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Research Article

A Milieu Therapy Perspective: Fundamental Values in Mental Health Care Delivery

Aiyub Ilyas*[1], Puji Astuti[2] and Kartina Zahri[3]

[1]Department of Psychiatric, Nursing Faculty of Universitas Syiah Kuala, Banda Aceh, 23111, Indonesia
[2]Department of Psychiatric, Akademi Keperawatan Tgk. Fakinah, Banda Aceh, 23239, Indonesia
[3]Department of Midwifery, Poltekes Kemenkes Aceh, 23239, Indonesia

Abstract: The nursing therapeutic model that focuses on minimizing psychotic symptoms, without psychology and social rehabilitation, will reduce patient engagement and independence. Whereas, milieu therapy provides a structured environment with involving patients in active milieu to re-establish patient for controlling their own life or recovery. The purpose of the study is to investigate fundamental values that controlled nurses' environment in inpatient care delivery in acute wards. The study is action research with qualitative and explorative design. Dialogue-based learning was an important intervention in the study. The dialogues were held on nine meetings for discussing some issues regarding the principles of milieu therapy. After dialogues, participants were encouraged to apply some milieu therapy principles in the field to upgrade nursing practice. Data were collected by multi-step focus group interviews. The focus group interviews were held three times on the sidelines of dialogues. About eight nurses of each of two acute wards were recruited as respondents by purposive sampling. Data were analyzed by qualitative content analysis. The finding presents some values that important in mental health care delivery, including respect and empathy, mutual trust, safety, and comfort, autonomy and independence, equity and humanity, and openness and predictable. The values that were identified are important to use for upgrading the quality of nursing practice. The nurses are expected to use the values in developing therapeutic milieu with creating therapeutic environment that is secure, full support, predictable, committed.

Keywords: Values, milieu therapy, nursing care delivery, action research, cooperative inquiry.

INTRODUCTION

Milieu therapy was first introduced in the 1800s, as a "Moral treatment movement". The main goal of therapeutic milieu is re-establishing patients' competency to control their own lives (Vatne, S., 2006). With therapeutic milieu, psychiatric patients have the opportunity to conduct treatment activities relationally. Patients are supported to do daily activities like before getting sick, such as regular conversation, sport, housework, and leisure activities, beside psychotherapy (Bøe, Lorås, L., & Vigdal, M., 2019). Milieu therapy aimed to enhance patients' recovery by strengthening healing function. Therefore, psychotic patients are often portrayed as a passive and lonely person with low engagement in everyday occupations. Involving patients in an active milieu can give positive experiences for patients to organize their own life independently (Alsaker, S. & Ulfseth, L., 2017).

In therapeutic milieu, a psychiatric hospital must provide adequate facilities that possible for patients to interact with the health workers and other patients. The nurses must have sufficient knowledge and positive attitudes in patients' care delivery (Boakye & Mavhandu-Mudzusi, 2019). Aceh Psychiatric Hospital (APH) in three years of cooperation with Inland Nord Norway (INN) University tried to develop milieu therapy through cooperative inquiry research. The goal is to change the mental health care tradition that before more focus on medicines to minimize psychotic symptoms move to the therapeutic milieu by providing a structured environment that gives the opportunity for patients to develop social and life skills.

According to Hummelvoll, J.K., (2008), the therapeutic model that more focus on minimizing psychotic symptoms, without psychology and social rehabilitation, will reduce patient engagement and independence. This condition will put the patient on a passive role that makes them difficult to interact and adjust to the environment. Therefore, we choose milieu therapy, because in many kinds of research were found that milieu therapy showed many positive effects such as the possibility to develop values of empathy,

openness, equality, flexibility, optimism, security, happiness, and hope (Hummelvoll, J.K., 2008). Therefore, milieu therapy was considered as a good therapy for improving the quality of mental health services in APH.

In the first part of cooperative inquiry research in APH, Kvernhaugen, I., (2009) founded that nursing staff in APH always feel frustrated because of unclear policy direction and procedure of nursing services. The nurses do not have more time to conduct psychology or milieu therapy. The nurses also feel they do not have enough knowledge in conducting mental health care. Therefore, conducting nine meetings of dialogue-based learning can be an important action to develop local knowledge for improving the quality of services (Nysveen, *et al.,* 2011). This study was the second part of research cooperation by cooperative inquiry to develop milieu therapy by identification values used by nurses in mental health care delivery.

