

Nurses' Perspective on the Effect of Therapeutic Nurse-Patient Relationship Treatment Outcomes among Patients of University of Benin Teaching Hospital (UBTH)

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Abstract Knowledge of therapeutic nurse-patient relationship is the communication with the patient and the nurse which is an essential part of nursing and the common dimension among all nursing care. The nurse communicates with the patient in several ways and the most important one is the therapeutic communication, and the nurse must learn to do it well. This study investigated the therapeutic nurse-patient relationship and patient treatment outcome among patient of University of Benin Teaching Hospital (UBTH). One objective of the study was used and one research question was posed for the study. The Descriptive survey design was used for this study. The study setting is the University of Benin Teaching Hospital (UBTH). Nurses and patients formed the population of the study and a sample of 360 respondents was drawn for the research (Nurses 270, patients 153). The instrument for data collection is a self-structured questionnaire. Data was entered, and analyzed using the statistical package of the social sciences software (SPSS) version 26. Findings revealed that nursing respondents agree largely that good therapeutic nurse-patient relationship improves patient's outcome, patients respondents agree that good therapeutic nurse-patient relationship improves patient's outcome, respondents perceive that the therapeutic nurse patient relationship has a significant impact on outcomes of patients and there is a significant relationship between knowledge of therapeutic nurse-patient relationship and patient outcome among patient of the University of Benin Teaching Hospital ($r=.103$, $P<0.05$). The study therefore recommends that the healthcare organisation embraces the therapeutic nurse-patient relationship approach through the implementation of active learning guides in the institutions of nursing to ensure that the practice is consistent with the demands of therapeutic approach and the examination of workload and communication of Nurses which are the main barriers to the therapeutic nurse-patient relationship.

Keywords Therapeutic, Nurse-patient relationship, Patient, Treatment, Nurse

1. Introduction

Many individuals will be hospitalized at one point or the other during their lifetime. Recent studies indicate that the percentage of people hospitalized has increased in recent years. For example, according to Kemp (2022), from 2000 to 2018, almost 6% of Americans between the ages of 18 and 44 were hospitalized at least once and in 2018, that percentage rose to 6.7%. He also noted that in 2020, during the beginning of the COVID-19 pandemic, over 10% of Americans were hospitalized (Kemp, 2022). Therefore, in order to limit the strain on the healthcare system, it is important to minimize the length of each patient's hospital stay. One way to do this is by fostering a positive relationship

between nurse and patient.

A therapeutic nurse-patient relationship is a caring, professional relationship that supports the patient's well-being (Gillaspay, 2022). This relationship among others things determines the capacity for autonomy in the decision making of patients (Molina-Mula 2020). Therapeutic nurse-patient relationship represents the essentiality of nursing. The nurse achieve and maintains this relationship by using nursing knowledge and skills, as well as applying caring attitudes and behaviours to serve the patient's health and well-being (Kemp, 2022).

A therapeutic nurse-patient relationship is a helping relationship that is based on mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others, and assisting with the gratification of patient's physical, emotional, and spiritual needs through knowledge and skill (IvyPanda, 2020). This caring relationship develops when the nurse and the patient come together in the moment, which results in harmony and healing. Effective verbal

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and non-verbal communication is an important part of the nurse-patient interaction, as well as providing care in a manner that enables the patient to be an equal partner in achieving wellness (Kemp, 2022).

According to Kornhaber (2016), a therapeutic interpersonal relationship can be defined as one which is perceived by patients to encompass caring, and supportive non-judgmental behaviour, embedded in a safe environment during an often stressful period. These relationships can last for a brief moment in time or continue for extended periods. Typically, this type of relationship displays warmth, friendliness, genuine interest, empathy, and the wish to facilitate and support the patient. Consequently, therapeutic relationships engender a climate for interactions that facilitate effective communication (IvyPanda, 2020). Therapeutic relationships between nurses and patients are associated with improvements in patient satisfaction, adherence to treatment, quality of life, levels of anxiety and depression, and decreased health care costs (Molina-Mula, 2020). Conversely, increased psychological distress and feelings of dehumanization are associated with negative nurse-patient relationships (Kornhaber, 2016).

