

**Providing comfort for hospitalized
children with mental problems
through nurse-patient relationship**
Literature Review

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Description <p>As childhood and adolescent years are phases in life that are characterized by constant psychological and physical development, children are exposed to have problems with adjusting to their experience. Moreover, as children have not yet established coherent coping strategies nor defence mechanisms to protect themselves, this also increases their vulnerability when they encounter challenging life situations or traumatic experiences.</p> <p>The objectives of the study were to search and explore those factors that make interaction with a nurse helpful and comforting to children. Nurse-patient relationship is in the core of nursing care provided for children with mental problems because of their vulnerability. Also positive experiences provided by the nurses can affect on children strongly and serve as a great relief. Purpose of the study was to provide nurses with updated information about the topic in order to promote their ability to offer high quality care to their patients.</p> <p>The study was implemented using literature review as a research method. The data was searched via electronic search including databases such as PubMed, Cinahl, Medic, Cochrane Library, Academic Search Elite and Elsevier Science Direct. Altogether nine studies found by electronic search were included in the study. A few manual sources were also included. Inductive approach combined with thematic analysis were used to analyse the findings.</p> <p>There are many useful interventions available to support and enhance nurse-patient relationship in order to make it therapeutic to children with mental problems. It is also important to meet every child as a unique human being and try to see their situation through their own eyes. Taking children's perspective ensures that their needs are answered appropriately and the interaction with a nurse becomes helpful to them.</p>		
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Työn nimi Lohdun välittäminen mielenterveysongelmista kärsiville sairaalahoitossa oleville lapsille sairaanhoitajan ja potilaan välisen suhteen avulla Kirjallisuus katsaus		
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<p>Tiivistelmä</p> <p>Lapsuus ja nuoruusikä ovat haastavia elämänvaiheita, sillä niiden aikana lapsen kokonaisvaltainen kehitys on nopeaa ja laaja-alaista. Lapsi voi kokea jatkuvan kehityksensä hämmentävänä ja siihen sopeutuminen saattaa olla lapselle haastavaa. Myös ulkoiset kokemukset kuten vaikeat elämäntilanteet tai traumaattiset kokemukset voivat kuormittaa lasta. Vaikeat kokemukset aiheuttavat helposti lapselle pahaa oloa sillä tämä ei ole vielä ehtinyt kehittää selviytymiskeinoja eikä puolustusmekanismeja suojellakseen itseään.</p> <p>Opinnäytteen tavoitteena oli saada selville ja arvioida interventioita, joita voidaan käyttää apuna pyrittäessä lohduttamaan ja auttamaan mielenterveysongelmista kärsivää lasta. Osatekijät jotka tekevät sairaanhoitaja-potilas –suhteesta lapselle hyödyllisen ja terapeutin pyrittiin selvittämään. Opinnäytteen tarkoitus oli tarjota sairaanhoitajille päivitettyä tietoa tukeakseen heidän työtään ja kykyä vastata lasten tarpeisiin mahdollisimman tehokkaasti.</p> <p>Toteutustapana käytettiin kirjallisuuskatsausta. Aineisto tutkimukseen kerättiin sekä manuaalisista lähteistä että artikkelitietokannoista mukaan lukien PubMed, Academic Search Elite, Cochrane Library, Medic ja Cinahl. Yhteensä yhdeksän artikkelia sisällytettiin katsaukseen. Induktiivista päättelyä yhdistettynä teemoitteluun käytettiin analysoitaessa aineistoa.</p> <p>Sairaanhoitaja-potilas –suhteessa sairaanhoitaja voi käyttää erilaisia interventioita, jotka auttavat lapsen kokemuksen esille tuomisessa ja lapsen auttamisessa. Lisäksi on hyvä pitää mielessä jokaisen lapsen ainutlaatuisuus ja pitää vuorovaikutuksen lähtökohtana lapsen omaa kokemusta, sillä ainoastaan silloin lapsen tarpeisiin voidaan vastata asianmukaisesti.</p>		
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1 INTRODUCTION

Interaction with the patients is an essential part of nursing care. Encouraging nurse-patient relationship may help a patient to feel comfortable even if (s)he was hospitalized and severely ill. (Arnold & Underman Boggs 2011, 7)

Hospitalization can be especially challenging experience for children. Separation from their parents causes them stress. Children can have for example sleeping difficulties and feel helpless because they still depend on their parents. (ibid. 351; Scarpinato et al. 2010)

Study concentrated on the ways to provide comfort for hospitalized children because impact of hardships as well as of helpful interaction can be especially great on them. Emotions and experiences affect children's life more profoundly than adults. Reason for this is that children have not yet established coherent coping strategies, operating models nor defense mechanisms to protect themselves. Furthermore, if children are suffering of mental problems they are experiencing even greater challenges with coping with challenging experiences. Safe and comforting surroundings and social interaction are the factors that enable these children to develop emotionally balanced and create healthy coping strategies in life. (Kemppainen 2000, 15, 1)

Purpose of this study is to gather together updated information about the comforting, effective and useful ways to interact with the hospitalized children with mental problems. This is done to provide nurses with updated information about the matter in order to promote nurses' ability to provide the most helpful care to their patients.

2 NURSE-PATIENT RELATIONSHIP

Nurse is a health care professional whose job description includes clinical interventions and therapeutic interaction with the patients. The goal of nursing is to offer efficiently healing care while taking into account every patient's uniqueness. Nursing aims also at lessening the pain and suffering of the patients and providing them with compassionate interaction. (Arnold & Underman Boggs 2011, 4-6)

Term client, which can also be linked to a term patient, refers to a person or a group of people that is in need of nursing intervention. Nurse's role in this relation is to offer care and knowledge, which (s)he has acquired, from genuine wish to help others. (Arnold & Underman Boggs 2011, 83-84)

Nurse-patient relationship is interpersonal relationship between a nurse and a patient. In order to provide care to a patient nurse needs to interact with a patient. This interaction should be characterized by a nurse's wish to understand a patient as this need for understanding enables therapeutic relationship between a patient and a nurse. (Heikkinen & Laine 1997, 9)

Interaction between a nurse and a patient can be either beneficial, neutral or harmful to a patient. To promote a patient's recovery as a nurse one needs to be willing to get involved in a way that matters to a patient. If interaction with a nurse is perceived by a patient as a caring, compassionate and sincere relationship it will make actual difference. In another words caring interaction with a patient acquires personal contribution from a nurse. (Arnold & Underman Boggs 2011, 8; Leppanen Montromery 1993, 2, 13)

Among the patients who are suffering of physical or psychological pain calming relationship with a nurse is of great importance. Ways to express to the patients that they are cared for include for example gentle touch, presence, listening, compassion, empathizing, and calm voice and words. (Benner 2004)

Calm voice and words support patients both emotionally, socially and physically. When patients are feeling weak and helpless nurse's comforting words can be in a great value. Listening to and talking with the patients also promotes forming of connection between a nurse and a patient. When this sort of bonding occurs patients do not feel so alone anymore with their pains but instead sense that nurse is there for them. Patients are no more nurse' work duty but rather fellow human beings in need of help. (Halldorsdottir 2008, 643, 646)

Moreover, when the patients feel they are cared for it does not only comfort them mentally but it also strengthens their immune system. In addition, caring about the patients originates from the need of connecting with the patients. And nurse's attempt to connect is one of the factors that makes the nurse-patient relationship therapeutic to the patients. (Leppanen Montromery 1993, 12, 44-45)

Patients should also be viewed not as patients but as persons who need help and attention. Indeed, part of professional interaction with the patients is to acknowledge the uniqueness of each client. Personal qualities of each patient include for instance character, habits, lifestyle, gender, social skills, values and background. These all components, which affect patients' way of viewing the world and acting in it, should be kept in mind while providing care as they make the care patient-centered. Moreover, as a nurse one should base one's interaction with the patients on their personality also as an ethical accountability. The patients deserve to be treated as unique human beings and nothing less. (Arnold & Underman Boggs 2011, 3)

On the contrary, if nurse-patient relationship is causing stress to the patients it can lead into depression which in turn may lead into prolonged immune and endocrine dysregulation. This is to say that interactions with a nurse affects the patients' recovery and wellbeing whether it was positive or not. (Halldorsdottir 2008, 644) One of the main factors that can compromise therapeutic value of nurse-patient relationship

is when a nurse loses the professional distance. As losing the professional distance while interacting with patients can feel intimidating to the patients it is important that a nurse remembers to keep an appropriate distance. Preserving a suitable distance is an act of respect and compassion. It is important that patients will not feel violated by nurse's behavior and get to keep their own space. This makes the nurse-patient relationship professional in a way that helps patients to feel safe. Keeping a needed distance also signifies of compassion towards patients' privacy. To summarize, nurse-patient relationship that patients could find comforting should include both bonding and distance. If professional distance is not kept relationship would lack professionalism and trust. However, without bonding and closeness in the relationship patients could easily feel detached and misunderstood. (Halldorsdottir 2008, 646)

Furthermore, when interacting with child patients there are certain factors that need to be paid attention to so the interaction could have therapeutic value. The level of cognitive and physical development of children determines what sort of information they are capable of processing. The level of a children's development also specifies the way children view the world, understand the sensation of pain and emotionally react to the life situations, and all these components should be paid attention to. Communication with children should also be suitable taken into notice the age of each child and their level of functioning. (Underman Boggs 2011, 349-351)

In addition, nurse-patient relationship between a nurse and the hospitalized children is demanding for a nurse because children cannot express themselves yet as clearly as adults. This is to say that it is nurses' job to evaluate children's condition comprehensively. Also, parents offer invaluable information about their own children's way of communicating and acting normally, and their words ought to be taken into account. (Underman Boggs 2011, 352) Parents are able to identify changes in their own children's behavior or physical health as they do not only know present but also former condition of their children. (Storvik-Sydänmaa et al. 2012, 282) However, nurse should avoid talking with the parents about a child in front of a child as this can humiliate a child and affect negatively to child's already possibly compromised self-esteem (O'Toole 2012, 291).

