



Measuring Therapeutic Engagement in Acute Mental Health Inpatient Environment

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INTRODUCTION

A key component of caring for service users in acute mental health inpatient environments is Therapeutic Engagement. To that end, the Therapeutic Engagement Questionnaire was developed and validated. The TEQ measures TE between SUs and registered mental health nurses from the perspective of both parties and can quantify and recognize how nurses engage with SUs and monitor this activity as well as its enhancement of SU care and recovery. The aim of this study was to explore the views of SUs and RMHNS in relation to the TEQ and how it could be adopted into clinical practice within an acute inpatient environment. As part of the validation stage of the development of the TEQ, the views of 628 SUs and 543 RMHNS were collected using a qualitative approach by way of free text at the end of the questionnaire. Two questions required free text response what do you think of the TEQ and how can it be utilized. Following thematic analysis, it was found that both sets of participants stated that such a tool could be utilized to improve the service, could help nurses with reflective practice, be utilized as part of clinical supervision and to aid nurses' professional development. The nurse participants also stated that such a tool would help track SU participation and enablement in their care. Furthermore, the nurses noted that the tool would help to reinforce the core 'caring' value of nursing and the overall goal of recovery.

DESCRIPTION

Therapeutic Engagement (TE) can be viewed as fundamental to mental health nursing. The relevance of communication and TE in mental health care is also emphasized in the Chief Nursing Officer's review of mental health nursing in which a key recommendation to improving outcomes for SUs is to develop and sustain positive TE. Therapeutic Engagement (TE) is viewed as a partnership relationship between the RMHN and SU with

shared decision-making, recovery focused goals based on mutual trust, respect, and negotiation, enabling SUs to problem-solve and enhance their coping capacity. For clarity, 'recovery' in the context of this study is loosely defined to be the significant decrease/absence of clinical symptoms, decreases in duration and rate/number of hospital (re) admissions. The authors acknowledge that the concept itself is a process and can be subjective and includes agents such as hope and empowerment. There have been many interpretations and definitions of TE.

CONCLUSION

Engagement in treatment has been identified as key to its effectiveness. Given its multifaceted nature authors have advocated that, those working in the field of mental health nursing should consider the impact of both the therapeutic environment and atmosphere and session on the support and care available to SUs. TE is viewed an interpersonal construct, characteristic of nurses' approach towards SUs and known to impact on care quality and recovery. The therapeutic relationship has potentially been known to be affected by administrative issues and time constraints which detract from nurses' capacity to maintain therapeutic relationships with SUs. Reported potential for disparity between actual and desirable levels of TE and advocated an emphasis on TE in nurse education, ward management and clinical supervision.

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CONFLICT OF INTEREST

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