

## **TITLE**

The therapeutic relationship in inpatient psychiatric care: a narrative review of the perspective of nurses and patients.

## **ABSTRACT**

*Purpose:* To study the significance of ‘therapeutic relationship’ between nurses and patients within the context of a psychiatric hospital.

*Method:* Narrative Literature review. Content analysis.

*Findings:* The significance of the therapeutic relationship is quite similar for both nurses and patients in psychiatric hospital units. Nevertheless, several factors may separate the two positions: the time available for the relationship, the negative perceptions on the part of both parties, and the insecurity of the setting.

*Practice implications:* Increased knowledge and understanding of the significance of the therapeutic relationship from the perspective of nurses and patients would allow the strengthening of areas of mutual interest.

## **Keywords**

Literature review, nurse-patient relations, psychiatric care, therapeutic relationship

## **INTRODUCTION**

The therapeutic relationship (TR) is considered the fundamental core of nursing care in psychiatry and mental health (Scanlon, 2006). Thus, the TR has gradually been developed alongside and in tandem with the growth and professionalization of psychiatric nursing care (O'Brien, 2001). However, the diversity in the form and content of this concept of care means that its management, definition, and measurement are enormously complex tasks for nurses in clinical practice (Clark, 2012).

One of the factors impeding the instrumentalization of the TR is its conceptual ambiguity. Therefore in clinical practice the TR is more based on the healthcare education or experience of the nurses than on a general theoretical view (Clark, 2012; Hewitt & Coffey, 2005). Furthermore, this abstract knowledge is added to clinical practice in a non-reflective, haphazard manner, making standardization difficult (Clark, 2012).

There are several different positions regarding TRs in the literature. While McAndrew, Chambers, Nolan, Thomas and Watts (2014) defend the position that TR, as in any other type of psychotherapeutic intervention, cannot be standardized or evaluated by only the results obtained, other authors such as Muralidharan & Fenton (2006) have reported that the scarcity clinical trials and the lack of valid tools have led to questions as to the effectiveness of TR in psychiatric units. These arguments have produced numerous international debates emphasizing the measurement of TR rather than its conceptual consolidation and application in clinical practice (McAndrew et al., 2014).

If the conceptualization and applicability of TR are complex for nurses in clinical practice, this is also true for hospitalized patients, making comparison of these two points

of view necessary (McCloughen, Gillies, & O'Brien, 2011). In this regard, the literature makes it clear that both nursing professionals and patients are in fundamental agreement regarding their expectations of the TR (Binnema, 2004; Cameron, Kapur, & Campbell, 2005; Cleary, Hunt, Horsfall, & Deacon, 2012; Hewitt & Coffey, 2005; Hopkins, Loeb, & Fick, 2009; Megens & Van Meijel, 2006; Stockmann, 2005). However, divergences between the expectations and the significance for nurses and patients are to be found concerning how the TR is to be produced in clinical practice (Evans, 2005; Hall, 2004; Hopkins, Loeb, & Fick, 2009; Moreno-Poyato & Tolosa-Merlos, 2013; Schroeder, 2013; Stockmann, 2005). Therefore, in order to improve nursing care in psychiatric units it is essential to study the two positions. This justifies the need to differentially study the theoretical conceptualization of TR by nurses and patients.

#### *Purpose of the review and research questions*

This review of the literature arose from the observation of distancing between the position of nurses and patients regarding their conceptualization of TR in nursing care in psychiatric units. Thus, the aim of the review was to study the significance of the concept of the TR as it is understood by nurses and patients in the setting of the psychiatric hospital, as well as to analyze the factors that make up the TR in clinical practice, and determine which of these factors may raise difficulties.

The questions driving the investigation were:

- What is the significance of the concept of the TR in the minds of nurses and patients?
- What factors contribute favorably and what factors impede the producing of the TR in clinical practice?

