( ). Success of the therapeutic relationships relies on nurse consistency in demonstrating deep respect, listening intently, and affirming client thoughts, concerns, and needs throughout all phases. As the relationship unfolds, the client dependence on the nurse decreases, and the nurse's role changes primarily to one of offering supports. The relationship ends when the client assumes independence, responsibility, and accountability for meeting his or her own health care needs.

TABLE 4.3 Roles Assumed by the Nurse During the Therapeutic Relationship

During the various therapeutic relationship phases, the nurse moves back and forth in some of these roles, depending on the client's needs. The nurse uses client responses as a guide to determine which role to assume at a particular time. Role selection requires that the nurse analyze the client response, weigh the pros and cons of the best role to assume, and anticipate consequences of nursing actions. Thus, the nurse constantly assumes the role of a critical thinker. However, as the client's needs are met, the nurse essentially assumes the roles that promote client independence. The helping roles can be characterized as follows:

Stranger: In the role of stranger, the client perceives the nurse as an unknown individual who may or may not be trustworthy and competent. Peplau (1952) pointed out that it is essential for the nurse in this role to accord the client respect and convey genuine interest to promote open communication.

Surrogate: A surrogate is a substitute figure who, in the client's mind, reactivates the feeling generated in the earlier relationships. The nurse's responsibility in this role is to help the client to become aware of likenesses and differences and to differentiate the nurse as a person. By permitting clients to reexperience old feelings, the nurse who is acting as surrogate sets up the opportunity for growth experiences.

Resource person: The resource person role involves the nurse providing specific information that has been formulated to address the client's holistic needs. When clients cannot perform activities of daily living or complex care procedures independently, the nurse assumes the role of caregiver.

Teacher: The teacher role involves the nurse sharing information and promoting the client's learning through experience, and requires the development of novel alternatives with open-ended outcomes in the nurse–client relationship.

Leader: The leader role involves the nurse facilitating the client's work in solving problems and coaching the client to continue when obstacles are encountered. (The nurse also assumes the leader role when working with other members of the nursing and interdisciplinary health care teams.) For clients to become independent in meeting their health care needs, they experience change in knowledge, behavior, or attitude.

Change agent: When the nurse facilitates change, the professional role of change agent emerges.

Counselor: The counselor role incorporates all of the activities associated with promoting experiences leading to health. The counselor helps the client to become aware of health behaviors, to evaluate them, and to plan how to improve them. Counseling focuses primarily on how clients feel about themselves and what is happening to them (Peplau, 1952).

Critical thinker: The critical thinker determines what nursing assessment data to collect based upon information shared by the client. The critical thinker also generates multiple approaches to develop and maintain a therapeutic relationship with patients. By using knowledge of and rationale for nursing interventions, the critical thinker anticipates potential complications and then makes clinical decisions based upon consequences of possible actions aimed at achieving optimal care outcomes.