

**Counseling in Nursing: Examination of student nurses'
counseling competence**

Doctoral theses

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Szeged
2010

Introduction

The task of nursing – according to its definition – is to help the healthy or sick person to perform those activities which contribute his or her health, healing or peaceful dying, and which he/she would do if he/she had enough strength, will or knowledge to do so. During patient care, nurses need such knowledge and skills, which are eligible to handle the patient's current problems. Nurses must use these skills in a way which contributes in retrieving the sick persons' independency and self care. The fulfillment of this task is difficult, because during the last centuries, the healers/nurses took full responsibility of the other persons life, which strongly influences the present day's health care too. At the same time, it could be said that among the receivers of health care, the passive „sick“ role is quite common, and the patients expect their healing to come from „outer“ sources, like nursing. Because of that, nowadays nurses must help patients to become more conscious users of health care services.

The nurse becomes the sick person's or community's competent helper using his/her skills and abilities which he/she acquired during professional socialization. Beside objective knowledge and professional skills, the nurses' interpersonal competence is also a determining factor of the adequate role-fitting. The success of nursing activity is strongly defined by the success of interactions, because nurse-patient relationship's central role in nursing. The nurse acquires spontaneously some of the interactional skills he/she uses from everyday social relationships, but professional training has an important role in delivering such skills, by which the nurse could become a conscious person during interactions.

Counselling is a common method of the helping professions, therefore the nursing too. Studies on nurses' counselling came to the front during the last decade. These studies usually deal with the nurse/patient relationship, the methods and implementation of counselling, and the activity's effect and significance. The educational issues are another similarly common theme in counselling research. Despite of numerous studies on the topic, there are only few high-level evidences, which show what skills nurses use during counselling, how they acquire them and how could its adequacy be measured. Nevertheless studies on nurses' counselling are rare, despite the fact that the use of the activity is regulated by the Hungarian Law on Health's Act 98.

During our literature review, we had faced a lot of unanswered questions, which, according to our opinion, was caused by the fact, that the place and significance of nurses' counselling in the health care process is unclear. Several authors describe counselling as a method of client-centered nursing, but at the same time it is not clear, how or with which methods does a nurse carries on counselling. Some authors undertook studies on nurse-patient interactions, which frames the counselling conversation, but henceforward the effect of the persons' attitudes on the effectiveness of counselling is still questionable. The results point at the potential which counselling has, but – because of the various evidence-levels of studies – the evidence-based verification of its effect, therefore the integration into nursing education and health care is yet awaiting.

Aim of the study

The aim of our study was to analyze nurse's counseling, with special interest on the topic's educational relations. The whole study was executed in three steps.

The first step of our research was defining the conceptual frame of our further studies. We conducted a literature review to define the criterias, and to summarize the methods and skills necessary for effective counseling. This was implemented by a concept analysis of counseling, on the grounds of nursing literature between 1991 and 2006.

As second part of our work, an attitude study was done. Our aim was to analyse the counseling attitudes of student nurses and its level of client-centeredness. Furthermore, our goal was to study how counseling education with client-centered syllabus influences student nurses attitudes.

In the last part of our study, the aim was to examine the conversation-leading methods used by student nurses. We studied also how this conversation-leading skill fits the criterias of client-centeredness.

With integrating our results, our supreme aim was to optimize the educational methods of counseling, in the interest of student nurses effective participation in nurse-patient interactions.

Methods

Study step I

As study step 1, we did a concept analysis of counseling in nursing based on hungarian- and english-language nursing literature published between 1991 and 2006. This was done with the help of evolutionary analysis method created by Rodgers & Knafl. We reviewed EBSCO, Medline, CINAHL and Science Direct databases and the hard-copy database of University of Szeged and the Semmelweis University in Budapest. As keywords, we used MeSH terms „counseling AND nursing OR nurse” and „patient management”, and we considered relevant those results which contained at least one of the searchwords in their title or abstract. In the first phase of literature search, we identified 179 relevant articles according to the defined criterias. From the results, by reviewing the abstracts, we excluded sources dealing with the interaction of nurses with each other or other health care personnel, because our aim was to analyse the counselling between the nurse and the patient. According to Rodgers & Knafl, the pattern of the analysis must be at least 20 % of the reviewed literature and this amount should be defined with randomized methods. To our actual work, by using a randomized inclusion technique (with MS SPSS 11.0 software), we defined 20 % of the reviewed literature, so 36 articles were used all together.

