Therapeutic relationship: Is it still heart of nursing?

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Abstract

Relationship was introduced as an essential element of care since the beginning of theorizing in nursing. However therapeutic relationship has been conceptualized by different theorists, an integrated approach is not provided. This study aimed to perform a systematic review to explain the therapeutic relationship in the contemporary nursing practice. Electronic databases were searched from conception to October 2015 using keywords including therapeutic, relationship, communication, nurse, and patient. We used PRISMA guideline to report data. Original studies relevant to the therapeutic relationship were included. Exclusion criteria include abstracts that were irrelevant to the concept of study, grey literature and review and commentary articles. Disagreements between researchers were solved by consensus. Twenty studies were finally included into the review process. Data were organized into three categories including composition of therapeutic relationship, context of therapeutic relationship and confirmation of therapeutic relationship. The therapeutic relationship is composed of significant knowing and meaningful connecting with patients. Few studies confirmed applicability of therapeutic relationship in nursing practice. Therapeutic relationship ensures humanity to be preserved during nursing care and patients' hospital stay; it faces with strong barriers such as nursing shortage. The nursing shortage seriously threatens the heart of nursing. Therapeutic relationship needs to be investigated further in order to be supported by evidence-based nursing in order to confirm the applicability of relationship-based caring theories.

Introduction

Relationship between nurse and patient is considered an essential element of care from ancient times[1,2] and also the role of relationship has been recognized by nursing theorists since the beginning of theorizing in nursing.[3] Relationship is an important tool for nurses.[4] Interpersonal relationship between the patient and the nurse was introduced.[5] Florence Nightingale and Virginia Henderson have emphasized this point with phrases such as "for the patient" in their definitions of nursing,[6] They believe the interpersonal, interactive, and constant relationship between the nurse and the client helps the patients improve their health.[4] Peplau presented interpersonal relations theory and defined nursing as a therapeutic and effective interpersonal process that interacts cooperatively with other human processes to maintain their health.[7] In this way, Travelbee presented human-to-human relationship model[1] and defined nursing as an interpersonal process.[3] However nursing theorists strongly emphasized in the value of relationship in nursing, current practice needs more updated evidence to use therapeutic relationship in nursing care.

The therapeutic relationship is the nurses' ability to consciously use their personality to get close to the patient to be able to perform the nursing interventions effectively, which indeed needs self-consciousness, self-awareness, and having a philosophy about life, death, and the overall human situation.[8] Important features of this relationship involve mutual targeted experience, meeting the nursing needs of the individual or family,[3] coordination and cooperation,[9] being near the patient's bedside,[10] honesty and empathy.[11,12] While therapeutic relationship has been defined by several nursing scholars based on their viewpoints and personal experiences, we need to provide a definition of therapeutic relationship with rigorous research methodology.

However the importance of relationship in nursing has been addressed in the literature of twentieth-one century, the applicability of the therapeutic relationship in nursing needs in-depth exploration because most studies on therapeutic relationship have not been performed systematically especially in the second half of the twentieth-first century and it is not clear whether these theories and viewpoints could be applicable in current nursing practice. The aim of the study is to perform a systematic review to explain the therapeutic relationship in the contemporary nursing practice.

Methods of research

A systematic review has been performed to retrieve studies that were related to therapeutic relationship in nursing. We performed this study based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline (Figure 1). This approach provides wide span in the search whilst investigating a research aim including identify, select, and examine relevant studies, and to summarize findings. Key search terms including therapeutic, relationship, communication, nurse, and patient were searched either as combined or separately. Search strategy was ("therapeutics"[MeSH Terms] OR "therapeutics"[All Fields] OR "therapeutic"[All Fields]) AND "relationship"[All Fields] AND ("nurse-patient relations"[MeSH Terms] OR ("nurse-patient"[All Fields] AND "relations"[All Fields]) OR "nurse-patient relations"[All Fields] OR ("nurse"[All Fields] AND "patient"[All Fields]) OR "nurse patient"[All Fields]). No additional filter was used. Search results were collected from conception to October 2015. Preliminary results were screened to identify those, which are irrelevant, and the remaining articles were examined more in depth in the second round. Summary tables were developed. Abstracts were reviewed by two researchers independently to retrieve original studies relevant to the therapeutic relationship focusing on explanation of the concept. Exclusion criteria include abstracts that were irrelevant to the concept of study, grey literature and review and commentary articles. Abstracts about nurse-nurse, doctor-nurse, doctor-patient relationship and nurse's communication about disease with patients were removed. We did not exclude non-English inquires because significant publications have been published in Spanish and French.

