



Research Article

Effect of Educational Program about Psychiatric' Nurse-Patient Relationship on Patients' Quality of Care

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Abstract: Background: Nurses working in acute inpatient psychiatry, where lengths of stay are increasingly shortened, are struggling to create therapeutic nurse-patient relationships. Moreover, acute inpatient psychiatric care is an increasingly restricted resource; it is critical that nurses participate with clients in ways that assist them attain the highest health results possible. **Aim of this study:** This study aimed to evaluate effect of educational program about psychiatric' nurse-patient relationship on patients' quality of care. **Design:** Quasi experimental design was used. **Setting:** this study carried out at emergency department in Benha psychiatric health hospital. **Sample:** A Convenient sample of (60) nurses and (60) patients at Benha Psychiatric Health Hospital. **Tool:** Three tools were used, tool I: Nurse-Patient Relationship Questionnaire, tool II: Nurse-Patient Relationship Observation Checklist Schedule, and tool III: Quality in Psychiatric Care In-patient (QPC-IP) Instrument. **Results:** there was a positive correlation between nurses' knowledge about nurse-patient relationship, practice and quality of patients care in pre-program. In addition to a highly positive correlation between nurses' knowledge about nurse-patient relationship, practice and quality of patients care in post-program. **Conclusion:** the educational program had a positive effect on nurses' knowledge about nurse-patient relationship and their practice during this relation that lead to improve quality of patient care. **Recommendation:** The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationships.

Keywords: Educational program, Nurse-Patient Relationship, Patients' Quality of Care.

INTRODUCTION

A therapeutic relationship was seen as the basis of mental health care and the support for altering understanding and behavior (Penda, 2017). A therapeutic relationship between nurse and patient is a supportive interaction that moves a patient towards well-being and the quality and result of nursing care. This relationship therefore relies on confidence, respect, interest and empathy (Gillaspy, 2015).

Therapeutic relationship is an interaction between two people (usually a caregiver and a caregiver) in which both participants contribute to a climate of healing, promotion of growth and/or prevention of disease (Townsend and Morgan, 2017). This connection is always centered on the issue and needs of the client. It is therefore different from a social and an intimate relationship in that the nurse maximizes her communication skills, understanding human

activities and private strengths to improve the development of the client (Varcarolis, 2017).

In Peplau's (1952/1991/1997) theory, nursing is described as an interpersonal, therapeutic process in which practitioners, specifically trained as nurses, participate in therapeutic interactions with those in need of health facilities. Peplau theorized that in order to be effective, nurse-patient relationships must pass through three stages: (a) orientation, (b) work, and (c) termination.

It is essential to establish a good connection between nurse and patient. Nurses should welcome the patient by name, make contact with their eyes, show trust, show professionalism, clarify everything that will be accomplished, review the care plan and ensure that they are involved in decision-making. It is also vital to maintain the privacy of patients. Touch is a way to show compassion and caring for some patients, but

Quick Response Code



Journal homepage:

<http://www.easpublisher.com/easjnm/>

Article History

Received: 03.06.2019

Accepted: 08.07.2019

Published: 24.07.2019

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nurses should be conscious of personal boundaries, as some patients prefer not to be affected (Registered Nursing, 2013).

The Institute of Medicine identified quality as the degree to which individual and population health facilities boost the probability of desired health results and are compatible with present professional understanding (National Academy of Science, 2018). Nursing is regarded as a key component of health services. The health improvement of patients depends on the quality of nursing care. As an important principle, nurses' perceptions and active involvement in decision-making play an important role in the quality of services (Ebrahimi, *et al.*, 2012)

A key element of care is ensuring and retaining patient security. Security is a multidimensional idea that includes interrelated aspects like physical and psychosocial security. An effective nurse-patient relationship should ensure that these elements are considered when planning and providing care (Conroy, *et al.*, 2017).

Establishing a favorable and trusting therapeutic connection with patients is an essential element of nursing practice and is important for efficient care. There are different difficulties in clinical practice that make the delivery of efficient care focused on such relationships increasingly hard. Understanding and addressing these challenges is crucial to ensure a positive experience of care for patients, families, careers and nurses (Feo, *et al.*, 2017).

The development of quality indices for mental health has become a federal concern in latest years. As health care expenditure rises, attempts have risen to reduce expenses and improve the quality of care, yet the growth of psychiatric inpatient quality measurement continues to lag behind other kinds of health care facilities (Hanrahan& Aiken, 2008).