MATERIALS AND METHODS
Design
The study design was qualitative and explorative. The study based on action research with co-operative inquiry to investigate local knowledge and local views for improving relevant knowledge (Hummelvoll, 2006). As action research, conducting nine meetings dialogues-based learning was important to discuss some issues about milieu therapy principles. As a cooperative inquiry, the study has two support groups (steering committee and reference committee). The steering committee was representatives of APH and Nursing Academy of Sabang (NAIS) who responsible for smoothness research implementations. The reference committee was representative of the supervisor of HUC who responsible to maintain research validity.

Sample and Participants
The participants were recruited from the nursing staff of two acute wards by using purposive sampling. The number of samples was eight nurses in each ward. The leaders of both wards were not used as a respondent to minimize disturbance of data flow from participants.

Data Collection
Data were collected by using a multi-level of focus group interviews and were recorded by Dictaphone. After each interview, the data as described in a transcript of interview was distributed to respondents for correction.

Data Analysis
Data were analyzed by qualitative content analysis to search for manifest and latent meanings of interview transcript (Graneheim & Lundman, 2004). Analyzing data was started with formulating meaning units and condensed meaning units, and then were analyzed their underlying meanings for formulating categories and themes.

Finding
The respondents revealed some fundamental values that assumed as important in improving mental health care delivery. The data analysis resulted in six themes with twenty sub-themes. The complete findings are described in the table below:

Themes	Sub-Themes
Respect/ empathy	Respect to patient's basic needs
	Be a good listener
	Earnest attention
	Give reward to patient's positive development
Mutual trust	Intensive therapeutic communication
	Always ready to help patients
	Behave as a friend or family in caring
	Develop emotional closeness
Safety/ Comfortable feeling	Close relationship
	Always present to help patients
	Open/ unlocked care
	Free from threat and physical violence
Openness/ Predictable	Make a structured plan
	Make a contract before nursing implementation
Autonomy	Opportunity in decision making
	Develop self-control
	Promote patient's independency
Equality/ Humanity	No discrimination
	Respect for patient's dignity & humanity
	Understand patients as human unique

Respect and empathy were believed as the most important values in mental health care delivery. Respect can be shown with respect to the patient's basic needs. The nurses must be good listeners with earnest attention toward the patient's condition, and always give rewards to patients' positive development. One of the originals of the respondents' statement is described below:

"*In nursing care delivery, the nurses must speak softly, meet the patient's basic needs, meet the patient's desire, motivate patients to participate in nursing care, and give reward to patient's positive development…*"

Besides respect and empathy, mutual trust also considered one of the most important values in mental health care delivery. Mutual trust can develop with intensive therapeutic communication. The nurses must behave as a friend or family of patients to develop emotional closeness. The nurses must be a role model in promoting the values to patients. The original statement of a respondent in FGD as described below:

"*I believe that it is important to meet patients and communicate with them even in a view minutes. This therapeutic communication must do often as possible to develop mutual trust*".

Patients with mental health disorders need to be treated by openness and predictable. "Openness" was interpreted as open care where the patients are placed in an open ward without a locked door. While "predictable" was interpreted as information transparency in mental health care delivery. The nurses must make a structured plan and make a contract before doing nursing implementation to give predictable conditions in nursing care delivery. One of the original statements is as described below:

"*Introduce one-self to patients and deliver information about nursing implementations can make the nurses more meaningful to patients*", and "*Structured plan can promote predictable feeling to patients in nursing care delivery*".

On the other hand, respondents also revealed that "autonomy" is an important value in patient care delivery. To apply the value of autonomy, the nurses must give the opportunity to patients to make a decision about their treatment. To make good decision making, the nurses must develop self-control of patients. Patients have to know how their condition and what have to do with the condition. Autonomy eventually will promote patient's independence. One of the original statements that illustrate this condition is like describe below:
"*The nurses not feel that they are superior. The nurses must give patients information about their treatment, and always give the patient the choice to select what they think the best*".

