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Continuing Professional Development

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Aims and Intended learning Outcomes

The aim of this article is to assist the reader to conduct a critical review of the therapeutic relationship between the children's nurse, child and family, identifying areas for practice development.

Therapeutic relationships can be defined in a variety of ways and compose differing components. By undertaking the time out activities you will be able to:

- Define the term 'therapeutic relationship' from a child, young person, family and nurses' perspective
- Discuss the key skills required to develop an effective therapeutic relationship
- Discuss the roles and responsibilities of nurses in the development of effective therapeutic relationships when caring for children, young people and families
- Identify challenges to the development and maintenance of a therapeutic relationship within children and young people's nursing
- Review how the 6C's can enable nurses to clarify and apply the key components of therapeutic relationships.

Introduction

A therapeutic relationship between the children's nurse and the child and family is defined as, purposeful, respectful, based on caring with recognition of the unique qualities of the child and family and one that is guided by professional boundaries.

The therapeutic relationship is a fundamental principle of nursing, described as a connectedness, essential to meeting patients' needs (Baughan and Smith 2009). To enable connectedness the nurse relates closely to the child and family's experiences, interpretation of events, challenges and needs and helps them to feel heard and understood. What is done with and for the child and family is

undertaken respectfully and with regard for their concerns. The effectiveness of this relationship can impact both positively and negatively upon the quality of the physical, psychological and emotional care provided by the nurse. The nature of the therapeutic relationship influences the ability of the nurse to provide high quality care which is co-ordinated around the needs and wishes of the child and family.

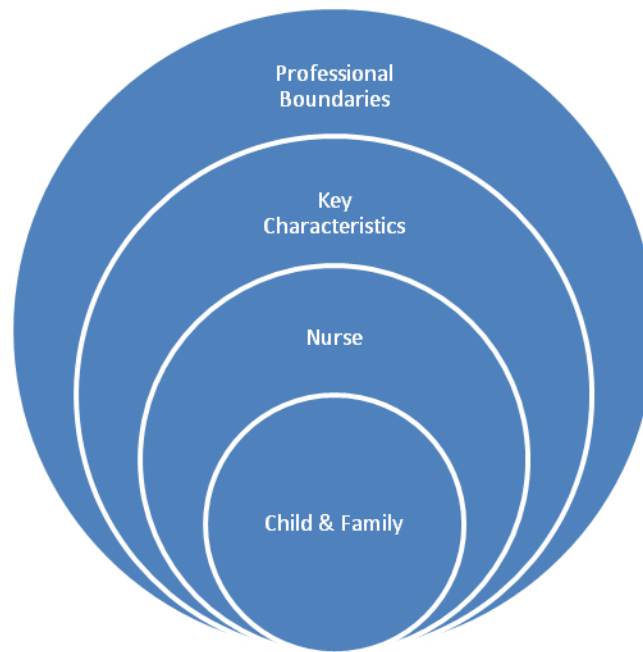
The nurse can strive to achieve a high degree of quality and rapport, by demonstrating genuine interest toward the child and the family with sensitivity to all aspects of verbal and non-verbal communication. These characteristics are paramount to the development of a trusting and collaborative therapeutic relationship. It is argued that the quality of the relationship between the nurse, child and family, is far more important than the use of any specific communication skills (Hough 2008).

Empathy, genuineness and a non-judgemental approach are key characteristics for the development of trust and rapport within relationships (Rogers 1951). Numerous strategies exist that nurses can access to develop their knowledge and skills in effective relationship building. For example, communication skills such as active listening, paraphrasing, summarising, reflecting and questioning are fundamental to the development of rapport and empathic therapeutic relationships (Hough 2008, Sanders 2011, Nelson-Jones 2012).

With maturity, the child increases understanding and autonomy, influencing involvement in personal care decisions (Coyne et al 2010). Children are often reliant upon adults to make decisions on their behalf as they may lack understanding of illness and treatments and this in turn creates challenges for nurses (Duderstadt 2014). The nurse must continuously monitor relationships with children and young people, recognising the child's undoubted vulnerability, whilst assessing and addressing all aspects of physical and emotional care. The National Service Framework for Children, Young People and Maternity Services (DoH 2004) advises that children and families should be respected and listened to in order to fully participate in care decisions. This advice is reiterated in the Compassion in Practice document (DoH 2012) with the introduction of the 6 Cs for nursing. The importance of communication and compassion in relationships cannot be underestimated and will assist nurses to ensure the adoption of the principle, "no decision about me without me" (DoH 2012).

