The Maldives National Journal of Research
Vol. 14, No.1, July 2026 pp. 61-75

RESEARCH REPORTS

Perception of First-Year Nursing Students About Role-Play as a Teaching Strategy for Enhancing Therapeutic Communication Skills: A Qualitative Study

MARIYAM HUDHA

The Maldives National University

ABSTRACT *This qualitative study explored first-year nursing students' perceptions and challenges related to the use of role-play as a teaching strategy for enhancing therapeutic communication skills at the School of Nursing, Maldives National University. A phenomenological design was employed, and data were collected through two focus group discussions involving 13 first-year nursing students enrolled in the Bachelor of Nursing and Advanced Diploma in Nursing programmes. Data was analysed using Colaizzi's phenomenological approach. Three themes emerged: experiences of role-play in enhancing communication skills, perceived improvements in therapeutic communication competencies, and challenges associated with role-play activities. Participants reported that role-play provided an engaging learning experience, increased confidence, and supported the application of theoretical knowledge to simulated clinical situations. Improvements in language competency and management of patient interactions were also noted, alongside the value of constructive educator feedback. Challenges included language barriers, anxiety, and self-consciousness during performance. Overall, role-play was perceived as an effective pedagogical strategy for developing therapeutic communication skills among first-year nursing students. Addressing identified challenges through supportive learning environments and structured assessment approaches may further enhance its effectiveness in nursing education.*

Keywords: Nursing Education, Role-Play, Therapeutic Communication, Teaching Strategy, Student Perceptions, Qualitative Research.

Introduction

Therapeutic communication is a cornerstone of effective and quality nursing care, which takes place within a nurse-patient relationship and involves the intentional use of communication through verbal and non-verbal communication. First-year nursing students enter nursing education with pre-existing communication skills, indicating a need to learn and develop therapeutic communication skills to interact with patients in their clinical training. As emphasized by Donovan and Forster (2015), ensuring patient satisfaction and quality care requires nursing students to develop these competencies before engaging in clinical practice.

To meet this educational need, innovative and student-centered teaching strategies such as role play have gained prominence in nursing education (Joseph, 2023). Role-play offers students an opportunity to simulate real-life interactions, apply theoretical knowledge, and develop practical communication skills in a safe

ISSN 2308-5959/20260731

and controlled environment. This experiential method has been shown to enhance vital elements of therapeutic communication, including active listening, empathy, and sensitivity to cultural diversity (Brown, 2015).

Student-centered learning, which underpins the pedagogical use of role-play, encourages students to engage in reflective, collaborative, and contextually relevant learning experiences. Boud and Soler (2016) argue that student-centered strategies integrate academic learning with real-world application, making students more accountable for their learning outcomes and better prepared for clinical challenges. Furthermore, when learning is conducted in collaborative and practice-based environments, it enhances both individual and group understanding of communication principles (Dondlinger et al., 2016).

Despite these pedagogical advancements, first-year nursing students often face multiple barriers to effective therapeutic communication. Many students at the School of Nursing, Maldives National University (SN/MNU), transition directly from secondary education and have limited real-world communication experience. They also struggle with real-time communication in "Dhivehi" the local language, despite having learned it in school, as English is more commonly used in academic contexts. This linguistic dissonance, coupled with a heavy reliance on digital communication, affects their ability to engage meaningfully with patients, especially older adults who may prefer or require communication in Dhivehi (Gutiérrez -Puertas et al., 2021).

Literature Review

The effectiveness of role-play as a pedagogical approach in preparing first-year nursing students for therapeutic communication has been widely studied across various contexts. This review explores three core aspects: the nature and significance of therapeutic communication in nursing; the role of role-play as a teaching strategy to enhance communication skills; and the relevance of role-play as an educational tool to promote student engagement, empathy, and skill development. Through this synthesis of literature and empirical evidence, the review supports the development of evidence-based strategies for enhancing therapeutic communication skills in nursing education.

Therapeutic communication, though variably defined in literature, is consistently regarded as a vital component of effective nursing practice. It is embedded in the interaction between nurse and patient and aims to promote physical and emotional well-being through purposeful verbal and non- verbal exchanges (Richard et al., 2009). Nursing curricula typically include therapeutic communication as a formal module to cultivate this competency among students (Doolen et al., 2014; Sunnqvist et al., 2016). It encompasses emotional cues, empathy, body language, and positive reinforcements such as warmth and reliability (Barney & Shea, 2007; Sherko et al., 2013). When effectively practiced, therapeutic communication facilitates comprehensive patient histories, individualized care, and advocacy (De Haene et al., 2010).

