





# The structure and contents of the helping relationship as a nursing psychotherapeutic intervention: A modified e-Delphi study

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## Abstract

**Purpose:** The aim of this study is to evaluate the content validity of the helping relationship as a nursing psychotherapeutic intervention.

**Design and Methods:** The present research work is a modified e-Delphi study. A total of 205 experts were identified between January and May 2018, and a questionnaire was sent to all of them in different rounds.

**Findings:** The nurse must have specific knowledge (self-knowledge and knowledge about the person) and attitudes (empathy and respect) to be able to carry out the intervention. The helping relationship can address different nursing diagnoses, such as anxiety or depressed mood, and it can be developed in a set of sessions with specific objectives and contents.

**Practice Implications:** The systematization of the helping relationship creates the conditions for its implementation in clinical practice enabling an evidence-based practice that results in the improvement of care.

## KEYWORDS

mental health, nursing, psychiatric nursing, psychotherapy

## 1 | INTRODUCTION

The concept of relationship assumes different meanings in nursing. The use of this term in the literature tends to be ambiguous. For this reason and in the first instance, the concept of relationship needs clarification in terms of therapeutic relationship and as a nursing intervention in the form of helping relationship (HR). Thus, there must be a previous therapeutic relationship to implement an HR because the first will always be the basis of any nursing intervention.<sup>1</sup> The therapeutic relationship is an interaction between the nurse and the person, aiming to ensure the well-being of the second and implying a specific context that is limited in time.<sup>2</sup>

This study aims to examine the HR as a psychotherapeutic intervention, in light of the psychotherapeutic intervention model in

nursing developed by Sampaio et al<sup>3</sup> and on the understanding that the concept of psychotherapeutic intervention refers to the informed and intentional application of techniques originating in psychotherapy that aim to assist the person in the adaptation of his/her behaviors, cognitions, emotions, and/or other personal characteristics.<sup>4</sup> Some examples of this type of intervention, in the specific context of nursing, are cognitive restructuring, counseling, and assertiveness training, as described in the Nursing Interventions Classification.<sup>5</sup>

In Portugal, the regulation no. 515/2018 mentions that mental health nurses are competent to provide psychotherapeutic, socio-therapeutic, psychosocial, and psychoeducational care. According to Marks,<sup>6</sup> psychotherapeutic interventions performed by nurses achieve equally positive results in the treatment of the person with mental illness when compared with the traditional interventions of

other professionals. Although the psychotherapeutic intervention is assumed as essential in the treatment of the person with mental illness, its implementation is still scarce. The reason for this lies in the low number of nursing psychotherapeutic interventions performed that are duly systematized and evaluated for their efficacy and/or effectiveness.<sup>7</sup>

In countries like the United Kingdom, nurses attend special training programs in the field of psychotherapeutic intervention and, as such, acquire a degree of specialization that allows them to perform this type of interventions in specific contexts. The literature indicates that these same professionals, who receive the aforementioned training, contribute considerably to the improvement of care delivery, with positive results in the well-being of the person with mental illness.<sup>8,9</sup>

The HR is defined as a relationship in which at least one of the parties seeks to promote the growth, development, maturity, better functioning, and greater capacity to cope with life in the other party.<sup>10</sup> The main objective of this intervention is to emphasize, improve, and empower the person using a nondirective, person-centered approach so that the individual is able to manage a need/problem in a healthy way based on personal resources.<sup>11</sup> As the HR is a means of autonomous intervention of the nurses, and considering that it implies a formal aspect, which is implemented through a set of sessions, requiring planning, structure, and well-defined goals,<sup>12</sup> it is important that its content is systematized according to a psychotherapeutic intervention model in nursing. The psychotherapeutic intervention model in nursing developed by Sampaio et al<sup>3</sup> represents the basis for the development of the nursing psychotherapeutic intervention as an autonomous intervention stemming from the body of knowledge of the nursing field. Thus, this model seems to be a potential basis for the systematization of the HR as a nursing psychotherapeutic intervention.

In a scoping review carried out before the present study, a number of gaps were identified in the systematization of the HR as a nursing psychotherapeutic intervention, regarding the definition of nursing diagnoses that may lead to the prescription of HR and in the definition of how HR should be planned and performed.