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The therapeutic nurse-patient relationship is the base, of all nursing treatment approaches despite the precise aim. The first thing is to build a good association between the between the nurse and the client and this relationship should be safe, confidential, reliable, and in step with applicable and clear boundaries (Wright, 2021). It is true that disorders that have tough organic chemistry and genetic components like schizophrenia and major emotional disorders cannot be cured through therapeutic relationships (Bonam, 2017). However, several of the attendant emotional issues like poor self-image and low self-esteem is considerably improved through a therapeutic nurse-patient alliance or relationship. Establishing a therapeutic alliance or relationship with a client takes time (Anusha, 2017), therefore the nurse and the patient should invest in it for a better treatment outcome.

Wright (2021) conceptualized good therapeutic relationship as consisting of three essential qualities: an emotional bond

of trust, caring, and respect; agreement on the goals of therapy; and collaboration on the "work" or tasks of the treatment. Relationships in nursing might take different shapes depending on the factors existing in targeted situations or departments. Positive interactions between caregivers and adult patients can address most of the diseases many people face in different parts of the world. Most of the concepts and strategies employed to support the establishment of therapeutic relationships are borrowed from Peplau's interpersonal theory (Gonzalo, 2023). According to this model, client-nurse relationships dictate the quality of medical services available to different people. When the interaction is positive, the targeted patient will record better health outcomes and achieve his or her potential. From this analysis, it is evident that Peplau's framework has become a useful resource for implementing or introducing therapeutic relationships in adult care (Gonzalo, 2023). Some of the critical factors that practitioners and clinicians should take seriously include autonomy, listening and continuous empowerment. Caregivers should embrace these concepts in order to identify existing obstacles and create the best environment for promoting the positive patient-practitioner therapeutic relationship. The targeted patients will offer appropriate insights and be part of the care delivery process.

From the outgoing review it can be seen that the promotion and existence of therapeutic nurse-patient relationship in healthcare settings result in positive health outcomes. When nurses focus on this concept, it becomes easier to solve emerging problems and meet the changing needs of different people. The framework also guides nurses to engage in positive interactions and assist individuals facing physical and emotional challenges (Girard 2021). Nurses should focus on evidence-based initiatives and strategies in an attempt to maintain therapeutic interpersonal relationships once they have been established. This means that there are various approaches that should be considered in different health settings.

The first critical factor for maintaining these relationships is that of leadership or supervision. Different theories of management focus on the best approaches for guiding, empowering and mentoring others. After therapeutic relationships have emerged, nurse leaders and supervisors in various departments should empower nurses to continue embracing evidence-based practices (Gharibian, Aharonian, & Sibai 2019). They should interact with patients in a positive manner, address emerging issues and focus on their ever-changing needs. The emotional concerns of different individuals should inform the course of the existing relationship. Those who are led should also become accountable. This concept will ensure that nurses are willing to meet their objectives while at the same time empowering their patients.

Professional values in nursing practice empower nurses to focus on the changing needs of their patients. When employed properly, practitioners can find it easier to develop and maintain therapeutic relationships with their respective

patients. The core professional nursing values include dignity, justice, altruism, integrity (Poorchangizi, Borhani, & Abbaszadeh., 2019). Caregivers who embrace the power of dignity and justice will always consider the demands of the targeted individuals. Many scholars have referenced the concept of integrity as a powerful value for improving care delivery. This approach makes it possible for nurses to formulate evidence-based philosophies and focus on their patients' needs. They also embrace attributes such as ethics, morality and professionalism (Varkey, 2021). This practice will empower them to establish meaningful relationships with their respective patients. They will address emerging problems, form teams and identify superior initiatives for maximising patients' health outcomes (Vujančić, Mikšić, Barać, Včev & Lovrić, 2022). The value of altruism encourages practitioners to remain selfless and focus on other people's wellbeing. This attribute can become a model for promoting therapeutic relationships between individuals and their caregivers. (Vujančić et al. 2022). Nurses embracing this value will create personalised care delivery models. They will be optimistic, create the best environment, identify appropriate resources and solve emerging problems. The established relationship between nurses and patients will deliver positive results (Varkey, 2021).

