



Original Research Article

A COMPREHENSIVE STUDY ON NURSE-PATIENT RELATIONSHIPS IN MENTAL HEALTH CARE TO IMPROVE THE THERAPEUTIC ALLIANCE

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Received: 05-11-2025

Revised: 20-11-2025

Accepted: 11-12-2025

Published: 30-12-2025

Abstract: The therapeutic relationship between nurses and patients forms the cornerstone of mental health care and significantly influences clinical outcomes. A strong therapeutic alliance supports patient trust, encourages emotional expression, promotes treatment adherence, and facilitates recovery across a wide spectrum of psychiatric conditions. This review article presents a comprehensive analysis of the nurse-patient relationship within mental health settings, synthesizing theoretical perspectives, empirical evidence, and clinical best practices. Core components such as communication, empathy, emotional intelligence, cultural competence, and ethical professionalism are explored to understand their roles in strengthening therapeutic engagement. The review also examines challenges commonly experienced by mental health nurses, including stigma, workload pressures, emotional burnout, and managing professional boundaries. Emphasis is placed on recovery-oriented practice, trauma-informed care, and collaborative decision-making as essential frameworks for enhancing the therapeutic alliance. Findings underscore the need for systematic training, reflective practice, organizational support, and patient empowerment to cultivate meaningful nurse-patient relationships. The review concludes with evidence-based recommendations to guide mental health professionals in fostering effective, respectful, and trust-centered therapeutic alliances.

Keywords: Therapeutic alliance, nurse-patient relationship, psychiatric nursing, mental health care, communication, empathy, recovery-oriented practice

INTRODUCTION

The nurse-patient relationship is widely acknowledged as one of the most essential and

influential components of mental health care. It serves as the foundation upon which therapeutic work is built, shaping treatment adherence,

emotional stability, patient safety, and long-term recovery outcomes. Unlike many other specialties in nursing that place emphasis on physiological monitoring or technical procedures, mental health nursing is uniquely grounded in interpersonal exchange, emotional presence, and psychological collaboration. Nurses in psychiatric settings spend more time in direct interaction with patients compared to other professionals, making them central agents in fostering trust, rapport, and therapeutic engagement (Barker & Buchanan-Barker, 2016). Patients receiving mental health care often experience conditions that profoundly alter their thinking, perception, mood, and behavior. Disorders such as major depression, anxiety disorders, schizophrenia, bipolar disorder, personality disorders, and trauma-related conditions frequently lead to emotional vulnerability, disturbed cognition, and impaired social functioning. For many of these individuals, nurses represent the first and most consistent source of support throughout their care journey. The nurse's ability to provide a compassionate, non-judgmental, and stabilizing presence plays a crucial role in helping patients feel safe, respected, and validated. When patients sense that their nurse genuinely understands and accepts them, they are more willing to share sensitive information, explore difficult emotions, and participate actively in treatment processes (Kidd et al., 2015). Research consistently demonstrates that the quality of the therapeutic relationship strongly predicts clinical engagement and treatment adherence. Patients who perceive their nurse as empathetic, trustworthy, and collaborative are more likely to attend therapy sessions, follow medication regimens, and engage in health-promoting behaviors (Priebe et al., 2011). In many psychiatric settings, the therapeutic relationship itself becomes a form of intervention, helping patients regulate distress, improve insight, and gain confidence in their ability to manage symptoms. The nurse's communication style, emotional attunement, and willingness to listen deeply can significantly reduce patient anxiety, promote emotional regulation, and encourage the development of coping strategies. Despite its importance, building and sustaining a strong therapeutic alliance is often challenging in mental health environments. Many patients enter care with impaired insight, mistrust of services, delusional beliefs, intense fear, or emotional instability, all of which can complicate relational development. For example, individuals experiencing psychosis may perceive staff as threatening, while those with trauma histories may struggle with fear of authority figures or difficulty establishing trust. Additionally, some patients who experience personality disorders may display fluctuating emotions, testing boundaries, or relational instability, placing further strain on therapeutic interactions. These complexities require nurses to demonstrate exceptional patience, self-