Study step II

In the second part of our work, we examined the student nurses' client-centered attitudes which can be noticed during counseling sessions. The data was collected with the help of the Counseling Attitudes Scale (CAS), in a pretest-posttest design. The CAS is designed specially for nurses, and contains 20 statements in four determining dimensions of the counseling attitude: acceptance, claiming of independence, problem-solving support, and leading of conversation. The persons have to choose between 'yes', 'no' or 'I don't know' in every statement. During the analysis, we compared the answers with those which were given as right by the author of the questionnaire. Every right answer was rated with 2 points, ambiguous answers got 1 point, and incorrect ones were given 0.

Our study sample was third year, full- and part-time nursing students of University of Szeged's Faculty of Health Sciences and Social Studies, from semesters 2005/2006/2, 2006/2007/2., and 2007/2008/2. We set inclusion criterias as the sample

persons must agree to participate in the study, and must accomplish a “Counseling in nursing” theoretical and practical course (15 contact hours each) as a part of the research process.

The data were collected two times. We asked the students to mark the sheets with an unique marking, which allowed us to compare the two questionnaires of the same person. During the questionnaire analysis, we excluded all the answers from semester 2005/2006/2, because the lack of markings. Therefore we performed the analysis based on the answers from semesters 2006/2007/2., and 2007/2008/2., which means 140 students, and 70 percent of the whole classes.

The data were processed with softwares MS Excel 2007, and SPSS 11.0. For data comparison, one sample T-test, two independent samples T-test, and Pearson’s correlation were used.

Study step III

In the third part of our research, we conducted a qualitative, cross-sectional study to explore the student nurses’ conversation-leading attitudes. The sample was selected with an opportunistic method, from the third year – both full- and part-time – students of University of Szeged, Faculty of Health Sciences and Social Studies’ Nursing School, from semester 2008/2009/2. We did our analysis based on 14 full-, and 41 part-time students’ answers, which means that 87,3 % of all third year nursing students participated in the study.

For data collection, the method “Trap-test” by Helembai was used. This test is basically a method of content analysis, by which the problematic aspects of the counseling conversation could be identified. During data collection, the participants must continue a scenario, which contains a conversation between the nurse and the patient.

For the data analysis, we triangulation of quantitative (frequencies, standard deviation, means) and qualitative (content analysis) methods were used.

Results

Study step I: Experiences of the evolutionary concept analysis of counseling in nursing

Attributes	Antecedents	Consequences
interaction	personal factors	Intrapersonal advantages
individualization	Assessment of personal values, beliefs and perceptions	<ul style="list-style-type: none"> ▪ <i>Clarification of feelings, issues and life-world</i> ▪ <i>Provided hope and encouragement</i>
orientation	Assessment of cultural differences	<ul style="list-style-type: none"> ▪ <i>Feeling of comfort</i>
professional support		Changes in health status <ul style="list-style-type: none"> ▪ <i>Changes in health behaviour</i> ▪ <i>Patient satisfaction, increasing knowledge and better decision-making</i> ▪ <i>Health enhancement</i>

Table I: Elements of concept “counseling in nursing” (summary)

Our results show that the concept of “counseling in nursing” could be described with five attributes.

Interaction. Counseling is a special interaction between the nurse and the client, which is based on cooperation and through which there is a therapeutic communication between the personnels. From the point of clients, the significant elements of the process are the coordinated partnership between him- or herself and the counselling person, and a two-directional dialogue instead of a simple, one-way advice giving.

