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Basic Concepts of the Nurse-Patient Therapeutic Relationship; a Systematic Review

Heydari A.[1] *PhD*, Mirhaghi A.*[1] *PhD*

[1] Nursing and Midwifery Research Center, Mashhad University of Medical Sciences, Mashhad, Iran

Abstract

Aims: This study aimed to explain the nurse-patient healing relationship and its challenges.

Information & Methods: The healing relationship between the nurses and patients was investigated using the scientific internet and library research background. The scientific database was searched using the determined keywords of interpersonal communication, healer, nurse, client, and nursing to 2022 September. Then, related studies were identified and studied completely after reviewing the abstracts. A comprehensive review of the sources provided the basis for the development of the concept and the introduction and comparison of its dimensions.

Findings: The required knowledge includes personal and interpersonal knowledge and evolutionary theory, cultural diversity knowledge, knowing the clients, knowledge of health and disease, health policies on the patient care of the client, and knowledge of healthcare systems. The required capacities include self-awareness, self-knowledge, respect, honesty, strength, empathy, and awareness of the boundaries and limitations of the professional role.

Conclusion: Although the important challenges for healing relationships, i.e., the presence of qualified nurses and sufficient human resources, make some obstacles to its implementation, the use of healing communication can increase the independence and professional authority of the nurse. Healing communication as a human approach is suggested to increase favorable outcomes for clients and nurse recommendations.

Keywords
Interpersonal relations [https://www.ncbi.nlm.nih.gov/mesh/68007398];
Therapeutic [Not In MeSH];
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*Corresponding Author
Tel: +98 (51) 38591511
Fax: +98 (51) 31892640
Post Address: Department of Prehospital Emergency Care, School of Nursing and Midwifery, Kharazmi Complex, Pardis daneshgah, Azadi Sq. Mashhad, Razavi Khorasan, Iran.
Postal Code: 91779948964
Email: mirhaghia@mums.ac.ir
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Introduction

Since the beginning of nursing theorizing, communication has been considered essential, and theorists have discussed its role in providing care. Two theorists, such as Hilgard Peplau and Joyce Travelbee, have used therapeutic communication as a central concept in their nursing theory. Peplau (1909-1999) presented the interpersonal communication process theory influenced by Sullivan's research, developmental psychology, and learning theories, the theories of Carl Rogers, Abraham Maslow, and Rollo May [1]. Peplau defined nursing as a therapeutic and effective interpersonal process that cooperatively interacts with other processes that maintain health [2]. Travelbee presented the model of human-to-human relationships, which is rooted in the philosophy of existentialism and was therefore influenced by people like Viktor Frankl and Rollo May [1]. Travelbee defines nursing as an interpersonal process and a vital service related to people's change. Indeed, a nurse helps the individual or person's family prevent illness or cope with health problems [3]. Travelbee believed in the nursing revolution in favor of human values. Travelbee expanded Peplau and Orlando's interpersonal relationship theory and addressed the nurse-patient therapeutic relationship using a special approach [4]. This particular approach focuses on finding "meaning"; in this sense, it forms a distinct concept from the previous two theories [4]. The common feature of these theories is their emphasis on the therapeutic nature of the relationship between the nurse and the client, which is part of the care process [5].

Communication is an important tool for nurses [3, 6]. Since the beginning of theorizing in nursing, the nurse-patient interpersonal relationship was introduced as a significant concept of having the therapeutic ability [7-10]. Florence Nightingale and Virginia Henderson emphasized this point of view through expressions such as "for the patient" in their definitions of nursing [11, 12]. Nurse-patient communication is interpersonal, interactive, and continuous to help the evolution of a patient toward health [6]. Therapeutic communication is the self-aware ability of a person to use her/his personality to communicate with a client; indeed, this is a try to establish nursing interventions, which requires self-awareness, self-knowledge, and having an existential philosophy or a philosophy about the general human condition [13]. In this regard, Travelbee defines a relationship as a set of one or more experiences formed between the nurse and the patient or one of her family members, and it occurs in the context of nursing care.