Providing high-quality nurse service is a basic component of the role of the nurse in a therapeutic relationship. The multiple main element of the nurse-patient relationship is crucial for the nurse to provide this service. The study by *Hawamdeh&Fakhary* revealed that nurse role in an efficient nurse-patient relationship includes the provision of physical care, safety, security and protection. Nurses can have created the provision of physical care through two sub-themes, assisting with self-care and therapy, and taking care of the daily concerns of the client (Hawamdeh&Fakhary, 2013).

Significant of the Study:

Everyday life in psychiatric inpatient care indicates being surrounded by disorder in a confusing environment where routines and rules are inconsistent. Furthermore, patients suffering from waiting, loneliness and various mental disorders (Lindgren, *et al.*, 2015). Also, Psychiatric patients are susceptible to receive low-quality of cares. In fact, 40% of these patients do not receive sufficient care (Landino& Buckley, 2010). However, in psychiatric/mental health nursing, the interpersonal interaction is the core of practice making the therapeutic relationship a fundamental element of mental health care. actually, the therapeutic relationship employed in mental health care has been associated with therapeutic outcomes across a range of clinical settings and patient populations (Dziopa& Ahern, 2009).

Aim of the Study:

This study aimed to evaluate effect of educational program about psychiatric' nurse-patient relationship on patients' quality of care.

Research Hypothesis:

The study supposed the following hypotheses:

- The Educational program displays improvement in nurses' knowledge about nurse-patient relationship
- The Educational program displays improvement in nurses' practice and patient quality of care.

Research Design:

A quasi-experimental research design was used pre/post-test, one group was studied to achieve the aim of the current study.

Setting:

The study was conducted in emergency department at Benha Psychiatric Health Hospital in Egypt. Qalubya Governorate, which is affiliated to general secretariat of mental in Egypt. It has 5 department (4 males and 1 female); with a capacity of 211 beds. It works 24 hours per day, 7 days per week. The hospital provides care for patients diagnosed with acute and chronic mental illness who need institutional care, and has outpatients' clinics for follow up. The hospital provides care for addicted patients in addiction department. The total number of patients with acute and chronic mental illness was 172 patients.

Sample:

A Convenient sample of (60) nurses and (60) patients were involved in care of acute/newly admitted patients at Benha Psychiatric Health Hospital.

Inclusion Criteria:

This sample selected according to the following inclusion criteria "nurses who working with acute cases of patient admitted in emergency

department, nurses' experiences from 3 year and accepted to participate in this study. Also, patient who able to understand and express themselves and accepted to participate in this study.

Tools of the study:

Three tools were used to collect data for this study

Tool I: A structured Self-administered Questionnaire.

It consisted of two parts:

Part 1: nurses' Socio-demographic characteristic questionnaire:

This was constructed to describe a nurse's sex, job, marital status, educational level and year of experiences.

Part 2 : Nurse-Patient Relationship Questionnaire :

It was developed by *Dawood, (2007)*. It aimed to assess nurses' knowledge about nurse-patient relationship. It is a 57-item closed ended questionnaire and covering the following seven subscales: definition of nurse patient relationship, Type of the relationship between nurse and patient which subdivided into: Authoritative relationship domain (4) items, Facilitative relationship domain (4) items, Characteristic of nurse-patient relationship (3) items, Main themes of conversation during nurse-patient relationship (8) items, Role played by the nurse during the relationship with patient (8) items, Positive effect of the relationship with patient (8) items, Negative effect of the relationship with patient (3) items, Factors that help nurse to form a therapeutic relationship with patient (19) items.

Scoring System:

Each item was assigned a score of (1) given when the answer was correct, a score (0) was given when the answer was incorrect or (I don't know). In addition, nurses' total knowledge score was converted into total percent and graded as the following:

- Poor < 60% of the total score.
- Average 60% < 75% of the total score.
- Good refers 75% -100% of the total score.

Tool II: Nurse-Patient Relationship Observation Checklist Schedule

It was developed by *Shehata, (2009)* to observe nurses' practice during nurse – patient relationship. It consists of 65 items divided into 8 subscales. It covering the following subscales: The time when the nurse and the patient meet (7) items, Preparation of suitable environment when communicate with the patient this (5) items, Understand verbal communication with the patient (11) items, Understand non-verbal communication with the patient (9) items, Responding to

the patient (9) items, Listening to the patient (8) items, Principle of acceptance (10) items, and Technical tasks (6) items.

