Therapeutic Relationship of Staff Nurses with Medical Patients: Basis for In-Service Training Program

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Abstract **- Originally highlighted in the psychiatric nursing literature, the therapeutic relationship has been recognized as fundamental to all nursing practice[15,16,18]However, the researcher found out during his clinical duties that seldom the therapeutic relationship was established because of nurses' heavy workload. This captured the researcher's interest to help nurses develop their skills in establishing therapeutic relationship. Descriptive-correlational design was used with questionnaire as data gathering tool. This study was conducted in the general wards of four private tertiary hospitals in Cabanatuan City and participated by 129 staff nurses and 331 medical patients with the use of total enumeration and quota sampling techniques, respectively. Data gathered were treated statistically to determine the socio-demographic profile of staff nurses and to describe the therapeutic relationship established by staff nurses.**

Results revealed that staff nurses "*Always*" performed the roles pertaining to building trust, genuine interest, conveying acceptance, giving positive regard, self-awareness, and therapeutic use of self as perceived by both groups of respondents. Only in items pertaining to showing empathy did the two groups had difference in description. Moreover, there was significant difference between nurses' and medical patients' descriptions on the therapeutic relationship being rendered. A significant difference also exists among patients' description when they are grouped according to hospitals where they work.

As recommendation, the researcher was able to develop an intensive in-service training program that addressed the weaknesses and problems identified in various aspects of therapeutic relationship.

Keywords **- ethico-moral values, interpersonal relations, nursing process, positive attitude, professional boundaries, rapport, therapeutic communication.**

I. Introduction

A large body of literature exists on the nurse-client and therapeutic relationship. In nursing, the therapeutic relationship is called many things: a helping relationship, a purposeful relationship, and the nurse-client relationship. All rest in the notion that effective nursing care is dependent on the nurse coming to know his/her client and engaging in a relationship with that client.

Most psychiatric nursing literatures put emphasis on the importance of therapeutic relationship towards a more effective and more efficient nursing care delivery system. As a matter of fact, its importance in the nursing profession is widely acknowledged by a number of key nursing theorists, most notably, Orlando, Peplau, Sundeen, Rankin, and Cohen. Further, various nursing organizations such as the Canadian Nurses Association and the College of Ontario have also identified the therapeutic relationship or helping relationship, as a central piece of nursing care and have embedded qualities of the nurse-client relationship in many of the statements on practice. The essential qualities of the therapeutic relationship include respect, empathy and validation. Many articles have focused on the central importance of empathy in nursing, and research has attempted to capture the particular qualities of empathy in nursing practice. Some may have looked more specifically at the phases and qualities of the therapeutic relationship as defined by Peplau, considering both the nurse and the client perspective in his/her experience of the relationship.[2]

The therapeutic relationship has been identified as an essential component of nursing since the seminal works of Peplau (1952) and Tudor (2008). Much of the literature has focused on the elements of the relationship process: the qualities of the relationship; the sequencing of the process; the impediments to the process; and the outcomes of the process. Because of the focus on complexity of this process, there are few clinical trials or studies using randomized samples, to date.

The qualities of the therapeutic relationship include: active listening, trust, respect, genuineness, empathy, and responding to client concerns. Most research has focused on the quality of empathy. Studies of nurse empathy indicate that empathy is highly valued by nurses and clients. [17] Recent nursing research has investigated the process of the therapeutic relationship. Forchuk (2000) and others have validated Peplau's (1952/1988) phases of the therapeutic relationship (orientation, working, resolution), and discovered that some relationships go through a series of phases that are non-therapeutic (orientation, grappling and struggling, mutual-

DOI: 10.5176/2345-718X_1.2.29

withdrawal). It also shows that the interpersonal style of the client can affect the quality of the relationship.[9]

