Establishing Therapeutic Relationships in the Public Health Setting: A Literature Review

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Abstract

Objectives: The objective of this scholarly literature review is to synthesize the literature related to establishing therapeutic relationships in the public health setting.

Data sources: A total of ten articles were included in this scholarly review. Two of the articles are review papers and the remaining eight articles are qualitative research papers. All data were sourced from academic, peer reviewed journals.

Study eligibility criteria: Articles were included in this review if they were scholarly review papers or research studies pertaining to the therapeutic relationship in the public health setting. Articles were included if they were in the English language and published between the years 2006-2018.

Study appraisal and synthesis methods: Due to time constraints, quality appraisal was not included in this review. Coding and thematic synthesis were used to extract themes from the data.

Results: Five themes were identified. 1. The complex nature of power in therapeutic relationships in the public health setting, 2. Nurses build trust with both individuals and communities, 3. Respect: nurse as guest, 4. The fragile but crucial nature of boundaries in the public health setting, 5. Therapeutic relationships in the public health setting have the potential to be highly client centered.

Limitations: Time limitations, potential selection bias, lack of quality appraisal, lack of human resources.

Conclusions: Therapeutic relationships in the public health setting are unique in their structure, the length of their relationship, as well as their place and context which is outside of an institution. The patterns and themes identified within this review hold important implications for public health nursing practice as well as areas for future research and exploration.

Background

In 2014, Toronto Public Health undertook a long-term project to implement the Registered Nurses' Association of Ontario's (RNAO) Establishing Therapeutic Relationships (ETR) Best Practice Guideline. The steering committee at Toronto Public Health recognized that public health nurses employ a unique skill set when developing therapeutic relationships with their clients and communities. Conducting a literature review was identified as a key step in order to collect the current evidence in the area of therapeutic relationships in the public health setting.

Public health nurses work in a wide range of settings and have a role that is distinct from home care, long-term care and hospital based nurses. As defined by the public health nurses' association, public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences (American Public Health Association, 2013). Public health nurses can be found working in health departments, homes, community health centers, clinics, worksites, etc. (Association of Public Health Nurses, 2018). The tasks of public health nurses are similarly varied, and can involve home visiting, case management, health education, outbreak management, and stakeholder engagement (Toronto Public Health, 2018).

The questions addressed by this review include the following: What are the characteristics/components of a therapeutic professional-client relationship in the public health setting? How do these therapeutic relationships establish in the public health setting? What are the roles and responsibilities of public health nurses in establishing therapeutic relationships with clients? What are some strategies that public health staff can adopt to establish relationships with vulnerable or marginalized clients?

Due to the number of research questions, the scope of this review is broad. The purpose of this review is not to provide an exhaustive or systematic approach to the literature. Rather, this review will answer the aforementioned research questions in a way that is transparent while synthesizing a portion of the available evidence.

Methodology

Data Sources

Three databases (Medline, PyschInfo, and CINHAL) were accessed in the search phase of this review between May and June of 2018. The terms "public health nurse", "public health service nurse", "registered nurse", "therapeutic relationship", "nurse client relationship" and "public health setting" were used as search terms as well key terms. For a complete, organized list of the synonyms used in each database, please refer to Appendix A. For a PRISMA diagram of the resulting number of articles, please refer to Appendix B. Due to time constraints, truncation was not included as a technique of this search strategy.

Studies were limited to those published in the English language. Studies were included in this review if they were published between the years 2006-2018. The reason for these year limits is because the most recent RNAO ETR Guideline Supplement was published in 2006, and the purpose of this review was to find the most current evidence since the latest RNAO ETR publication. Articles were included if the data was deemed relevant to the topic, peer reviewed, and qualified as a qualitative study or scholarly review paper. Articles which were personal reflections were not included in the final set of data. Personal reflections were not able to be analyzed for quality or evidence strength and were therefore excluded from the final data set.

