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Nursing Best Practice Guideline
Shaping the future of Nursing

establishing therapeutic relationships
supplement

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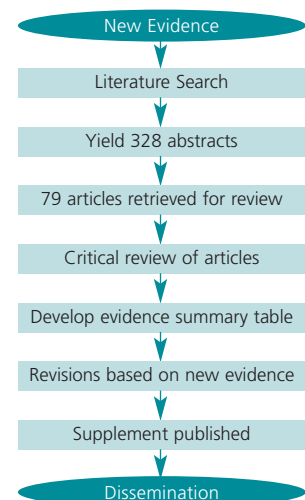**Pat Bethune - Davies, RN, BScN, MScN**
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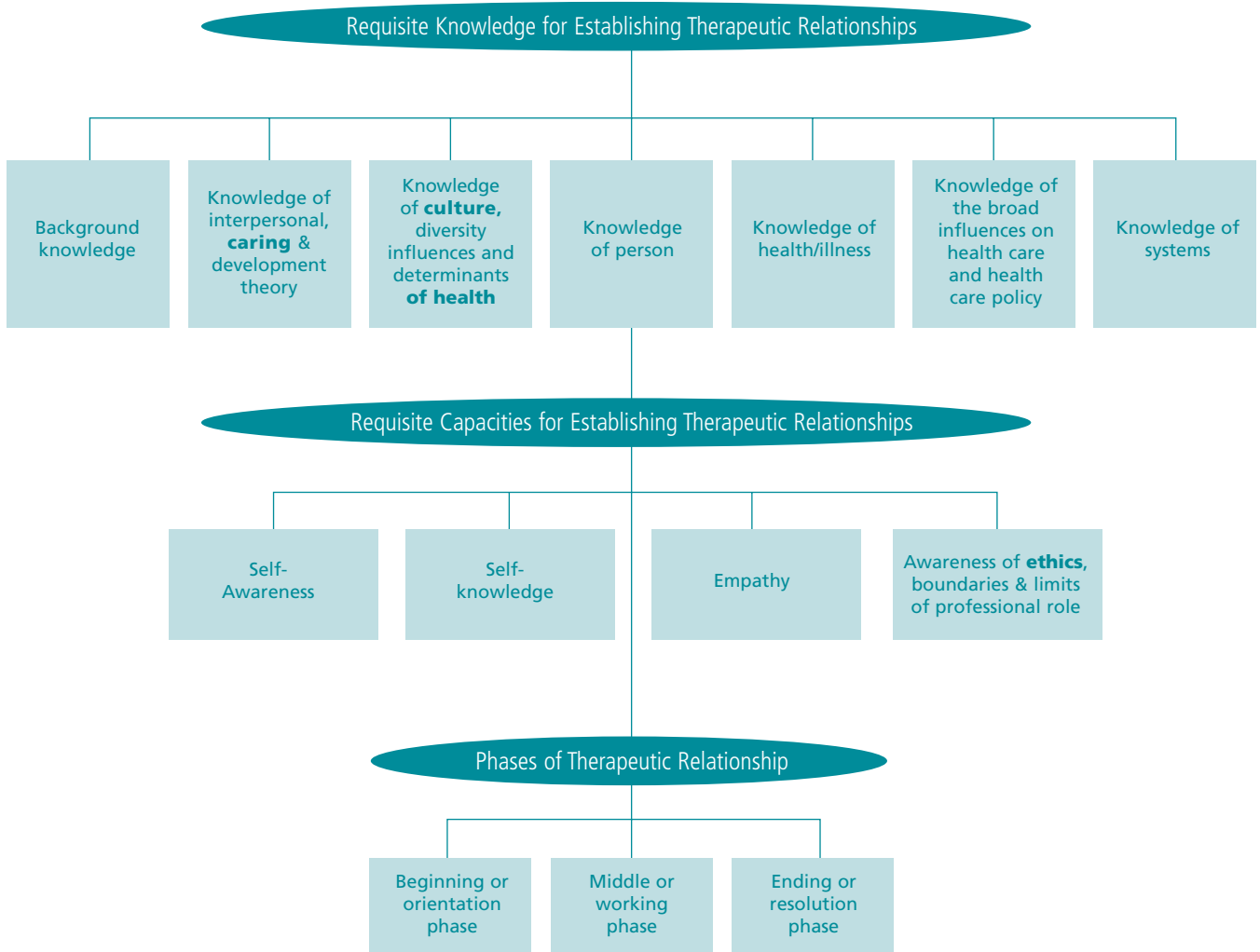
Supplement Integration