The American Nurses Association (2015) outlines the nurse's role as a patient advocate, emphasizing the maintenance of therapeutic and ethical boundaries. However, studies have also reported a lack of effective communication practices in some institutions. For instance, the use of medical jargon and insufficient

communication training can obstruct optimal patient outcomes (Matzke et al., 2014; Rajah et al., 2017; Kwame & Petrucka, 2020). These findings underscore the need to integrate experiential learning approaches such as role-playing into nursing education to strengthen students' communicative competence (Abdolrahimi et al., 2017; Gause et al., 2022).

Role-play is a widely recognized experiential learning strategy wherein students simulate realistic clinical scenarios to develop communication skills. Numerous studies highlight its effectiveness in fostering empathy, active listening, and critical thinking—skills essential to effective nursing practice (Ferrero et al., 2018;Trail Ross, 2017; Zendejas, 2013). By reducing performance anxiety and boosting confidence, role-play prepares students for authentic patient interactions (Martínez- Riera et al., 2010). Blake and Blake (2019) demonstrated that role-play helped students adopt both nurse and patient perspectives, enhancing their ability to empathize. Similarly, Boakye (2021) and Adam and Mabusela (2013) noted that simulated experiences promoted critical thinking, deeper self-awareness, and communication competency, even in resource-limited settings (Lee & Kim, 2022).

The versatility of role-play extends beyond traditional classrooms into online and blended learning environments. Vizeshfar et al. (2016) emphasizes its potential to promote innovation and critical thinking while maintaining student engagement. Larti et al. (2018) combined quantitative and qualitative data to assess communication outcomes, confirming the effectiveness of role-play in skill development. Ferrero et al. (2018) further validated its impact through randomized controlled trials comparing traditional lectures with simulation-based role-play. Similarly, Beckmann and Mahanty (2016) observed that online role-play enabled collaborative and meaningful learning experiences.

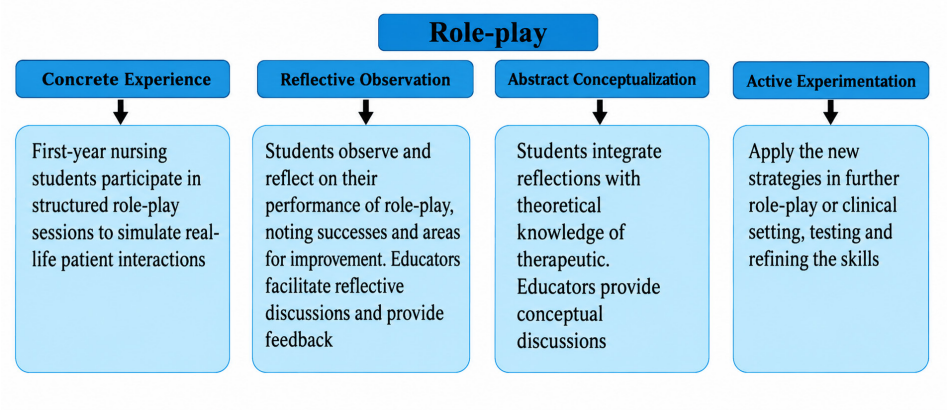
While the benefits are well-documented, role-play is not without its challenges. Students often experience anxiety, fear of public speaking, and hesitation to perform in front of peers (Toyib & Syafi'i, 2018). Some may exaggerate roles or withdraw due to self- consciousness, reducing the activity's effectiveness (Adams & Mabusela, 2013). Educators may also underutilize role-play due to logistical difficulties, variation in outcomes, or time constraints (Erturk, 2015). However, repeated exposure, feedback, and well-facilitated sessions can mitigate these issues. Studies such as Dorri et al. (2019) and Sebold et al. (2018) show that role-play scenarios on end-of-life care or active listening significantly improved students' confidence and communication with patients.

As an educational tool, role-play fosters student engagement and deep learning. Defined as an experiential technique that enables learners to act out roles in case-based scenarios, it allows for targeted practice and real-time feedback (Ali et al., 2019). This active learning strategy integrates dramatization, simulation, and gamified learning methods (Erturk, 2015; Lee & Kim, 2022), enhancing students' affective and cognitive domains beyond factual knowledge (Vukovic et al., 2022). Gordon and Thomas (2018) argue that role-play supports sustainable learning by connecting theoretical concepts to real-world practice. Studies consistently show that role-play outperforms traditional lectures in enhancing communication skills (Vizeshfar et al., 2016; Kim & Kim, 2015).

