Abstract
It is imperative that nurses caring for children, young people and their families develop and maintain effective, trusting and collaborative therapeutic relationships that sit within the scope of professional boundaries. This relationship is the nurse’s responsibility and should be positive and mutually acceptable to all stakeholders. A unique challenge for children’s nurses is to address and prioritise the child's care needs, while meeting the needs of, and empowering, the family. The 6Cs – care, compassion, competence, communication, courage, commitment – should underpin care and enable nurses to overcome challenges such as time pressures, acute situations or disturbed family expectation. Confidentiality and safeguarding should always be observed.

Aims and intended learning outcomes
This article aims to enable the reader to conduct a critical review of the therapeutic relationship between the children's nurse, child and family, and identify areas for practice development. Therapeutic relationships can be defined in various ways and comprise different components. By undertaking the time out activities, you will be able to:

- Define the term ‘therapeutic relationship’ from the perspective of the child, young person, family and the children’s nurse.
- Discuss the skills required to develop an effective relationship.
- Discuss the roles and responsibilities of nurses in developing effective relationships when caring for children, young people and families.
- Identify challenges to the development and maintenance of a therapeutic relationship in children and young people’s nursing.
- Review how the 6Cs can enable nurses to clarify and apply the main components of therapeutic relationships.

A therapeutic relationship between the children's nurse and the child and family must observe professional boundaries, be purposeful and respectful, and based on caring that recognises the unique qualities of the child and family.

This relationship is a fundamental principle of nursing, described as a connectedness, which is essential to meeting patients’ needs (Baughan and Smith 2009). To enable connectedness, the nurse relates closely to the experiences of the child and family, and their interpretations of events, challenges and needs, helping them to feel heard and understood. What is done with, and for, the child and family is undertaken not only efficiently, but with respect and regard for their concerns.

The effectiveness of this relationship can have positive and negative effects on the quality of the physical, psychological and emotional care provided. The nature of the therapeutic relationship affects a nurse’s ability to provide high quality care centred on the needs and wishes of the child and family. Showing a genuine interest in the child and family and being sensitive to all aspects of verbal and non-verbal communication will enable the nurse to develop good rapport with the family and provide high quality care.

These elements are paramount in developing a trusting and collaborative therapeutic relationship. The relationship between the nurse, child and family is, arguably, more important than the use of any specific communication skills (Hough 2010).

Empathy, genuineness and a non-judgemental approach are the main elements in developing trust and rapport (Rogers 2003). There are numerous

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strategies nurses can use to develop their knowledge and skills in effective relationship building. For example, communication skills such as active listening, paraphrasing, summarising, reflecting and questioning are fundamental to developing rapport and empathetic therapeutic relationships (Hough 2010, Sanders 2011, Nelson-Jones 2012).

With maturity, a child’s understanding and autonomy increase, influencing their involvement in their personal care decisions (Coyne et al 2010). However, children often rely on adults to make decisions on their behalf, because they may lack understanding of illness and treatments; this, in turn, poses challenges for nurses (Duderstadt 2014). The nurse must continuously monitor relationships with children and young people, recognising the child’s vulnerability, while assessing and addressing all aspects of their physical and emotional care.

According to the National Service Framework for Children, Young People and Maternity Services (Department of Health (DH) (2004), to enable children and families to participate in care decisions it is vital to respect and listen to their views. This advice was reiterated with the introduction of the 6Cs for nursing (DH 2012). The importance of communication and compassion in relationships can not be underestimated and will help nurses adopt the principle ‘no decision about me without me’ (DH 2012).

Family-centred care is a fundamental concept in children’s nursing in the UK, suggesting that children and families should not only consent to, but also be actively involved in, care decisions, leading to an agreed understanding between all stakeholders (Davies and Davies 2011). Children’s nurses must recognise the child as a pivotal member in the family unit and ensure that the therapeutic relationship extends to parents and the wider family, thus embracing the principles of family-centred care. Figure 1 provides a diagrammatic summary of aspects of the therapeutic relationship.