awareness, and emotional intelligence. Mental health nurses also face systemic and organizational pressures that influence the quality of relationships they are able to form. High patient-to-nurse ratios, heavy workloads, documentation demands, and the need to maintain safety in high-risk environments can reduce the time available for meaningful conversation and therapeutic engagement. Exposure to aggression, verbal abuse, or unpredictable behaviors can contribute to emotional fatigue, stress, and burnout among nurses. These factors collectively make it challenging to maintain consistency, empathy, and composure in every patient interaction (Renwick et al., 2020). When nurses experience emotional exhaustion or insufficient support, it may inadvertently affect their communication with patients, reducing relational warmth and negatively impacting therapeutic alliance.

Given the significance of therapeutic alliance in psychiatric care, there is a growing need to understand the interpersonal, emotional, cultural, and structural factors that shape nurse–patient interactions. Effective mental health nursing requires more than knowledge of psychiatric conditions and medications; it demands advanced communication skills, cultural competence, emotional resilience, and an ability to navigate complex relational dynamics. Communication plays a foundational role, as active listening, open-ended questioning, reflective responses, and non-verbal attunement help nurses create an environment where patients feel heard and understood. Emotional intelligence enables nurses to respond calmly and compassionately, even in moments of crisis, while maintaining professional boundaries and supporting patient autonomy. Cultural sensitivity is also increasingly recognized as essential in mental health relationships. Patients interpret illness, stress, and healing through cultural frameworks, and nurses must adapt their communication and care approaches accordingly. Misunderstandings or insensitivity can erode trust and reduce treatment engagement. Organizational factors such as staff training, supportive supervision, and adequate staffing also contribute significantly to the success of therapeutic alliances, as they enable nurses to remain emotionally present and clinically effective. This comprehensive review therefore explores the theoretical foundations, empirical evidence, common challenges, and proven strategies relevant to strengthening nurse–patient relationships in mental health care. By examining interpersonal, psychological, and systemic influences, the article aims to provide a deeper understanding of how therapeutic alliances can be fostered, sustained, and leveraged to support improved patient outcomes and recovery-oriented practice.

Theoretical Foundations of the Nurse–Patient Relationship

The concept of the therapeutic relationship in mental health nursing is grounded in several influential psychological and nursing theories that shape contemporary practice. One of the most foundational contributions comes from Hildegard Peplau’s Interpersonal Relations Theory, which remains a cornerstone of psychiatric nursing. Peplau conceptualized the nurse–patient relationship as a dynamic, evolving process that facilitates psychological growth, healing, and problem-solving. She identified three essential phases orientation, working, and termination each serving a unique purpose in shaping interpersonal collaboration and fostering patient autonomy. During the orientation phase, the nurse establishes trust, clarifies patient needs, and sets the groundwork for therapeutic engagement. The working phase focuses on active problem-solving, emotional exploration, and patient education, while the termination phase concludes the relationship, reinforcing gains made and promoting independence (Peplau, 1997). This structured framework encourages nurses to adopt a deliberate, reflective stance that supports patient empowerment and emotional insight. Humanistic theories, particularly Carl Rogers’ Person-Centered Theory, offer additional guidance for building strong therapeutic relationships. Rogers emphasized the importance of three core conditions empathy, genuineness, and unconditional positive regard as necessary for therapeutic change and emotional growth (Rogers, 1957). These principles align closely with contemporary recovery-oriented mental health care, which prioritizes patient autonomy, dignity, and shared decision-making. In practice, Rogers’ framework encourages nurses to create a non-judgmental, emotionally safe environment where patients feel understood and accepted. Such an environment is especially valuable for individuals dealing with stigma, low self-worth, or traumatic experiences, as it promotes trust and self-expression. Psychodynamic models provide further insight into the subtle emotional processes that influence therapeutic relationships. Central to psychodynamic thinking are the concepts of transference and