The nurse-patient relationship empowers the nurse to treat each patient as a unique individual with his or her specific care needs rather than just as a patient with a specific illness. To build rapport with their patients, nurses refer to them on the basis of who they were prior to their sickness rather than concentrating on their current weaknesses. (Drageset, Taasen, Espehaug, Kuven, Eide, André, Rinnan, & Haugan, 2021). Patients do not feel cared for if nurses only ask them health-related inquiries; instead, they prefer to be engaged with, conversed with, and actively listened to by nurses and care providers. Patients feel more respected when there is a good nurse-patient relationship, which raises their sense of self-respect and dignity. (Drageset et al. 2021). Knowing the patient and "making them feel like a real person" are essential components of the nurse-patient relationship. Positive care relationships are the outcome of getting to know the patients' basic needs, life experiences, and preferences. (Gharibian, Aharonian, & Sibai 2019). Patients stated that they felt the need to be treated as persons rather than as patients with a medical disease and that they had to be recognized as the individuals of their own experiences. Patients elaborated that they want to feel unique and wish their relationships with the nurses can be more intimate (Konlan, Saah, Doat, Amoah, Abdulai & Mohammed 2021; Vujančić et al. 2022).

The nurse-patient relationship therefore is an important part of the healthcare delivery process that can have a substantial influence on the quality of treatment that the patient receives and how fast they recover or get rehabilitated (Alshammari, Duff, & Guilhermino 2022). The goal of medical care is to interact with patients in a manner that encourages them to accept their rehabilitation rather than

merely administering treatments and medications. By doing this, patients may obtain the most thorough and efficient care possible (Vujančić, et al 2022).

Nurse-patient relationship also recommends that patients and nurses should have better interaction and display an equally positive attitude and behaviour toward one another. Girard et al. (2021) noted that while nurses should always maintain a positive attitude, there are instances when specific patients are to be blamed (Girard et al 2021; Konlan et al. 2021.) The authors also noted that some patients treat nurses rudely and without cause, which may have an impact on other patients and the nurses' dispositions throughout the course of the day as they provide care services. It's critical therefore that patients appreciate nurses in order to have better relationship with them (Konlan et al. 2021).

In order for the nurse to be able to support understand and empathize with patients, the majority of participants recommended that patients should discuss their concerns with the nurse. By doing this, a comprehension and rapport are established before nursing care is provided. In contrast, nurses should be able to explain to patients why they are unable to provide certain services immediately the patient needs it. (Gharibian, Aharonian, & Sibai 2019; Konlan et al. 2021; Girard et al 2021.) Relationships between patients and nurses were largely influenced by patient reaction.

For example, many participants in a study by Drageset et al (2021) felt they could easily converse with the nurses, which helped them characterize their response and interaction with the nurses as positive. The participants discussed the significance of other reactions as well, stating that a nurse's gesture or countenance was sufficient to give them the support and confidence they needed. A few of the patients had various viewpoints, and they described slightly different interactions with the nurses. For instance, some participants complained that the nurses "merely give the medication and leave," with little contact or reaction. (Drageset et al. 2021; Alshammari, Duff, & Guilhermino 2022.)

The fact that the patients understood the nurses' hectic schedules had an impact on how they perceived the nurses' responsibilities and interacted with them. Patient perceptions of the nurses' duties and encounters with them were affected by the patients' awareness of the nurses' busy schedules (Drageset et al. 2021). Problematic nurse-patient relationship experiences also impact negatively on effective communication. A phenomenon unique to the entire globe is the perception of nurses' attitudes toward patients in healthcare environments. In most healthcare environments, the provision of nursing services is severely hampered by the lack of effective patient-nurse communication (Kwame, 2021). Negative personality traits of nurses, job fatigue, insufficient skills, and a negative attitude of nurses toward nurse-patient relationships are all significant obstacles to developing a positive nurse-patient relationship in the healthcare setting. However some patients claimed to have had a negative experience with nurses or caregivers (Chan et al 2018; Konlan et al. 2021).