II. BACKGROUND

Recent health care organizational restructuring has resulted in the removal of significant contextual or organizational elements that support the manifestation of therapeutic relationships. Restructuring has had many impacts such as lower number of professional nurses to patients, replacement of professional with non-regulated health providers, increasing casual and part-time nurses, and decreased support mechanisms such as nurse educators and nurse managers. These impacts have resulted in decreased patient and nurse satisfaction, emotional burnout, increased length of stay, and decreased quality of care as seen in outcomes such as functional independence, pain, social functioning and patient satisfaction. In a more realistic sense, the importance of having therapeutic relationship with the patients is indeed an imperative for all staff nurses working in the clinical practice. However, the researcher found out during his clinical duties in the hospitals that seldom that therapeutic relationship was established between the nurses and the patients because of the heavy workload of the latter, more particularly those who were working in the tertiary hospitals. Moreover, he observed that most of them, if not all, had limited focus in communication with the patients which is very fundamental in building therapeutic relationship, instead, they utilized most of their time to doing the documentation of care provided and the provisions of dependent nursing actions such as administration of medications.

III. OBJECTIVES OF THE STUDY

With the researcher's personal experience on the decreased quality of nurses' use of therapeutic relationship with their patients, this study was fulfilled to determine the quality of nurses' use of therapeutic relationship with the medical patients with the goal of creating an In-Service Training Program to improve the quality of patient care by providing appropriate recommendations to further the quality of nurse-patient relationship. To confirm and validate the responses of staff nurses, medical patients' perception of the extent of use of the therapeutic relationship in terms of building trust, showing genuine interest, showing empathy, conveying acceptance, giving positive regard, self-awareness, and therapeutic use of self were included. Moreover, significant difference in the description of the two groups of respondents in their therapeutic relationship, and the significant difference in staff nurses' therapeutic relationship with medical patients in four private tertiary hospitals in Cabanatuan City were answered.

IV. METHOD OF RESEARCH

The descriptive type of research was used in accomplishing this manuscript which is a fact-finding study with adequate and accurate interpretation of data.

All staff nurses (n=129) working in the general wards of the four private hospitals were considered as the primary sources of data, thus total enumeration technique was employed. For medical patient-respondents, the researcher utilized the numbers of beds allotted for medical cases in the four hospitals as basis for the number of medical patient-respondents (n=331), thus the quota sampling technique. All medical patients confined in the general wards from November 25, 2012 to December 15, 2012 as long as their condition permits were included in the study.

The fundamental tool used in gathering the data was questionnaire with items answerable by a four-point Likert scale from 1 (Strongly Disagree) to 4 (Strongly Agree). The questionnaire was composed of well-structured statements to provide all the necessary data about the problems presented to accomplish the objectives set by the researcher. The items integrated in the questionnaire were the results of researcher's readings of related materials and research studies. The 60-item instrument was tested for its reliability at Dr. Paulino J. Garcia Memorial Research and Medical Center with the use of Cronbach's Alpha and revealed 71.06% and 87.71% reliability for staff nurses' and patients' questionnaire respectively.

Prior to actual data collection, the researcher requested permission from the authorities of private tertiary hospitals in Cabanatuan City. The data collection phase was covered between 25th of November to 15th of December 2012 where the researcher made himself available for all of the respondents to ensure that the latter's clarifications were properly attended. Finally, ethical principles like informed consent, respect for human dignity**,** justice and fairness, anonymity, and confidentiality were observed at all times during the entire run of the study.

After all questionnaires have been retrieved, the researcher summarized and analyzed the responses of the two groups of respondents using various statistical treatments like frequency distribution, percent, averaged mean, ranking, Pearson Product Moment Correlation, Z-test, and analysis of variance (ANOVA).

V. RESULTS

From the responses 129 staff nurses and 331 medical patients who took part in the study, it revealed in Table I that staff nurses' perception (x=3.72) of their therapeutic relationship did not differ greatly from that of medical patient-respondents (x=3.34). However, great discrepancy was noted on the responses of staff nurses and medical patients on the items pertaining to showing empathy (x=3.61 and x=3.20 respectively).

Moreover, Table II determine further any significant difference in the description of the two groups of respondents

using Z-test set at 0.01 level of significance. It revealed a Z-stat value of 9.70 indicating high level of significant difference.