countertransference unconscious emotional projections that occur between patients and clinicians. Transference involves the patient projecting feelings or expectations from past relationships onto the nurse, while countertransference occurs when the nurse unconsciously reacts to the patient based on their own emotional history (Holmes, 2018). Recognizing and managing these dynamics is crucial for maintaining therapeutic boundaries and preventing emotional entanglement. For mental health nurses, reflective practice and supervision help mitigate the impact of countertransference, ensuring that care remains objective, compassionate, and patient-centered.

Cognitive-behavioral frameworks also play a significant role in shaping therapeutic relationships in mental health care. These models emphasize clarity, structure, and collaboration as key elements of effective communication and patient engagement. Cognitive-behavioral approaches typically involve setting realistic goals, developing shared treatment plans, and encouraging patient participation in problem-solving. This form of structured communication fosters transparency and predictability, which are particularly beneficial for patients experiencing anxiety, cognitive distortions, or impaired insight. By promoting consistency and mutual understanding, cognitive-behavioral principles strengthen the therapeutic alliance and support the development of coping skills essential for recovery. Collectively, these theoretical perspectives highlight the multifaceted nature of the nurse–patient relationship. Peplau provides structure, Rogers emphasizes empathy, psychodynamic theories illuminate emotional depth, and cognitive-behavioral models encourage clarity and collaboration. Together, they offer a comprehensive foundation for understanding and enhancing therapeutic alliances in mental health nursing. To illustrate these foundational concepts, Table 1 outlines the key theories that shape therapeutic practice in mental health nursing.

RESULTS

Table 1. Key Theoretical Models Supporting the Therapeutic Alliance

Theoretical Model	Core Principles	Relevance to Mental Health Nursing
Peplau’s Interpersonal Theory	Orientation, working, termination; mutual participation	Guides structured relational development
Rogers’ Humanistic Theory	Empathy, genuineness, positive regard	Enhances trust, emotional expression
Psychodynamic Theory	Transference, countertransference	Supports boundary management, emotional insight
Cognitive-Behavioral Theory	Collaboration, structured communication	Improves clarity and treatment engagement



Importance of the Therapeutic Alliance in Psychiatric Care

The therapeutic alliance is widely regarded as one of the strongest and most consistent predictors of positive treatment outcomes in mental health services, regardless of diagnosis, setting, or therapeutic approach. Research indicates that a well-established therapeutic relationship significantly enhances the likelihood of clinical improvement by fostering patient motivation, emotional stability, and engagement in treatment (Fluckiger et al., 2018). A strong alliance is associated with reduced symptom severity, greater adherence to prescribed medications, decreased rates of hospitalization, and improved functional recovery across a wide range of psychiatric conditions. This makes the therapeutic relationship not merely a supportive element of care, but a central therapeutic mechanism in its own right. When patients perceive their nurse as understanding, respectful, and genuinely interested in their well-being, they are more likely to disclose sensitive or distressing information. Many individuals receiving psychiatric care struggle with experiences such as suicidal ideation, hallucinations, trauma memories, or overwhelming emotions. These issues can be intensely private, frightening, or stigmatizing, making disclosure difficult. However, patients who feel emotionally safe within the therapeutic relationship are far more willing to communicate openly about these experiences (McCabe & Priebe, 2008). Such transparency is clinically invaluable, as it enables nurses to conduct accurate assessments, identify risk factors early, and implement timely interventions that can prevent crises and promote safety. Furthermore, a strong therapeutic relationship supports continuity of care, a vital aspect of mental health treatment. Continuity involves sustained engagement with services, attendance at appointments, and long-term adherence to therapeutic plans. Research shows that when the therapeutic alliance is strong, patients tend to remain involved in treatment for longer periods, exhibit