Family centred care is a key concept in children's nursing, suggesting that children and families should consent and be actively involved in care decisions resulting in an agreed understanding between all stakeholders (Davies and Davies 2011). Children's nurses must recognise the child as a pivotal member within the family unit ensuring that the therapeutic relationship extends to parents and the wider family, thus embracing the principles of family centred care. Figure 1 provides a diagrammatic summary of aspects of the therapeutic relationship.

Figure 1 The therapeutic relationship



Key characteristics of an effective therapeutic relationship

Nurses must establish and maintain dynamic, reciprocal, therapeutic relationships, not only with the child but also their family. The NMC (2008) recognises this dynamic and advises nurses to be motivated to build trusting relationships with children, young people and their families. Factors that influence the development and maintenance of trust within these relationships include the child and family's previous experiences and familiarity with the care situation (Bach and Grant 2009).

Key elements suggested for an effective therapeutic relationship include trust, honesty, caring, support, empathy and respect for the client (Rose et al 2012). Ultimately the effectiveness of this relationship is the nurses' ability to communicate in a professional and caring manner. Nurses require an understanding, not only of the child's needs but also those of his family, as these are inextricably linked. Parents have a unique insight into their child's normal behaviour and they will recognise subtle signs of illness and distress (Chapman 2012).

In valuing such insights from the child's family, the nurse can build trust, demonstrate respect and empower families to be actively involved in their child's care. Thus, an adaptable approach by the nurse can enhance the care provided ensuring that the focus is always on the child and family being active participants of care rather than being passive recipients (Warner 2006). Collaboration with the child and family is essential in achieving agreed health outcomes. Acknowledgement of the family's role in decision and treatment choices is a crucial aspect of a professional therapeutic relationship and a method of ensuring a collaborative approach to care. Collaborative care requires a high degree of self-awareness from the nurse.

The concept of self-awareness has been well documented in nursing literature (Burnard 1998, Freshwater 2003) and is described as the ability of the nurse to monitor their effectiveness whilst simultaneously interacting with the patient. Reflection upon interpersonal skills within the therapeutic relationship is paramount to the provision of empathic and individualised care. The nurse must

demonstrate trustworthiness to the child and family, and this can be achieved by displaying professional attributes such as reliability, maintenance of confidentiality and accepting behaviours (Briggs 2006). The aim of the relationship should be to ensure that the child and family have a good understanding of factors that influence their health alongside the care required (Bach and Grant 2009).

Now do time out 1.

1	Characteristics of a therapeutic relationship
Time Out	<p>You are a newly qualified children’s nurse on a busy day case ward. James is a 7 year old child you are caring for during your shift. James has some learning difficulties and has limited hearing and eyesight. He communicates via a form of sign language. You discuss his care with his mother who is present on the ward and enquire how you can effectively communicate with James to determine his preferences. The mother praises your care and concern for her son to you and your mentor.</p> <ul style="list-style-type: none"> • What characteristics of the ‘therapeutic relationship’ can you identify in this example? • What characteristics of the therapeutic relationship have you established? • What communication skills have you demonstrated?

Nurses must develop the skills necessary to inspire trust and maintain a professional relationship with children of all ages and levels of emotional and psychological development. Compassion, conscience and commitment to the therapeutic relationship by the nurse should not demand or require reciprocation from the child and family (Hawes 2005). Caring and compassion are difficult to quantify and therefore the interpretation of caring compassionate behaviours can be subjective for the nurse and also the child and family (Davidson and Williams 2009) Nurses, along with children and their families can find the parameters of the therapeutic relationship vague, however it is the nurse who must guide the relationship towards a professional interaction based on the child’s care and needs (NMC 2008). This therapeutic relationship can be challenging for student nurses or newly qualified nurses to define and they must be guided by their tutors, mentors and peers (Shepherd 2013).

There have been numerous attempts to define a therapeutic relationship in the literature and several concepts are commonly suggested as requirements for the development of effective therapeutic relationships. Table 1 lists terminology that you may be familiar with. Take time out to access literature to develop your knowledge and understanding of each concept.

Now do Time Out 2

2	Describe the following terms and consider their importance to the therapeutic relationship	
Time Out	Key characteristic/skill	Description
	Rapport	
	Empathy	
	Trust	
	Advocacy	
	Emotional intelligence	

Professional boundaries and the therapeutic relationship

Care must be provided that addresses child and family needs within the boundaries of a professional therapeutic relationship (Reissland 2012). The NMC (2008) defines the professional boundaries for nurses that ensure that the care provided is delivered within the remit of professional registration. Professional boundaries are a vital aspect of an effective therapeutic relationship. A shared understanding between the children’s nurse, child and family of expectations within the relationship ensures that the roles of each individual remain clear (Sheldon and Foust 2014).

