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Therapeutic Nurse-Patient Relationship with Individuals Living with A Mental Illness



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ABSTRACT

Background: A therapeutic relationship between nurse and patient in any setting is crucial for facilitating quality, patient-centered care. For many individuals admitted to an inpatient psychiatric unit, communication and developing relationships can be especially challenging. **Purpose:** In this review, we discuss the concept of the therapeutic relationship between nurse and patient and explore qualities nurses can implement into their care to help build trusting relationships with individuals experiencing mental illness. **Method:** This paper includes case studies focused on three patients admitted to an inpatient psychiatric unit and their experiences with nurse-patient relationships, as well as a brief review of the literature about the nature of therapeutic relationships and ways to develop them with clients on a psychiatric unit. **Results:** We found that the therapeutic nurse-patient relationship is one of the most important aspects of mental health nursing, significantly improves client outcomes, and can be developed by implementing empathy, friendliness, trust, humor, genuineness, and a patient-centered attitude into the care of individuals on a psychiatric unit. **Conclusion:** Through exercising these qualities and taking the time to form alliances with clients, nurses play a major role in their patients' progress toward recovery and healing.

INTRODUCTION

Personal stories of patients from the National Alliance on Mental Illness indicate that building a therapeutic alliance with healthcare providers is not instantaneous [1]. The therapeutic relationship is considered the fundamental core of care in psychiatric and mental health nursing [2]. The nurse must utilize their communication skills, understanding of human behavior, and personal strengths to enhance the growth and outcomes of the patient [3]. This nurse-client bond exists only to meet the needs of the client; the needs of the nurse, on the other hand, are met when they see their client's situation progressing through the agreed-upon plan of care [4]. A respectful, collaborative, trusting nurse-patient partnership is one of the best predictors of positive patient outcomes [5].

The purpose of this review was to analyze the impact of the therapeutic relationship between nurses and clients with mental illness and explore ways of effectively developing those bonds. Three case studies are discussed. A brief review of the literature follows, exploring the nature and definition of therapeutic relationships within a mental health context as well as characteristics of the nurse that may enhance the development of a healthy nurse-patient relationship.

BACKGROUND

In 1952, Peplau introduced the concept of the nurse-patient relationship in her book *Interpersonal Relations in Nursing*, and it has since been widely accepted and utilized in all areas of nursing practice. According to Peplau, the relationship “facilitates forward movement” for both nurse and patient, progressing through a series of phases that together promote independent problem solving and decision making for the patient [6]. Trust, mutual respect, and empathy are essential aspects of the bond between nurse and patient in any healthcare setting or context. However, people with a psychiatric diagnosis may have an especially difficult time developing these relationships (due to paranoia, for example). As shown in Figure 1 the therapeutic nurse-patient relationship is the basis of all psychiatric treatment approaches [3]. Almost all disorders seen on inpatient psychiatric units (e.g., schizophrenia, major depression, bipolar disorder) include emotional disturbances that accompany their mental health symptoms. Low self-esteem, loneliness, or difficulty with treatment adherence is all areas that may be significantly improved

through a therapeutic nurse-patient relationship [3]. A respectful, collaborative, trusting partnership between nurse and patient is one of the best predictors of positive outcomes in therapy [5].

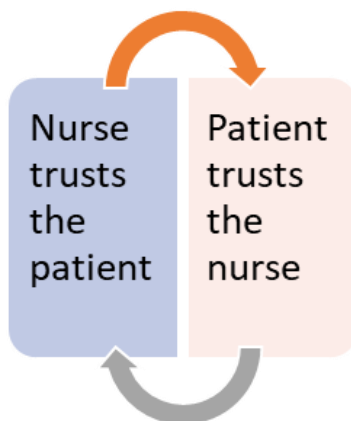


Figure No. 1: Trusting partnership between nurse and patient is one of the best predictors of positive outcomes in therapy

CASE STUDIES

Patient A

Patient A was a 14-year-old female who was admitted to an inpatient adolescent psychiatric unit and had remained on the unit for over one month. She was diagnosed with borderline personality disorder with unspecified psychosis. This patient had a significant history of familial dysfunction that contributed to her diagnosis; she had been temporarily awarded to the state due to a no-contact order with her mother as well as sexual allegations and a pending criminal case against her father. According to a court order, she could not call or speak with any of her family members. She was isolated from her entire support system; her mother, father, brothers, and grandma were off-limits for communication.