Individualization. During counselling, an interpersonal relationship develops between the client and the nurse, based on a professional helping method. The individual-centered helping that optimally can activate the person’s previous knowledge and skills of that certain area. The acceptance of the client, and the avoidance of sentencing are essential.

Orientation. Counselling is a goal-oriented activity, of which the aim is to provide help to the client according to his/her actual needs. The nurse reaches this aim with the help of client-centered or prescriptive methods depending on the actual situation. Counseling is a two-directional activity, since succesful help has a positive influence on the client’s condition, and noticing the result has an effect on the nurse, which can create the feeling of satisfaction and success.

Professional. In the relationship between the nurse and the client, the nurse’s professional training and competence have a great role in providing help with a

maximal effect. One of the common points of every counseling activity is keeping the rules of the starting a relationship. Other significant skills of nurses are adequate reaction to the patient's/client's psychological readiness and timing, theoretical and empirical knowledge and the ability to be effective.

Support. During his counseling activity, the nurse helps each individual client considering his actual needs. "Counselling includes providing anticipatory guidance, emotional support, crisis intervention and assistance with decision-making".

Antecedents of counseling in nursing

Personal factors. Individual counseling is based on the client's actual needs. The respect of each other, the nurse's positive attitude towards the client, empathy and showing interest in the patient's problems both have great influence on counseling. Besides, the client's actual mental and physical state greatly influences the option of methods and its working out. The main reasons for the client's decreased cooperation is the lack of knowledge, motivation and the disability of working out. If we recognise them early enough and we plan according to the result, the effectivity of counselling can be increased.

Assessment of personal values, beliefs and perceptions. The previous measurement of the client's personal views, qualities and the attitude toward counseling is an essential element of the individualized activity. The counseling based on an effective measurement can optimally activate the client's previous knowledge, thus improving inclusion in the common aims and a bigger success.

Assessment of cultural differences. The literature does not touch the question, but this aspect can gain a bigger attention because of the demographic tendencies and globalization. The cultural differences, with an effect on counselling, can be the subject of further examinations in the future.

Consequences of counseling in nursing

Intrapersonal advantages

Clarification of feelings, issues and life-world. Clarification can help the person to clarify his/her feelings, needs or various aspects of their life-world. If the client can express his/her emotions and fears about his/her problem, we can greatly contribute to the successful coping. In the best case scenario, he/she will also be better equipped to deal with similar types of problems or concerns in the future.

Provided hope and encouragement. The patient's hope and faith in the therapy and the successful curing are keywords of the result of the treatment.

Feeling of comfort. To be listened to, to be regarded with care, to be included in trust – even if only briefly – are counselling acts of comfort, and are enormous value to those seeking help.

Changes in health status:

Changes in health behaviour. The attitudes and the counseling of health personnel have great influence on patient's health behaviour. There is positive correlation between nurse's counselling and behaviour change needed to prevent or treat certain illnesses, such as smoking-related disorders or problems with alcohol consumption. There are evidences on increased coping as a result of nurses' counseling.

Patient satisfaction, increasing knowledge and better decision-making. The goal of counseling is to empower individuals to make fully informed choices regarding health care practices. If the client can take part in making decisions about his health, he can accept the common aims at a bigger rate, which means increased cooperation.

Health enhancement. The positive changes in the health status – based on the literature – could be changes in lifestyle; moderate weight loss in patients with hypertension, increased survival ratio of older adults with COPD after receiving smoking-related counselling, and decreased prevalence of postpartum emotional distress. There are also evidences that counseling is an important factor in improving quality of life for patients suffering from chronic diseases like epilepsy.