## **METHODS**

In order to answer the questions under study we decided to perform a narrative review of the literature. The aim of narrative review is to describe the overall view of a subject and may include multiple designs and may or may not describe the search process, selection and evaluation of quality of the articles included (Bettany-Saltikov, 2010). This review was performed following a series of steps described below (figure 1). First, after defining the questions of investigation, a systematic search was made as shown in figure 1 and explained as follows. The search was carried out in December, 2014. The databases used were SCOPUS, CINAHL, and PUBMED. A combination of the following key words was used for adapted descriptors in each of the databases: 'mental health nursing', 'psychiatric nursing', 'therapeutic relationship', 'nurse-patient relations', and 'interpersonal relations' (Table 1). Taking into account the complexity of the study subject, the inclusion criteria, were: all the articles published in the past five years in peer-reviewed journals in English and Spanish. The Principal Investigator excluded duplicated studies and read and evaluated the title and abstract of the studies found. Articles which did not address the questions of the investigation were ruled out. Thereafter, all the articles published in the previous 5 years and considered of relevance to the review were included. Finally, the articles were classified in terms of where the results were drawn from (nurses or patients). The content analysis method has been used (Mayring, 2000). Data from the papers was fragmented in descriptive codes assigned on the basis of its content. In a second stage of the analysis, these codes were grouped into interpretative categories, bearing in mind their similarities and differences and relating them to the main themes identified in the study objectives. They were classified based upon whether they revealed concepts or limitations

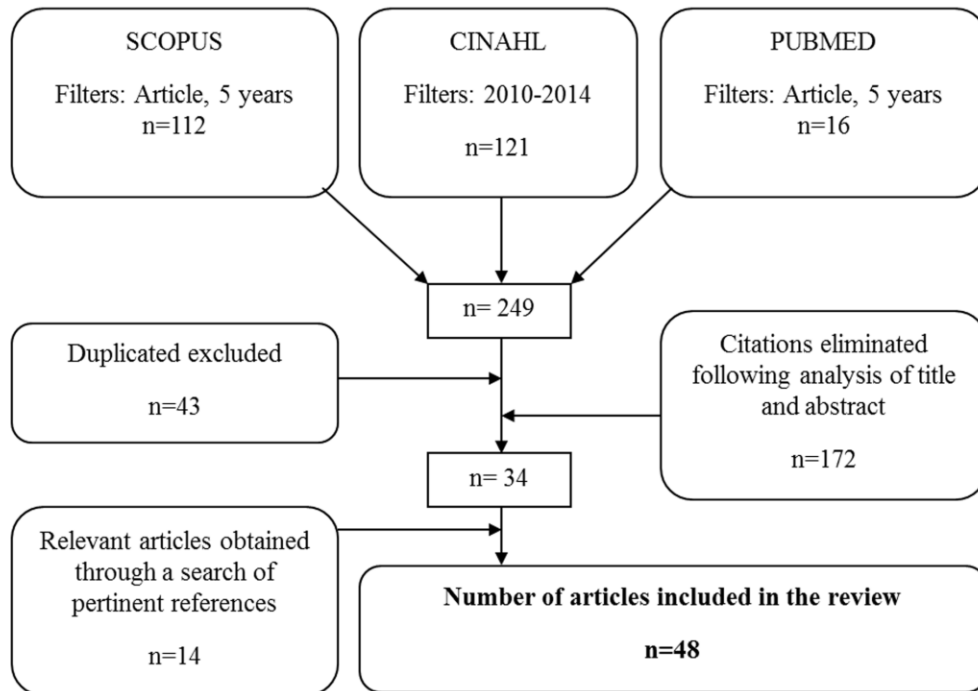
for the establishment of the TR. The content of these articles was analyzed by two investigators of the team independently and later agreed upon in several debriefing sessions with the rest of the research team (Figure 1).

Table 1  
Databases and search terms

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SCOPUS Search	(mental health nursing and therapeutic relationship)
CINAHL Search	psychiatric nursing [MJ] and (nurse-patient relations [MJ] or interpersonal relations [MJ])
PUBMED Search	("Nurse-Patient Relations"[Mesh] AND "Psychiatric Nursing"[Mesh] AND therapeutic relationship)

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**Fig. 1.** Flow chart of results

## RESULTS

The results of the analysis of 48 articles are described: 34 were obtained in the first search, 26 of them original investigations. Because of the relevance of the study subject, 14 were later added, 6 of them originals papers. The presentation of the results follows the scheme of the investigation questions formulated. Accordingly, the results of the point of view of the nurses is described first followed by those of the hospitalized patients.

### *The Therapeutic Relationship: understanding from clinical practice*

Psychiatric nurses have different denominations for TR: in terms of aid, as the nurse-patient relationship, as trusted work, and as a therapeutic alliance. In all of these cases, the

results indicate that the TR is an interpersonal interaction between nurse and patient, based on trust between them, and focused on the therapeutic aid work (Björkdahl, Palmstierna, & Hansebo, 2010; Cahill, Paley, & Hardy, 2013; Cameron, Kapur, & Campbell, 2005; Cleary et al., 2012; Chiovitti, 2008; Dziopa & Ahern, 2009; Hawamdeh & Fakhry, 2014; Hewitt & Coffey, 2005; Scanlon, 2006).

