Revista Española de Enfermería de Salud Mental
Spanish Journal of Mental Health Nursing
ISSN: 2530-6707

Unconditional acceptance in the nurse-patient therapeutic relationship as a whole: An exploratory qualitative study in the context of mental health services

La aceptación incondicional en la relación terapéutica enfermera-paciente en su conjunto: un estudio cualitativo exploratorio en el contexto de los servicios de salud mental

Andrea Aznar-Huerta[1], Gemma Cardó-Vila[2], Teresa Vives-Abril[3], María Rosario Valera-Fernández[4], Juan M. Leyva-Moral[5], Antonio R. Moreno-Poyato[6]

1. Hermanas Hospitalarias, Hospital Mare de Deu de la Mercè, Barcelona (Spain).
2. Institut Neuropsiquiatría i Adiccions. Consorci Mar Parc de Salut. Barcelona (Spain).
3. Escola Superior Infermeria del Mar (ESIMar), attached to the Universitat Pompeu Fabra, Consorci Mar Parc de Salut. Barcelona (Spain).
4. Institut Neuropsiquiatría i Adiccions. Consorci Mar Parc de Salut. Barcelona (Spain) orcid.org/0000-0002-9898-6685
5. Department of Nursing. Faculty of Medicine. Universitat Autònoma de Barcelona (Spain). Centre for Health Sciences Research, Universidad María Auxiliadora (Lima, Peru). Evidence-Based Health Care South America: A Joanna Briggs Institute Affiliated Group (Lima, Peru). orcid.org/0000-0003-4241-4992
6. Department of Public Health, Mental Health and Maternal and Child Health Nursing, Nursing School, Universitat de Barcelona, L'Hospitalet de Llobregat (Spain). orcid.org/0000-0002-5700-4315
Contacto: Juan M. Leyva-Moral, juanmanuel.leyva@uab.cat
Fecha de recepción: 13 de abril 2021 / Fecha de aceptación: 4 de mayo 2021

Abstract

Background: In order to establish a therapeutic relationship of quality, patient acceptance is fundamental. However, from an empirical point of view, acceptance has been poorly studied in the context of mental health nursing.
Aim: To explore the meaning and importance that people with mental health problems and mental health nurses assign to the concept of acceptance in the context of the nurse-patient therapeutic relationship.
Design: A qualitative study with an exploratory approach.
Methods: People with different mental health problems and nurses from different care settings working in mental health services participated in the study. Focus groups were used for data collection and the data were analyzed inductively using content analysis. This study complied with the COREQ research guidelines.
Results: For the participants, acceptance as part of the therapeutic relationship is focused on the assistance that nurses can and should provide to patients so that they can feel understood and thus be able to work on the discomfort produced by the mental health problem. This was explained through three common themes for nurses and patients: i) acceptance as a means to feel like a person, ii) the nurse's competencies for relating with and accepting others, and iii) the binomial acceptance-therapeutic bond. In order to facilitate the acceptance of others, a process of adaptation is required that occurs simultaneously with the construction of the bond between both parties during the orientation phase of the therapeutic relationship.
Conclusions: Acceptance of the other enables nurses and patients to feel and connect with oneself, facilitating patients in their recovery process and protecting nurses from professional burnout.
Relevance to clinical practice: These results can contribute towards the improvement of person-centered care in mental health nursing; individualized care must place the person and their experiences at the center of care.

Keywords: nurse-patient relationship, patient-centered care, mental health nursing, nursing care, qualitative approaches.

Resumen

Antecedentes: Para establecer una relación terapéutica de calidad, la aceptación del paciente es fundamental. Sin embargo, desde un punto de vista empírico, la aceptación ha sido poco estudiada en el contexto de la enfermería de salud mental.
Objetivo: Explorar el significado y la importancia que las personas con problemas de salud mental y las enfermeras de salud mental asignan al concepto de aceptación en el contexto de la relación terapéutica enfermera-paciente.
Diseño: Estudio cualitativo con enfoque exploratorio.