Taking into consideration that mental health nurses have the skills to implement psychotherapeutic interventions, we can affirm that the development and implementation of such interventions based on evidence can provide orientation and improvement of care delivery.<sup>3</sup> As such, HR can become a useful nursing intervention for these professionals in the clinical context.

In view of the above discussion, this study aims to evaluate the content validity of HR as a nursing psychotherapeutic intervention.

## 2 | METHODS

### 2.1 | Design

The present research work is a modified e-Delphi study. The choice of a modified instead of a classic Delphi study was based on the

following factors: convenience for researchers and participants, time and cost savings, and ease of data management.<sup>13</sup>

In a classic Delphi study, the first round presents a set of open questions. This was not the case of this study as a scoping review of the literature on the topic was carried out before the study, which provided a well-founded theoretical framework. As a result, there were no grounds to support the need of asking open questions in the first round. Thus, a structured questionnaire was used as the first round,<sup>14</sup> inasmuch as according to Kerlinger,<sup>15</sup> the use of a modified e-Delphi study is adequate if basic information already exists on the subject under study.

### 2.2 | Participants

As for the sample size, there are no defined guidelines for this type of study.<sup>16</sup> There are Delphi studies with a small sample (hundreds) and others with large (thousands) number of participants. What is at the base of this type of study is the consensus that is achieved.<sup>17</sup> Still, Moore<sup>18</sup> advocates the importance of heterogeneity of the sample to guarantee that all opinion patterns are covered. Consequently, in this study, we defined that each round would have at least 30 participants whose expertise would cover as many contexts as possible. Therefore, all the experts had to be mental health nurses, but they could develop their professional activity in different contexts, such as clinical practice, teaching, or management. The sampling technique used was the nonprobability method of purposive sampling. For this study, a maximum of three rounds was defined a priori, as it is difficult to maintain a significant response rate at the end of several rounds.<sup>14</sup> According to Atkinson and Gold,<sup>19</sup> the recommended minimum response rate for such a study for each round is 40% to 50%. We tried to meet this premise achieving similar response rates in each round. For the selection of experts, the following inclusion criteria were defined: be a mental health nurse and have a minimum of 2 years of professional experience.

### 2.3 | Data collection

The experts were contacted by e-mail, through Portuguese and Spanish education organizations, and by consulting the databases of a Portuguese scientific society in the field of mental health nursing. A total of 205 experts were identified between January and May 2018, and the questionnaire was sent to all of them in the different rounds.

The participants received an e-mail with a link to the questionnaire titled *Intervenção Psicoterapêutica de Enfermagem-Relação de Ajuda* (Nursing Psychotherapeutic Intervention-Helping Relationship), the first question of which aimed at obtaining informed consent of acceptance to participate in the study (previous explanation of the study was provided). The remaining questions focused on the socio-demographic characterization of the participants. Finally, questions were presented regarding a proposal for a structure and contents of the HR, including the objectives of the intervention, data, and

diagnoses for its prescription and a proposal of how to systematize it, which included the planning of the sessions and the activities to carry out in each session. Standardized language described in the International Classification for Nursing Practice (ICNP)<sup>20</sup> was used to nominate potential nursing diagnoses that could be addressed through this intervention. Some of the questions in the questionnaire were dichotomous (yes/no questions), whereas others used a five-item Likert scale, going from “Strongly disagree” (1) to “Strongly agree” (5) and including a space in blank (at the end of the questionnaire) that could be used for suggestions. Before sending the e-mail, the questionnaire was submitted to a pretest that was analyzed by six independent researchers with similar backgrounds to those of the experts that were going to receive the final questionnaire. The questionnaire was pretested to learn how much time would it take to answer it and if the language used was clear and comprehensible. For each round, a maximum period of 4 weeks was given to complete the questionnaire.

In the inter-round periods, the participants were presented with the results of the previous round, received explanation of the reasons for each question to continue to the next round, and were given the opportunity to make suggestions and/or propose changes.

In the first round, the questionnaire consisted of 21 questions, but in the second round, the questionnaire was composed of only 5 questions.

