Building Therapeutic Relationships with Mental Health Clients in Primary Care Settings

A Literature Review

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ABSTRACT

The focus of mental health care has changed dramatically in the past few decades. More and more mental health clients are being treated outside of the clinical setting. Nurses working in primary care often feel that they lack skills necessary in the cooperative management of these clients' illnesses.

The purpose of this paper was to review the literature of multiple empirical research articles to describe what a nurse-client therapeutic relationship entails, and how nurses and other healthcare workers can develop these relationships within the primary care setting. The aim of this literature review was to outline the means and ways to build and maintain therapeutic nurse-client relationships and suggest ways of implementing these methods. These concepts were derived from mental health care contexts and adapted to be beneficial to the primary healthcare setting.

The literature review was implemented as an electronic database search. Databases that were used for the literature search were Your Journals @ Ovid, CINAHL and OVID Medline. The final number of relevant articles found through the electronic database search was nine. Two more studies were discovered in the references section of these articles, giving a total of eleven scientific studies that form the basis of this literature review. The data analysis process was deductive and included categorization of the emergent themes using Peplau's (1988) interpersonal theory and the phases of the nurse-client relationship as a framework.

Trust and communication, with the subthemes of empathy, authenticity, listening and time, advocacy, continuity and empowerment were the themes that persistently arose from the research material. The wishes and needs in a working nurse- client relationship were expressed explicitly, and the ways and methods of building and maintaining a satisfying and therapeutic connection were described by both the nurses and the clients.

The framework of Peplau’s theory of interpersonal relationship and the stages of the nurse-client relationship could be seen in the data collected for the literature review, and links to the theory could be drawn from it. On a small scale, this review strengthened the idea of the therapeutic relationship being at the core of care and that Peplau’s theory is still relevant, even if the terminology and focus of care have changed.

Keywords

mental health, primary care, nurse-client relationship, literature review

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TIIVISTELMÄ

Mielenterveystyön painopiste on muuttunut olennaisesti viimeisten vuosikymmenien aikana. Mielenterveyden ongelmista kärsiviä asiakkaita hoidetaan entistä enemmän avohoitosuhteilla ja perusterveydenhuollossa. Perusterveydenhuollossa työskentelevät sairaanhoitajat kuvailevat kuitenkin taitojensa olevan puutteellisia mielenterveyteen liittyvien sairauksien yhteistoiminallisessa hoidossa asiakkaan kanssa.

Tämän kirjallisuuskatsauksen tarkoituksena oli tarkastella empiirisiä tutkimuksia ja rakentaa kuvaus terapeuttisesta hoitosuhteesta sairaanhoitajan ja asiakkaan välillä ja kuinka sairaanhoitajat rakentavat hoitosuhteita. Tavoitteena oli tarjota keinoja ja menetelmiä kuinka rakentaa ja ylläpitää terapeuttisia hoitosuhteita ja esittää ehdotuksia, kuinka sairaanhoitajat voivat hyödyntää löydettyjä keinoja. Keinot haettiin mielenterveystyöstä ja muokattiin perusterveydenhuoltoon sopiviksi.

Kirjallisuuskatsaus toteuttiin elektronisena tietokantahakuna. Tietokannat, joita käytettiin, olivat Your Journals @ OVID, CINAHL ja OVID Medline. Haulla löydettyjen relevanttien artikkelien määrä oli yhdeksän. Lisäksi kaksi tutkimusta löydettiin tarkastelemalla jo löytyneiden artikkelien lähteitä, jolloin lopulliseksi käytettyjen empiiristen tutkimusten määräksi tuli 11. Artikkelien sisältö analysoitiin deduktiivisesti ja kategorisoitiin käyttäen H. Peplaun ihmissuhdeteoriaa ja hoitaja-potilassuhteen vaiheteoriaa (1955/1988) teoriakehyksenä.

Luottamus, kommunikaatio; alateemoinaan empatia, autenttisuus, kuunteleminen ja aika; potilaan oikeuksista huolehtiminen, voimaantuminen ja hoidon jatkuvuus nousivat kantaviksi teemoiksi tutkitusta materiaalista. Laadukkaan terapeuttisen hoitosuhteen rakentamiseen ja ylläpitämiseen tarvittavia keinoja ja menetelmiä sekä hoitosuhteeseen liittyviä toiveita ja tarpeita kuvailivat niin asiakkaat kuin hoitajatkin.

Viitekehyksenä käytetyn Peplaun teorian kuvailemat hoitosuhteen vaiheet voitiin löytää kerätystä materiaalista. Vaikka mielenterveyshoidon painotukset ja terminologia hoitosuhteeseen liittyen onkin muuttunut, tämä kirjallisuuskatsaus omalta osaltaan vahvistaa terapeuttisen hoitosuhteen asemaa mielenterveyspotilaan hoidon ytimenä.

Avainsanat

mielenterveys, perusterveydenhuolto, hoitosuhde, kirjallisuuskatsaus

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1 INTRODUCTION

As hospital stays shorten, and standards of admission to hospitals get stricter due to budget cuts, lack of resources and focus shifts in mental health care, more and more clients with mental health issues are treated in facilities such as health centers. The duration of admission in hospital days has decreased almost ten percent from the year 2000 to the end of 2006 (STAKES, 2008) and the strain of patient care and management is slowly shifting to outpatient care.

Nurses and other health care professionals at these facilities are not always equipped to work with people with possible mental health diagnoses or mental health problems and may not have the interpersonal interaction skills and the methods available to provide the best possible care for these clients.

In Finland, primary health care is provided in health centers which are organized and funded by municipalities. Health centers are also responsible for providing certain mental health services that are seen as appropriate to organize in the health centers. Otherwise, mental health clients are treated in outpatient clinics, which are specialized in mental health care, hospitals and assisted living units. Due to the fact that not all clients are connected with specialized mental health care, the health center contact might be the client's only connection to mental health services. In cases such as these, the responsibility of assessment and management of the client's mental illness and symptoms falls not only on the patient, but also on the health center personnel.

Mental health care and well-being is a very broad concept. It includes the prevention, and alleviation of mental illnesses and other mental disorders and the nursing of mental health disorders both in primary and in specialized health care systems as well as everything that is done to improve people's mental living conditions (Mielenterveyslaki 1116/1990). Meeting these standards within the primary health care system can prove to be challenging.

The primary health care setting presents a unique set of demands for nurses in mental health care. Lack of time is considered the main organizational problem in providing mental health care (Russell & Potter, 2002). Primary health care nurses perceive that

their mental health workload has increased due to the focus of mental health care shifting from hospitals to communities (Secker et al., 1999). Nurses and other caregivers also feel that they do not have the needed training to manage patients' mental health problems. The goal of this literature review is to highlight and present effective, efficient interventions and strategies for nurses in these positions, for building and maintaining of therapeutic relationships.

