

BOUNDARIES OF THE THERAPEUTIC RELATIONSHIP IN NURSING – BETWEEN EMPATHY AND EMOTIONAL BURDEN

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ABSTRACT

The therapeutic relationship is one of the fundamental components of professional nursing practice and has a significant impact on the quality of care and the effectiveness of the therapeutic process. The aim of this paper was to analyze the importance of the therapeutic relationship in nursing, with particular emphasis on the role of empathy, professional boundaries, and the problem of emotional burden among nursing staff. The article discusses the essence of the therapeutic relationship, models of its development, barriers to effective communication, and the ethical and legal aspects of maintaining professional boundaries. It also examines the consequences of excessive emotional involvement, including compassion fatigue, secondary traumatic stress, and professional burnout. Furthermore, the paper highlights the importance of preventive strategies such as developing emotional intelligence, psychological resilience, communication skills, clinical supervision, and organizational support. Maintaining compassionate engagement while preserving appropriate professional boundaries is essential for ensuring high-quality nursing care and protecting nurses' psychological well-being.

Keywords: *therapeutic relationship, nursing, empathy, professional boundaries, burnout*

INTRODUCTION

The therapeutic relationship is one of the fundamental components of professional nursing practice. Its essence lies in the conscious and purposeful establishment of contact with the patient to support the treatment process, improve the patient's well-being, and meet their health-related and psychosocial needs. Contemporary nursing encompasses not only the performance of medical procedures but also the development of a relationship based on trust, respect, and partnership. The quality of this relationship influences patient satisfaction, treatment effectiveness, and adherence to medical recommendations [1].

Effective interpersonal communication constitutes the foundation of the therapeutic relationship, enabling nurses to identify patients' needs, provide relevant information, and offer emotional support. As a member of the therapeutic team who maintains the closest contact with the patient, the nurse plays a crucial role in fostering a sense of trust and security, thereby encouraging the patient's active participation in the treatment process.

Empathy is of particular importance in the therapeutic relationship and is understood as the ability to recognize and understand another person's emotions and experiences while maintaining one's own emotional boundaries. An empathic attitude enables nurses to identify patients' needs more effectively, reduce anxiety, and strengthen their sense of dignity and security, thereby improving the quality of care and enhancing trust in the therapeutic relationship [2, 3].

At the same time, prolonged emotional involvement in caring for individuals experiencing illness and suffering may lead to psychological strain among healthcare professionals. Continuous exposure to pain, chronic illness, and patients' deaths increases the risk of compassion fatigue, emotional exhaustion, and professional burnout. Numerous studies indicate that nurses are among the occupational groups most vulnerable to these phenomena due to the nature of their work and the intensity of their relationships with patients [1, 2, 4].

In the context of increasing nursing workforce shortages and growing professional demands, maintaining a balance between an empathic approach to patient care and preserving professional

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Publisher: National Institute of Public Health NIH - National Research Institute

boundaries has become one of the major challenges of contemporary nursing practice. Clearly defined therapeutic boundaries not only protect nurses' mental well-being but also contribute to maintaining a high standard of patient care [1, 4].

Despite the growing body of literature addressing individual aspects of therapeutic relationships in nursing, including empathy, professional boundaries, compassion fatigue, secondary traumatic stress, and burnout, these issues are frequently examined separately. Existing studies and reviews have predominantly focused on specific components of this complex phenomenon, such as empathy, burnout, compassion fatigue, or professional boundaries, often without considering the interrelationships between emotional involvement in patient care, the maintenance of therapeutic boundaries, and nurses' emotional well-being.

Consequently, there remains a need for an integrative perspective that brings together the relational and emotional dimensions of nursing practice. In particular, the literature provides limited synthesis of how empathy may simultaneously support the development of therapeutic relationships and, when combined with prolonged emotional involvement and difficulties in maintaining appropriate professional boundaries, contribute to emotional burden. A broader integration of these interconnected issues may therefore help to better understand the balance between therapeutic engagement and professional self-protection.

The present narrative review addresses this gap by integrating evidence on therapeutic relationships, empathy, professional boundaries, emotional burden, compassion fatigue, secondary traumatic stress, and burnout into a coherent integrative perspective. In addition, the review considers these issues across different areas of nursing practice and discusses their ethical, legal, clinical, and organizational implications. This integrative perspective may contribute to a more comprehensive understanding of the factors necessary to maintain therapeutic engagement while protecting nurses' emotional well-being and professional functioning.

The aim of this study was therefore to analyze the boundaries of the therapeutic relationship in nursing, discuss the role of empathy in establishing and maintaining therapeutic relationships with patients, and examine the problem of emotional burden among nurses together with strategies for maintaining a balance between emotional involvement and professional conduct.