Despite its widespread application internationally, the literature lacks studies focused on the effectiveness of role-play in the context of nursing education in the Maldives. Given the unique cultural, linguistic, and educational characteristics of Maldivian nursing students, there is a pressing need to examine how role-play can be implemented to support their therapeutic communication training. Addressing this gap is essential for developing contextually relevant educational practices that enhance patient care quality and student preparedness.

Kolb's Experiential Learning Theory provides a theoretical foundation for role-play in nursing education . According to Kolb (1984), learning is a continuous process involving four stages: concrete experience, reflective observation, abstract conceptualization, and active experimentation. Role-play aligns seamlessly with this model by enabling learners to engage in simulated clinical experiences, reflect on their actions, conceptualize lessons learned, and apply new knowledge in future scenarios. This cyclical learning process helps bridge the gap between classroom instruction and clinical practice, making it a powerful tool for improving therapeutic communication competencies among nursing students (Wijnen-Meijer et al., 2022).

Figure 1. Adapted Kolb's Experiential Learning Theory



Methodology

Research design

A qualitative research approach within a phenomenological framework is proposed to explore nursing students' perceptions of role-play as a teaching strategy in preparing them for clinical practice, specifically focusing on communication skills. "Qualitative research is the systematic inquiry into social phenomena in natural settings" (Teherani et al., 2015, p.669). The study utilized a focused group discussion based on a phenomenological research paradigm. Qualitative studies permit an in-depth understanding of the phenomenon through peoples "lived" experiences and determine how people understand the world around them and how this influences their actions (Polit & Beck, 2016). The phenomenological research paradigm is relevant in this study as "Phenomenology allows for the interpretation, understanding, and revelation of the hidden meanings behind the participants' stories" (Polit & Beck, 2016, p.387), and this study also sought to explore students' experiences of a particular phenomenon.

Sampling and Recruitment

Study participants were selected using a convenience sampling strategy, a qualitative sampling method that allows researchers to select participants purposefully based on the information needs or type of people who can enhance the researcher's understanding of the phenomenon (Polit & Beck, 2016). All the students participated in role-play activities; Both sexes were involved in ensuring gender representation and maintain rigor and homogeneity in the study population. The study was conducted at the SN/MNU. The study received ethical approval from the MNU Research Ethics Committee before participant recruitment. The SN's permission was obtained to interview students. The target population for this study was first-semester undergraduate nursing students currently enrolled in the Bachelor of Nursing (BN) and Advanced Diploma in Nursing (AdDN) program at the SN/MNU. The study focused on the first-semester students who enrolled in term 1, 2024. The rationale for selecting SN/MNU is that it is a government institute known for its extensive nursing programs and large student population. Interested students were instructed to present the given date to the SN and informed that they could contact the researcher by email or phone if they needed to clarify anything regarding the research study.

Sample size

Sample sizes in qualitative research are usually small to allow for the in-depth analysis required for this kind of investigation, depending on the study design utilized (Vasileiou et al., 2018). For this study, out of 39 students representing the whole class, 13 participated in the focus group discussion; 1 male and 12 females participated . This gender distribution reflected the actual composition of the class, as there was only one male student enrolled in the class during the study period. Therefore, the gender imbalance was not a result of selective recruitment but rather a reflection of the demographic characteristics of the programme.

Participants were divided into two groups and recruited through face-to-face meetings conducted in their classrooms. During these sessions, explained the purpose and significance of the study and assured participants that confidentiality would be maintained throughout the research process. Students who expressed willingness to participate were asked to read and sign an informed consent form prior to participation and were assured that their identities would remain completely anonymous.

Data Collection Methods

The role-play activity

The role-play activity was undertaken by first-year nursing students doing Foundation studies. It was held in a classroom over two double tutorial hours, aimed at developing skills associated with identifying skills needed for therapeutic communication. Before the Role-play activity, the theory part of the communication module was completed, and it covered effective therapeutic communication, types of communication, characteristics of communication, communication barriers, and professional communication. The scenarios were designed to reflect the communication needs of patients admitted to general wards who need appropriate nursing care. During these activities, students were asked to play the role of

appropriate characters regarding the patient-teaching scenario.

Unlike regular classes, the students were informed that this component would be learned through activity-based learning. The students were grouped into groups of three to four students by taking lots. The lecturer provided scenarios where the topics were based on physical assessment, emotional support, discharge of medication information, resolving misunderstandings, and collaborating with the healthcare team.