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Disagreements between researchers were solved by consensus. Full-texts of remaining studies were reviewed completely and relevant journals and reference lists were also hand-searched to find more relevant studies.

Results

Twenty studies were finally included into the review process (Table 1). Eight studies originated from Australia and Canada. Ten studies also originated from psychiatric nursing settings. Most studies related to therapeutic relationship were commentary prior to 2000 and also original studies were rare. Extracted data were organized into three categories including composition of therapeutic relationship, context of therapeutic relationship and confirmation of therapeutic relationship.

Composition of therapeutic relationship

Most qualitative studies have explained the meaning of therapeutic relationship in nursing. Therapeutic relationship is primarily composed of significant knowing and meaningful connectedness. Knowing the patients is the main element of therapeutic relationship.[13] The therapeutic relationship cannot be occurred unless the nurses know the whole person including the personality and the effect of disease on person and everyday life[14] resulting in targeting essence.[15] Another element of therapeutic relationship is connectedness.[13] Knowing the patients is contributed to a strong mutual connection between nurse and patient that must be capable of reciprocal exchange.[16] This alliance is solely related to patient[14] and the nurse fully devoted to "being in the moment".[16] Relationship attributes were identified as protective,[17] hopeful,[18] friendly,[19] positive,[16] humanistic,[20] trustful,[21] safe and secure.[22]

Context of therapeutic relationship

Some studies address the context of therapeutic relationship in relation to nursing practice as well as contextual factors affecting the relationship including nurse-related, patient-related and organization-related.[23]

Nurses must have significant learned experience originating from a meaningful life experience and they also must be competent in interpersonal skills.[23] Besides, they must be capable of spending considerable time to know their patients,[14] but the studies showed that therapeutic relationship does not occur systematically and as a result, patients could hardly distinguish nurses from other health care professionals.[24] It is expected in clinical practice that therapeutic relationship has been illustrated in the shadow.[25] It is worth mentioning that therapeutic relationship suffers from restrictive institutional policies[26] that limit the development of therapeutic relationship in clinical practice.

Confirmation of therapeutic relationship

Some studies examined the therapeutic relationship theories, so they tested Peplau's theory of interpersonal relations or the Relationship-based care model (RBC). While other studies defined outcome of therapeutic relationship as either "activating the power of the client" or "get to the solution".[14,16] The explanatory power of theory was considerably depended on both nurse and client variables.[27] Studies indicated that the extent of positive change such as alleviating anxiety is difficult to measure or relate to the development of therapeutic relationship.[23,27] The RBC model showed a positive correlation with length of stay and a negative correlation with readmission rates. The RBC model did not indicate a significant increase in overall satisfaction with nursing.[28]

Discussion and Conclusions

Investment of the self in the nurse-patient relationship is pivotal to establish therapeutic relationship including knowing and connecting with patients.[29] Therapeutic relationship is also associated with "self", so it has been overemphasized by nursing theorists.[30-36] However the concept of "self" depends on personal reflection and social interaction, it is generally defined as the conscious of individual.[33] Intelligent and meaningful lived experience is necessary to expand conscious of individual significantly.[13] Therapeutic use of "self" occurs when nurses consciously use their own character and knowledge to make a difference in the patient outcomes[34-37] or "activating the power of the client" or "get to the