METHODOLOGY OF THE NARRATIVE REVIEW

This study was conducted as a narrative literature review. The literature search was performed using the online databases PubMed and Google Scholar. In addition, the reference lists of the retrieved publications were manually screened (hand-searching) to identify further relevant sources. Current legal acts, professional organizations' documents, and classical nursing theory publications were also included. The review included scientific publications in both English and Polish addressing therapeutic relationships, therapeutic communication, person-centred care, empathy, professional boundaries, compassion fatigue, secondary traumatic stress (STS), psychological resilience, and professional burnout among nurses. Preference was given to studies published within the last decade; however, older publications were also included when they represented seminal works underpinning contemporary nursing theory or constituted current legal and professional regulations. The review primarily included systematic reviews, meta-analyses, concept analyses, original research articles, and publications presenting recommendations issued by scientific and professional organizations. Publications unrelated to the study topic, articles without full-text availability, and sources considered to have insufficient scientific quality or relevance were excluded. The main strength of the adopted search strategy was the inclusion of a wide range of scientific evidence, enabling a comprehensive analysis of the topic from clinical, ethical, and organizational perspectives. However, this study has several limitations. As a narrative review, it did not include a formal methodological quality assessment of all included studies or a quantitative synthesis of findings, both of which are characteristic features of systematic reviews.

The database selection represents a limitation of the present review. The search was limited to PubMed and Google Scholar and did not include specialized databases such as CINAHL or PsycINFO, nor multidisciplinary databases such as Scopus or Web of Science. Therefore, some relevant nursing or psychological literature may have been omitted. In addition, as a narrative review, this study did not include a formal methodological quality assessment of all included studies or a quantitative synthesis of findings. Consequently, the findings should be interpreted as a narrative and integrative overview of the available literature rather than as the results of a systematic review.

THERAPEUTIC RELATIONSHIP IN NURSING

The therapeutic relationship is one of the fundamental components of professional nursing practice. It is a deliberately established, trust-based relationship between the nurse and the patient, aimed at supporting the treatment process, improving the patient's well-being, and providing care tailored to individual needs [5]. Contemporary nursing, based on the principles of person-centered care, recognizes the therapeutic relationship as one of the most important factors influencing the quality of care and achieving positive health outcomes [6, 7].

Establishing a therapeutic relationship requires not only clinical competence but also well-developed interpersonal skills. Among the most important are effective communication, empathy, active listening, respect for the patient, and recognition of the patient's autonomy [7, 8]. These competencies enable nurses to create an atmosphere of trust and safety, encouraging patients to express their needs, concerns, and expectations regarding the treatment process. Research indicates that the therapeutic relationship develops gradually through mutual acquaintance and the development of trust; however, responsibility for maintaining its professional nature rests primarily with the nurse [9].

The therapeutic relationship differs from personal relationships in both its purpose and scope of responsibility. It is exclusively focused on the patient's well-being and the achievement of therapeutic goals, whereas personal relationships are intended to satisfy the emotional needs of both parties. Therefore, nurses are required to maintain professional boundaries that protect patients from breaches of trust while safeguarding healthcare professionals against loss of objectivity and excessive emotional involvement [10]. Professional boundaries include respecting patient confidentiality, autonomy, and dignity, avoiding personal relationships with patients, and limiting contact to that required for the therapeutic process. These principles also apply to electronic communication and social media, where nurses are expected to adhere to the same ethical standards as in face-to-face interactions [6, 10].

Mutual trust is the cornerstone of an effective therapeutic relationship and develops through the nurse's consistent, ethical, and professional conduct [7]. Patients who trust healthcare professionals are more willing to share information about their health status, actively participate in treatment, and adhere to therapeutic recommendations [7, 11]. Therapeutic communication also plays a pivotal role and is understood as a conscious, two-way process of information exchange tailored to the patient's needs,

age, and health condition. Active listening is an essential component of this process, facilitating a better understanding of the patient's concerns and promoting a relationship based on mutual respect [8, 11].

Empathy holds a particularly important place within the therapeutic relationship and is defined as the ability to understand the patient's emotions and experiences while maintaining appropriate professional emotional boundaries. An empathic attitude helps reduce patients' anxiety, enhances their sense of safety, and increases satisfaction with the care they receive [7, 12]. At the same time, maintaining a balance between empathic engagement and professional conduct is essential, as excessive emotional identification with patients' problems may contribute to emotional burden and psychological strain among nursing staff.