Students had the chance to brainstorm and come up with ideas for the script. Students were given the structures, guidance and support were provided. When conducting these role plays, which involve physical examination scenarios , students identified the areas that needed assistance, such as effective communication techniques such as active listening and open-ended questioning, prompts or cues to guide the student nurse in gathering relevant patient history and symptoms . During role-play sessions involving physical examination scenarios, students identified areas where they required additional support, particularly in applying effective communication techniques such as active listening and open-ended questioning. They also highlighted the need for prompts or cues to assist student nurses in eliciting relevant patient history and symptoms. Students were given checklists to ensure essential information was covered during the role-play. Real-time feedback was given and additional guidance was offered on observed performance. As students gained confidence in their communication skills, scaffolding was reduced. The levels of scaffolding were adjusted based on individual student needs and learning objectives to optimize the effectiveness of role-play interventions. Students were encouraged to apply learned techniques independently in future clinical settings or role-play scenarios.

Learning outcomes

At the conclusion of the role-play activity, students engaged in meaningful discussions and demonstrated an understanding of several key aspects of patient education. They recognized the importance of assessing a patient's prior knowledge and identifying individual learning needs before providing health education. Students also demonstrated the ability to apply clear and practical explanation skills during patient teaching and appropriately perform relevant skills and techniques during patient interactions. In addition, they effectively implemented the teach-back method to confirm patient understanding. Furthermore, students acknowledged the importance of providing both verbal and written information to patients to reinforce learning and promote safe and effective care.

An in-depth interview guide was used to collect in-depth information from the students, which included a non-numerical, open-ended semi-structured questionnaire developed based on the information read through the literature. Questions were focused on the objectives that can be achieved at the end of the study. The guide allowed the researcher to probe further to understand and explore the students' perceptions and views in as much depth as possible. The interview guide contains students' perceptions of role-play effectiveness and how it helped to improve their therapeutic communication and suggestions to improve role-play strategies for future sessions.

Data Collection

At the end of the activities in the reflection stage, data were collected through focus group discussions. In the focus group method, a moderator leads a small group of participants in an organized and targeted discussion (Prince & Davies, 2001). According to Masadeh (2012), focus groups are more likely to be successful than one-on-one face-to-face interviews because they allow for a broader range of thoughts and contributions from participants on the subject at hand and produce more insightful results.

Focus group discussions were held in forty-five to fifty-minute sessions run by the researcher and a moderator. The trained moderator conducted the second group using the same interview guide, at the same time the focus group interviews were conducted to maintain rigor and minimize bias. During the focus group discussions, field notes were taken, including notes on body language, cues for further questions to ask, and extra notes were recorded at the time. Participants were asked to fill out the demographic form to collect descriptive information, which took no more than five minutes.

Open-ended questions were used to get in-depth interviews from the participants. The group discussion allowed them to express their perceptions and experiences in their own words in the English language. Strategies such as probing questions and requesting further details of the topic were used to facilitate deeper discussion. The discussion took place in an SN classroom where the students studied with the administration's permission to provide a safe, comfortable, and familiar environment.

Data Analysis

To analyze focus group discussions, this paper followed Colaizzi's seven-stage phenomenological approach. This method is an iterative process consisting of six steps: (1) familiarization with the data, (2) coding, (3) generating themes, (4) reviewing themes, (5) defining and naming themes, and (6) writing up (Praveena & Sasikumar, 2021). As soon as the interviews are over, Sutton and Austin (2015) recommend that the audio recordings be transcribed verbatim to minimize the chance of data loss before data analysis. The process of turning audio recordings into written documents that can be used to assess underlying phenomena is known as transcription (Duranti, 2006, as referenced in McMullin, 2021).

Upon reviewing the transcriptions to ensure accuracy it was discovered that a few Dhivehi terms utilized by the student required identification and translation into English. The three students from each group received the transcriptions to verify participation validation and member checking. They were given three days to report after getting the records, and if they didn't, it would be assumed that there was nothing wrong with the discussions that were transcribed. Within the allotted period, every student gave their approval to the transcriptions.

Colaizzi's data analysis approach was used to carefully examine the transcriptions, identifying and emphasizing the key phrases. After that, they were systematically coded to identify patterns categories across the data. The identified statements were documented in a Microsoft Excel sheet and manually organized and analyzed. The codes were then grouped into categories and organized under emerging themes to facilitate meaningful interpretation of the findings.