## 2.4 | Data analysis

We established a level of consensus of 75% for this study. In the literature, there is no clear indication of what the level of consensus should be, but 75% of answers indicating agreement seems to be the minimum recommended value,<sup>16</sup> whereas 100% is considered to be the perfect consensus.<sup>21</sup> For purposes of analysis, the five-point Likert scale was organized as follows: 1 to 2, disagree; 3, neutral; and 4 to 5, agree.<sup>22</sup> In consequence, we considered that there was agreement among the experts whenever at least 75% of the answers were within the answer hypotheses 4 and 5 (inclusive). As for the dichotomous variables, a “yes” answer corresponded to agreement and were analyzed in the same perspective of the questions with the Likert scale.

According to Scarparo et al,<sup>21</sup> when consensus is not reached, the questions must be submitted to another round. If the results of that round remain the same, it must be considered that consensus was not reached and the item must be excluded. Once consensus was reached for an item, it was withdrawn from the following rounds and integrated into the HR intervention that was being developed.

All answers were coded for statistical analysis. We used descriptive statistics and data analysis was performed with IBM SPSS version 25.

## 2.5 | Ethical considerations

Approval for this study was obtained from the scientific committee (that assumes the ethical evaluation of research projects) of the Portuguese Society of Mental Health Nursing (041592017), in

accordance with the principles of the Declaration of Helsinki and subsequent revisions.<sup>23</sup> At the beginning of the questionnaire, the main investigator explained the broad objectives of the study and all the participants accepted to participate in the study.

## 3 | RESULTS

In view of the total number of experts, 104 participated in the first round and 86 took part in the second round. As a result, the participation rate was 51% and 42%, respectively.

### 3.1 | Sociodemographic characterization

With regard to the sociodemographic characteristics, the participants were mainly female, with a mean age of 42.31 years (standard deviation [SD]: 8.65) in the first round and 41.97 (SD: 8.16) in the second round; most were married and had more than 10 years of professional experience. Table 1 presents the systematized sociodemographic characterization of participants in each round.

**TABLE 1** Participants' sociodemographic characterization

	n (%)	
	Round 1	Round 2
<b>Sex</b>		
Female	74 (71.20)	67 (78.00)
Male	30 (28.80)	19 (22.00)
<b>Marital status</b>		
Married	57 (54.80)	49 (57.00)
Single	25 (24.00)	22 (26.00)
Widowed	0 (0.00)	0 (0.00)
De facto partner	11 (10.60)	7 (8.00)
Divorced	11 (10.60)	8 (9.00)
<b>Education</b>		
Postgraduate degree in mental health	37 (35.58)	28 (32.56)
Master degree	43 (41.35)	37 (43.02)
Doctorate degree	24 (23.07)	21 (24.42)
<b>Professional experience</b>		
2-5 y	7 (6.73)	4 (4.65)
6-10 y	10 (9.62)	9 (10.47)
More than 10 y	87 (83.65)	73 (84.89)
<b>Working areas</b>		
Primary health care	27 (25.96)	22 (25.58)
Differentiated health care	58 (55.77)	50 (58.14)
Higher education	15 (14.42)	12 (13.95)
Management	4 (3.85)	2 (2.33)
<b>Geographical area</b>		
Portugal	85 (81.73)	71 (82.56)
Spain	19 (18.27)	15 (17.44)

### 3.2 | The HR assumptions

The first questions were conceived to identify what are the assumptions of the HR as an autonomous nursing psychotherapeutic intervention.

All of the questions obtained a consensus higher than 92%: this type of intervention requires specific knowledge on the part of the mental health nurse (self-knowledge, knowledge about the patient, and knowledge about the process—for example, therapeutic communication and problem-solving techniques—knowledge about the setting and knowledge about other psychotherapeutic interventions). With regard to the setting, the group considers that it should be specific (hospitalization/inpatient care, ambulatory/outpatient care, and day hospital) (consensus: 75%).

### 3.3 | The nurse's competence and attitudes

The nurse must have a set of skills and attitudes to perform the HR. These were the skills that had perfect consensus: empathy, understanding, ability of not judging the person, honesty, and capacity for listening. However, in this study, the following skills were also considered: respect, communication skills (99%), empathic understanding, accepting the person as he/she is, reliability (98%), responsive answer, coherence (97%), authenticity (96%), humbleness, hope (91%), positive regard, acceptance (90%), and confrontation (76%).