Interaction with adolescent patients also have its own characteristics. Adolescent years are mentally challenging times due to all changes happening in the body and mind. Adolescents' emotional states can be contradictory combinations of need for independence and dependence. Also search for adolescents' own identity and place in the society exposed them to vulnerability. (Mäkelä et al. 2001, 60-61, 65) Often when adolescents are hospitalized their emotional development has not been supported enough and this causes children mental pain. Important characteristics of nurse-adolescent patient relationship include trust, empowerment and encouragement of an adolescent. Trust is a crucial part of the relationship as therapeutic nurse-patient relationship is only possible when an adolescent trusts in a nurse. Adolescents can be empowered by a nurse by helping them to understand and cope with their condition better. Important part of interaction with an adolescent patient is also to seek and disclose adolescent's resources, skills and positive characteristics. Once identified, those characteristics should be enforced as this supports adolescent's coping with the situation as well as the recovery and wellbeing. (Mäkelä et al. 2001, 67-69)

When children are hospitalized due to mental problems each of them will have their own caretaker in the ward. Child's own nurse delves into the care of a child more profoundly than to the care of other children in the ward by participating into the family and care plan meetings, promoting discovering of child's own resources, strengths and coping skills, actively exploring ways to understand child's mental problems and by protecting child when needed. Often nurse-patient relationship occurs in the most profound manner between hospitalized child and the own nurse but this is not always the case. However, child's own nurse is enabled to connect with, help and comfort a child more than other nurses as own nurse is the most actively involved in the child's care. (Sinkkonen & Pihlaja 1999, 88, 90)

3 HOSPITALIZATION OF A CHILD

Child is a person who is under 18 years old unless (s)he fills already earlier requirements needed for legal adulthood. One of the most important rights children have is that they are justified to receive special care and protection because they are

not expected to be able to take care of themselves yet. Children's rights apply to every child regardless of their race, gender, language, skin colour, religion, nationality, wealth nor origin. (General assembly of United Nations of children's rights, 7)

Children are hospitalized due to mental problems only if they cannot be treated in outpatient care. Reasons for inpatient care include impaired psychic welfare and unstable living conditions. Goals of hospitalization of child with mental problems are to solve acute mental crisis, investigate the situation in order to provide adequate support for children and their parents and to establish a care plan for a child. This is done to lessen child's mental problems so that (s)he can cope with daily life at home again. Moreover, hospitalization also aims at helping child to understand and identify factors behind challenging sensations and emotions.

Hospitalization often starts by psychological and physical investigations, evaluation of child's functional capacity, and observation of a child in social interaction. Care plan is then established in co-operation with child's parents. Parents are also included to the care by providing them with meetings and conversations that support their parenthood. (Hietala et al. 2010, 137-138; Friis et al. 2004, 151)

Hospitalized children with mental problems often have experienced many sort of challenges in their life. Constant feeling of failure and disappointment as well as negativity can easily characterize their thoughts. That is why it is important part of inpatient care to provide these children with alternative emotional experiences such as moments of joy and success. (Friis et al. 2004, 150)

Moreover, when a child is hospitalized one should not pay only attention to child's illness and physical condition but also to the way that child is coping with the situation. The components that have they impact on the matter are family's attitude towards the illness, child's awareness about the circumstances, chronicity of illness and its effect on child's life. Becoming ill can be stressful experience to a child. Firstly, because of the emotional or physical pain it may cause. Secondly, because it easily

adds to the pressure a child has in developmental phase of life to keep up and to be approved of. Moreover, the disability or illness of a child influences most likely child's interaction and relationship with the family and other children. It affects the children's way of perceiving themselves. (Underman Boggs 2011, 351)

Hospitalization of a child is a hard experience to the whole family. Hospitalized children suffer not only of the illness but also of being away from home and their loved ones. Also, since children depend still on their parents being in a foreign place without them can be a frightening experience. A child may for instance show symptoms of sleeping and eating disorders, recession to former formative stage and of separation anxiety. This is why nurses ought to express in their work understanding, acceptance and respect to children and their family. (Friis et al. 2004, 151, 153; Underman Boggs 2011, 352)

Children often show symptoms of psychic disturbances still when they have already returned home after hospitalization. Reactions depend on how children have found the experience of hospitalization. Mental welfare of children can be supported by providing children with games, hobbies and plays during hospitalization. By means of play children can handle matters in their mind and shared games also enable children to make new friends. Also regular daily routines such as meal and sleeping times and other routine timetables in the ward bring feeling of safety and should be sustained. Little children find it also comforting when they are read bedtime stories and covered before going to sleep. The family may in turn need help with assimilating to the child's condition and with getting by with it. Moreover, it is important to support and provide the parents with advice they need as taking into account the welfare of the parents also promotes child's care and recovery. (Underman Boggs 2011, 352; Friis et al. 2004, 151-153)

4 MENTAL PROBLEMS AMONG CHILDREN

Mental problems among children affect development of children by disturbing children's emotional development and learning capacity. That is to say that it is essential that they are addressed and treated. Base of

the care is interaction between a nurse and a child. During interaction, nurse needs to be able to reflect on children's perspective in order to being able to understand how children perceive themselves as well as the world around them. Also, children's coping strategies should be disclosed and highlighted instead of paying too much attention to their problems. In order to provide efficient care it must also be carefully explored what is the diagnosis of a child. Challenges to diagnosing bring in turn presence of many disorders at the same time. Children can have for example depression accompanied with behavioral disorder. (Friis et al. 2004, 95-96)

When children's needs are not met it causes them mental pain. Feeling mental pain in life is inevitable, however, amount of it can be influenced. When little children cry it is an appeal to the caretaker to answer to children's needs. Child can cry for instance because (s)he is tired, hungry, longing for attention or in pain. If the interaction between a child and a caretaker is not working properly, child may become restless and get a feeling that his/her needs are not met. (Friis et al. 2004, 43) Indeed, more a caretaker nurse a child the more safe and comfortable the child feels with his/her own feelings, the surroundings and with other people. (Friis et al. 2004, 44)

For instance, if child's parents behave antisocially, coldly and punitively towards a child this predisposes child to aggression problems and incapability to feel empathy. Also, if parents lack skills of empathy, use intoxicants or promote violent behavior it also applies children to act violently. Raising methods that give a child only few adaption choices, for instance rejecting parenting style, is linked to emotional distress of children. Whereas ignorance towards a child can cause a child to act aggressively and unsocially. (Nurmi 2013, 65)

Children whose relationships to their caregivers have been harmful and unhealthy may try unconsciously to create same sort of relationships with new people in their lives. They can unconsciously manipulate other people to behave towards them the

way they were treated. This phenomenon is called transference and it originates from adopting unhealthy attitudes from the past onto people in the present (Arnolds & Underman Boggs 2011, 8). This manipulation causes a reaction called countertransference which means those unconscious feelings that manipulative behavior of a mentally ill child causes in the helper. It is indeed very important that a nurse recognizes a child's manipulative behavior and also the way in which it affects the nurse's own feelings. For instance, normally when encouragement and compassion is expressed towards a patient it is helpful to the patient. The situation is different however, when it comes to mentally ill patients who manipulate other people unconsciously. When they are shown excessive compassion and other positive strong reactions it may only feed the problem. (Hayden 2010, 215-216) However, when a nurse is able to recognize the origin of a child's behavior patterns it helps one to respond more appropriately to the child's behavior. (Arnolds & Underman Boggs 2011, 8)

Also traumatic experiences in childhood have an effect on children's health and may have far-reaching consequences. Due to challenging conditions a child gets psychically overcharged. A child may show symptoms of aggressive or fearful behavior or of withdrawal because (s)he already feels as if being abandoned. (Nurmi 2013, 37, 51) Furthermore, a child can undergo a traumatic crisis if something happens that (s)he is unable to conform to. A traumatic crisis surpasses a child's survival methods and resources and leaves a child incapable and helpless. This sort of trauma can be caused for instance by violence towards a child which the child finds life-threatening, diagnosis of a severe illness, severe sickness of a parent, threatening home atmosphere, bullying or sexual abuse. (Pojjula 2016, 27-28) Children should eventually assume the influences of trauma on their life, accept experienced hardships and regain their self-esteem. However, children may need help with conforming to their traumatic experiences. If still a month after the traumatic event a child shows symptoms of chronic or acute stress reactions in which life seems threatening although there is no danger present, it can indicate that a child is suffering from post-traumatic stress disorder. (Pojjula 2016 30-31, 40, 42)