The next value that was revealed by respondents was "safety and comfortable feeling". For making safety environment and comfortable feeling of patients during treatment, respondents revealed that the nurses must create a close relationship. To make a close relationship, the nurses must be ready to help the patient and ensure that patients free from threats and physical violence. One of the original statements of respondents is as described below:

"*...when patients feel confuse and show aggressive behavior …, the nurses must be patient and not provocative for giving safety and comfortable feeling to patients continuously*".

In other word, respondents define safety as:
"*...free of threat and physical violence…*"

In the last, respondents consider that equality and humanity are also important values in patient care delivery. To apply the values, nurses must treat patients equally and not discriminate. The nurses must be respected to patients' dignity and humanity by understanding patients as a human unique with attitude and behavior they have. The original statement of the respondent as described below:

"*I know that a humanity approach means we treat patients as a human. Therefore, we must respect patients as humans unique with positive and negative sides they have. We must convince patients that the nurses can solve the problems patients have, and in treatment, the nurses and patients must learn each*".

DISCUSSION

Value is an ideal expectation that reflects the culture of nursing care will be developed. The value could use as a guideline in achieving nursing goals, and be a character of nursing services (Kaatorp & Holte, J., & Stensland., 2003). There are six values revealed by respondents in Focus Group Interviews, include respect and empathy, mutual trust, safety and comfort, autonomy and independence, equality and humanity, and openness and predictable. The respondents conveyed that the values are important in patient care delivery, but they also declare that the values didn't apply consistently in APH, because of lack of facility, knowledge, and skill of the nurses. Previous research was conducted by Kvernhaugen, (2009) in APH found that the nurses feel frustrated with the lack of policy and procedure of mental health care. The nurses revealed that they have not enough knowledge about mental illness treatment, and hope to have training about how to meet and treat patients as good and effective as possible. The study also found that APH still treated patients by medicines and Electro Convulsive Therapy (ECT). The nurses had not enough time and place to develop therapeutic communication, and therefore, communication with patients was done through the trellis.

Respect and Empathy

Respect and empathy are two important values of nursing care delivery. Respect means as to how seriously nurses take the golden rule of mental health care. Meanwhile, empathy is defined as caring by heart to explore and to solve patients' problems with sincerity (Brown, P., *et al.,* 2009), (Hummelvoll, J.K., 2019). The nurses working in the psychiatric ward are expected to accept, to feel, and to understand patients' ideas and the experiences, and work together to solve patients' problems. The nurses' attitude of respect will send a signal that patients are treated like an important person in nursing care delivery (Kourkouta & Papathanasiou, 2014).

According to the role modeling concept, the nurses are expected to develop a nursing plan base on the patient's world view, not the abstract perception of the nurses. The respondents agreed that respect and empathy could be applied by being a good listener. A qualitative study about patients' perspectives on respect revealed that listening is a fundamental value in mental health care. By listening, nurses can assess patients' conditions and problems (Kourkouta & Papathanasiou, 2014). By listening, the nurses can explore patients' problems more deeply, and put the problems as the core points in patients' care delivery.

On the other hand, the respondents disclosed that fulfilling the patient's basic needs is one of the ways to show the values of respect and empathy. When the nurses focus on fulfilling the patients' basic needs, it sends a signal that the nurses will take care of patients seriously (Verhaeghe & Bracke, 2011). Respect and empathy also mean the nurses have earnest attention to patients. The nurses are attending in the wards only to treat patients. The nurses motivate patients by giving positive feedback toward the patient's progress. Positive feedbacks in many theories are closely related to the patient's engagement.

Mutual Trust

Mutual trust is a crucial point to build a therapeutic alliance between nurses and patients. The nurses must have good qualifications in knowledge and skills to achieve the patient's goals and desires (Molin, Graneheim, & Lindgren, 2016) & Khatib, Ibrahim, & Roe, 2018). Trust always becomes a greater necessity for serious mental illness; especially psychosis, because the psychosis is always in uncertainty and vulnerability condition (Brown, P. *et al.,* 2009). The respondents agreed that developing mutual trust must focus on intensive communication for gaining emotional closeness. To increase the emotional closeness, Prince *et al.,* (2017) recommended being together with patients continuously.