Trustworthiness was ensured through strategies addressing credibility, dependability, confirmability, and transferability. Data triangulation and member checking were employed to enhance credibility, while an independent researcher cross-checked transcripts and thematic interpretations to strengthen confirmability. All data, including audio recordings, field notes, transcripts, and Microsoft Excel files, were securely stored on password-protected devices and backed up on a researcher-only accessible Google Drive account. Data were permanently deleted upon completion of the study. Ethical approval was obtained from the Maldives National University Ethics Committee prior to data collection. Written informed consent was obtained from all participants, who were informed of their right to withdraw at any stage without penalty and to remain silent if they felt uncomfortable during discussions. Confidentiality and anonymity were maintained throughout the study and focus group discussions were conducted in familiar classroom settings to promote participant comfort and voluntary engagement.

Findings

Three main themes emerged from the analysis of the focus group discussions, reflecting students' experiences with role-play, perceived improvements in therapeutic communication skills, and challenges encountered during the activities.

Themes

Experiences of Role-play Activities in Enhancing Communication Skills

Positive learning experience

According to the students, they enjoyed their learning and expressed that role-playing was engaging and a positive learning experience. It facilitated building relationships with peers and enhanced enjoyment of learning. One student noted, *"I believe that this is a really good experience" "… it is a very fun way to learn actually."* They appreciated the bonding and it improved their teamwork through role-playing: *"Role-playing is a good way to communicate and help us understand each other in a more effective way."*

One student expressed that students felt a big transition from school to university. Participants indicated that transitioning from school to university was a significant change for students. One student said, *"We are coming as high schoolers, right? And then now we are going to be going to the hospital, a new environment… we are meeting different, different types of people with different personalities"*. Role-playing enabled them to learn how to communicate and interact in various scenarios. *"Practicing by doing the role-playing gives the overall idea of how I should act or behave during certain situations." More support was gained for this, "So Role-play allows us to experience and act how we feel most appropriately."*

Development of Communication Confidence

Many students reported that through this activity based approach it improved their confidence in communication skills with patients and healthcare team members. One student represented the whole class saying, *"Obviously our confidence built up because of the role-play sessions."* Another added, *"Personally my confidence had boosted because role-playing helped us to see the situations."* A further comment supported this statement, saying, *"I used to go to my room when someone came to my home, but now*

it's different." Students felt that role-playing was necessary for building confidence before starting clinical postings, as one student expressed, *"It gives us confidence because we are acting on real-life scenarios before going to the hospital setting."* Supported by another student, *"It helped to boost the confidence for the upcoming clinicals… I feel more confident in my voice.*"

Real-Life Applications of Theoretical Knowledge

Role-playing exposed different practical situations and patients' experiences allowing them to apply theoretical knowledge in practice. One student expressed "Role play... helps us to apply what we have learned in our life." Another student stated, "Playing role-play or getting to know this scenario helps us apply our theoretical knowledge about scenarios." This suggests that role- playing helped to bridge the gap between theory and practical application and allowed students to practice and apply communication skills in realistic settings.

Improvement of Therapeutic Communication Skills

Language competency

Role-playing significantly improved students' language skills, especially bilingual communication. One student stated, *"I used to get stuck when I'm supposed to speak in English… Now I can say I somehow improved .*" Another explained, *"In English language, then in role- play… it's a bit difficult to communicate sometimes when it comes to some words, but they gave us the practice to speak."* Students discussed the challenges of using Dhivehi terms to communicate with patients in clinical areas, and they highlighted the importance of practicing communication in both languages.

Managing Diverse Patient Relations

Students gained experience in managing and handling a wide range of patient attitudes and behaviors through role-play activities. They learned how to be assertive and empathetic in communication. One student explained, *"We learned how to deal with different types of patients… and how they act when they are sick or hospitalized…. In role-play, we discovered how to deal with them assertively".* Another student supported this statement saying, *"During these role-plays, I have learned how to overcome it, to talk a little more".*

Educators' Feedback

Students identified their strength and areas for improvement through educators' constructive and personalized feedback. One student appreciated this support, *"She actually gave us really good feedback, lengthy feedback and she pointed out everything that we did not do correctly and everything we did right, so I think that was amazing."* These feedbacks enhanced their understanding of areas for improvement and reinforced positive communication practices.

