

# MEASURING THERAPEUTIC ENGAGEMENT (TE) IN FINNISH ADULT ACUTE MENTAL HEALTH SERVICES USING THE TEQ

## Introduction

The Therapeutic Engagement Questionnaire (TEQ) has been developed and validated in partnership with service users (SUs), registered mental health nurses (RMHNS) and nurse academics in the UK in accordance with psychometric theory. The TEQ measures therapeutic engagement (TE) in two contexts - 1-1 interactions between SUs and RMHNS, and within the overall environment and atmosphere of the acute adult inpatient care setting – from the perspective of both SUs and RMHNS. The TEQ (patient and nurse versions) with a visual analog scale and a 4-point Likert scale was translated into Finnish.

## Objectives

To measure and test TE as a pilot study in Finnish adult acute in-patient psychiatric settings from the perspectives of both SUs and RMHNS using the TEQ.

## Methods

The TEQ translated into Finnish was completed by RMHNS (n=51) and SUs (n=142) in 14 adult acute psychiatric in-patient units. Nine of the units were within the University Hospital and five in a municipal psychiatric hospital. The data were collected within a 3-month period (October - December 2020).

## Results

### *SU perspective*

Within the context of environment and atmosphere, SUs rated RMHNS highly on preserving the dignity of SUs in their care, accepting SUs for who they are and general behaving in a professional manner.

Within the same context, SUs rated RMHNS poorly in helping them to have control over their care plan, supporting them when they take deliberate and planned care risks, stepping out of their care comfort zone and giving them the confidence to create practical and realistic care plans that help them to achieve their goals.

Within the context of 1-1 interactions between SUs and RMHNS, SUs rated their named nurses highly in accepting them for who they are, encouraging them to be optimistic about their future and behaving in a professional manner towards them.

Within the same context, SUs rated their named nurses poorly when they take deliberate and planned care risks, stepping out of their care comfort zone and working with them to plan their care in advance of them being unwell.

### *RMHNS perspective*

Within the context of environment and atmosphere, RMHNS rated themselves highly on preserving the dignity of SUs in their care, encouraging SUs to be optimistic about their future and behaving in a professional manner.

Within the same context, similarly to SUs, RMHNS rated nursing staff poorly on supporting SUs when they take deliberate and planned care risks, stepping out of their care comfort zone, giving SUs the confidence to create practical and realistic care plans that help them to achieve their goals and ensuring that the care plan of SUs is coordinated.

Within the context of 1-1 interactions between SUs and RMHNS, the RMHNS rated their named nurses highly on always showing SU respect, preserving the dignity of the SU in the care, behaving in a professional manner and caring about the feelings, issues, and fears of the SU and making them feel at ease.

Within the same context, the RMHNS rated the lowest scores on accepting that the SU should have control over their care plan and supporting the SU when they take deliberate and planned care risks, stepping out of their care comfort zone.

## Conclusions

It was perceived by both groups of participants that nursing staff and named nurses contribute significantly to SU recovery. There are significant similarities to how SUs and RMHNS rate nursing staff and named nurses highly and poorly in relation to both contexts. The TEQ translated into Finnish is highly relevant and useful to clinical practice. It can identify and quantify the positive contributions that TE interactions make towards SU recovery, as well as aspects of care delivery and interactions that need improvement.



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