Search Strategy

Before language and year limits were applied the three data bases yielded a total of 1764 articles based on the search terms. After language and year limits were applied, the search yielded 1006 articles from all three databases. The titles and abstracts of these 1006 articles were scanned for their relatedness to the topic. After this process, 38 full text articles were selected to be screened for eligibility, although 3 of these articles were lost to follow up, resulting in 35 articles. At this stage, 4 duplicates were removed and 3 articles were found to be irretrievable. Due to time constraints, the full text of these irretrievable articles could not be included in this review. A total of 28 articles were read and analyzed according to the research questions, conclusions, sample design, and subject characteristics. A list of rationale for including or excluding the full text of these 28 articles in the review can be found in appendix C. After this first phase of data analysis, a total of 10 articles were included in the qualitative synthesis of this review.

Synthesis methods

The final ten articles were coded by one researcher into a Microsoft excel spreadsheet. (Please see Appendix C). The articles were read in order to obtain a set of emergent codes. These emergent codes were combined with a set of a priori codes. Appropriate codes were applied to the content of the ten selected articles. The data set was then reread in order to detect the most frequently applied codes and sub codes. Afterwards, a process of thematic synthesis was used to collapse the most prevalent codes into themes.

The resulting themes and codes of this literature review heavily coincide with the College of Nurses of Ontario's "Practice Standard: Therapeutic Nurse-Client Relationship" (CNO, 2006). This practice standard applies to all registered nurses regardless of practice area or class of registration (CNO, 2006). The aim of this standard is to communicate to the nursing community and provide an outline of the generally accepted expectations of nurses and set out the professional basis of nursing practice (CNO, 2006). The components of the nurse-client relationship identified by the CNO include trust, respect, professional intimacy, empathy, and power (CNO, 2006). The CNO's therapeutic relationship practice standard, the body of literature selected for this review, and the specific context of the public health setting were all considered while conducting thematic analysis to produce the themes of this paper.

Results

Theme: The complex nature of power in the therapeutic relationship in public health settings.

One of the primary themes that was evident in the literature was the complex, dynamic, and at times contradictory nature of power within therapeutic relationships that develop in the public health setting. The presence and distribution of power are key features of the therapeutic relationship in the public health setting. All of the clients within the selected studies were individuals who lived independently in the community, inferring that public health clientele are in general, a more autonomous group than institutionalized individuals. The need to confirm, support and create an altruistic relationship while at the same time having a controlling function reflects the complicated nature of power in public health nursing, and by extension reflects a challenge of the nurse-client interaction in general (Tveiten & Severinsson, 2006). Public health

clients in general are more likely to live independently and do not rely on the direct, physical assistance of a nurse for their activities of daily living (Bender, Peter, Wynn, Andrews & Pringle, 2011). Within the data selected for this review, there were hints to suggest that this increased level of client autonomy does impact the therapeutic relationship.

Within the literature, public health nurses were identified as key influencers in communities and holders of expert knowledge (Ackatia-Armah, Addy, Ghosh, & Dubé, 2016). Registered nurses in public health settings exert power though encouraging healthy behaviors and in certain programs, ensuring client adherence to the necessary treatment protocols (Bender et al., 2011). Nurses' use of persuasion and control has been recognized within the literature as a crucial element of health promotion practice, albeit an understudied and frequently unacknowledged element (Briggs, 2007). In these ways and possibly others, nurses in the public health setting implement their position as authority figures and exist in a position of greater power within the nurse- client interaction.

The literature also makes mention of the many ways that public health nurses share power with their client and work toward achieving a power dynamic that is more egalitarian than the traditional healthcare delivery models (Aston, Meagher-Stewart, Edwards & Young, 2009). Among the nurses in the selected studies, the word "partnership" was frequently used to describe the nurse- client interactions (Aston et. al., 2009). Nurses in the selected studies identified key actions that they take to empower their clients (Aston et. al., 2009). These actions might include encouraging a client to lead a visit, providing education so that clients can make informed choices, and also recognizing and respecting client wishes (Aston et. al., 2009; Briggs, 2007).

Theme: Nurses build trust with individuals and communities

There is wide recognition in the literature that nurses use trust to build and establish therapeutic relationships (Briggs, 2007). Trust is described as the foundation of the therapeutic relationship and heavily emphasized in the first stages of the nurse-client interaction (Briggs, 2007). In order to foster feelings of trust, many components of the therapeutic relationship must work in synchrony. A delicate balance of respect, empathy, and privacy are reported by nurses describing their efforts to establish trust (Bender et al., 2011).