The TR is comprised of many models and therapeutic perspectives ranging from the psychodynamic theory of Freud and the model of interpersonal relationships of Peplau to the pantheoretic therapy model. Among others, there are the humanist or person-centered perspective, cognitive-behavioral therapy, the Tidal model and relationship-based care (Cahill et al., 2013; Clark, 2012; Fitzpatrick, 2014; Hewitt & Coffey, 2005; Wand, 2010). In recent years, many studies have been published with the aim of constructing a working framework for the therapeutic relationship. It highlights the phenomenological study of Hawamdeh and Fakhry (2014) in the United Arab Emirates and the review of Cleary et al. (2012). But also, given the importance and relevance of the results with the objective of this research, are included in this section investigations of Chiovitti (2008), Dziopa and Ahern (2009) and Scanlon (2006). Table 2 depicts the results obtained in the analysis of them.

1 **Table 2**

2 Elements that make up the therapeutic relationship from the point of view of nurses.

(Scanlon, 2006)	(Chiovitti, 2008)	(Dziopa, 2009)	(Cleary, 2012)	(Hawamdeh, 2014)
Ireland	Canada	Australia	Australia	United Arab Emirates
1. Therapeutic relationship = intuition plus knowledge plus clinical experience.	1. Respect the patient.	1. Self-knowledge.	1. Sophisticated communication.	1. Provide physical care (help with self-care and treatment, attend to day-to-day needs)
2. Authenticity, respect, and empathy.	2. Do not take the patient's behavior personally.	2. Authenticity.	2. Subtle discrimination.	2. Transmit security and protection
3. Self-knowledge, listening, and not judging.	3. Provide security to the patient.	3. Provide personalized care.	3. Managing safety parameters.	(trust, genuine relationship, and accessibility).
4. Humor as a means to promote the therapeutic relationship.	4. Foster the patient's health.	4. Respect.	4. Common communication.	3. Companionship (togetherness, respect, and patience).
	5. Authentic relationship.	5. Understanding.	5. Reliance on the nursing team.	
	6. Interactive training.	6. Provide comfort and support.	6. Important personal characteristics for the patients.	



### *Barriers to establish the Therapeutic Relationship perceived by nurses*

In the literature there are a number of things identified by nurses as limiting the establishment of the therapeutic relationship. One of these is the steady increase in administrative tasks which serve to limit time available for other activity (Cameron et al., 2005; Hopkins et al., 2009; Sharac et al., 2010; Thomson & Hamilton, 2012). Likewise, both the lack of beds and the reduction in the average length of hospital stay serve as well to reduce time available for establishing significant relationships with patients (McCrae, 2014). Another important factor is the negative feelings of nurses, such as fear of physical assault and concern about hurting patients or doing them harm in some manner (Camuccio, Chambers, Välimäki, Farro, & Zanotti, 2012; Ward, 2013). In this line, some nurses appear fearful of telling the truth about the unrealistic expectations of patients regarding their illnesses and their care (Ahmead, Rahhal, & Baker, 2010; Stockmann, 2005). Indeed, nurses do not feel prepared to offer the individuality needed by the patient (Hopkins et al., 2009). Therefore, they have the impression that their daily activity is dominated by socially unaccepted concepts such as segregation, coercion, and control; this leads to a loss of motivation and a feeling of being in a routine rut, essentially just maintaining social control (Shattell et al., 2008). Finally, nurses point out the limitations they find in their work environment. On the one hand, there is that produced by a lack of job satisfaction as a result of a lack of policy and organizational design (Roche, Duffield, & White, 2011; Ward, 2011), compounded by an absence of leadership and support from supervisors (Bowers et al., 2011; Shattell et al., 2008). On the other hand, nurses complain about factors related to the structure and norms of the units in which they work. It is difficult for them to reach out to patients as individuals while at the same time adhering to the guidelines and codes of

conduct for their profession (Oeye, Bjelland, Skorpen, & Anderssen, 2009). In addition, there are yet other factors identified by nurses as impeding the development of the TR, including the low nurse-patient ratio (Sharac et al., 2010; Shattell et al., 2008), the lack of private space (Borille, Paes, & Brusamarello, 2013), and the perception of the workplace as an unpredictable and challenging environment (Cleary et al., 2012; Shattell et al., 2008; Ward, 2013).