The purpose of this paper is to review the literature of multiple empirical research articles to describe what a nurse-client therapeutic relationship entails and how nurses and other health care workers can develop these relationships within the primary care setting. The aim of this literature review is to outline the means and ways to build and maintain therapeutic nurse-client relationships and suggest ways of implementing these methods. These concepts will be derived from mental health care contexts and adapted to be beneficial to the primary health care setting.

2 RESEARCH QUESTIONS

Through thorough research into the subject of health promotion in the psychiatric setting, certain aspects of the phenomenon had presented themselves as significant. These aspects were refined to develop the following research questions: 1) What does the nurse-client therapeutic relationship entail? 2) What are the means and interventions necessary to building therapeutic nurse-client relationships? These research questions helped to create a directional guideline and motivation for the research.

3 METHODOLOGY

3.1 Data collection

This paper was conducted as a systematic literature review. The research process began in spring of 2008; the initial database searches were in August 2008. Databases that were used for the literature search were Your Journals @ Ovid, CINAHL and OVID Medline. Keywords such as "nurse patient relationship", "therapeutic relationship", "nurse client relationship", "mental health nursing primary health care" and "primary health care" were used. The searches were limited to articles with abstracts in English

and articles with full text provided, and articles published between the years 1998 and 2008. For the number of hits per keyword and number of relevant articles found in the searches, see Figure 1.

The keywords were then combined in the search history using "and" to focus the searches and to produce more relevant results significant to the topic. The reference lists of these studies were reviewed. The studies which were identified as relevant to the topic were also reviewed, as was the reference lists of those studies. In this manner, the collection of studies required to complete this literature review was gathered, apart from relevant literature attained from the library. The process of researching and writing this paper followed the flow of tasks in a literature review as it is described by Polit and Beck in 2004.

The inclusion criteria was decided as: qualitative studies that have been published within the last ten years (1998-2008, see appendix Table 1) and studies which gave insight into the topic from the perspective of either the nurse or the client and were relevant to the topic. Studies that have been published before the year 1998, studies that took an administrative perspective on the topic or studies wherein the participants were offered monetary incentives for participating were excluded from the literature review.

FIGURE1. Results of electronic database search

Keywords	Number of hits	Number of articles relevant to topic
nurse client relationship	204	2
nurse patient relationship	174	3
mental health nursing primary health care	178	2
therapeutic relationship	429	2

The final number of relevant articles found through the electronic database search was nine. Two more studies were discovered in the references section of these articles, giving a total of eleven scientific studies that form the basis of this literature review.

3.2 Data analysis

The data analysis was a deductive review process where the articles were read and reviewed by both of the authors. The articles were put into a table containing author, year, sample, data collection method and analysis, main findings and comments. The main findings of the articles were analyzed and certain themes emerged from the empirical data. (See appendix Table 2.) The themes were explored through concept analyses. These themes were categorized utilizing, as a framework, Peplau's (1988) interpersonal theory which identifies the phases of the therapeutic nurse-client relationship.

4 PEPLAU'S THEORY AND INTRODUCTION TO KEY CONCEPTS

Peplau's interpersonal theory (1988) in nursing works as a framework for the modern day nursing process and the themes that are described in this paper appear to have a basis on Peplau's theory. This connection will be discussed more in-depth in the main findings of this review.

4.1 Peplau's interpersonal theory as a framework

Relationship is defined as a state of being connected or as the way two or more people regard and behave towards each other (The New Oxford Dictionary of English, 1998); a nurse-client relationship would thus be a state of connectedness between a nurse and a client.

Peplau's theory of the nurse-client relationship is essential to nursing practice and to the themes of this study. Peplau thought the basic element of the relationship is what takes place between the nurse and patient. The relationship depends on the interaction of thoughts, feelings, and actions of each person. The patient will experience better health when all their needs are fully considered in the relationship (Peplau, 1988).

In Peplau's theory (1988) of the relationship, there are four distinguishable phases: the orientation, identification, exploitation and resolution phases. The orientation phase begins when the client looks for help in a situation of felt need and forms a relationship with a nurse who assists the client in their orientation to the problem and the extent of

their needed help. The nurse-client relationship facilitates identifying and assessing the problem, and recognizing and planning the use of the needed resources. A successful and efficient orientation phase is important to the client's participation in managing and accepting their problem as a part of their life process.

In the identification phase, the client identifies and allies themselves with those who accept them and subconsciously identifies the nurse as a symbol of previous experiences − this may have a positive or hindering effect on the relationship, depending on the nature and quality of the previous experience. In a successful identification phase, the nurse-client relationship facilitates the client's movement onward and creates an environment where the nurse-client relationship works on an interdependent base, rather leaving the client helpless and dependent on the nurse's actions. An inseparable part of this phase is also the validation of the client's perceptions and expectations of nursing itself so as to meet the client's needs.

In the exploitation phase, Peplau states that the client takes full use of the resources available to them in the relationship. The client tries to obtain the full value of the relationship. There is an internal struggle of being dependent or independent. The client's more demanding, exploitative sides may have to be considered in this phase. The exploitation phase also overlaps with the identification and resolution phases.

The resolution phase occurs when the client's needs have been met and their goals are changing towards new aspirations. Peplau describes it as a freeing process where the relationship has given the most amount of relief to the client. The successfulness of this phase depends on the previous stages of the relationship − if a patient has been completely dependent, the process can be longer and more difficult for the client.

4.2 The key concepts

While investigating the topic, certain themes arose from the material. To make it easier to follow this research paper, some of the key concepts are defined in this chapter. The key concepts which will be investigated and explored in this literature review include trust; communication with subthemes of empathy, authenticity, listening and time and empowerment, autonomy, advocacy and continuity.

4.2.1 Trust

Trust is defined as firm belief in the reliability, truth, ability, or strength of someone or something (The New Oxford Dictionary of English, 1998). Trust provides a nonthreatening interpersonal climate in which the client feels comfortable revealing his or her needs to the nurse. The nurse is perceived as dependable. Establishment of this trust is crucial toward enabling (the nurse) to make an accurate assessment of the client's needs (Arnold & Boggs, 1999).

4.2.2 Communication

The act of communication is described as imparting, conveying, or exchanging ideas, knowledge and information, whether by speech, writing, or signs (The New Oxford Dictionary of English, 1998). The purpose of therapeutic communication is to 1) provide a safe place for the client to explore the meaning of the illness experience, and 2) to provide the information and emotional support that each client needs to achieve maximum health and well-being (Arnold & Boggs, 2003).

4.2.2.1 Empathy

Empathy is the ability to be sensitive to and communicate understanding of the clients feelings. It is the ability to put oneself into the client's position. Some nurses might term this as compassion, which has been identified by staff nurses as being crucial to the nurse-client relationship (Arnold & Boggs, 2003).

