ARCADA

Establishing Therapeutic Nurse-Client Relationship with Mentally ill Patients in a Community

Cecilia Penda

Bachelor'sThesis

Degree Programme in Nursing

2017

DEGREE THESIS	
Arcada University of Applied Sciences	
Degree Programme:	Nursing
Identification number:	18827
Author:	Cecilia Penda
Title:	Establishing Therapeutic nurse -client Relationship with Mentally ill patients in a Community.
Supervisor (Arcada):	Pamela Gray
Commissioned by:	

Abstract:

Introduction: Mental well-being is necessary and important for a population health and well-being. Many people may discover mental health problems in their daily life activities. Most often, these mental health challenges go unnoticed by the patients as well as others.Therapeutic relationship is very important in mental health .It is considered the fundamental of mental health as it supports the changing insight and behaviour of mentally ill patient.It is a relationship built on trust and respect between the nurse and the client.

The purpose of this study is to investigate articles of scientific journals related to topic and gain deeper knowledge on means to build an effective nurse-client relationships and to understand nurses role in the nurse-client relationship.

Method:Literature review was used as an electronic database search. The database search that were used for the review are EBSCOHOST,SCIENCE DIRECT, SAGE JOURNAL and Google Scholar utilizing the search terms ”therapeutic nurse-client relationship”, ”mental health”, ”Components of therapeutic relationship”, ”community care”.The search resulted to a number of hits using the search criterions. Reading carefully through the articles, the total of fourteen scientific articles were considered relevant for this study.An inductive content analysis was used to analysed the data collected.The theoretical framework used for the study is Hildegard Peplau’1988 interpersonal theory.

Findings:The literature review highlight trust, communication, empathy, genuineness, empowerment, respect, continuity of care and patient confidentiality as the core components of nurse-patient relationship.In addition to nurses role such as providing physical care, safety and security and protection in the nurse-client relationship. The theoritical framework of Peplau’s interpersonal theorycould be seen as it explained the phases of therapeutic nurse-client relationship.

Conclusion: The study illustrate the role of nurses in a therapeutic relation to nursing practice as a service provider through the provision of physical care to patient, conveying safety and security to patient, protection as well as elements needed to establish an effective nurse-client relationship.

Keywords:	Mental health, nurse-client relationship, Community health, Therapeutic relationship
Numberof pages:	51
Language:	English
Date of acceptance:	

Contents

ABBREVIATION

W.H.O World Health Organization.

Chapt. Chapter

Vol. Volume

List of figures

Dedication

Dedicated to my beloved sons Pekka – Kelton & Clive

Acknowledgement

I am grateful to God almighty for the guidance and support provided to me throughout the writing of this study.

I wish to express my sincere gratitude to my supervisor Pamela Gray for her encouragements, supports and reviews that brought this work to fulfillment. Not leaving out all the academic staffs in the Arcada Nursing Department who in one way or the other contributed to make my studies and the writing of this paper a success, thank you so much.

I would like to take this chance to express my deep sense of gratitude to my beloved mothers, brothers and sisters for their support and understanding and to my late father Mr. Ngoh Emmanuel Penda, who made me to be who I am today. I know you are happy where you are now for this great achievement, thank you so much.

This study couldn't have been accomplished without the support of this wonderful, lovely family of Heli Norja and Matti Norja. Thank you for your enormous support morally, financially and physically. Your encouragement when the times got tough, it was a great comfort and reliefs to know that you were and are still willing provide anything you can to see that I succeed. God bless you.

To my classmates and friends, Bola, Gordon& Celine, Susanna and to those whose names are not mentioned here. They are worthy and trusted people who gave me their support and ask for nothing in return. A big thank you.

I would like to thank my sons for his unique kindness and understanding he showed to me throughout the writing of this study.

1 INTRODUCTION

The world Health Organisation (WHO) estimated that, one in four in the world will be affected by mental or neurological disorder at some point in their life. They reported that, number of people around the world suffering from mental health problems was 450 million placing mental disorder amongst the leading cause of ill health around the world (WHO, 2001). In European union countries,27% (approximately 83 million) of adult between the age of 18 – 65 have experience one of the series of mental disorder, substance use, psychoses, anxiety, depression (WHO, 2017)

Mental health problems and substance abuse are among the most serious threats for public health in Finland. About one quarter of Finnish people suffer from psychological symptoms with adverse effects at some time in their lives. It is estimated that that 7% of all Finnish adult suffer from depressive, anxiety and alcohol- related disorders (Mental health briefing sheets, consensus paper, 2008).
Mental health care services in Finland are provided by municipal authorities, district hospitals, private service providers and third sector stakeholder that is different type of organisation, but their implementation differs from one town to another. The structure of the service in larger towns is more robust and versatile with more service provider as compared to smaller towns. Patient can seek assistance from health care centres, private clinics, occupational health care, specialised psychiatric care, private psychotherapist, church and various organisations involved in the different kinds of mental health services. (Meili. The Finnish Association for Mental Health).

In Finland, mental disorders are treated with a combination of medication, conversation and different kinds of group activities. For long term and more severe cases, patients are treated in an inpatient care where the patient is admitted in a psychiatric care unit or outpatient care where patients visit the hospital few times a week or months to receive treatment (Meili, The Finnish Association for Mental Health). In this case the responsibilities to assess and manage the mental illness and or mental well-being do not only depend on the health care personnel but also on the patient.

Before the 1990s, specialised mental services were administered separately from other health services. For this reason, Finland was divided into mental health districts, composed by federation of municipalities.

In the beginning of 1990, Finnish mental health service undergone transformation with the integration of mental services and other specialised health services with decentralisation of financing and de-institutionalisation of the services. The deinstitutionalization of psychiatric services has been possible by developing outpatient care and community based mental health services (Salokangas R.k.R. and Saarinen S., 1998). The former mental health districts were dissolved, and psychiatric and specialised health care were merged into new administrative units called health care districts (Ville L. and Vappu T., 2001). As compared to mental health services in Africa for example Cameroon, the Cameroon government spends 0.1% of the total health budget for mental health, (WHO Mental health atlas, 2011) Sources of mental health financing are from taxes, by patient themselves or their family and private insurance services. Apart from the government, some non-governmental organisations are involved with mental health, but their role is limited to advocacy, promotion, prevention and rehabilitation. Budget that is allocated for mental health program particularly for the development of community -based mental health are never implemented. Even if budget programmes are present, the plans in mental health are very slow to activate because of low priority. Since 1989, mental health has been included as a public health priority, but greater priority has been given to family planning and hospital medicine (WHO, 2013).

There is no mental health reporting system because the collection of data is poor and information gathering is not developed due to lack of infrastructure, trained and motivated staff (WHO, 2013). There are no community care facilities for patient with mental disorder. The country has no data collection system or epidemiological study on mental health. A research carried out by WHO (2011) in Cameroon shows that nurses and other healthcare professionals working in hospitals, are not train and equipped to work with people with possible mental health problems and do not have the interpersonal interaction skills and the methods available to provide the best possible care for these clients.

Community care can be described to be various services available to help individuals manage their physical and mental problems in the community with dignity and independence in other to avoid social isolation (Sidmore, 1997). Community care can be a means of providing the right level of interventions and supports to enable people to at-

tain utmost autonomy and control over their own lives and to achieve this; it will require both formal and informal support by the nurse (Clough & Hadley, 1996). One of that supports is the building of nurse- client relationship. Nurse-client relation is the core or the foundation on which nurses build up a relationship with the client.

2. BACKGROUND

Mental well-being is necessary and important for a population health and well-being. Many people may discover mental health problems in their daily life activities. Most often, these mental health challenges go unnoticed by the patients as well as others. Mental health can be defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community (WHO (2014). Therefore, mental health entails how well individual manages or copes with daily life and it is therefore as important as physical health. For instance, people experiences fear anxiety, depression and stress in their daily lives. However, if these problems affect an individual to the extent that they are unable to cope with their activities of daily life it may constitute a psychiatric disorder (WHO, 2014)

According to world health organisation report, mental disorder comprises a wide range of problems with different symptoms and is generally characterized by some combination of abnormal thought, emotions, behaviour and relationship with other. Examples are schizophrenia, severe depression, intellectual disabilities and drug related mental disorders (WHO, 2014).

Traditionally, a therapeutic relationship has been considered the foundation of mental health care and the support for changing insight and behaviour (Peplau, 1988 (cited in Moyle, 2003).A therapeutic relationship can be defined as a helping relationship that is based on mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others, and assisting with the gratification of the patient's physical, emotional, and spiritual needs through knowledge and skill of the care giver. Therefore, therapeutic relationships are not only important in psychiatric nursing but also as a key variable in all evidence based practices. An interactive and caring relationship is fostered by kindness, objectiveness, friendliness, a sense of humour, and a positive approach (Astedt-kurki & Haggman-laitila, 1992(cited in Lecharrois, 2011). This involves a relationship built with trust where values are respected as the mental health care nurse relieves distress by actively listening to concerns, improves morale through review of established outcomes, and empowers the patient to participate in their recovery (Beeber, 1998(cited in Moyle, 2003).

2.1 The history of mental health treatment and therapeutic relationships

The caring of mentally sick person has existed during the prehistoric times but in different forms. Buddhaghosa, (1975) study (cited in Clarke, 2012) identified nursing, by monks, as a significant part of care for people with health problems in India more than 1500 years ago. The progenitor of modern mental health nurses were often nuns and monks in the Middle Ages (Lorentzo, 1992(cited in Clarke, 2012).

In prehistoric times, tribal rites were used to treat mentally ill patient and if unsuccessful often lead to the abandonment of the ill person. During the Greek and Roman era treatments were done in temples ranging from human care to flogging, bleeding and purging. They were religious belief that mentally ill persons were being possessed by devils that could be treated by whipping and starvation. In the 16th century the church stops treating mentally ill persons and they were imprisoned in arm houses, a combination of jail and asylum. Those who were delusional and violent were forced to seek charity on the street (Taylor & Ballard, 1921).

