011). In a qualitative study on family physicians' approach to crying patients by Petriček et al. (2011), the authors report that doctors supported patients verbally and otherwise, permitting them to cry freely because they believed in the therapeutic value of crying (Petriček et al., 2011). In a study Ryde and Hjelm (2016) conducted with homecare nurses, it was reported that nurses expressed their faith in the importance of creating a safe and restful atmosphere to allow the patient to cry at will and of maintaining a steady relationship with the patient at the same time (Ryde and Hjelm 2016). In their study with cancer patients, Ryde et al. (2007) point out that it is important to accept that patients may cry and to respect their wish to do so since it is through crying that individuals can vent their feelings of sadness and hopelessness, eventually arriving at an equilibrium (Ryde et al., 2007). In our study however, we saw that nurses' responses to patients' crying were related to trying to stop the patient from crying: saying things like "There's nothing to fear, don't worry about it," "You're worrying over nothing," "Crying doesn't become you," or asking questions like "I thought you were strong, what happened to you?" "Why are you crying?" "Why don't you tell me? You'll feel better." It was seen that most of the nurses used non-therapeutic approaches to try to stop the patient from crying. The suppression of crying provides no psychological benefit to the patient. In a situation like being afflicted with an illness, crying is an effective method of coping with the illness and with the various adversities brought on by the condition. If a patient's crying is suppressed, it may be said, in the words of the well-known British Psychiatrist Sir Henry Maudsley, "Sorrows which find no vent in tears may soon make other organs weep" (Vingerhoets and Bylsma 2007).

Researchers have demonstrated that patients prefer doctors and nurses who show them empathy, are interested, understanding, respectful and compassionate (Griffith et al., 2011). In a study by Sharman et al. (2019), it was reported that crying has a positive effect on the individual in terms of regulating emotions, expressing feelings and asking for help from others (Sharman et al., 2019). Crying is actually a call for help, a

strong signal sent out to the social environment (Nelson 2012). It is for this reason that, instead of attempting to learn why the individual is crying and trying to stop the crying, nurses should understand that the patient needs help and should act accordingly. Nursing requires that action is taken to allow the patient to vent their emotions, providing the empathy and help the individual needs (Ozcan 2006; Ryde and Hjelm 2016). It was observed in this study however that very few nurses addressed the crying patient with a therapeutic approach (e.g., refraining from judging the crying patient, spending time with the patient during the crying spell, telling the patient they were ready to help, letting the individual know that they could talk if they wanted to tell the nurse the reason they were crying, touching the patient therapeutically). In the qualitative study by Ryde and Hjelm (2016) on how crying patients can be supported during palliative homecare, the authors found that nurses supported crying patients, acted compassionately toward them when they were crying, came into physical contact with them and continued to communicate throughout their bout of crying (Ryde and Hjelm 2016). Petriček et al. (2011) contributed a study with 127 general practitioners on "how to cope with a crying patient," reporting that most of the participating doctors supported the patient's crying using a verbal (81.9%) and/or non-verbal (25.9%) approach (Petriček et al., 2011).

Individuals confronted with a crying person generally feel motivated to stop the crying and find out the reason for the crying behavior. The motivation for this is usually feelings of hopelessness, discomfort and curiosity (Ozcan 2006; Terakye 1998). Nurses who feel this way cannot tolerate a patient's crying, feel uncomfortable and ill at ease when a patient cries, sometimes even being prompted, based on the nurse's own feelings of inadequacy and hopelessness, to use what limited power he/she has to stop the patient's crying as soon as possible. If the nurse feels uncomfortable in the presence of a crying patient, this generally indicates that the nurse is not prepared to help the patient (Hendriks et al., 2008; Ozcan 2006; Terakye 1998; Kukulu and Keser 2006). The majority of the nurses in this study said that they did not want the patient to cry, they were curious about why the patient was crying, they felt uncomfortable and sad when they saw a patient crying. This finding is similar to what was reported in one of the few studies in the literature on this subject, the study conducted by

Norris (1957) and Kukul and Keser (2006) with nurses, which set forth that the nurses had difficulty in their approaches to crying patients (Norris 1957; Kukul and Keser 2006). It has been stated, however, that the simulation exercises employed in nursing training in recent years have focused on what to do when confronted with a crying patient and this approach has been useful in establishing better communication between nurses and crying patients (Strang et al., 2014; Fluharty et al., 2012; Ryde and Hjelm 2016). In Turkey, on the other hand, there is very limited and only theoretical training provided to nursing students about how to approach a crying patient. The statements of most of the nurses responding to questions about their approach to crying patients confirmed that they had not received formal or in-house training on this and also confirmed that they had difficulty with this aspect of their work (in that they said they did not want the patient to cry, wondered why the patient was crying, that they felt ill at ease and sad when the patient cried). At the same time, it was seen that nurses who were 40 years of age or older, married and with undergraduate degrees were more attuned in their approach to crying patients compared to the others and the difference between the groups was statistically significant. This finding suggests that nurses learn how to correctly approach a crying patient with the experience they gain over their years of work.

Limitations: The nurses in this study were selected from a university hospital. Therefore, our results cannot represent the entire population of the nurses working in hospitals. Among the major limitations of this study are that the results can be generalized only to the study population, that the study was conducted in the field, and that the majority of the nurses were women because mostly there were women nurses at hospital.

Conclusion: Almost all of the nurses in our study had encountered crying patients during their clinical practice. The nurses indicated that patients cried mostly because of excessive pain and discomfort, feelings of hopelessness and sadness. However, it was found that nurses generally exhibit behaviors that display a desire to stop the crying or to learn the reason for the crying. Only one-fourth of the nurses are able to approach a crying patient therapeutically (not judging, allotting time, communicating a readiness to help); three-fourths are unable to use a therapeutic nursing approach (exhibiting behavior such as trying to comfort, learn what the

cause of the crying is, belittle the patient for the individual's emotions, and trying to stop the crying).

Crying is a healthy coping mechanism that reduces emotional stress. This fact evidences just how important a nurse's approach is in dealing with a crying patient. Nurses must therefore accept that crying is a normal mechanism that reduces emotional stress and that they need to show a patient empathy, interest, compassion, and respect when that individual is crying.

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