This supplement to the nursing best practice guideline *Establishing Therapeutic Relationships* is the result of a three year scheduled revision of the guideline. Additional material has been provided in an attempt to provide the reader with current evidence to support practice. Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the guideline as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

Revision Process

The Registered Nurses' Association of Ontario (RNAO) has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a monitoring and revision process has been established for each guideline every three years. The revision panel members (experts from a variety of practice settings) are given a mandate to review the guideline focusing on the recommendations and the original scope of the guideline.

New Evidence
↓
Literature Search
↓
Yield 328 abstracts
↓
79 articles retrieved for review
↓
Critical review of articles
↓
Develop evidence summary table
↓
Revisions based on new evidence
↓
Supplement published
↓
Dissemination

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NURSING BEST PRACTICE GUIDELINES PROGRAM

Changes made to the *Framework for Therapeutic Relationships* – Figure 1 are highlighted below:

Requisite Knowledge for Establishing Therapeutic Relationships

| Background knowledge | Knowledge of interpersonal, **caring** & development theory | Knowledge of **culture**, diversity influences and determinants **of health** | Knowledge of person | Knowledge of health/illness | Knowledge of the broad influences on health care and health care policy | Knowledge of systems |

Requisite Capacities for Establishing Therapeutic Relationships

| Self-Awareness | Self-knowledge | Empathy | Awareness of **ethics**, boundaries & limits of professional role |

Phases of Therapeutic Relationship

| Beginning or orientation phase | Middle or working phase | Ending or resolution phase |

The following definition will be added to those in the "Definition of Terms" section starting on page 12 of the guideline.

Definition

Intentionality

Our intentions remind us of what is important and inform our choices and actions. Thinking related to intentionality connects with the concepts of consciousness and energy. For example, if our conscious intentionality is to hold thoughts that are caring…in contrast to having thoughts to control and have power over, the consequence will be different based on the different levels of consciousness and the energy associated with different thoughts (Watson, 2005).

Summary of Evidence

The following content reflects the changes made to the original publication (2002) based on the consensus of the review panel.

changed
✓ unchanged
+ additional information

Recommendation 1 The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationships.	✓
The subheading on page 18, # 2 is changed to "Knowledge of interpersonal, caring and development theory." A 5th bullet under subheading #2 will include the following: ■ *Caring theories (Benner, 1989; Leininger, 1988; Watson, 1999; Watson 2005.)* A 4th bullet under the subheading, "Knowledge of person", on page 19 will include the following: ■ Understanding different ways/patterns of knowing: empirics, personal, ethical, aesthetic and political. The following bullet is to be added under #4 subheading "Knowledge of person", on page 19. Awareness of ways/patterns of knowing: empirical (evidence based), personal, ethical, aesthetic and political.	✎
Additional Literature Supports Agency for Healthcare Research and Quality, 2004; Coffman, 2004; Cole & McLean, 2003; McCabe & Priebe, 2004; Myers, 2003; Schillinger, Machtinger, Wang, Chen, Win, Palacios, 2004; Shirk, & Karver, 2003	
Recommendation 2 Establishment of a therapeutic relationship requires reflective practice. This concept includes the required capacities of: self-awareness, self-knowledge, empathy, awareness of ethics, boundaries and limits of the professional role.	✎
Recommendation 2 has been adapted to include the awareness of ethics which is in keeping with changes made to the "Framework for Therapeutic Relationships". The following content is a change under the "Assumptions" heading on page 20. The second bullet, second sentence will read, "Thus a nurse, with self-knowledge is: purposeful, intentional and is able to consider a range of ways of being with the client."	✎
An additional bullet is added at the end of the bulleted list under the "Assumptions" heading on page 20. ■ The concept of ways and patterns of knowing recognizes that there are multiple ways of understanding the world (i.e. empirical, aesthetic, personal, ethical). The important tenant is that knowledge is derived from many sources and people come to know in different ways (Belenky, Clinchy, Goldberger & Tarule, 1986; Carper, 1978).	+
Additional Literature Supports Barrett & Berman, 2001; Browne, 1997; Cole & McLean, 2003; Forchuk & Reynolds, 2001; Johansson & Eklund, 2003; Lambert & Barley, 2001; Moyle, 2003; Myers, 2003; Okamoto, 2003	
Recommendation 3 The nurse needs to understand the process of a therapeutic relationship and be able to recognize the current phase of his/her relationship with the client.	✓
Additional Literature Supports Forchuk, Martin, Chan, & Jensen, 2005; Forchuk & Reynolds, 2001; Planavsky, Mion, Litaker, Kippes, & Mehta, 2001	
Recommendation 4 All entry-level nursing programs must include in-depth learning about the therapeutic process, including both theoretical content and supervised practice.	✓
Additional Literature Supports Cole & McLean, 2003	