greater commitment to therapeutic goals, and demonstrate higher levels of participation in psychosocial and behavioural interventions (Johansson & Eklund, 2014). Conversely, weak or conflicted relationships often result in disengagement, treatment dropout, or inconsistent participation, which negatively affect recovery outcomes. The therapeutic alliance also plays a crucial role in shaping patient attitudes toward mental health services. For many individuals, especially those who have experienced stigma, discrimination, or previous negative encounters with healthcare professionals, the nurse–patient relationship becomes a benchmark for evaluating the trustworthiness and value of mental health care. A respectful, empathetic, and person-centred relationship can counteract negative expectations, foster hope, and enhance the patient’s sense of empowerment and dignity. This is essential in recovery-oriented care, where patient autonomy, collaboration, and self-determination are fundamental principles. Additionally, the therapeutic alliance supports emotional regulation and psychological resilience. Regular, supportive interactions with a trusted nurse help patients develop coping strategies, improve self-awareness, and strengthen their ability to manage symptoms. The relationship becomes a stabilizing force, particularly for individuals with fluctuating mood states, paranoia, anxiety, or trauma-related distress. Overall, these findings underscore the central importance of the therapeutic alliance as an active ingredient of psychiatric treatment. It is not simply an interpersonal preference but a measurable, evidence-based predictor of clinical success. Building, maintaining, and strengthening this alliance should therefore be viewed as a core competency in mental health nursing and a priority within all therapeutic settings. The core components of the therapeutic alliance described above are illustrated in Figure 1.



Figure 1. Core Components of the Therapeutic Alliance



Communication as the Foundation of Therapeutic Engagement

Communication is the primary tool for building relationships in mental health care, and the strategies outlined in Table 2: Communication Strategies and Their Benefits highlight key approaches to achieving this. Effective communication extends far beyond simple verbal interaction; it encompasses a wide range of skills, including attentive listening, non-verbal cues, tone, facial expression, and pacing. These elements together allow nurses to engage meaningfully with patients, ensuring that interactions are both supportive and therapeutic. Active listening, in particular, enables nurses to accurately interpret patients' emotions, thoughts, and fears, allowing for timely and appropriate interventions. By employing techniques such as reflective statements, open-ended questions, and paraphrasing, nurses encourage patients to articulate their experiences fully, while simultaneously validating their feelings and fostering a sense of being understood (Arnold & Boggs, 2021). Non-verbal communication plays an equally critical role in building rapport and creating a therapeutic environment. Eye contact, posture, facial expressions, gestures, and the purposeful use of silence can communicate empathy, attentiveness, and respect, often more powerfully than words alone. For example, maintaining appropriate eye contact demonstrates engagement, while nodding or leaning slightly forward signals attentiveness. Similarly, allowing pauses or moments of silence during a session can give patients the space to process thoughts and emotions, which is especially important in mental health settings where patients may feel overwhelmed or anxious. These non-verbal cues collectively help establish a sense of presence and safety, laying the foundation for trust and collaboration. Clear and transparent communication is particularly essential when working with patients experiencing paranoia, hallucinations, delusions, or cognitive impairments. Ambiguous instructions,