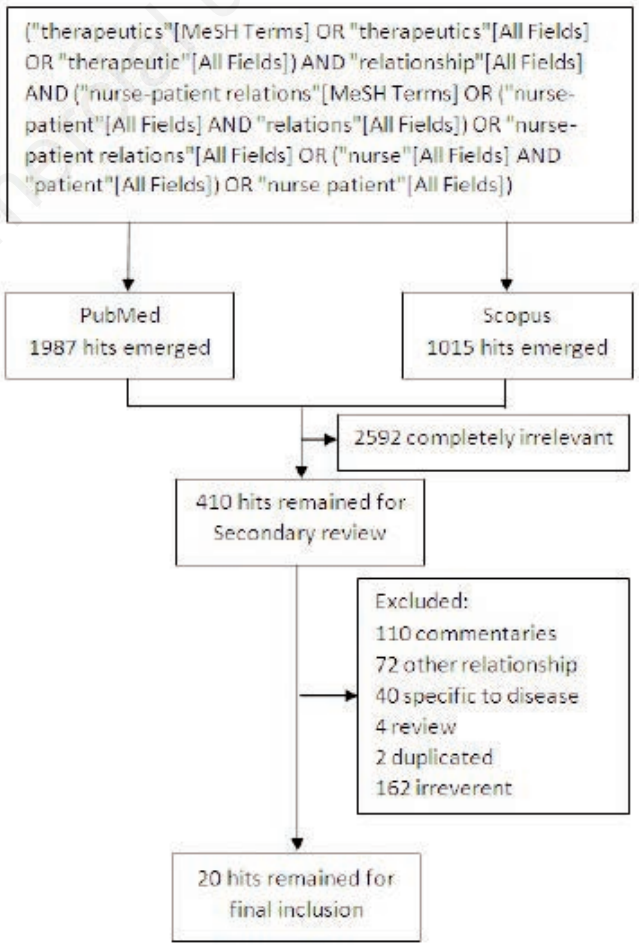


Figure 1. Literature search and retrieval flow diagram.

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Table 1. Summary of the basic features of the research articles that were included in the review.

Authors	Country	Aim	Design	Participants	Results
Forchuk (1994)[27]	Canada	Investigate the orientation phase of the nurse-client relationship	Prospective descriptive design	One hundred twenty four genuine nurse-client dyads	The explanatory power occurred with both nurse and client was substantially greater than each of them alone as progonsticator of the therapeutic relationship. Anxiety was not related to the therapeutic relationship
Pieranunzi (1997)[13]	USA	Discover the meaning of power and powerlessness based on the lived experience of therapeutic relationship	Heideggerian phenomenology; Semistructured interviews	Ten psychiatric registered nurses	The main pattern was "The Power of Knowing". 3 relational themes revealed were"Power as Connectedness in Relationships", "Being Tested by Fire", and "Power as Having a Voice"
Scanlon (2006)[24]	Ireland	Determine the understanding nurses assign the establishment of the therapeutic relationship	Qualitative Grounded theory design; Semi-structured depth interviews	Six psychiatric nurses with less than 10 years experience	However the therapeutic relationship is therapeutic The extent of positive effect is rather difficult to measure Therapeutic relationship as a learned experience is developed through learning interpersonal skills in case of adequate life experience and intuitive appreciation of the therapeutic relationship
Shattell *et al.* (2007)[14]	USA	Explain experience of mental health service recipients who participated inthe the rapeutic relationship	Qualitative interviews	Community-dwelling adults with mental illness; Twenty interviews were analyzed	Three theme were "relate to me", "know me as a person", and "get to the solution" "Knowing the whole person" is essential for formation of the therapeutic relationships
Pontes *et al.* (2008)[25]	Brazil	Analyze the process of therapeutic relationship based on Peplau's theory	Descriptive and exploratory design; semi-structured interview	Fourteen patients and twelve nurses	Interpersonal relationship has covered since admission to discharge in hospital. Patient visit often was not a priority in nurses' daily activity, so patients could not distinguish nurses from other staff
Dziopa & Ahern (2009)[18]	Australia	Explore quality therapeutic relationships between mental health nurses with patients	Descriptive design, one hundred forty attributes were revealed	Q-sort instrument	Attributes of a quality therapeutic relationship were called "Equal Partner", "Senior Partner", and "Protective Partner"
Awty *et al.* (2010)[18]	Australia	Explain nurses' viewpoints and expectations of psychodynamic therapeutic care	Qualitative Design; Naturalistic inquiry	Ten mental health nurses working in acute inpatient mental health facilities were interviewed	Themes included "a career for life", relating in a psychodynamic manner", "swimming against the current", "adopting a position of difference", and "hopeful expectancy"
Gardner (2010)[19]	Australia	Investigate the process of therapeutic relationships and professional boundaries.	Qualitative design, Grounded theory	Community mental health nurses	Therapeutic friendliness may be necessary to develop therapeutic relationship. The therapeutic relationship must be balanced to preserve constant maintenance of the professional boundary
Spiers and Wood (2010)[16]	Canada	Investigate the perceived experience of nurses in developing a therapeutic relationship	Qualitative design, Focused ethnography	Eleven community mental health in brief therapy	Therapeutic relationship includes "being in the moment" in all aspects of their issues positively. It consisted of three essential phases: "establishing mutuality", "finding the fit in reciprocal exchange", and "activating the power of the client"
O'Reilly and Cara (2010)[20]	Canada	Investigate the meaning of the experience of "being with" the clients	Qualitative design, phenomenological study using Watson's Human Caring philosophy	Seventeen nurses working in rehabilitation center; Fifty one interviews were analyzed	The meaning of the phenomenon was "a deep, therapeutic, and transforming human relationship". Themes have emerged were 1) the importance of humanistic values at the core of care; 2) the involvement of the nurse and the cared-for person; 3) the reciprocal and relational dimensions of care, and 4) the irreplaceable care experience of contextual complexity and enhancing the body-soul-spirit harmony of the person cared-for and of the nurse