### 3.4 | Objectives of the HR

Regarding the objectives for the prescription of the HR, the study indicates, with perfect consensus, that the HR enables the patient to solve a problem. Table 2 shows the remaining objectives that obtained the agreement of the group of experts.

Further to the systematization of the intervention (HR), there should be a set of mandatory data that justify its prescription: the existence of a need/a relational and/or emotional problem (consensus: 91%), the patient must be interested and committed to his/her personal development (consensus: 78%), and the patient must believe that the person he/she is resorting to can really help him/her (consensus: 85%).

**TABLE 2** Objectives of the helping relationship

Objective	Consensus (%)
Ensure that the patients feel heard, accepted and understood, so that they are able to accept themselves as they are	99
Ensure that the patient exposes and explores his/her personal resources to meet his/her needs	98
Facilitate the patient's adaptation to a situation that would be difficult to adapt without help	97
Allow the patient to find meaning for his/her difficulty	96
Facilitate the patient's acceptance of his/her problem with greater equanimity	96
Show the patient his/her need so that he/she can realize how active an actor he/she is of his/her own situation	96
Help the patient see his/her problem more clearly and realistically to change his/her perspective on the subject	94

### 3.5 | Therapeutic indications: Nursing diagnoses

Based on nursing knowledge, the persons' needs and/or problems must be translated into standardized language. Thus, following the 2017 version of the ICNP,<sup>20</sup> we presented a list of attention foci that could lead to nursing diagnoses in potential need of an HR prescription. The foci of attention presented in the questionnaire stem from the following parent foci: volition, coping, and the person's belief about himself. However, most of these derive from the emotion focus. This is the basis for the prescription of the HR according to the scoping review previously carried out. Table 3 presents the nursing foci and the corresponding degree of reached consensus.

### 3.6 | Requirements

According to the group of experts, for the prescription of the HR as a nursing psychotherapeutic intervention, three mandatory requirements must be fulfilled (Table 4).

### 3.7 | Structure and contents to be included in each session

In the table below, we present all the procedures associated with each of the sessions for which consensus was reached by the group of experts. Table 5 identifies the procedures of the initial session (session 0).

Table 6 presents the procedures for the first session.

The number of HR intermediate sessions can vary. Thus, Table 7 highlights the generic procedures for these sessions.

All the procedures for the final session obtained perfect consensus. Consequently, the following steps must be implemented: ask the patient to summarize what his/her personal path has been and request him/her an evaluation of the HR that is coming to an end; guarantee the patient's transition from his/her current to his/her future situation; review the process of change with the patient; and recommend follow-up.

**TABLE 3** Nursing foci of attention that may lead to diagnoses in potential need of the helping relationship prescription

Focus	Round 1 Consensus (%)	Round 2 Consensus (%)
Self-esteem	98	...
Mourning/grief	97	...
Anxiety	97	...
Distress	96	...
Self image	96	...
Suffering	95	...
Crisis	94	...
Hope	62	76
Coping	92	...
Depressed mood	92	...
Burnout	91	...
Self-control	91	...
Acceptance	89	...
Loneliness	85	...
Emotion	72	76

### 3.8 | Follow-up

The follow-up session must take place 2 to 5 weeks after the final session of the intervention has taken place (consensus: 76%). During that session, an evaluation of the patient must be carried out (consensus: 97%); any doubts must be cleared up (consensus; 98%); the strategies that were adopted and which allowed the resolution of the identified problem must be reviewed (perfect consensus: 100%) and, if necessary, another appointment must be scheduled (perfect consensus: 100%).