sudden changes, or inconsistent messaging can exacerbate anxiety or confusion. By providing predictable, consistent information in simple and accessible language, nurses help patients feel secure and reduce the likelihood of misunderstandings. Additionally, breaking down complex medical information into manageable segments and confirming understanding through repetition or paraphrasing enhances clarity and ensures that patients are active participants in their care. Culturally sensitive communication is another critical aspect of relational practice in diverse mental health settings. Patients' beliefs about illness, family dynamics, gender roles, and approaches to healing vary across cultures, and these factors shape how individuals interpret symptoms, engage with treatment, and respond to care interventions. Awareness of cultural context allows nurses to tailor their communication style, avoid misunderstandings, and foster inclusivity. For instance, understanding a patient's cultural perspective on mental illness may influence the choice of therapeutic language, the involvement of family members, or the acceptance of certain interventions (Tsai & Chentsova-Dutton, 2017). Cultural sensitivity not only promotes respect but also improves adherence, trust, and patient satisfaction, reinforcing the therapeutic alliance. Integrating these communication strategies verbal, non-verbal, clear, transparent, and culturally sensitive supports the development of strong nurse-patient relationships. When nurses combine these approaches, they create an environment in which patients feel heard, respected, and emotionally safe. This strengthens trust, encourages open dialogue, and promotes autonomy, all of which are essential for recovery-oriented mental health care. Ultimately, effective communication is not simply a procedural task; it is a dynamic, relational process that underpins every aspect of therapeutic engagement, influencing treatment outcomes, patient well-being, and the overall quality of mental health care.

Table 2. Communication Strategies and Their Benefits

Communication Strategy	Description	Benefit for Patient
Active listening	Full attention, reflection, clarification	Enhances trust and validation
Trauma-informed dialogue	Avoids judgment, acknowledges triggers	Reduces re-traumatization
Transparent explanation	Clear information about treatment	Improves understanding, adherence
Cultural adaptation	Tailoring communication to cultural norms	Increases comfort and engagement

Empathy and Emotional Intelligence in Mental Health Nursing

Empathy is widely recognized as one of the most essential skills in psychiatric nursing, forming the emotional core of the therapeutic relationship. When nurses demonstrate genuine empathy, patients experience a sense of being understood, valued, and emotionally supported. This emotional validation is especially important for individuals living with mental health challenges, who may feel isolated, stigmatized, or overwhelmed by their experiences. Research shows that empathetic communication can significantly reduce patient distress, improve emotional safety, and foster deeper engagement in therapeutic processes (Gerace et al., 2018). By creating a space where patients feel heard and respected, nurses lay the groundwork for trust, openness, and collaboration, which are central to mental health recovery. Closely linked to empathy is the concept of emotional intelligence, a multidimensional skill set that includes self-awareness, emotional regulation, social awareness, and interpersonal

effectiveness. Emotional intelligence enables nurses to manage their own emotional responses while accurately perceiving and responding to the emotions of others. In psychiatric care where nurses often encounter intense emotions, behavioral crises, aggression, or fear emotional intelligence supports calm and therapeutic responses that help de-escalate situations. Nurses with strong emotional regulation skills are better able to maintain professionalism, composure, and compassion even under challenging circumstances (Freshwater & Stickley, 2019). To illustrate the key dimensions involved in emotional intelligence, Figure 2 presents the core components that shape emotional competence in mental health nursing. These components self-awareness, self-regulation, empathy, social skills, and motivation form the foundation for therapeutic interactions and influence the quality of nurse–patient relationships.