Study step II: Characteristics of student nurses' counseling attitudes

Dimension "Acceptance"

Table 2: Scores of "acceptance" before and after the course (n=140)

Correspondence	before	After
Part-time	<i>1,167</i>	<i>1,308</i>
Full time	<i>1,252</i>	<i>1,384</i>

The data collected before the counseling course show average level of dimension "acceptance". The score of full time students is higher than part-time respondents, but the difference is not statistically significant (p=0,141). After the course, we measured significantly increased level of the dimension in both student groups (full time:

p=0,015; part-time: p=0,010). The difference between the two subgroups was not significant (p=0,187).

Dimension “Need for independence”

Table 3 Scores of “need for independence” before and after the course (n=140)

correspondence	before	after
Part-time	1,301	1,423
Full time	1,426	1,518

In the first data collection, the scores of “need for independence” were slightly above average in both groups. The score of full time students was significantly higher than part-time students’ (p=0,060).

After education, the scores raised significantly both in full time (p=0,053), and part-time (p=0,027) student groups. The difference between the two groups was not significant (p=0,209).

Dimension “Support of problem solving”

Table 4: Scores of “support of problem solving” before and after the course (n=140)

correspondence	before	after
Part-time	0,932	0,97
Full time	1,02	1,184

On dimension “support of problem solving”, we measured average scores both before and after the counseling course. In the first data set, there was no significant difference between the subgroups (p=0,315). No significant difference was found in the part-time students’ answers when we analyzed the two data sets (p=0,513). The second score of full time students was found significantly higher (p=0,012) than before the education. There was also significant difference between the two subgroups after the course (p=0,013).

Dimension “leading of conversation”

Table 5: Scores of “leading of conversation” dimension before and after the course (n=140)

correspondence	before	after
Part-time	1,041	1,068
Full time	1,043	1,056

When analyzing the data, average scores was found on this attitude dimension both before and after the counseling course, in both student groups. There was no significant

difference between the two subgroups neither before ($p=0,976$), nor after the course ($p=0,868$). We had not found differences between the two data sets neither in part-time ($p=0,592$), nor in full time ($p=0,836$) students' answers.

Correlations

When analyzing our data as a whole, we found correlation between dimensions "need for independence" and "support of problem solving" (0,180 [$p=0,033$]), and "leading of conversation" (0,171 [$p= 0,043$]) before the course. There was significant correlation also between "support of problem solving" and "leading of conversation" dimensions (0,472 [$p=0,000$]).

During the second data collection, the correlation between "support of problem solving" and "leading of conversation" was still measurable (0,341 [$p=0,000$]), but no other significant correlation was found.

In the full time students' answers, in the first data set, the correlation matrix between dimensions „need for independence” - „support of problem solving” - „leading of conversation” was found. (need for independence/support of problem solving: 0,320 ($p=0,012$); need for independence/ leading of conversation: 0,296 ($p= 0,021$); support of problem solving/ leading of conversation: 0,520 ($p=0,000$))

After the course, we found similar pattern in this subgroup like in the whole data. This was seen in the only significant correlation between „support of problem solving” and „leading of conversation” (0,409 [$p=0,001$]).

In the part-time student group, we measured statistically significant correlation between „support of problem solving” and „leading of conversation” dimensions (0,430 [$p=0,000$]) before the course.

During the analysis of the second data set, the correlation between „support of problem solving” and „leading of conversation” was still measurable (0,273 [$p=0,015$]). Correlations between “acceptance” and “support of problem solving” (0,250 [$p=0,026$]), and “acceptance” and “leading of conversation” (0,284 [$p=0,011$]) was also found.

Study step III Trends of counseling conversation

Distribution of all statements

As the first step of the analysis, we examined the distribution of all statements in the scenarios. Table 6 shows the summary of the results.