Intensive communication is also recommended by respondents as a tool in patients' care delivery.

Respondents hoped the nurses must be a role model in the patient-nurses relationship. To be a role model the nurses must have enough knowledge and skill in treatment, professional capability, and communication skills to elevate the mutual trust of patients (Ozaras & Abaan, 2018). In other research found that knowledge of the nurses-patients relationship has a positive correlation to the quality of patient care (Mohammed & Ali, A., & Muhammed, R.E., 2020). To develop mutual trust, the nurses must provide an environment that possible for patients to learn, to understand their problems, to upgrade their problem-solving skills and to take an important role in organizing and controlling their life and illness (Nysveen, K., *et al.,* 2011).

Safety and Comfortable

Safety and comfort are some important values of mental health care delivery. However, stigma make family and health workers often decide to shackle patients to protect them and others from violence (Slemon, Jenkins, & Bungay, 2017 & Hummelvoll, J.K., 2008). Therefore, the nurses who work with psychotic patients must provide two types of safety; include (1) physical safety that focuses on protecting patients from harm (self, others, and environment), and (2) psychological safety that focuses on minimizing stress and burden of the patient in daily living (Hummelvoll, J.K., 2008). Safety and comfort are interconnected, so the nurses must keep the balance both of them.

Respondents agreed that providing a secure feeling of patients with a structured environment was one of the partway for enhancing patient's safety and comfort. Furthermore, respondents disclosed that to provide patients' safety and comfort, the nurses must create closes relationships, avoid the threat and physical violence, and always ready to give important help for patients' well-being. Eriksen, H.T, (2006) defined safety as predictable and stable, whilst risk defined as insecure and dangerous. Many risks will lead to lack of positive changes and positive improvement. On the other hand, insecure feelings can lead to vulnerability. Meanwhile, at the same time, patients do a little positive effort for solving their problems, because of the psychotic symptoms they have. So, this situation will lead to a high risk of the patient's relapse.

Autonomy and Independency

Autonomy is important in recent mental healthcare services. Autonomy is one of the central principles of modern liberal medical ethics. Autonomy means respect for personhood. In medical ethics contexts, patients as persons have the right to decide for accepting medical treatment or not (Matthews, E., 2016). Respondents disclosed that autonomy is a fundamental value in mental health care. The nurses obligate to apply autonomy according to patients' progress. Furthermore, respondents also mentioned that the autonomy principle can apply gradually in the

decision making process to make patient more responsible in controlling their living and caring.

However, Boyle, (2008) mentioned that autonomy is a fundamental human right to protect patients from serious harm. They offer two concepts of autonomy, not only limited to negative autonomy, where patients left alone, but also positive autonomy that is providing educational and emotional support to control their psychosis. According to the concepts, the nurses are expected to play a role as a consultant to support patients gradually for making a rational decision of their treatment and caring. On the other hand, the respondents believe patient autonomy should be applied gradually depending on the patient's improvement.

Openness and Predictable

Openness and predictable were disclosed by respondents as necessity values in mental health care. The nurses obligated to disclose information about patient care and treatment to develop a predictable situation. Hummelvoll, J.K., (2008), mentioned that someone will be easy to open himself when others appear with full respect and openness. The respondents agreed that self-introducing and respect can make a patient more open. Self-introducing means the nurses come with a clear identity to help patients for solving their problems. Hummelvoll, J.K., (2008) mentioned that in mental health care, the nurses must convincing patients that they come with knowledge and skills for giving their best for patient healing.

Respondent also proposed that one of the techniques for increasing patient convincing in mental health care comes to patients openly with a clear identity as a psychiatric nurse with knowledge and skills to give the best for patient healing. Information disclosure not only increases patient understanding about mental health problems they have but also provide a predictable situation about nursing care and treatment being undertaken. For increasing predictable situations, respondents proposed to make an early contract with patients before nursing implementation. On the other hand, respondents also disclosed that involving the patient in planning and implementing nursing care and treatment can provide a predictable situation for the patient. This the same with what was mentioned by Nysveen, K., *et al.,* (2011) that to increase predictable situations, they have to structure nursing care with information disclosure.