Métodos: Participaron en el estudio personas con diferentes problemas de salud mental y enfermeras de diferentes ámbitos asistenciales que trabajan en servicios de salud mental. Se utilizó el grupo focal para la recogida de datos y éstos se analizaron de forma inductiva mediante el análisis de contenido. Este estudio cumplió con las directrices de investigación del COREQ.
Resultados: Para los participantes, la aceptación como parte de la relación terapéutica se centra en la ayuda que las enfermeras pueden y deben prestar a los pacientes para que se sientan comprendidos y así poder trabajar el malestar producido por el problema de salud mental. Esto se explicó a través de tres temas comunes para las enfermeras y los pacientes: i) la aceptación como medio para sentirse persona, ii) las competencias de la enfermera para relacionarse y aceptar a los demás, y iii) el binomio aceptación-vínculo terapéutico. Para facilitar la aceptación de los demás, es necesario un proceso de adaptación que se produce simultáneamente a la construcción del vínculo entre ambas partes durante la fase de orientación de la relación terapéutica.
Conclusiones: La aceptación del otro permite a las enfermeras y a los pacientes sentir y conectar con uno mismo, facilitando a los pacientes su proceso de recuperación y protegiendo a las enfermeras del desgaste profesional.
Relevancia para la práctica clínica: Estos resultados pueden contribuir a la mejora de los cuidados centrados en la persona en la enfermería de salud mental; los cuidados individualizados deben situar a la persona y sus experiencias en el centro de la atención.

Palabras clave: relación enfermera-paciente, cuidados centrados en la persona, enfermería de salud mental, aproximación cualitativa.

Introducción

The nurse-patient therapeutic relationship (TR) has an outstanding relevance in the area of mental health, enabling nurses to improve the results of the interventions they carry out thanks to the relationship they establish with their patients[1]. Moreover, effective TR facilitates the shared decision-making process[2] in the context of a person-centered model of care[3]. One of the most important elements for establishing a high-quality TR is patient acceptance, without judging or criticizing the person's experience or behavior[4]. However, from an empirical point of view, acceptance has been poorly studied in the context of mental health nursing. In this sense, this article presents results on the meaning and importance that people with mental health problems (PMHP) and nurses give to the concept of acceptance in the context of the process of the nurse-patient TR.

Background

A historical tour through the main humanistic theorists such as Rogers[4] or Peplau[5,6] shows that the current conceptualization of TR does not differ greatly from the definition provided in the empirical literature by nurses and patients themselves, who understand the TR as that interpersonal interaction that takes place between nurse and patient, in which the nurse intends to help and the patient expects to be helped in relation to his or her current health situation[7]. The therapeutic interpersonal relationship as described by Peplau[5,6] is based on three phases: orientation, working and completion. During the orientation phase, the nurse helps the patient to recognize, understand and assess the person's problem and situation, for which it is essential to establish a solid bond of trust. Subsequently, the working phase represents most of the time the nurse spends with the patient, in which the nurse facilitates the exploration of feelings to help the patient cope with the illness and be able to move on to the last phase, the resolution phase, which marks the satisfaction of old needs and the emergence of new needs that must be met[5,6].

In order to establish an adequate TR, the professional needs include elements such as empathic attitude, authenticity and, finally, unconditional acceptance[4]. Specifically, unconditional acceptance, according to Rogers[4], is defined as the complete acceptance of the individual throughout his or her experiences and behavior, without any critical appraisal or self-critical tendency. When mental health nurses are able to integrate this capacity, this leads to visualizing the patient's empowerment role by always believing in their possibilities for change without making any personal judgments[8].

In particular, PMHP value a humanistic model of care, wanting to be treated with kindness, and appreciating the professional's availability and sense of humor[7]. Therefore, they hope that the nurse can see beyond their illness, connecting with them as people[9]. However, on many occasions PMHP do not feel lis-

tened to and feel that they have very few opportunities to work jointly with professionals[10]. In addition, in recent years there has been a strong influence of the biomedical model on mental health care, which has affected the humanization of care and the Tr[11].