The therapeutic relationship plays a crucial role in ensuring high-quality nursing care. Evidence indicates that it enhances patient engagement in the treatment process, improves adherence to therapeutic recommendations, increases patient satisfaction, and strengthens the patient's sense of security [6, 7, 11]. Open communication and mutual trust also facilitate the early identification of health-related problems and reduce the risk of errors resulting from misunderstandings. Therefore, a well-developed therapeutic relationship constitutes not only the foundation of professional nursing practice but also one of the key determinants of the quality and safety of patient care.

MODELS AND STAGES OF THE THERAPEUTIC RELATIONSHIP AND BARRIERS TO ITS DEVELOPMENT

One of the most widely recognized models of the therapeutic relationship in nursing is Hildegard E. Peplau's Theory of Interpersonal Relations. Peplau regarded the nurse-patient relationship as the primary therapeutic tool, emphasizing that the effectiveness of nursing care depends not only on the clinical competence of healthcare professionals but also on the quality of their interpersonal interactions. According to Peplau [13], the nurse assumes multiple roles, including those of teacher, counselor, caregiver, and patient advocate, adapting these roles to the patient's changing health and psychosocial needs.

Peplau's model describes the therapeutic relationship as a dynamic process consisting of four stages: orientation, identification, exploitation, and resolution. The orientation stage begins with the initial encounter between the nurse and the patient and involves identifying the patient's problems, needs, and expectations. During the identification stage, mutual trust develops, and the patient gradually becomes actively engaged in the therapeutic process. The exploitation stage is characterized by the patient's

active collaboration with healthcare professionals and the effective use of available healthcare resources and support. The final stage, resolution, occurs when the established therapeutic goals have been achieved or the treatment process has been completed. Successful progression through all four stages promotes a collaborative partnership and enhances the effectiveness of the therapeutic process [6, 13].

The development of a therapeutic relationship may be hindered by numerous barriers related to the patient, healthcare professionals, and the organization of care. The most frequently reported obstacles include time constraints, excessive workload, staff shortages, and high levels of occupational stress among healthcare personnel. In addition, ineffective communication, inadequate active listening, the use of medical terminology that is difficult for patients to understand, and insufficient attention to patients' emotional needs may negatively affect the quality of the therapeutic relationship [5, 6].

Patient-related factors also constitute important barriers to establishing an effective therapeutic relationship. These include severe anxiety, pain, cognitive impairment, communication difficulties, and cultural or language differences. Contemporary person-centered care models emphasize the need to adapt communication strategies to the patient's individual abilities and circumstances while fostering a relationship based on mutual respect and partnership [5]. Reducing communication barriers and strengthening nurses' interpersonal competencies contribute to increased patient trust, improved therapeutic collaboration, and better treatment outcomes [5, 6, 10].

THE ROLE OF EMPATHY IN PATIENT CARE

Empathy is one of the fundamental interpersonal competencies of nurses and represents a cornerstone of professional patient care. It is defined as the ability to understand another person's emotions, needs, and experiences and to respond to them appropriately. The literature distinguishes between cognitive empathy, which involves understanding the patient's perspective, and affective (emotional) empathy, which refers to sharing or resonating with the patient's emotional experiences. In nursing practice, maintaining an appropriate balance between these dimensions is essential, as it enables nurses to provide effective support while preserving professional emotional boundaries [14, 15].

It is important to distinguish empathy from other forms of emotional involvement that may have different implications for nurses' occupational well-being. Empathy involves understanding another person's

emotional experience while maintaining an appropriate distinction between oneself and the other person [2, 3]. In contrast, excessive affective involvement or over-identification with a patient may be associated with difficulties in maintaining appropriate emotional and professional boundaries [9]. Such processes should not be equated with empathy itself, as emotional burden may be more closely related to excessive emotional involvement and prolonged exposure to patients' suffering than to empathy per se [1, 2, 4]. These factors may contribute to compassion fatigue and other adverse consequences for nurses' occupational well-being, particularly when appropriate emotional and professional boundaries are difficult to maintain [1, 4, 9].

Empathy should not be confusing with compassion. Whereas compassion involves an emotional response to another person's suffering, empathy primarily enables healthcare professionals to understand the patient's situation from the patient's perspective and to adapt communication and supportive interventions accordingly [14]. This allows nurses to identify patients' needs more effectively, foster an atmosphere of trust and security, and encourage patients' active participation in the therapeutic process.

Research has demonstrated that higher levels of empathy among nursing staff are associated with improved interpersonal communication, greater patient trust, and higher perceived quality of nursing care [16]. An empathic approach also helps alleviate anxiety, feelings of helplessness, and uncertainty commonly experienced during hospitalization and chronic illness. Empathy is particularly important in the care of patients with cancer, terminal illnesses, or chronic conditions, where communication often involves difficult issues such as poor prognosis, severe pain, or approaching end of life [17, 18].