Patient A had recently been put on a 1:1 supervision protocol due to her manipulative tendencies and actions toward the other patients and staff members on the unit. During conversation, the patient stated that she did not want to leave the hospital and was doing “everything she could to stay” to avoid attending school. Shortly after being admitted, the patient’s behavior resulted in security guards being called to the unit. Once there was a security presence on the unit, the

situation quickly escalated and other patients, led by Patient A, joined in attacking the nursing staff. Later in the same week, Patient A blatantly asked nursing staff what actions she could do, such as “flipping a table,” to bring security back onto the floor, stating that she “wanted to see the hot security guard again.”

These instances of lying, manipulation, provocation of aggression toward staff, and sexually inappropriate comments are just a few examples of the out-of-control behaviors of this young lady and the uncooperative nature of her diagnosis displayed over several weeks on the unit. However, in recent notes made by staff members on the unit, it was observed that Patient A had one specific nurse that she felt close to and had developed a bond with. She had not been open, vulnerable, or even cooperative with any staff members or nursing students, and had notably “short and cold” responses, but with this particular nurse, Patient A frequently had full conversations, constructively expressed her feelings, spoke about her stressors, and identified coping mechanisms for when her emotions became overwhelming. Others began to notice that when this particular nurse was working, Patient A’s manipulative behaviors toward others were reduced. She displayed a noticeably improved attitude and outlook. When the patient care assistant (PCA) or other staff on the floor would try to interact with the patient, her mood would immediately shift, and she would once again become closed off. The PCA later stated, “ [Patient A’s] behavior is always better when [nurse] is assigned to her. It’s clear that she feels closer to [nurse] than anyone else.”

The therapeutic relationship with this nurse ended up being one of the most crucial aspects of Patient A’s care and discharge from the psychiatric unit. She played a major role in the improvement of the patient’s behaviors and overall wellbeing because she fulfilled the patient’s need for a trusted, safe individual to confide in. Isolation from her support system paired with the symptoms of her diagnosis made it extremely difficult for Patient A to develop a trusting relationship with the nurses and other staff members providing her care. By using empathy, listening actively, and remaining calm during escalating situations, one nurse was able to “get through” to Patient A and help her develop a plan to manage her feelings appropriately and adopt an attitude of recovery and treatment adherence. In this instance, the therapeutic relationship between the nurse and Patient A *directly* correlated to the improvement in the patient’s physical and emotional health, demonstrating the importance of therapeutic relationships between nurse

and patient(particularly with those individuals like Patient A who are experiencing feelings of isolation and difficulty trusting others).

Patient B

Patient B was a 41-year-old white female admitted to the hospital with a diagnosis of paranoid schizophrenia. Only having been there for 3 days, she did not have much time to familiarize herself with the other patients or staff. Patient B had a history of accusing staff of raping and sexually abusing her. When I was first introduced to Patient B, she held the genuine belief that her best interests were being compromised. She was afraid to come out of her room and began shouting that she “needed the nurse.” We assured the patient that she was safe and notified her that the breakfast tray had arrived. After informing the nurse of the patient’s concerns, the nurse went to Patient B’s room and calmly deescalated the situation. The nurse used soft eye contact, soothing voice tones, and a non-threatening presence to build initial trust with this patient. This therapeutic communication made the patient feel comfortable enough to leave her room and join a few other patients that were gathered for an activity in the community room.

While Patient B was eating breakfast, she made it very clear that she was not eating the cereal because it had been “poisoned.” The nurse gave her some sealed food alternatives and they decided on an option together. The nurse did not express feelings of impatience or frustration; she did not indicate that she was late to give out medications or was stressed in any way. She calmly showed Patient B her medications and emphasized that nothing had been compromised or poisoned. The nurse also opened the food alternative in front of the patient to ensure the food had no complications. Patient B seemed to be at ease and was not in any apparent distress.

Outcomes of this scenario could have been greatly varied and less than optimal if the nurse chose to act differently towards the patient. Although they had not spent a lot of time developing a deep, trusting relationship, the nurse knew that portraying competence and calmness was an effective way to ensure the client’s needs were met without the situation escalating. Being able to maintain a calm, consistent demeanor and ensure the safety of the patient is one example of using a therapeutic relationship to provide effective nursing care to patients on a psychiatric unit.

Patient C

Patient C was a 27-year-old white male diagnosed with both schizoaffective disorder and severe attention deficit disorder (ADD) with unspecified psychosis. He had been admitted involuntarily to the hospital for erratic, manic-like behaviors that made him a danger to himself and others. He had a history of substance use including methamphetamine and cocaine, and he was convinced that he was put on the psychiatric unit to “save everyone there.” Patient C’s grandiose delusions, impaired reality testing processes, and inability to stay focused without breaks of tangentiality made it especially difficult to maintain a coherent conversation with him, let alone develop a therapeutic relationship. Although he was extremely sociable and approached staff members frequently, his speech was extremely pressured and often incoherent.