### *Patients' expectatives and perceptions*

Patients in hospital psychiatric units expect nurses to provide assistance in their interactions with them (Binnema, 2004; Duxbury, Wright, Bradley, & Barnes, 2010; Hopkins et al., 2009; Stenhouse, 2011). According to the literature, the expectations of patients concerning the nature of their relationships with nurses may be classified into two broad areas. On one hand, there is the focus on the kind of care that the patients hope to receive from the nurses, with an emphasis on humanistic treatment characterized by respect, personalized care, and empowerment (Bee et al., 2008; Biering, 2010; Binnema, 2004; Gaillard, Shattell, & Thomas, 2009; Hopkins et al., 2009; McCloughen, Gillies, & O'Brien, 2011; Megens & Van Meijel, 2006; Stenhouse, 2011). On the other, patients hope to find in nurses certain qualities that will allow for the establishment of the TR (Table 3).

**Table 3**

Patient expectations with regard to the qualities of nurses related to the therapeutic relationship.

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<b>Qualities of the nurses</b>	<b>Authors</b>
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Acceptance/respect/absence of prejudice	(Gaillard et al., 2009 ; Hamrin et al., 2009 ; Biering, 2010 ; McCloughen et al., 2011)
Empathy/understanding	(Biering, 2010; Schroeder, 2013)
Listening/ accessibility/companionship	(Hamrin et al., 2009 ; Biering, 2010 ; McCloughen et al., 2011)
Authenticity/honesty/trust	(Duxbury, 2010; Biering, 2010; Schroeder, 2013)
Friendliness/sense of humor	(Biering, 2010; McCloughen et al., 2011)

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From the point of view of patients the main factor limiting the proper establishment of the TR in clinical practice is time. The lack of time for nurse-patient interaction is perceived by patients as remoteness and lack of accessibility on the part of nurses (Nolan, Bradley, & Brimblecombe, 2011; Sharac et al., 2010; Stenhouse, 2011). Patients feel that they spend most of their time isolated from the nursing team and with minimal relations with it (McCrae, 2014; Sharac et al., 2010). In this line, the lack of communication limits the TR, which means that the nurses receive incorrect information (Sharac et al., 2010; Stenhouse, 2011). Patients often feel that they have very few chances to work together with their professional carers (Hopkins et al., 2009; Stenhouse, 2011), and sometimes their contribution is not taken into account (Soininen et al., 2013) and they end up being treated as objects or problems to be solved (Gaillard et al., 2009; Stenhouse, 2011). Patients tend to see nurses as authoritarian (Hamrin, 2009), paternalistic (Gaillard et al., 2009), intimidating

or condescending (Schroeder, 2013), and unsafe (Hopkins et al., 2009; Schroeder, 2013), creating in turn the negative feelings in patients. Vulnerability, dehumanization and frustration are the main negative sensations identified by patients (Gaillard et al., 2009).

Finally, the feeling on the part of patients that the atmosphere in the unit is tense, intimidating, or unsafe is seen as a factor limiting the establishment of the therapeutic relationship (Muir-Cochrane, Oster, Grotto, Gerace, & Jones, 2013; Oeye et al., 2009; Shattell et al., 2008).

## **DISCUSSION**

This review of the literature has demonstrated that the significance of the TR is fundamentally the same for nurses and patients. Both feel that the TR consists of interpersonal interaction between the two, with one party wishing to help and the other wishing to be helped. The relationship rests on trust and respect, establishing a framework in which nurses can care for patients in any number of ways based on various theoretical models, and using a variety of interventions. This renders standardization and measurement of its effectiveness as an intervention *per se* a thorny issue (Cahill et al., 2013; Cameron et al., 2005; Hurley, 2009).