In the 18th and 19th century moral therapy was introduced as a new form of treatment based on the beliefs that mental health was related to immorality or poor upbringing and that a therapeutic environment could correct those weaknesses. Patients were kept busy with work, music and other diversions instead of harsh confinement exercise during the prehistoric era. Moral therapy requires that the attendants treat patients with kindness and keep them involved in the treatment program (Wasserbauer & Brodie, 1992(cited in Taylor & Ballard, 1921). The concept of moral therapy introduced in the treatment of mentally ill patient and it reliance on attendants gave rise to current psychiatric nursing care. The 20th century saw the used of isolation, water bath treatment, dietary regimens, seductive drugs and shock as a form of treatment. It is not refuted that the 18th, 19th and 20th century institutions were often inhumane places, but the nursing care given could be of high quality despite difficult circumstances with uncaring administrators (O'Brien, 2001).

In the 21st century a multidisciplinary approach has been established for the treatment of mentally ill person. The in-depth knowledge of the causes and treatment of mental illness has increased dramatically over the years therefore psychiatric nurses work in close collaboration with other health practitioners, clients and their families, each family forming an integral of a multidisciplinary team utilizing a wide range of treatments. Based on the recognition of patient as part of the treatment team, the term client rather than patient is often used when referring to person in need of professional mental health services. Apart from clients and their families, the multidisciplinary treatment team includes the psychiatrist, clinical psychologist, psychiatric social worker and activities therapist who teach life skills. (O'Brien, 2001)

The concept of therapeutic relationship has been used in the asylum era, particularly in the practice of moral treatment. Therapeutic relationship is a concept held by many as fundamental to the identity of mental health care nurse. It origin can be traced to attendant's interpersonal practices in the asylum era. The development and implementation of health care practice theories was pioneered by Florence Nightingale throughout the 19th and 20th century but her theories were not adopted and implemented at the same time as they were introduced in other areas (O`Brien, 2001 (cited in Lecharrois, 2011). Medical understanding and interpretation of insanity avoided the development of interpersonal relationship between the staff and patients (Chung& Nolan, 1994(cited in O'Brien 2001).

Due to the improper care of patient in asylums, eventual awareness of the failure of this approach was preceded by a shift of identifying what is necessary for improved care. In 1958, the Journal of mental science redefined the term "asylum attendant" to that of "nurse" through the implementation of educational programs, which provided a basis for the development of professional identity (Nolan, 1993 (cited in O'Brien, 2001).

In the mid-20th century, nursing theorist begin discussing the conceptualization of therapeutic relationship between clients and nurses (O'Brien, 2001). It was left to Hildegard Peplau (1952) and other nursing theorist to describe mental health nursing as being "therapeutic" when providing nursing care and in relation with patients, and (Travelbee, 1971(cited in Lecharrois, 2011) used the terms" human -to-human" relationship and "nurse-patient interaction" to characterised nursing (O'Brien, 2001).

Today the concept of therapeutic relationship has been reinforced since Peplau`s (1957) influential work. Therapeutic relationship ensures that patients are given top priorities. Nurses must assist patient in establishing new skill and competences so that they can cope with their abnormalities. In mental home, this difficulty involves violent behaviour or self-destructive actions which impaired relationship with their nurses. Nurses usually face a difficult task because they must balance between need to provide security and detention on one hand and the need to ameliorate patient mental health on the other (Caplan, 1993 cited in Brunt & Rask, 2007). In a holistic viewpoint both the nurse and the patient work together where the main objectives of the nurse work are to assist patient to cope with their situation while they develop their own nursing and caring skills. Trust, respect, genuineness, honesty and effective communication (McKlindon and-Barnsteiner, 1999(cited in Lecharrois, 2011) and demonstrating consistency and active listening (Forchuk et al., 1998 (cited in Lecharrois, 2011) are essential in fostering an effective therapeutic relationship. A study conducted by Moyle (2003) on people suffering from major depressive episode suggested that client expect empathy, comfort and presence than nurses willing to provide.

2.2 The key concept.

To better understand and follow up this research paper it is imperative that the key concepts of therapeutic relationship used in this literature review is defined. These include trust, communication, empathy, respect, genuineness, confidentiality, empowerment, continuity.

Trust

Trust is “confidence in and reliance upon others, whether individuals, professionals or organization, to act in accord with accepted social, ethical and legal norms” (Institutes of medicine, 2006). Webster links trust in its definition to, reliance on, a confidence placed in, a charge of duty and a commitment for a person to act in another`s best interest (Marshall, 2000). Other authors describe trust as the reliance on consistency, sameness and continuity of experiences provided by familiar and predictable things and people (Erikson, 1963).

Communication

Communication can be defined as the act of communicating, imparting, conveying or exchange of ideals, thoughts, messages, knowledge and information by means of speech, visuals, signals, writing or behaviour (Concise oxford advanced learner`s dictionary, 2004). De valenzuela and Scherba (1992) defined communication as the act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge or affective states.

Empathy

Empathy is the ability to share someone else's feeling or experiences by imagining what it would like to be in that person's situation (Cambridge academic content dictionary, 2008). Kristjansdottir (1992) analysed existing definitions of empathy and categorized them as a representation of three main types, 1) the ability to imaginatively explore facets of another person`s role, and 2) to anticipate and understand the thoughts, feelings and behaviour of another, and 3) the emotional experience of sharing the experience or feelings of another person without necessary or cognitively understanding them.

Genuineness

Genuineness is the ability to be oneself within the context of a professional role (Shedon L.K, 2005). Rogers (1961) describe genuineness as congruence, the willingness to be open and genuine and not hide behind a professional facet. Watson (1976) talks of sincerity as the necessary part of a caring experience. Marden (1990) describe it as the need to be in touch with one's own state of mind to be able to express sensitivity and receptivity to the beliefs and experiences of others. A genuine person is one who tries to be himself`/herself, comfortably with all his/her social interaction and does not have to adapt or change roles to be acceptable by others (Heslop A., 1992).

Empowerment

There are many definitions and meanings of empowerment depending on the context and situation in which it is used. Empowerment is defined as a multidimensional process that helps people gain control of their lives, increasing their capacity to act on issues that they themselves regards as important (Luttrell, 2009). Other authors like Zim-

merman and Rapport (1988) defined empowerment as a build that connects personal capabilities and power, positive behaviour and natural healing system to issues of social change and social policy.

Nurses need autonomy as a kind of power which can be defined as" the freedom to act on what one knows" (Kramer & Schmalenberg, 1993). Power can be acquired through the process of empowerment (Kanter, 1993). Empowerment enables one to act whereas power denotes having control, influence or domination (Chandler, 1992).

Continuity

Continuity of care enables patient to build a therapeutic relation with nurse. Patient may experience two forms continuity of care, relationship continuity and management continuity. George Freeman & Jane Hughes (2010) described relationship continuity as a continuous therapeutic relationship with a clinician and management continuity as, continuity and consistency of clinical management, including providing and sharing information and care planning, and any necessary coordination of care required by the patient.

Respect (unconditional positive regards)

Carl Rogers (1961) defined respect or unconditional positive regard as the ability to accept another person's beliefs despite your own personal feelings. Respect is the recognition of the inherent dignity, worth and uniqueness of every individual, regardless of socioeconomic health problem (Milton C. L., 2005). Patient need respect and acceptance as a unique human being. The purpose of respect is to make the patient have a comfortable feeling and to make his/ her feelings legitimized (Sheldon L.K, 2005)

Confidentiality and privacy

Confidentiality is the act of keeping in confidence all information related to the client's physical, psychological and social health, as well as any personal information collected during the time they receive nursing services (College of licensed practical nurse of Alberta, practical statement 9, 2003). Patients expect confidentiality when they entrust their health information to a nurse. Patient will be honest in their response and in giving their health information especially if they feel that their information is kept confidential.

3. THEORETICAL FRAMEWORK

Peplau's interpersonal theory (1988) has been recognized as fundamentals for modern day nursing. Professional nursing organisations have also identified the therapeutic relation as a pivot of nursing care and have embedded qualities of the nurse- client relationship in many statements on practices (Canadian nurse Association (1980), College of nurses Ontario, 1999). Several authors have looked more specifically at the phases and qualities of the therapeutic relationship as defined by Peplau`s, considering both the nurse and the client perspective in his/her experience of the relationship (Forchuk et. al, 1998 abcd,)

3.1 Peplau`s theory as a framework.

Peplau`s theory of nurse -client relationship is significant to nursing practices and the findings of this study. Longman online dictionary defined a relationship as the way in which two people or two groups feel and behave about each other as well as connected and affect each other. Therefore, the nurse(s) and the client(s) comes together and connect to each other to establish a relationship. Peplau`s considered nursing to be a "significant therapeutic, interpersonal process". Based on Peplau's (1988) theory, a therapeutic nurse- relationship can be defined as a professional and planned relationship between client and nurse that focuses on the client`s needs, feelings, problems and idea. The client will experience better health when all their needs are fully considered in the relationship (Peplau, 1988). Peplau explained that nursing is therapeutic because it is a healing art, assisting a patient who needs health care. It is also an interpersonal process because of the interaction between two or more individuals who have a common goal. The attainment of this goal in the interpersonal relationship is achieved through a series of sequential steps involving four phases, 1) orientation, 2) identification, 3) exploitation and 4) resolution.

Before the nurse and patient meet, there is a pre-interaction phase where the nurse must become aware of her own personal feelings, fears, and worries about working with the patient. The self- awareness allows a nurse to accept a patient's difference without judgement.

3.1.1. The orientation Phase

The orientation phase begins when the nurse and patient first meet, and goals are set. The aim is to build trust and respect. The nurse and patient are strangers to each other, with both nurse and patient has preconceptions of what to expect based on previous relationships, experiences, attitudes and beliefs (Peplau, 1952). The roles and limitations of the relationship are communicated through pleasant greetings, eye contact and mindfulness of the patient's boundaries. The nurse attempts to discover why the patient is seeking for help and what their goals are. The patient tells the nurse what she or he needs; ask questions, share opinion and expectations based on past experiences. When the nurse displayed a genuine interest in the patient and show empathy, it can help during this orientation phase. The nurse assists in reducing client discomfort that may include reducing anxiety and tension.