A positive therapeutic relationship is established upon a professional rather than social foundation. Responsibility for implementing and maintaining professional boundaries belongs explicitly to the nurse. Nurses need to be aware of the likelihood of emotional attachment to the child and family, recognising and monitoring thoughts, feelings and behaviours in a professional manner. Maintenance of a positive therapeutic relationship necessitates the nurse to be emotionally intelligent, by being mindful of personal thoughts and feelings. Reciprocal emotions from the child and family should be managed with care and sensitivity. Younger children may require physical touch, comfort and reassurance from the children’s nurse and this is acceptable in caring for the child. Privacy and dignity must be considered and social boundaries to touch should be recognised. Any concerns regarding physical contact or safeguarding should be discussed with senior colleagues. Accessing support from colleagues to discuss any relationship issues is highly recommended and forms a necessary element of a professional approach.

Roles and responsibilities of nurses working with children, young people and families in the development of effective therapeutic relationships

The NMC (2008) places the responsibility and accountability for the therapeutic relationship firmly with the nurse. The relationship has the child at the core and operates within boundaries that are subject to professional scrutiny. The relationship should be outcome driven and have clear roles and acceptable goals of care for all participants. Potential barriers to developing a therapeutic relationship such as the child's age and ability and the family's language and culture should be recognised and addressed by the nurse (Bach and Grant 2009).

A positive and rewarding experience for the nurse, child and family can be achieved when a culture of information sharing and therapeutic relationships are valued and fundamental to the care setting (Foster et al. 2013). The nurse must recognize and truly listen to the child's voice and avoid tokenism and the temptation to value the adult's views above those of the child (Dunhill et al 2009). The nurse should always attempt to fully engage children and young people in the decision making and care planning process.

Identifying and understanding the perspective of the child and family and factors that may influence participation in the therapeutic relationship should be recognized empathetically by the nurse. Acknowledgement of the child and family's perspective and a respectful non-judgmental approach can facilitate the development of mutually acceptable goals and favourable health outcomes (Bach and Grant 2009).

Misinterpretation of caring roles and responsibility for care may result in the family feeling overwhelmed or unsupported. Nurses may also feel undermined or devalued as the child and family's dependency upon them lessens. Discussing and agreeing roles and expectations with the child and family can mitigate negative perceptions and feelings and allow for open and honest dialogue. Achieving an effective relationship relies upon the nurse's ability to establish and maintain trust and engage with the child and family in a clear professional manner (NMC 2008).

Now do time out 3

3	Roles and Responsibilities
Time Out	<p>You are an experienced children's nurse on a general medical ward. You have looked after Karen (single mum) and Jack (age 3 years) repeatedly over the last year. Jack has complex care needs and Karen struggles to care for him. Following Jack's discharge from hospital, his mum has asked if you would be willing to baby sit on the odd occasion as she has no one to turn to and said it would make all the difference to how she feels she is coping. You feel really sorry for her, as you know not many babysitters would be able to manage a gastrostomy feed.</p> <ul style="list-style-type: none"> • What should you do and why? • What professional guidance could assist you to manage this situation appropriately?

Challenges in developing a therapeutic relationship

Developing and maintaining a positive therapeutic relationship may not always be straightforward. Challenges to the relationship process can occur at any time and may threaten its' effectiveness. Examples of challenges or barriers may include; ineffective communication; time pressures on nursing staff; stress and anxiety associated with the care environment or the child's condition; the child's age and level of cognition; dissonance between the child and family's perceptions and expectations and those of the professionals and previous experiences of care (Higgs et al, 2008).

Establishing positive therapeutic relationships can be challenging if the key elements of the relationship are not present or have been damaged. For example the development of trust is an essential component of an effective therapeutic relationship. Trust, however, can be affected if false reassurance is provided or concerns and questions from the child and family are not acknowledged or answered by the nurse (Sheldon and Foust 2014). Without trust, care will inevitably be compromised. When challenges present themselves and are not addressed with the child and family, problems may persist leading to deterioration in the nurse-patient relationship. Although a breakdown in the relationship may be unusual, it is often avoidable with early recognition of verbal and non-verbal cues from the child and family.

Now do Time out 4

4	Identifying challenges
Time Out	<p>Think of a child and family with whom you may have struggled to form a therapeutic relationship.</p> <ul style="list-style-type: none">• What were your thoughts and feelings about this relationship?• What challenges and/or barriers do you think affected the development of a positive therapeutic relationship?• Can you identify any strategies that may have helped you to improve the relationship?