An interesting finding of this review is that the development of trust is not limited to individuals and families, but in fact extends to whole communities. Public health nurses actively engage with communities through partnering with community groups, religious leaders, and school boards (Ackatia-Armah et al., 2016). At times, public health nurses are invited by community members to participate in events within the community (Ackatia-Armah et al., 2016). Through the nurses' presence in these events and within community organizations, public health nurses succeed in fostering deep relationships with their respective communities (Ackatia-Armah et al., 2016). There is evidence within the literature to suggest that a deep relationship with an entire community can help nurses in developing trust with clients on an individual basis (Ackatia-Armah et al., 2016). Recognition of the public health nurse's tendency to build trust with both individual and entire communities is a noteworthy element of how therapeutic relationships can develop in the public health settings.

Theme: Respect: Nurses as guests

The nurses who participated in the studies selected for this review worked in a wide selection of public health programs. Tuberculosis management, HIV programs, healthy baby services, and harm reduction are a few of the areas mentioned within these studies. Even though the program aims and nature of the nursing tasks differ by each program, a common aspect of the therapeutic relationship among these studies is that the nurse-client relationships develop in the client's home, or private place of residence.

The power of the geographic setting is an enormous and largely understudied influence on the development of therapeutic relationships (Bender, Clune, & Guruge, 2007). Hospitals are often perceived, by health care professionals and patients, to be the health professional's place (Bender et. al., 2007). In contrast, many public health nurses deliver services in the client's home, which is legally, emotionally, and physically the client's property and domain. In relation to this phenomenon, a theme which emerged from the data is *Nurse as Guest*.

Public health nurses mention explicitly that they are aware of the need to "get through the door" and act as a respectful guest toward their clients (Bender et al., 2011). The nurse's position as guest increases the necessity of an attitude which is rooted in cultural sensitivity, social mindfulness, and an ability to both create connections and exhibit respect while setting boundaries (Bender et. al., 2007). When considering the deeper meaning of home, many of the studies noted that home is a safe place for the client and a barrier from public scrutiny (Bender et. al., 2007). The public health nurse has the potential to represent an intrusion into the client's privacy, with certain studies making note that clients can act as "gatekeepers" to the home (Briggs, 2007). These emotional and physical barriers in the first stage of the therapeutic

relationship are significant and bound to affect the foundation of the therapeutic relationship in profound ways.

There appears to be less research available to describe the greater implications of nurses' positions as guests. Further research is warranted to fully explore and describe the ways in which nurses operate while they are guests in clients' homes. There are also very few resources and guidelines available to nurses who work in clients' homes. A potential area for future growth might be establishing more firm evidence and tools to assist nurses during their work within clients' private places of residence.

Theme: The fragile but crucial nature of boundaries in the public health setting

According to the Registered Nurses Association of Ontario, an awareness of boundaries is a requisite capacity for nurses working to achieve therapeutic relationships with clients in all settings (RNAO, 2006). Boundaries, and their fragile but crucial nature was a notable theme which emerged from the literature about therapeutic relationships in the public health setting. This area of research was particularly valuable in illustrating some of the roles and responsibilities of the public health nurse.

The role of the public health nurse role can be wide in scope and frequently misunderstood by clients in the beginning stages of the relationship (Bender et al., 2011). In addition, therapeutic relationships in the public health setting can have long working phases, with some relationships lasting for many months or even years. In order to combat misunderstandings, public health nurses use strong communication skills in order to describe and at times restate their role toward their clients (Porr, Drumond, & Olson, 2012). Nurses exercise

boundary management though self-awareness, self-reflection, and strong communication skills (Bender et al., 2011). The ability to develop and maintain appropriate boundaries is therefore a key responsibility and skillset of the public health nurse. Health units might take note of this key nursing capacity and allocate time and resources so that nurses may devote the energy and reflection inherent in boundary management.