Scoring System:

Each item was rated on a 2-point Likert scale (done, not done) on which "done" will be scored as (1)"not done" will be scored as (0). In addition, nurses' total performance score was converted into total percent and graded as the following:

Satisfactory practice: ≥ 60% of total score

Unsatisfactory practice: < 60% of total score.

Tool III: Quality in Psychiatric Care In-patient (QPC-IP) Instrument:

Developed by (Schröder, et al., 2010). It was assessed patients' quality of care. QPC-IP is a self-administered questionnaire and consisted of 30 items covering six dimensions of quality of care: encounter (8) items, participation (8) items, discharge (4) items, support (4) items, secluded environment (3) items, and secure environment (3) items.

Scoring System:

Each item was rated on a 3-point Likert scale (disagree, to somewhat, and agree) on which "disagree" will be scored as (1), "to somewhat " will be scored as (2), and "agree will be scored as (3). In addition, patients' total opinion about quality of care score was converted into total percent and graded as the following:

- Poor quality < 60% total score
- Average quality: 60-75% total score
- Good quality: ≥ 60% total score

Validity

The tools of research were submitted to a panel of five experts in the field of psychiatric (nursing & medicine) to test the content validity, modifications were carried out according to the panel' judgments on clarity of sentences and the appropriateness of content. The result of content validity index (CVI) delineated strongly accepting tools, it measured (0.88).

Reliability

The reliability was done by Cronbach's Alpha test which revealed that each of the three tools consisted of relatively homogenous items as indicated by the moderate to high reliability of each tool, it was (0.86) for knowledge tool, (0.854) for observational check list tool, and (0.945) for quality of patient care tool.

Ethical Considerations

An official permission was granted from director of the Dean of Faculty of Nursing–Benha University, Manager of Benha Psychiatric Health

Hospital to carry out the study after explaining the purpose of the study. Oral Informed consents were obtained from nurses and patients before data collection and after explaining the purpose of the research. Anonymity was assured as the filled questionnaire sheets were given a code number. The researchers informed patients and nurses that the information obtained will be confidential. The research maneuvers do not entail any harmful effects on participants. The nurses and patients who participated in the research were informed about having the right to withdraw at any time without giving any reason.

A Pilot Study:

The pilot study was carried out on 10% of the total sample (6 nurses & 6 patients). It is mainly established to test the simplicity, clarity and applicability, ascertain the relevance and content validity of the tools, detect any problem unusual to the statements such as sequence and clarity that might interfere with the process of data collection as well as estimation of the time needed to fill the questionnaire. According to the results of the pilot study, the tools were clear and applicable, relevant and valid; however, few words were modified and no problem interfered with the process of data collection. Following this pilot study the tools were made ready for use. Nurses and patients involved in the pilot included in the study.

Field Work:

Data of the current study was collected during a period of 3 months from the beginning March 2019 and completed at the end of May, 2019 covering three months. The researcher visited the previously mentioned setting three days/week (Sunday, Tuesday, Thursday), from 9.00 am to 2.00 pm, take 2 shifts per day. To fulfill the aim of this research, the following phases were adopted, preparatory phase, interviewing and assessment phase, planning phase, implementation of the Educational program phase and evaluation phase.

A-Preparatory phase:

The researchers conducted this phase through reviewing local and international related literature concerning the various aspects of the research problem. This phase helped the researchers to be familiar with the seriousness of the problem, and the researchers be directed by sample information help them to prepare adequately the required data collection tools.

B-Interviewing and assessment phase:

In this phase the researcher interviewed the nurses and patients to collect baseline data. At the beginning of the interview, the researchers acquainted with the participating nurses and patients, introduced herself to them, explained the purpose of the research and familiarized them with all information about the research (purpose, duration, and activities) and obtained

their oral consent to participate in the research. Data were collected by the researchers through administration of the three tools. Average time for the completion of each nurses' interview was around (15-20) for tool I, the time for completion of each patients' opinion was around (20-30 minutes) for tool III, and the time for researcher to complete observational check list (10-15 minutes) for tool II. A number of observe nurses per day (5) nurse. This phase lasted (one week to fill the tool by nurses and patients & four weeks to observe nurses). The data obtained during this phase constituted the base line for further comparison to evaluate the effect of the educational program.