Table 6: Characteristics of all statements in the whole sample (N=55)

Role in the interaction	Number of statements	Number of sentences	Sentence/ statement rate	Rate of statements in relation to the whole number	Rate of sentences in relation to the whole number
Nurse	260	357	1.37	0.51	0.56
Patient	248	283	1.14	0.49	0.44
All	508	640		1	1
Nurse/patient ratio	1.048	1.26			

When analyzing the number of statements, it can be seen that the “nurse” and the “patient” have similar score; but the number of sentences intimate significant nurse dominance. The results show that during similar number of conversational occasions, the nurses transmitted significantly more sentences than patients, which can be seen in the differences of the two sentence/statements rates. This nurse’s dominant role in the interactions is also proved by the discrepancy in the nurse/patient ratio of sentences (nurse/patient=1: 1.26). This means the nurses “talked” more than patients, even if they had similar number of occasions.

Contents of statements

With the help of the content analysis of the statements, it can be noticed how the “nurse” orientates the “patient”, based on which element he/she emphasizes from the whole conversation. The summary about the statistics of the content analysis can be found in table 7.

Table 7: Contents of statements from all conversations (N=55)

Type of content	Role		
	nurse	patient	all
cognitive	196	82	278
affective	47	142	189
cognitive/ affective ratio	4.17	0.58	
all contents	243	224	

It can be seen in the summary, that the nurses used in their “own” role more cognitive elements, while in the “patient” role they used mostly affective contents. When analyzing all contents, the dominance of cognitive elements is noticeable.

During the analysis of the statements, we created five categories based on their topics they concerned:

- Patient him/herself
- Other persons (family member, other patient or health personnel, like doctor, physiotherapist)
- environment (room, ward, home)
- object (nursing instrument, diagnostic results)
- nurse him/herself

Based on our results, the nurses recognized the importance of the patient's cooperation, but in some cases they used incorrect strategies to its promotion. In the conversations, when the patient expressed an affective content, in most cases they reacted with a cognitive content, which means they neglected the other persons wish of communication.

The content analysis also showed that whilst the nurses positioned themselves as “keepers of the knowledge” (cognitive dominance), they described patients as persons with lack of knowledge, who communicate by using affective contents in most cases.

Our results show that nurses use paternalistic approach when interacting with the patients, by which they positioning them in a passive, sick role.

Nurses' conversation-leading style

The conversation strategies used by nurses basically determine the patient's level of cooperation. This strategies can be rarely seen as separate, but in real life nursing scenarios, a sort of combination of them are used. When analyzing the written scenarios, we used technique names both in separate and combination for markings. For description, we used only separate types as clusters, to unburden the statistical analysis. These results are shown in table 8.

Table 8: Patient-leading styles of nurses (N=55)

Patient-leading style	Subgroups		
	Full time (N ¹ =14)	Part-time (N ² =41)	all
cooperative	36	111	147
restrictive	33	77	110
aggressive	20	52	72
indifferent	1	7	8
powerless	0	5	5

Based on our results, it can be said that all students use cooperation as most common patient leading technique. Restrictive and aggressive types were also significant, whilst the indifferent and powerless style were rare.

During the previous analyses of study step III, we had not found significant differences between the two subgroups, but the examination of the patient-leading techniques showed some discrepancy. In the part-time students' answers, the styles could be seen similarly as in the cumulative answers of the two groups. This can be seen in the dominance of the cooperative technique. In the scenarios written by full time students, cooperative and restrictive styles were seen in similar rates, furthermore the number of indifferent-type statements were minimal, and there was no sign of powerless communication at all.

Our results show that student nurses use cooperation and restriction as most common patient-leading techniques, and the restrictive element is as strong as the cooperative part in the interaction. In some cases, the conversations were dominated by nurses, caused the patient to have a passive role, which is against the principles of client-centeredness.

Characteristics of the patient group

The examination of the “patients” statements involves a possibility to size up how the nurses see the patients during the interaction. As the first step, we analyzed the patients attitude characteristic with statistical methods, as seen in table.

Table 9: Patient characteristics in the scenarios (N=55)

Patient attitude	subgroup		
	Nappali	Levelező	összesen
adequate	13	70	83
aversion	41	88	129
adient	0	24	24

The results show that the most common patient description in both student groups was aversive (either indifferent, negative or derogatory). This tendency is apparent especially in the full time students' answers, where the number of this characteristic is three times higher as the other ones. In the scenarios written by part-time students, the number of adequate and the aversive descriptions are nearly equal, with slight dominance of the aversive characteristic. The results also show that full time students have not used the adient (where the patient is afraid or insistent) description when they

typified the patient, but part-time students used this characteristic in 15 percentage of all scenarios.