**Main characteristics**

Nurses must establish and maintain dynamic, reciprocal, therapeutic relationships, not only with the child, but also with the family. The Nursing and Midwifery Council (NMC) (2015) recognises this dynamic and advises nurses to be motivated to build trusting relationships with children, young people and their families. Factors that influence the development and maintenance of trust include the child’s and family’s previous experiences and familiarity with the care situation (Bach and Grant 2009).

Among the fundamental elements for maintaining an effective therapeutic relationship are trust, honesty, caring, support, empathy and respect for the client (Rose et al 2012). Ultimately, the effectiveness of the relationship depends on the nurse’s ability to communicate in a professional and caring manner. Nurses need to have an understanding not only of the child’s needs but also those of the family. Parents have a unique insight into their child’s normal behaviour and they may be the first to recognise subtle signs of illness and distress (Chapman 2012).

In being seen to value insights from the child’s family, the nurse can build trust, demonstrate respect and empower families to have an active role in their child’s care. Thus, an adaptable approach can enhance care, ensuring that the focus is always on the child and family being active participants in care, rather than passive recipients (Warner 2006). Acknowledgement of the family’s role in decision and treatment choices is a crucial aspect of a professional therapeutic relationship and a method of ensuring a collaborative approach to care.

Collaborative care requires the nurse to have a high degree of self-awareness. The concept of self-awareness has been documented well in nursing literature (Burnard 1998, Freshwater 2003) and is described as the ability of the nurse to monitor their own effectiveness while interacting with the patient.

Reflection on interpersonal skills within the therapeutic relationship is paramount to the provision of empathetic and individualised care. The nurse must demonstrate trustworthiness to the child and family, which can be achieved through professional attributes such as reliability, maintenance of confidentiality and accepting behaviours (Briggs 2006). The aim of the relationship should be to ensure that the child and

![Figure 1 - The therapeutic relationship](image-url)
Characteristics of a therapeutic relationship

You are a newly qualified children's nurse on a busy day-case ward. You are caring for seven-year-old James during your shift. He has learning difficulties and has limited hearing and eyesight, and communicates via a form of sign language. You discuss care with his mother who is on the ward and enquire how you can effectively communicate with James to determine his preferences. His mother praises your care and concern for her son to you and to your mentor.

- What characteristics of the 'therapeutic relationship' can you identify in this example?
- What characteristics of the therapeutic relationship have you established?
- What communication skills have you demonstrated?

Key terms

Consider the importance of the terms provided in Table 1 to the therapeutic relationship. Using the example provided under the term 'empathy' to guide you, write down similar definitions for the remaining terms.

Table 1: Defining the key terms

<table>
<thead>
<tr>
<th>Main characteristic/skill</th>
<th>Description</th>
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<tbody>
<tr>
<td>Empathy</td>
<td>Empathy can be described as the ability to be intuitively aware of what another person is feeling, as well as thinking (Bach and Grant 2009). Empathy in a therapeutic relationship will enable the nurse to identify and understand the needs of the child and family, and respond appropriately.</td>
</tr>
<tr>
<td>Rapport</td>
<td></td>
</tr>
<tr>
<td>Trust</td>
<td></td>
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<tr>
<td>Advocacy</td>
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<tr>
<td>Emotional intelligence</td>
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<tr>
<td>Transference</td>
<td></td>
</tr>
<tr>
<td>Counter transference</td>
<td></td>
</tr>
</tbody>
</table>

Professional boundaries

The care provided must address child and family needs within the boundaries of a professional therapeutic relationship (Reissland 2012). The professional boundaries for nurses (NMC 2015) ensure that care is delivered within the remit of professional registration. A shared understanding between the children's nurse, child and family of expectations within the relationship ensures that the role of each remains clear (Sheldon and Foust 2014).

A positive therapeutic relationship is established on a professional rather than social foundation. Responsibility for implementing and maintaining professional boundaries belongs explicitly to the nurse. Nurses need to be aware of the likelihood of emotional attachment to the child and family and, accordingly, recognise and monitor thoughts, feelings and behaviours in a professional manner. The nurse should be cognisant of the concepts of transference and countertransference that may arise in the therapeutic relationship, which may have positive or negative consequences for the relationship.