Patients describe the ideal nurse for the TR as one who is respectful, empathetic, honest, friendly, and available. Patients value a humanistic care model above all others, given that they wish to be treated as equals and hope to be empowered by their nurses to grapple with their illness and their care of themselves. It is evident that in order for the relationship to be effective there needs to be mutual respect given the differences among people (Borille et al., 2013). Nonetheless, patients make it clear that they often feel that

they are treated as problems to be solved, and they also feel that their opinions are not taken into account. Along these lines it appears that the paternalistic and protectionist perspective of some nurses is still alive and well (McCann et al., 2008). These attitudes are adopted by nurses in response to their negative feelings in the care of patients; but they are seen by the patients as authoritarianism, paternalism, intimidation, and condescension. As a result, patients are made to feel vulnerable and frustrated. At this point we need to ask whether the expectations and aims laid out by nurses in the care of acute psychiatric patients may be unrealistic. The literature tells us that the patients wish to be empowered, but it also implies that nurses are afraid to let this empowerment happen. If this is indeed the case, the inadequate self-knowledge and self-consciousness of the nurses need to be evaluated as a limitation on the end goal of the therapeutic care offered in psychiatric units (Holm & Severinsson, 2011; Moreno-Poyato & Tolosa-Merlos, 2013; Silverstein, 2006; Van den Heever, Poggenpoel, & Myburgh, 2013; Van Sant & Patterson, 2013).

As revealed in this review, the lack of time is seen as the major obstacle to achieving the TR, both by nurses and by patients. Nurses attribute this shortage of time to the workload of interventions, administrative tasks, and poor nurse-patient ratio. In contrast, for the patients it seems that nurses are not readily available or accessible. There is some evidence to suggest that there is less and less nurse time available for the patient, despite the increased ratio of professionals in the units (Sharac et al., 2010). In some countries spaces have been specially set aside for contact with patients ('patient-protected time'); nevertheless, there continue to be problems in the relationship, either because of personnel shortages or else because of a lack of support from supervisors (McCrae, 2014). Importantly, the fact that patients perceive nurses as distant and unapproachable remains a

significant obstacle to the therapeutic relationship. Even if they have no time to interact with patients, nurses should try to transmit a feeling of availability. Therefore, nurses must demonstrate their proximity and accessibility in the relation with patients.

Another limiting factor in the TR is an insecure setting. Both patients and nurses perceive the TR as unpredictable, tense, challenging, intimidating, regulating and with a lack of privacy (Camuccio et al., 2012; Schroeder, 2013). It is obvious that for the TR to take hold the nurses need to prepare the environment so that private encounters are possible and each patient has a personalized setting. Of course this alone will not eliminate the unpredictability of the surroundings, given that we are speaking about acute psychiatric units. Nonetheless, it is up to the nurses to accept the reality of the situation and work hard to insure that it does not entail insecurity in the hospital unit.

Finally, in addition to everything that we have noted above we need to consider additional factors that emerged from the review such as a lack of job satisfaction, the perception of a lack of support for nurses from the organization, and lowered motivation, all of which may directly contribute to the quality of the TR with the patients. In this regard the supervisor must play an important leadership role, helping to prevent nurse burnout and guiding the attitudes of the nurses toward their patients (Bowers et al., 2011; O'Connell et al., 2013).

### **Strengths and Limitations**

The narrative review is considered a less systematic method than other scientific literature reviews. However, given the conceptual complexity of research topic, we proposed this method. This narrative review of the literature presents several limitations

and several strengths. In relation to the limitations of the narrative review itself, we performed a more systematic search of the databases in order to minimize the overly subjective nature of the method. We found a large number of articles but few empiric studies directly related to the subject of investigation. Therefore, taking into account the complexity of the subject, we decided to include all the articles regardless of whether they were original or not. However, the team decided to include more articles found secondarily. This allowed the body of data to be completed in order to provide greater depth to the study subject.

### **Research and Practice implications**

This review aimed to provide an in-depth view and definition of the concept of the TR in clinical practice in psychiatry units taking into account the points of view of nurses and patients. There are several studies that attempt to describe and analyze the interactions between nurse and patient in psychiatric units from their distinct points of view. However, we have not located any recent paper that aims to collect views about the meaning of the concept of the Therapeutic Relationship as a whole. Greater knowledge and comprehension of the concept on the part of both nurses and patients will have an impact on clinical practice in those areas of mutual interest for the two groups. This is distinctive because it allows a common starting point for further research and improving nursing care in psychiatric units. Most immediately it will allow the design of training programs for nurses geared toward the problem areas described by the nurses and confirmed by patient expectations, and in so doing it will lead to improved quality of care. Nonetheless, within the domain of investigation, improved understanding of the constituents of the TR may be

the starting point for the construction of an appropriate measurement instrument for the relationship in psychiatric units.

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