Nurses occupy an important position in the healthcare setting and interact with patients, caregivers, and other healthcare professionals in diverse ways. Despite the emergence of the concepts of patient-centered care and communication in the late 1990s and early 2000s (Institute of Medicine [IOM], 2001), the research on therapeutic nurse-patient relationship and its impact on treatment outcomes within Nigeria remains minimal. While working at the University of Benin Teaching Hospital, the researcher observed a poor nurse-patient relationship and as a result the patients appear alienated from their own care. Based on this problem, this study x-rayed perceive therapeutic nurse-patient relationship and its impact on treatment outcomes among Patients of University of Benin Teaching Hospital (UBTH).

Objective of the Study

The objective of this study is to assess nurses' perspective on the effect of therapeutic nurse-patient relationship treatment outcomes among patients of University of Benin Teaching Hospital (UBTH).

Research Questions

The researchers posed the research question thus; what is the nurses' perspective on the effect of therapeutic nurse-patient relationship treatment outcomes among patients of University of Benin Teaching Hospital (UBTH)?

2. Materials and Methods

Experimental setting

Descriptive survey design was used in this study. The descriptive survey design is appropriate in this study because it allows the researcher to find out the perception of the respondents without manipulating the respondents. Using this design, the researcher does not control any variable but only describes the situation as it is at a particular point in time (Survey planet, 2022).

The study setting is the University of Benin Teaching Hospital (UBTH). It is a multi-specialty healthcare service provider in West Africa sub-region. The hospital is located in Ugbowo, Benin City, Nigeria and was established on May 12, 1973 following the enactment of an edict (number 12) of the Nigeria National Health Act. As the sixth of the 1st generation Teaching Hospitals in Nigeria. Its establishment was to complement her sister institution, University of Benin, and to provide secondary and tertiary care to the then Mid-Western Region (now Edo and Delta State) and its environs. It provides facilities for the training of a high- and middle-level workforce for the health industry.

Participants/sampling technique/Sample

The target population comprises of nurses and patients in some selected wards which comprising of 356 and 213 respondents respectively, at University of Benin Teaching Hospital, Benin, Edo State. The Taro Yamane method for sample size calculation was formulated by the statistician

Tara Yamane in 1967 to determine the sample size from a given population. Below is the mathematical representation for the Taro Yamane method: $n = N / (1 + N(e)^2)$

Where: n signifies the sample size, N signifies the population under study e signifies the margin error (0.05). This formula was used to calculate the sample sizes of the two groups involved in this study. Thereafter, the sample sizes for each ward were proportionately chosen.

Applying the formula to determine the sample size of nurses

Where

$$N = 356$$

$$e = 0.05$$

$$n = ?$$

Substituting

$$n = N / (1 + N(e)^2)$$

$$n = 356 / (1 + 356(0.05)^2)$$

$$n = 356 / 1.89$$

$$n = 188$$

Considering 10% contingency for attrition rate, the final sample size to be used is calculated as;

$$10\% \text{ of } 188 = \frac{10 \times 188}{100} = 19$$

To get the sample final sample size = n + 10% contingency for attrition rate

$$\text{Final sample size} = 188 + 19 = 207$$

Applying the formula to determine the sample size of patient

Where

$$N = 213$$

$$e = 0.05$$

$$n = ?$$

Substituting,

$$n = N / (1 + N(e)^2)$$

$$n = 213 / (1 + 213(0.05)^2)$$

$$n = 213 / 1.523$$

$$n = 139$$

Also considering 10% contingency for attrition rate, the final sample size to be used is calculated as;

$$10\% \text{ of } 139 = \frac{10 \times 139}{100} = 14 \text{ appropriately}$$

To get the sample final sample size = n + 10% contingency for attrition rate

$$\text{Final sample size} = 139 + 14 = 153.$$

Simple random sampling method was adopted in this study to enable the recruitment of respondents with the required characteristics for the study. This method is appropriate in this study because it enable the researcher to choose participants that fall within the inclusion criteria.

Instrument for Data Collection

The instrument for data collection is a self-structured questionnaire. It is a per questionnaire that was printed and administered. The questionnaire consists of four sections: Section one contains the demographic characteristics of the

respondents which are six in numbers. Section B contains a total of seven questions meant to answer the research questions on how the nurse views therapeutic nurse-patient relationship. Section C consist of seven questions on how the patient views nurse-patient relationship while section D contains seven questions on the perceived impart of nurse-patient relationship.