Maintenance of a positive therapeutic relationship requires the nurse to be emotionally intelligent, by being
mindful of personal thoughts and feelings. Reciprocal emotions from the child and family should be managed with care and sensitivity.

Younger children may require physical touch, comfort and reassurance from the nurse, and this is acceptable in caring for the child. However, privacy and dignity must be considered and social boundaries to touch should be recognised. Any concerns about physical contact or safeguarding should be discussed with senior colleagues. Accessing support from colleagues to discuss any relationship issues is highly recommended and forms a necessary element of a professional approach.

Roles and responsibilities

The NMC (2015) places the responsibility and accountability for the therapeutic relationship firmly with the nurse. The relationship has the child at its core and operates within boundaries that are subject to professional scrutiny; it should be outcome driven and include clear roles and acceptable goals of care for all participants. Potential barriers to developing a therapeutic relationship, such as the child’s age and ability, and the family’s language and culture, should be recognised and addressed by the nurse (Bach and Grant 2009).

The nurse must listen to the child’s voice, avoiding tokenism and the temptation to value adults’ views above the child’s (Dunhill et al 2009). The nurse should always attempt to engage children and young people in decision making and care planning fully. Acknowledgement of the child and family’s perspective and a respectful non-judgemental approach can facilitate the development of mutually acceptable goals and favourable health outcomes (Bach and Grant 2009).

Misinterpretation of caring roles and responsibility for care may result in the family feeling overwhelmed or unsupported. Nurses may also feel undermined or devalued, as the child and family’s dependency on them lessens over time. Discussing and agreeing roles and expectations with the child and family can mitigate negative perceptions and feelings, and allow for open and honest dialogue. Achieving an effective relationship relies on the nurse’s ability to establish and maintain trust, and engage with the child and family in a professional manner (NMC 2015).

Now do time out 3.

Challenges

Developing and maintaining a positive therapeutic relationship may not always be straightforward. Challenges to the relationship process can occur at any time and may threaten its effectiveness. Examples of challenges or barriers may include (Higgs et al 2008):

- Ineffective communication.
- Time pressures on nursing staff.
- Stress and anxiety associated with the care environment or the child’s condition.
- The child’s age and level of cognition.
- Dissonance between the child and family’s perceptions and expectations and those of the professionals.
- Previous experiences of care.

Establishing positive therapeutic relationships can be challenging, if the key elements of the relationship are not present or have been damaged. For example, trust is an essential component, but this may be affected if the nurse provides false reassurance or does not acknowledge or answer a child’s or families’ concerns and questions (Sheldon and Foust 2014), leading to deterioration in the nurse-patient relationship.

Without trust, care is inevitably compromised. Although a breakdown in the relationship may be unusual, it is often avoidable with early recognition of verbal and non-verbal cues from the child and family.

Now do time out 4.
Continuing professional development

**Table 2 The 6Cs and the therapeutic relationship**

<table>
<thead>
<tr>
<th>Component</th>
<th>Key characteristics demonstrated by the children's nurse</th>
</tr>
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<tbody>
<tr>
<td>Care</td>
<td>Demonstration of consideration and respect for the child and family’s wellbeing and anticipation of their needs. Negotiation and agreement of purposeful and strategic goals that will define the parameters and expectations of the relationship. Trust needs to be established early on</td>
</tr>
<tr>
<td>Commitment</td>
<td>Consultation and information giving to ensure the child and family are empowered in their own care. A non-judgemental approach should be evident</td>
</tr>
<tr>
<td>Compassion</td>
<td>The ability to empathise, conveying an understanding of the perspective of the child and family, should be apparent. Demonstration of positive regard and genuineness</td>
</tr>
<tr>
<td>Courage</td>
<td>Advocacy for the child and family that empowers them through engagement and education. The ability to raise concerns when necessary, for example, safeguarding issues</td>
</tr>
<tr>
<td>Competence</td>
<td>Contemporary evidence-based knowledge and application to clinical practice is necessary to deliver optimal care for the child and family. Maintenance of an accountable, professional relationship with appropriate boundaries, whereby the child and family remain the focus</td>
</tr>
<tr>
<td>Communication</td>
<td>Communicate with children, recognising the different needs of children relative to their ages, development and ability. Creating rapport enables trust to be established. Record keeping is a professional requirement, but it also communicates caring episodes</td>
</tr>
</tbody>
</table>

An effective therapeutic relationship may take time to develop and nurture and, unfortunately, time can often be an issue in clinical settings. The nurse’s lack of knowledge and competence may also be a factor, affecting their confidence to engage in a range of clinical situations (Davidson and Williams 2009).