3.1.2. The identification Phase

In the identification phase, trust begins to develop, and the client identifies and attaches themselves with those who accept them. Patient addresses personal feelings about the experience and is encouraged to participate in care to promote personal acceptance and satisfaction. The patient begins to identify problems to be worked on within the relationship. The meaning between feelings and behaviour of the nurse and the patient are explored. Peplau state that when a nurse permits patient to express what they feel and still get all the nursing that is needed, then patient can undergo illness as an experience that reorients feelings and strengthens positive forces in the personality. The major goal of this phase is to develop clarity about the patient’s preconceptions and expectations of nurses and nursing, develop acceptance of each other, explore feelings, identify problems and respond to people who can offer help. Plans can be made for the future between the nurse and the patient, but the implementation of the plan signifies the beginning of the exploitation phase in the working relationship.

3.1.3 The exploitation phase

In the exploitation phase, the patient exploits all the services available to them based on self-interest and need. The patient is assisted by the nurse in their efforts to strike a balance between the needs for dependence and independence. The plan of action is implemented and evaluated. The patient may display a change in manner of communication as new skills in interpersonal relationship and problem solving are developed. The nurse continues to assess and assists in meeting new needs as they emerged.

3.1.4The Resolution Phase

The resolution phase is the ending phase of the nurse- patient relationship. The patient no longer needs professional services and gives up dependent behaviour. The patient abandons old needs and looks to new goals, continue to apply new problem-solving skills and maintain changes in style of communication and interaction. During the resolution phase, both the patient and nurse experience growth (Peplau, 1989). The ending of nurse-patient relationship depends on the nurse and patient and this is based on their mutual understanding. Both the patient and nurse experience some degree of independent during the resolution phase. Resolution includes planning for alternatives sources of support, problem prevention and the patient's integration of the illness experience.

3.2 Relevance of the theory

The theory is relevant to this study because, it focuses on the interpersonal processes. The theory explained the phases of the interpersonal process that are; Orientation, identification, exploitation and resolution including some key concepts that relevant elements to establish an effective therapeutic relationship between the nurse and the patient. Secondly, building a relationship requires two individuals, the nurse and the client. The nurse works together with the client. Therefore, the theory has diverted the thinking of nurses working “TO” the patients to nurses working “WITH” the clients which is an integral aspect in building an effective therapeutic nurse – client relationship.

4. AIMS AND RESEARCH QUESTION

The purpose of this study is to investigate articles of scientific journals related to topic and gain insight in to the elements needed to build an effective nurse-client relationship and to understand nurse's roles in establishing effective nurse-client relationship. To meet the aims of the study the following research question have been posed.

1). What are the elements needed to establish an effective therapeutic nurse-client relationship?
2). What are the roles of nurses in ensuring effective nurse-client therapeutic relationship?

5.METHODOLOGY

5.1 Data collection

The database searches that were used in the literature review were Ebscohost, science direct, Sage journal and Google scholar. The major search words that were used for the search were “Therapeutic relationship”, “Mental health”, “nurse- client relationship”, “Community health”, “Component of Therapeutic relationship” . The researcher used “and” to combine the keywords in other to get more specific and relevant articles for the study.

In the Ebscohost database, applying the search phrases “components of therapeutic relationship and mental health, the number of hits were 261. After reading through the abstract of the articles, 7 articles were collected, further reading through the articles, 5 articles were considered relevant to the studies.

In sage journal database, applying the search phrase “nurse - client relationship and community health”, the number of hit were 545.After reading through the abstract of the articles, 8 articles were selected. Further reading carefully through the articles, 2 articles were found relevant to the study.

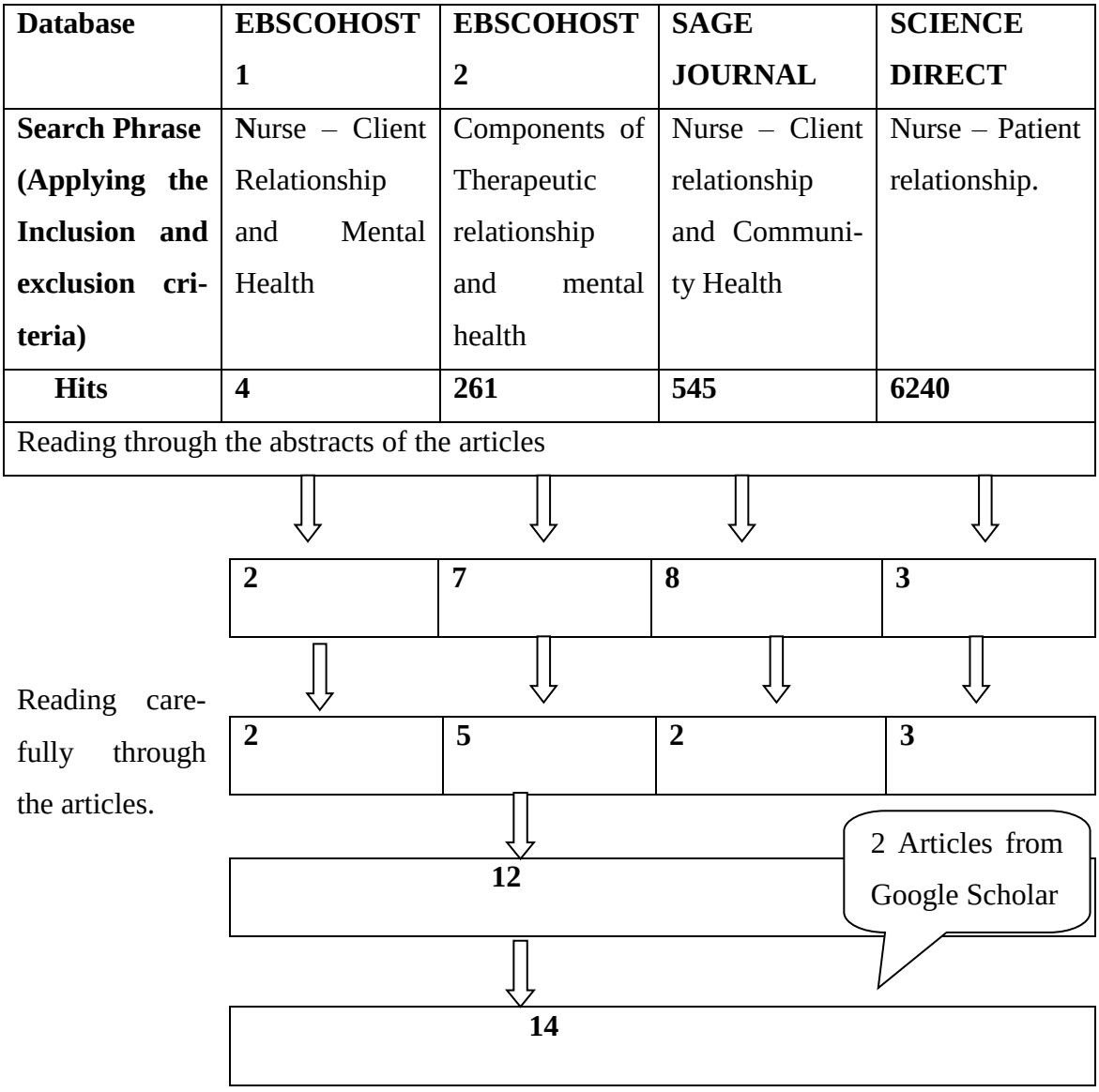
In science, direct database applying the search phrase “nurse - Client relationship”, the search resulted to 6240 hits. After reading carefully through the abstracts, 3articles were selected. Further reading through the articles the 3 articles were considered relevant to the study

Two articles were obtained from Google scholar using references of studies that have been carried out on this topic. Applying the search phrase “nurse-client relationship and mental health” in Ebscohost database, the number of hits were 4. After reading carefully through the abstract of the articles, 2 articles were considered relevant to the study. The following inclusion and the exclusion criteria were applied to the search process. The inclusion criteria were; **1)**. The inclusion criteria were based on qualitative peer reviewed articles that have been published between the years 2005 to 2015.**2)** Articles that were closely linked to the specific objectives of the study were included in the study.**3)** Articles with full text, written in English language, and can be assess freely and easily

were included in the study. 4**)** Articles that give a deeper knowledge to the study from nurse's perspective and or client perspective were relevant for the study

The exclusion criteria were; **1)** Articles that were published below the year 2005 were not included in the study.**2)** Articles that were not link to the specific objectives of the study were excluded from the study.**3)** Short versioned articles, written in language other than English language and cannot be freely assessed were excluded from the study.**4)** Articles that require payment were excluded from the study.

The search process is illustrated on figure 1



The search yielded 14 articles that were considered relevant to the study.

Figure 1: The search process

5.3 Presentation of reviewed articles

1. Kanerva, A. , Kivinen, T., Lammintakanen, J., 2015. Communication Elements Supporting Patient Safety in Psychiatric Inpatient care. Journal of Psychiatric and Mental Health Nursing. Volume 22, Pp. 298 - 305.

2.Van den Heever, A.E, Poggenpoel, M., Myburgh, C.P.H.,2015. Nurses' Perceptions of Facilitating Genuineness in a Nurse-Patient Relationship. Health SA Gesondheid. Volume 20 Pp 109 – 117

3.Weis, D., Schank, M.J., Matheus, R., 2006.The process of Empowerment: A parish Nurse Perspective. Journal of Holistic Nursing. Volume 24, No 1, Pp 17-24.

4.Erickson, J., Millar S., 2005. Caring for Patients While Respecting Their Privacy. Renewing Our Commitment. The online Journal of Issues in Nursing (OJIN) (Reviewed in May 31, 2005), Volume 10, No 2. Manuscript 1.

5.Ward, J., Schaal, M., Sullivan, J., Eedmann J.B., Hojat M.,2009. Reliability and Validity of Jefferson Scale of Empathy in Undergraduate Nursing Students. Journal of Nursing Measurement, Volume 17, Pp 73-88.

6.Crilly, J., Chaboye, W., Wallis M, 2006.Continuity of care for acutely unwell older adult from nursing home: Scand Journal Caring Science, Volume 20. Pp 122-134

7. Dinç L., Gastmans, C.,2013. Trust in Nurse - Patient Relationships: A literature Review 2013, volume 20, No 5 Pp 501 – 516

8.Rutherford, M.M., 2014. The Value of Trust to Nursing. Nursing Economic. volume32. No 6. Pp 289.