When child experiences traumatic event (s)he first goes into shock. Shock in turn leads automatically mind to dissociative defense-mechanism when a situation is too threatening to cope with. (Poijula 2016, 29) Dissociative disorder is a mental illness that has its roots in traumatic experiences as well as in a healthy habit of children to alleviate stressful situations by thinking something else. However, dissociation becomes a problem when it starts to harm children's ability to adapt to the society. Dissociative disorder can lead into dissociative identity disorder. It is often caused by a severe trauma in childhood that a child has not been able to escape and which (s)he has found life threatening. It is common that this trauma has also been frequent and a child has not had time to recover in between. (Hayden 2010, 189)

Also development phases expose children to have mental problems because of all the changes happening in children's body and mind. For instance during teenage years children become to question their parents and to search for their independence and place in the society which can be confusing. Although stressful and challenging, development phases are essential part of children's life and part of growing up. (Friis et al. 2004, 45) However, if child's behavior begins to cause worry and is harmful to a child, or prevent a child coping with daily life, it can indicate that a child needs guidance in the process of developing. So that children's development could progress normally these sort of concerns should be addressed early enough. (ibid. 49)

Care of children with mental problems is diverse. Psychiatric care is included to the care of children with mental problems taking into account developmental stage of each child. Also psycho education of a child and the family is part of the care. Before beginning the care, however, environmental factors should always be paid attention to and improved if needed. If a child is suffering for instance of bullying at school or of delinquency by the parents, child's living conditions should be fixed as the first matter. (Friis et al. 2004, 96)

Moreover, child's parents should always be included to the care if possible. This is because children's mental problems are often linked to the problems inside the family. Child's mental disorder also brings its

challenges to the interaction between the parents and a child. Child may be provided with individual therapy but also family therapy should be offered. (Friis et al. 2004, 97)

4.1. Child and emotions

As part of growing up children need to learn to recognize the emotions they are feeling as well as causes of them. Children also need to be guided how to express their feelings in a healthy way. When a child for instance acts out of rage it is often because (s)he tries to express unprocessed feelings. (Nurmi 2013, 17, 38)

Feelings are part of being a human being. They enable us to feel pleasure, happiness and joy. Also fear, anger and sadness are part of a numerous diversity of feelings. Fear helps us to protect ourselves from danger, anger makes us to defend ourselves and sorrow helps us to give something dear away. However, children can get confused when are these feelings actually justifiable or how to express them right. Reason for this can be for instance that they learn harmful behavioral model from their parents. However, it is important to let the children know that they are justified to feel however they feel. There is no emotion that is forbidden. (Nurmi 2013, 17-18)

First emotions that little children experience are feelings of pleasure and displeasure. In the early infancy the emotions of children are related mainly to the basic needs of children. Only approximately in the age of seven children begin to learn the skill of empathizing. They become able to imagine how other people may be feeling. Children's emotional development is in constantly changing state and in order to develop healthy emotional life children need adults' guidance and attention. One of the most important aspects promoting development of healthy emotional life is love and attention that children get from their caretakers. When children feel they are cared for, they are able to develop feelings of confidence towards themselves as well as towards other people. If a child is in turn neglected and is not paid attention and

showed affection (s)he easily becomes insecure and fearful. (Kemppainen 2000, 2)

Disorders of children's emotional life include neurotic states, aggressiveness, limitlessness, fearfulness, narcissistic personality disorder, apathic withdrawal and schizoid personality. Children's emotional disorders are difficult to diagnose but indication for need of care is emotional pain caused by disorder that unravels harmfully to a child or to child's surroundings. (Kemppainen 2000, 39)

Anger, aggressiveness and aggression

Anger is one of the basic feelings together with joy, sadness and fear. One can feel anger for example when something happens that one finds very undesirable, insulting or threatening. Aggressiveness is a byproduct of anger and can be seen as capacity to react to challenges. Aggressiveness can be seen as psychological and physical need to attack or defend oneself. Aggression is associated with causing harm towards oneself, others or items in purpose. It can be expressed in verbal, physical or nonverbal manner. Verbal, nonverbal or physical aggression and violence is not part of healthy development but speaks of mental confusion. (Nurmi 2013, 20, 55)

Anger can protect us from being mistreated. However, feeling anger is also tiring, unpleasant and painful. It is important to be able to handle and understand the sensation of anger. Otherwise one easily blames oneself and others of one's emotions, and that just increases anger and mental pain. Anger should be seen as one of ever changing feelings instead becoming dominant state of mind that is controlling one's life. (Nurmi 2013, 20)

When children lose their temper they often act self-destructively, mischievously or unpredictably. It is important that children learn to control their feelings so they will not accidentally hurt themselves nor other people. Development of children's emotional life and self-control can be supported by helping children to recognize and accept their emotions. Anger among children seems to be a bigger problem if they are not able to name the felt sensation or if anger is not expressed at all due to guilt

cased by the feeling. In another words, children who do not recognize what is happening when they are angry or who are ashamed of being angry tend to act more aggressively. By recognizing and examining their emotions children do not lose their temper so easily. Also, if children are comfortable with being angry the feeling is easier to be expressed modestly and in a healthy way. (Kemppainen 2000, 4, 9; Nurmi 2013, 21-26, 32)

The fact that some children take out their aggression on other people can be due to learned habits at home as well as due to one's temperament. Children can easily become to believe that things can be solved by violence. Violence can also be an excessive appeal to the adults to get attention. Moreover, if children often experience the surroundings to be exceptionally dangerous, emotional pain that it causes gathers in their mind and may lead in their later life to aggressive outbursts. In order to influence on child's frequently violent behavior the reasons for aggressive behavior should first be identified. (Kemppainen 2000, 10-11)

4.2 Stress

Stress is caused by contradiction between one's expectations and the requirements of one's surroundings. Stress is seen as reaction and its intensity depends on how much burden the requirement to adapt causes. There are three categories of stress which are general, chronic and traumatic stress. (Poijula 2015, 19-20)

General stress can be a positive phenomenon which helps one to experience inevitable challenges in life motivating (Poijula 2015, 20). Chronic stress in turn is harmful and can be caused to a child for instance by problems in a child's family. These include frequent arguing, shouting and fighting, sickness of a parent, parents' psychological health status and parents' characteristics of personality. Chronic stress can cause a child to have for instance sleeping difficulties. (Friis et al. 2004, 98)

Changing life situations in turn cause traumatic stress to children which also is negative form of stress. These include for example divorce of the parents or death case in the family. (Poijula 2015, 20) These factors affect children partly concretely and partly via the parent's behavior, reactions and the way of adapting to the

challenges. Those children who have mental illnesses have often had more stressful changes in life than those who are mentally healthy. This is to say that external and internal factors causing stress to a child increase the risk of a child to become mentally ill. (ibid. 25-26)

When children are very stressed they can show symptoms of recession, constant crying, excessive sleeping, withdrawal, denial, altruism and provocative behavior. These symptoms indicate what children use as their survival methods to stress. If child cries a lot (s)he is in major stress and needs to be noticed and comforted. If child withdraws either physically or psychologically (s)he tries to concentrate on other matters to escape from stressful thoughts that cause fear and anxiety. Also provocative behavior indicates that child wants to pay attention to something else that does not cause mental pain. Child who finds reality stressful can sleep a lot as sleeping offers safe and comfortable atmosphere in which time flies if child does not suffer from nightmares. When a child has chosen altruism in turn as a survival method (s)he becomes very helpful towards others as this helps a child to think of something else. Gratefulness of others caused by this also promotes child's survival process. Denial is seen as not taking challenges seriously as this helps child to avoid painful consequences of them. Recession to earlier developmental stage in turn encourages parent to comfort and pay more attention to a child when child needs that. (Poijula 2015, 19-24)

5 AIM AND PURPOSE

This study is a literature review and aim of the study is to search for the components that would enable nurses to provide patient-centered, comforting and effective care through the interaction to the hospitalized children with mental problems. Purpose of the study is to provide nurses with updated information about the ways in which they could interact with the hospitalized children with mental problems in a way that

interaction would be helpful and comforting to children, in order to promote their ability to provide the most helpful care to their patients.

Research question the study seeks answers to is following:

What makes interaction with a nurse helpful and comforting for a hospitalized child with mental problems?

6 METHODOLOGY

6.1 Literature review

This topic was chosen because it is essential subject to consider in order to provide patient-centered care to children. The study was carried out as a literature review. Literature review is a study that investigates existing reliable data of a certain topic. It is a study that presents comprehensively the existing body of knowledge. The current knowledge should be presented in a systematic and comprehensive manner. (Machi & McEvoy 2009, 2-3; Parahoo 2006, 121)

The study was performed as a literature review because the study aimed at gathering existing knowledge together and evaluate its contents. In other words the study was undertaken as literature review to establish an understandable overview of the current knowledge. As data for literature review was gathered from different sources and databases more comprehensive view of the topic was achieved. (Leach et al. 2002, 49, 52-53) Moreover, as a literature review, the study aimed at providing useful information for the scientific community and participate in increasing evidenced based knowledge. (Machi & McEvoy 2009, 4-6, 14-15) Age group of hospitalized children with mental problems was not limited because mental problems are not investigated in very early infancy which already limits the age group.

