

REVIEW

Nursing psychotherapeutic interventions: a review of clinical studies

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Aims and objectives. To summarise current knowledge about nursing psychotherapeutic interventions in adults.

Background. In Portugal, the provision of psychotherapeutic interventions is considered a competence of mental health nurses. However, literature is not totally clear about the differences between ‘psychotherapy’ and ‘psychotherapeutic interventions’ and about the specific characteristics that define a nursing psychotherapeutic intervention.

Design. Narrative review.

Methods. A literature review utilising MEDLINE, PsycINFO, CINAHL, the Web of Science, Psychology and Behavioral Sciences Collection, and MedicLatina computerised databases for the period from 2003–2013. A total of 151 eligible articles were identified. Relevant data were extracted, and findings were synthesised in a narrative synthesis.

Results. Nursing psychotherapeutic interventions are frequently based on ‘Cognitive-Behavioural’ rationale. The usual length of these interventions varies between 5–16 weeks, in a total of 5–12 sessions of 45–60 minutes. The mechanisms of change are heterogeneous, but the therapeutic relationship between the nurse and the client seems to be the most important positive predictive factor of nursing psychotherapeutic interventions. Some of the most used outcome assessment measures include the Beck Depression Inventory, the Hospital Anxiety and Depression Scale, and the CORE-OM. The effectiveness of nursing psychotherapeutic interventions has been widely demonstrated in many studies. However, the need of further studies to prove its cost effectiveness is evident.

Conclusions. It is necessary to have a better understanding of nursing psychotherapeutic interventions, one that explains its conceptual limits, to improve mental health nursing knowledge and create suitable models of psychotherapeutic intervention in nursing.

Relevance to clinical practice. The findings of this review can create awareness for some weaknesses of nursing knowledge about the psychotherapeutic intervention and for the need to produce knowledge, to nurture the nursing discipline in

What does this paper contribute to the wider global clinical community?

- This review provides evidence of some specificities related to nursing psychotherapeutic intervention, and it aids in understanding the differences between a psychotherapeutic intervention performed by a nurse and that performed by other health care providers.
- This review makes clear that psychotherapeutic intervention is also a competence of mental health nurses, which can be helpful in making it available to a larger number of people, thus improving the quality of the health care assistance.

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the area of psychotherapeutic intervention with even more theoretical and practical support.

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Introduction

In Portugal, the Regulation No 129/2011 states the four major specific competences of mental health nurses. One of those competences is to provide psychotherapeutic, sociotherapeutic, psychosocial and psychoeducational care. However, the Ordem dos Enfermeiros (a public association, competent authority, and representative of nursing and midwifery graduates who practice in Portugal), corporate author of that Regulation, does not specify what kind of psychotherapeutic interventions nurses can execute.

The discussion of mental health nurses' role in providing psychotherapeutic interventions is not exclusive to the Portuguese context. In 2012, the Horatio: European Psychiatric Nurses, prepared a position paper about the involvement of mental health nurses in the practice of psychotherapy. This document outlines the fact that the problem is not whether nurses can become psychotherapists but whether their individual countries will allow them to practice (Horatio: European Psychiatric Nurses 2012).

In Portugal, the discussion is even deeper, as the terms 'psychotherapy' and 'psychotherapeutic intervention' have similar, but not equal, meanings. Thus, 'psychotherapy' can be considered an activity that involves systematic, time-limited contacts between a person in distress and someone who tries to reduce the distress by producing changes in the sufferer's feelings, attitudes and behaviour through a healing relationship (Frank & Frank 1993, Frank in Bloch 2006). There is no formal definition of 'psychotherapeutic intervention' but on consulting Nursing Interventions Classification (Bulechek *et al.* 2012), three good examples of 'psychotherapeutic interventions' are cognitive restructuring, impulse control training and counselling.

Taking into account these data, we have decided to develop and evaluate a psychotherapeutic intervention model in nursing, following the recommendations for the development and evaluation of complex interventions (Craig *et al.* 2013), as a way of advocating for the importance of nurses' role in providing psychotherapeutic interventions. Thus, this review is the first step towards the development of that model, by providing a review of pub-

lished clinical studies about nursing psychotherapeutic interventions in adults.

Aims

The main objective of this review is to summarise current knowledge about nursing psychotherapeutic interventions in adults. In addition, we aim at contributing to the identification of knowledge gaps in nursing with regard to the psychotherapeutic intervention, and at understanding what contribution nurses can provide to add dimensions and specificities to the psychotherapeutic intervention in nursing.

Methods

To define the methodology of this review, we decided to follow the general steps pointed out by Monforte-Royo *et al.* (2010). Thus, first of all, we conducted a review of the scientific literature regarding psychotherapeutic interventions performed by nurses. Studies were identified primarily through systematic searches of relevant electronic databases recurring in the use of medical subject heading terms and text words. The literature was searched using the databases MEDLINE, CINAHL, PsycINFO, the Web of Science, MedicLatina, and Psychology and Behavioral Sciences Collection, covering publications from the inception of the databases till December 2013. Studies involving children and/or adolescents were excluded (considering the high specificity of the intervention in this population), as well as studies related to interventions not performed by nurses. Only studies written in English, Spanish, or Portuguese were included in the review.