Effective empathic communication requires active listening, acceptance of patients' emotions, and the adaptation of information to their individual needs and abilities. Behaviors such as interrupting patients, making judgments, or minimizing their concerns hinder the development of a therapeutic relationship and may weaken patients' trust in healthcare professionals [17].

Empathy is therefore not only an essential interpersonal competency but also a key determinant of high-quality nursing care. It facilitates the establishment of therapeutic relationships, enhances communication with patients, and strengthens patients' sense of safety and satisfaction with the care they receive. At the same time, empathic practice should be accompanied by adequate emotional regulation and the maintenance of professional boundaries, which help prevent excessive affective involvement, emotional over-identification, and other forms of maladaptive emotional responding that may contribute to psychological burden.

PROFESSIONAL BOUNDARIES: BOUNDARY CROSSINGS AND BOUNDARY VIOLATIONS

Professional boundaries define the framework of the therapeutic relationship between nurses and patients, helping to protect patients, nurses, and the integrity of professional practice. Maintaining appropriate professional boundaries does not require emotional detachment from the patient. Rather, contemporary person-centered nursing emphasizes compassionate engagement combined with role clarity, self-awareness, emotional regulation, and awareness of appropriate professional limits. However, not every departure from usual professional boundaries should be considered a boundary violation. A distinction may be made between boundary crossings and boundary violations. A boundary crossing refers to a departure from usual professional practice or relational limits that should be evaluated within its specific clinical and therapeutic context. Its significance may depend on its purpose, the patient's needs and vulnerability, the professional relationship, and the potential risks involved.

In contrast, a boundary violation involves conduct that exceeds appropriate professional limits and may create a risk of harm, exploitation, or the misuse of the inherent power imbalance within the therapeutic relationship. Boundary violations may include exploiting a patient's dependency to satisfy the nurse's own emotional, personal, financial, or other needs, engaging in emotionally or romantically intimate relationships, accepting inappropriate financial benefits, or other conduct that compromises the professional purpose of the relationship [9, 19].

Although some boundary violations may develop gradually as the distinction between therapeutic and personal relationships are becoming blurred, boundary crossings should not automatically be equated with boundary violations. The assessment of a boundary crossing should take into account its therapeutic purpose, the clinical context, the patient's vulnerability, and whether there is a potential risk of exploitation or harm [9, 10, 19].

Crossing professional boundaries has significant ethical implications. The primary concern is the loss of professional objectivity and a diminished ability to make decisions solely in the patient's best interest. Such violations may lead to a loss of patient trust, feelings of exploitation or unequal treatment, and breaches of the fundamental ethical principles of nursing, including respect for autonomy, dignity, beneficence, and justice [9, 20].

Violations of therapeutic boundaries may also result in legal and professional consequences. Nurses are required to comply with regulations governing professional practice, maintain patient confidentiality,

and respect patients' rights. Failure to fulfill these obligations may result in disciplinary proceedings before professional regulatory bodies, civil liability, or, in certain circumstances, criminal responsibility. Maintaining professional boundaries is therefore not only an ethical obligation but also a legal requirement established by applicable laws and professional regulations [20, 21].

The rapid development of social media and electronic communication has introduced additional challenges for nursing professionals. Social networking platforms, instant messaging applications, and private online communication create new opportunities for interaction with patients while simultaneously increasing the risk of blurred professional boundaries. Behaviors considered unprofessional include establishing personal relationships with patients through social media, sharing information that could identify a patient, or providing professional consultations through private online accounts. Professional organizations emphasize that the ethical standards governing face-to-face interactions must be applied equally in digital environments [10, 19].

The acceptance of gifts from patients also raises important ethical concerns. Small tokens of appreciation with symbolic value are generally not considered unethical when they simply express gratitude for the care provided. However, accepting expensive gifts, money, or other material benefits may create conflicts of interest, undermine public trust in healthcare professionals, and give the impression of preferential treatment. In such situations, nurses should follow applicable legislation, professional codes of ethics, and the internal policies of their healthcare institutions [20].

Similar concerns apply to maintaining relationships with patients after the formal therapeutic relationship has ended. Although such relationships may appear harmless in certain circumstances, the literature emphasizes that transitioning from a professional to a personal relationship requires careful consideration and a thorough assessment of the potential risk of compromising professional boundaries. Maintaining clear professional boundaries and role clarity helps protect both the patient and the nurse while contributing to patient safety and the integrity of the professional relationship [9, 10].

