



Shared Learning Briefing

Therapeutic relationships, dignity and person-centred care

Purpose

To reinforce what high-quality therapeutic relationships look like in practice, how they are built, and how they reflect recognised best practice standards in health and social care.

For people living with complex neuro-disability, trust and relational continuity are often as influential as clinical intervention, shaping engagement, rehabilitation progress and lived experience.

This shared learning supports person-centred best practice and aligns with Care Quality Commission Regulation 10 (Dignity and Respect), which requires that service users are treated with dignity and respect.

What is a therapeutic relationship?

A therapeutic relationship is a purposeful, professional relationship between a patient and a care giver that:

- Promotes trust and psychological safety
- Protects dignity and human rights
- Supports shared decision-making
- Enables personalised, strengths-based care
- Maintains clear professional boundaries

At the RHN, therapeutic relationships are a core component of rehabilitation, long-term care and quality of life.

Foundations of strong therapeutic relationships

Respect and dignity

Dignity is demonstrated through consistent behaviours:

- Knocking and waiting before entering rooms
- Explaining care before and during delivery
- Protecting privacy during personal care and clinical procedures
- Using preferred names and agreed communication methods
- Avoiding conversations about patients in public areas

Compassion and emotional awareness

Compassion involves recognising emotional need alongside physical need.

In practice, this includes:

- Active listening without interruption
- Allowing time for communication, particularly where speech or cognition is impaired
- Acknowledging distress rather than minimising it
- Responding calmly and consistently

Consistency and reliability

Trust develops through predictability and follow-through.

Patients build confidence when care givers:

- Do what they say they will do
- Follow agreed care plans
- Communicate clearly about changes
- Provide continuity wherever possible

Shared decision-making

Therapeutic relationships promote autonomy. Even where capacity is limited, involvement must be maximised. This includes:

- Offering meaningful choices in daily routines
- Using accessible communication tools
- Working collaboratively with families and advocates
- Applying the Mental Capacity Act appropriately

Professional boundaries

A therapeutic relationship is structured, ethical and accountable. Maintaining boundaries requires:

- Avoiding over-familiarity
- Recognising and managing emotional dependency
- Seeking supervision when relational complexity arises
- Escalating safeguarding or ethical concerns promptly

Behaviours that undermine therapeutic relationships

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- Task-focused care with limited engagement
- Rushed or dismissive communication
- Speaking about individuals rather than to them
- Ignoring communication needs
- Failing to escalate concerns

Key message

- Therapeutic relationships are fundamental to the quality and safety of care delivered at the RHN.
- The quality of everyday interactions between patients and care givers directly influences rehabilitation outcomes, emotional wellbeing and overall experience.
- Maintaining high standards in how we relate to patients is a professional responsibility shared across all roles.

Reflective team activity

Select one question below and explore it during handover, supervision or a team meeting:

1. In everyday interactions, especially during busy or routine tasks, how consistently do we demonstrate dignity, respect and genuine engagement, and where does task focus begin to outweigh person-centred care?
2. How reliably do we follow through on commitments, communicate clearly and involve patients in decisions about their care, and what impact does this have on trust and overall experience?
3. For non-clinical teams: How do our communication, responsiveness and working practices shape whether patients feel respected, safe and valued, and are there aspects of our role that may unintentionally undermine dignity or experience?