The attributes of the relationship are gaining targeted two-way experience, meeting the nursing needs of the individual or family [3], intimacy and cooperation [14], clinical proximity [15], honesty, and empathy. In the meantime, empathy has been given a key role [16, 17].

Communication has the ability to connect people and give them an opportunity to share their experiences. Although the therapeutic relationship was originally extracted from the study field of psychiatric nursing, it has been proposed as a main concept in all nursing study fields [2, 18]. Reducing costs increasing the quality of life [19], and being effective in depression treatment have been mentioned as the consequences of therapeutic communication [20]. Peplau considers the goal of the nurse-patient relationship to provide effective nursing care improving health. For this purpose, the nurse plays roles such as teacher, resource, counselor, leader, stranger, and substitute. At the beginning of the relationship, the nurse is considered a stranger who should prioritize building trust. Enthusiastic verbal and non-verbal communication, mutual respect, and not judging a person can improve building trust. Indeed, success in this stage is the basis for success in the next stages and establishes a therapeutic relationship [2]. A nurse has a good source of valuable information about health and illness and can answer the client's questions [21]. What makes a nurse successful in this role is having professional knowledge like an expert. By teaching the information to a client, the nurse plays the role of a teacher [22]. The coordination and cooperation needed to implement the patient's treatment and care plan emphasizes the nurse's leadership role. Also, in the case of a conscious patient, the nurse, as a substitute, takes care of the patient's health [23]. Also, a nurse such as a consultant with strong communication skills can help the patient analyze her/his situation better [2]. Finally, the technical role can also be added to the role of a nurse because the nurse needs a lot of technical knowledge to work with devices and perform interventions to provide the care plan [2].

According to Travlebee, the main aim of the nurse-patient relationship is to deal with illness, learn from experience, find meaning in life, and grow through experience [3]. The client needs help, and the nurse can help. Therefore, the nurse's role is to help the client find a different meaningful meaning for suffering. Human communication helps patients to cope with their suffering [1]. Suffering can include an unpleasant feeling from mental, physical, and intellectual discomfort to extreme suffering, despair, and rejection. Finding the meaning of suffering causes hope and self-fulfillment in the client [3].

Although knowing the basic concepts of communication is significant for nurses, it has been less addressed. In fact, knowing the stages of communication is a prerequisite for us to know the basis of communication. Knowing the basic concepts of communication can enlighten nurses and strengthen their communication with patients. Therefore, this review aimed to explain the basic

communication concepts between nurse and client.

Information and Methods

The research background in scientific databases and library sources were reviewed until September 2022 to explain the concept of therapeutic communication in nursing. First, Persian electronic databases of SID, Magiran, and Irandoc were searched using "communication", "healer", "nurse", "client", and "nursing" keywords. Moreover, Eric, PubMed, ProQuest, Elsevier, Lippincott, and Google databases were searched for finding international studies.

By reviewing the abstracts, relevant studies were identified, and the related articles were studied completely. Articles on therapeutic communication and its role in caregiving were included, and articles that were not peer-reviewed were excluded.

Findings

Stages of nurse-client relationship

According to Peplau, the therapeutic relationship is defined in three phases; orientation, working, and termination, which has a beginning and an end [1]. The initial stage includes the pre-acquaintance and familiarization stages. In the previous stage of pre-acquaintance, the client's information is collected, and the nurse checks her/his opinions and knowledge about the client and her/his illness. In the orientation stage, the client's problem is defined, and the nurse and the client get to know each other better. They try to build trust through various questions and clarifications and express their needs, expectations, and limitations. Also, the care contract is concluded, and the consequences are agreed upon [24].