During my time spent on the unit observing and interviewing Patient C, I noticed that nurses and other members of the staff seemed to avoid being approached by him. When he did try to speak with them, they avoided eye contact and gave short answers or head nods. It was difficult to “escape” a conversation with Patient C once he began, and the content of his thoughts was almost always disorganized. He often claimed he needed to “spread the light” or “make everyone smile” on the unit. Aside from passing medications, measuring vital signs, and other brief exchanges, it did not seem that any nurses interacted with Patient C in-depth and avoided being “stuck” talking to him, despite his persistent attempts at connecting with them.

During a scheduled group activity called “Creative Expression,” I observed Patient C sitting with the RN on staff who was acting as an activity leader. Instead of just sitting and talking, this nurse encouraged Patient C to color a picture that depicted or represented his current emotional state and thought processes. This gave him a new way to express himself when speaking had proven difficult; it also showed him that there was someone who cared enough to try alternative ways of communicating with him and understanding his feelings. In this way, the therapeutic relationship between nurse and patient allowed Patient C to feel heard and understood and express his feelings without the need for long, in-depth conversations. This case study is especially helpful in understanding the wide variety of ways in which a therapeutic relationship can be developed and utilized, and the many approaches and interventions nurses can use to connect with their patients to achieve the best outcomes possible.

LITERATURE REVIEW

A review of the existing literature related to therapeutic nurse-patient relationships, specifically in the instance of mentally ill clients, widely affirms our conclusion about the importance and significant impact of the relationship between a nurse and patient. We searched The Cumulative Index to Nursing and Allied Health Literature (CINAHL) and other professional and academic literature databases made available to us through Western Michigan University to conduct this literature review.

Traits of the Nurse

Several character traits are prevalent and occur frequently in the research about developing therapeutic relationships. For example, one study shows that there is a major association between empathy and the building of therapeutic relationships between nurses and patients in mental health units [7]. Researchers found that when nurses were able to adapt their patients' perspectives and experience concerns, they established a greater therapeutic alliance [7].

Friendliness is another trait that can assist a nurse in the development of a therapeutic relationship. Friendliness includes nurses' smiling, joking, a warm tone of voice, and interest in clients [8]. When nurses are friendly to their patients, feelings of unease, uncertainty, and alienation are replaced by feelings of comfort, belonging, and involvement [8]. However simple it may seem; the therapeutic outcomes of empathy and friendliness are significant and should be implemented by mental health nurses desiring to develop or strengthen therapeutic relationships with their patients. Nurses can improve their degree of empathy and factors such as agreement on objectives and tasks with the **patient** [9].

Trust, humor, genuineness, openness, and a non-judgmental attitude are all helpful attributes that were identified for developing a therapeutic relationship with patients [2]. While pointing out these characteristics, Scanlon [2] also notes that the development of the therapeutic relationship is dependent upon the nature of the patients' illness or disorder. The diagnosis and symptoms of the individual on an inpatient psychiatric unit will affect the way each patient develops relationships with the nursing staff.

Therapeutic Relationship Components

Other areas of research sought to define what exactly a therapeutic relationship consists of. One study done in the United Arab Emirates set out to explore the attributes of the therapeutic relationship from the perspective of psychiatric nurses (see Figure 2). Nurses perceived the therapeutic relationship as having four main themes: physical care, conveying safety and security, protection, and companionship [4]. They argue that nurses in psychiatric clinical services can internalize these themes to meet the clients' needs, which is likely to improve client outcomes [4]. Their study revealed that nurses emphasize the importance of the therapeutic relationship.

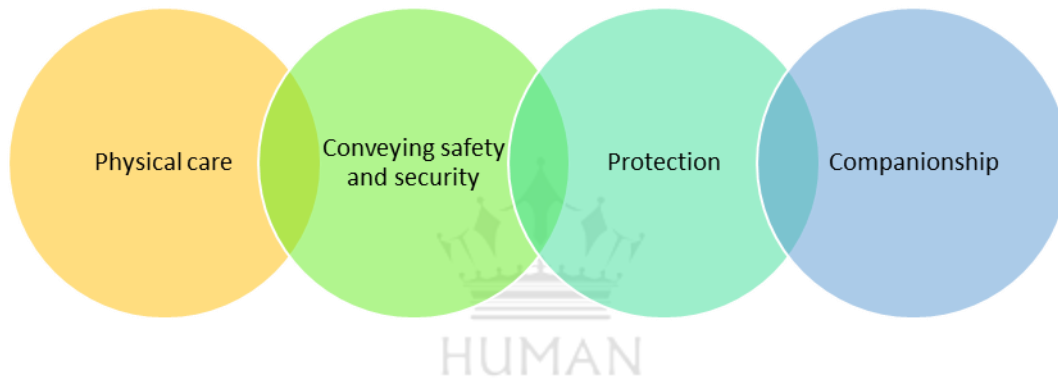


Figure No. 2: Attributes of the therapeutic relationship from the perspective of psychiatric nurses