4.2.2.2 Authenticity

The New Oxford Dictionary of English (1998) describes authenticity as the quality of being authentic, or entitled to acceptance; as being authoritative or duly authorized; as being in accordance with fact, as being true in substance; as being what it professes in origin or authorship, as being genuine; genuineness.

Starr (2008) analyzed the concept of authenticity and defined the attributes attached to it. Starr describes authenticity as a process of self-discovery and that the completion of

the process “is a demonstration of congruency in ideals, values, and actions in relation to self and others” (pp. 58). Starr argues that the achievement of this congruency may involve suffering and that it, despite efforts, may never be reached.

Starr also defines authenticity as genuineness, vulnerability, truthfulness, realness, and unknowing. The analysis describes an authentic person being free of conceit and hypocrite and reports that “when people demonstrate congruency between ideals, values, and actions they are seen as a genuine people who can be trusted” (pp. 60). Honesty, openness, genuineness and trustworthiness are concepts clearly tied in with authenticity, as is the use of self as therapeutic tool, which is impossible without the attributes of authenticity.

4.2.2.3 Listening

Arnold and Boggs (2003) described active listening as a participatory process in which the nurse listens for not only the facts but also the underlying meaning of the communication with its attached values, attitudes and feelings. As such, active listening is a dynamic, interactive process in which a nurse 1) hears a client’s message, 2) decodes its meaning, and 3) provides feedback to the client regarding the nurse’s understanding of the message.

4.2.2.4 Time

Time and timing is critical to the success of a therapeutic conversation. The nurse needs to assess whether the client’s state is optimal for discussion and whether there is enough time to finish the communication. Cues from the client’s behaviour help the nurse determine emotional readiness and available energy (Arnold & Boggs 2003).

4.2.3 Empowerment

The New Oxford Dictionary of English (1998) defines empowerment as the act of transfer of authority or power and to give strength and confidence. Empowerment is a process where the client becomes more confident in their self-management and care and regains their autonomy.

4.2.4 Autonomy

The New Oxford Dictionary of English (1998) describes autonomy as freedom from external control or influence, as independence. The concept of autonomy is tightly tied with the concept of empowerment which facilitates the client's transfer from dependency to independence.

4.2.5 Advocacy

Advocacy is a process where the nurse protects clients' rights, informs clients about their rights and provides information clients need to make informed decisions. As a client advocate, the nurse supports the client and gives the client full or mutual responsibility in decision making (Kozier et. al., 2004).

4.2.6 Continuity

Continuity of care is seen as one of the most vital parts of better practice in modern day health care. It is defined to be multilayered and to involve not only personal continuity (seeing the same person) but also care continuity (seamless transitions between different organizations and health care providers) (Van Servellen et al., 2002).

5 FINDINGS

5.1 Trust

Trust can be considered the foundation of the therapeutic relationship. In a positively progressing therapeutic relationship, trust is one of the first positive connections between the nurse and the client. Once trust is established, opportunity for the therapeutic relationship to progress is constructed. O'Brien (2000) examined the concept of establishing trust from a nurse's perspective. In the study, it was found that trustworthiness was believed to be the test that would determine the future of the relationship.

Petersen (1999) stated that a display of qualities such as warmth, empathy and respect were needed in providing a non-threatening relationship which is essential in building trust. When a non-threatening relationship is established, the facilitation of the development of trust is imminent, as the client experiences feelings of comfort and ease.

The formation of a therapeutic alliance can sometimes be restricted or enhanced by the developmental influences of the individual. Psychiatric nursing is perhaps unique in relation to forming relationships determined as therapeutic. This unique situation is manifested by the requirement to form relationships with patients who, on occasions, have been admitted to hospital involuntarily (Scanlon 2006). The skills required to form therapeutic relationships with these patients are very demanding due to the fact that the client may be unwilling to trust the nurse in these situations.

The study of Scanlon (2006) revealed that psychiatric nurses place a huge emphasis on the development of trust and feel that the skills required to form a trusting relationship are understated. The first aspect of the trusting relationship is enabling the patient to feel safe and secure and how this ability is conveyed to the patient. This is equally important as the ability to convey understanding of the patients' point of view.

The initial phase of the therapeutic relationship, from the clients' perspective, was described by Coatsworth-Puspoky et al. (2004) as "In the initial phase, clients entered the hospital or community and experienced difficulties trusting the nurse. Clients did not feel well emotionally or 'like themselves'. Finding a nurse who was 'genuine, caring, friendly, available, a good listener', and 'smiled to provide safety and assurance' was the clients' goal" (pp. 350). These characteristics are important in determining whether a client can trust the nurse and whether they can develop an interpersonal connection.

5.2 Communication

Communication has always been seen as a major factor in nursing care, as it is used in all stages of planning, implementing and evaluating nursing care. In the articles studied in this literature review, several ways and approaches to communication were mentioned, and the most significant subthemes or variables arising from communication were distinguished as empathy, authenticity, listening and time.

5.2.1 Empathy

The emphasis on empathy in the development of the therapeutic relationship is paramount. The skillful utilization of empathy in a developing relationship can assist in the successful establishment of trust and rapport. The misuse or absence of empathy in a developing relationship can be devastating to the rapport and have cataclysmic affects on the therapeutic relationship. Coatsworth-Puspoky et al. (2004) outlined the consequences of the development of a relationship in absence of empathy. In their study they stated that nurses withheld recognition of the client as a person who has an illness and needs. The client's experienced feelings of rejection led to more anxiety, frustration and guilt about being ill.

Johansson and Eklund (2003) outline in their study the most central aspect of quality of care, described by the participants as being the relationship between the patient and the single therapist, and being understood by the therapist, regardless of the level of participant satisfaction. The clients in the study who were satisfied with their care, experienced a relationship characterized by warmth, empathy, understanding, enough time, and being provided for, and that the therapist had been able to enter into the patient's feelings and to understand his or her unique communication, problems and situation.

5.2.2 Authenticity

McCabe (2004) speaks of the meaning of genuineness for the clients; the respondents in the study spoke of creating "special relationships" with those nurses that seemed most genuine. The participants used both non-verbal and verbal communication in evaluating the genuineness of the nurse. McCabe reports that clients appreciated non-verbal communication as a sign of genuineness because they felt that the nurses' displayed emotional support, understanding, and respect for them as individuals through it. According to the clients, the use of humour and honest and open communication positively influenced self-management of their illness.

Hyvönen and Nikkonen (2004) refer to genuineness and honesty in the context of empathy and promoting patient's autonomy. Genuineness and honesty were the main aspects of communicating with the clients about their situation and all the topics

concerning them. They also stress the use and need for attention in non-verbal and verbal communication which goes hand-in-hand with the expression of concern and interest, for the nurse to be seen as genuine. Use of self and self-disclosure also helped in creating the relationship; it also brought in the consideration of need to examine one's attitudes and preconceptions of the client and their illness. Johansson and Eklund (2003) reinforce this need for impartiality.