The following figure presents the standard framework for planning of the HR (Figure 1):

## 4 | DISCUSSION

In the present study, the experience of the involved experts can be confirmed by both the training degree (essentially master degrees)

and the number of years of professional experience (over 10 years). In contrast, the heterogeneity of the sample guaranteed by its composition—nurses working in the context of clinical practice and others who are linked to nursing education.<sup>24</sup> There is, therefore, a more practical view on the part of those who work in clinical contexts, and a more academic/theoretical perspective associated with those working in higher education.<sup>3</sup> Regarding the HR assumptions that were approached in this study, it can be said that these are in agreement with what is described in the literature, on what is a nursing psychotherapeutic intervention. To be considered as such, a nursing psychotherapeutic intervention needs to be a structured, systematic, progressive, and sequential intervention performed by a mental health nurse; originate in the identification of a nursing diagnosis; and always presuppose an active role on the part of the patient. The psychotherapeutic intervention is a type of intervention with a defined number of sessions and based on the therapeutic relationship and interpersonal communication between the nurse and the patient. Finally, the psychotherapeutic intervention always involves an objective that essentially implies change or reduction of a state perceived by the user as negative.<sup>25</sup>

In the present study, characteristics such as empathy, understanding, nonjudgment, honesty, and listening skills obtained perfect consensus. Actually, some of these concepts are related to the person-centered therapy, developed by Rogers<sup>26</sup> (the humanistic therapy approach of which the HR is also part), which defends that everyone has sufficient conditions to naturally develop in a healthier way and achieve well-being. In this type of approach, the role of the therapist, which in this case is the mental health nurse, facilitates this process. For this to happen, the therapist must have certain characteristics. Empathy, acceptance of the person and authenticity are described as key.<sup>27</sup> Besides that, Rogers<sup>28,29</sup> emphasizes that the therapist must be genuine, accept the patient unconditionally, and assume a honest commitment with the person of really listening and understanding. The therapist must also be able to create an environment of freedom and trust, and give space to the person so that he/she can reflect on his/her thoughts, feelings, and behaviors.<sup>30</sup>

With regard to the HR purpose, enabling the person to solve a problem was the objective for which the expert group had a perfect consensus. Chalifour<sup>31</sup> describes the HR as a special interaction between the nurse and the person, in which both develop a process aiming to satisfy the patient's need. Such process requires the nurse to resort to therapeutic communication. The evident objective of the

**TABLE 4** Mandatory requirements for the prescription of the helping relationship

Requirements	Round 1 Consensus (%)	Round 2 Consensus (%)
The patient must necessarily have an active participation, accept to be careful, and understand that it is his/her responsibility to solve the problem	89	...
The target of this intervention can only be one person	53	78
The patient must have the necessary resources to attend his/her needs	62	81

Procedure-session 0	Consensus (%)
Establish contact/connection with the patient	100
Collect general information about the query object and about the motivation and characteristics of the patient	96
Clarify the expectations from both parties regarding the detected difficulty	92
Establish a diagnosis about the patient's difficulty, taking into consideration his/her request for help	90
Negotiate the therapeutic contract with the patient	89
Propose an intervention strategy adapted to the patient and to his/her difficulty, clarifying the responsibilities and tasks of each party	85

**TABLE 5** Consensus reached for the initial session procedures

**TABLE 6** Consensus reached for the procedure of the first session

Procedure-session 1	Consensus (%)
Enable the creation of a climate of trust	100
Accompany the patient in expressing his/her need for help	98
Give guidance on the importance of the patient's active participation in the process of change	98
Define objectives and assess the patient's expectations	97
Clarify the parties' roles	91
Explain what is the HR, how long it lasts, and the number of expected sessions	90
Clarify and better characterize nursing diagnoses	86