Whatever the nurse’s level of expertise, priority must be given to the development of therapeutic relationships. This requires embedded knowledge of philosophical and leadership theories, in addition to time for nurses to access supportive systems such as clinical supervision. Experiential learning supported by theoretical education with an opportunity to reflect and develop self-awareness can assist students and nurses to develop the skills and insights required for effective therapeutic relationships (Ferrari 2006). The children’s nurse should be pro-active in recognising and addressing any barriers or challenges to the therapeutic relationship.

Depending on the health-to-ill-health continuum, the relationship may fluctuate according to the level of the child’s dependency and the family’s need for information (Dunhill et al 2009). Relationships between the child, family and nurse may sometimes be intense or strained, for example, when a child’s illness is at an acute stage or when negative information about diagnosis or prognosis is shared.

**The 6Cs**

The 6Cs (care, compassion, competence, communication, courage, commitment) put the patient at the centre of the therapeutic relationship and provide a framework of values and behaviours to guide the nurse (DH 2012). Genuinely demonstrating care and compassion for the child and family, and communicating effectively, can positively influence the development of the therapeutic relationship (Sheldon and Foust 2014).

Table 2 summarises how the 6Cs encompass the key characteristics of the therapeutic relationship.

Patients should be recognised as partners in decision making and giving consent, not simply as passive recipients of care (Goodman and Clemow 2008).

For nurses, this may involve acting as an advocate for the child and ensuring that the child’s voice is heard (Buka 2008). Courage may be required by the nurse to challenge the establishment or organisation on the child’s behalf which, in turn, demonstrates the nurse’s commitment to the child and family.

In addition, nurses should maintain client confidentiality while remaining vigilant to issues of safeguarding, ensuring appropriate disclosure of any information by the child that may raise concern (Dunhill et al 2009). Restrictions on information sharing and a focus on patient safety are of paramount importance, and nurses must deal with these issues in an open and honest manner (NMC 2015). It is the duty of nurses to ensure that they are familiar with safeguarding policies and procedures in the specific clinical context.

Now do time out 5.

**5 Revisit your understanding of the 6Cs**

Consider how each of the 6Cs (DH 2012) affects the relationships you establish with children and families in your care. The 6Cs are:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Identify examples of how each of the 6Cs can be demonstrated in a therapeutic relationship.
Read Table 2 to clarify your understanding of how the 6Cs encompass the main characteristics of the therapeutic relationship.

Conclusion
Therapeutic relationships are of paramount importance in establishing collaborative care for the child and the family. The children’s nurse has the responsibility to establish this relationship with the child and the family, and ensure that the child is empowered in the family unit. The relationship and communication skills required by the nurse should address the needs and understanding of all ages and stages of a child’s development. The children’s nurse will guide the child and family in the professional relationship and will ensure an effective and mutually acceptable conclusion and end to the relationship.

This article has discussed the importance of an effective therapeutic relationship between the nurse, the child and the family. Activities have been included to encourage reflection on the skills and knowledge required that assist in the development and maintenance of positive therapeutic relationships. The importance of adherence to professional boundary guidance from the nursing regulatory body – the NMC – has been emphasised.

We have also discussed challenges and barriers that nurses may face, and provided suggestions about how these could be addressed. Several concepts have been introduced that the novice nurse is encouraged to investigate further to develop knowledge and understanding.

Now do time out 6.

6 Reflective account

Now that you have finished the article, you might like to complete the questionnaire on page 36. You can also write a reflective account of between 750 and 1,000 words. Go to Nursing Children and Young People’s website at journals.rcni.com/r/ncyp-reflective-account to find out more. If you are an online subscriber you might like to add these into the rcni.com online portfolio.

References