Processes involved in the review included selecting a topic, seeking information, organizing the findings, analyzing the relevancy of data and writing a review. One should select a topic that is of one's interest so one will have motivation to carry out the research. Moreover, the topic should rather be specific than general as the subject of a study needs to be enough specific in order it to be researchable. The research area of a study should also be manageable, not too large nor minor. (Machi & McEvoy 2009, 4-6, 14-15)

Literature review includes only data that is relevant to the study and answers the research question. Inclusion and exclusion criteria helps one to select suitable data. Suitable data for the literature review helps in finding answers to the research question and is from reliable sources. Reliability of electronic sources can be verified by them being peer-reviewed. Also, used will only be those manual sources that are written by health care professionals or other professionals of the subject which guarantees reliability of the manual data. (Machi & McEvoy 2009, 72)

6.2. Data collection

The scientific study only includes data that is relevant to the research question (Machi & McEvoy 2009, 72). Scientific data that was included in the research was selected via inclusion and exclusion criteria. Inclusion criteria of the data that is to be included in the research helps one to prove the scientific value of the study. Exclusion criteria cuts out existing data that is neither relevant nor reliable information for the research. Inclusion and exclusion criteria help one to critically evaluate scientific value of the findings. Data was searched from the following databases: Cinahl, Cochrane Library, PubMed, Elsevier Science Direct, Academic Search Elite and Medic. Inclusion criteria for the electronic articles was that they ought to be available in full text and to be peer reviewed. This ensures their academic value as well as enables one to understand their content correctly. As when available in full text the context of the data collected is perceived, which prevents one from misjudging the message of the data (Hek et al. 2002, 88). Academic journals were included as well as the articles

of those professional journals that were peer-reviewed. Being peer-reviewed means that before the article is published it will be sent to an expert who determines the applicability of the article. In this way the reliability and validity of the article can be ensured. Electronic sources are useful for the research because they include information that is recently gained. This ensures that the findings of the study are updated. (ibid. 124)

Moreover, the study included existing data from manual or electronic sources that were written within ten years. This means that excluded were those articles and texts that were written before the year of 2005. This was done to ensure that the material included to the study was updated. Included were also only those texts and articles that were open access due to financial restrictions. (Hek et al. 2002, 113-114)

Inclusion criteria is presented in Table 1.

Table 1. Inclusion criteria

Peer-reviewed
Relevant texts to the research question
Free access articles in full text for JAMK students
Written in 2005 at the earliest
Finnish or English

Keywords involved to the data search were chosen by trying, testing and exploring different key words and key word combinations before starting the actual literature search. Key words and key word combinations that were chosen to be involved in the study are nurse-patient relationship, nurse-patient communication, nurse-patient

interaction, children, nurse, patient, perspective child with mental problem, pediatric mental health nursing, nursing, mental illness, psychiatric nursing, child with mental problem, sairaanhoitaja-lapsi suhteet, lapsipsykiatria and mielenterveys häiriöt. Key words that were chosen were those that disclosed most relevant articles. Also, key words chosen were suitable in order to bring forth amount of data that one was capable of processing. Word AND was used in between the words or combinations of words to try and find those texts that would include relevant information to the research question.

Literature search was done in November 2016. Titles and abstracts of the articles were viewed keeping the research question in mind. Articles of which abstracts were relevant to the research question were read in full text. Altogether nine relevant articles were found and were included in the study. The studies reviewed were from six different countries: two from Norway, two from the United Kingdom, two from the United States, one from Canada, one from Iran and one from Japan. In addition, in manual search altogether two relevant books were found which were also included in the study. In appendix, Table 4. Findings of the data search, shows the chosen articles and books by the author, time of publishing, place of publishing, titles, aims, participants, data collection methods and key findings.

Database	Key words	Results	Chosen by title	Chosen by the abstract	Relevant studies
Elsevier Science Direct	Nurse-patient relationship AND perspective child with mental problem	226	8	2	0
PubMed	Nurse-patient relationship AND child with mental problem	15	3	1	1
PubMed	Nurse-patient communication AND psychiatric nursing AND children	39	9	6	3
PubMed	Nurse-patient communication AND pediatric mental health nursing	11	3	1	0
Cinahl	Nurse-patient communication AND psychiatric nursing AND children	22	4	2	1

Cinahl	Nurse-patient relationship AND psychiatric nursing AND children	8	4	2	1
Medic	Sairaanhoitaja-lapsi suhteet AND lapsipsykiatria AND mielenterveys häiriöt	43	4	2	0
Cochrane Library	Nurse patient AND mental illness AND children	10	2	0	0
Academic Search Elite	Nurse-patient interaction AND nursing AND children	16	2	2	1
Academic Search Elite	Nurse patient relationship AND psychiatric nursing AND children	33	13	4	2

Table 2. Data searches

6.3. Analysis of data

Data analysis is a crucial part of a research. It should be performed keeping the research question as well as the aim of the study in mind. (Walliman 2011, 209) Only data that were trustworthy and relevant to the topic of the research were included in the research. Analyzing the data started at the same time as it were gathered. All the main findings of the articles that were included in the study were documented and notes were done of each text. This was done to identify all the factors that would be relevant and answer to the research question. Once all the data had been collected they were analyzed further on in order to organize them into themes and categories. Data were organized into categories by first breaking them into as many categories as possible, then grouping the categories based on their similarities to broader groups and finally creating themes out of the categories to create a comprehensive picture of the entity. However, although data were separated into different groups they were still interrelated and part of the analysis was also to illuminate the way in which the information interrelates. (Parahoo 2006, 391, 393-394)

The study used inductive approach combined with thematic analysis. In inductive approach it is common to use research question in order to specify the extent of the study. Inductive approaches are often associated with qualitative research. They aim at either exploring a new phenomenon or viewing an existing phenomenon from a different perspective. (Gabriel D. 2013)

Thematic analysis in turn concentrates on the content of the data aiming at bringing forth all the main themes that arouse from the research material. Thematic analysis starts by regarding the texts as entities and continues by organizing the relevant findings into groups. All the findings that answer to the research question are to be identified from the texts and then categorized into themes and subthemes in order to organize the findings coherently. (Gerrish & Lacey 2015, 195)

7 RESULTS

By means of data search various factors were discovered that promote a therapeutic interaction between a nurse and a hospitalized child with mental problems. Those factors that make interaction comforting and helpful for a child were categorized into following themes and subthemes.

What makes interaction with a nurse helpful and comforting for a hospitalized child with mental problems?

Table 3. Findings of the research presented in themes and subthemes

Educational factors	Cognitive factors	Behavioral factors	Emotional factors	Social factors
Knowledge of mental problems and disorders of childhood	Problem solving	Encouragement of a patient	Empathy	Therapeutic alliance
Knowledge of useful interventions	Self-awareness	Asking questions		Being there for a patient
Taking into account information gained from the parents	Promoting patient's self-reflection	Showing respect		

7.1 Educational factors

Knowledge of mental problems and disorders of childhood

Children and adolescents are under continuous development and change and this can easily cause them frustration. It is important that a nurse knows characteristics of mental disorders as well as characteristics of children's normal development. Nurse should know what is normal and what is not and assist a child also in understanding

this. This should be done to avoid stigmatization of a child of being mentally ill or blaming a child of behaving undesirably. For instance, child can show stronger expressions of adolescent identity development than the peers in general but it can be part of child's normal development. (Walker & Kelly 2011, 564; Kaakinen et al. 2010, 345)

Delinquencies, social and domestic problems and other sorts of demonstrations of children's agony have made Japanese nurses feel like they would be in need of further and updated education. They wished to be provided with education programmes to achieve updated knowledge of child and adolescent mental illnesses. They found that this would help them to give the most appropriate care for their patients. (Inoue et a. 2012, 126-127)

Furthermore, nurses without mental health education in the United Kingdom who nursed adolescents who self-harm felt high level of antipathy towards their patients. This indicated that they may have lacked psychiatric education that would have helped them to understand better their patients and to respond to self-harming patients more appropriately. (Dickinson & Hurley 2011, 154)

Knowledge of useful interventions

So that one as a nurse can offer reliable and evidence-based care and interaction to child patients with mental problems one ought to have knowledge of useful interventions that are proven to work. One as a nurse should consider what one aims to achieve through interaction with a child, which interaction method would suit best the situation as well as why would that intervention work. In this way one is able to explain motives behind one's way of communicating with children as well as prove why certain way of acting should result in improved health outcomes. This is important as a nurse should continuously consider in one's work and interaction with child patients why would one's way of behaving be helpful to children. (Delaney 2006, 203-204)

Japanese nurses expressed a need for further education in addressing adolescents' emotional problems as well as secondary problems such as decline in self-esteem, depressive states and aggressive behavior. Nurse participants of the research

indicated that they would need to acquire new skills or to be reminded of the skills acquired in order to support adolescents who suffered of these sort of mental problems. Also, Japanese nurses wished to be provided with useful interventions to meet the needs of the families. (Inoue et al. 2012, 127)