In a literature review, Moreno *et al.* [10] conclude that both nurses and patients feel that the therapeutic relationship consists of interpersonal interaction between the two, with one 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 using a variety of interventions [10]. Patients describe the ideal nurse for developing a therapeutic relationship as one who is respectful, empathetic, honest, friendly, and available (see Figure 3).

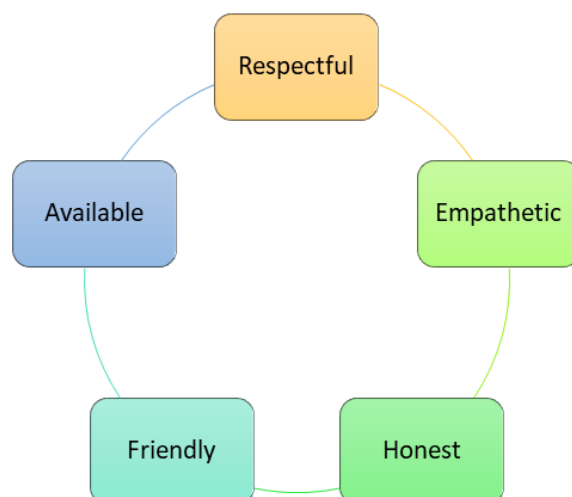


Figure No. 3: Characteristics of the ideal nurse for developing a therapeutic relationship from patients' point of view

Evidence-Based Practice

One study aimed to examine the relationship between the dimensions of evidence-based practice among mental health nurses and the therapeutic relationship they establish with their patients. Casanova *et al.* [11] noted, it is worth highlighting that a greater evidence-based practice improves the therapeutic relationship established by nurses in mental health units. This reinforces the statement that the therapeutic relationship is not only based on an experiential construction of a relationship between nurse and patient, but it also improves when the nurse shows competence for evidence-based practice [12]. Theoretical knowledge alone is not sufficient to establish the therapeutic relationship in practice, and evidence-based practices and strategies are needed to adequately establish the therapeutic relationship in psychiatric units [13]. It is possible to improve their daily care activity by implementing evidence-based practices.

Trusting Relationship in Schizophrenia

It is without question that the therapeutic relationship between a nurse and patient is important to develop, but it may be particularly challenging for clients with severe psychiatric diagnoses, such as schizophrenia. A recent survey study was conducted to investigate the therapeutic relationship between nurses and patients with schizophrenia. Participants were asked to describe what the nurse-patient relationship meant to them, and trust, communication, empathy, as well as

collaboration were the most common themes that were noted [14]. The participating nurses were also asked how they promote therapeutic relationships. Patient-focused care, goals and achievement, self-awareness, trust, therapeutic communication, respect, safety, and reduction of stigma were all themes included in the responses [14]. To better prepare and develop therapeutic relationships with the schizophrenia population, professional organizations could assist in education or training and continuing education.

Hewitt and Coffey [15] conducted an extensive literature review focusing on therapeutic relationships with people living with schizophrenia. They conclude that patient outcomes are improved when they experience a therapeutic relationship with the nurse and that this approach makes a considerable contribution to recovery, especially when combined with treatments such as cognitive-behavioral therapy. The blend of relationships and processes may be the most effective treatment for people with schizophrenia [15]. A therapeutic relationship requires that the nurses should be looking beyond the diagnosis and see the person [16].

Barriers to Therapeutic Relationship

Despite the positive outcomes of therapeutic relationships between nurse and patient, they are not always easy to develop. One study surveyed the barriers to the establishment of the nurse-patient therapeutic relationship in psychiatric wards. The barriers identified in this study were classified into three groups: nurses-related, patient-related, and organization-related (see Figure 4). Negative personal characteristics, work exhaustion, inadequate skills, pattern-taking, and negative attitude of nurses toward the relationship were nurse-related barriers identified in the study [17]. Patient-related barriers included lack of knowledge and failure to communicate with others, while manpower shortage, a large number of patients, and work overload on the unit were organization-related barriers noted in this study [17].