Additionally, using analysis of variance (ANOVA) set at 0.01 level of significance, Table III shows that significant difference (F=6.68559) also exists in the extent of therapeutic relationship of staff nurses with medical patients when respondents are grouped according to their hospital affiliations.

TABLE I
MEAN RATINGS OF THE THERAPEUTIC RELATIONSHIP OF STAFF NURSES WITH MEDICAL PATIENTS

No.	ITEMS	Nurses	Patients
1	***Building Trust***	**3.78**	**3.52**
1.1.	The patient believes the health information I provide.	3.64	3.59
1.2.	I provide nonthreatening interpersonal climate so that patients will feel comfortable at all times.	3.86	3.48
1.3.	I let the patient feel that he or she can depend on me.	3.68	3.26
1.4.	I perform thorough and correct assessment of the client.	3.71	3.56
1.5.	I and my patient know that trust is the foundation that would determine the future of nurse-patient relationship.	3.75	3.51
1.6.	I provide warmth and respect to my patient to gain his or her trust.	3.88	3.68
1.7.	I convey understanding of my patient's points of view.	3.79	3.53
1.8.	I am caring, friendly, always available, a good listener, and always smile to my patient.	3.82	3.57
1.9.	I provide my patient with privacy and confidentiality.	3.88	3.52
1.10.	I provide my patient of assurance about the quality of care that he or she is about to receive from me.	3.75	3.52
2.	***Showing Genuine Interest***	**3.74**	**3.26**
2.1.	I display emotional support, understanding and respect to my patient through nonverbal communication.	3.73	3.59
2.2.	I use humor to lighten up the emotional burden of my patient.	3.70	3.48
2.3.	I provide my patient with open communication to let him or her talk about his or her feelings.	3.73	3.26
2.4.	I ensure that my patient perceives that I am honest to him or her at all times.	3.88	3.56
2.5.	I am calm and patient to my patients.	3.78	3.51
2.6.	I show concern and interest to what my patient is saying.	3.87	3.68
2.7.	I share some of my personal experiences with my patient to help him or her increase self-esteem.	3.50	3.53
2.8.	I help my patient feels that I can relate to their problems.	3.64	3.57
2.9.	I do my nursing care the best way that I can and always avoid mistakes in rendering nursing procedures.	3.88	3.52
2.10.	I fill out expressed needs of my patient.	3.71	3.52
3.	**Showing Empathy**	**3.61**	**3.20**
3.1.	I can see and feel my client's world.	3.35	3.05
3.2.	I explore the real meaning of my patient's life situations.	3.58	3.34
3.3.	I attend to the subjective experience of my patient.	3.53	3.10
3.4.	I validate that my understanding of my patient's life situations is the accurate reflection of his or her experience.	3.62	3.28
3.5.	I develop and convey a deep and non-judgmental understanding of my patient's experience.	3.68	3.35
3.6.	I let my patient feel that he or she is understood by me.	3.65	3.33
3.7.	I provide feedback to my patient's relayed messages.	3.70	3.15
3.8.	I take time to ask my patient how he was and how he was doing.	3.76	3.16
3.9.	I see that my patient's situation is a unique one that I may experience too at some point.	3.60	3.08
3.10.	I increase my patient's satisfaction by creating a mutual relationship, that is when I and my patient had approximately the same explanation and understanding of my patient's situations as my patient had himself.	3.59	3.15
4.	**Conveying Acceptance**	**3.72**	**3.30**
4.1.	I do not respond negatively to my patient's outburst, anger or acting out.	3.74	3.06
4.2.	I avoid judging my patient no matter what his or her behavior is.	3.67	3.26
4.3.	I let my patient feels that he or she is worthy of every single effort.	3.82	3.23
4.4.	I set boundaries for behavior in the nurse-client relationship.	3.82	3.31
4.5.	I am clear and firm without anger or judgment towards my patient.	3.71	3.36
4.6.	I let my patient feel intact while I convey to my patient that his certain behavior is unacceptable.	3.61	3.20
4.7.	I never leave my patient whenever he or she needs me.	3.59	3.35
4.8.	I do not threat my patient.	3.75	3.41
4.9.	I avoid inappropriate response towards my patient's behavior.	3.72	3.35
4.10.	I do not punish my patient for his or her inappropriate behavior.	3.77	3.43
5.	**Giving Positive Regard**	**3.70**	**3.38**
5.1.	I appreciate my patient as a unique, worthwhile human being.	3.78	3.44
5.2.	I provide my patient with unconditional, nonjudgmental attitude, and respect.	3.75	3.38
5.3.	I call my patient by his or her name.	3.54	3.27
5.4.	I spend time with my patient to listen and to respond therapeutically.	3.76	3.32
5.5.	I consider my patient's ideas and preferences when planning care.	3.60	3.47
5.6.	I let my patient feel that I believe to his or her ability to make positive and meaningful contributions to his or her own plan of care.	3.64	3.42
5.7.	I let my patient feel that he or she is receiving full attention through my use of verbal and nonverbal communication skills.	3.69	3.28
5.8.	I provide an atmosphere of presence to my patient.	3.74	3.39
5.9.	I avoid communicating value judgments about my patient's behaviour.	3.72	3.42
5.10.	I avoid communicating negative opinions.	3.74	3.41
6.	**Self-Awareness**	**3.69**	**3.36**
6.1.	I reflect on my own thoughts before putting them into actions.	3.63	3.46
6.2.	I recognize my emotional weaknesses and prevent them from destructing me to give quality nursing care.	3.64	3.41
6.3.	I understand the consequences of my actions and inactions pertaining to giving nursing care.	3.78	3.43
6.4.	I can realize my attitude that can impede with the development of therapeutic process with my patient.	3.74	3.35