Genuineness and openness are seen as significant factors in the nurse-client relationship as Scanlon's study (2006) confirms. According to the nurses, the way the nurse handles their responsibilities and tasks and how that process is seen by the client is attributed as genuineness. Filling out expressed needs was the way the nurses could show their genuineness to the clients.

Shattell et al. (2007) reinforce genuineness as a desired quality in the therapeutic relationship; along with factors such as openness, calmness and patience. Genuineness helped clients feel that the nurses related to them and their problems. Honesty and truthfulness were also seen as helpful in finding real solutions to the client's problems. The study also states that the clients desire-authenticity from the nurses.

5.2.3 Listening

Listening has a large and important role in the development of rapport with the client. An actively listening nurse is more likely to gain the trust of the client and establish an interpersonal connection. Providing feedback or validation of the client's relayed message is imperative in the development of the therapeutic relationship. In their study of the nurse-client process, Coatsworth-Puspoky et al. (2004) stated that by taking the time to ask clients how they were and how they were doing, nurses validated the clients and their feelings; creating feelings of equality.

Johansson and Eklund (2003) stated that the therapist must not be governed by his or her own values, ideas, and pre-understanding of psychiatric patients but be able to listen to the individual and base his or her actions on the patient's unique situation. The study reported client satisfaction when there was a mutual relationship, when the nurse listened to the client and when the nurse had approximately the same explanation and understanding of the clients' problems as the clients had themselves.

Shattell et al. (2007) reported the therapeutic relationship is evident when a health care professional shows in-depth personal knowledge of an individual, beyond that expected of the professional. In-depth personal knowledge requires time, understanding and skill. For the therapeutic relationship to develop through personal knowledge, the health care provider needs all of these. Genuine concern, care, sincerity and understanding are requisites to knowing. Good listening skills are necessary to get to know the help-seeking person.

5.2.4 Time

Relating to or interpersonally connecting to an individual living with mental health challenges is especially important in the beginning of an emerging therapeutic relationship; this takes time. Time is not the only aspect of knowing a person, but time is required. Taking time, investing time and energy, and not looking rushed are all figural in the experience of the therapeutic relationship (Shattell et al. 2007).

Taking time to explore the potential and boundaries of the therapeutic relationship is essential. The pace of the development of therapeutic relationships is unique and individual from relationship to relationship. Johansson and Eklund (2003) express time being important in two ways: First, the patients need enough time to open up and disclose their inner life and to express their situation. Secondly, it is important that the therapist does not intervene too fast. The clients in their study reported that the therapists were convinced that they should be efficient and ready to act; they (clients) did not share this belief. Instead, the clients' perception was that they needed more time. The time factor was also decisive for the clients' confidence in the therapist as a professional.

5.3 Empowerment

Positively influencing factors on empowerment include communication and continuity of care in the therapeutic relationship. Kai and Crosland (2001) reported that the value and empowering role of explanation, information and discussion about the clients' illness was emphasized. He also reported that a working, continuing therapeutic relationship helped the clients to take control of their illness. The study emphasized the

importance of communication and continuity of care in the process of client empowerment.

On the other end of the spectrum, institutionalization is opposing empowerment and the return of self-identity and power. Yamashita et al. (2005) states in their study that the nurse participants identified breaking institutionalization as the biggest challenge to developing a therapeutic relationship. They also expressed that combating institutionalization meant restoring autonomy and independence. Kai (2001) reinforces stigma as a barrier to empowerment as he reports that clients experienced the stigma of mental illness as socially limiting and disempowering.

The mission of empowerment can be described as a decrease of dependence and an increase of independence. This process was examined when Scanlon (2006) wrote: "The nurses' role in this scenario is to enable the patient to understand the facets of their disability and enable them to cope better. The therapeutic relationship is the vehicle to drive this process and the end product is normalization and a return to independence" (pp. 323).

5.4 Autonomy

O'Brien (2000) discusses the nurse's role in facilitating transition, and helping with the client's progress beyond the limitations of their illness. Different interventions and skills such as exploration and reframing the client's problems by offering a normalizing frame to the things that seem disastrous in the client's eyes facilitate the strengthening of the client's autonomy.

Hyvönen and Nikkonen (2004) mention autonomy in the regard of permissiveness and acceptance. The health care providers felt that meeting the patient without prejudice, treating the client as a person and an individual and respecting their autonomy was important in successful client management.

In the study by Johansson and Eklund (2003), clients expressed that a similar framework and understanding of the illness between the caregiver and the client helped the client discuss and participate in planning their care, thus making them feel more independent and autonomous.

Yamashita et al. (2005) speak of the significance of autonomy in battling institutionalization. By helping clients develop skills needed to access the services and resources necessary, their autonomy and independence is restored and sustained. This may prevent recidivism in the future.

5.5 Advocacy

In the articles, the theme of advocacy arose from several different perspectives. Yamashita et al. (2005) identifies two aspects of advocacy, first being the need to develop a relationship between the nurse and the client in order to achieve well-working advocacy. The second aspect included care always being negotiated with the client. Advocacy was specified as a very important factor for both the nurses and the clients. The study also concludes that forming a therapeutic relationship is vital in advocating for the patient in different settings. In the outpatient setting, advocacy can mean negotiating care with other agencies and institutions as the nurse can apply their professional knowledge in helping the patient move forward.

Hyvönen and Nikkonen (2004) focus on the medical side of advocacy and report that nurses often work as mediators between doctors and clients. The respondents in the study reported that a part of the nurses' work was to diffuse information about medications and prescriptions; in other words, to work as an advocate between the client and the medical world.

O'Brien (2000) describes the process of advocacy in the relationship as not managing the illness for the client but by offering support in clients' self-management during illness. The nurses struggled between encouraging the client to make choices for themselves and paternalism. Like Scanlon (2006), O'Brien shows the connection between advocacy and the themes of patient autonomy and empowerment and illustrates the fine line that exists between advocacy and paternalism.

Shattell et al. (2007) confirm that advocacy is a part of the therapeutic relationship and takes a similar stand as Yamashita et al. (2005) .They suggest that advocacy is mainly negotiating care in the community with different agencies. Shattell et al. (2007) describe that clients experience this type of support as helpful and valuable in the therapeutic

relationship. It can be seen as one of the most pragmatic ways of implementing advocacy in a therapeutic relationship.