Challenges and Improvement of Role-playing Activity

*Communication and Language Barrier*s

Some students initially struggled with communication, particularly in using Dhivehi or English exclusively. However, through the role play activities of this course, especially role- play helped them improve significantly. One student reflected on her learning experience, *"Before starting this course, I didn't know how to communicate*

with the patient… so it was kind of difficult to communicate with the patient without knowing … you know the topic." Students expressed that "*communication is not just about talking, but also about understanding the other person's perspective*."

Language barriers can be an issue and using appropriate and exact terminology can be one common issue among them. They emphasized the requirement for better language skills to communicate effectively with patients and their relatives.

Self-Consciousness and Anxiety

Students experienced anxiety and self-consciousness when communicating with patients and presenting in front of an audience. One student shared, "*I get really anxious talking to new people, but during the role-playing… I've got an overall idea.*" Another admitted, "*… I don't like acting so I was really anxious.*" Even though they felt anxious to perform, they acknowledged improvement by participating in the role-play activities.

Ideas to Improve Role-Play Strategies

Through these role-play activities, students identified and suggested many ways to enhance role-playing activities. This included concern over the limited classroom size and highlighted the need for a more spacious room setting. Student shared this by saying, "*Space is not enough… another challenge actually was space in the classroom.*" They also recommended using a structured and systematic rubric to assess role-playing in real-life scenarios. One student voiced, "*Role-play… gives us more practice for real-life settings*".

Discussion

Role-play is an efficient instructional teaching strategy in nursing education, which helps students develop their critical thinking, communication, and readiness to apply their knowledge and skills in clinical settings. This study's findings showed that students prefer role-playing over the traditional method of delivering theory knowledge only. These findings align with those of Trapp et al. (1995) and Manzoor et al. (2012), who found that students viewed role-playing as the most effective and preferred form of teaching and learning.

The positive student reflection aligns with existing literature on the value of experiential learning in nursing education. Jeffries (2005) emphasized that simulation and role-play bridge the gap between theoretical knowledge and clinical practice, making abstract concepts more accurate, meaningful, and easier to comprehend. Participants in the current study felt that role-play should be incorporated into their teaching as it facilitates the application of theory into practice. This finding is supported by Manzoor et al. (2012), who found that students believe role-playing should be included in their clinical teaching and learning modules. These findings highlight the importance of integrating role-play in their learning. As Martinez-Riera et al. (2010) noted, students develop the skills required for therapeutic communication through role-play.

Although some students mentioned that they were anxious and were afraid of making mistakes, the majority reported that role-playing helped them to improve their communication skills.

This is consistent with studies by Dorri et al. (2019), Sebold et al. (2018), and Blakely et al. (2009), which revealed that role-playing boosted students' confidence in their communication skills and prepared them for real situations. This improvement in confidence is vital, as it directly impacts on the quality of patient care and the effectiveness of therapeutic communication.

The experiential nature of role-play significantly contributes to its effectiveness. Kolb's Experiential Learning Theory (1984) suggests that learning is created through a transformational experience. Through role-play activities, it promotes students' active engagement in learning through role-plays, thereby enhancing their skills and knowledge. This hands-on approach, emphasized by research studies, aligns with the findings of Baile and Blatner (2014), indicating the importance of active learning approaches in nursing education

While role-playing offers several pedagogical advantages, it also presents challenges. Students identified language barriers, anxiety associated with role-playing, and the need for realistic scenarios as significant challenges. Students noted that language barriers can hinder the effectiveness of role-play, as noted by Doyle-Moss et al. (2018). Anxiety and stage fear are common among students who are new to role-play activities, as expressed by some students. Toyib and Syafi'i (2018) found that repeated exposure and practice alleviate these emotions over time. However, it is common for initial anxiety and discomfort among students to be new to role-playing activities. Bland et al. (2011) emphasize the necessity for scenarios that mimic real-life situations to ensure students can relate to and benefit from the activity.

The current study suggests that role-play enhances therapeutic communication, teamwork, and interpersonal relationships among students. This finding is further supported by Issenberg et al. (2005), who emphasize the benefits of collaborative learning through role-play. Role-play facilitates the development of fundamental soft skills, including teamwork, empathy, and interpersonal communication, which are critical for effective nursing care. These skills can be enhanced through constructive feedback from educators and peers. Blake and Blake (2019) and Dorri et al. (2019) agreed that individualized feedback during role-play activities helps students to identify their strengths and areas for improvement. Boud and Molloy (2013) argue that constructive feedback helps students develop their skills and is crucial to learning. The iterative process of role-play, feedback, and reflection enables students to polish their communication skills.