According to Travelbee, the initial encounter is based on emotional knowledge, which includes the initial feeling and understanding of the patient and the nurse towards each other. The first step at this stage is for both parties to see each other as human beings [3, 25]. In the emergence stage of identities, the nurse and client should exchange their roles and perceptions and respect each other's uniqueness [3, 25]. The working stage includes the most significant therapeutic interventions, including two stages of identification and exploitation. It is necessary to confirm the correctness of the perception from the thoughts, feelings, and behaviors [18]. The identification stage is such that the nurse acts as a lawyer and consultant and focuses on the problems that need immediate attention.

The client accepts the responsibility of participating in the process, and in the exploitation phase, the nurse acts as a leader, reservoir, advocate, and teacher [4]. Also, the client tries to perform new behaviors and uses support resources [24]. According to Travelbee, the working step includes the development of empathy and sympathy. Empathy is a broad concept that refers to the cognitive and emotional reactions of an individual to the observed experiences of another. At this stage, it is possible to predict a person's behavior [3, 25]. Empathy is an attempt to understand the meaning of a situation from the client's point of view, which is why it is necessary to analyze the client's previous experiences. Also, the nurses should explain their understanding of this meaning to the client until it is approved. When a nurse can understand the client, the client feels empathized [26]. Empathy requires maturity, self-awareness, and clinical proximity; therefore, a nurse must have reached an appropriate developmental level [27]. Expressing empathy involves sharing and experiencing what others are feeling and experiencing. Emotionalism and lack of prioritization of objectivity as a dehumanizing factor are prominent at this stage. A nurse's duty at this stage is to perceive sympathy as a useful nursing action. In fact, sympathy is the desire to help others to relieve their distress [3, 28]. Based on Peplau, the termination stage is the end of communication while the aims are met, and understanding is achieved; actually, the patient reaches this stage with the help of a nurse. At this stage, communication times are reduced, and the client works more independently. Also, the client's needs are met. The client takes a plan to maintain her/his health, and follow-up times are coordinated [24]. Travelbee defines the termination stage as a stage in which all the feelings, experiences, and thoughts experienced by the client and the nurse can be exchanged and discussed. Better understanding leads to hope [3, 24].

The therapeutic use of the nurse's "self"

Although the concept of the "self" of each person depends on personal reflection and social interactions, it is generally defined as a person's self-awareness [29]. Also, self-concept is derived from oneself and is the result of all the influences on a person from outside. The therapeutic use of the self has been emphasized by Peplau, Hall, and Travelbee [2, 29-32]. Although Peplau did not directly mention the therapeutic application of "self", he considers nursing a therapeutic interpersonal process, confirming this point [2]. Indeed, they agree with Travelbee that the nurse-patient relationship leads to the patient's well-being [33, 34]. Therapeutic use of "self" occurs when the nurse uses "self" as a tool for therapeutic and uses her/his personality and knowledge to create change in the patient [30, 33]. However, Archer questioned the conscious nature of this process because it is possible that this process is natural and spontaneous [35]. This process is also defined as the conscious use of human characteristics or personality in a therapeutic encounter with humans [29]. In other words, the therapeutic use of the "self" concept includes personality aspects, background, life skills, and nurse knowledge, which was developed to make a therapeutic relationship with a patient [26]. This type of relationship requires the nurse to form a relationship with the client consciously and with full alertness so that a platform for nursing actions

emerges. This type of relationship needs to form a conscious relationship with the patient by a nurse, which leads to making a platform for nursing practices. The caregivers are responsible for the clients needing care and should perceive their needs [11]. This vigilant presence is a factor in the client's psychological security [36, 37]. This issue requires insight and understanding about oneself and the dynamics of the communication process, and the ability to interpret the behavior of oneself and others and effectively intervene in nursing situations [30]. Oveis tried to provide an operational definition of the therapeutic use of self-concept. Oveis concluded that this interaction in nursing could vary from a propensity to a complex social skill [34].