CONSEQUENCES OF EXCESSIVE EMOTIONAL INVOLVEMENT

Nursing is a profession characterized by continuous exposure to patients' suffering, pain, disability, and death. Emotional involvement, an inherent component of the therapeutic relationship, may gradually deplete healthcare professionals' psychological resources.

The literature emphasizes that prolonged exposure to occupational stressors increases the risk of developing chronic stress, compassion fatigue, secondary traumatic stress (STS), and professional burnout [1, 4].

Occupational stress is a natural response to the demands associated with professional responsibilities. In nursing, its primary sources include the high level of responsibility for patients' health and lives, the need to make rapid decisions under time pressure, staff shortages, and frequent exposure to suffering and death. While short-term stress may enhance performance and motivation, persistent stress often progresses into chronic stress, negatively affecting both the psychological and physical well-being of healthcare professionals [4, 22].

Chronic stress commonly manifests as fatigue, sleep disturbances, irritability, impaired concentration, low mood, and reduced physical and mental performance. Persistent emotional overload may subsequently contribute to the development of compassion fatigue and professional burnout [1].

For the purposes of this review, burnout, compassion fatigue, and secondary traumatic stress are treated as conceptually related but distinct phenomena. However, the boundaries between compassion fatigue and secondary traumatic stress are not always clearly defined in literature, and these terms may partially overlap or be used differently across studies [1]. In the present review, burnout is understood primarily as an occupational phenomenon associated with chronic workplace stress, whereas compassion fatigue and secondary traumatic stress are discussed in relation to the emotional consequences of prolonged exposure to patients' suffering and traumatic experiences [1, 21]. This distinction is intended to provide conceptual clarity while acknowledging the overlap and ongoing debate surrounding these constructs.

Compassion fatigue, often described in literature as the "cost of caring," is a specific form of psychological and physical exhaustion resulting from continuous empathic engagement with individuals experiencing suffering. Its development is closely associated with deep empathic involvement and indirect emotional exposure to patients' traumatic experiences. Although secondary traumatic stress is commonly associated with indirect exposure to traumatic experiences, its conceptual boundaries with compassion fatigue are not always clearly defined. In some studies, these constructs partially overlap or are discussed using closely related terminology. In this review, secondary traumatic stress is used primarily to describe trauma-related symptoms resulting from indirect exposure to another person's traumatic experiences, while compassion fatigue is discussed as a broader form of emotional and psychological burden associated with prolonged exposure to patients' suffering

[1, 23]. Clinical manifestations include cognitive exhaustion, emotional desensitization to patients' suffering, feelings of helplessness and isolation, impaired decision-making, and reduced professional satisfaction. Evidence indicates that nurses constitute one of the occupational groups at greatest risk of compassion fatigue, particularly those working in emergency departments, oncology, palliative care, and mental health services, where regular exposure to patients' distress is an integral part of daily clinical practice [1, 2].

Secondary traumatic stress (STS) refers to a constellation of symptoms resulting from indirect exposure to traumatic events experienced by others. Nurses who regularly witness patients' traumatic experiences, severe illness, or sudden loss may develop symptoms resembling post-traumatic stress disorder (PTSD). These symptoms include intrusive thoughts or memories, persistent hyperarousal, and avoidance of reminders associated with the traumatic event [24]. Unlike compassion fatigue, which develops primarily through prolonged empathic engagement, secondary traumatic stress is more directly associated with exposure to patients' traumatic experiences and the emotional intensity of those events.

Professional burnout is a syndrome resulting from chronic workplace stress that has not been successfully managed. According to the World Health Organization (ICD-11), burnout is characterized by three core dimensions: emotional exhaustion, depersonalization or increased mental distance from work, and a reduced sense of professional accomplishment [22]. In contrast to compassion fatigue, burnout develops gradually and is primarily associated with organizational factors such as excessive workload, inadequate managerial support, limited professional autonomy, and persistent staff shortages.

The manifestations of burnout include persistent fatigue, loss of motivation, cynicism toward patients, reduced work performance, and deterioration in the quality of healthcare services. Studies have demonstrated that burnout significantly increases the risk of sickness absence, staff turnover, and compromised patient safety [1, 22].

The factors associated with emotional burden and adverse occupational outcomes among nurses are multifactorial. Available evidence indicates that occupational factors such as prolonged exposure to patients' suffering and death, excessive workload, staff shortages, shift work, insufficient organizational support, and limited opportunities for psychological recovery may contribute to chronic occupational stress and emotional burden. Individual factors, including low psychological resilience, excessive affective involvement, emotional contagion, empathic distress, over-identification with patients, and

difficulties in maintaining appropriate professional boundaries, may also be associated with increased vulnerability. However, the relative contribution of these factors may vary across clinical settings and individual circumstances [4, 23]. Individual factors that may further increase vulnerability to emotional exhaustion include perfectionism, low psychological resilience, excessive affective involvement, emotional contagion, empathic distress, over-identification with patients, and difficulties in maintaining appropriate professional boundaries [4, 23]. These factors should be distinguished from empathy itself, which, when combined with adequate emotional regulation and clear professional boundaries, constitutes an important component of effective and patient-centered nursing care.