6.5.	I counteract the effect of my attitude and values to the quality of my nursing care.	3.66	3.15
7.	**Therapeutic Use of Self**	**3.77**	**3.33**
7.1.	I have the knowledge on my patient's presenting issues.	3.78	3.41
7.2.	I have the ability to engage genuinely and professionally with my patient.	3.84	3.41
7.3.	I know that I have to put my patient's needs first before my personal needs.	3.80	3.39
7.4.	I know my strengths and limitations when confronting client dynamics.	3.78	3.37
7.5.	I share my personal point of view and experiences with my patient.	3.67	3.08
	OVERALL AVERAGED MEAN	**3.72**	**3.34**

TABLE II
Z-TEST OF THE DESCRIPTION OF THE TWO GROUPS OF RESPONDENTS IN THEIR THERAPEUTIC RELATIONSHIP

Z-test (TR)	***Staff Nurses***	***Patients***
Mean	3.7120	3.3342
Variance	0.0801	0.2969
n (number of respondents)	129	331
Z-stat	**9.70****	

**Difference is Significant at 0.01 Level

TABLE III
F-TEST OF THERAPEUTIC RELATIONSHIP WITH MEDICAL PATIENTS IN THE FOUR PRIVATE TERTIARY HOSPITALS IN CABANATUAN CITY

Source of Variation	***SS***	***df***	***MS***	***F***
Between Groups	1.417173	3	0.472391	**6.68559****
Within Groups	8.832259	125	0.070658	
Total	**10.24943**	**128**		

** Difference is Significant at 0.01 Level

VI. DISCUSSION

Results revealed that various components of therapeutic relationship of staff nurses with medical patients were always observed in the nurse-patient interactions in the four private hospitals in Cabanatuan City.