C- Planning phase:

Based on results obtained from study group during assessment phase, the educational program was developed by the researchers in a form of printed Arabic booklet to satisfy the studied nurses' deficit knowledge regarding nurse-patient relationship and to improve patients' quality of care. Sessions number and contents, different methods of teaching, and instructional media were determined accordingly to studied nurses. Objectives of educational program were constructed and included the following:

General Objectives aimed to equip the study subjects with the essential required knowledge concerning nurse-patient relationship that subsequently improve patients' quality of care.

Specific Objectives aimed to familiarize the study subjects with abundant information concerning nurse-patient relationship in terms of; its definition, phases, condition essential to development of therapeutic relationship, principles of therapeutic relationship, role of psychiatric nurse, common problems affect nurse-patient relationship, implementation of it effectively etc....

D-Implementation of the educational program phase:

Implementation of the educational program took (2) weeks period. Data were collected 3 days /week by the researchers during 2 shifts. The nurses were gathered in the available room of psychiatric hospital. Giving them a lecture about nurse-patient relationship, the program was provided through twelve scheduled sessions (6 sessions/week). These sessions were given to each subgroup of (5) nurses. Each session took about 45-60 minutes. At the beginning of the first session nurse were oriented with the booklet contents. During each session studied nurse were instructed regarding nurse-patient relationship including definition phases, condition essential to development of therapeutic relationship, principles of therapeutic relationship, role of psychiatric nurse, common

problems affect nurse-patient relationship, and how to implement it with patient effectively. At the end of the session explain any vigorous items and take feedback from nurses about lecture then nurses' questions were discussed to correct any misunderstanding.

E- Evaluation phase:

The effectiveness of the educational program was evaluated after implementation using the same format of tools which used before implementation for studied sample (one week for nurses and patients to fill the tool and four weeks to observe nurses by the researcher).

III- Statistical Design:

Data analysis was performed using IBM SPSS statistical software version 22. The data were explored. Qualitative variables were compared using chi square test (χ^2) as the test of significance, compare score between pre and post program for the same group respectively. Correlation coefficient (r) was used to evaluate association between studied variables. The p-value is the degree of significance. A significant level value was considered when $p\text{-value} \leq 0.05$ and a highly significant level value was considered when $p\text{-value} \leq 0.001$, while $p\text{-value} > 0.05$ indicates non-significant results.

IV. Results

Table (1): shows personnel characteristics distribution of the studied sample. The total number of studied

samples was (120), It was noticed that (58.3%) of the studied sample were male and (50%) of them aged from 40-<50 with mean (32.73 ± 8.69). Regarding years of experience it was found (50%) of them from 5-<7 years. Also, (71.7%) from studied nurses had diploma in nursing.

Table 2 & Figure 1: Shows that, there are a highly statistical significant differences between nurses' knowledge about nurse-patient relationship at psychiatric health hospital pre and post program ($p < 0.001^{**}$). In addition, the total nurses' knowledge score in pre-program was poor (86.4%) but post program become good level (88.3%).

Table (3) and figure (2): illustrates that, there was highly statistical significant differences between nurses' practice pre and post program ($p < 0.001^{**}$). Moreover, (73.3%) of nurses' total practice score in pre-program unsatisfied but in post-program become satisfy (75%).

Table (4) and figure (3): indicates that, in pre-program total quality of patient care was low quality (91.7%) but changed in post-program for high quality (56.7%). In addition, there was a highly statistical significant differences between quality of patient care pre and post program ($p < 0.001^{**}$).

Table (5) indicates a positive correlation between nurses' knowledge, practice and quality of patient care at the pre-program phase, also there was a highly positive correlation between nurses' knowledge, practice and quality of patient care at the post-program phase.