The questionnaire items were constructed using valid wordings with logical sequencing of the questions to ensure logical flow of information and thought process of respondents. The research instrument was also reviewed by an expert in the area of study. Pilot study was conducted using the instrument among nurses and patients of Central Hospital Benin and the result was computed using Pearson Product Correlation Coefficient which was generated using SPSS software.

Ethical Considerations

The respondents of this study did not use their names or provide any form of identification. Full consent from all respondents was sorted out before administering the questionnaire. All respondents assured a total confidentiality and data obtained was used for research purposed only. Ethical clearances also obtained from University of Benin Teaching Hospital (UBTH) Ethics Committee.

Confidentiality: All information collected (questionnaires) was securely kept and all research assistants was made to sign a declaration of non-disclosure of all information that was provided by participants in the course of the data collection.

Beneficence: This amount to the idea of "Do no harm" while taking full advantage of benefits of the study and curtailing hazards to the study participants. The information collected helped to ascertain the perception among the respondents. Participants was also informed about the outcome of this research through an academic journal publication.

Justice (Non-Maleficence to Participants): This study was conducted with trained assistants who understand the aim of the study. Participants who meet the inclusion criteria were selected randomly without any special preference or undue influence.

Respect for Persons (Voluntariness): Each participant in this study was provided with information on the study and its objectives. Participation in the study was completely voluntary and participants were informed that they are at liberty to decline at any stage of the study without any consequence.

Statistical tool for data analysis

Data was entered, and analyzed using a validated statistical package of the social sciences software (SPSS) version 26. Frequency and percentage was identified. Mean, Median, Mode relationship among different variables was calculated and graphically portrayed in tables.

3. Results

There are 207 Nurse respondents making up 57.5% of the total respondents and 153 patients respondents making up 42.5% of the entire sample. Respondents are categorized in that manner.

Table 1. Age of respondents

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
Below 20 years	31	15.0	15.0	15.0
20 to 29 years	85	41.1	41.1	56.0
30 to 39 years	47	22.7	22.7	78.7
40 and above	44	21.3	21.3	100.0
Total	207	100.0	100.0	

a. Status = Nurse

In the table 1 above, the distribution of Nurses by their ages indicates that the largest subgroup are those between 20 and 29 years of age 41.1% just as those between 30 to 39 years amount to 22.7% and those 40 years and above are 21.3% of the sampled nurses. 31 respondents make up 15% of the sampled nurses. This indicates a largely young demography. The cumulative age of those 30 years and above is 44%.

Table 2. Sex of respondents

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
Male	34	16.4	16.4	16.4
Female	173	83.6	83.6	100.0
Total	207	100.0	100.0	

a. Status = Nurse

The Nursing sample is predominantly female $n = 125$ which amounts to 83.6% of the entire sample. There are just 34 male nurses in total which is 16.4% of the sampled nurses.

Table 3. Educational qualification of respondents

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
Diploma	68	32.9	32.9	32.9
Degree	125	60.4	60.4	93.2
Post graduate degree	14	6.8	6.8	100.0
Total	207	100.0	100.0	

a. Status = Nurse

All the nurses in the sample have a post-secondary school certification as 68 respondents (32.9% have a diploma and 125 respondents have a degree certification (60.4%). However, 14 nurses have a postgraduate degree 6.8%.

Table 4. Working experience of Nurses

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
1 to 5 years	75	36.2	36.2	36.2
6 to 10 years	76	36.7	36.7	72.9
10 to 20 years	36	17.4	17.4	90.3
20 years and above	20	9.7	9.7	100.0
Total	207	100.0	100.0	

a. Status = Nurse

The working experience of nurses indicates that 36.2% of the sample has a working experience below 6 years. As many as 76 respondents have a working experience of between 6 to 10 years (36.7%) making at the largest subgroup while 36 respondents have between 10 to 20 years of working experience (17.4%) and 20 respondents have over 20 years of work experience. Work experience is an important variable in this study as the therapeutic relationship can be influenced by experience either positively or negatively.