Recommendation 5

Organizations will consider the therapeutic relationship as the basis of nursing practice and, over time, will integrate a variety of professional development opportunities to support nurses in effectively developing these relationships. Opportunities must include nursing consultation, clinical supervision and coaching.

✓

Additional Literature Supports
Johansson & Eklund, 2003; Lambert & Barley, 2001; McCabe & Priebe, 2004; Ramjan, 2004

Recommendation 6

Health care agencies will implement a model of care that promotes consistency of the nurse-client assignment, such as primary nursing.

✓

Additional Literature Supports
Forchuk & Reynolds, 2001; Moyle, 2003; Planavsky, Mion, Litaker, Kippes, & Mehta, 2001; Ramjan, 2004; Shirk, & Karver, 2003

Recommendation 7

Agencies will ensure that at minimum, 70 per cent of their nurses are working on a permanent, full-time basis.

✓

Additional Literature Supports
Aiken, Clarke, & Sloane, 2002; Blythe, Baumann, Zeytinoglu, Denton, & Higgins, 2005; Stone, et al., 2003;

Recommendation 8

Agencies will ensure that nurses' workload is maintained at levels conducive to developing therapeutic relationships.

✓

Recommendation 9

Staffing decisions must consider client acuity, complexity level, complexity of work environment, and the availability of expert resources.

✓

Recommendation 10

Organizations will consider the nurse's well-being as vital to the development of therapeutic nurse-client relationships and support the nurse as necessary.

✓

Recommendation 11

Organizations will assist in advancing knowledge about therapeutic relationships by disseminating nursing research, supporting the nurse in using these findings, and supporting his/her participation in the research process.

✓

Recommendation 12

Agencies will have a highly visible nursing leadership that establishes and maintains mechanisms to promote open conversation between nurses and all levels of management, including senior management.

✓

Additional Literature Supports
College of Nurses of Ontario, 2004

Recommendation 13

Resources must be allocated to support clinical supervision and coaching processes to ensure that all nurses have clinical supervision and coaching on a regular basis.

✓

Recommendation 14

Organizations are encouraged to include the development of nursing best practice guidelines in their annual review of performance indicators/quality improvement, and accreditation bodies are also encouraged to incorporate nursing best practice guidelines into their standards.

✓

Implementation Strategies

A current ongoing investigation related to implementation strategies for an intervention based on therapeutic relationships (Forchuk, Reynolds, Jensen, Martin, Sharkey, Ouseley et al., unpublished work) has found the following to be important:

■ On-going champions to provide personal level support

■ Program specific training related to therapeutic relationships which includes discussion of specific examples

■ Documentation systems that support the intervention

The Culturally Responsive Therapeutic Relationship (CRTR) project is a project that has received funding from the Change Foundation with a focus on integration of the RNAO guideline *Establishing Therapeutic Relationships* and the standards produced by the College of Nurses of Ontario specific to culturally sensitive care. Lessons learned from CRTR project include the following:

■ Need to find ways to promote reflective practice with nursing staff

■ Need for recognition of one's self awareness with respect to one's own privilege. It is not enough to know your own biases, but also to be aware of how others might see you

■ Need for discussion regarding disclosure, boundaries and reciprocity in a therapeutic relationship

Research Gaps and Implications

Areas identified by the panel as research gaps include the following:

■ Implementation and evaluation of implementation

■ Sustainability of the guideline

■ Research within cultural groups

■ Research to include different types of relationships with adolescents and children, involving developmental stages

References

Agency for Healthcare Research and Quality (2004). *Strategies for improving minority healthcare quality.* Rockville, MD: Agency for Healthcare Research and Quality.

Aiken, L., Clarke, S., & Sloane, D. (2002). Hospital staffing, organization, and quality of care: Cross-national findings. *Nursing Outlook, 50*(5), 187-194.