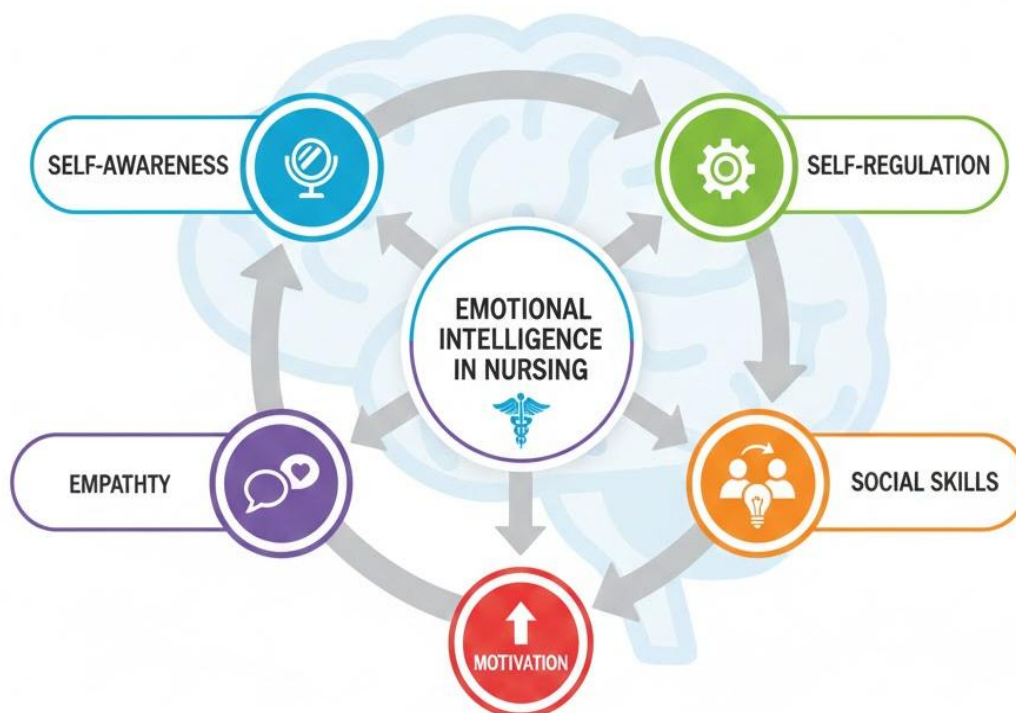


Figure 2. Components of Emotional Intelligence in Nursing

Research further highlights that emotionally intelligent nurses not only support better patient outcomes but also benefit personally and professionally. High emotional intelligence is associated with reduced emotional exhaustion and burnout, two common challenges in psychiatric settings. Nurses who understand their own emotional triggers and can regulate stress are less likely to experience compassion fatigue or disengagement from patients (Codier et al., 2015). Additionally, emotional intelligence contributes to stronger clinical judgment, as nurses who accurately assess emotional cues can make more informed and sensitive decisions about patient care. Overall, empathy and emotional intelligence are integral to effective mental health nursing. These skills enhance therapeutic communication, strengthen rapport, promote emotional stability, and contribute to a safe and supportive healing environment. As psychiatric care increasingly emphasizes person-centered and

recovery-oriented practices, cultivating empathy and emotional intelligence among nurses remains a critical priority.

Cultural Competence and Its Influence on Therapeutic Alliance

Cultural competence is a fundamental requirement for delivering equitable and effective mental health care. Patients interpret psychological symptoms, emotional distress, and treatment processes through the lens of their cultural, spiritual, and social backgrounds. These cultural frameworks influence how individuals understand the causes of mental illness, the meaning they assign to symptoms, and their expectations of health professionals. When nurses are culturally competent, they are better equipped to interpret patient experiences accurately, communicate respectfully, and tailor therapeutic interventions to align with cultural values and preferences. This not only enhances engagement but

also strengthens trust and therapeutic alliance. As Bhui et al. (2015) emphasize, culturally informed care increases the likelihood that patients will participate in treatment and perceive mental health services as safe and supportive. Failure to recognize or respond sensitively to cultural influences can undermine therapeutic relationships in significant ways. Miscommunication may occur when nurses misinterpret culturally rooted expressions of distress or overlook the role of cultural norms in shaping behavior. Such misunderstandings can lead to feelings of mistrust, judgment, or disconnection, ultimately causing patients to withdraw emotionally or resist treatment. In many cultures, mental illness carries strong stigma, leading individuals to conceal symptoms, avoid formal services, or rely solely on traditional or familial support systems. This stigma may be associated with beliefs that mental illness is a spiritual weakness, moral failing, or family dishonor, making disclosure extremely difficult. Cultural factors also shape expectations regarding communication styles, family involvement, gender roles, and decision-making. For example, some patients may prefer indirect communication or place significant emphasis on collective family decisions. Others may rely on spiritual or religious frameworks to understand and manage their symptoms. When nurses recognize and respect these cultural preferences, interventions become more meaningful and acceptable to patients.