Table (1): Distribution of personnel characteristics of the studied nurses (N=60).

personnel characteristics	No	%
Age in years		
30-<40	18	30.0
40-<50	30	50.0
≥ 50	12	20.0
Mean $\pm$SD	32.73 $\pm$ 8.69	
Gender		
Male	35	58.3
Female	25	41.7
Marital status		
Single	8	13.3
Married	42	70.0
Divorced	3	5.0
Widow	7	11.7
Educational level		
Diploma of nursing	43	71.7
Health Technical nursing institute	12	20.0
Bachelor of nursing	5	8.3
Years of experience		
3-<5	20	33.3
5-<7	30	50.0
≥ 7	10	16.7
Mean $\pm$SD	7.86 $\pm$ 5.45	

Table (2): Nurses' total Knowledge pre and post program at studied psychiatric health hospital (n=60)

Knowledge	Pre-program						Post-program						Chi square	P value
	Poor		Average		Good		Poor		Average		Good			
	No	%	No	%	No	%	No	%	No	%	No	%		
Definition of nurse patient relationship	25	41.7%	31	51.7%	4	6.7%	0	0.0%	12	20.0%	48	80.0%	70.62	<0.001**
Types of nurse patient relationship	25	41.7%	32	53.3%	3	5.0%	0	0.0%	13	21.7%	47	78.3%	71.74	<0.001**
Characteristics of positive nurse patient relationship	29	48.3%	27	45.0%	4	6.7%	0	0.0%	11	18.3%	49	81.7%	73.94	<0.001**
Main themes of conversation during nurse-patient relationship	23	38.3%	34	56.7%	3	5.0%	0	0.0%	16	26.7%	44	73.3%	65.24	<0.001**
Factors to help nurse to form therapeutic relationship	24	40.0%	33	55.0%	3	5.0%	0	0.0%	17	28.3%	43	71.7%	63.90	<0.001**
Role played by the nurse during the relationship with patient	17	28.3%	43	71.7%	0	0.0%	0	0.0%	15	25.0%	45	75.0%	75.51	<0.001**
Evaluate the positive effects of the relationship with the patient from the point of view of the nurse	31	51.7%	26	43.3%	3	5.0%	0	0.0%	14	23.3%	46	76.7%	72.33	<0.001**
Evaluate the negative effects of the relationship with the patient from the point of view of the nurse	28	46.7%	29	48.3%	3	5.0%	0	0.0%	15	25.0%	45	75.0%	69.20	<0.001**
Total knowledge	51	86.4%	5	8.5%	3	5.1%	0	0.0%	7	11.7%	53	88.3%	95.97	<0.001**

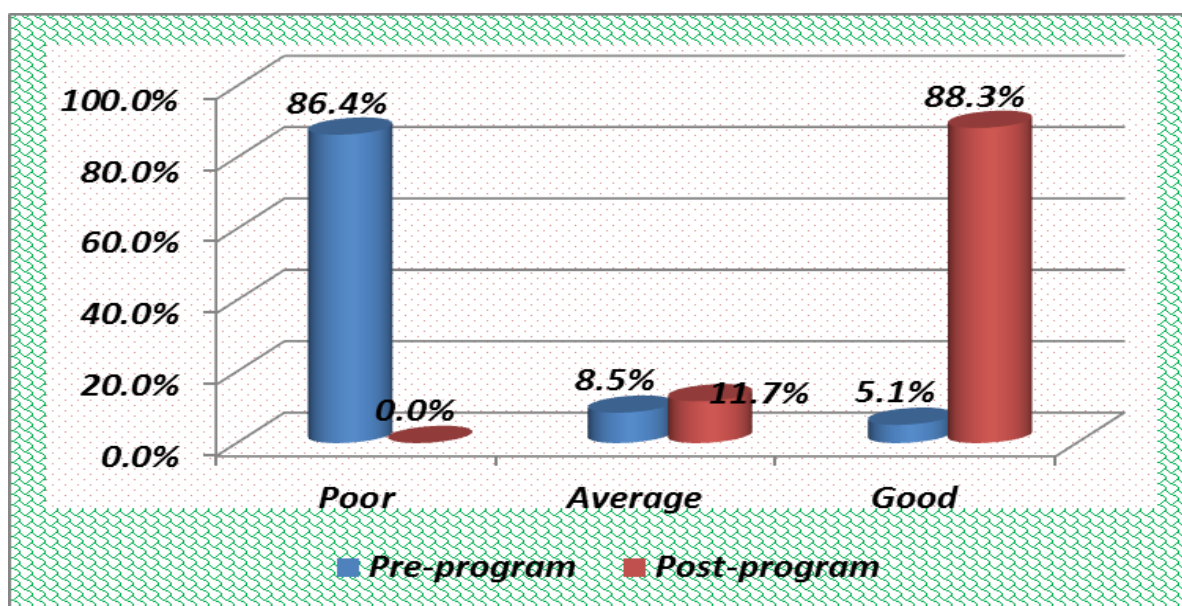


Figure (1): Distribution of nurses' total knowledge score of the studied pre and post program (n=60).