Conclusions

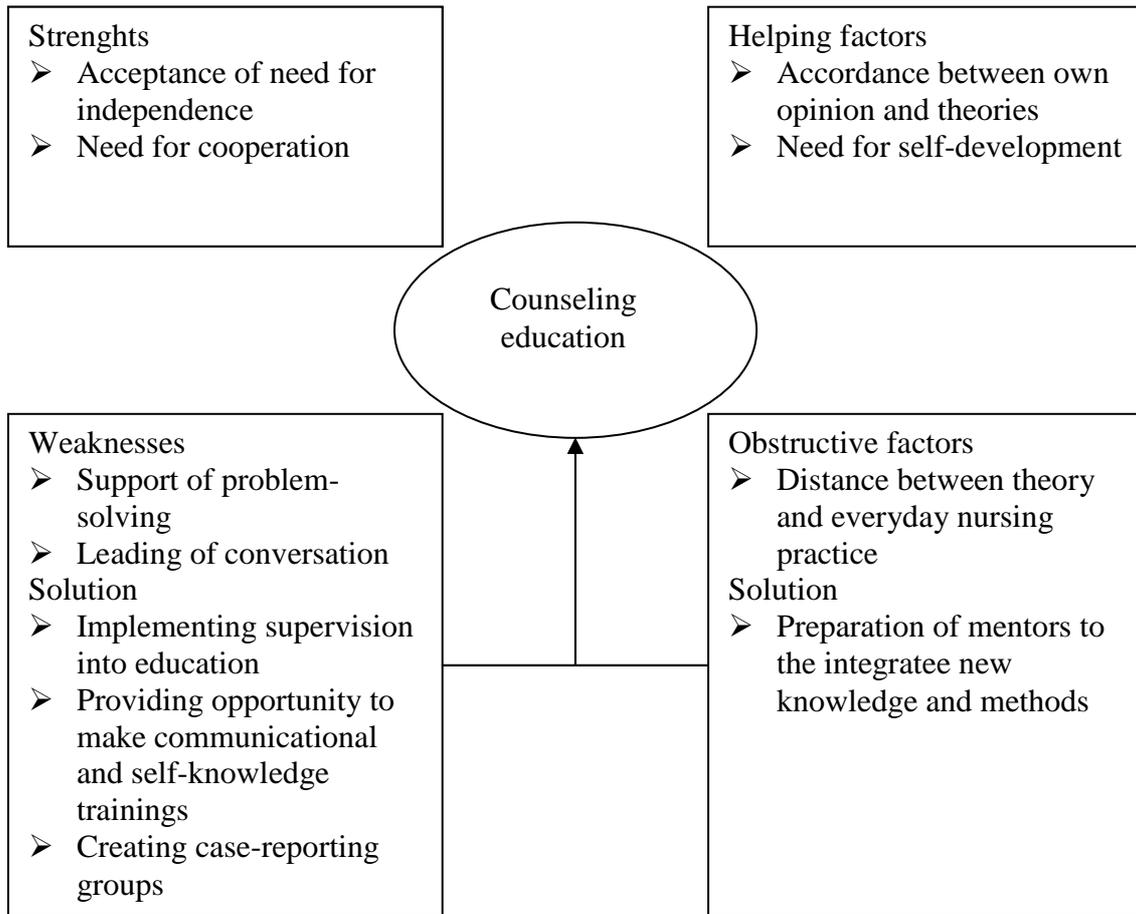
The changes of the last 10-15 years in the health care enriched the concept of counseling with new meanings. According to our analysis, nurses' counseling is a professional, individualized form of nursing care, which aim is to support the patient's own problem-solving and to expand his/her resources. This means that counseling is not a task or activity what a nurse performs at certain moments of his/her job, but a process from the beginning to the end of nursing care which basically influences the patients' medical attendance.