There are some interventions available that can promote interaction between a nurse and a child patient. For instance, when it comes to commencing interaction with children there are some interventions that may help. Children often wish to start a conversation by talking about familiar and casual subjects. They may wish for instance to know something about a nurse as a person or to tell something about themselves to a nurse. Engaging a child into this sort of casual conversation can serve as a base for the nurse-patient relationship. Also, playfulness and good-natured jokes can promote start of therapeutic relationship. (Kaakinen et a. 2010, 343)

Furthermore, if social interaction is challenging to a child, time can be spend together also for instance by drawing or playing. Talking with a nurse can be easier to a child while concentrating rather for instance on drawing than exclusively on the interaction as for example drawing can help a child to relax. Child's drawing can also offer very useful information to a nurse about child's thoughts and inner world in order to help a child. In addition, play can serve as stimulation for a conversation as playing is what children can do even if they had difficulties in verbalizing their emotions. Moreover, by means of playing with a child nurse can sometimes answer to the needs of a child better than through conversation. Indeed, play can be very effective channel for communication in the nurse-patient relationship. It can be used to help children to express their emotions, deal with their problems as well as to create coping strategies. By means of playing child can also address topics that might otherwise feel overwhelming to them. (Kaakinen et at. 2010, 343-344)

Externalizing the problem that has caused a child to have mental problems can also help a nurse to address the problem together with a child. By means of externalization the problem can be perceived as something that is not part of a child's persona which in turn decreases stigma, blaming and labeling. (Bennett 2012, 189, 192)

In an inpatient adolescent unit in the United Kingdom early warning signs journal was used as a tool that a nurse could use to help a child with mental problems to recognize early signs of escalating emotions (Walker & Kelly 2011, 564). Adolescents who had had a psychotic episode found this intervention very useful tool supporting the development of their self-reflection. When first signs of psychosis were identified they were discussed together between a nurse and an adolescent and nurse's job was to help a child to come up with coping strategies. More specifically, nurse should help a child to come up with that sort of coping strategies that would support child's own strengths. The coping strategies were disclosed in order to prevent psychosis by modifying thoughts or feelings associated with psychosis early enough. (Walker & Kelly 2012, 564, 567)

Also knowledge of behavioral interventions can be useful. They are used for instance in the care of children with oppositional-defiant. Behavioral interventions include for example reinforcement method and cueing. Idea of reinforcement intervention is to promote wanted behavior by giving positive feedback to a child always when (s)he behaves well. It is presumed that when a child's good behavior is reinforced and a child is praised and complimented, child tempts to act well more often. Moreover, not only should one as a nurse should give positive feedback of succeeding in good behavior but also of even minor attempts and indications that a child tries to behave well as this encourages a child as well as promotes cooperation between a child and a nurse. Positive feedback is also given to strengthen child's self-reflection and self-awareness. (Delaney 2006, 206)

With the help of cueing nurse can in turn promote child's awareness of the consequences of child's behavior and of paying attention to other people. This intervention can be used in order to interrupt early enough with negative behavior that could otherwise result in negative outcome. Nurse can use cueing in order to help a child to avoid negative outcomes and time outs. One method is to simply say a child's name and in this way remind a child to stop and consider child's own behavior and what is happening. Cueing also promotes cooperation together for desired outcomes between a child and a nurse. Other methods along with saying child's

name should also be used as children can get easily bored with frequently used interventions. (Delaney 2006, 206-207)

Moreover, use of games, cards and pictures that support children's self-reflection can be useful tools if children have difficulties in understanding the reason for their agony or in identifying their emotions (Bennett 2012, 190-191; Walker and Kelly 2011, 566). Nurse can use for example a board game while having a session with a child to identify together with a child thinking distortions that may have made a child to feel somehow unwell without a visible reason. These distortions of thought that a child may have include for instance assuming the worst, minimization, blaming others and self-centered attitude. Use of board games also support development of child's cognitive skills as well as help a child in assimilating negative emotions' effect on negative self-perception. (Bennett 2012, 190-191)

Lastly, there are affective techniques that can be used when children have difficulties in coping with overwhelming emotions. Emotional disorders or problems of children include anxiety, depression and conduct problems. These sort of problems are often reasons for hospitalization of children due to mental problems. Affective techniques can be used in order to help children to regulate their emotions for instance in anger management. Nurse can promote children's emotional regulation by firstly helping a child to recognize the first indications of negative emotion. After that useful method to deal with the emotion should be identified. Children can benefit for instance of distracting themselves from the negative emotion by concentrating on something else, using some relaxation method or by maintaining passive attention to the emotion. Nurse can also help a child to come up with more constructive ways of responding to a negative emotion. This is done by helping children to understand that they have freedom of choice in their ways of acting instead of being driven by their emotions. (Delaney 2006, 212)

Taking into account information gained from the parents

As every child is unique, exquisite are also interventions that work for each of them. By means of the information gained from the parents a nurse can acquire useful tools to comfort and answer to the needs of a child. If a child with mental problems tends

to have for instance aggressive outbursts easily it can be useful to try interventions to calm a child down that the parents have found useful. After all, often child's parents know a child best and have already tried many methods to interrupt with the negative behavior. Asking for parents' advice can provide a nurse with useful interventions that a child finds soothing as well as safe a child from any unnecessary moments of helplessness. Information from the parents about useful interventions when a child gets agitated also helps a nurse to get to know a child better. (Kaakinen et al. 2010, 360; Delaney 2006, 203)

7.2 Cognitive factors

Problem solving

For instance, traumatized children can suffer from an enormous amount of emotional pain and that in turn can make it hard for them to cope with everyday life. It is beneficial for those children when a nurse helps them to find coping strategies. (Holm & Severinson 2011, 844) Problem solving has proven to be useful also for instance among aggressive, impulsive and oppositional children (Delaney 2006, 208).

Problem solving can be used to help children to cope with their experience better by discussing together about a situation that children have found challenging. Problem solving begins by specifying the problem. Nurse ought to assist a child with clarifying what is wrong. Moreover, nurse should assist a child in understanding and naming how a child was feeling and what was (s)he thinking in the challenging situation. In this way possible distortions of thinking that has led to negative outcomes can be identified and more adaptive patterns of thinking and behaving can be assimilated. In this way, children acquire tools to cope with their challenging emotions better. Nurse should also help a child with assimilating these healthy coping strategies into practice when a child encounters challenges. This is done by considering together with a child solutions for challenging experiences, examining child's unique ways to cope and supporting child's healthy coping strategies. (Walker & Kelly 2011, 564; Delaney 2006, 208-209)

Lastly, plan to address and solve the problem should be done together with a child as in this way child's own hopes are taken into account and child feels (s)he matters.

Also, when problem solving is tailored to the child's needs (s)he becomes more motivated to participate in the care. (Delaney 2006, 208)

Self-awareness

Self-awareness refers to the ability to acknowledge one's own feelings, attitudes, characteristics, habits and motives. Self-awareness promotes developing of personal and interpersonal understanding (McCabe & Timmins 2006, 148). People often have some prejudices or pre-understandings that can also affect the way one as a nurse treats one's patients. It is essential that one as a nurse is aware of one's presumptions so they would not inhibit building of a real connection. (Holm & Severinsson 2011, 845)

It is also important to understand that all people have their own values and sources of motivation as well as their unique ways of thinking, perceiving and feeling. As a nurse it is important to acknowledge one's limitations in understanding how another person might be feeling. Inability to understand a difference between oneself and another person can be seen as overidentification or lack of sensitivity. When having a communication with a child, instead of simply presuming what a child might be thinking, one as a nurse should actively explore what is going on in child's head. For instance, open questions can help a nurse in this task. Open questions offer valuable information about child's perspective and help a nurse to assimilate child's view of the experience. (Gjengedal et al. 2013, 129-130)

In addition, when nurses' working environment is characterized to be challenging and difficult it can easily increase nurses' stress which in turn can affect their ability to be there for their patients. For example, working in the United Kingdom among adolescent who self-harm was discovered to be challenging for the nurses. One as a nurse should be aware of one's own resources as well as evaluate actively also one's own wellbeing in order to avoid exhaustion. This is because exhaustion is not only bad for the nurses but it also compromises nurses' ability to offer high quality care to others. (Dickinsson & Hurley 2011, 153)

Empowering a patient

Becoming ill, having health problems as well as lack of understanding and control of what is happening can easily cause children to feel helpless. Children can be empowered by helping them to understand their current situation correctly. By means of explaining what is happening nurse can promote children's sense of being in control of their life or in another words decrease their feeling of helplessness. Nurse can also empower children by enabling them to participate actively to their care. (Gjengedal et al. 2013, 134)

Also, nurse should try and relate to children's circumstances and meet with children in their vulnerability as an attempt to see and know them. Nurse's attitude should be encouraging, confident and positive which helps children also to believe that they can manage with the situation. In addition, nurse should spend time with children also in more casual manner for instance by playing games if possible. Spending time with children promotes bonding, and bonding between a nurse and a child in turn empowers a child and promotes child's active participation in care. (Gjengedal et al. 2013, 134)

Nurse can also empower children by promoting and bringing forth their own resources. Patient may have valuable unique ways of coping with challenges and those strategies should be paid attention to and empathized. This is because disclosing patient's strengths and taking patient's perspectives into notice promote patient's coping with his/her mental problems. Moreover, paying attention to children's opinions and point of view indicates mutual respect. Mutual respect in turn enables children to play an active part in the care. This helps them to feel more in control of their own condition as well as promotes teamwork between a nurse and a child. (Holm & Severinsson 2011, 846, 849)

Promoting patient's self-reflection

By promoting children's self-reflection nurse can help them to keep track on their thoughts as well as on emotions and behavior that a certain thought has delivered. When for instance possible distorted ways of thinking have been identified they can also be modified into more positive or realistic ways of perceiving the experience.