Table 5. Religious affiliation of respondents

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
Christianity	190	91.8	91.8	91.8
Islam	17	8.2	8.2	100.0
Total	207	100.0	100.0	

a. Status = Nurse

Most Nursing respondents identify as Christians (91.8%) while just a few identify as Muslims (8.2%). Among patients the religious affiliation varies as those who identify as Christians make up 74.5% of the entire sample (n = 114). There are 35 Muslim respondents (22.7%) and 4 who identify with traditional African religion (2.6%).

Socio demography by Patients

Table 6. Age of respondents

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
Below 20 years	13	8.5	8.5	8.5
20 to 29 years	39	25.5	25.5	34.0
30 to 39 years	23	15.0	15.0	49.0
40 and above	78	51.0	51.0	100.0
Total	153	100.0	100.0	

a. Status = Patient

The table 6 above shows the age distribution of patients. Patients are distributed across the various age intervals. The largest subgroup of respondents are above 40 years of age (n = 78, 51%) just as those between the ages of 20 and 29 years make up 25.5% of the sample (n = 39). Respondents below 20 years are 13 (8.5) while those between the ages of 30 to 39 years are 23 (15%) in number.

Table 7. Sex of respondents

Variables	Frequency	Percent	Valid Percent	Cumulative Percent
Male	50	32.7	32.7	32.7
Female	103	67.3	67.3	100.0
Total	153	100.0	100.0	

a. Status = Patient

There are more female patients' respondents (103 of 153) than male patients are just 32.7% of the entire. The female patients make up 67.3% of the entire sample.

Table 8. Educational qualification of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
no formal education	16	10.5	10.5	10.5
Primary school leaving certification	53	34.6	34.6	45.1
Secondary school certification	24	15.7	15.7	60.8
Diploma	28	18.3	18.3	79.1
Degree	25	16.3	16.3	95.4
Post graduate degree	7	4.6	4.6	100.0
Total	153	100.0	100.0	

a. Status = Patient

The educational qualification of respondents varies as the largest subgroup have a primary school certification (n = 53, 34.6%). Respondents with secondary school certification are 24 (15.7%), as those with a diploma are 28 (18.3%) in number. 25 respondents (16.3%) have a degree as 7 respondents have a postgraduate degree. The cumulative proportion of respondents with tertiary education is 39.2% while the cumulative proportion of respondents with any certification is 89.5% suggesting that most patients have basic literacy skills.

All nurses responded in the affirmative that the therapeutic nurse patient relationship means a good working relationship between the nurse and the patient. This is the case as 28 agree (13.5%) and 179 nurse respondents strongly agree 86.5%. Responses on the nurses opinion as more regarded in a therapeutic nurse-patient relationship indicates that 12 respondents strongly disagree (5.8%), and 37 respondents disagree 17.9% 12 nurse respondents were undecided. On the contrary, 92 agree (44.4%) and 54 strongly agree (26.1%) which indicates that there is an understanding among many nurses that the nurses opinion is more regarded in the therapeutic nurse-patient relationship. When nurses are asked if the patients' opinion is more regarded, 4 strongly disagree (1.9%), and 30 disagree (14.5%) with 32 undecided. On the contrary, 89 sampled nurses agree while 52 strongly agree that the patients' opinion is more regarded in the therapeutic nurse-patient relationship. All nurse respondents affirm that the therapeutic nurse-patient relationship involves

mutual respect and agreement. This is the case as 56 strongly agree (27.1%) and 151 strongly agree (72.7%). The responses to the statement, "Good therapeutic nurse patient relationship improves patient's outcomes indicates that an overwhelming majority strongly agree (185 of 207, 89.4%) as 13 respondents agree (63%) just as 5 respondents are

undecided (2.4%) and 4 strongly disagree (1.9%). Responses to the statement "poor therapeutic nurse-patient relationship delays patient's recovery indicates that 111 of 207 (53.6%) strongly agree and 67 agree (32.4%). 5 respondents are undecided. 20 respondents disagree (9.7%) while 4 respondents strongly disagree (1.9%).