9.Kourkouta, L.,Papathanasiou,Ü. J. Communication in Nursing Practice. Material Socio-medica2014 vol.26 Pp 65-67

10.Sheldon, L.K, 2005. Establishing a Therapeutic Relationship. Jones & Bartlett Learning. Section 2. Chapter 5. Pp 59 – 75.

11.Hawamdeh, S., Fakhry R., 2013. Therapeutic Relationships From the psychiatric Nurses' Perspective. An Interpretative Phenomenological Study. Perspective in Psychiatric Care. Vol 50. pp178-185

12. Scanlon, A., 2006. Psychiatric Nurses Perceptions of the constituents of therapeutic relationship: a grounded theory study. Journal of psychiatric and mental health nursing. Volume 13 pp.319-329

13.Dearing, K.S., Steadman S., 2009. Enhancing Intellectual Empathy. The lived experience of voice simulation. Perspectives in psychiatric care. vol. 45. No 3.

14.Bhanji, S.M., 2013. Respect and Unconditional Positive Regards as mental health promotion practice. Journal of clinical research and bioethics. vol.4. No 3

5.4 Ethical consideration.

Before start of this research process, the author read carefully the Arcada's ethical rules found in "Good science practice in studies at Arcada". Components such as fabrication, plagiarism, falsification, theft, and ethical carelessness were put into consideration during this study.

Angelica et al, (2000) "Ethics pertains to doing good and avoiding harm, harm can be avoided through the application of appropriate ethical principles". There is evidence that every researcher is faced with ethical issues. This difficulty existing in research can be prevented by the awareness and the use of well-established ethical principles which are autonomy (protection of human rights), beneficence and justice. (Angelica et al, 2000). The author put all this into consideration when reviewing articles selected for the study.

The study is written under strict scientific rules and regulations; therefore, all information obtained from various sources has been correctly cited using Harvard style of referencing to avoid copyright violation and plagiarism. The study uses only secondary data extracted from the Arcada's Academic Database, thus the subject was not in any danger and their privacy were not compromised

5. 5 Subject selection.

Based on the 10 articles selected for this study, one of the studies (Van den Heever et al, 2015) used a quantitative contextual deductive and descriptive method. Their subjects were nurses from private general hospital as their subjects for the study. The nurses were self-assessed on a five-point scale in a questionnaire Descriptive and nonparametric statistical techniques were used. The specific hypotheses were tested to identify if there is a statistical significant difference in perceptions of facilitating genuineness exist between a nurse and a patient. (Weis, D., et al 2006) used parish nurses to select their subjects. Based on the discussion from one of the focused group, Qualitative data col-

lected were then analysed and empowerment theme were identified for nurses and clients. (Kanerva et al. (2015) and Scanlon (2006) used semi-structured interview survey to select their subjects. These subjects were nurses. Kanerva subjects were asked to describe the elements that constitute patient safety in psychiatric inpatient unit. Scanlon interview was to find out how psychiatric nurses learn to form therapeutic relationship and what skills are utilized within the relationship. Hawamdey, S., (2013) also used nurses and unstructured recording interview to collect data. (Shedon L. K., 2005) used 38 years old woman (client) and a nurse as subjects to establish a therapeutic nurse - client relationship. Ward et al. (2009) focused on nursing students to test on the reliability and validity of the Jefferson scale of empathy. Dearing & Steadman (2009) focused on men and women. Bhanji (2013) used a 50 years old female as the subject. The remaining five articles (Dinç L.& Gastmans C. (2013), Rutherford, M.M. (2014), Erickson J (2005), Kourkouta et al. (2014) and Wardet al., (2006) used electronic database search to select articles for their studies.

Data Analysis

The study adopted an inductive content analysis approach that involves reading the text thoroughly multiple times to identify the pattern, theme and inter-relationships. Content analysis refers to a group of procedures for the systematical, replicable analysis of text. It involves classification of part of text through the application of a structured. Systematic coding scheme from which conclusion can be made about the message content * (Susan R. et al. 2015). Content analysis can be suitable for a wide range of material such as letter, article, text in newspapers, magazines, video, films and so on (Schreier M.,2012). According to Elo S. & Kyngäs H. 2008, inductive content analysis process is classified in to three main phases: preparation phase, organization phase and reporting phase.

Following the systematic phase by Elo S.& Kyngös, H (2008), the author preceded by collecting articles from the Arcada's electronic database search elites; ebscohost, Sage journal and science direct applying the inclusion and the exclusion criteria. Reading

through the abstract and through the articles, 10 articles were considered relevant to the study. The author then deeper into the articles multiple times to be familiar with the theme and events in the content of the articles and to analyse the information that an-

swer the research questions. In the process of reading and analysing the information systematically, the information that answer the research questions were coded by highlighting the information with colours. The appropriate coded highlights that convey similar meaning were then clustered to form sub categories. The sub categories were further studied, analysed and regrouped to form the main category. The final results were used to answer the research questions as illustrated on the flow chart below.

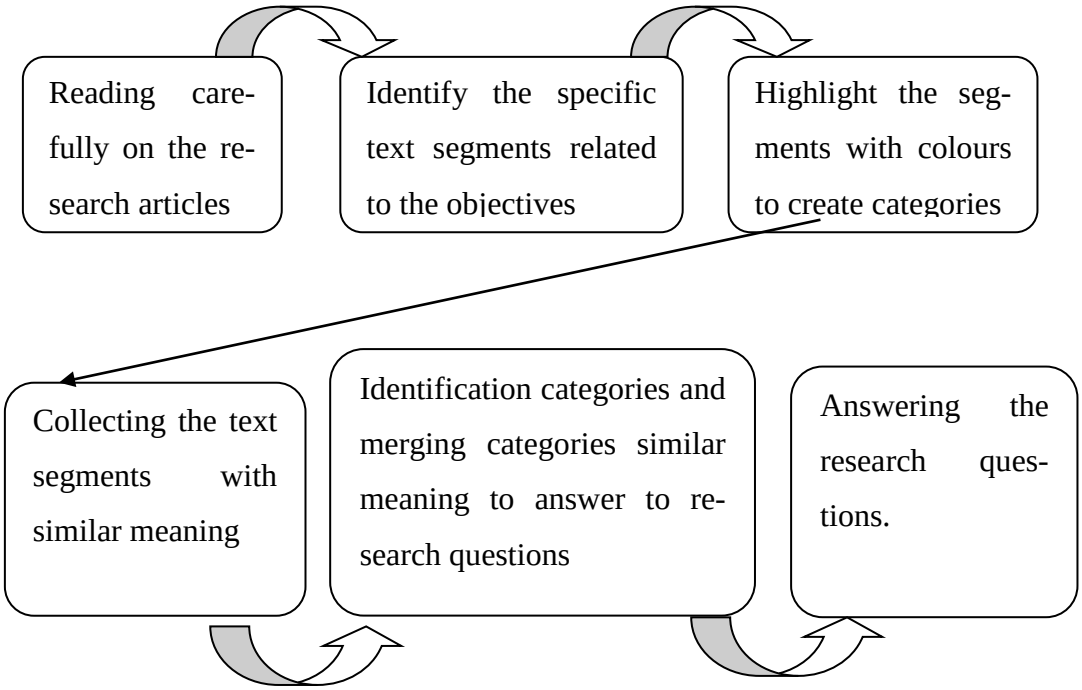


Figure 2: Illustration of the data analysis process

6. FINDINGS

The finding emphases the various component of nurses in the therapeutic relationship which include trust, communication, empathy, genuineness, empowerment, respect, continuity of care, confidentiality and the role of nurse as a provider of physical care, protection, companionship, security and safety in a therapeutic relationship.

6.1 Elements of therapeutic nurse- client relationship

6.1.1 Trust

Trust is considered as one of nursing`s heftier-weighted assets and foundation in a therapeutic relationship. The establishment of trust serves as a foundation of interpersonal relationship between nurse and their patient. Trust is vital in nurse-patient relation because it reduces patient`s anxiety and enable them to get a sense of control. Without trust it is not possible to effectively meet the needs of patients (Dunc L.& Gastmans C. 2013).

Trust is a choice that an individual makes, based on the need to trust others. Building trust requires mutual commitment between nurse and patient. The study of (Naylor et al 2003(cited in Rutherford, M., 2014) revealed trust as an enhancer of the patient experience; trust is a nurse- sensitive quality measure that is linked to overall patient satisfaction and patient trust in nursing impact the patient's perspective on the quality of the health care system.

Patients attest to the importance of trust in their nurses" and "measurement of this trust is significant to include in the assessment of nursing care quality" (Radwin& Cabral, cited in Rutherford, M., 2014). A nurse -patient relationship is based primarily on trust. Primary trust turns to be extended to the nurse by the patient unless the nurse does something to break or destroy the covenant (Hertzberg 1988, (Lagerspetz, 1992(cited in Rutherford, 2014).

Staughair, 2012 study (cited in Rutherford, 2015) revealed that the compassion or empathy, goodwill and advocacy that a nurse embodies in his or her practice influences the trust the patient identifies with his or her care and core values.

The study of Scanlon (2006) found that psychiatric nurse attached huge emphasis on the development of trust and the initial aspect of the trusting relationship is enabling the patient to feel safe and secure and how this is conveyed to the patient. Conveying safety and security to the patient is important. Equally significant is the ability to convey understanding of the patient's point of view.

Dinc L.& Gastmans C. (2013) stated that trust is the foundation and essential element in any therapeutic relationship. Establishing trust with a patient is an important aspect of nurses' role and as a basis of continued care and treatment. The beginning phase of therapeutic alliance from the patient view as described by state that nurses follows the patient comments to establish rapport and trust. Nurses foster trust by being consistent in both their words and actions. Before building a rapport, nurses and patient must feel comfortable with each other. Trust is not something that nurses possess or are given; instead, it is something that nurses earn and should work hard to achieve (Hem et al. 2008 (cited in Dinc L., Gastmans C., 2013)

6.1.2 Communication

Good communication between nurses and patient is essential for safe and quality health care and it is used in various stages of care planning; Assessment, Planning, implementation and evaluation. In other to achieve this, nurses must understand and help their patients, demonstrating courtesy, kindness and sincerity (Kourkouta L. &Papathanasiou I. 2014). Therapeutic communication implies that nurses use their communication in such a way that will be beneficial to the patient.