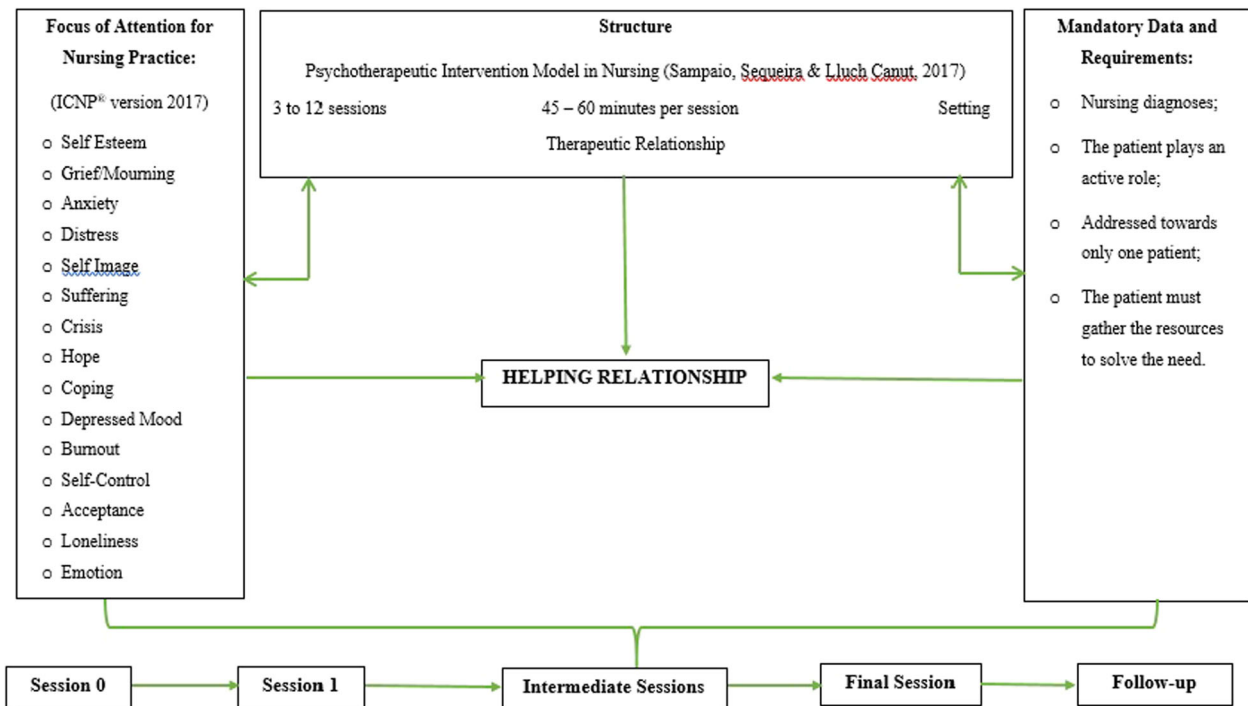
HR is defined by Bermejo and Carabias<sup>32</sup> as follows: a form of intervention where the professional enhances the person's resources so as to leave a problematic situation, enabling and making him/her to develop as a person, which is completely in correspondence with the results of this study.

As mentioned previously, the HR is assumed to be a nursing intervention that responds to a particular need of the person, essentially in the emotional domain. For this reason, and considering a perspective of systematization of nursing knowledge, to be considered as an intervention, the HR must necessarily respond to a nursing diagnosis.<sup>33</sup> Among the foci for which consensus was reached in terms of potential to lead to nursing diagnoses that may be addressed through the HR, it is possible to find in the literature arguments that support the options taken by the group of experts. Accordingly, and firstly, Enez<sup>34</sup> conducted a systematic review to

Procedure-intermediate sessions	Consensus (%)
Guide the patient in the search for suitable problem-solving strategies	100
Analyze the means used by the customer to solve the problem	100
Promote the development of alternative strategies	100
Discuss with the patient the advantages and disadvantages of the outlined strategies	100
Allow the patient to verbalize his/her fears, concerns, indecisions, and needs	100
Help the patient examine the resources available to him/her to achieve the proposed goals	100
Carry out the training of the outlined strategies	100
Practice active listening	100
Practice emotional support	100
Assist the patient in the prioritization of all possible alternatives to a problem	100
Assess problem-solving difficulties and their causes	100
Prepare the patient for the end of the intervention	100
Promote customer self-acceptance by analyzing his/her progress	99
Practice assertiveness	99
Choose a significant person from the patient's family/friends circle who can help you implement the new strategies	98
Encourage learning and expression of new behaviors	96