Table 9. The understanding of therapeutic nurse patient relationship and its effect on patient's treatment outcomes

Variable	Strongly Disagree	Disagree	undecided	Agree	Strongly Agree	Total
Therapeutic nurse-patient relationship means a good working relationship between the nurse and the patient	0 (0%)	0 (0%)	0 (0%)	28 (13.5%)	179(86.5%)	207 (100%)
The nurse opinion is more regarded in a therapeutic nurse-patient relationship	12(5.8%)	37 (17.9%)	12(5.8%)	92(44.4%)	54 (26.1%)	207 (100%)
The patient opinion is more regarded in a therapeutic nurse-patient relationship	4 (1.9%)	30(14.5%)	32(15.5%)	89(43%)	52(25.1%)	207 (100%)
Therapeutic nurse-patient relationship involves mutual respect and agreement	0 (0%)	0 (0%)	0 (0%)	56 (27.1%)	151 (72.9%)	207 (100%)
Good therapeutic nurse-patient relationship improves patient's outcome	4(1.9%)	0 (0%)	5(2.4%)	13(6.3%)	185(89.4%)	207 (100%)
Poor therapeutic nurse-patient relationship delays patient's recovery	4(1.9%)	20(9.7%)	5(2.4%)	67(32.4%)	111(53.6%)	207 (100%)

Table 10. The understanding of therapeutic nurse patient relationship and its effect on patient's treatment outcomes

Variable	Strongly Disagree	Disagree	undecided	Agree	Strongly Agree	Total
Therapeutic nurse-patient relationship means a good working relationship between the nurse and the patient	0(0%)	4(2.6%)	0(0%)	26(17%)	123(80.4%)	
The nurse opinion is more regarded in a therapeutic nurse-patient relationship	12(7.8%)	56(36.6%)	16(10.5%)	45(29.4%)	24(15.7%)	
The patient opinion is more regarded in a therapeutic nurse-patient relationship	4(2.6%)	12(7.8%)	34(22.2%)	72(47.1%)	31(20.3%)	
Therapeutic nurse-patient relationship involves mutual respect and agreement	1(.7%)	5(3.3%)	5(3.3%)	26(17%)	116(75.8%)	
Good therapeutic nurse-patient relationship improves patient's outcome	1(.7%)	3(2%)	7(4.6%)	24(15.7%)	118(77.1%)	
Poor therapeutic nurse-patient relationship delays patient's recovery	4(2.6%)	1(.7%)	21(13.7%)	38(24.8)	89(58.2%)	

Table 11. T-test statistics of variance in responses by status of respondents

	Status	N	Mean	Std. Deviation	T-score	P value
Therapeutic nurse-patient relationship means a good working relationship between the nurse and the patient	Nurse	207	4.8647	.34284	2.291	<0.05
	Patient	153	4.7516	.58805		
The nurse opinion is more regarded in a therapeutic nurse-patient relationship	Nurse	207	3.6715	1.20610	4.465	<0.05
	Patient	153	3.0850	1.26672		
The patient opinion is more regarded in a therapeutic nurse-patient relationship	Nurse	207	3.7488	1.04959	-0.034	>0.05
	Patient	153	3.7451	.95648		
Therapeutic nurse-patient relationship involves mutual respect and agreement	Nurse	207	4.7295	.44531	1.395	>0.05
	Patient	153	4.6405	.75754		
Good therapeutic nurse-patient relationship improves patient's outcome	Nurse	207	4.8116	.65970	1.986	<0.05
	Patient	153	4.6667	.71635		
Poor therapeutic nurse-patient relationship delays patient's recovery	Nurse	207	4.2609	1.02851	-.875	>0.05
	Patient	153	4.3529	.92815		