Communication between nurses and patient begins with the first contact of the two and last throughout the therapeutic relationship. Studies by (Gilje et al., 2007 & Timmons, 2010 (cited in Kanerva et al., 2014) revealed that communication is one of the core competencies in psychiatric care and plays an important role in structuring care and in establishing a therapeutic relationship. Nurses are always the first to noticed changes in patient status, they need to have a strong focus on communication and continue flow of information (Deacon & Fairhurst 2008, Chang et al. 2011 cited in Kanerva et al., 2014).

The role of nurse in relation to patients is to ensure that communication is appropriate to the patient`s understanding and values, and enables patients to empower themselves

(Blegen&Severinsson, (cited in Kanerva et al., 2015). The study by (Maxson et al. 2012, (cited in Kanerva et al., 2015) revealed that communication between nurse and patient can be enhanced with practices such as bedside handovers thereby including patients as partners and active participants in communication. When communication improves, nurses are aware of patient safety problems (Auerbach et al., 2012, cited in Kanerva, et al., 2015). Communication that support patient safe in psychiatric care by (Kanerva, et al.,2015) is presented on the diagram below

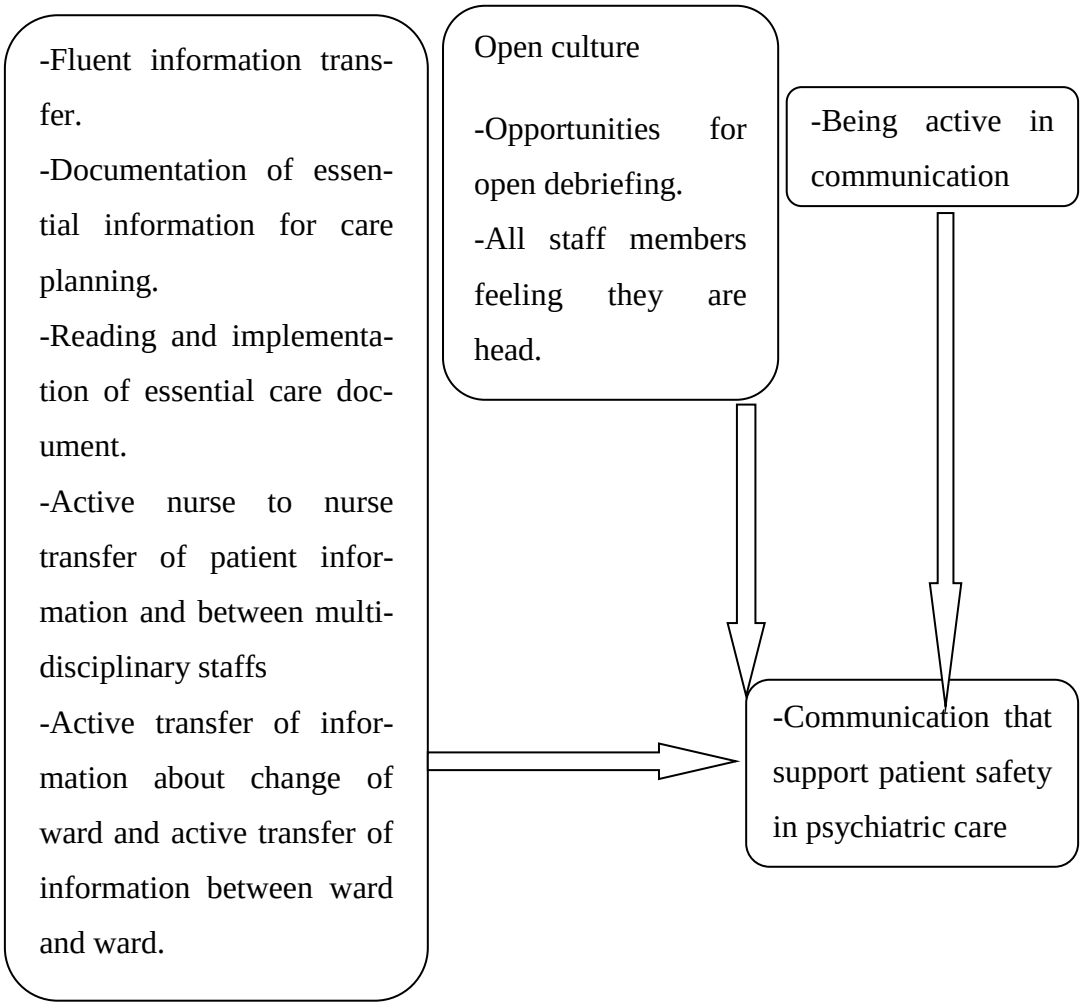


Figure 3: Communication that supports safety in Psychiatric nursing.

6.1.3 Empathy

Empathy is a central factor in a therapeutic relationship. In a therapeutic relationship, empathy enables the nurse to remain objective, while actively listening to the patient's concern and providing an empathic response to the patient (Ward, j., et al., 2009). It therefore allows the nurse to participate in the patient's world, assist in the process of care and make it easier for the patient to communicate their mental status. Thus, determines the quality of this care. It allows the nurse to participate in the patient's world. Empathy assists in the process of care and makes it easier for the patient to communicate their mental status. Therapeutic relationship filled with empathy is an important facet of patient care and determine the quality of this care.

Peplau 1988 (cited in Boyle, 2008) emphasized that nurses must pay attention to their own feelings during interactions with patients, so that they can grasp what the patient must be feeling. The study by Sullivan, 1990 (cited in Ward et al., 2009) found that empathic communication resulted in increased patient satisfaction and decrease levels of stress among patients while also serving as a buffer against potential psychological and health related problems among nurses.

The ability to be empathetic develops as the nurse can redirect difficult feelings and situations experienced in the clinical setting in an encouraging and helpful manner. Peplau cited in Ward, J., et al. (2009) stated that nursing care takes place during interaction with patient, both knowledge and understanding of patient's needs must be developed and enhanced during student`s course of instruction. The process of understanding of patient needs is a critical attribute of empathy and an essential component of empathic engagement.

To create a therapeutic relationship, nurses must be able to respond to clients empathetically, competently and intelligently (Dearing and Steadman, 2009). Empathy has been viewed by some as a cognitive attribute, by others as an emotional (affective) characteristic, and by the third group as a combination of both (Hojat cited in Ward et al., 2009). Alligood, 1992 (cited in Ward et al. (2009) viewed empathy as a cognitive response, learned and developed through basic nursing instructions and clinical practice.

6.1.4 Genuineness

Genuineness and openness is an important aspect in a nurse-client relationship. When a nurse is genuine he or she will share emotional reactions to the patient difficulties and experiences. Authenticity or genuineness is significant in therapeutic communication. Nurses today are not always caring and genuine with themselves or with their patients in the nurse- patient relationship (Van den Heever, 2012)

Authenticity or genuineness is significant in therapeutic communication. Nurses today are not always caring and genuine with themselves or with their patients in the nurse-patient relationship (Van den Heever et al., 2015). Facilitating genuineness involves learning through socialization or experiential learning (Scanlon, 2006) and is founded in the awareness and perception of each other in an open and trusting relationship (Bozarth, (cited in Van den Heever et al., 2015).

Genuineness and truthfulness are virtues and characteristic which have long been perceived as being real and transparent while honesty has been defined as truthfulness, authenticity, morality, integrity and trustworthiness (Begley, Ashton, Lee & Son, Rogers cited in Van den Heever et al., 2015). Genuineness and honesty are therefore consistent with constructive relationship

Nurses have knowledge and skill, but they also become aware of feelings and emotions when engage in real interactions with patient. In such interaction nurses facilitates, integrate and reflect on what patient says (Van den Heever, et al., 2015). Genuineness is expressed by the way nurses perform his or her duties, how this is conveyed to the patient and the nurse willingness to be genuine to the patient by fulfilling stated task (Scanlon A., 2006).

6.1.5 Empowerment

According to Darlene et al. (2006), empowerment is an enabling process arising from mutual sharing of resources and opportunities that enhance decision making to achieve change at the individual, congregation and community level. Empowerment has become a recommendable value in health care since 1987. A study by (Falk-Rafael, 2001 cited in Darlene et al., 2006) indicated that it was the right and duty for people to take part in the planning and implementation of their health care. Menon, 2002 cited in Darlene et

al. (2006) viewed empowerment as the conscious striving for greater participation by individual and group in decision affecting their lives.

Empowerment is having good professional relationship between the professional team and between the nurse and the client. In the study by (Falk-Rafael 2001 cited in Darlene et al.2006), found that trust is central to empowerment and the development of a trusting relationship is a key to client empowerment. Nurses themselves were empowered through their client`s empowerment in a reciprocal effect (Darlene et al. 2006). Empowerment is a state arising from valuing others, and nobody can value other`s unless they value themselves (Chavasse, 1992 cited in Darlene et al 2006).

Akerjordet & Severinsson, 2004 study (cited in Dearing, 2006) revealed that the psychiatric nurse who develops an understanding of the emotion and behaviours in those they treat can more effectively empower clients in the process of developing efficient self - esteem, obtaining necessary life skills, becoming an active participant in society and moving toward recovery. Common to all health care disciplines is an understanding that that empowerment involves enabling people to gain some measure of control in their own lives

Several authors also found that knowledge creates empowerment and enhance one's control over his or her life (Falk-Rafael, 2001; Menon, 2002; Skinner and Cradock, 2000;(cited in Darlene et al.2006). Building on strength enhance the likelihood that empowerment is maximized (Dunst &Trivette, 1996 (cited in Darlene, 2006)

6.1.6 Continuity of care

Continuity of care is important in a therapeutic relationship especially as the patient becomes more vulnerable. The study of Haggerty et al. 2003(cited in Crilly et al., (2006) revealed that there are two core element that constitute continuity of care, the care of an individual patient and the care delivered over time are present in all areas that distinguish continuity from others. Both elements must be present for continuity of care to exist, but their presence is not sufficient to constitute continuity. Mainours & Gill, 1998(cited in Crilly et al. (2006) suggest that continuity of care is achieved by bridging

discrete element in the care pathway whether different episodes, interventions by different providers or changes in illness status. Continuity of care encompasses the ability to support aspects that endure intrinsically over time such as patient`s values, sustained relationships and care plans (Haggerty et al., 2003 (cited in Crilly et al., 2006).