Previous evidence showed that an adequate TR is associated with better health outcomes for PMHP helping to maintain the focus on recovery and reducing the stress experienced by the practitioner[12,13]. Along these lines, current international mental health policy guidelines focus on the paradigm of autonomy and the recovery model that recognizes the importance of person-centered care[14]. The main elements of the recovery model include increased service user involvement, a view of the person beyond his or her illness, and facilitation of treatment choice[15,16].

Therefore, it seems clear that, if person-centered care based on shared decision-making is to be provided, it is necessary to deepen the knowledge and understanding of experiential processes on the health of people with a mental health problem. In this sense, exploring the meaning of the process of accepting and feeling accepted in the context of the TR will allow us to understand the importance and meaning attributed to this competence that is so necessary in the TR, but so scarcely studied from the point of view of both PMHP and mental health nurses. If care is to be provided on the basis of agreement and shared decision-making, delving into the meaning of a phenomenon from the perspective of the parties involved in the process, determining what their expectations and needs are, will help professionals to reformulate strategies and prioritize health care, bearing in mind the current situation of our mental health services.

The aim of this study was to explore the meaning of the concept of acceptance in the framework of the TR from the common perspective of nurses and people with mental health problems.

Method

Design and participants

A qualitative study was conducted based on an exploratory approach, as part of a larger study focused on the understanding and theoretical explanation of unconditional acceptance within the framework of the nurse-patient TR. This first exploratory approach is particularly useful for studying poorly understood phenomena. Rather than simply observing and describing the phenomenon under study, it allows us to delve into the deeper nature of the phenomenon, how it occurs, and other related factors; in other words, exploratory qualitative studies shed light on the various ways in which a phenomenon manifests itself and the underlying processes[17].

In order to respond to the proposed objective, nurses and people with PMHP linked to the public mental health network in Barcelona (Spain) were purposively selected. The participant selection strategy focused on recruiting key informants representing the different profiles of the study population. The participants selected were personally invited by members of the research team and all agreed to participate. Mental health nurses and non-mental health nurses were included in both the hospital and community settings. In the case of PMHP, we attempted to include people over 18 years of age with different diagnoses and linked to different health care resources. There was no professional link between the nurses and the individuals with mental health problems. Two members of the research team personally informed the participants about the objective of the study and those who voluntarily agreed to participate and signed the informed consent form were included in the study. The study received approval from the ethics committee of the Parc de Salut Mar de Barcelona (2019/8523/I).

Data collection

Data were collected through a focus group conducted in May 2019. The participants met in a hospital room in their reference area, outside of the care units. The room provided privacy and security to allow the session to be conducted without interruption. The session lasted 1 hour and 45 minutes and was audio-recorded. For the session, a script was prepared to be developed by the group based on a single initial question: "What is the meaning of accepting and feeling accepted in the context of the relationship between nurses and people with mental health problems?". This script was elaborated using consensus techniques[18] after several discussion sessions among the research team.

The group was attended by two members of the research team. One researcher, with previous experience in group techniques, moderated the group as a facilitator-provocateur, carrying out an initial provocation with the approach outlined above in order to incite the discussion and a continuous provocation to encour-

age the group to continue participating. A second member of the research team acted as observer, recording the events, dynamics, roles, etc., that were taking place[19].

Data analysis

The content analysis approach was used in this study. This approach is suitable for the analysis and categorization of qualitative data according to empirical or theoretical criteria[20]. Audio recordings were made using a digital recorder. The data were transcribed verbatim. After the participants verified the authenticity of the transcripts, the text was broken down into descriptive codes assigned on the basis of their purely semantic content. In a second stage, these codes were grouped into more analytical subcategories, whereby the initial codes were grouped according to the meaning of the linguistic units and their combinations. In this manner, a third hierarchical stage was reached, in which, considering the semantic analysis of the previous subcategories, they were categorized inductively. This analysis was then triangulated with another researcher to ensure the rigor of the results obtained. Throughout the analytical process, the research team adopted a reflexive and analytical awareness of the experiences identified, the reasoning applied and the overall impact of the team throughout the research process, identifying their background and onto-epistemological positions that could influence the analysis[21]. The analysis process was assisted by QRS NVivo version 12 software.