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Table 1. Continued from previous page.

Authors	Country	Aim	Design	Participants	Results
Bailey *et al.* (2011)[29]	UK	Investigate the emotional impact of death and dying perceived by nurses and presents a model for end-of-life care delivery.	Qualitative design, Unstructured observations and semistructured interviews.	Twenty eight in-depth interviews with emergency nurses, patients with terminal illnesses; Emergency Department	Three phase in therapeutic relationship were: 1) investment of the self in the mutual relationship, 2) management of emotional labour and 3) development of emotional intelligence
Porr *et al.* (2012)[15]	Canada	Investigate nurses' experience of therapeutic relationships with vulnerable clients	Qualitative design; Grounded theory	Public health nurses	Nurses were focused on the finding concerns on the hearts and minds of mothers The main concern was "Targeting Essence"
Cropley (2012)[28]	USA	Evaluate the impact of the implementation of the relationship-based care (RBC) model	Descriptive design, A retrospective secondary analysis	Compared preimplementation data with postimplementation data	The Model was correlated negatively with readmission rates and positively with length of stay.
Cahill *et al.* (2013)[30]	UK	Investigate client perception of the therapeutic impact of two therapeutic models	Descriptive design; Non-equivalent groups design	Sixty-one clients' Two model including cognitive behavioural therapy (CBT) and psychodynamic interpersonal therapy (PIT)	Clients in PIT model reported higher levels of "awareness". Clients with CBT reported higher levels of problem solution
García-Juárez Mdel *et al.* (2013)[21]	Spain	Investigate association between inpatient personalized nursing care model and the perception of trust in the nurse by the patient	Observational cross-sectional study; trust relationship was evaluated by the Nursing Care Personalized Index	Eight hundred seventy patient hospital wards	Trust is the core component for the development of a therapeutic relationship The probability of a nurse-patient trust relationship has considerably increased
Hawamdeh and Fakhry (2014)[22]	United Arab Emirates	Investigate the attributes of the therapeutic relationship from the viewpoint of nurses	Qualitative design; Interpretive phenomenology; unstructured recorded interviews	Seventeen psychiatric nurses	The themes were "provision of physical care", "conveying safety and security, protection, and companionship"
Pazargadi *et al.* (2015)[23]	Iran	Explain the experiences of nurses and the barriers to the nurse-patient relationship	Qualitative design content-analysis study; Semi-structured interviews	Fifteen mental health nurses in psychiatric wards	The core concept was "the therapeutic relationship in the shadow". Nurse-related, patient-related and organization-related were barriers to therapeutic relationship
Jones and Wright (2015)[31]	UK	Explain the perceptions of students of developing a therapeutic relationship with antisocial patients group.	Qualitative study; Two Focus groups	Mental health nursing students	Seeing the person is beyond the diagnosis has been emphasized. Themes were "diagnosis", "safety", "engagement", and "environmental influences"
Achury Saldaña *et al.* (2015)[26]	Colombia	Explain facilitating or interfering factors in the therapeutic relationship between patients and nurses.	Descriptive study; Survey; Questionnaire	One hundred twelve nurses, Intensive Care Units	Communication is important. The communication is limited by restrictive institutional policies
Haydon *et al.* (2015)[32]	Australia	Explore experiences of the use of humour in the therapeutic relationship	Qualitative design; narrative inquiry	Four nurses; regional hospital	Male used humour to establish a sense of equalising power. Female used as a reassuring discourse for others

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solution".[14,16] Although Ersser has questioned whether this process happens deliberately,[38] most studies have argued that this process occur with conscious and deliberate use of human traits or personality to help the patients.[33] In other words, therapeutic use of "self" involves the use of personality dimensions, life skills, and knowledge that a nurse could invest for establishing a relationship with the patient[39] to develop the basis for caring interventions as well as understanding her or his needs.[6] It has also been concluded that this type of interaction in nursing can vary from a natural tendency to a complex social skill.[40]