6.1.7 Respect (unconditional positive regards)

A good therapeutic relationship can be established when patient is accepted and respected by their nurses irrespective of their behaviours. Stuart, 2009 (cited in Bhanji, 2013) stated that acceptance means viewing patient`s action as coping behaviour that will change as the patient becomes less threatened and learnt more adaptive ways.

Nurses foster therapeutic relationship by the feeling of companionship through understanding of being together, showing respect and patience. In the study of Hawamdeh S. &Fakhry R. (2013), nurses cited respect and patience as values they have learned early in life and which prevailed in their interaction with patient. Furthermore, behaviour use by nurses to convey respect included taking client seriously and accepting the patient's fault and problem

Bhanji (2013) stated that there are four categories of intervention to accomplish respect 1) acknowledging the patient's suffering and distress; 2) being non-judgement to the patient; 3) not over-powering the patient and; 4) viewing the patient as knowledgeable.

Freeth, 2007 study (cited in Bhanji, 2013 states that one barrier in practicing unconditional positive regard is the preconceived notion of people judging others through their behaviour rather than as a person. In the mental care nurses should accept the behaviour of their patient keeping in mind that they would change as the patient learn more adaptive ways of coping (Bhanji, 2013).

6.8 Confidentiality and privacy

When nurses understand that patient’s confidentiality is to be respected and their privacy protected, a trusting relationship can be establishing between the nurse and the patient which can be therapeutic. Trust is lost when the nurse fails to protect patient's privacy. Erickson J. & Millar S. (2005) stated that establishing and maintaining patient's

trust in their nurse is critical in obtaining a complete, accurate health record and carrying out and effective treatment plan.

Various laws have been enacted advocating for patient `s right related to privacy and confidentiality. Nurses are important in ensuring that organizations create an environment to safeguard patient`s right to confidentiality (Erickson J. & Millar S., 2005). The American association nursing (2001) code of ethics states "The nurse advocate for an environment that provides for sufficient physical privacy, including auditory privacy for discussion of a personal nature and policies and practices that protect the confidentiality of information". The transfer of information is vital for patient safety. Nurses provide information that involves patient treatment to both the patient and the family. Good quality care is enhanced by good communication skill provided by the nurse. The communication process in psychiatric nursing is described as a more informal process, with a given agenda of giving and gaining information (Scanlon, A., 2006).

Patients' information should not be discussed where others can overhear the conversation (in hallways, on elevators, in the cafeterias, in restaurants etc). It is not appropriate to discuss clinical information in public areas even if a patient`s name is not used. This can raise doubts among patient and visitors about respect for their privacy (Personal communication, Massachusetts general Hospital, privacy and confidentiality committee, 2004).

6.2. The role of nurse in Therapeutic relationship

The provision of high quality service by nurse is a fundamental part of nurse role in a therapeutic relationship. For the nurse to provide this service, the various key component of nurse-patient relationship is essential. The study by Hawamdeh & Fakhary (2012) revealed that nurse role in an effective nurse- patient relationship involves the provision of physical care, conveying safety and security and protection. Nurses can have established the provision of physical care through two sub themes, helping with self-care and treatment and attending to client`s concern of daily living.

The findings from the study of Hawamdeh & Fakhary (2012) indicated that psychiatric nurse have a responsibility to assist client with self-care especially when a patient is un-

able to look after him/herself, that is being disable. The professional aspect of helping clients with self-care and treatment relates to how psychiatric nurse change the level of assistance provided based on patient's daily living needs, preferences and health condition. By attending to patient concerns of daily need other than self-care need, patient was able to establish a trusting relationship.

In the mental setting, psychiatric nurse has a code of conduct augmented by personal morals and ethics and because they are bound by a code of conduct and a duty of care, makes therapeutic relationship different from any kind of relationship. Furthermore, the development of therapeutic relationship depends upon the nature of the patient's illness and disorder and that continuity of care is important in relation to building therapeutic relationships because of the relationship development being beyond the control of the individual nurse (Scanlon A., 2006)

Nurses can convey a sense of safety and security to the patient as a component of therapeutic relationship through establishing trust, genuineness, humour, accessibility, providing information, conscious decision making etc. as subthemes. The study by Scanlon A. (2006) revealed that conveying safety and security is important and equally important is the ability to convey understanding of the patient's point of view. Trust as a sub theme is built over time. The initial aspect of a trusting relationship is enabling the patient to feel safe and secure and how this is conveyed to the patient. When nurses guarantee patient security and safety, patient can confide in them.

Genuineness as a subtheme was emphasis as a component in establishing a client -nurse therapeutic relationship. Nurses present themselves as being able to offer help and promote genuine interest in and respect to patient, which is show genuine care during interaction with patient (Van den Heever, Poggenpoel & Myburgh, 2015).

Nurses have knowledge and skill, but they also become aware of feelings and emotions when engage in real interactions with patient. In such interaction nurses facilitates, integrate and reflect on what patient says (Van den Heever, Poggenpoel & Myburgh, 2015). Genuineness is expressed by the way nurses perform his or her duties, how this is conveyed to the patient and the nurse willingness to be genuine to the patient by fulfilling stated task (Scanlon A., 2006).

The subtheme accessibility expresses the nurse being available and given time to the client - nurse relationship. The study of Hawamdeh S. &Fakhry R. (2013) suggested that nurses frequently had to prioritize the use of their time and that the progress of their therapeutic relationship require time and did not happen at once. Previous study by (Crowe, O'Malley, & Gordon; Forchuk & Reynolds, 2001; O'Brien, 2001 (cited in Hawamdeh & Fakhry, 2013) have confirmed accessibility is an important aspect in the nurse patient relationship.

The literature review highlights the use of humour as an understated skill to foster therapeutic relationship. Humour was used by the nurse to engage further with the patient and make the patient feel at ease (Scanlon A., 2006). The transfer of information is vital for patient safety. Nurses provide information that involves patients' treatment to both the patient and the family. Good quality care is enhanced by good communication skill provided by the nurse. The communication process in psychiatric nursing is described as a more informal process, with a given agenda of giving and gaining information (Scanlon A., 2006). Nurses expressed protective component in a therapeutic relationship by keeping an eye on the patient, comforting and reassuring client when disturbed. The study of Hawamdeh S. &Fakhry R. (2013) revealed that nurses express protective role by intervening when a patient looked tense or anxious or act in a strange manner and performed the role of peacekeeping in case of verbal outburst between patient especially in a mental setting. The nurse will foster therapeutic relationship by talking to the patient what is bothering him or her. Protection can also be foster by comforting and reassuring the patient when disturbed. The study of Hawamdeh S. &Fakhry R. (2013) found that nurses provide reassurance when patient are fearful or suspicious of their environment by putting them at ease by answering their question and queries. Furthermore, actions associated with providing reassurance were evident in instances when patient presented potential physical harms to themselves and /or to others.

7. DISCUSSION

The aim of this study is to review various literatures and report the various phases in establishing an effective nurse- client relationship and the role of nurses in ensuring effective nurse -client therapeutic alliance as outlined by Peplau (1988) in the context of patients' experiences of nursing.

Trust and communication are vital in all aspect of the therapeutic relationship. Trust start in the orientation phase and it is build when the patient is confidence in the nurse. Patient gain trust when the nurse is consistent. Communication facilitates and fosters the development of trust in all phases in a therapeutic relationship. Trust and communication are mutually related as trust enables effective communication so as effective communication help to foster better trust. It is evidence that trust tend to mediate therapeutic processes and has indirect influence in health outcomes through its impact on patient satisfaction, adherence to treatment, and continuity with a provider and that it encourages patients to access health care and to make appropriate disclosure of information so that accurate and timely diagnostic is made (Calnan& Rowe 2004).

Several factors facilitate trust and hinder trust in the nurse- patient relationship. Belcher, 2009 study (cited in Dinc & Gastmans, 2013) reported that personal life and home environment could affect a nurse state of mind and potentially influence the ability to effectively communicate. Nursing personal qualities such as honesty, trustworthiness, (Goldberg l. S. 2008, Langley G.C., 2005) confidentiality, (Belcher M., 2009, Shepherd M.L., 2011) commitment to providing the best care, (Belcher M., 2009) authenticity, (Shepherd M.L., 2011) sensitivity, humility and the ability to see the whole situation (Eriksson I & Nilsson K. 2008) cited in Dinc &Gastmans, 2013) were important in establishing trust.

The lack of knowledge and skill to undertake nursing procedures and the use of medical terminologies that the patient could not understand create a language barrier and impaired effective communication and the building of a trusting relationship. The language of communication should be at the level of the listener, who is not able to asses our scientific knowledge but must understand what we are telling him/her (Papagiannis A. 2003). A trusting relationship allows nurses to undertake painful procedure with a minimum of distress (Bricher, 1999 (cited in Dinc& Gastman, 2013). The trust worthiness

of a nurse is a valuable assert that need protection because when trust is lost it is difficult to be regain.

Listening is vital during nurse- patient communication. When nurse listen, they understand the patient's problem. Communication between nurse and patient begin with initial contact and last throughout the therapeutic relationship. Communication between nurse and patient requires ample time because each patient has a different way and pace to receive and perceive information about their health problem.

Frankness and honesty are important requirement to foster a proper and successful communication between nurse and patient. The discussion with the patient should live no suspicions, doubts and misunderstanding (Kourkouta L.& Ioanna V.P., 2014). Communication in nursing requires three main activities, effective listening, talking and understanding. In mental health, it is vital to pay attention to all elements of communication (Kanerva A., Kivinen T. & lammintakaven J., 2015). Many errors in healthcare relate to poor communication (Fallowfield, 2010 (cited in Kanerva et al., 2015) and it has been noted that psychiatric care need to develop effective communication processes (Simpson, 2007 cited in Kanerva et al., 2015).