Table (3): Nurses' practice during nurse patient relationship pre and post program at studied psychiatric health hospital (n= 60)

	Pre-program				Post-program				Chi square	P value
	Unsatisfactory		Satisfactory		Unsatisfactory		Satisfactory			
	No	%	No	%	No	%	No	%		
Identification	42	70.0%	18	30.0%	14	23.3%	46	76.7%	26.25	<0.001**
preparation of suitable environment when communicate with patient	33	55.0%	27	45.0%	13	21.7%	47	78.3%	14.10	<0.001**
Verbal communication	40	66.7%	20	33.3%	13	21.7%	47	78.3%	24.63	<0.001**
Nonverbal communication	41	68.3%	19	31.7%	16	26.7%	44	73.3%	20.83	<0.001**
responding to patient	38	63.3%	22	36.7%	16	26.7%	44	73.3%	16.29	<0.001**
Listening to patient	43	71.7%	17	28.3%	14	23.3%	46	76.7%	28.10	<0.001**
General principles	41	68.3%	19	31.7%	13	21.7%	47	78.3%	26.39	<0.001**
Technical task	41	68.3%	19	31.7%	14	23.3%	46	76.7%	24.47	<0.001**
Total performance	44	73.3%	16	26.7%	15	25.0%	45	75.0%	28.04	<0.001**

P <0.001** a highly statistical significant

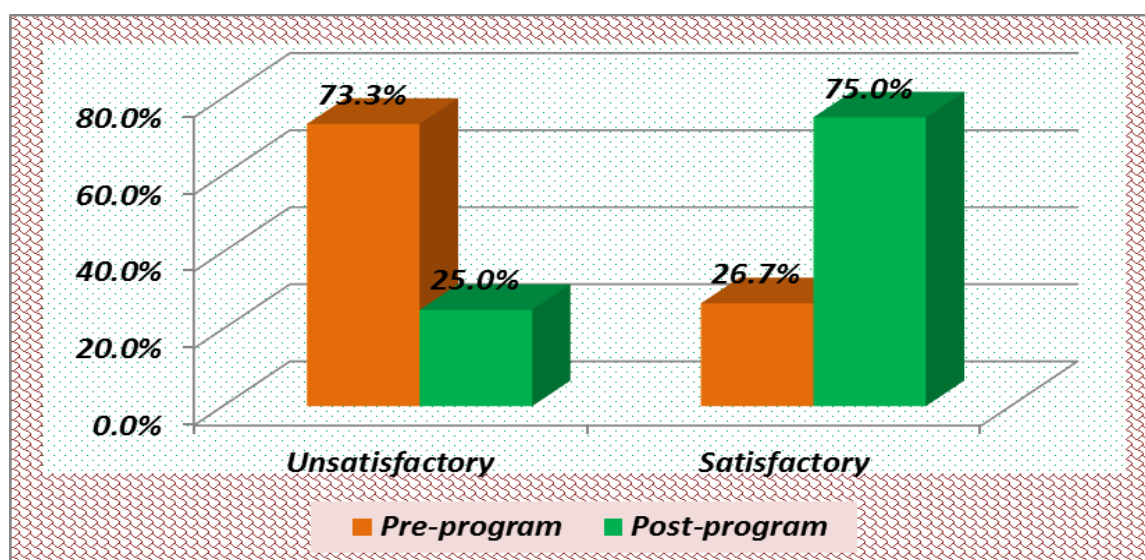


Figure (2): Nurses' total practice score during nurse patient relationship pre and post program at studied psychiatric health hospital (n=60).