In detail, knowledge about the own patient, personal and interpersonal relations, evolutionary theory, cultural diversity, health and disease, the impact of health policies on patient care and health system has been defined essential as well as capabilities such as having awareness or knowledge about self, reciprocity, respect, honesty, empathy, and realization of the limitations of the nursing role. Contextual factors such as beliefs, values and attitudes, culture and religion, social status, gender, level of maturity or age and body language may play role in therapeutic relationshi.[3,23,24,41,42] Self-awareness is considered the most central prerequisite for nurses to engage in therapeutic relationship.[40] Self-awareness means that the nurses know how to respond to different situations, identify values, his attitude towards the people, and how they respond to their human needs.[39] Muetzel also said that the ability of a nurse to participate in a therapeutic relationship depends on the human, personal, and professional evolution.[9,33] It is obvious that therapeutic relationship guarantees humanity to be preserved during nursing care and patients' hospital stay because it respect for patients' dignity.

The therapeutic relationship of the nurse and patient has borders that separate them from the non-therapeutic relationship. Examples of therapeutic relationship includes the use of silence, acceptance, understanding, availability, permit the patient to speak, encourage the patient to talk and openness, time sharing, observing, encouraging conversation, comparing, re-expressing, reflecting, focusing, analyzing the issue, transparency, facing the reality, expressing doubts, expressing perceptions and feelings, achieving shared language, and evaluating the patient. In contrast, a non-therapeutic relationship, is faced with instances like false trusting, accepting or rejecting comments, withdrawal, agree or disagree, advice, curiosity, defending, holding up, scaring, showing disrespect, cliché and prejudiced ideas, denial, talking without reason, confronting, and discussing an irrelevant issue.[6]

Establishing relationship especially therapeutic relationship needs time. Enough time should be given to the relationship process between nurse and patient. Several reports and studies showed that the vast majority of nurses are too busy to talk to patients because they are over-worked. Westbrook *et al.* (2011) indicated that time in professional relationship is around 37% of nurses' time. It's worth mentioning that almost 25% of this figure belongs to direct care such as bathing, applying dressings and …, so it may be concluded that only a few hours may remain for therapeutic relationship.[43] Disproportion between the nurses' working time with the time needed for therapeutic relationship causes the therapeutic relationship not to be formed and so it causes that nurses do not priorize the visit to patients among their routine activities.[25,44] In this regard, studies have also shown that noncompliance with nurse-to-patient staffing ratios brings about adverse effects on the health condition of patients.[45] Researchers have also shown that short-time employment is an obstacle to therapeutic relationship that is accompanied by a decrease in nurses' satisfaction and separation in providing care.[46] Another issue that may affect therapeutic relationship is burnout. Burnout is not uncommon in nursing and it is an important reason for job quitting among nurses. Studies also showed burnout affects nurse-patient relationship adversely as seen by low patient satisfaction.[47]

Therapeutic relationship may face internal barriers apart from institutional or professional ones. In nurses' communications with patients, nurses have more power, because they cause the patient to be placed in a state of vulnerability with more capabilities and stronger interpersonal abilities.[17] Thus, it is very likely that the patient falls in a deep relationship with the nurse or *vice versa* that nurse needs to consider through self-awareness and familiarity with warning signs.[48] This complex relationship needs special emotional involvement; thus psychological rehabilitation programs are needed for nurses to prevent their exhaustion that can impose cost to the health systems.[3] In other hand, few relationship-based care models have been developed and confirmed.[28] It may implies that current health care systems impose situations that only welcome expeditious caring model. Salyer (1995) clearly showed nurses on units with more rapid turnover perceived a decline in nurse-patient relationship as well as family-nurse relationship.[49]

The therapeutic relationship is composed of significant knowing and meaningful connecting with patients, so it needs that nurses have essential knowledge and capabilities to form therapeutic self. However therapeutic relationship ensures humanity to be preserved during nursing care and patients' hospital stay, it faces with strong barriers such as nursing shortage. It's worth mentioning that the nursing shortage degenerates the essence of nursing and its effect is beyond lack of resources, so nurse must be aware of the threat related to nursing shortage. The therapeutic relationship also needs to be investigated further to be supported by evidence-based nursing in order to confirm the applicability of relationship-based caring theories.

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