Also, changing thoughts changes emotions which is to say that a patient with emotional problems would benefit of this intervention essentially. (Wheeler 2011, 151) When a child is enabled to process together with a nurse child's experiences and thoughts as well as emotions that those experiences aroused in a child, negative attributions can be identified. When identified, these distortions of thinking can also be questioned. (Delaney 2006, 209)

Nurse can help the children to learn from their challenging experiences by helping them to understand those experiences better. Experiences should be discussed in the atmosphere that a child finds safe and comfortable. Learning from the experience can be an important component promoting children's recovery for instance from psychosis. (Walker & Kelly 2011, 565)

Patient's self-reflection can also be promoted by helping patients to think in between emotions and actions that they may cause. If a patient has for instance problems with impulsive behavior, identifying emotions that lead to impulsive behavior can help patient to question negative thinking patterns and learn new more adaptive ways of responding. In addition, before nurse provides a child with tools for improved self-reflection and understanding of emotions, nurse should first evaluate child's level of emotional understanding. This is because child's emotional development can be promoted the most effectively by providing information that is just a little bit ahead of child's level of emotional development. (Delaney 2006, 205, 209, 211)

7.3 Behavioral factors

Encouragement of a patient

Interaction with a nurse should encourage a child with mental problems to focus on the future recovery, as well as on the growth and the personal development (Holm & Severinsson 2011, 844.) Encouragement of children begins by helping them to see their condition and a possible diagnosis from more of a positive perspective. This can help as children and their families often have limited and negative views of for instance clinical diagnosis. Providing a child and the parents with new ways of perceiving child's condition helps in responding in a healthy way to challenges that it

brings. It is proven to decrease anxiety linked for instance to depression. (Bennett 2012, 187)

Patient can also be encouraged to participate actively to the interaction and care by disclosing factors that would motivate a child to recover. This can be done by discussing with a child about child's hopes and future goals, as possibility to achieve those goals motivates a child. Indeed, motivation is essential part of therapeutic nurse-patient relationship because child needs to have hopes and plans that (s)he wants to achieve so (s)he can better understand how (s)he would benefit of the care. Part of encouraging and motivating is also to give positive feedback to a child always when (s)he succeeds in something that promotes her recovery. In this way child's self-esteem improves which in turn makes a child to believe (s)he can recover as well as to feel worth of wellbeing. (Delaney 2006, 205)

Showing respect

Respect can be expressed in many ways. Iranian teenagers found that their dignity was valued and respected by nurse through honesty and including teenagers to the decision making. (Nahid et al. 2011, 476) Honesty can be conveyed by telling accurate information as well as avoiding delays in providing information to the patients. Iranian teenagers found also important respecting teenagers' wishes and opinions about health outcomes and care plan as this demonstrates to them that they are valuable. Nurse should also consider how showing respect is demonstrated to different aged patients, in this case to children or adolescents. (Nahid et al. 2011, 476, 482)

Moreover, when a nurse is honest with children, children feel they are respected and their situation is understood. As when children's objective vulnerability is recognized children can also be sincerely seen and encouraged. In this way nurse can provide company to children so that children have someone with whom they can deal with the situation. Being honest shows respect and in this way also builds trust between a child and a nurse which is an essential character of therapeutic relationship. (Gjengedal et al. 2013, 134)

Lastly, children wish to be able to influence on their own care and their opinions to be valued. Each child's ability to participate in the decision making should be evaluated and enabled if possible. Indeed, it is desirable that child's permission would be achieved when it comes to any procedures considering child's health. Even if child would disagree with procedure or the care plan, having a dialogue together with a child about it is always beneficial as this promotes building of trust between a child and a nurse. (Kaakinen et al. 2010, 359) Also, when a child is invited to participate into the conversation this indicates to a child that (s)he matters. Sincere interest should also be expressed to child's point of view as this helps a child to feel that (s)he is seen and heard. (Kaakinen et al. 2010, 342)

Asking questions

Asking questions from a child is a good way to start interaction as it requests a child to actively participate in the conversation. Questions considering familiar subjects to a child should be started with, instead of for instance asking about a reason for their hospitalization. Familiar subjects to a child could be for instance their living environment, pets, friends or hobbies. Also asking a child what (s)he likes or what (s)he is good at, followed with personal experiences, can be beneficial questions to start with, as these sort of subjects promote beginning of therapeutic relationship. (Kaakinen et a. 2010, 343)

By means of asking questions greater understanding of the thoughts of a child with mental problems can be achieved. In this way nurse is able to understand how a child is doing instead of only depending on nurse's own ability to reflect on how a child might be feeling. When child's thoughts are disclosed by open questions they can also be addressed and child can be comforted in an appropriate way. (Holm & Severinsson 2011, 845) That is to say that open questions help a nurse to reflect accurately to a child's experience. Without asking questions it is difficult to really know what another person is thinking. (Gjengedal et al. 2013)

7.4 Emotional factors

Empathy

Empathy refers to one's capacity to take a perspective of another person and empathize how another person is feeling. Empathy enables a nurse to understand child's agony and to answer to it appropriately. Sensitiveness to the needs of a child can be strengthened by imagining how it would feel to be that child which can help a nurse to recognize the child's vulnerability. This helps a nurse to act ethically as well as to predict any outbursts a child might have. Being sensitive to another person's vulnerability helps one in this way to give comforting care. (Gjengedal et al. 2013,130, 134)

One as a nurse can promote one's ability to empathize with a child by paying attention also to child's emotional state instead of only listening to child's words. This promotes generation of similar affect in a nurse that in a child. It can also help to consider what child's behavior indicates that child would need at that moment. Empathy can be expressed by words as well as by gestures and tone of voice that mirror patient's feelings of the experience. When a nurse expresses empathy towards children it helps them to feel valuable and connected to other people. (Delaney 2006, 210)

Ability to empathize helps a nurse to understand children even when they have mental problems and significantly unique ways of perceiving themselves and their surroundings. Empathy also helps a nurse to understand that negative behavior of a child patient or the parents seldom has anything to do with a nurse but rather with the inner despair of a child or agony of the family. If a nurse becomes self-centered and offended when encountering negative feedback nurse is not able to answer to the needs of a child. In another words it is important that a nurse remembers to reflect on the situation of a child and keep in mind child's perspective in order to avoid taking personally any negative outbursts that a child may have. (Gjengedal et al. 2013, 132) For instance, a temper tantrum of a little child often is caused rather by child's attempt to communicate new independent thoughts and feelings than by child's need to disobey the parents or a nurse (Kaakinen et al. 2010, 346).

Empathy demands vulnerability from a nurse. This means that a nurse needs to be enough sensitive to understand vulnerability of children. This helps a nurse to act ethically and sensitively. (Gjengedal et al. 2013, 131) However, it is important to remember a difference between subjective and objective vulnerability. Subjective vulnerability refers to patients' way of perceiving their altered situation where as objective vulnerability refers to patients' health status. Many patients can be diagnosed with same condition which means that their objective vulnerability is similar, but they all may regard their situation differently which makes their subjective vulnerability to differ. (Gjengedal et al. 2013, 128, 130; Holm & Severinsson 2011, 844). So that one as a nurse can offer comforting communication to children one should first find out how do children perceive their situation. This means that nurse should avoid making any assumptions and be aware of one's own prejudices as well as be sensitive to children's own presentation of the matter. Indeed, being diagnosed with mental disorder as a child can also serve as a passage for greater development and understanding. (Gjengedal et al. 2013, 128, 130)

7.5 Social factors

Therapeutic alliance

Nurse-patient relationship between a nurse and a hospitalized child should be therapeutic in order it to promote recovery of a child. Indeed, only through good communication and therapeutic relationship nurse is able to answer profoundly to the needs of the patients. (McCabe & Timmins 2006, 22)

Characteristics of therapeutic alliance, or therapeutic connection, between a nurse and a child include promotion of child's cognition, emotion, narrative and self-reflection as well as self-regulation and anxiety management (Wheeler 2010, 155). This connection is cultivated by asking questions, showing interest, being present, respecting patient's feelings, setting goals in co-operation, expressing empathy and disclosing patient's strengths. Children's narrative can be promoted by helping them to put in words and name the feelings of their experiences as this helps them to regulate their emotions. Nurse should also indicate to a patient that nurse is engaged to the nurse-patient relationship. In addition, nurse should also express caring and

understanding attitude towards children. Caring for a child ensures that child's vulnerability is protected and dignity preserved. (Wheeler 2010, 154-155)