Table (4) patients' opinion about quality of their care at studied psychiatric health hospital pre and post program (n=60 patient)

	Pre-program						Post-program						Chi square	P value
	Low		Moderate		High		Low		Moderate		High			
	No	%	No	%	No	%	No	%	No	%	No	%		
Encounter	45	75.0%	15	25.0%	0	0.0%	0	0.0%	20	33.3%	40	66.7%	85.71	<0.001**
Participation	47	78.3%	13	21.7%	0	0.0%	0	0.0%	23	38.3%	37	61.7%	86.77	<0.001**
Discharge	41	68.3%	19	31.7%	0	0.0%	0	0.0%	17	28.3%	43	71.7%	84.11	<0.001**
Support	43	71.7%	17	28.3%	0	0.0%	0	0.0%	24	40.0%	36	60.0%	80.19	<0.001**
Seduced environment	42	70.0%	18	30.0%	0	0.0%	0	0.0%	26	43.3%	34	56.7%	77.45	<0.001**
Secure environment	35	58.3%	25	41.7%	0	0.0%	0	0.0%	21	35.0%	39	65.0%	74.34	<0.001**
Total quality of care	55	91.7%	5	8.3%	0	0.0%	6	10.0%	20	33.3%	34	56.7%	86.32	<0.001**

P <0.001** a highly statistical significant

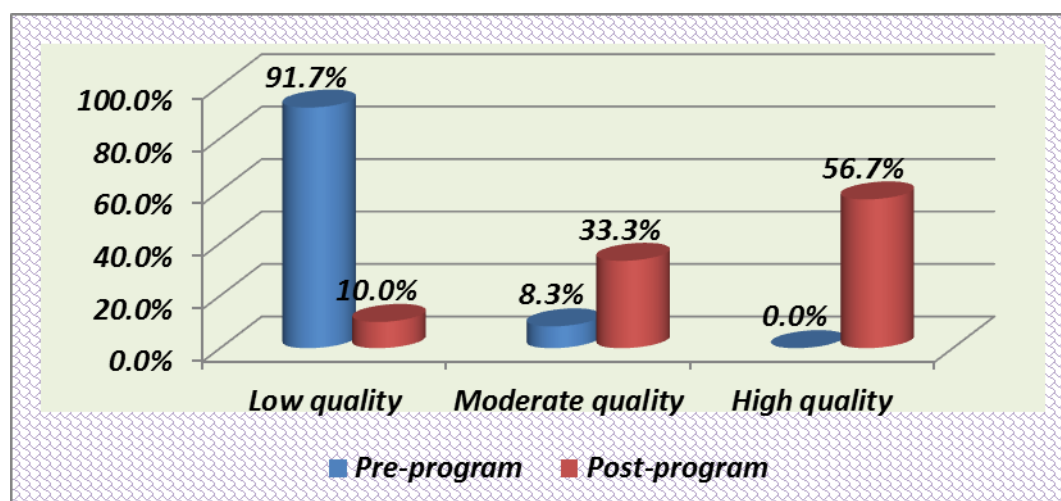


Figure (3): Distribution of total quality of patient care score at studied psychiatric health hospital pre and post program (n=60).

Table (5): Correlation between nurses' knowledge and practice and quality of patient care pre and post program (n=60)

Variable	Quality of patient care			
	Pre-program		Post-program	
	r	p value	r	p value
Knowledge	0.043	>0.05	0.452	<0.001**
practice	0.0210	>0.05	0.493	<0.001**

P <0.001** a highly statistical significant

DISCUSSION:

In this respect, and although nurses are conscious of the significance of the therapeutic relationship and how to promote such an alliance, science proof demonstrates that theoretical understanding of communicative and interpersonal skills alone is inadequate to create these abilities efficiently, thus establishing an efficient therapeutic relationship and providing high-quality nursing care (McAndrew, *et al.*, 2014). Establishing a quality nurse-patient connection is regarded important in most nursing circumstances. However, in psychiatric / mental health nursing, interpersonal.

So, communication skills are the essence of exercise making the therapeutic relationship a basic component of mental health care. In fact, the therapeutic relationship used in mental health care has been correlated with therapeutic results across a spectrum of clinical environments and populations of patients (Dziopa& Ahern, 2009).

Based on these important issues the current study was aimed to evaluate effect of educational program about psychiatric' nurse-patient relationship on patients' quality of care. The findings of the current study supported with research hypothesis that the educational program displays improvement in nurses' knowledge about nurse-patient relationship, their performance during this relationship and increase quality of patient care.

As an overview of the studied nurses' characteristics, the results revealed that half of the studied nurses were aged from (40-50) years, with mean age of (32.73±8.69), slightly less than three fifth of them were male In addition, it was observed that, about the experience half of them were from (5-7) years. Also, regarding educational level, less than three quadrants of them had diploma in nursing.