In building trust with the patients, staff nurses constantly remembered the importance of warmth and respect to gain the former's trust. In fact, Harrow (2008) mentioned that warmth and respect are everyday words, used to mean something very close to their common-sense meanings. That is why some of the older counseling literature refers to warmth as "unconditional positive regard which means that staff nurses were not being judgmental and controlling of their patients regardless of the severity of their cases. Having respect and warmth in the relationship of staff nurses and their patients only means further that there could be easier working relationship between the patient and the nurse, thus better delivery of nursing care management to achieve the best possible health of the patient could be instituted. In comparison, medical patients' responses indicated that staff nurses scored higher than the latter. As to the former's perception, it can be safely implied that there was a mutual perception between the two groups of respondents. In contrary, the findings show that staff nurses' dependability could have been deficient. It was further supported by the fact that medical patients perceived it as the least among the items asked. If not done the right way, it could be said that the recipients of nursing care would find a hard time trusting the staff nurses making the relationship more difficult, thus creating some barriers that could hinder their working relationship leading to less responsive nursing care.

As to showing genuine interest, staff nurses include honesty as a very important part in the creation of therapeutic relationship with their patients. Davidhizar (2002) mentioned that in the process of delivering patient care, nurses are constantly faced with choices of actions that can be either honest or dishonest and to err and to not set the record straight is dishonest and leads to lack of self-respect, lack of respect from others, lack of trust from patients and co-workers, lack of credibility, patient harm, and occasionally to lawsuits which means that staff nurses. With these at hand, it can be implied that staff nurses were knowledgeable of the importance of honesty and consequences of dishonesty. In comparison, in medical patients' perspectives, staff nurses were perceived to be calm when dealing with them. According to Hawkins, et al. (2012) most people could find more space for calm in their lives, for those moments of being able to stand back and assess what is happening around them with a mind that is settled, patient, graceful and wise. This means that staff nurses were knowledgeable enough to see the holistic sense of a given situation which enables them to determine to themselves what they can do and cannot do for the patient. In contrary to the description of staff nurses with that of the medical patients, the latter showed that it was not at all times that humor was employed by the former in their interactions. This means that staff nurses do need to improve their skills in using their humor.

In terms of showing empathy, staff nurses always greet their patients. Wilhelm (2012) mentioned that when greeting someone warmly and focus on them with undivided attention the conversation will most likely reflect that warmness, unless does it otherwise. Comparatively, medical patients' revealed that staff nurses always understand them which is a vital element in the development of a therapeutic relationship in psychiatric health nursing as mentioned by Ahern & Dziopa (2009). In contrary, the two groups of respondents' perception on providing feedback in communication contradicted. This means that sometimes there was lack of feedback by staff nurses to the echoed needs of the patients themselves. Moreover, this only means that sometimes staff nurses were lost of their track if they sometimes omit the verbalized needs of their patients.

In conveying acceptance, staff nurses indicated that most of the time they set boundaries for behavior in their nurse-client relationship. According to the National Council of State Boards of Nursing (2011), a zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. It can be implied that staff nurses were maintaining their professional boundaries with their medical patients by keeping a zone of helpfulness instead of over-involvement or under-involvement. This further means

that staff nurses were able to maintain their professional integrity and finds their patients interested enough to warrant their quality services by attending fully to the latter's expressed needs. On the other hand, medical patients said that staff nurses never punish them for their inappropriate behavior. Negative punishment is an important concept in Skinner's theory of operant conditioning.[13] This means that staff nurses not employing behavioral conditioning by means of punishing them. This also indicates that the respondents, more particularly the staff nurses, that they have deeper understanding of each other's role in the therapeutic relationship, thus the needs for such an act was negated. In contrary, the two groups of respondents did not agree on each other on item pertaining to staff nurses reacting negatively to the patients' outburst, anger, or acting out.