5.6 Continuity

Kai and Crosland (2001) bring forth a wish for better continuity of care in managing chronic mental illnesses. Clients described the lack of continuity of professionals as having a negative effect on their care. Clients expressed a need for rapport to receive adequate care and also expressed frustration at the need to repeat their medical histories as they felt there was a lack of continuity in their care. This repetition can also be seen as a waste of resources due to time limitations and the clients' medical histories often being long and extensive. Kai (2002) reinforces these observations in another study.

Scanlon (2006) corroborates these notions on continuity and states that continuity is important because the development of a therapeutic relationship between the nurse and the client is not just in the control of one nurse. Previous and concurrent experiences affect the development of the relationship as well.

Hyvönen and Nikkonen (2004) also speak of continuity from the professional's point of view. In the opinions of the respondents, continuity in care provides the client with a sense of security. They proceed to say that "the client needs to be able to trust in the continuation of collaboration between the practitioner and the client" (pp. 519) to obtain this sense of security.

Yamashita et al. (2005) mention that ensuring continuity is one of the responsibilities of the nurse facilitating the transition from hospital to community. The nurse's role as an advocate also has a factor in facilitating the smooth transitions between care providers and securing continuity.

6 DISCUSSION

6.1 Discussion

The concepts identified from the studies can be categorized into the different phases of the nurse-client relationship as outlined by H.E. Peplau (1988). Certain themes arise in multiple stages of the therapeutic relationship, and some are clearly confined to specific stages.

Communication and trust are vital to the all phases of the therapeutic relationship. Development of trust is especially important in the orientation phase. If a trusting relationship is not developed, the progress of the relationship into the next phase will come to a halt. Communication facilitates the development of trust in the orientation phase and as a whole. It is the core of the nurse-client relationship.

One of the most critical concepts of effective communication is trust. The degree of trust existing between individuals is directly related to effective communication (Grover 2005). The concepts of trust and communication are interrelated in a sense that trust facilitates effective communication and effective communication helps to build a trusting relationship.

As a variable that effects nurse-client effective communication, Grover (2005) suggests that empathy is a multidimensional concept that includes affective, cognitive, and communication components. For health professionals, the outcome of empathetic communication is a high-quality interpersonal relationship.

Part of being responsive to an individual in an interaction is to listen. Listening requires attending to the other person. Attending skills include maintaining eye contact and attempting to decode or interpret the message. Too often, individuals are thinking of the next question to ask instead of focusing on the present interaction (Grover, 2005).

Giving time and being there incorporates giving attention and showing concern for clients. This is reinforced by Pontin and Webb (1996) who say that giving time results in clients feeling that nurses are regularly monitoring their physical condition and also their psychological and emotional well-being.

Empowerment of the client occurs in all stages of the relationship. In the identification phase, the nurse and the client identify the tools and methods the client can utilize in advancing forward. The nurse offers support, advice and information which, in the exploitation phase, the client takes advantage of, thus facilitating the transition to independence.

Among individuals with enduring mental health problems, well-being consists of more than simply bringing symptoms of psychiatric problems under control. Rather, it involves awakening parts of the self that have been idle and rediscovering personal strengths, meanings, and purposes within a reformulated self-identity (Hall 1996). It has been suggested that empowerment can make this reformulation and rediscovery possible.

In the mental health setting, patient empowerment is possibly the most vital part of care, as it involves helping the patient regain power in their lives by giving them the tools and knowledge necessary to be empowered. There are many precursors to the act of empowerment. Hawks (1991) said that motivation alone does not guarantee a change in the balance of power. Rather a complex assortment of intrapersonal and interpersonal elements must also coalesce. Foremost among these is the ability to acquire knowledge. Hawks also suggests that a modicum of self-confidence or self-efficacy is important in order to become and remain empowered.

During the progression of the nurse-client therapeutic relationship, the client transforms from a dependant entity to an independent individual. The transformation from dependence to independence is directly related to the concept of empowerment. When this definition is taken into account, it is evident that the person being empowered is initially powerless, or has feelings of powerlessness.

There are many factors which positively and negatively effect the process of empowerment. Finfgeld (2004) identified three major barriers to empowerment. These include: stigma, selective client attributes and organizational barriers.

Advocacy is necessary in the orientation phase of the relationship. The need for advocacy diminishes as the client becomes more empowered and autonomous. Vaartio et al. (2006) describe nursing advocacy as "voicing responsiveness" (pp. 291). It is a

process where the nurse has an active, continuous professional stand in helping the patient to address their wishes and needs. The nurse advocates for the patient within the parameters of their care while avoiding paternalism by providing the all the necessary information and through the methods of validation and constant evaluation.

Baldwin (2003) distinguished three different attributes in the nurse's role in client advocacy. These attributes include protecting the client's freedom and autonomy, making sure the client was provided with all the information and the means to participate in decision-making and working and acting as a facilitator between the client and their families and also between the client and other health care providers. As positive consequences for advocacy, Baldwin names the client's secured autonomy and obtained empowerment that maintains the client's self-determination.

Autonomy is respected as one of the main principles of patient care. Patient's rights of making informed choices and decisions regarding their health and care, understanding one's own situation and ability to plan and pursue personal goals (Hyland, 2002) also dictate effective implementation of client autonomy. Although protecting client autonomy and self-determination must be ensured throughout the relationship, autonomy can be seen as the end result of a successful therapeutic relationship.

Continuity of care is a necessity throughout the relationship. It facilitates trust and empowerment, and ensures the development of the relationship. A non-continuous relationship does not develop and therefore is not therapeutic.

6.2 Suggestions for practice

The data from the articles studied in this literature review can be transferred to the primary care setting. The articles in this literature review offer concrete and simple methods and ways in building and maintaining the therapeutic relationship. The use of interpersonal skills such as empathy, offering comfort and concern, using appropriate humor, and using oneself as a therapeutic agent through deliberate self-disclosure are among the easiest ways to build a trusting and working relationship with a mental health client.

To facilitate the process, time is needed and it is of the essence in building the therapeutic nurse-client relationship. Clients describe the need for time, to be able to open up and to trust the nurse. One could, for example, schedule appointments and check-ups on a regular basis just like with a patient with a somatic illness. Through the process of time, the relationship develops, and as the patient becomes more empowered, the relationship may develop into either a semi-autonomous or a completely autonomous relationship.

Another aspect to be considered is continuity. The relationship can only develop if the client trusts the counterpart of the relationship to be there; therefore, continuity in the nurses and doctors taking care of the client is vital in their building of a connection to the health care system. Client satisfaction tends to be higher, when continuity is ensured.

Organizational changes may be necessary in providing the appropriate care for those in need of mental health support. This is a long and complicated process, but the health promotional aspects of a working therapeutic relationship – empowerment and autonomy of the client – are so significant that the changes seem inevitable in the future.