These finding are inconsistent with Pazargadi, *et al.*, (2015) who stated that, A total of 15 nurses took part in the study. They were aged 25–52 years, holding Bachelor's and Master's degrees in Nursing, and had 7 months to 26 years' experience in the psychiatric ward. Also, this study disagree with Heever, *et al.*, (2013), who stated that 92.4% of the participants were women (n = 170); 53.3% were younger than 40 years of age (n= 103) and 43.7% were older than 40 years (n= 80), with a mean age of 38.58 years; 52% had less than 10 years' experience (n= 96) and 47.3% had more than 10 years' experience (n= 87).

As regards nurses' knowledge about nurse-patient relationship at psychiatric health hospital pre and post program, the present study revealed that in pre-program the majority of nurses was poor knowledge but in post-program the majority of them become good knowledge with a highly statistical significant differences between nurses' knowledge pre and post program. This improvement might be due to nurses'

active participation and good communication with the researchers who helped them to acquire knowledge. Also, this confirm effect of program on nurses' knowledge.

In the same line with El-Salamony, *et al.*, (2016), who stated that nurse students are able to build therapeutic relationship with psychiatric patients during their psychiatric clinical training. Because before the participants students undertaken their psychiatric clinical practice, they received theoretical knowledge about concepts of psychiatric nursing over three weeks with statistical significant differences. In this respect Larsson &Wilde-Larsson (2010) stated adequate preparation by students for clinical practice has been credited with making all the difference in the world, this preparation may include acknowledge the student by concepts of psychiatric

Concerning nurses' practice (role played) during nurse-patient relationship, the results of the current study clarified a highly statistical significant difference between pre and post program. Moreover, less than three quadrants of them unsatisfied in pre-program regarding listening to patient but in post-program more than three quadrants of them become satisfy. This may be due to their improved knowledge regarding nurse-patient relationship can lead to increase performance with patient and can deal and listen to them. These finding are consistent with El-Salamony, *et al.*, (2016), who stated that, the highest M $\pm$ SD among the nurse student patient relationship questionnaire subscales. This indicate that the majorities of nurse students listen to their patients, give answer to or reply on patient's questions and support patients to use their own resources. This result was in agreement with Abd Elbaseer (2014) who demonstrated that the studied role of nurse student in relationship includes listen to their patients

Regarding patients' opinion about quality of care, the result study portrayed that a highly statistical significant differences between quality of patient care pre and post program. In addition, total quality of care in pre-program the most of patients' opinions was low quality but more than half of them in post program become high quality. This improvement in nurses' practice during therapeutic relationship might reflect the fact that the nurses recognized the importance and availability of carrying out all the recommended instructions in the program. This can lead to change when caring patient. This study agrees with (Schröder *et al.*, 2010), who found that a highly statistical regarding quality of care. Moreover, this results confirmed by Kornhaber, *et al.*, (2016) who reported that effective therapeutic relationship between nurse and patient can focus on patient centered care and lead to increase quality of care

According to a correlation between nurses' knowledge, practice and patients' opinion about patient quality of care. This result documented that, there was a highly positive correlation between nurses' knowledge, practice and quality of patient care at the post-program phase than pre-program. This result may be as a result from program which increase nurses' knowledge lead to increase nurses' practice during relationship with patient and quality of patients' care.

In the same line with Kneisl&Trigoboff (2009) who reported that, 61 respondents (81.3%) disagreeing that applying the nursing process makes no difference in patients' recovery. Rather, its application has enhanced the nurse-patient therapeutic relationship that improves patient's response to care, thus making the nurse a better friend, surrogate and professional.

CONCLUSION:

This study concluded that, there was a highly positive correlation of nurses' knowledge about nurse-patient relationship and their practice during this relation that lead to improve quality of patient care in post-program than pre-program. This confirm research hypothesis and effective of education program.

Recommendation:

This study recommended the following:

- The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationships.
- The hospitals should consider the therapeutic relationship as the basis of nursing practice
- Health care agencies should implement a model of care that promotes consistency of the nurse-client assignment, such as primary nursing.
- All entry level nursing programs must include in-depth learning about the therapeutic process, including both theoretical content and supervised practice.
- The hospitals should ensure that nurses' workload is maintained at levels conducive to developing therapeutic relationship
- The hospitals should take the patient's opinion constantly to see the quality of nursing care.

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