Discussion

Establishing therapeutic communication needs special knowledge and capacities. The special knowledge includes personal knowledge, interpersonal knowledge, evolutionary theory, knowledge related to cultural diversity, knowing the client, knowledge about health and illness, awareness of the impact of medical and health policies on patient care, and knowledge related to health and medical systems. The required capability includes self-awareness, self-knowledge, respect, honesty, strength, empathy, and awareness of limitations [3, 18]. McMahon emphasizes the therapeutic nurse-patient relationship based on self-awareness and self-evaluation. Self-awareness is considered the central concept in the therapeutic relationship [34]. Self-awareness is the ability to find values and attitudes towards people and express proper reactions in different situations addressing human needs [26]. Matzel also says a nurse's ability to participate in a therapeutic relationship depends on human evolution, personal growth, and professional development [14, 29]. The "self" concept also is effective in problem-solving processes. This process involves nine steps; 1) introducing the client's problem; 2) evaluation of expected results; 3) talking about immutable facts and helping to accept them; 4) discussing different strategies to achieve desired changes; 5) weighing the benefits and consequences of each strategy; 6) helping the client with decision making; 7) encourage the client to change; 8) providing positive feedback for the client's efforts; 9) helping the client to evaluate the consequences of the change and modify it if needed [13].

Nurses maintain communication by understanding the client as a human being, listening and reflecting, avoiding stereotypes and automatic responses, and reducing environmental distractions. This approach facilitates the communication process through direct methods, such as asking questions about the situation and providing a logical explanation, and indirect methods, such as avoiding confrontation and sharing experiences by a nurse [3]. The therapeutic nurse-client relationship also has boundaries making it different from the non-therapeutic relationship. The attributes of relationship therapy include silence, acceptance, understanding, availability, allowing and encouraging the client to speak, observe, compare, restate, reflect, focus, topic explore, clarify, face reality, express doubts, express perceptions and feelings, reaching a common understanding and evaluating with the client. Also, the attributes of a non-therapeutic relationship include false partial trust, rejecting or accepting opinions, rejecting, agreeing or disagreeing, recommending, prying, defending, reprimanding, scaring, belittling, fanatical thoughts, denying, talking for no reason, and raising an irrelevant issue [11]. The lack of coordination between the administrative and office work of the nurse with the time considered for the client's interaction causes the lack of therapeutic communication, and there is not enough opportunity for professional dialogue, which conflicts with clients' needs [38]. In this regard, studies have shown that nurses' lack of proper behavior causes adverse effects on the health process of patients. Along with this reduction in the number of nurses, care practices have become more complicated and require more skills, which has faced nurses with reduced time to meet the client's needs [39]. Studies have shown that short-term employment increases the flexibility of organizations against environmental changes by reducing the satisfaction of nurses, and the difference in providing care is an obstacle to establishing therapeutic communication [40]. In the nurse-patient relationship, the nurse has more power, and it causes the client to suffer more. Therefore, it is very likely that the client will have a deep relationship with the nurse or vice versa, which requires the nurse to be aware of the warning signs and keep this in mind. Therefore, it is very likely that a deep relationship will be established between the clients with the nurse or vice versa, so it is necessary for the nurse to mind this with self-awareness and familiarity with the warning signs [41-43]. Establishing this complex relationship requires a special emotional involvement; therefore, it requires programs for the psychological rehabilitation of nurses to prevent their wear and tear, which can have financial costs for healthcare systems [3].

Conclusion

The therapeutic nurse-client relationship could lead to professional independence and reduce the dependence of nursing on medicine. Still, the possibility of establishing dependence is mainly affected by the weak knowledge of nurses. Although there are several stages in therapeutic communication, studies have shown that some stages in this relationship do not have a therapeutic effect, such as orientation and termination, in which most

information is exchanged between the nurse and the client. Therapeutic communication needs to be subjected to many studies, supported through evidence-based nursing, and nurses to be able to exchange data with clients based on scientific evidence. Therefore, therapeutic communication is suggested to increase professional authority, independence, and the desired outcomes, leading to client satisfaction.

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