Results

A total of eight people participated in the study, five women (62.5%) and three men. The sample consisted of four PMHP and four mental health nurses. The PMHP had a mean age of 46 years, with a range of 42 to 56 years. They stated that they had depressive, affective and psychotic disorders, with a mean experience with the mental disorder of 18 years (range 25-12). The mean age of the nurses was 49 years, with a range of 38-60 years. Their mean experience in mental health was 16 years (range 8-28), and at the time of the study, they were practicing in family and community care, inpatient and day hospital settings.

According to the participants, acceptance as part of the therapeutic relationship is aimed at the help that nurses can and should provide to patients so that they can feel understood and thus be able to work through the discomfort produced by the mental health problem. This was explained through three common themes for nurses and patients: i) feeling like a person thanks to acceptance, ii) the nurse's competencies to accept the other, and iii) the binomial acceptance-therapeutic bond.

Feeling like a person thanks to acceptance

This theme refers to the meaning that both PMHP and nurses identified in the relational process that took place between them. For all of them, when the established relationship was therapeutic, it enabled them to feel and connect with themselves, making them feel more like a person. In this sense, the PMHP stated that in most situations they consider that the nurses establish a helping relationship in which they feel accepted and recognized; emphasizing the close bond, the feeling of being understood and that the nurse shows interest in them. However, they also revealed that they sometimes felt devalued, stigmatized and infantilized.

> *"...to receive a calm welcome and to be asked how can I help you?" (P2, female user.)*

> *"To be asked how you are...I hope to feel understood." (P1, female user.)*

> *"We hope to be understood here and to be asked about our needs." (P4, male user.)*

Regarding how they want to relate and feel during the relational process with the nurse, the PMHP highlighted the need for the professionals to show interest in them, to welcome them, to accompany them and to recognize them as individuals.

> *"To be recognized as a person, I am more than just an illness." (P4, male user.)*

> *"They (the nurses) talk to you like you don't understand things....I am sick, I am not stupid. I am a person with responsibilities, with capabilities and with difficulties." (P2, female user.)*

Similarly, the nurses emphasized that in order to establish the TR they must be close, accepting and recognize the other as a person with decision-making capacity. The nurses pointed out that in order to develop an adequate TR, their personal maturity was essential, since they considered that professionalism is linked to the person. In this sense, they verbalized that

when they are able to develop a professional praxis congruent with their personal values, this is reflected in the recognition of the patients, and it is a feeling of gratification that helps them not to wear themselves out professionally.

"…one must be close and accepting of the other." (P1, female user.)

"…to recognize him/her as a person with decision-making capacity, respecting individual idiosyncrasy." (P2, female user.)

"…the person must be recognized as he/she is, explicitly in all the person's dimensions…Personal maturity is important since one is both a professional and a person…a good TR leads to not becoming professionally worn out." (P3, female nurse.)

The nurse's competences to relate to and accept others

This theme refers to the competencies that both PMHP and nurses recognized as necessary in the establishment of the TR and which they considered to facilitate the acceptance of the other. They all pointed out that empathy and accompaniment are interventions used by nurses to favor the relationship. In this sense, both nurses and PMHP stated that the nurse accompanies through their daily relationship, advises and counsels, helping in situations of crisis and facilitating support thanks to their availability.

"…allows it to flow, adapts to each individual and helps to identify problems." (P4, male user.)

"…assist in decision making by emphasizing that it is the patient who is going to decide." (P3, female nurse.)

"…that alerts me to mood swings and to understand what is happening to me…" (P1, female user.)

Along these lines, the participants pointed out that, among their competencies, the nurse uses nonverbal language as a way of showing acceptance, non-stigmatization and a lack of prejudice towards them. However, they agreed that sometimes this can lead to difficulties in the relationship and that nonverbal language can even become destructive or offensive.