Theme: Therapeutic relationships in the public health setting have the potential to be highly client centered

An encouraging theme which emerged from the literature of this review is the highly client centered nature of the therapeutic relationships developed by public health nurses. Client centeredness is defined by the Registered Nurses' Association as a holistic approach to the client which respects the client's autonomy, voice, self-determination, and participation in decision-making (RNAO, 2006). Public health services are often delivered in the community and outside of an institution, and this appears to open the opportunity for nurses to truly tailor their care to the needs of their client.

There are a number of strategies which public health nurses explain they use in order to increase the client centeredness of their care. Public health nurses within the studies frequently reject the notion of presenting themselves solely as an expert and instead prefer to make note of the client's particular abilities and strengths (Phelan, 2014). In addition, public health nurses partner with family members, directly address client concerns, and emphasize areas of client progress and mastery (Tveiten & Severinsson, 2006).

Strategies for Developing Relationships with Marginalized Groups

Within the process of this review, there were some obvious gaps in the literature pertaining to the strategies that public health nurses use when engaging with marginalized populations. Marginalized population are defined as persons with disabilities, youth, women, lesbian, gay, bisexual, transgender and intersex people, members of minority groups, indigenous people, internally displaced persons, non-national, including refugees, asylum seekers and migrant workers (United Nations, 2018). By virtue of their marginalized status, it is not entirely surprising that there is a lack of evidence in the scholarly domain regarding their needs in a therapeutic relationship.

It is important to remember that public health services are frequently administered to clients who are deemed "at risk" and who are in fact marginalized through their socioeconomic, education, and social support status (Wrigley & Dawson, 2016). Therefore, although the studies selected for this review rarely stated explicitly that the nurses were working with marginalized population, the nurses in these studies may be indirectly describing their strategies to engage with marginalized communities. In the future, greater care could be taken by researchers in order to explicitly state if their study population is stigmatized or living on the margins of society in some way.

Some of the studies within this review did make mention of the extra care that must be taken with marginalized populations. This might take the form of a public health nurse clarifying their role, allowing extra time for trust to develop, and also acknowledging that some individuals may have had a negative past experience with public authority figures (Porr et al., 2012).

Limitations

This literature review is not without limitations. As mentioned earlier, an exhaustive search strategy was not applied due to limitations in time and human resources. One researcher was responsible for all stages of the literature review including the search, subsequent article selection, data analysis and synthesis. Since all articles were coded, selected, and synthesized by one researcher, there is a possibility of selection bias. This bias could be present in terms of selecting which studies were deemed relevant to the research topic. In addition, the codes and themes applied to the research were applied according to one researcher's personal impression and judgement. In order to lessen the effects of selection bias, inclusion and exclusion criteria were applied consistently with all studies. In addition, the findings and themes of this review were discussed with the Establishing Therapeutic Relationship steering committee of Toronto Public Health. Through frequent meetings between the researcher and steering committee, conclusions and themes were able to be discussed and confirmed by public health nurses identified as best practice experts in therapeutic relationships.

It should be noted that due to time and scope limitations, there was no appraisal of the quality of evidence in the studies. Quality was maintained through accessing articles through peer reviewed journals. The absence of a formal quality appraisal does present a limitation of this literature review.

The ten articles selected for this review do not provide a comprehensive review of all the roles and therapeutic relationships of public health nurses, and there was a trend within the literature to focus on the role of public health nurses working with infants and mothers in the home setting. For this reason, future research is warranted in order to further understand the

many different types of therapeutic relationships that public health nurses develop in a variety of public health programs.

Conclusion

Public health nurses are highly skilled in establishing and maintaining therapeutic relationships. Within this review, an important first step has been completed in understanding the unique challenges, skills, and contexts of public health nursing. There is evidence to prove that trust, power, respect, and client centeredness are all present in therapeutic relationships developed in the public health setting. Each of these components has a distinct influence on the characteristics, development, and evolution of therapeutic relationships in public health. There remain important variances in certain aspects of the public health relationship, and these differences affect the roles and responsibilities of the respective public health nurse. In the future, more research is indicated in the area of marginalized populations. Further research should also be initiated to understand the kinds of support that public health nurses require in their workplaces and within their teams so that they can successfully develop these fundamental ties with their clients and the greater community.

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