The consequences of excessive emotional involvement extend beyond psychological well-being and affect both physical health and professional functioning. Common outcomes include chronic fatigue, sleep disturbances, anxiety, depressive symptoms, somatic complaints, and reduced job satisfaction. Prolonged emotional burden has been associated with adverse psychological and occupational outcomes, including chronic fatigue, sleep disturbances, anxiety and depressive symptoms, reduced job satisfaction, sickness absence, and impaired professional functioning. However, the available evidence is heterogeneous, and the relative contribution of emotional burden to these outcomes may be influenced by occupational, organizational, and individual factors. Emotional burden may also be associated with difficulties in maintaining concentration, decision-making, and empathic, patient-centered care, although the nature and magnitude of these effects may vary across clinical and organizational contexts. Consequently, the prevention and early recognition of emotional burden may represent important components of efforts to protect nurses' mental well-being and support the delivery of safe, high-quality patient care.

PROTECTING THERAPEUTIC BOUNDARIES

Maintaining professional boundaries within the therapeutic relationship requires not only adherence to ethical principles but also the continuous development of nurses' personal competencies and the provision of appropriate organizational support. Preventive strategies aimed at reducing emotional burden among nurses can be broadly divided into individual-level and organizational-level interventions. However, the strength and consistency of the available evidence supporting these approaches are not uniform. While some interventions, particularly structured

organizational and educational approaches, have been evaluated in systematic reviews and meta-analyses, the evidence supporting other strategies remains limited or heterogeneous. Therefore, the potential benefits of individual and organizational interventions should be interpreted with consideration of the quality and consistency of the available evidence [1, 2].

Individual-level strategies

At the individual level, emotional intelligence, self-awareness, psychological resilience, mindfulness, and effective coping strategies may support nurses in managing emotional demands and maintaining appropriate professional boundaries.

Emotional intelligence may represent an important factor supporting the management of emotional involvement in nursing practice. It can be understood as the ability to recognize, understand, regulate, and appropriately express one's own emotions while effectively responding to the emotions of others. Higher emotional intelligence may support nurses in maintaining professional distance, making sound clinical decisions, and establishing empathic relationships without compromising objectivity [3, 6].

Closely related to emotional intelligence is self-awareness, which may enable nurses to recognize their own emotional responses, personal limitations, and early signs of psychological overload. Regular self-reflection may facilitate the early identification of stress and emotional burden, allowing preventive measures to be considered before more serious consequences develop [2, 25].

In recent years, increasing attention has been paid to the role of psychological resilience as a potential protective factor against the adverse effects of chronic occupational stress. Resilience refers to the ability to adapt effectively to challenging situations and recover from adversity. Higher levels of psychological resilience have been associated with lower levels of occupational distress, burnout, and compassion fatigue, as well as greater job satisfaction and psychological well-being among nurses. However, the available evidence should be interpreted cautiously, as the strength and design of studies vary and causal conclusions cannot always be drawn [26, 27]. Strategies aimed at strengthening resilience may include the development of effective coping skills, promoting social support networks, and enhancing self-efficacy.

Mindfulness-based interventions have also received growing attention as a potentially supportive approach to improving healthcare professionals' well-being. Regular mindfulness practice has been associated with reduced stress levels, improved emotional regulation, and enhanced psychological well-being among healthcare workers. However, the magnitude and consistency of these effects may vary depending

on the type, duration, and intensity of the intervention, as well as the characteristics of the study population [28]. Mindfulness should therefore be considered a potentially supportive component of prevention rather than a universally effective intervention.

Preventive strategies at the individual level may also include maintaining a healthy work-life balance, encompassing adequate rest, regular physical activity, supportive social relationships, and attention to personal well-being. The ability to maintain an appropriate separation between professional and personal life may support psychological recovery and reduce prolonged exposure to occupational stressors [26, 28]. However, individual-level strategies should not be regarded as sufficient measures when adverse working conditions remain unaddressed.

Organizational-level strategies

Organizational-level interventions are essential because many factors contributing to emotional burden and burnout, including excessive workload, staff shortages, limited professional autonomy, and insufficient managerial support, cannot be adequately addressed through individual coping strategies alone.