"…a smile or a friendly glance." (P2, female user.)

"…a wink or, on the contrary, a bad look and physical distancing." (P4, male user.)

Concretely, PMHP pointed out that they need to be provided with more positive reinforcement, to believe in their possibilities and to express interest. In turn, the nurses emphasized that it was necessary to contextualize the relationship, paying attention to their attitude and openness towards listening and helping, and paying special attention to the use of nonverbal language.

"Ask me how I'm doing today…help me recognize improvement." (P2, female user.)

"The willingness to listen and help, to treat others as one would like to be treated." (P1, female user.)

The therapeutic bond-acceptance binomial

This theme refers to the emphasis that both PMHP and nurses assigned to the fact that in order to create a therapeutic bond, acceptance is fundamental, and this requires time and predisposition on behalf of the people involved, requiring willingness and availability to build such a bond.

In this regard, certain factors were identified as conducive to bonding by the participants. In the first place, they pointed out the importance of the process of adaptation in the relationship. For them, this was an individual process in which judgment of others had to be somehow overcome, because it is necessary to accept individuals as they are. According to both the PMHP and the nurses demand this recognition, claiming the specific particularities of each individual. In this sense, the PMHP related that the consequences of not being accepted and not being able to establish a good bond or detecting difficulties in this process generated greater frustration and discomfort, which could further worsen their condition.

"…resetting things, removing labels...the process of starting from a blank page [avoiding judgment.]" (P1, female user.)

"…the individual process of each person and the individual process involved in the relationship itself." (P3, female nurse.)

"…the patient knows more than we do about what's wrong with him." (P5, male nurse.)

"It generates lower self-esteem, more discomfort, more anxiety, either greater anxiety or it triggers the appearance of anxiety…it causes doubts, it can worsen your condition, create negative reactions, it makes you feel downcast." (P2, female user.)

Similarly, the participants considered the availability and willingness of both nurses and patients as a basic supporting element in the context of the acceptance-bonding binomial. The PMHP emphasized that the availability of the nurses should be reflected by the time they spend with them, as well as in the way in which they dedicate time to their patients. Likewise, the nurses also considered the importance of the patients' willingness to meet. Both nurses and PMHP agreed that the other party has to be available and they recognized the need for their own availability. PMHP recognized that sometimes they did not feel well enough to demonstrate "openness" and that, on these occasions, the nurse could help to build a better bond by having a better understanding of their close environment (family, home, friends, etc.) and a more comprehensive knowledge of the patient beyond their health problem.

"*...willingness to help and willingness to listen." (P2, female user.)*

"Both parties must be willing to make this a smooth process." (P2, female user.)

"Not only the nurse, we also have to be available to the relationship and there are times, due to the disease itself, when it is not easy." (P4, male user.)

"The [patient's] need to have quality relationships with the people in our environment." (P3, female nurse.)

"For (the nurse) to have a broad knowledge of his or her environment and knowledge of the person in all their dimensions." (P1, female user.)

In contrast, both nurses and PMHP identified a series of factors that they considered did not favor the process of acceptance and bonding as showing prejudice, devaluing and infantilizing the person. However, their perception of not being understood and judged by others and their own self-perception of low self-esteem and fear of emotional overflow were limiting factors for acceptance and bonding. In any case, both nurses and PMHP emphasized that the prejudices shown (sometimes unconscious) and detected through non-verbal language hindered this acceptance-bonding binomial.

"They don't even understand me at home…not even some of the nurses." (P1, female user.)

"Low self-esteem." (P2, female user.)

"Feeling judged." (P4, male user.)

"Judged by everyone else." (P2, female user.)

"You're nervous, we can get overwhelmed." (P4, male user.)