Challenges Affecting the Nurse–Patient Relationship

Mental health nurses routinely encounter a wide range of challenges that can significantly complicate the development and maintenance of therapeutic relationships. Psychiatric settings often involve patients who present with aggression, agitation, or unpredictable behavior, which can create fear, tension, and emotional strain for nurses attempting to establish rapport. Stigma surrounding mental illness further contributes to these challenges, as

patients may internalize negative societal beliefs and consequently struggle with feelings of shame, mistrust, or reluctance to engage openly in treatment. High patient caseloads and demanding workloads place additional pressure on nurses, limiting the time available for meaningful therapeutic communication and risking superficial or rushed interactions. Emotional burden and burnout are also common, as mental health nurses frequently work with individuals experiencing severe distress, trauma, suicidal ideation, or chronic mental illness. Prolonged exposure to these emotionally intense situations can lead to compassion fatigue, reduced emotional availability, and decreased job satisfaction. Limited staffing and resource constraints further exacerbate these issues, creating environments where nurses must balance safety concerns, therapeutic goals, and administrative responsibilities simultaneously. Boundary management adds another layer of complexity; nurses must maintain professional limits while still demonstrating empathy, warmth, and genuine concern an essential but delicate balance in psychiatric care. Patients with severe mental illness may have impaired insight, paranoia, or difficulties interpreting social cues, making the formation of therapeutic trust particularly challenging. As Renwick et al. (2020) note, impaired insight and mistrust can significantly hinder the development of a collaborative therapeutic alliance. To visually illustrate the range of difficulties that affect relational quality, Figure 3 provides an overview of the primary challenges influencing the therapeutic alliance in mental health settings. Nurses must respond to these obstacles with calmness, resilience, and emotional regulation, approaching each interaction with patience and professional integrity. Despite these complexities, effective mental health nursing requires the ability to de-escalate conflict, maintain personal well-being, and engage patients with respect and compassion, ensuring that therapeutic relationships remain supportive, safe, and conducive to healing.



Figure 3. Challenges Influencing Therapeutic Alliance in Mental Health Settings

Strategies for Strengthening Nurse–Patient Relationships

Evidence-based approaches play a crucial role in strengthening the therapeutic alliance in mental health settings,

offering nurses structured frameworks and practical tools to enhance communication, build trust, and support patient recovery. Trauma-informed care is one such approach, emphasizing emotional and physical safety, patient choice, and empowerment, which helps reduce fear, re-traumatization, and resistance (SAMHSA, 2014). Recovery-oriented practice also supports alliance building by focusing on autonomy, personal strengths, and hope, encouraging patients to participate actively in their healing process and view themselves as partners in care rather than passive recipients (Slade et al., 2014). De-escalation techniques are essential for reducing aggression, managing crises, and maintaining therapeutic rapport during moments of heightened emotional distress. Collaborative decision-making further contributes to therapeutic engagement by ensuring that patients have a meaningful voice in treatment planning, which improves satisfaction and strengthens their sense of control and dignity (Montague et al., 2020). Reflective practice is equally important; by regularly examining their own emotions, biases, and communication patterns, nurses can refine their interpersonal skills and enhance the clarity, empathy, and consistency of their interactions. These evidence-based strategies work synergistically to improve relational depth and therapeutic effectiveness. To summarize these interventions clearly, Table 3 presents the key evidence-based strategies that support the development and sustainability of strong therapeutic alliances in mental health nursing. However, even the most effective strategies require a supportive organizational environment to be successfully implemented. Mental health facilities must provide adequate staffing, ongoing professional training, clinical supervision, and emotionally supportive work cultures to ensure that nurses have the time, resources, and resilience needed to maintain high-quality therapeutic relationships. Without institutional commitment to workforce well-being and professional development, sustaining these evidence-based practices becomes increasingly difficult, ultimately affecting patient outcomes and care quality.