In addition, nurse should express trust towards a patient as this is comforting to a patient because it decreases anxiety linked to the interaction with others. When a nurse expresses trust towards a patient it is easier for a patient to trust in a nurse as well. (Holm & Severinsson 2011, 847)

Therapeutic alliance also includes active participation of both the nurse and the patient as this makes interaction focused and goal oriented. Indeed, nurse and child should be viewed as co-participants not only in the relationship but also in the process of healing (Wheeler 2010, 155). When both parties actively participate in the care and interaction it enables therapeutic alliance to occur. Goals of therapeutic relationship between a nurse and a child include promoting child's recovery and healing as well as improving child's adaptive coping strategies and processing of thoughts. (Wheeler 2010, 154; Dickinson & Hurley 2011, 153, 156)

It is important that a nurse also remembers to perceive patient from positive perspective as labeling and judging inhibit therapeutic communication. Positive regard for patients also promotes development of therapeutic communication and of active participation of the both to the interaction. (Dickinson & Hurley 2011, 153, 156)

Being there for a patient

Spending time with a child in any healthy way that a child favors is comforting and helpful to a child. Nurse should participate in child's daily activities or otherwise spend time with a child not only during goal-oriented conversations but also in a more casual manner. (Gjengedal et al. 2013, 134) Indeed, when a nurse is spending time with a child who is in agony it is comforting to a child. Nurse's role is to listen to a child's problems and enable a child to understand more coherently the connection between child's life experiences and current mental health problems. (Holm & Severinsson 2011, 844)

8 ETHICAL CONSIDERATIONS

8.1 Validity and reliability

Validity and reliability of the research prove the academic value of the study. Validity of the study refers to the relevancy of it, taken into account the research question and the title of the study. In another words validity of the study signifies the extent in which the study illuminates the topic that one set out to investigate. In addition, validity of the study also evaluates internal validity of the study as well as its generalibility. Internal validity stands for the accuracy of the findings of the study in the social reality. Generalibility of the study in turn implies the potentiality of the findings of the study to apply for another population. (Daymon & Holloway 2002, 90) Generalibility of the study is limited as articles included in the data analysis were found only from six different countries. This indicates need for further research on the topic in another countries as well. In addition, validity of the study is adequate. Study aimed at answering the research question as precisely as it was possible taken into account material that was found via data search. It was discovered that this topic is inadequately investigated. One reason for this may be challenges with permission to perform empirical research and interviews among children. This also indicates a need for further research on the topic in order to explore the perspective of children more profoundly.

Reliability estimates likelihood of the search engines used to bring forth similar findings and results if the study was to be done again or by another researcher. However, literature review can never be completely replicable nor perfectly alike undertaken by another researcher. This is because a researcher's background, values, character and motivation will affect the way one seeks for data and interprets the findings of the data search. (Daymon & Holloway 2002, 90)

8.2 Ethical principles

This study followed the guidelines of Finnish advisory board on research integrity in order to justify that the research has taken ethical considerations into account.

Indeed, the findings of the scientific research can only be approved to be trustworthy if the guidelines are followed. (Tutkimus eettinen neuvottelukunta 2013, 3)

The crucial components of responsible implementation of research include precision, accountability, proper referencing, accepted way to perform the research process, permission for the research to be carried out and agreement of the rights and obligations of the participants of the study. By precision one means in this context that while performing the research, one should be very careful in order to evaluate and present one's findings in a truthful way. Component of precision also reminds about the importance of carefulness while saving and handling the material of one's research. (Tutkimus eettinen neuvottelukunta 2013, 4)

Accountability stands for utilizing methods of acquiring information that are compatible to the criterion of a scientific research. Criterion of a scientific research are to be also kept in mind while evaluating one's findings. Moreover, accountability also indicates of significance of responsibility while presenting one's research. (ibid. 4,6)

While carrying out a research proper referencing is also important. Accomplishments of the authors of existing literature are to be respected by being open and precise about the sources used. (Tutkimus eettinen neuvottelukunta 2013, 4, 6)

9 DISCUSSION

This study aimed at identifying ways to provide comfort for hospitalized children with mental problems through nurse-patient relationship. By means of electronic data search altogether nine relevant articles were found. They were from six different countries. One from Japan, one from Iran, one from Canada, two from Norway, two from the United Kingdom and two from the United States. As no more relevant articles were discovered there is a need for further research about the topic. However, as articles included were from three different continents information gathered gives a rather good image of the subject globally although the study still lacks information from some continents.

There were some differences in the attitudes of the articles from different countries. Both articles that were from the United States were guideline articles that included generalized recommendations and researched interventions that can promote interaction and recovery of children with mental problems more or less in general. Some interventions presented in the articles can also be found from other updated sources outside the study. For instance, helping a child to calm down by means of providing child with relaxation methods were mentioned in the study as well as in other updated sources. Nurse can help a child to feel less helpless by providing child with useful relaxation methods such calming down child's breathing rhythm. (Delaney 2006, 212; Marttunen et al. 2013, 31)

In the study it was also highlighted that co-operation that is based on trust between a child and a nurse is an essential part of therapeutic nurse-patient relationship. This was also empathized in earlier texts. (Mäkelä et al. 2001, 19-20; Delaney 2006, 206-207) Moreover, just as the articles included in the study, also earlier texts empathized the idea of therapeutic interpersonal connection as an ideal environment for a patient to recover. (Arnold & Underman Boggs 2011, 83-84) An aspect of empathy highlighted in the another article from the United States (A relationship-based model for psychiatric nursing practice) was the importance of acknowledging patients' own experience of their condition. Nurse should empathize what it would feel like to be the patient with patient's unique attitudes and values. Based on that information it is easier for a nurse to answer to the needs of a patient correctly. (Gjengedal et al. 2013, 128, 130; Holm & Severinsson 2011, 844) This client-centered perspective was also paid attention in the other updated sources outside the research. It is important to remember that each patients' experience is different. Empathy means trying to see patient's situation through patient's eyes instead of through the eyes of a helpee. Ways to promote answering to the needs of a patient include asking questions as well as the nurses' self-awareness of their own attitudes and values. (Arnold & Underman Boggs 2011, 83-85)

Also, interventions which were not included in the article, were found from other sources. For instance, child can also be calmed and comforted by talking calmly to a child as well as by providing child with psychoeducation. If child gets very frightened

due to mental problems (s)he experiences it helps a child to calm down when a nurse remains calm. Also by providing information about child's mental problems and of their characteristics child can be comforted as it helps a child to acknowledge that (s)he can survive through challenging inner experiences even if they feel overwhelming. (Marttunen et al. 2013, 30-31)

Other updated texts also highlighted the boundaries as important part of therapeutic nurse-patient relationship. This means that nurse should act as a healthcare professional towards a patient, not as a friend nor a judge. Preserving professional boundaries makes the interaction safe to a patient and in this way is essential part of therapeutic relationship. (Arnold & Underman Boggs 2011, 86)

Moreover, one of the articles included in the study (Adolescent depression: Meeting therapeutic challenges through integrated narrative approach) as well as an updated text outside the research mentioned poetry and games as useful interventions to unfold a patient's experience to the nurse-patient relationship (Purtilo & Haddad 2007, 154, 159; Bennett 2012, 190-191). The article empathized the usefulness of board games in identifying, examining patient's thinking patterns as well as in promoting patient's self-reflection. (Bennett 2012, 190-191)

In an updated source outside the research was also mentioned use of music, tales and play as useful tools to be used in order to comfort children. When one sings to a child this promotes child's sense of safety and trust as well as indicates to a child that (s)he is seen and valued. (Marjamäki et al. 2015, 23) By means of play and tales children can in turn deal with challenging or even frightening subjects because children find it safer to deal with difficult matters when they acknowledge that they are not for real. Challenging situations that creatures are put in the stories also give trust and hope for the children in coping with their own challenges in life. Reading tales for children also promotes bonding between a child and an adult. Playing in turn helps children to handle their emotions better, promote adaptive thinking as well as interacting with others. Play also promotes development of empathy which is essential so children would not blame themselves of their mental problems. (Marjamäki et al. 2015, 15-16)

The article from Iran (Iranian nurses and hospitalized teenagers' views of dignity) in turn included empirical studies among Iranian adolescents and this offered its reader very practical and updated view of the Iranian teenagers appeal for respect. The article also presented ways to promote Iranian teenagers' wellbeing by means of opinions gained directly from the teenagers. Also other updated sources support the importance of showing respect towards the patients. By helping the patients to preserve their dignity nurse indicates to the patients that they are valuable. (Purtilo & Haddad 2007, 5-6, 14)

The article from Japan (Assessing the educational needs of nurses working in an adolescent inpatient psychiatric ward in Japan) in turn explored ways to improve care provided for adolescents with mental health problems by means of interviews done for the nurses. It concentrated rather on the ways to promote nurses' professionalism than on exploring the voice of children with mental problems. However, this was actually the phenomenon that was encountered throughout the data search. Information available concentrated more on the attitudes and perspective of the nurses than on the perspective of the children. As permission to interview and perform empirical tests among children is more difficult than among adults due to challenges with permissions, it is understandable that sincere opinions of children were not included in all of the articles.