Another difficulty reported was the distance established by the nurse, sometimes shown by physical barriers between them. The PMHP related this distancing from the nurse to factors inherent to the reality of care, such as lack of time and personal wear and tear. However, this was also related to the professionalism of the nurses, such as lack of involvement or showing that they know more than the other person. Nevertheless, PMHP recognized that at times distancing was necessary for an appropriate therapeutic approach. Meanwhile, the nurses also verbalized and emphasized that belittling the person was an obstacle to establishing a bond with PMHP. They considered that when they focused on the symptoms, they were limiting the relationship to finding a problem, or a label, and focusing all attention solely on this, supporting a reductionist view of the individual by focusing exclusively on the problem.

"They focus on the symptom, they focus on the deficit." (P1, female user.)

"They direct their attention on what is supposed to be the most striking." (P3, female nurse.)

"No acceptance, no relationship, no mutual acceptance." (P2, female user.)

"Marking a distance…not putting themselves in the other's place." (P3, female nurse.)

"The I know and you don't." (P1, female user.)

"Physical contact is being lost…thinking that we know more than the patient." (P4, female user.)

"The lack of involvement is noticeable, it causes doubts." (P1, female user.)

"He comes to complete his hours, he is only there to get paid." (P3, female nurse.)

The findings of this study highlight that PMHP and nurses believe that person-centered care is necessary to facilitate the process of acceptance of the other in mental health care. A nurse-patient relationship that facilitates information, knowledge and decision making, and is based on respect for the other and recognition of his or her uniqueness[35].

Limitations

Some limitations of this study should be considered. First, only one focus group was conducted, and although there is no consensus in the evidence as to the appropriate number of focus groups to be conducted, it is recommended that more than one session should be conducted[36]. However, this practice has been successfully implemented by other researchers[37-39] and, given the novelty of the topic, the scarcity of evidence on the subject, and the methodological robustness of the whole process, it was considered appropriate to carry out this first analytical exercise. A second limitation is related to the participants, since both the patients and the nurses who participated were motivated by the topic. However, it should be noted that all were selected as key informants and represented profiles that were identified prior to their recruitment. Finally, another limitation of this study is related to not having reached data saturation. However, given the exploratory approach of the study, this was not considered necessary.

Conclusions

Within the framework of the nurse-patient relationship, in order to facilitate acceptance of the other, a process of adaptation is required that occurs simultaneously with the construction of the patient-nurse bond during the orientation phase of the TR. This requires time and, above all, a willingness and interest in recognizing each person and their capacities, as well as their uniqueness, from a comprehensive view of the whole person. Acceptance of the other allows nurses and patients to feel and connect with each other, facilitating the patients' recovery process and protecting the nurses from professional burnout.

Relevance for clinical practice

Exploring the process of acceptance from the joint perspective of PMHP and mental health nurses has provided initial insights that have confirmed the similarities between the perceptions of both parties. These results can contribute to the improvement of person-centered care in mental health nursing; individualized care always places the person and their experiences at the core of care in which the unconditional nature of TR requires feeling, acceptance, relationship and bonding. Furthermore, the results provide insight to future research on the phenomenon of unconditional acceptance and its meaning in the framework of the TR and, in general, regarding the health outcomes of PMHP.

Acknowledgements

We wish to thank all the study participants and the College of Nurses of Barcelona for the financial support provided (PR-339/2019), together with the Valldecilla Institute for Health Research.