Meanwhile, in terms of giving positive regard, staff nurses said that they always appreciate their individual patient as unique and worthwhile human being. According to Buck & VanLear (2002), personality is what makes a person unique and that its development results to organized pattern of behaviors and attitudes that makes a person distinctive. This means that staff nurses recognized the different personalities of their medical patients which could make their nursing care more personalized and most relevant to a specific personality type. On the other hand, medical patients said that the nurse considers their ideas and preferences when planning care. King's Goal Attainment Theory said goals of nursing care are formulated uniquely for every patient by mutual understanding between the patient and the nurse. [15] This means that staff nurses, as perceived by the medical patients, always considered the patients when planning the care to be given by giving the latter with ample amount of information needed so that they would be able to decide on their full knowledge pertaining to their health care. In the contrary, it was greatly disagreed by the two groups of respondents that staff nurses spend time to listen and respond therapeutically to the patients' needs. Active listening is a way of listening and responding to another person that improves mutual understanding.[21] It means that if staff nurses were not active listeners, it could compromise the therapeutic relationship since the staff nurses may not be able to interpret correctly the verbalized needs of the patients.

As to self-awareness, staff nurses revealed that they constantly understand the consequences of their actions and inactions pertaining to giving nursing care. According to Black (2003), negligence means doing of something which a reasonably prudent person would not do, or the failure to do something which a reasonably prudent person would do, under circumstances similar to those shown by the evidence. It means that staff nurses were performing all the nursing standards in order to best help the patients and to steer clear of committing harm not only to themselves but most especially to their patients. This then creates an awareness among staff nurses the importance of keeping abreast with the latest trends and development in nursing practice. Consequently, medical patients reveal that nurses always reflect on their own thoughts before putting them into actions. This means that medical patients believed that staff nurses were using reflective thinking before they perform something onto them. This could mean also that medical patients assumed that staff nurses were able to grasp the real essence of their experience and were knowledgeable enough to decide and to provide to them the most appropriate nursing actions to meet their mutual goals. In contrast, both groups of respondents disagreed that staff nurses counteract the effect of their attitude and values to the quality of their nursing care. If staff nurses were not performing self-affirmation before they deal with their medical patients, it could result to a lot of problems that can hinder quality nursing care. Additionally, negative perceptions about themselves could be detrimental to their self trust and respect which in turn could affect their attitude towards their work.

As to therapeutic use of self, staff nurses said that they have the ability to engage genuinely and professionally with their patient. The core values that are expected and appreciated in nurses are responsibility, honesty, integrity, belief in human dignity, patient equality, and the desire to prevent and alleviate suffering. A nurse's professionalism is judged based on personal behaviors, appearance, presentation, and so on.[2] This means that staff nurses had the ability to project a genuine and professional dealings with their medical patients which only means that they venture to look and to be perceived as professionals. Moreover, it can be implied that staff nurses assumed themselves to be honest individuals which could create a more trusting relationship with the patient. Meanwhile, the medical patients revealed that staff nurses have knowledge on their presenting issues. According to Arnold & Boggs (2003), assessment is an identification by a nurse of the needs, preferences, and abilities of a patient and is extremely important because it provides the scientific basis for a complete nursing care plan. It means that staff nurses were perceived by medical patients as knowledgeable in assessing their holistic conditions, their subjective and objective situations, allowing staff nurses to have scientific basis for the construction of an effective nursing care plan. In the contrary, staff nurses and medical patients disagreed the most that the former share their personal point of view and experiences with the latter. It means that staff nurses, as to the medical patients' perception, were not always violating the boundaries in their therapeutic relationship. However, it only means that there really was a need for the immediate attention in the concerned action.

It was also found out that staff nurses have higher description of the variables under study than the description of the medical patients. The difference in the responses of the two groups of respondents can be attributed greatly to the difference in their roles as nurses and medical patients. Various factors could actually explain the existence of difference including their educational attainment, age, gender, civil status, and the likes.

Additionally, a significant difference exist among the description of the respondents when they are grouped according to the private tertiary hospitals where they work. It shows that staff nurses in Hospital A performed best in establishing therapeutic relationship with the medical patients

while staff nurses in Hospital D tend to have the least quality of therapeutic relationship with medical patients.