The results of our researches showed that the principle of client-centeredness is not realized entirely during the interactions of the everyday nursing practice. The student nurses are aware of the importance of client-centeredness, but the elements of the stance are not stable, whereof the nursing education have to respond. The stances in relation to the traditional way of nursing change slowly, because they are not supported by the task-centered nursing practice, which is the main form of today's care. Because the role of the education is to prepare to students to provide care which is appropriate for the patient's needs, it is seen essential to emphasize the client-centeredness during the whole process of the nursing education. Our analysis assigned some elements of the stance which needs to be developed, and also the direction for further development. According to our results, the attitudes could be influenced by educational methods.

Effective implementation of counselling also requires the change of nursing approaches. The obsolete, paternalistic approach, which could be seen in today's nursing methods, should be replaced by an individualized care, which is based on the patient's autonomy and partnership to meet the new needs of health care. The first step of this change should be taken by nursing education, with the integration of the new knowledge and methods. Therefore counselling is necessary part of the higher nursing education's curricula, because its practical adaptation could be the base of providing appropriate nursing care. Integration of new methods requires high level evidences, which create the theoretical base of a new educational program.

Based on our results, the model of optimalization of counselling education could be seen in figure 1.

Figure 1 Possibilities of optimization of counselling education



According to our results related to counseling attitude, the nurses identified the importance of patient's acceptance and empowering their independence, which was contributed by the high demand of cooperation. These factors form the base of planning counseling education. The positive attributes are affirmed by the accordance between the student own opinion about nursing and theories, and also the commitment on professional development.

Our research showed some weaknesses, to which the education have to react, such as the ambiguity of the support of problem solving, or low level of using the possibilities of nurse-patient interaction. Beside the aimed counseling education, another possible method of the development of the interpersonal skills is supervision. Through supervision, theoretical and practical elements of knowledge can be integrated with psychological and communicational aspects of nursing care. The linking of different contents provides a possibility to educate in a holistic way, which is the basic

of the acquirement of nursing methods acting on the patients' needs. The problems of conversation-leading could be resolved with group-trainings about communication and self-knowledge. Creating case-reporting groups linked to the field practices could help identifying the characteristics of nurses' attitudes and communication, which also has potential to professional development.

When interpreting our data, we identified the distance between theory and everyday nursing practice as obstructive factor, which renders the interiorization of theoretical knowledge more difficult. This distance could be narrowed by using the potentials of field practices. Creating case-reporting groups, or practice-based supervision offers the possibility of integrating experiences to the students' knowledge-base.

Our results also show some topics of possible future researches. Beside our results about some attributes of counseling, there are only a small number of studies on analyzing nurses communication and on creating methods of its relevant analysis. The evidences of the implementation of counseling could only be made with analyzing 'real' nursing situations. This, completed by researches among patients, could help us to provide accurate, high quality and up-to-date nursing care.

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2. Raskovicsné Csernus M., **Papp L.:** Az ápoló szerepe a krónikus sebek gondozásában Nővér, 20(6):14-20. [The role of nursing in chronic wound care – in hungarian]

3. **Papp L.:** Ápolás hivatástudatból – Az ápolás és az orvoslás történetének összefüggésében Acta Sana, 2006, 1(1):19-26. [Sense of professionalism in nursing – in hungarian]

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2. **Papp L.:** Új módszerek az ápolás kutatásában hollandiai tapasztalatok alapján (SZTE EFK Tudományos Nap, 2006, Szeged) (*New methods in nursing research – in hungarian*)

3. **Papp L.:** A pszichiátriai ápolók lelki egészségvédelme (Diplomás Ápolók IV. Országos Találkozója, 2003, Budapest) (*Mental health promotion of psychiatric nurses – in hungarian*)