Empathy is vital in nurse- patient relationship. Empathy is view in the orientation phase as described by Peplau 1988, when the nurse displayed genuine interest in the patient and show empathy. In a therapeutic relationship, it is empathy that enables the nurse to remain objective, while actively listening to the patient`s concerns and providing an empathic response to the patient (Ward J., Schaal M., Sullivan J., Erdmann J.B., Hojat M., 2009).

In nurse- patient relationship, empathy can be described as the nurse desire to understand the patient feeling from the patient`s views without experiencing the emotional content (Lisa K.S., 2014) This form of understanding make the nurse to identify the patient`s concerns clearly and intervene more accurately. The nurse shows empathy by demonstrating that he/ she understands the patient's feelings (Lisa K.S., 2014). For the nurse perspective, empathy would involve accurate perception of the client's experience and the ability to relate that perception in a supportive way.

Females turn to be more empathetic than male (Wolf ES 1980) probably due to biological need of such attribute in childbearing. Empathy contributes to patient satisfaction (Suchman et al. 1993) leading to better therapeutic adherence and relationship (Levinson, Roter. 1995, (cited in Larson., Yao X., 2005) and better therapeutic efficacy (Reverby S. 1987 study (cited in Mudiyanse, 2016.)

Genuineness is an important assert to foster and facilitates a therapeutic relationship. The establishment of genuineness between a nurse and a client form the basis of a therapeutic process. The extent to which the nurse can be honest with himself/herself with the patient establishes this basic (Heslop A. 1992). Truth telling and genuineness in the nurse patient relationship is intrinsically good, and doing "good" is an ethical principle (Poggenpoel M. & Myburgh (cited in Van den Heever2015). Knowledge and skills play a vital role in facilitating genuineness in nurse -patient relationship and can be acquired through learning and teaching (Pickens, 2005(cited in Van den Heever, 2015).

Client empowerment is vital in all facet of a therapeutic relationship. During the phase of empowerment, patients achieve their full potential and are transforming from dependence to independence. When patients are empowered, they can make decision with their nurse regarding their treatment. Empowered patient are people who have the necessary knowledge, skills, attitudes and self-awareness about their condition to understand their lifestyle and treatment options and make informed choice about their health (Patient empowerment centeredness committee, European health parliament report, 2015).

Patient empowerment involves patient education and motivation in such a way that they will develop their own method of managing their problem by internalizing the need for self-changes with guidance from the health care professional (Levensky ER, Forcehimes A, O'Donohue W.T, Beitz K, 2007 (cited in Mudiyanse, 2016). Asking patient ideas and encouraging them to express their opinion and expectations would help empowered patients (Kurtz, Suzanne M. 2005, Anderson LW, Krathwohl DR, 2005(cited in Mudiyanse, 2016). Nurses can employ motivational interviewing as a counselling technique by establishing enhancing partnership with their patient and promoting patient to set a goal for self- management.

Patient can benefit from greater continuity of care when nurses collaborate with their patient. Communication between nurses, nurse and client and information transfer between sites are core component in other to establish a more robust continuity of care. Williams A. 2004 cited in Crilly, 2006 suggests that research is needed to identify what facilitates continuous, coordinated, cost-effective care that improves outcomes for patient with co morbidities in acute care and everyday life.

The use of case management and discharge planning model as a specific service to foster continuity of care for older adult in hospital has some limitations because they can be incoherent (Williams A. 2004, Sparbel KJH & Anderson MA. 2000, McCann TV &Baker H. 2003 (cited in Crilly, 2006), lack accountability (McCann TV & Baker H. 2003(cited in Crilly, 2006) and focus on individual chronic illness.

Nurses should accept and respect patient despite their belief, behaviours and habit. It is in this regard that a trusting relationship can be established. When patient feel that they are accepted, respected and not stigmatized, they feel dignify and empowered.

Unconditional positive regards give patient an opportunity to communicate their feelings and thought without fear of being stigmatized (Bhanji 2013). Patient in a mental setting may have unhealthy habit, difficulties in maintaining their personal hygiene but the goal of the nurse is to accept and respect them for what they are, and not taking the patient's altitude personally but to work with the patient to establish the goal of care.

In mental health care setting respect and unconditional positive regard can be communicated by verbal and nonverbal communication through altitude as well as activities or actions. This include providing silence to a crying patient, genuine laughter or gesture of happiness at certain event, accepting a patient's request of keeping secret or experience, apologising for unintentional hurt caused by a phrase, being open to the anger or hurt cause by the patient and not taking patient's behaviour or words personally (Bhanji 2013).

Maintaining patient privacy and confidentiality by the nurse can be very challenging. Patient privacy is the right to keep their medical information secret while confidentiality is how as nurses treat private information once it has been disclosed to other or us (Erickson J. & Millard S. 2005). Health information is given by the patient on the basis that

the information is not shared to the third party. The disclosure of health information by patient to their caretakers would depend on trust in the therapeutic relationship.

Communicating patient information through electronic messages and new computer technology might not be a secure way. Even it is done, the patient name should not be included in the electronic correspondences except it is deem necessary. Nurses and other health professionals in charge of patient information must be smart and sensitive when communicating patient information by fax, telephone, email or other technology yet to be developed (Ives Erickson, 1999).

7.1. Strength, Limitation and Recommendation

One of the greatest strength of this study is that, the results are not only important to psychiatric nursing but can also be applying in all evidence-based practices. Secondly, the author was not bias in the data searching process, creation of sub-categories and main categories to answer the research questions.

The search was limited on articles published between 2005 - 2015 and peer reviewed journal, articles in English abstract with full text, therefore, there is the possibility selection bias as some important articles have been left out. Limited also in articles from the arcada's library and to some extend some articles require an account to be created and some must buy online before gain access, which are very expensive.

Mental health and therapeutic relationship is a very broad topic. Several studies have been carried out in therapeutic nurse-client relationship both nurses and client perspectives, but more studies need to be done on genuineness, respect on therapeutic relationship on client perspectives. Because of the limited health care workers and busy schedule, there is absolutely no time to build up effective nurse-client relationship therefore more training should be carried out to re-educate nurses on the importance of therapeutic nurse-client relationship. The author did not come across any study on health promotion in therapeutic relationship. Therefore, the author recommends a study to be carried out on health promotion in therapeutic relationship.

8.CONCLUSIONS

The literature review highlights trust, communication, empathy, genuineness, empowerment, respect, continuity of care and patient confidentiality as the core components of nurse- patient relationships. The study also illustrates the role of nurses in a therapeutic relation to nursing practice as a service provider in the provision of physical care to patient, conveying safety and security to patient and protection.

Good communication and trusting relationship is important as observed in the literature as it improve the care quality of patient. Client empowerment was also observed in the study as it increases knowledge and self-respect which foster patient dependency.
The study also indicates that the process of the therapeutic relationship is essential for patient recovery. It is important that nurses understand the process needed to foster, maintain and repair of therapeutic relationship. It was also seen that the process of patient recovery requires trust, respect, genuineness, dignity and patient empowerment.

The nurse policy and role description as reflected in their code of ethic is to provide good quality care hence nurses are to be equipped with the tools necessary so that
Patients are care for in a dignified manner.

9. REFERENCES

Angelica Orb, Eisenhauer L and Wynaden, D.,2000. Ethics in Qualitative Research. Journal of Nurse Scholarship. Volume 33. No 1. Pp 93-96.

Anderson LW, Kratwohl (2001). Taxonomy for Learning and Assessing. A revision of Bloom's Taxonomy of Educational Objectives. *New York. Longman*.

Hickson, A. (2015). What are the benefits of therapeutic communication? (updated July 10,2015). Available from.https://www.livestrong.com/article/144777-what-are-the-benefits-of-therapeutic-communication/

American Nurses Association (2001). Code of Ethics for Nurses with interpretive statements. Washington DC. Author

Astedt-kurki.P. and Haggman-Laitila. A (1992). Good nursing practice as perceived by clients: a starting point for the development of professional nursing. Journal *of Advanced Nursing*, 17, 1195-1199

Beeber, L. S. (1998). Treating depression through the therapeutic nurse-client relationship. *Nursing Clinics of North America*, 33, 153-172

Buddhaghosa ,1975. The path of purification (trans Nanamoli, B., 1975). The corporate Body on the Buddha Educational foundation, Taipei.

Canadian Nursing Association (June 1980). A definition of nursing practice and standard of nursing practice. Ottawa Canadian Nurses Association.

Calnan M. & Rowe R (2004). Trust in health care: An agenda for future research. *The Nuffield Trust ,London*

Caplan C. (1993). Nursing staff and patient perceptions of the ward atmosphere in a maximum security forensic hospital. *Archives of psychiatric nursing* 1:23-9

Chandler G. E. ,1992. The source and process of empowerment. Nursing *Administration Quarterly*, Vol 16, issue 3. Pp 65-71.

Chung, M. C. & Nolan, P. (1994). The influence of positivistic thought on nineteenth century asylum nursing. *Journal of Advanced Nursing*, 19, 226-232.

College of Nursing of Ontario (1999). Standard for the therapeutic nurse-client relationship for registered nurses and practical nurses in Ontario. *College of Nurses of Ontario*.

De valenzuela and Scherba, J.,1992. National Joint Committee for the Communicative needs of person with severe disabilities P 2

Elo, S. and Kyngäs, H ,2008. The qualitative content analysis. Journal of Advance Nursing. Volume 62. No 1. Pp 107-115.

Extract from Heslop A. (1992). Qualities of the effective counsellor. The *child worker*. Vol 10 (6) Pp 10-11

Erikson E. (1963). Childhood and Society. New York: Norton

Forchuk C, Chan L, Schofield R, Martin M.L, Sircelj M, Woodcox V. et al (1998abcd). Bridging the discharge process. *The Canadian Nurse,* 94 (3)

Forchuk C, Schofield R, Martin M, Sircelj M, Woodcox V, Jewell J. et al Bridging the discharge process; Staff and consumer experiences over time. Journal of American Psychiatric Nurses Association 4 (4). Pp 128-133

Freeman G and Hughes, J., 2010. An Inquiry into the Quality of General Practice in England, GP Inquiry Paper, King's fund 2010

Hall, J. 1997. Packing for the journey: Safe closure of therapeutic relationships with abuse survivors**.** *Journal of Psychosocial Nursing*, vol 35 No11, pp 7-13

Hall, E. 1993. The hidden dimension. In R. P. Rawlins, K.C. Williams (Eds), Mental health nursing– psychiatric nursing: A holistic approach (3rd ed.). St. Louis: Mosby.