VII. CONCLUSION

This study provided useful information on therapeutic relationship of staff nurses with medical patients. Generally, it can be concluded that therapeutic relationship is always observed and implemented by staff nurses of the four private tertiary hospitals in Cabanatuan City. The two groups of respondents' perception of the concerned matter, by far, differ slightly in all of the variables considered except in showing empathy where a great discrepancy was noted. It can be concluded further that the therapeutic relationship differ greatly in the four private tertiary hospitals with Hospital A's staff nurses as the best in establishing therapeutic relationship and Hospital D as the least.

The study highlighted the weak points in establishing therapeutic relationship with medical patients which could be improved and strengthened through a especially-designed in-service training program. It was recommended that hospital administrators considered the following topics in their training program: Dependability in Nursing, Safe Interpersonal Environment, The Importance of Humor, Professional Boundaries, The Communication Process, Understanding Patient Outburst and Anger, The Power of Active Listening, Verbal Communication versus Non-Verbal Communication, Work Attitude, Reflective Thinking, and Holistic Patient Assessment.

REFERENCES

[1] Ahern, K., Dziopa, F. (2009). What makes a quality therapeutic relationship in psychiatric/mental health nursing: a review of the research literature. Retrieved from http://www.ispub.com/journal/the-internet-journal-of-advanced-nursing-practice/volume-10-number1/what ma kes-a-quality-therapeutic-relationship-inpsychiatric-mental-health-nursing-a-review-of-theresearchiterature.html#sthash .uRPRGq3F.dpbs on December 27, 2012.

[2] Aiken, L.H. (2001). Evidence-based management: Key to hospital workforce stability. *The Journal of Health Administration Education*, (Special Issue),116-124. Retrieved from http://www.rnao.org/Storage /15/936_BPG_T R_Rev06.pdf on October 16, 2012.

[3] Arnold, E., Boggs, K. (2003) *Interpersonal Relationships: Professional Communication Skills for Nurses*. 4th Edition. Elsevier.

[4] Black HC. (2003). *Black's Law Dictionary*. 9th ed. St. Paul, Minn: West Publishing Company.

[5] Buck, R., VanLear, C. A. (2002). Verbal and Nonverbal Communication: Distinguishing symbolic, spontaneous, and pseudo spontaneous nonverbal behavior. *Journal of International Communication Association.*

[6] Canadian Nurses Association. (June, 2004). *A definition of nursing practice and standards of nursing practice*, Ottawa: Canadian Nurses Association. Retrieved from http://www.rnao.org/Storage/15/936 _BPG_TR_Rev06.pdf on October 16, 2012.

[7] College of Nurses of Ontario. (2005). *Standard for the therapeutic nurse-client relationship and registered nurses and registered practical nurses in Ontario*. Ontario: College of Nurses of Ontario. Retrieved from http://www .rnao.org/Storage/15/936_BPG_TR_Rev06.pdf. on October 16, 2012.

[8] Davidhizar, R. (2002). Honest: the best policy in nursing practice. Retrieved from http://www.ncbi.nlm.nih.gov/ pubmed/1736421 on December 27, 2012.

[9] Forchuk, C., Westwell, J., Martin, M., Azzapardi, W.B, Kosterewa-Tolman, D. & Hux, M. (2000). The developing nurse-client relationship: Nurses' perspectives. *Journal of American Psychiatric Nurses Association, 6*(1), 3-10. Retrieved from http://www.rnao.org/Storage /15/936_BPG_TR_Rev06.pdf on October 16, 2012.

[10] Gallop, R., Lancee, W. & Garfinkel, P. (2007). The empathic process and its mediators: A heuristic model. *The Journal of Nervous and Mental Disease, 178*(10), 649-654. Retrieved from http://www .rnao.org/Storage/15/ 936_BPG_TR_Rev06.pdf on October 16, 2012.

[11] Harrow, J. (2008). Warmth and respect: the polarity of counseling. Retrieved from http://proteuscoven.com/counsel/warm.htm on December 18, 2012.

[12] Hawkins, J., et. al. (2012).How to be calm. Retrieved from http://www.wikihow.com/Be-Calm on December 27, 2012.

[13] Hockenbury, D., & Hockenbury, S. E. (2007). *Discovering Psychology.* New York, NY: Worth Publishers.