6.3 Suggestion for future research

More research needs to be done in the context of the nurse-client relationship, especially in regards to the significance of time in the process. There have only been a few researchers, Forchuk (1994) as a forerunner, in studying this aspect of the relationship. The concepts of empowerment and advocacy have been studied broadly, but more research needs to be done on the significance of those interventions to the client, from the client's point of view.

The research of health promotional aspects of a therapeutic relationship is also lacking quantity. As the current focus of mental health care is on biomedical factors and psychopharmacology, and the lack of time and resources is negatively progressing, research on this topic is extremely important to validate the place and significance of the therapeutic nurse-client relationship in the care process of a mental health client.

6.4 Ethical considerations, limitations, validity and reliability

The validity and reliability of a literature review rests almost solely on the writers. The effect of the lack of experience in the research field and the researchers' naturally occurring bias were kept to minimum by realization of the possibility of bias and preconceived ideas. However, while these limitations were considered and utilized, this literature review does not fill the criteria for a scientific study.

The results of this literature review were assessed by reflecting on the content of the utilized articles after gathering the data. The results are not generalizable, as most of the studies found and chosen are small-scale qualitative studies and do not give a great enough sample for them to provide a guideline for a larger population, but they could be seen as and, in fact, rely on being transferable from one context to another and applicable in nursing practice.

7 CONCLUSIONS

Trust, communication, with the subthemes of empathy, authenticity, listening and time, advocacy, empowerment and continuity were the themes that persistently arose from the research material. The wishes and needs in a working nurse-client relationship were expressed explicitly, and the ways and methods of building and maintaining satisfying and therapeutic connections were described by both the nurses and the clients.

No major discrepancies between the views and the ideas of the clients and the nurses about the therapeutic clients were found in this sample of articles. Interpersonal skills, such as empathy and authenticity, were seen as important both by nurses and clients, and the interventions leading to advocacy and empowerment were held in high regard for both groups both as goals, and as methods in a nurse-client relationship.

The framework of Peplau's (1988) theory of interpersonal relationship and the stages of the nurse-client relationship can be seen in the data collected for the literature review, and links to the theory can be drawn from it. For example, in the modern day, the much researched concept of empowerment encompasses the identification, exploitation and resolution phases of the theory. Autonomy and advocacy can now be seen as the main themes that Peplau's theory is built upon. The attributes of the nurse-client relationship

can be seen in the data, and the methods of building and maintaining therapeutic relationships can be used to do this in the clinical setting.

There has been discussion about the relevance and accuracy of Peplau's interpersonal theories, as the first emergence of the theory was in the 1950's. Health care systems themselves, the focus of care in the mental health setting and the amount of scientific information and resources have changed since then. On a small scale, this review strengthens the idea of the therapeutic relationship being at the core of care and that Peplau's theory is still relevant, even if the terminology is outdated or has changed.

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TABLE 1. Table of utilized journals

Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Journal of Psychiatric and Mental Health Nursing											1		2		
Journal of Psychosocial and Mental Health Services								1							
Advances in Nursing Science		1									1				
Journal of Advanced Nursing	1				1	1							1		
Evidence Based Mental Health									1						
Scandinavian Journal of Nursing Science										1					

British Journal of General Practice								1							
Journal of Clinical Nursing						1					1				
International Journal of mental health nursing								1		1					
Australian and New Zealand Journal of Mental Health Nursing							1								
Perspectives in Psychiatric Care												1			
Nursing Management													1		
Journal of Nursing Scholarship									1						

TABLE 2. Table of articles

Author(s), year	Purpose	Sample	Data collection method and analysis	Main findings	Comments
Kai, J., Crosland, A. 2001	To explore experiences and perceptions of health care of people with enduring mental ill health.	Theoretical sampling framework – 34 patients – heterogenous in age, sex and chronic mental health problem.	Qualitative study, using one on one in-depth interviews and grounded methodology. Interviews were audiotaped and transcribed verbatim. Themes were identified by the authors by re-reading the interview transcripts, refined and classified by open coding into key categories using a grounded approach.	The development of good therapeutic relationships was found as central. These were characterized as professionals that had effective listening skills and showed empathy and understanding. This allowed responders the opportunity to express their concerns, permitting discussion and negotiation of options and helping to build trust in the relationship. The value and empowering role of explanation, information and discussion about their illness was emphasised. Responders also consistently highlighted the importance of building a continuing relationship with an individual over time. This allowed responders to feel that the professional had developed an understanding of their problems and of possible achievable solutions. Experiences of positive and continuing therapeutic relationships contributed powefully to the capacity of responders to take controll of their mental ill health.	The themes that emerged from the responses of the participants included: communication, continuity and stigma. This study outlines the potential of health professionals to empower people with enduring mental health problems, by attending to the quality of communication and continuity of care they provide and to where this takes place. Taking time to build the relationship was vital.

Coatsworth -Puspoky R. et al. 2006	To present client perspectives related to the nurse-client relationship, specifically: 1) How do clients describe the process of the nurse-client relationship?, and 2) What cultural and contextual factors influence the development of the nurse-client relationship?	Six men and eight women volunteered to share their experiences. Ten of the 14 clients had been hospitalized for a psychiatric illness, while four of the clients had experiences with nurses in the community- based mental health organizations.	Data collection and analysis was simultaneous. Clients were interviewed using a semi-structured interview guide, from up to three of which were audio recorded. Related data and patterns were grouped into themes. Nursing care decisions and interventions were formulated using these themes.	Two types of relationships described, one that developed and one that deteriorated. Each relationship contained three phases, a beginning, a middle and an end. The first phase is **a glimmer of help**; nurses who were caring, genuine, friendly, available and a good listener helped patients feel safer and more comfortable and helped the transition to the next phase of **exploring and problem solving,** where patients feel better and anxiety decreased. Trust and disclosure developed. Taking the time to validate how the patients feel, empathy and trying to understand the patient's experience helped in the relationship and allowed the patient to regain control. The last phase was **saying goodbye** as patient moved on according to their development and met goals. The relationship that deteriorated included **withholding**, where the patient perceived as nurse not giving the care they want or need; this created anxiety and frustration and guilt in the patient and a barrier between the nurse and the patient grew. Next phase was **avoiding and ignoring** when the patients started to conform to rules and shied away from contact, a perception of rudeness and condenscending attitudes were mentioned. No trust or caring was exchanged; anxiety and frustration increased.The last phase was **struggling with and making sense of**; patients struggled and tried to make sense why they were treated as they were through reflection and questioning. The deteriorated relationship casted a shadow for the future and may have hindered future care exchanges.	The emerging themes were nurses' communication with patients; empathy and exploration and getting to know the patients, giving time and validating the patients experiences; empowerment of the patient, and respect and giving credit for the patients' met goals and future implications of relationships that deteriorated.