References

1. McAndrew S, Chambers M, Nolan F, Thomas B, Watts P. Measuring the evidence: reviewing the literature of the measurement of therapeutic engagement in acute mental health inpatient wards. Int J Ment Health Nurs. 2014 Jun 17;23(3):212–20.
2. Felton A, Repper J, Avis M. Therapeutic relationships, risk, and mental health practice. Int J Ment Health Nurs. 2018;27(3):1137–48.
3. Hamovitch EK, Choy-Brown M, Stanhope V. Person-Centered Care and the Therapeutic Alliance. Community Ment Health J [Internet]. 2018;54(7):951–8. Available from: http://dx.doi.org/10.1007/s10597-018-0295-z
4. Rogers CR. El proceso de convertirse en persona (On becoming a person). 17th ed. Barcelona: Paidós; 1972.
5. Peplau HE. Interpersonal relations in nursing : a conceptual frame of reference for psychodynamic nursing. Houndmills: Macmillan; 1988.
6. Forchuk C. A comparison of the works of Peplau and Orlando. Arch Psychiatr Nurs. 1991 Feb;5(1):38–45.
7. Moreno-Poyato AR, Montesó-Curto P, Delgado-Hito P, Suárez-Pérez R, Aceña-Domínguez R, Carreras-Salvador R, et al. The Therapeutic Relationship in Inpatient Psychiatric Care: A Narrative Review of the Perspective of Nurses and Patients. Arch Psychiatr Nurs. 2016 Dec;30(6):782–7.
8. Yıldırım A, Hacıhasanoğlu Aşılar R, Camcıoğlu TH, Erdiman S, Karaağaç E. Effect of Psychosocial Skills Training on Disease Symptoms, Insight, Internalized Stigmatization, and Social Functioning in Patients with Schizophrenia. Rehabil Nurs. 2015 Nov;40(6):341–8.
9. Hawamdeh S, Fakhry R. Therapeutic relationships from the psychiatric nurses' perspectives: An interpretative phenomenological study. Perspect Psychiatr Care. 2014 Sep 26;50(3):178–85.
10. Pazargadi M, Fereidooni Moghadam M, Fallahi Khoshknab M, Alijani Renani H, Molazem Z. The Therapeutic Relationship in the Shadow: Nurses' Experiences of Barriers to the Nurse-