Barrett, M. & Berman, J. (2001). Is psychotherapy more effective when therapists disclose information about themselves? *Journal of Consulting and Clinical Psychology, 69*(4), 597-603.

Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). *Women's way's of knowing: The development of self, voice, and m ind.* New York: Basic Books.

Benner, P. & Wrubel, J. (1989). *The primacy of caring: Stress and coping in health and illness.* Menlo Park, CA: Addison Wesley.

Blythe, J., Baumann, A., Zeytinoglu, I., Denton, M., & Higgins, A. (2005). Full-time or part-time work in nursing: Preferences, tradeoffs and choices. *Healthcare Quarterly, 8*(3), 69-77.

Browne, A. (1997). A concept analysis of respect applying the hybrid model in cross-cultural settings. *Western Journal of Nursing Research, 19*(6), 762-780.

Carper, B. (1978). Fundamental ways of knowing in nursing. *Advances in Nursing Science, 1*(1) 13-23.

Coffman, M. (2004). Cultural caring in nursing practice: A meta-sythesis of qualitative research. *Journal of Cultural Diversity, 11*(3), 100-109.

Cole, M. B. & McLean, V. (2003). Therapeutic relationships re-defined. *Occupational Therapy in Mental Health, 19*(2), 33-56.

College of Nurses of Ontario. (2004). *Utilization of RNs and RPNs: Practice guideline.* Toronto, ON: College of Nurses of Ontario.

Forchuk, C. & Reynolds, W. (2001). Client's reflections on relationships with nurses: Comparisons from Canada and Scotland. *Journal of Psychiatric & Mental Health Nursing, 8,* 45-51.

Forchuk, C., Martin, M. L., Chan, Y. L., & Jensen, E. (2005). Therapeutic relationships: From psychiatric hospital to community. *Journal of Psychiatric and Mental Health Nursing, 12,* 564.

Forchuk, C., Reynolds, W., Jensen, E., Martin, M., Sharkey, S., Ouseley, S. et al. (Unpublished work). Integrating an evidence-based intervention in clinical practice funded through CIHR.

Johansson, H. & Eklund, M. (2003). Patients' opinion on what constitutes good psychiatric care. *Scandinavian Journal of Caring Sciences, 17,* 339-346.

Lambert, M. J. & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training, 38*(4), 357-361.

Leininger, M. (1988). Leininger's theory of nursing: Cultural care diversity and universality. *Nursing Science Quarterly, 1*(4), 152-160.

McCabe, R. & Priebe, S. (2004). The therapeutic relationship in the treatment of severe mental illness: A review of methods and findings. *International Journal of Social Psychiatry, 50*(2), 115-128.

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

Myers, S. (2003). Relational healing: To be understood and to understand. *Journal of Humanistic Psychology, 43*(1), 86-104.

Okamoto, S. (2003). The function of professional boundaries in the therapeutic relationship between male practitioners and female youth clients. *Child and Adolescent Social Work Journal, 20*(4), 303-313.

Planavsky, L. A., Mion, L. C., Litaker, D. G., Kippes, C. M., & Mehta, N. (2001). Ending a nurse practitioner-patient relationship: Uncovering patients' perceptions. *Journal of the American Academy of Nurse Practitioners, 13*(9), 428-432.

Ramjan, L. M. (2004). Nurses and the 'therapeutic relationship': Caring for adolescents with anorexia nervosa. *Journal of Advanced Nursing, 45*(5), 495-503.

Schillinger, D., Machtinger, E. L., Wang, F., Chen, L. L., Win, K., & Palacios, J. (2004). Language, literacy, and communication regarding medication in an anticoagulation clinic: Are pictures better than words? *Advances in Patient Safety,* (2), 199- 211.

Shirk, S. R. & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(3), 452-464.

Stone, P., Tourangeau, A., Duffield, C., Hughes, F., Jones, C., O'Brien-Pallas, L. et al. (2003). Evidence of nurse working conditions: A global perspective. *Policy, Politics & Nursing Practice, 4*(2), 120-130.

Watson, J. (2005). *Caring science as sacred science.* Philadelphia, USA: F.A. Davis Company.

Watson, J. (1999). *Postmodern nursing and beyond.* London, UK: Churchill Livingston, an imprint of Harcourt Brace and Co. Ltd.

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