Table 3. Evidence-Based Strategies to Improve the Therapeutic Alliance

Strategy	Description	Expected Outcome
Trauma-informed care	Emphasizes safety, choice, empowerment	Reduced fear, improved trust
Recovery-oriented practice	Supports autonomy and strengths	Enhanced motivation and hope
De-escalation training	Communication and behavioral strategies	Lower aggression, increased safety
Shared decision-making	Collaborative treatment planning	Stronger engagement and adherence

CONCLUSION

The therapeutic alliance between nurses and patients is widely recognized as a cornerstone of high-quality mental health care. It serves as the foundation for effective interventions, facilitating trust, collaboration, and positive clinical outcomes. A strong therapeutic relationship allows patients to feel heard, validated, and supported, which is particularly important for those experiencing psychological distress, including anxiety, depression, or psychosis. The quality of this alliance significantly influences treatment adherence, patient satisfaction, and overall recovery. In mental health nursing, the ability to establish and maintain these connections requires more than technical competence; it demands a combination of interpersonal skills, emotional attunement, and ethical sensitivity. Effective communication is central to developing a therapeutic alliance. Nurses must convey information clearly, listen actively, and respond empathetically to patients' verbal and nonverbal cues. Empathy enables nurses to understand and reflect patients' experiences, fostering a sense of being acknowledged and respected. Cultural competence further enhances relational effectiveness by allowing nurses to provide care that is sensitive to patients' cultural backgrounds, values, and beliefs. Emotional intelligence, including self-awareness and emotional regulation, helps nurses navigate complex interpersonal dynamics, respond to challenging behaviors, and maintain professional boundaries without compromising compassion. Theoretical

frameworks continue to guide the practice of relational nursing. Peplau's interpersonal theory emphasizes the nurse–patient relationship as a dynamic, therapeutic process in which both parties contribute to growth and healing. Peplau identified stages of interaction orientation, identification, exploitation, and resolution that provide a structured approach to understanding relational development. Similarly, Carl Rogers' humanistic principles highlight the importance of empathy, congruence, and unconditional positive regard in fostering trust and psychological safety. These models remind mental health nurses that therapeutic relationships are not merely supportive but actively contribute to symptom management, coping skills development, and emotional resilience. Despite the acknowledged importance of therapeutic alliances, mental health nurses encounter numerous challenges that can undermine relational effectiveness. Patients may exhibit aggression, hostility, or withdrawal, placing emotional and physical demands on caregivers. Stigma associated with mental illness can affect both patient engagement and professional perception, while systemic constraints, such as understaffing, limited resources, and high patient acuity, can impede sustained relational work. Emotional burnout is another significant concern, as repeated exposure to psychological distress and workplace stressors can erode nurses' empathy and engagement, compromising care quality. To strengthen therapeutic relationships, a multi-faceted strategy is required. Enhancing nurse training through

communication workshops, empathy development, and cultural competence education equips nurses with practical skills for relational practice. Workplace support, including supervision, debriefing, and peer mentorship, helps nurses manage stress and maintain professional resilience. Recovery-oriented approaches emphasize patient autonomy, collaborative goal setting, and individualized care planning, reinforcing the nurse’s role as a partner in the healing process. Implementing trauma-informed care principles ensures that interventions acknowledge and respect patients’ prior experiences of adversity, minimizing re-traumatization and promoting emotional safety. When these strategies are effectively applied, patients experience increased trust, engagement, and a sense of empowerment, which enhances treatment adherence and therapeutic outcomes. Furthermore, nurses report higher job satisfaction and greater professional fulfillment when they can form meaningful, effective relationships with patients. As mental health care systems evolve, prioritizing the nurse–patient relationship remains essential. By fostering compassionate, empathetic, and culturally sensitive care, mental health nurses not only support individual recovery but also contribute to a more humane and effective mental health system.

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