**TABLE 7** Consensus for procedures of the intermediate sessions





**FIGURE 1** Standard planning framework for the helping relationship. ICNP, International Classification for Nursing Practice [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

identify interventions based on psychotherapy that responded to the grief/mourning process with its different manifestations, such as anxiety, sadness, and distress (nursing foci of attention). Among the different therapies and techniques used, counseling emerges in the aforementioned study as a technique, derived from humanistic therapy (as with the HR is), capable of diminishing the previously mentioned negative emotions. In contrast, Al-Sulaiman et al<sup>35</sup> conducted a study that aimed to understand the benefit of structured psychotherapeutic interventions, such as counseling and psychoeducation, in improving well-being and adherence to treatment in people with breast cancer. It is specified that individuals who receive counseling—a technique that, just like the HR, belongs in the domain of humanistic therapy—show improvements in their well-being. In their results, there are statistically significant differences between the control group and the remaining groups, as there is a statistically significant decrease in the intervention group in the levels of anxiety and depressed mood, which are also nursing foci of attention. Stafford et al<sup>36</sup> carried out a study to understand the effectiveness of counseling based on the humanist perspective in young people with changes in the emotional domain, such as anxiety, changes in self-esteem, and depressed mood. The authors emphasize that this is a person-centered perspective and presents beneficial results in the abovementioned emotional areas. In contrast, this same study highlights the need for randomized controlled clinical trials (RCT) to evaluate the efficacy of psychotherapeutic interventions.

The available literature is unclear as to the efficacy of the HR for certain nursing diagnoses; yet, it demonstrates that person-centered

approaches tend to reduce emotional problems and empower the person to solve problems, which is the major objective of this intervention.<sup>37</sup>

Finally, another two aspects that must be stressed are the frequency and duration of the HR. These are aspects that were not submitted to the analysis of the group of experts, as it is intended that the structure of the HR is based on the psychotherapeutic intervention model in nursing developed by Sampaio et al.<sup>3</sup> As such, the proposed intervention must comprise one to two sessions per week (always taking into account the setting where it occurs), with a maximum duration of 60 minutes each, with a minimum of three sessions and a maximum of 12. The number of sessions may vary according to the needs of the person.

Following the same line of thought, the structure by sessions also has in its genesis the sessions defined by the model previously referred. The content and activities that make up each one of the sessions and obtained the experts' consensus are in line with what is recommended by Chalifour,<sup>10</sup> that is, for example, the creation of an environment of trust, the clarification of roles, the definition of strategies, and the training of the person's needs.

## 5 | LIMITATIONS OF THE STUDY

The use of the Delphi method implies the already known limitations, from the number of experts, criteria for their selection, absence of exact recommendations as to the number of rounds and even, at the level of what is considered to be consensus.<sup>16</sup> Thus, the number of

participants may have been a limitation in this study. Also, the use of a structured questionnaire from the very first round may be considered a potential limitation. However, a thorough preparatory work was carried out, by means of a scoping review on the subject, and the participants had the opportunity to make suggestions for each item presented throughout the questionnaire.

## 6 | CONCLUSION

For the implementation of the HR as a nursing psychotherapeutic intervention, the experts agreed upon the following: (a) mental health nurses need to have certain competences and attitudes; (b) it is an adequate intervention to respond to nursing diagnoses of an essentially emotional nature; (c) the contents comprise an initial session, a number of intermediate sessions, a final session, and follow-up. It is important to point out that the consensual topics in the intermediate sessions are essentially at the level of the person's capacity to use problem-solving strategies appropriately. The evaluation of the efficacy of the HR as a nursing psychotherapeutic intervention remains to be done. For that, it is now important to carry out a pilot study to test the acceptability of the procedures and calculate the sample size required for the subsequent conduction of an RCT.

## 7 | IMPLICATIONS TO THE CLINICAL PRACTICE

The systematization of nursing psychotherapeutic interventions, such as the HR, is fundamental for mental health nurses to have tools to intervene in cases of persons with mental illness. The way HR is systematized in this study has an advantage: it is based on standardized language, responding to nursing diagnoses, implying a planning before its delivery, and facilitating the implementation by professionals. In addition, the fact that it is systematized based on the of psychotherapeutic intervention model in nursing, developed in 2017 by Sampaio et al, makes it a prime example of a tool based on the knowledge of nursing discipline. This is a validated intervention as to its content, and although the evaluation of its efficacy has not yet been carried out, the HR can become a tool to be used in the clinical practice contexts and to be included in the curricula of postgraduate specialization courses in mental health.

### CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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