



Generating therapeutic spaces to improve the nurse-patient relationship in mental health inpatient units: The Reserved Therapeutic Space

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Person-centered care is not just an approach but a philosophy that recognizes the uniqueness of each individual and the importance of actively involving the patient in their own care (McCormack & McCance, 2016). In this context, the therapeutic nurse-patient relationship becomes crucially relevant. In mental health units, for both patients and nurses, the therapeutic relationship consists of a meaningful interaction where a therapeutic alliance is established based on the trust established between both parties, which aims to help the patient develop and improve their well-being (Moreno-Poyato et al., 2016). The therapeutic relationship connects the patient's experience with the nurses' expertise. For this, the empathic attitude, authenticity, and acceptance of the nurse are essential elements in establishing an environment of trust that allows the patient to express their thoughts and feelings without fear of judgement. In this sense, the therapeutic relationship is not only a technique to achieve clinical goals; it is also a catalyst for patient autonomy and active participation in decision-making regarding their treatment. Consequently, this nurse-patient connection aligns perfectly with the fundamental principles of person-centred care, consolidating an approach that respects and values the dignity of the individual.

Despite the importance attributed to the therapeutic relationship, nursing practice faces several constraints that may hinder the development of this much-needed connection.



Care dynamics, lack of time, workload, and staff rotations have been identified as significant barriers to establishing and maintaining a good rapport in daily clinical practice. Traditional training often focuses on technical rather than interpersonal skills. Nurses may not have adequate tools to effectively manage the complexity associated with mental health care. Consequently, the burden of care may transform the nurse-patient relationship into an aspect that is perceived as a luxury rather than an essential component of care. Evidence also points to environmental factors such as unit regulations and, above all, a lack of adequate space (Tolosa-Merlos et al., 2023).

In recent years, from different theoretical approaches and with different methodological approaches, attempts have been made to implement interventions to improve the therapeutic relationship in mental health nursing. Group strategies have been used in the form of clinical sessions for staff to discuss patients' cases and the creation of spaces for joint activities in the unit, either in individual or group sessions, facilitating a significant commitment between nurses and patients, as in the case of Protected Engagement Time (PET) in the United Kingdom (Nolan et al., 2016) or Time Together (TT) in Sweden (Molin et al., 2019). However, it is difficult to assess the impact of interventions because of the complexity of both the design and measurement of outcomes (Hartley et al., 2020). The literature points to the need to establish optimal conditions that ensure protected spaces that promote quality therapeutic interactions between nurses and patients (Molin et al., 2019; Moreno-Poyato et al., 2018). In this context, the creation of environments conducive to dialogue and understanding emerges as an imperative need for mental healthcare. Therapeutic spaces facilitate the expression of emotions and thoughts by patients, thus contributing to the recovery process. The nurse must be attentive beyond the clinic to the concerns and needs expressed by the patient, allowing these elements to guide the interaction. This patient-centred care not only strengthens the therapeutic relationship, but also provides valuable information for the design of personalised interventions. Furthermore, it is clear that interventions need to be evaluated based on sound theoretical foundations, involve service users and practitioners, and have methodologically consistent designs where information is collected from both nurses and users.

Under this umbrella, in the context of nursing care in mental health hospitalisation units, the creation of the Reserved Therapeutic Space, a space between nurses and patients to establish meaningful therapeutic relationships, stands out (Moreno-Poyato, El Abidi, Lluch-Canut, et al., 2021; Moreno-Poyato, El Abidi, Rodríguez-Nogueira, et al., 2021; Tolosa-Merlos et al., 2023). This intervention was designed by nurses and patients, and both highlighted the importance of this space as a means of sharing expectations and needs during hospitalisation and preparation for discharge. Both nurses and patients emphasized that the quality of the Reserved Therapeutic Space is more associated with the formal aspects of the relationship than with the content itself. The proposed procedure for implementing the Reserved Therapeutic Space involves individual encounters between the nurse and patient in a comfortable environment chosen by the patient, without restrictions or interruptions. The Reserved Therapeutic Space was



developed in three phases: an initial orientation meeting, followed by follow-up meetings, and finally, a farewell meeting before discharge. The first meeting is scheduled within the first 24 to 72 hours of hospitalisation, focusing on establishing a bond of trust and understanding the patient's needs. It is recommended that follow-up meetings be conducted on a regular basis, with nurses showing daily availability. The content of these meetings is based on reinforcing detected improvements related to the patients' experiential needs, identified and worked together throughout the process, allowing topics to arise spontaneously. Finally, in this last farewell or closing meeting, the patients considered it important for the nurse to positively reinforce their evolution in the hospitalization process with the aim of empowering, but also helping to situate the person at the moment of leaving the unit. In this meeting, they indicated that it could be of particular importance to provide information on resources and continuity of care outside the acute unit, resolve doubts and concerns about future plans, and recommend strategies for relapse prevention.

This article addressed the importance of generating therapeutic spaces to improve the nurse-patient relationship in the context of mental health care, highlighting the challenges inherent to nursing practice in inpatient units. Lack of time, workload, and limitations in training were identified as obstacles to establishing and maintaining a meaningful connection. In the face of these limitations, the creation of a Reserved Therapeutic Space has been proposed as an intervention that seeks to improve therapeutic relationships. This space, designed in collaboration with nurses and patients, is structured in different phases, including meetings between nurses and patients, prioritizing trust, understanding of needs, and active participation of the patient in their own recovery process. Creating environments conducive to dialogue and understanding is presented as essential for mental health care, strengthening the therapeutic relationship and providing valuable information for personalised interventions. However, it highlights the need to evaluate these interventions with sound theoretical underpinnings, user and professional involvement, and methodologically consistent designs that collect information from both nurses and users. Ultimately, the implementation of the Reserved Therapeutic Space is seen as a concrete and promising proposal for improving person-centred care in mental health settings.

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