Students suggested several improvements to enhance the effectiveness of role-play activities in their teaching and learning, including bigger classroom space and organized assessment methods. These suggestions align with research findings by Adams and Mabusela (2013) and Lee and Kim (2022), who highlight the importance of offering adequate resources and a systematic assessment process to optimize the benefits of role-play.

In summary, role-play is considered an effective teaching strategy in nursing education, enhancing the improvement of therapeutic communication skills and bridging the gap between theory and practice. Despite the challenges, the benefits of role-play include enhanced confidence, therapeutic communication skills, and teamwork, which make it a vital element in nursing education. Incorporating students' suggestions can further enhance the effectiveness of role-play activities,

ensuring readiness for clinical practice.

Recommendations

To enhance nursing education, revised modules need to focus on therapeutic communication skills through realistic role-playing scenarios, ensuring the practicalapplication of theoretical knowledge as emphasized by Bland et al. (2011). To facilitate effective role-play activity implementation larger classroom spaces need to be allocated along with structured systematic assessment rubrics to facilitate effective role- play sessions, aligning with the recommendations made by Adams and Mabusela (2013) and Lee and Kim (2022). Further research should explore the impact of role-play on therapeutic communication, teamwork, and interpersonal relationships by including other nursing education institutes in the Maldives to enhance the generalizability of the findings.

Conclusion

This study on first-year nursing students at the Maldives National University found that role-play as a teaching strategy effectively enhances therapeutic communication skills by providing a positive learning experience, boosting confidence, and facilitating the practical application of theoretical knowledge. Students reported improvements in language competency and patient interaction management and benefited from constructive educator feedback. However, challenges such as language barriers, anxiety, and self-consciousness were noted. Addressing these issues by creating a supportive learning environment and incorporating systematic assessment methods can further enhance role-play, making it an essential component in nursing education for bridging theory and practice.

Limitations

This study has several limitations that should be considered when interpreting the findings. Time constraints limited the depth of data collection and prevented the exploration of longer-term outcomes or changes over time. The use of convenience sampling may have introduced selection bias, and participants may have provided socially desirable responses during focus group discussions, potentially influencing the credibility of the data. In addition, as the primary researcher was involved in data collection and analysis, there is a possibility of researcher bias despite measures taken to enhance trustworthiness.

The study was conducted at a single institution, the School of Nursing, Maldives National University (SN/MNU), which may limit the transferability of the findings to other educational or cultural contexts. Furthermore, the study included only students enrolled at the Male' campus of SN/MNU, which limits the representativeness of the sample and restricts the generalisation of the findings to the wider nursing student population in the Maldives.

Conflict-of-interest

The author declares no conflicts of interest in the development, implementation, or reporting of this research. This study was conducted independently without any financial, institutional, or personal relationships that could have influenced the outcomes or interpretations of the findings.

References

Abdolrahimi, M., Ghiyasvandian, S., Zakerimoghadam, M., & Ebadi, A. (2017). Antecedents and consequences of therapeutic communication in Iranian nursing students: A qualitative research. *Nursing Research and Practice,* 1–7.

Adams, J. D., & Mabusela, M. S. (2013). Employing role-play in teaching and learning: A case of higher education. *South African Journal of Higher Education, 27*(3), 489–500.

Ali, L., Shabaan, F. M., & Gad, R. A. (2019). Efficacy of Teaching Program about Efficient Patient Communication Using Role-play Strategy on Technical Nursing Students' Practice. *Tanta Scientific Nursing Journal, 17*(2), 58-98.

American Nurses Association. (2015). *Nursing informatics: Scope and standards of practice.*

Baile, W. F., & Blatner, A. (2014). Teaching communication skills: using action methods to enhance role-play in problem-based learning. *Simulation in Healthcare, 9*(4), 220-227.

Barney, C., & Shea, S. C. (2007). The art of effectively teaching clinical interviewing skills using role-playing: a primer. *Psychiatric Clinics of North America, 30*(2), e31-e50.

Beckmann, E. A., & Mahanty, S. (2016). The evolution and evaluation of an online role play through design-based research. *Australasian Journal of Educational Technology, 32*(5).

Blake, T., & Blake, T. (2019). Improving therapeutic communication in nursing through simulation exercise. *Teaching and Learning in Nursing, 14*(4), 260–264.

Blakely, G. Skirton, H., Cooper S, Allum P, Nelmes P. (2012). Educational gaming in the health sciences: systematic review. *Journal of Advance Nursing. 65*(2):259–69.