Patient Relationship in the Psychiatric Ward. Issues Ment Health Nurs [Internet]. 2015 Jul;36(7):551–7. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26309175
11. Roviralta-Vilella M, Moreno-Poyato AR, Rodríguez-Nogueira Ó, Duran-Jordà X, Roldán-Merino JF. Relationship between the nursing practice environment and the therapeutic relationship in acute mental health units: A cross-sectional study. Int J Ment Health Nurs. 2019 Dec 14;28(6):1338–46.
12. Kelley JM, Kraft-Todd G, Schapira L, Kossowsky J, Riess H. The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials. PLoS One [Internet]. 2014;9(4):e94207. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC3981763
13. Molin J, Lindgren B, Graneheim UH, Ringnér A. Time Together: A nursing intervention in psychiatric inpatient care: Feasibility and effects. Int J Ment Health Nurs. 2018 Dec 25;27(6):1698–708.
14. World Health Organization. Mental health action plan 2013-2020 [Internet]. World Health Organization; 2013. Available from: https://apps.who.int/iris/handle/10665/89966
15. Newman D, O'Reilly P, Lee SH, Kennedy C. Mental health service users' experiences of mental health care: an integrative literature review. J Psychiatr Ment Health Nurs [Internet]. 2015;22(3):171–82. Available from: http://doi.wiley.com/10.1111/jpm.12202
16. Smith GP, Williams TM. From providing a service to being of service: Advances in person-centred care in mental health. Curr Opin Psychiatry. 2016;29(5):292–7.
17. Polit DF, Beck CT. Investigación en enfermería : fundamentos para el uso de la evidencia en la práctica de la enfermería. 9th ed. Barcelona: Wolters Kluwer; 2018.
18. Bobrovitz N, Parrilla JS, Santana M, Straus SE, Stelfox HT. A qualitative analysis of a consensus process to develop quality indicators of injury care. Implement Sci. 2013 Dec 18;8(1):45.
19. Krueger RA, Casey MA. Focus groups: A practical guide for applied research. 5th ed. Thousand Oaks, CA: Sage Publications; 2015.
20. Krippendorff K. Content Analysis An Introduction to Its Methodology. 4th ed. Thousand Oaks, CA: SAGE Publications Inc.; 2018.
21. Råheim M, Magnussen LH, Sekse RJT, Lunde Å, Jacobsen T, Blystad A. Researcher–researched relationship in qualitative research: Shifts in positions and researcher vulnerability. Int J Qual Stud Health Well-being. 2016 Jan 14;11(1):30996.
22. Eldal K, Natvik E, Veseth M, Davidson L, Skjølberg Å, Gytri D, et al. Being recognised as a whole person: A qualitative study of inpatient experience in mental health. Issues Ment Health Nurs. 2019;40(2):88–96.
23. Huang C, Plummer V, Lam L, Cross W. Perceptions of shared decision-making in severe mental illness: An integrative review. J Psychiatr Ment Health Nurs. 2020;27(2):103–27.
24. Watson J. Watson's theory of human caring and subjective living experiences: carative factors/caritas processes as a disciplinary guide to the professional nursing practice. Texto Context - Enferm. 2007 Mar;16(1):129–35.
25. Khan S, Jung F, Kirubarajan A, Karim K, Scheer A, Simpson J. A Systematic Review of Interventions to Improve Humanism in Surgical Practice. J Surg Educ. 2020 Aug;
26. Thirioux B, Birault F, Jaafari N. Empathy is a protective factor of burnout in physicians: New neuro-phenomenological hypotheses regarding empathy and sympathy in care relationship. Front Psychol. 2016;7(MAY):1–11.
27. Sturzu L, Lala A, Bisch M, Guitter M, Dobre D, Schwan R. Empathy and Burnout - A Cross-Sectional Study Among Mental Healthcare Providers in France. J Med Life. 2019;12(1):21–9.
28. Hi çdurmaz D, Üzar-Özçetin YS. "Now I keep my feet on the ground. Earlier, I was arrogant and felt too big for my boots." Perspectives of people with cancer and oncology nurses on the psychological empowerment process. Eur J Oncol Nurs. 2020 Dec;49:101862.
29. Harris B, Panozzo G. Barriers to recovery-focused care within therapeutic relationships in nursing: Attitudes and perceptions. Int J Ment Health Nurs. 2019 Oct 29;28(5):1220–7.
30. Cutler NA, Sim J, Halcomb E, Moxham L, Stephens M. Nurses' influence on consumers' experience of safety in acute mental health units: A qualitative study. J Clin Nurs [Internet]. 2020 Sep 21;(August):jocn.15480. Available from: https://onlinelibrary.wiley.com/doi/10.1111/jocn.15480
31. Staniszewska S, Mockford C, Chadburn G, Fenton SJ, Bhui K, Larkin M, et al. Experiences of in-patient mental health services: Systematic review. Br J Psychiatry. 2019;214(6):329–38.
32. Beyene LS, Severinsson E, Hansen BS, Rørtveit K. Being in a space of sharing decision-making for dignified mental care. J Psychiatr Ment Health Nurs. 2019 Nov 23;26(9–10):368–76.
33. Peplau HE. Peplau's theory of interpersonal relations. Nurs Sci Q. 1997;10(4):162–7.
34. Moreno-Poyato AR, Montesó-Curto P, Delgado-Hito P, Suárez-Pérez R, Aceña-Domínguez R, Carreras-Salvador R, et al. The Therapeutic Relationship in Inpatient Psychiatric Care: A Narrative Review of the Perspective of Nurses and Patients. Arch Psychiatr Nurs. 2016;30(6):782–7.
35. Byrne AL, Baldwin A, Harvey C. Whose centre is it anyway? Defining person-centred care in nursing: An integrative review. PLoS One [Internet]. 2020;15(3):1–21. Available from: http://dx.doi.org/10.1371/journal.pone.0229923
36. Guest G, Namey E, McKenna K. How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes. Field methods. 2017 Feb 24;29(1):3–22.
37. Meltzer KJ, Mahesar S, Pollio DE, North CS. The red purse and human remains: personal and professional experiences of 9/11 mental health workers. Soc Work Ment Health. 2020 Nov 1;18(6):651–69.
38. Costa BM, Hayley A, Miller P. Young adolescents' perceptions, patterns, and contexts of energy drink use. A focus group study. Appetite. 2014 Sep;80:183–9.
39. Cohen D, Marfell N, Webb K, Robling M, Aylward M. Managing long-term worklessness in primary care: a focus group study. Occup Med (Chic Ill). 2010 Mar 1;60(2):121–6.