Respondents also mentioned that patients must treat in an open ward for respecting patient freedom. If patients were treated in a closed or locked ward, without specific indication. This will have a negative effect on the patient's self-esteem, because the patients feel to have not equal treatment. On the other side, the nurses can be accused to have violated of patient's human rights. In dialogue-based learning, applying autonomy had taken seriously debated. There were paradoxical ideas between willingness to apply autonomy for patient independence and the assumption that psychosis patients not ready yet to develop rational thinking.

Applying of openness and predictable principles in mental health care were expected to provide a secure and comfort feeling of the patient with psychosis. If the patient can predict what will happen in nursing care and treatment, patients will feel secure and comfortable. Meanwhile, if the patient cannot predict what will happen in nursing care and treatment, the patient will be anxious about how the nursing care and treatment will be undertaken, what the risk or consequence will be received. This kind of feeling can lead to patient relapse.

Equality and Humanity

Respondents conveyed that equality is a fundamental value in patients' care delivery. Treating patients equally can also be interpreted as no discrimination and respect for patient dignity and humanity. Respondents mentioned that equally also mean treat patients without distinguishing of identity like ethnicity, religion, income, position, and others. Tjersland, O.A., Engen, G., & Jansen, U., (2011) disclosed that equality means everyone must be treated equally, regardless of where they come from, but they can be treated differently depending on the mental health problems they have. Beside of non-discrimination and respect for dignity and humanity, respondents also disclosed that equality and humanity can be showed by respect for patients as human unique. Here respondents proposed that the nurses must respect patient resources and experiences. Discussing with the patient to find the best solution for psychosis problems patients have is a technique of respect human uniqueness. The nurses should not impose patient with the abstract view they have. But the nurses must respect the patient's worldview because the patient knows more about which solution is suitable for the situation they face. Hummelvoll, J.K., (2008), mentioned that the nurses could not apply the equality principle if they do not work sincerely and respect each other integrity. Respect for patient integrity can be reflected only by respecting patients as human beings with a positive and negative side they have.

Milieu Therapy Development

Oeye, *et al.,* (2009) defined that milieu therapy as a technique to organize activities daily living in a social environment for achieving a positive therapeutic effect in patient's nursing care. The therapeutic goals of milieu therapy are to organize a nursing care environment for providing learning opportunities to improve patient's skills. Patients have a good opportunity in organizing their living for a better quality of life. According to research findings, the values can be fundamental principles in developing nursing care

delivery in APH. Respect and empathy, mutual trust, safety and comfort, autonomy and independence, equality and humanity, openness and predictable are a series of values that can develop more applicative in APH.

The basic idea of milieu therapy is to develop the social and life skills of the patient that may have been lost cause of psychotic symptoms they have. The development of the skills is started by providing a therapeutic environment that gives opportunities for the patient to interact and integrate naturally in their social environment. Interpersonal relationship between patient and environment is expected to give positive meaning and to motivate patients to develop a social connection. On the other hand, the social relationship is expected to be an arena for the patient to learn and to understand the philosophy of life; include positive attitude and behavior, social norms and values, life skills, and constructive coping. These skills will help patients to be more independent in their live. Friis & Arne-, (1985), mentioned that caring and treatment of the psychotic patients must be implemented in an environment that is full-support, acceptance, and low stimulus, positive, practical, realistic, focus on problem-solving and involving patient actively.

CONCLUSIONS

According to research findings, the respondents revealed some fundamental values that were considered important in developing therapeutic milieu for a better quality of nursing services in APH; include respect and empathy, mutual trust, safety and comfort, autonomy and independence, equality and humanity, and openness and predictability. The values that were revealed by respondents are almost the same in both wards so that it will be relevant to be applied by other wards in APH. The values can be used as important principles in improving nursing care delivery.

The nurses who are working with patients must be introduced and must be obligated to apply it in mental health care delivery. Application of the values of research findings in mental health care delivery will be the first step in milieu therapy development in APH. Milieu therapy as therapy must focus to develop a therapeutic environment for patients through social communication and integration. In milieu therapy, patients have opportunities to learn, to understand, to improve, and to adopt relevant knowledge, attitude, and behavior to upgrade their individual skills in controlling psychosis symptoms, adjusting to the environment, and enhancing living and social skills for a better quality of life.

Acknowledgments

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