Workplace-based support interventions such as clinical supervision and structured debriefing may provide nurses with opportunities to reflect on emotionally challenging clinical situations and receive professional and psychological support. Clinical supervision provides opportunities to reflect on challenging clinical experiences under the guidance of an experienced supervisor and may support professional development and the management of emotional burden [29]. Its effectiveness, however, may depend on factors such as the structure, frequency, accessibility, and quality of supervision, as well as the broader organizational context in which it is implemented.

Similarly, in the present review, structured debriefing refers to a facilitated, team-based reflective discussion conducted after emotionally challenging or critical clinical events, such as an unexpected patient death. Its purpose is to provide an opportunity for members of the healthcare team to reflect on the event, share experiences, discuss immediate emotional reactions, and promote communication and mutual support. Such an approach may provide support following challenging clinical events; however, its potential benefits may depend on the specific format, timing, facilitation, and intended purpose of the intervention. Structured reflective debriefing should therefore not be considered equivalent to all forms of post-event psychological intervention, and its effectiveness should not be assumed to be uniform across different types of debriefing [30].

The work environment itself has a significant influence on nurses' psychological well-being and their ability to maintain appropriate therapeutic boundaries. Positive teamwork, opportunities for professional reflection, and peer support may help reduce occupational stress and promote psychological resilience [2]. Leadership also plays an important role. Nurse managers may contribute to the prevention of emotional burden by monitoring workload, supporting professional development, and fostering an organizational culture that encourages open communication and allows staff to discuss emotional challenges without fear of stigma or negative consequences [26].

Educational interventions represent another potentially beneficial approach to strengthening nurses' professional competencies. Training programmes focusing on therapeutic communication, stress management, emotional intelligence, and professional boundary setting may improve interpersonal skills and professional confidence. However, the long-term effects of such interventions on emotional burden, compassion fatigue, secondary traumatic stress, and burnout may vary depending on the content and duration of the intervention and the characteristics of the study population [5, 6].

Organizational support should also include measures aimed at addressing structural sources of occupational stress. Appropriate staffing levels, workload management, supportive leadership, access to psychological support, opportunities for professional development, and the promotion of a supportive workplace culture may help reduce factors contributing to chronic occupational stress. Importantly, individual-level interventions should not be considered substitutes for organizational measures aimed at improving working conditions.

Overall, protecting therapeutic boundaries and preventing emotional burden in nursing is likely to require a comprehensive and multilevel approach integrating individual competency development with appropriate organizational support. Individual strategies, including the development of emotional intelligence, self-awareness, psychological resilience, mindfulness, and effective coping skills, may support nurses in managing emotional demands. At the same time, organizational measures are necessary to address workplace conditions that contribute to chronic occupational stress. Although the available evidence suggests potential benefits of several preventive approaches, the strength and consistency of this evidence vary across interventions and study populations. Preventive recommendations should therefore be formulated cautiously, implemented in accordance with the available evidence, and tailored to the specific organizational and clinical context.

THE IMPORTANCE OF THE THERAPEUTIC RELATIONSHIP ACROSS DIFFERENT NURSING SPECIALTIES

The therapeutic relationship is a fundamental component of professional nursing practice and an important determinant of the quality of healthcare services. Although its core elements, including trust, empathy, effective communication, and appropriate professional boundaries, are relevant across all areas of nursing, the nature of the therapeutic relationship differs depending on the clinical setting. These differences are particularly evident in the intensity and duration of contact, the clinical context, and the specific emotional challenges associated with patient care.

In psychiatric nursing, the therapeutic relationship often constitutes an integral part of the treatment process and may be characterized by substantial emotional intensity and prolonged interpersonal contact. Patients may experience anxiety, social isolation, and difficulties in establishing interpersonal relationships; therefore, trust, acceptance, and effective communication are particularly important [31]. At the same time, the emotional intensity of these relationships may increase the importance of role clarity, self-awareness, emotional regulation, and appropriate professional boundaries [32, 33].

In palliative care, the therapeutic relationship is shaped by prolonged exposure to advanced illness, suffering, and the end-of-life period. Nurses frequently provide support not only to patients but also to their families, which may further increase the emotional complexity of care [34, 35]. In this context, the main challenge is not only the intensity of individual interactions but also the cumulative emotional impact of repeated exposure to suffering, loss, and death, which may contribute to compassion fatigue and emotional exhaustion [34-36].

Nursing oncology is also frequently characterized by long-term and repeated contact, although the therapeutic relationship develops within the context of ongoing treatment, uncertainty regarding prognosis, and changing patient needs. Nurses often combine caregiving, educational, and emotional support roles, assisting patients and their families throughout different stages of the disease and treatment [37, 38]. Compared with palliative care, the emotional burden may be associated not only with suffering and loss but also with prolonged uncertainty and repeated exposure to the consequences of serious illness and treatment [35, 37].