Yamashita M. et al. 2005	The purpose of this study was to explicate the process of nurse case management involving clients afflicted with chronic mental illness.	Sixteen registered nurse participants from mental health programs in hospital, transition and community settings participated in the study. Participants were predominantly in their 40s and 50s and had worked as case managers for at least four months.	Data collection took place in four cities in Southwestern Ontario, Canada and included four programs from each program type (inpatient, transition and community). In-depth interviews were conducted twice with all but two of the participants. Each interview was audio-taped, transcribed verbatim, coded and analyzed manually.	All nurse case managers stated building a trusting relationship with clients was of utmost importance. Other nurses stated mutual respect is crucial for a therapeutic relationship. Comprehensive assessment skills based on a holistic framework were identified as crucial by most participants. Building a therapeutic relationship and building supports and resources in the community were the major tasks for the participants to undertake in transitional settings. By establishing a relationship with the client and support of staff from both inpatient and community settings, the participants negotiated care with the client and coworkers. Restoring independence and autonomy was a crucial part of the transitional phase. Participants explained the importance of instilling a sense of hope and reassurance to the client, by providing support systems. Providing emotional support was of paramount importance. Participants pointed out the importance of including the client's family in the plan of care. Negotiating care together in a developing relationship had three categories: 1) negotiating the system on inpatient units, a form of dealing with bureaucracy; 2) negotiating for the care on transition units, a form of resource activation; and 3) negotiating care with the client, a form of advocacy. The participants found that they gained trust by respecting the client's needs, separating the illness from the client, and providing care in a realistic manner.	The main themes that emerged from this study were trust, mutual respect, asessment skills, supports and resources, negotiation, independence, autonomy, empowerment and advocacy.

Petersen I. 1999	To collect, analyze and evaluate the experiences of South African primary health care nurses on reorientating them on managing and provisioning mental health care as the MHC is intergrating with primary care and evaluating whether the reorientated nurses were able to give comprehensive care.	Six primary health care nurses. The nurses had no previous training in mental health care. Two worked the clinic in a health center, two staffed mobile clinics and two were located at fixed community clinics.	Nurse-patient interactions were recorded before and after re-training to evaluate the care provided, interviews of the participants were done on whether their perceptions on care had changed and focus group interviews were used establish areas of success and difficulty. Fourthly, the psychologist involved with the nurse retraining was interviewed and feedbacked on the project.	Living in the same community hindered the provision of comprehensive care; a reorganization of management systems is required to give primary care nurses' more power and status for the nurses' to able to better empower the patients. The interpersonal skills which facilitated comprehensive care include relationship skills/qualities, empathy, warmth, non-judgemental/positive regard and genuineness. Micro-counselling skills that were identified were clarification, use of minimal encouragers, reflection, paraphrasing and summarizing. Problem identification was exercised using the framework provided by the "meaning-centered" approach. Inquiring about associated illness problems, understanding the patient's understanding of illness causation, reaching a common understanding of the problem and its treatment and developing a bio-psycho-social-cultural formulation of the problem were a part of the approach. Problem management included inviting the patient to participate in the generation of solutions to the problem, reaching consensus on appropriate interventions and empowering the patient to act on these interventions.	The main themes that emerged from this work include empathy, genuineness, clarification, reflection and summarizing, understanding, cooperation, empowerment and inclusion of the patient in the care plan.

Hyvönen, S. & Nikkonen, M. 2004	To describe and analyse the concept of mental health care from the practitioner's point of view, outline the tools and the ways in which they are used in primary health care.	29 doctors and nurses in six different health care centers in Pirkanmaa did unstructured, thematic interviews which were transcribed verbatim.	Unstructured, thematic interviews which were transcribed verbatim.	Using one's personality as a tool/meta-tool with balanced dialogue was a major goal. There were different types of tools centered on finding and filling the needs of the patient.These tools included: **Collaborative tools** − which are used by the nurse in collaboration with the staff and/or client **Communicative tools** − were used by the nurse when interacting with a client **Ideological tools** − ideas or goals that the nurse wants to achieve in mental health care *Client orientation* − the dimensions of individuality and cultural understanding as well as the dimension of good service *Acceptance and permissiveness* − not having prejudice when meeting the client, respecting his/her autonomy *Honesty and genuineness* − all matters concerning the client are discussed directly with the client him/herself Interactive tools − informative tools, interviews, observing and listening Supportive tools − Listening and touching Contextual tools − Sense of humour, intuition and creativity	The main themes arising from this study include: communication, collaboration, patient orientation, acceptance, honesty, genuineness empowerment, continuity, autonomy, intuition and listening.

Kai, J. 2002	To describe how people with enduring mental health problems experience health care.	32 people (56% male, mean duration of mental illness of 21 years) who were identified by their general practitioner as disabled by enduring mental ill health. Inclusion criteria were > 16 years, free of dementia or other organic brain disorder and free of learning disabilities.	Individual interviews of 45 minutes to two hours were audiotaped and transcribed verbatim. Data was analyzed using grounded theory methods. Emerging findings were tested in 21 group interviews with local health professionals.	Good therapeutic relationships were regarded as central in participants' contacts with primary care and mental health services. Several themes emerged. Communication in building therapeutic relationships: in good therapeutic relationships, professionals had effective listening skills and showed empathy and understanding. Continuity of therapeutic relationships: participants highlighted the importance of building a continuing relationship with one person over time. Wrestling with stigma: influence of the health care setting: participants worried about where their health care contacts occurred, and the potential that they might become stigmatised by the association with other patients.	The major themes arising from this work included communication, listening, empathy, understanding continuity and stigma.

O'Brien, L. 2000	The aim of the study was to develop an understanding of the experience of the relationship between community psychiatric nurses and clients with severe and persistent mental illness. The purpose of this understanding was to illuminate the meaning of the relationship for the participants, the skills that were used by the nurses, and the value that was placed on the relationship by the clients.	The nurses' participation was voluntary and the selection was purposeful. The sample was made up of five psychiatric nurses; two males and three females.	The study was qualitative with audiotaped interviews lasting approximately one hour. These interviews were conducted seperately with each participant and transcribed verbatim. All participants were interviewed three times and interviews consisted of semi-structured conversation. Data analysis aimed to interpret the meaning of the experience for the nurse. It involved the comprehensive transcripts being read and re-read. Sub themes that illuminated meanings were	Four themes were identified from the nurses conversation: "Being there", "Being concerned", "Establishing trust" and "Facilitating transition". "Being there" was being present, self-disclosing, taking the relationship for granted and being emotionally drained. "Being concerned" was feeling protective, accepting the client, looking at the choices and being respectful. "Establishing trust" was related to specific events such as the nurse supporting the client against others, or expressing an understanding about an experience. Acknowledging that the client's positive feelings were a normal response to a caring and concerned person was seen as helping to normalize and clarify the client's feelings and an important step to consolidating trust in the relationship. "Facilitating transition" reflected the diverse array of therapeutic interventions and skills that were directed at assisting the client to move beyond the limitations of their illness.	The major themes arising from this work included support, advocacy empowerment, communication, trust, understanding and facilitation in transition.

			identified and named and subsequently collapsed into themes that reflected the meaning of the relationship.		