An effective therapeutic relationship may take time to develop and nurture, unfortunately time can often be an issue in some clinical settings. In addition the nurses' lack of knowledge and competency may also be a factor, affecting their confidence to engage in a range of clinical situations (Davidson and Williams 2009). Whatever the nurses level of expertise, priority must be given to the development of therapeutic relationships. This requires embedded knowledge of philosophical and leadership theories in addition to time for nurses to access supportive systems such as clinical supervision.

Experiential learning supported by theoretical education with an opportunity to reflect and develop self-awareness can assist students and nurses to develop the skills and insights required for effective therapeutic relationships (Ferrari 2006). The children's nurse should be pro-active in recognising and addressing any barriers or challenges to the therapeutic relationship.

Depending upon the health to ill health continuum, the relationship may well fluctuate according to the level of the child's dependency and the family's need for information (Dunhill et al, 2009). Relationships between the child, family and nurse may sometimes be intense or strained, for example when a child's illness is at an acute stage or when negative information regarding diagnosis or prognosis is shared.

The 6 C's

The six Cs (care, compassion, competence, communication, courage, commitment) puts the patient at the centre of the therapeutic relationship and provides a framework of values and behaviours to guide the nurse (DoH 2012). Genuinely demonstrating care and compassion for the child and family and communicating effectively can positively influence the development of the therapeutic relationship (Sheldon and Foust 2014). Table 2 summarises how the 6C's encompass the key characteristics of the therapeutic relationship.

Patients should be recognised as partners in decision making and giving consent, not just as passive recipients of care (Goodman and Clemow 2008). For nurses this may involve acting as an advocate for the child ensuring their voice is heard (Buka 2008). Courage may be required by the nurse to challenge the establishment or organisation on the child's behalf which in turn demonstrates the nurses' a commitment to the child and their family.

In addition, nurses must maintain client confidentiality whilst remaining vigilant to issues of safeguarding, ensuring appropriate disclosure of information by the child that may raise concern (Dunhill et al 2009). Restrictions on information sharing and a focus on patient safety are of paramount importance and nurses must deal with these issues in an open and honest manner (NMC 2008). It is the duty of the nurse to ensure that she is familiar with safeguarding policies and procedures within her clinical context.

Now do time out 5

5	Revisit your understanding of the 6 Cs
Time out	<p>Care, Compassion, Competence, Communication, Courage and Commitment (DoH 2012).</p> <p>Consider how each of these affect the relationships you establish with children and families in your care.</p> <p>Identify examples of how each of the 6 Cs can be demonstrated in a therapeutic relationship</p>

Table 2. Read this table to clarify your understanding of how the 6C's encompass the key characteristics of the therapeutic relationship.

Table 2	The 6 C's
	Key characteristics demonstrated by the children's nurse in the therapeutic relationship
Care	Demonstration of consideration and respect for the child and family's wellbeing and anticipate their needs. Negotiation and agreement of purposeful and strategic goals that will define the parameters and expectations of the therapeutic relationship. Trust needs to be established early in the relationship.
Commitment	Consultation and information-giving to ensure that the child and family are empowered in their care. A non –judgemental approach should be evident.
Compassion	The ability to empathise, conveying an understanding of the perspective of the child and family should be apparent. Demonstration of positive regard and genuineness.
Courage	Advocacy for the child and family that empowers them through engagement and education. The ability to raise concerns when necessary e.g. safeguarding issues.
Competence	Contemporary evidence-based knowledge and application to clinical practice is necessary to the delivery of optimal care for the child and family. Maintenance of an accountable, professional relationship with appropriate

	boundaries whereby the child and family remain the focus.
Communication	Communicate with children recognising the variable needs of children in relation to age, development and ability. Creating rapport enables trust to be established. Record-keeping is a professional requirement but also communicates caring episodes.

Conclusion

Therapeutic relationships are of paramount importance to establish collaborative care for the child and the family. The children's nurse has the responsibility to establish this relationship with both the child and the family and ensure the child is empowered within the family unit. The relationship and communication skills required by the nurse must address the needs and understanding of all ages and stages of development of the child. The children's nurse will guide the child and family in the professional relationship and will ensure an effective and mutually acceptable conclusion and end to the relationship.

This article has discussed the importance of the development of an effective therapeutic relationship between the nurse, the child and his family. Activities have been included to encourage reflection upon the skills and knowledge required that assist in the development and maintenance of positive therapeutic relationships. The importance of adherence to professional boundary guidance from the Nursing regulatory body has been emphasised. Challenges and barriers that nurses may face have been discussed with suggestions as to how these could be addressed. Several concepts have been introduced that the novice nurse is encouraged to investigate further in order to develop their knowledge and understanding.

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