In geriatric nursing, the therapeutic relationship is particularly influenced by the long-term nature of care and the complex needs associated with multimorbidity, functional decline, loneliness, and loss of independence.

Repeated and prolonged interactions may promote the development of strong interpersonal bonds, while also requiring sustained attention to professional role clarity and the regulation of emotional involvement [31-33]. The challenge in this setting therefore relates primarily to maintaining an individualized and supportive relationship over an extended period without allowing professional and personal boundaries to become blurred.

By contrast, critical care and intensive care nursing are characterized by high clinical intensity but often more limited opportunities for the gradual development of long-term therapeutic relationships. Life-threatening conditions, rapidly changing clinical situations, and the need for immediate decision-making may place considerable emotional and professional demands on nurses [32, 33]. In this setting, emotional burden may arise less from the duration of individual relationships and more from the acute nature of clinical events, high levels of responsibility, and frequent exposure to death and critical incidents.

A comparative perspective therefore indicates that the challenges associated with therapeutic relationships are not uniform across nursing specialties. Psychiatric and geriatric nursing may involve particularly sustained interpersonal contact and greater potential for the development of close relational bonds. Palliative and oncology nursing are characterized by prolonged exposure to serious illness, suffering, uncertainty, and, in many cases, death. In contrast, critical care nursing is distinguished by the acute intensity of clinical situations, even when the duration of individual therapeutic interactions is relatively limited. Thus, while empathy and compassionate engagement are important across all nursing specialties, the factors contributing to emotional burden and the challenges associated with maintaining appropriate professional boundaries vary according to the intensity, duration, context, and emotional demands of the therapeutic relationship.

Understanding these differences is important when considering strategies to support nurses' professional functioning and psychological well-being. Preventive approaches should therefore take into account the specific characteristics of different clinical settings rather than assuming that the same strategies are equally applicable across all areas of nursing practice.

CONCLUSIONS

1. The therapeutic relationship, founded on trust, effective communication, and respect for the patient's dignity and autonomy, is widely recognized as an important component of professional nursing practice. The literature reviewed suggests that the quality of this relationship may be associated with

patient engagement, perceived safety, and selected aspects of the care process.

2. Empathy appears to be an important competency in nursing and may facilitate the recognition of patients' needs and the development of trust within the therapeutic relationship. However, empathy should be distinguished from excessive affective resonance, emotional contagion, empathic distress, and over-identification with patients. Maintaining appropriate professional boundaries and emotional self-awareness may help nurses engage compassionately with patients while reducing the risk of excessive emotional involvement.
3. The literature reviewed suggests that appropriate professional boundaries may contribute to the protection of both patients and nurses within the therapeutic relationship. Boundary crossings should be interpreted in relation to their therapeutic purpose, clinical context, patient vulnerability, and potential risks, whereas boundary violations may be associated with ethical, legal, and professional consequences and may undermine the quality and integrity of care.
4. Prolonged exposure to patients' suffering, multimorbidity, and death has been associated with emotional and occupational burden among nurses, including compassion fatigue, secondary traumatic stress, and burnout. However, the reviewed literature indicates that these outcomes are multifactorial and may also be influenced by organizational conditions, workload, available support, individual characteristics, and the specific clinical context. Their potential consequences for nurses' well-being and professional functioning may therefore vary across settings.
5. The available literature suggests that both individual- and organizational-level interventions may support the prevention or reduction of emotional burden among nurses. Strategies aimed at strengthening self-awareness, emotional regulation, and psychological resilience may be beneficial for some nurses, while organizational measures such as supportive working conditions, access to clinical supervision, and structured opportunities for reflection may also play an important role. However, the strength and consistency of the available evidence vary across intervention types, and no single strategy can be considered universally effective.
6. Overall, the literature reviewed supports the importance of balancing compassionate, patient-centered engagement with role clarity, self-awareness, emotional regulation, and appropriate professional boundaries. Such a balance may support nurses' psychological well-being and professional functioning while contributing to the

provision of safe, ethical, and patient-centered care. Given the narrative nature of the present review and the heterogeneity of the available evidence, these conclusions should be interpreted cautiously. Further high-quality research is needed to clarify the relationships between empathy, emotional involvement, professional boundaries, and occupational outcomes, as well as the effectiveness of preventive interventions across different areas of nursing practice.

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Received: 16.07.2026

Revised: 30.08.2026

Accepted: 21.09.2026