Heslop A. 1992. Qualities of the effective counsellor: The *Child Care worker*. Vol10. No6. Pp 10-11.

Institute of Medicine 2006. Organ donation opportunities for action. *Washington D.C. National Academic Press*.

Kanter, R.M 1993. Men and Women of corporation. *New York, NY: Basic Books, Inc.*

Kramer M and Schmalenberg C 1993. Learning from success: Autonomy and Empowerment. *Nursing Management* vol24, No 5. Pp 58-64

Kristjansdottir, G. 1992. Empathy: A therapeutic phenomenon in nursing care. *Journal of Clinical Nursing*, 1, 131-140.

Kurtz Suzanne M (2005). Teaching and Learning Communication Skills on Medicine *Oxford Radcliffe Pub*.

Larson EB, Yao X 2005. Clinical Empathy as Emotional Labour in the patient-physician Relationship. JAMA vol 293 Pp 1100-1106.

Levensky ER, Forcehimes A, O'Donohue WT, Beitz K (2007). Motivational interviewing: An evidence-based approach to counselling helps patients follow treatment recommendations. *American Journal of Nursing.* Volume 107.Pp 50-58.

Lisa K.S 2005. Establishing Therapeutic Relationship: Jones & Bartlett Learning Chapter 5

Licensed Practical Nurses. Standard of Practice2003. Edmonton AB: *College of Licensed Practical Nurses of Alberta*

Livinson W, Roter D 1995. Physicians' psychosocial beliefs correlate with their patient communication skills. *J Gen Intern Med*vol10 Pp 375-379.

Lorentzon M. 1992. Mediaeval London: care of the sick. *History of Nursing, Society journal* volume 4, pp.100-110.

Longman Relationship Online dictionary.
http://www.ldoceonline.com/dictionary/relationship

Luttrell 2009. Understanding and Operationalising empowerment, 1. Working paper 308. Overseas Development Institute.

Marshal E.M, 2000. Building Trust at the speed of change: The power of the relation-based corporation. *New York: American Management Corporation.*

Marsden, C. 1990. Real presence. Heart & Lung, 19, 540-541.

Mental health Briefing sheets, Consensus paper 2008.

Milton, C.L. 2005. The ethics of respect in nursing. *Nursing Science Quarterly*, volume 18. No1.Pp20-23.

Mieli. The mental health services. The Finnish Association of Mental Health.
https://www.mielenterveysseura.fi/en/home/mental-health/seeking-help-mental-health-problems/mental-health-services

Moyle, W. 2003. Nurse-patient relationship: A dichotomy of expectations. *International Journal of Mental Health Nursing*, 12, 103-109.

O'Brien, A. J. 2001. The therapeutic relationship: Historical development and contemporary significance. *Journal of Psychiatric and Mental Health Nursing*, 8, 129-137.

Pask, E.J. 1999 Trust: An Essential Component of Nursing Practice—Implications for Nurse Education. *Nurse Education Today*, 15, 190-195. http://dx.doi.org/10.1016/S0260-6917(95)80105-7

Patient empowerment centeredness committee, European health parliament report, 2015, p 3.

Peplau, H. E. 1952. Interpersonal relations in nursing. New York: G. P. Putnam & Sons.

Peplau, H. E. 1988. Interpersonal relations in nursing (2nd ed.). Macmillan. London: England.

Peplau, H. E. 1952. Interpersonal relations in nursing. *New York*, NY: G. P. Putnam & Sons.

Peplau H. E. 1989. Therapeutic nurse-patient interaction. In A. W. O'Toole &S.R. Welt (Eds). International theory in nursing practice. *Selected works of Hildegard E. Peplau.* Pp 192-204. New York: Springer Publication Co

Resmi G.S 2013. Communication and Interpersonal relationship.
Ppt-SlideShare.

ReverbyS. (1987), A Caring Dilemma: Womanhood and Nursing in Historical Perspective. Nurse Res. Vol 36. pp1-5.

Roger C. 1961. On becoming a person. Boston; Houghton Mifflin.

Salokangas RKR, Saarinen S. 1998. De-institutionalisation and schizophrenia in Finland I: discharge patients and their care. Schizophrenia Bulletin. vol 24, pp457-67.

Sundeen, S.J., Stuart, G.W., Rankin, E.A., &Cohen,S.A. 1989. Nurse-client interaction (4th ed). Toronto, Ontario: C. V. Mosby

Suchman LA, Roter D, Green M, Lipkin M 1993. Physician satisfaction with primary care office visits: *Collaborative Study Group of the American Academy on Physician and Patient. Med* Care 31 pp 1083-1092

Rose S, Spinks, N.,Canhoto, A.I.,2015. Quantitative content analysis.
Management Research. Applying the principle

Schreier M 2012. Qualitative content analysis in practice. London Sage.

Travelbee, J. 1971. Interpersonal aspects of nursing. (2nd ed.). Philadelphia, PA: Davis

Lehtinen, V., Taipale, V., 2001. Integrating mental health service: the Finnish experience. Internal journal of integrated care. 1 (2). NONE. DOI.

Mental health atlas 2011.Department of Mental Health and substance abuse. WHO Cameroon mental health profile. Available from.
http://www.who.int/mental_health/evidence/atlas/profiles/cmr_mh_profile.pdf

Wasserbauer, L.I. & Brodie B. (1992). Early precursors of psychiatric nursing, 1998-1907. Nursing connections, No5, pp19-25.

Fawcett J., George J.B., Watson, J., Walker, L.,1989. (1985. Nursing: Human science and human care. Norwalk, CT: Appleton Century-Crofts. (Book reviewed Watson, J., 1985)

WHO ©2017.Data and statistics. WHO Regional office of Europe. Available from. http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics

WHO 2001. Mental disorder affects one in four people. (reviewed October 2001). Available from. http://www.who.int/whr/2001/media_centre/press_release/en/

Wolf E. S 1980. The dutiful physician: The Central Role of Empathy in Psychoanalysis. Psychotherapy and Medical Practice. *Hillside J CLIN Psychiatry* 2 Pp 41-56.

Zimmerman M.A & Rappaport J. 1988. Citizen Participation. Perceived control and psychological empowerment. American *Journal of Community Psychology* vol.16. Pp 725-750

APPENDICES

Appendix I: Presentation of reviewedarticles

No	Year of publication	Arthor	n	Design	method	ArticleResult
1	2006	Scanlon	**6**	Qualitative	Data were Collected through semi-structured indepth interview.Ground theory was used to analysed data.	The resultof the study indicated that the process of developing therapeutic relatioship is a combination of learned experiences through the aquiring of interpersonal skills
2	2013	Sana Hawamdey	**17**	Qualitative	Data were collected through unstructured record interview.Inductive analysis was used to analysed data collected	The study revealed that nurses emphasized the importance of relationship. The main Theme were provision of physical care,conveying safety and security,protection and companionship
3	2015	A Kanerva , T Kivinen & J Lammintakanen	**26**	Qualitative	Semi-structured interview was used to collect data . Data were analysed inductively	Three categories were found flent information tranfer. Open communication culture and being active in information

						collecting.All this play an inportant role in communication.
4	**2014**	LambriniKourkoula and Loanne		Qualitative	Electronic database search	The study find out that good communication is not only based on the physical abilities of nurses, but also on education and experience.
5	**2015**	Anna Elizabeth Van den Heever	**181**	**Qualitative**	Questionnaire wereused to collect data. Descriptive statistic and non-parametric statistic techniques were used to analysed data.	When the groups were compared ,statistical significant different were identified in nurses' perceptions of facilitating genuineness existed between two or more groups
6	**2009**	Julia Ward et al	**333**	Quantitative	Modified version of Jefferson scale was administered to 333 nurses physicians and medical students to test for the reliability and validity of empathy	They concluded that the empathy scale used in the study is a psychometrically sound instrument for measuring empathy in undergraduate nursing students
7	**2006**	Darlene Weis et al	**28**	Qualitative	Data were obtained from group discussion and empowerment Theme Were	Six items were found as sources of empowerment for both nurses and clients.Empowerment is a reciprocal process between

					identified for nurses and clients	nurses and clientss
8	**2013**	Leyla Dinc	34 articles	Qualitative	Lierature review.	Nurses' professioal competencies and interpersonal caring attributes were important in developing trust
9	**2014**	Marcella M. Rutherford		Qualitative	Literature review base on the value of trust to nursing	Nurse's trust worthiness is an intangible asset that warrants protection as ones lost is hard to recapture.
10	**2005**	Erickson J,Millar S		Qualitative	Literature review.	Nurses were re-mained on the impo-tent of keeping pa-tient's information private.
11	**2005**	Lisa K	**2**	Qualitative	Data collected from conversa-tion between a patient and a nurse	The nurse patient relationship is the corner stoneof the spectrum of health illness and recovery. The establishment of therapeutic relationship is facilitated by the nurse and is patient centered and goal oriented.
12		Julia Crilly		Qualitative	Databasesearc hof CINAHC and MEDLINE utilizing the search term" continuity of care" older adult"" Nursing home"" emergency department and acute	The contemporary meaning of continuity of care is that it incorporates care of an individuality over time by bridging discreet element on the care pathway

					illness”	
13	**2013**	Sahreen Malik Bhanji	**1**	qualitative	Literature review	The study found that respect is a basic human right. Asa mental health professional, they should treat their patient with respect and treat them the way they are.
14	**2009**	Dearing & Steadman	**28**	qualitative	They used narrative investigation of reflective writing of the lived experience of hearing voices through voice simulation to obtain data.	The result indicated that the ability to change attitude focuses on the development of therapeutic relationship was enhanced