Figure No. 4: Barriers to the therapeutic relationship

Sometimes, an obstacle to developing rapport and trust is discomfort or even fear on the nurse's part. The negative feelings of nurses, such as the fear of physical assault experienced when managing distressed patients, are limitations to communication and therefore building relationships [18]. Limitations also exist from the patients' point of view. To patients, the main factor restricting the establishment of the therapeutic relationship in clinical practice is often time. The lack of time for interactions with their nurses is perceived by patients as remoteness and lack of accessibility [19].

Summary of the Literature

A review of the literature reveals that the therapeutic relationship between nurse and patient is the cornerstone of psychiatric and mental health care. As illustrated in Figure 5, this relationship is enhanced when the nurse displays empathy, friendliness, genuineness, trustworthiness, and humor, among other characteristics. These attributes facilitate interactions with clients on inpatient psychiatric units and help to build rapport and develop a therapeutic relationship. The relationship offers safety, security, and companionship to the patient, and is improved when the nurse implements it alongside evidence-based practices and skills competency. Despite barriers on the end of both the nurse and the patient, the literature overwhelmingly supports the practice of therapeutic relationships and the positive ways they can impact patient outcomes and promote healing.

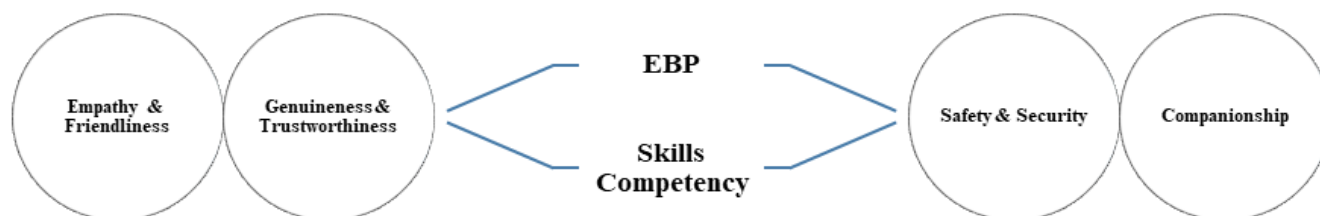


Figure No. 5: Some attributes that enhance interactions in therapeutic relationships

DISCUSSION

The information found in the literature review greatly supports what we witnessed and experienced on the inpatient psychiatric observed in our case studies. We found that for Patients A, B, and C, the establishment of a therapeutic relationship with a nurse was imperative to their

care and helped them to reach their identified goals, despite symptoms of a psychiatric diagnosis and other barriers present.

Patient A, an adolescent who lacked a safe support person, was able to address her manipulative and acting-out behaviors by developing a therapeutic relationship with a nurse who took the time to connect with her and work through her emotions constructively. Patient B, a woman suffering disturbing symptoms of schizophrenia, was comforted by a nurse who used her therapeutic communications skills to remain calm and competent. While a task as simple as eating a breakfast tray can prove difficult to the client with schizophrenia experiencing horrifying delusions and hallucinations, the therapeutic relationship between nurse and client allowed for de-escalation of the situation and safety of the patient. Patient C, a young man seeking connection but unable to hold a coherent conversation due to his mental illness, found a unique solution when his therapeutic relationship with a nurse allowed him to express his racing thoughts creatively, through means other than verbal communication.

In all three case studies and the existing literature, the therapeutic relationship between the nurse and the patient is a positive piece of the “puzzle” that is inpatient psychiatric care. This implies that nurses, particularly those working on psychiatric units, should strive and work to develop healthy therapeutic relationships with their clients [4]. The findings of these studies may help to gain awareness among nurses of the importance of empathy [7] and other attributes of the nurse that are conducive to building relationships with clients.

CONCLUSION

It is necessary that all nurses, especially mental health or psychiatric nurses, have an understanding of the therapeutic relationships that can be developed with their patients and the characteristics they can display to help build those bonds. By establishing a relationship that is patient-focused, we allow patients to work through their emotions, identify stressors, and develop coping strategies and social skills. We provide them with an empathetic, genuine support person they can confide in. We give them tools and resources to work through symptoms of their illness and barriers to their healing, allowing them to reach outcomes and achieve their goals.

By displaying empathy, friendliness, genuineness, humor, trustworthiness, and a non-judgmental attitude, we can show our patients that our focus truly is on their healing. By practicing these qualities and taking the time to form alliances with our clients, nurses play a major role in their patients' progress toward recovery and healing. In psychiatric settings, the therapeutic nurse-patient relationship is certainly augmented by evidenced-based practice and the nurse's level of experience, with a great influence on mutual decision-making.

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