The articles from Norway were also unique in their own way. They considered philosophical and ethical dimensions behind mental health nursing and nurse-patient relationship and brought forth new ways of perceiving the interaction between a nurse and a patient. These articles highlighted the importance of nurse's own self-awareness and self-reflection. Importance of self-awareness was paid attention in earlier texts as well as in updated data outside the data search as well. Self-consciousness of one's own values enables one as a nurse to separate one's own values from the professional values and provide respectful interaction to all the patients. (Purtilo & Haddad 2007, 6, 16) Furthermore, self-awareness helps one as a nurse to acknowledge one's insecurities, fears, prejudices and preferences. Being aware of these patterns of mind helps one to understand their influence on the

interaction with the patients. Self-awareness can be promoted by means of asking for feedback as well as by self-disclosure. (Kagan & Evans 1996, 22-23)

The articles from United Kingdom concentrated on rather particular phenomena. Another one explored the antipathy among nurses working with adolescents who self-harm. The study brought forth the perspectives of those adolescents by relating to their situation but did not disclose unique feelings and attitudes of adolescents who self-harm about the nurses who express antipathy towards them. That is to say, that if also feelings of the adolescents about the phenomenon had been identified that could have helped the reader to empathize the agony of the adolescent even better. Still, as purpose of the study was simply research the level of antipathy of the nurses, the voice of the adolescents was not necessary to be heard.

The another article from the United Kingdom presented early warning signs journal and combined opinions of the adolescents as well as the theoretical background of the chosen intervention to be researched (The introduction of an early warning signs journal in an adolescent inpatient unit). The article empathized the importance of adolescents' self-reflection, personal problem solving as well as discovering unique coping strategies of each child. Problem solving as a tool to enhance patients' coping with life was disclosed in an earlier text outside the study as well. However, earlier text concentrated rather on the ways to promote nurses' problem solving whereas the article included in the research concentrated on the ways to promote adolescents' problem solving. This indicates that there has occurred a positive change in a way that patients are viewed as the perspective of the updated study is more patient-centered than the view of an earlier text. (Kagan & Evans 1996, 55) The article disclosed only few adolescents' feelings of the intervention but as early warning signs journal turned out to promote their coping with their life experiences it can be viewed as promising and useful intervention to be introduced to other adolescents with similar problems as well. (Walker & Kelly 2011, 567)

9.1 Conclusions

To summarize, in order to provide comfort for children with mental problems through nurse-patient relationship one as a nurse should keep in mind useful interventions as

they support the establishment of therapeutic nurse-patient relationship and the recovery of children with mental problems (Wheeler 2006, 203-204). However, perceiving each child from the unique perspective should serve as a base for the interaction. Each patient's unique perspective should be taken into account for instance while encouraging and empowering the patient, promoting patient's problem solving and deciding on the care plan and the treatment goals (Marjamäki et al. 2015, 79; O'Toole 2012, 35-36). Taking the perspective of a child makes the interaction patient-centered which means that patient is actively encouraged to participate to the care, mutual respect and commitment are present, patient is given time in order to connect in a deeper level with a patient and that each patient's unique needs are paid attention and answered to (McCabe & Timmins 2006, 46-48). Perceiving the situation through the eyes of a child is the most important part of the interaction when it comes to providing comforting care, and it can be accomplished through showing empathy, respect, acceptance and caring. Empathy indicates to a child that (s)he is seen, heard and understood. Respect makes a child to feel valuable. Acceptance and positive attitude of a nurse in turn reflects to a child and helps a child to trust in the recovery. Caring enables a nurse to be enough sensitive to the unique needs of each child. It helps a nurse to understand when a child needs comforting, when calming down and when encouraging. (Marjamäki et al. 2015, 29-30) Caring and empathy are also linked to intuition which refers to insight and understanding. While considering how to comfort a child, one as a nurse should also listen to one's own intuition as this makes every nurse-patient relationship unique. Intuitive insight is linked to spontaneous and direct encounter with a child as well as to receptivity. (Nurminen 2000, 17, 23)

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1.1 Appendix 1

Table 4. Findings of data search

N.o	Authors, date and place of the study	Title	Aim	Participants	Data analysis and collection method	Key findings
1	Inoue M., Del Fabbro L. & Mitchell M. July 2012. Japan.	Assessing the educational needs of nurses working in an adolescent inpatient psychiatric ward in Japan	To discover those components of adolescent mental health nursing that nurses find they should develop in order to provide efficient care	18 nurses	Focus group discussions, NGT needs analysis	<p>Knowledge of child and adolescent mental disorders</p> <p>Knowledge of how to address the emotional and the secondary problems</p> <p>Therapeutic skills</p>
2	Walker S. & Kelly M. 2011. The United Kingdom.	The introduction of an early warning signs journal in an adolescent inpatient unit	To evaluate how helpful it is to create an early warning signs journal for the adolescents who have had psychosis	Two practical examples were included in the study as case studies	Literature review with case studies	<p>Journal is practical tool which helps in recognizing symptoms early enough</p> <p>Self-reflection helps adolescents to understand themselves better</p>
3	Dickinson T. & Hurley M. 2011, The United Kingdom.	Exploring the antipathy of nursing staff who work within secure health care facilities across the United Kingdom to young people who self harm	To evaluate the antipathy of nursing staff, considering its consequences as well as introducing more caring and empathic ways to perceive young people who self harm	47 registered nurses and 22 nursing aides	The Self-Harm Antipathy Scale	Need for promotion of therapeutic alliances and communication, as well as positive regard towards patients in order to reduce labelling and its effects on nurse-patient relationship
4	Delaney K. R. 2006. The United States.	Top 10 milieu interventions for inpatient child/adolescent treatment	To introduce ways in which one as a nurse can enhance one's interaction with children who are having hard time with themselves	No specific participants were researched	A literature review	During interaction with a child, a nurse should use behavioral, affective and cognitive interventions in order to support the development of child's self-reflection and to promote child's mental health
5	Gjengedal E., Ekra E. M., Hel H., Kjelsvik M., Lykkeslet E., Michaelsen R., Oroy A., Skrondal T., Sundal H., Vatne S. & Wogn-Henriksen K. 2013. Norway.	Vulnerability in health care – reflections on encounters in every day practice	<p>To research different dimensions of vulnerability in health care as well as provide information about different sorts of vulnerability</p> <p>Consider also interaction between a patient and a nurse and the effect of vulnerability to the both</p>	Four empirical examples	A literature review combined with four empirical examples	<p>It is important that a nurse acknowledges the difference between subjective and objective vulnerability</p> <p>During communication one as a nurse should concentrate on one's sensitiveness and vulnerability in order to understand a patient better</p>

6	Wheeler K. 2010. The United States.	A relationship-based model for psychiatric nursing practice	To research relationship between a psychiatric nurse and a patient and factors that make it beneficial to a patient	No particular participants were researched	A literature review	Relationship between a psychiatric nurse and a patient should be based on therapeutic alliance so it could promote a patient's recovery
7	Nayeri N., Karimi R. & Sadegheh T. 2011. Iran.	Iranian nurses and hospitalized teenagers' views of dignity	To research how do the teenagers find their dignity being respected as well as evaluating how do the nurses find they have respected the dignity of the teenagers	180 teenagers & 185 nurses	Descriptive cross-sectional study Two similar self-administered questionnaires were used for data collection	Showing dignity to a teenager enables therapeutic relationship
8	Holm A. L., & Severinsson E. 2011. Norway.	A hermeneutic approach to the characteristics of mental health nursing practice	To research and introduce factors that a nurse should take into account while communicating with a patient in order to provide therapeutic interaction To provide the philosophical discussion about characteristics of mental health nursing practice	No specific participants were researched	A literature review	Throughout the interaction a nurse should self-reflect so (s)he would be aware of one's emotions and attitudes and their effect on one's actions Nurse should perceive a patient not as another human being but as another 'me'
9	Bennett L. R. 2012, Canada.	Adolescent depression: Meeting therapeutic challenges through an integrated narrative approach	To evaluate care of an adolescent with depressive episode Find ways to achieve clinical goals and creating therapeutic alliance	A 14-year-old adolescent boy who was diagnosed with a major depressive episode	A literature review with integrated narrative approach	By externalizing patient's problem or reasons for depression it is easier for a nurse to address those challenges as well as to assist a patient to understand and cope with the situation better Forming therapeutic alliance promotes nurse-patient relationship and achievement of therapeutic goals as well as supports patient's wellbeing, self-reflection and development
10	Kaakinen J. R., Gedaly-Duff V., Coehlo D. P. & Hanson S. 2010. USA.	Family health care nursing	To provide information about numerous divisions of family health care nursing	No specific participants were researched	Textbook	Book presents diversely all the divisions of family health care nursing
11	McCabe C. & Timmins F. 2006. USA.	Communication skills for nursing practice	To provide nurses with information that support the development of their communication skills	No specific participants were researched	Textbook	Numerous factors affecting on nurses' communication skills were introduced

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