Bland, A. J., Topping, A., & Wood, B. (2011). A concept analysis of simulation as a learning strategy in the education of undergraduate nursing students. *Nurse Education Today, 31*(7), 664-670.

Boakye, N. A. (2021). Using role play and explicit strategy instruction to improve first-year students' academic reading proficiency. *Reading & Writing-Journal of the Reading Association of South Africa, 12*(1), 285.

Boud, D., & Soler, R. (2016). Sustainable assessment revisited. *Assessment & Evaluation in Higher Education, 41*(3), 400-413.

Brown, A. M. (2015). Simulation in undergraduate mental health nursing education: A literature review. *Clinical Simulation in Nursing, 11*(10), 445–449.

Chan, Z. C. (2012). Role-playing in the problem-based learning class. *Nurse Education in Practice, 12*(1), 21–27.

De Haene, L., Grietens, H., & Verschueren, K. (2010). Holding harm: Narrative methods in mental health research on refugee trauma. *Qualitative Health*

Research, 20(12), 1664- 1676.

Dondlinger, M. J., McLeod, J., Vasinda, S. (2016). Essential conditions for technology supported, student-centered learning: An analysis of student experiences with Math Out Loud using the ISTE standards for students. *Journal of Research on Technology in Education, 48*(4), 258–273.

Donovan, H., & Forster, E. (2015). Communication adaption in challenging simulations for student nurse midwives. *Clinical Simulation in Nursing, 11*(10), 450-457.

Doolen, J., Giddings, M., Johnson, M., de Nathan, G. G., & Badia, L. O. (2014). An evaluation of mental health simulation with standardized patients. *International Journal of Nursing Education Scholarship, 11*(1), 55-62

Dorri, S, Farahani, MA, Maserat, E, & Haghani, H. (2019). Effect of role-playing on learning outcome of nursing students based on the Kirkpatrick evaluation model. *J Educ Health Promot.8*:197.

Doyle-Moss, A. M., Sor, S., Krupka, S. D., & Potts, A. (2018). Crossing the language barrier: A role-playing activity. *Nurse Educator, 43*(1), 7-8.

Erturk, E. (2015). Evaluation of role play as a teaching strategy in a systems analysis and design course. *International Journal of Learning, Teaching and Educational Research, 13*(3).

Ferrero, G., Bichai, F., & Rusca, M. (2018). Experiential learning through role-playing: Enhancing stakeholder collaboration in water safety plans. *Water, 10*(2), 227.

Gause G, Mokgaola IO, & Rakhudu MA. (2022). Technology usage for teaching and learning in nursing education: An integrative review. *Curationis, 45*(1):e1-e9.

Gordon, S., & Thomas, I. (2018). 'The learning sticks': reflections on a case study of role-playing for sustainability. *Environmental Education Research, 24*(2), 172-190.

Grant, A., & Goodman, B. (2018). *Communication and interpersonal skills in nursing.* Learning Matters.

Gutiérrez-Puertas, V., Gutiérrez-Puertas, L., Aguilera-Manrique, G., Rodríguez-García, M.C., Márquez-Hernández, V.V. (2021). NursinPerceptions of Smartphone Use in the Clinical Care and Safety of Hospitalised Patients. *Int J Environ Res Public Health. 18*(3):1307.

Issenberg, S., Mcgaghie, W. C., Petrusa, E. R., Lee Gordon, D., & Scalese, R. J. (2005). Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. *Medical teacher, 27*(1), 10-28.

James, J. T. (2013). A new, evidence-based estimate of patient harms associated with hospital care. *Journal of patient safety, 9*(3), 122-128.

Jeffries, P. R. (2005). A framework for designing, implementing, and evaluating: simulations used as teaching strategies in nursing. *Nursing Education Perspectives,*

26(2), 96-103.

Joseph, J. (2023). Innovative Teaching and Learning Techniques in Nursing. *Asian Journal of Nursing Education and Research, 13*(2), 119-122.

Karbasi F, Khatiban M, & Soltanian A. (2019). The effects of teaching the communication skills to patients through Role-Playing method on nursing students' Self-Efficacy. *Scientific Journal of Hamadan Nursing & Midwifery Faculty*-ISSN, 2008, 2819.

Kim, M. H., & Kim, Y. M. (2015). Patient role simulation practicum in maternity nursing: The effects on problem solving ability, self-directed learning ability, and communication skill. International Information Institute (Tokyo). *Information, 18*(9), 4015.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development.* Prentice Hall.