Patients Response

Patients responded in the majority that the nurse therapeutic patient relationship means a good working relationship between the nurse and patients as 123 strongly agree (80.4%) 27 agree (17%) and 4 disagree. Responses on the nurses opinion is more regarded in a therapeutic nurse-patient relationship indicates that 7.8% strongly disagree, 56 disagree (36.6%) 16 are undecided. (10.5%) 45 agree (29.4%) and 24 strongly agree (15.7%). On the responses to the patients opinion having more regard in the therapeutic nurse-patient relationship, 31 strongly agree (20.3%) 72 agree (47.1%), 34 are undecided, 12 disagree and 4 strongly disagree (2.6%). Respondents largely affirm that the therapeutic nurse patient relationship involves mutual respect and agreements as 75.5% strongly agree (116 of 153), 26 agree (17%) while 5 are undecided (3.3%), 5 disagree (3.3%) and 1 strongly disagree. Most respondents agree that good therapeutic nurse-patient relationship improves patient's outcome as 118 strongly agree (77.1%), 24 agree (15.7%) 7 are undecided. 4.6% 3 disagree and 1 strongly disagree (.7%). Responses on poor therapeutic nurse-patient relationship delays patients' recovery indicates that 89 respondents strongly agree (58.2%), 38 agree (24.8%), 21 are undecided 13.7%. 1 disagree as 4 strongly disagree.

Using the t-test statistics test of variance, the mean scores of patients and nurses on each of the variables, there is a significant difference on the responses to the statement "Therapeutic nurse-patient relationship means a good working relationship between the nurse and the patient ($t = 2.291, p < 0.05$). Nurses have a higher mean score of 4.8647 ($\pm .34284$). then the mean score of patients 4.7516 ($\pm .58805$). On the responses to the statement "The nurses opinion is more regarded in a therapeutic nurse-patient relationship there is a significance difference ($+ = 4.465, P < 0.05$) in the responses by status of respondents. The nurses have a mean score of $m = 3.6715$ (± 1.20610) while the mean score for patients is $m = 3.0850$ (± 1.26672) suggesting that nurse respondents have a higher mean score then patients respondents. There is no significant different on the responses to the statements "The patient opinion is more regarded in a therapeutic nurse-patient relationship ($+ = 0.034, P > 0.05$) and there is no significant difference in the responses to the statement "Therapeutic nurse-patient relationship involves mutual respect and agreement ($t = 1.395, P < 0.05$). There is a significance difference in responses to the statement. Good therapeutic nurse-patient relationship improves patient's outcome ($t = 1.986, \leq P 0.05$). The mean score for patients respondents is 4.6667 (.771635) while the mean score for Nurse respondents is higher (4.8116(.65970). There is no significant difference in the responses to the statement poor therapeutic nurse-patient relationship delays patient recovery ($T = .875, P > 0.05$).

Discussion of findings

Every healthcare system is driven by a philosophy of care. Therapeutic nurse patient relationship is an approach to the provision of care that is predicated on the attitude of the care

giver to the patients. Responses by Nurses and Patients indicate that there is a fairly appropriate understanding of therapeutic care which emphasizes a relationship between the caregiver and the patient. This is the case as they agree largely that the therapeutic nurse-patient relationship is a good working relationship between the nurse and the patient, involves mutual respect and agreement and it improves outcomes. There is also an agreement across Nurses and patients' respondents that the opinion of the patient is respected and valued in therapeutic nurse-patient relationship. The perception of respondents on the relationship between the therapeutic approach and good outcomes agrees with the findings of Molina-Mula & Gallo-Estrada (2020) who observed that a good nurse-patient relationship reduces the days of hospital stay and improves the quality and satisfaction of both. The observation by patient respondents that communication barrier is impeding therapeutic relationship agrees with the observation of Johnson (2015) who found that nurses exerted power over patients and that interactions were filled with conflict and struggle, resulting in 'acquiescence of patients to the nursing and medical goals of care'.

4. Conclusions

This study set out to assess nurses' perspective on the effect of therapeutic nurse-patient relationship treatment outcomes among patients of University of Benin Teaching Hospital (UBTH). The findings show clearly that the therapeutic approach to care is an overwhelmingly accepted form of care for both the nurses and the patients. Although the study revealed that the work structure makes the attainment of the therapeutic relationship difficult as nurses have a high workload and patients experience communication difficulty in the healthcare setting.

5. Recommendations

In line with the observations from this research, the following recommendations are made;

1. There is the need to ensure that the healthcare organisation embraces the therapeutic nurse-patient relationship approach through the implementation of active learning guides in the institutions of nursing to ensure that the practice is consistent with the demands of therapeutic approach.
2. The workload of Nurses need to be looked into by the nursing administration authorities as it is a barrier to the implementation of the approach.

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