[14] National Council of State Boards of Nursing. (2011). *Professional boundaries: a nurse' guide to the importance of appropriate professional boundaries.* 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277 USA.

[15] Octaviano., E., Balita, C. (2008). *Theoretical foundations in nursing: the Philippine perspective*. 2008 edition. Ultimate Learning Series.

[16] Orlando, I. J. (1961*). The dynamic nurse-patient relationship: Function, process and principles*. New York: Putnam.

[17] Peplau, H. E. (1952). *Interpersonal relations in nursing*. New York: G. P. Putnam & Sons. Retrieved from http://www.rnao.org/Storage/15/ 936_BPG_TR_Rev06.pdf on October 16, 2012.

[18] Reynolds, W. (2008). *The measurement and development of empathy in nursing*. Aldershot, England: Ashgate Publishing. Retrieved from http://www.rnao.org/ Storage /15/936_BPG_TR_Rev06.pdf on October 16, 2012.

[19] Sundeen, S.J., Stuart, G.W., Rankin, E.A., & Cohen, S.A. (2003*). Nurse-client interaction* (4th ed). Toronto, Ontario: C. V. Mosby. Retrieved from http://www.rn ao.org/Storage/15/936_BPG_TR_Rev06 .pdf on October 16, 2012.

[20] Tudor, G. E. (2008). A sociopsychiatric nursing approach to intervention in a problem of mutual withdrawal on a mental hospital ward. *Perspectives in Psychiatric Care, 8*(1), 11-35. Retrieved from http://www.rnao.org/Storage /15/936_BPG_ TR_Rev06.pdf on October 16, 2012.

[21] University of Colorado. (2012). International online training program on intractable conflict. Retrieved from http://www.colorado.edu/conflict/ peace/treatment/ activel.htm on January 16, 2013.

[22] Videbeck, Shiela L (2003). *Psychiatric Mental Health Nursing 2nd Edition.* (Singapore: Pearson Education South East Asia Pte. Ltd), pp. 81-83, 1534, 1554.

[23] Wilhem, L. (2012). The importance of greeting others in the first 90 seconds. Retrieved from http://www.expressy ourselftosuccess.com/the-importance-of-greeting-others-in-the-first-90-seconds/ on December 27, 2012.

Norvin Tulagan Miguel was born in the municipality of Talavera, Nueva Ecija in the Philippines on the 9th of December 1987. Having been passionate in achieving remarkable success, Miguel managed to earn his degree on Doctor of Philosophy major in Industrial Psychology (2013) at the very young age of only 25 years from Eulogio "Amang" Rodriguez Institute of Science and Technology in Manila in its educational partnership with La Fortuna College in Cabanatuan City. Before this notable achievement, Miguel was a proud alumnus of Wesleyan University-Philippines where he earned both his Master of Arts in Nursing (2010) and Bachelor of Science in Nursing (2008) where he was awarded Cum Laude for the latter degree.

While strongly believing in the importance of research in the field of nursing profession, he has devoted himself with the provisions of quality nursing care by working as a staff nurse for more than six years in Eduardo L. Joson Memorial Hospital, a secondary hospital in Cabanatuan City and as a Clinical Instructor in the College of Nursing and an invited member of research panel in the Graduate School of Wesleyan University-Philippines.

However, his love and passion for research is impeccable for he was invited for a number of oral research presentations, both in local and in international conferences, for various researches that he has conducted.

Dr. Miguel is presently elected as the President of Philippine Nursing Research Society, Inc. (PNRSI)- Nueva Ecija Cell, a specialty group under the umbrella of the Philippine Nurses Association (PNA) that promotes research endeavors in various fields of nursing practices-*education, public health, and clinical*. With this opportunity that he has in the field of research, he has involved himself in the introduction of evidence-based nursing practices in his area of management. Further, Dr. Miguel was also entrusted by the Beta Nu Delta Nursing Society to oversee its functions in Central Luzon by designating him as the Coordinator of the region.