McCabe, C. 2004	The aim was to explore and produce statements from patients of how nurses' communicate.	Eight patients from a general teaching hospital in Ireland	Data collection was done by unstructured interviews. Data analysis was a reflective process and the findings were represented through description of emerging themes and subthemes.	Main themes of relating to the aspects of nurses' communication included **lack of communication:** nurses' communication was perceived as task-oriented instead of patient-centred and prefered focusing on their work rather than onthe patient. Nurses made assumptions of patients' needs and concerns instead of validating them with the patient. **Attending** included giving time and being there, genuineness, openness and honesty in communication. **Empathy** included verbal and non-verbal expression of nurses' own dismay or sorrow of the patient's situation and use of "self" in caring. **Friendliness and humour** improved patients' self-esteem and nurses seemed more approachable.	The main themes arising from the study were communication skills, attention, giving time, validation of patients' thoughts and feelings, empathy, humor, patient-oriented care, being there and nurses' use of self in care.

Johansson, H. and Eklund, M. 2003	The aim was to investigate patients' opinions on what constitutes good psychiatric care.	Two different sub-samples: outpatient group of seven people (six women and one man) aged 32-67 that had been discharged within a year, inpatient group of nine patients (one woman and eight men) aged 22 to 38) with a psychosis diagnosis.	Open-ended in-depth interview centralizing on the patients' experiences of receiving psychiatric care lasting approx. Two hours, notes were taken during the interview and a taperecorder was not used to satisfy the patients' wishes and out of consideration for their ongoing sickness.	Outpatient group: **the quality of the helping relationship** was the most important factor; the relationship at its best was described providing warmth, empathy, understanding, having enough time and being provided for. Its worse was when the patient felt he was not understood and listened and whenthere was no real encounter between the caretaker and the patient. The most important factors were **giving enough time**, not being too brisk in assessing and interpreting and intervening and having enough time to open up and disclose**; controlling one's own values and preconceptions,** not letting one's values, ideas and pre-understanding of psychiatric patients to govern the encounter; **keeping autonomy and independence** by being able to influence one's own care and having a **supportive climate** of warmth, support, interest and engagement. In the inpatient group, the most important factor for satisfaction was the **existence and quality of a helping relationship and ambivalence.** The feeling of a true, deep connection missing lowered the satisfaction. **Meaningfulness**, feeling that one was meaningful and that clients' communication was understandable, and they were respected and important, **stability and structure** and **relief of pressure** were also seen as important in a good experience.	The main themes were communication skills, empathy and warmth, understanding, giving time, controlling one's preconceptions and validation, empowerment, existence and quality and being there and continuity of care.

Shattell, M. et al. 2007	The purpose of the study was to describe mental health service recipients' experience of the therapeutic relationship.	Twenty participants between the ages 21 to 65, eight patients being male and twelve female	Secondary qualitative analysis. Interviews were audiotaped and transcribed verbatim for a larger study, and the interview transcripts were re-read and re-analysed and themes were aggregated from the material. Participants were compensated $20 for the participation in the study.	Three figural themes emerged. **Relate to me**: interpersonally connecting is especially important in the beginning of the relationship. Giving hope and communication techniques such as restating, summarizing, clarifying and questioning, reflection, reassurance and sympathy were involved in a good experience. Feeling special and important through the contact with the caregiver and the use of touch strengthened the feeling of relatedness. The therapist's use of self and self-disclosure helped in the relationship. **Know me as a person**: knowing the invidual in-depth, not just the illness and the symptoms, was very important; feeling of being understood and listened to helped with the relationship. Caregiver needed time, skill and understanding to truly help. **Get to the solution**: offering advice, information, medications, diagnoses, suggestions, feedback and resources. Compassion and interest, while important, were not enough. Skill was needed from the caregiver to act as a guide, not a director, and the experience of equality was seen as significant. Honesty and truthfullness, "saying it like it is" was relevant in the relationship.	Main themes of the article were communication skills, behavior and use of self. Giving and using time to get to know the patients, understanding, listening, honesty, truthfulness and skills to manage and give advice and steer patient when they felt the need for it were all emerging themes in this article.

Scanlon, A. 2006	The purpose of this study was to provide empirical evidence to support a claim that psychiatric nurses fully understand the components of therapeutic relationships. The objective of this study was to develop a theory in relation to how psychiatric nurses form therapeutic relationships and to what extent this is a concious role within psychiatric nursing practice.	The sample for this study was a purposive sample of six psychiatric nurses. Grounded theory requires information to be obtained from a particular research population. In this study the information required was located in psychiatric nurses who are post qualification between two and ten years, which would ensure sufficient exposure to the phenomena. Other inclusion criteria were that the sample nurses were psychiatric nurses who had no post-registration training in counselling.	An interview guide was developed informed by the available literature. It was sufficiently structured to allow deviation from the guide to explore the participants' world and to expand on important information that was emerging. A pilot study was executed to test the interview schedule and to ascertain whether the answers given and the data collected were appropriate to answer the research question. The interviews were semi-structured. This data collection method was chosen due to it enabling a flexible approach and fitting with	The following themes emerged from the interviews as being relevant: **Professional aspect of care** – this aspect of care relates to how psychiatric nurses change their approach within relationships and what makes the relationship professional and therapeutic. **Individualized care** – relates to the approach psychiatric nurses have towards patients and how they treat each patient according to their needs. Continuity of care is significant in relation to building therapeutic relationships because of the relationship development being beyond the control of the individual nurse. **Working in a team** – this describes the relationship between teamwork and developing the therapeutic relationship. The notion of responsibility and the degree nurses feel empowered within the multidiciplinary team significantly effects the development of therapeutic relationships. **The impact of personal life issues** – this describes the effect personal feelings, prejudices, personalities and attitudes have on forming the therapeutic relationship. Developing the therapeutic relationship is limited by time. Interpersonal skills required to form therapeutic relationships include trust, humour, concious decision making and providing information. Therapeutic boundaries must be set. A non-judgemental attitude must be displayed in the therapeutic relationship.	Assessment, empowerment, continuity, cooperation, time limitations, genuineness, trust, humour and concious decision making were the major themes emerging from this study that conform with the themes from the other studies in this literature review.

			grounded theory methodology. The method of theory generation was a constant comparative analysis. The coding system in grounded theory that was utilized, incorporated three sets of coding procedures: open coding, axial coding and selective coding. These coding procedures assisted the researcher to dissect the data.		