The search strategy used is presented in Table 1. This strategy was not restricted to a simple type of research design. However, in the data analysis, only empirical studies were considered, except when studies with a superior level of evidence were available. The search process followed is illustrated in Fig. 1.

Of the 2003 articles initially retrieved, 1611 hypothetically relevant references were identified, among which 566

Table 1 Bibliographic search strategy

#1	'Psychotherapeutic intervention' [Text Word]
#2	'Psychotherapy' [MeSH 2014]
#3	#1 OR #2
#4	'nursing' [MeSH 2014]
#5	'nurse*' [MeSH 2014]
#6	#4 OR #5
#7	#3 AND #6
#8	#7 NOT child*

were excluded based on title and abstract. At this point, and considering the large amount of articles still remaining, we have decided to add an extra criterion: including articles only from January 2003–December 2013. The application of this criterion reduced the pool to 220 articles. After reading these papers, reviewing their reference lists, and consulting with experts in the field, a final sample comprising 151 studies was produced.

The lead researcher (FS) conducted the literature search, which was then verified by another researcher (CS). Then, FS reviewed 1611 citations and the results of this search were then presented to the other researchers. Disagreements were resolved by debates between the reviewers and references to the full article. The research team agreed on the final studies ($n = 151$) to be included in the review, which was carried out through a narrative synthesis approach (Popay *et al.* 2006).

The principal findings that arose from the review have been grouped under five headings, all of which are related to nursing psychotherapeutic interventions: procedures; mechanisms of change; outcome assessment measures; effectiveness; and cost effectiveness. These categories were predefined in our analysis, as they pointed out essential aspects related to the methods and results of psychotherapeutic interventions performed by nurses. Some bibliometric variables (kinds of study, data sources, years of publication, geographical distribution of articles and sectors of the population studied) have also been analysed recurring to descriptive statistics (frequency distribution).

In this review, we have decided to analyse not only the findings related to various studies but also the methods involved. Thus, to examine nursing psychotherapeutic intervention procedures, mechanisms of change, and outcome assessment measures, we analysed the methods of the studies included in the review. Considering this, the subsequent findings cannot be considered practice recommendations, but standards of practice related to psychotherapeutic interventions performed by nurses. On the contrary, when analysing the effectiveness and the cost effectiveness of nursing psychotherapeutic interventions, we examined the findings of the included studies. In these cases, we have decided to analyse only the studies with a higher level of evidence (Stetler *et al.* 1998, Levin 2008, Melnyk & Fineout-Overholt

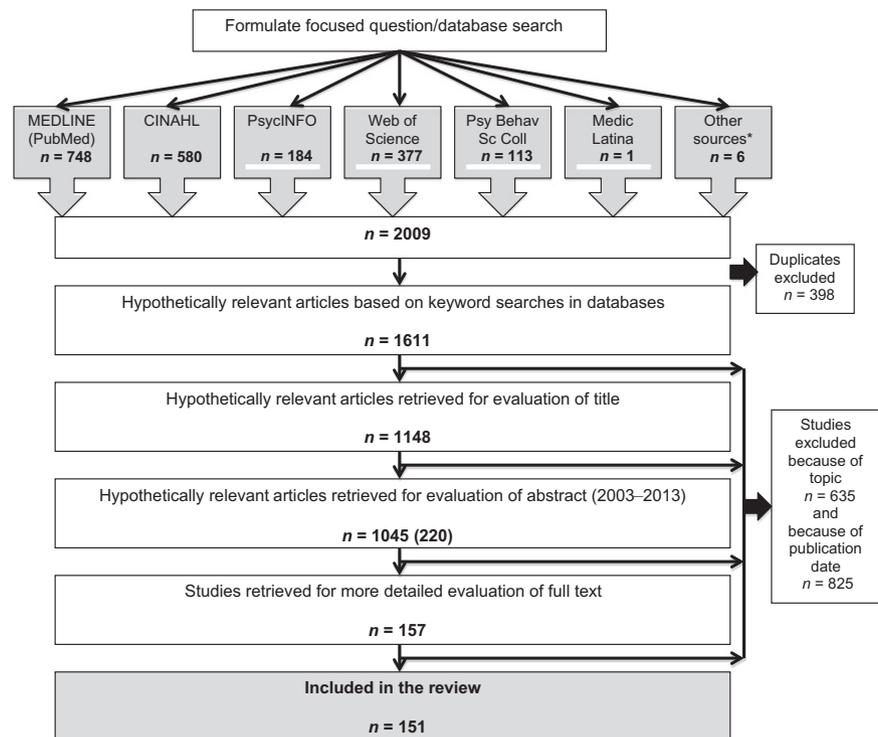


Figure 1 Flow chart of search results.

*Included bibliographies of retrieved articles and handsearching of specific journals and consulting experts in the field.

2011), to understand if, in fact, nursing psychotherapeutic interventions can be considered effective and/or cost effective.

Results and discussion

The studies were categorised based on focus topic or research design (Table 2). At the level of the types of articles identified, the analysis pointed out to a balance between experimental studies and reviews. However, it is clear that empirical studies constitute more than 50% of the articles analysed. It should be noted that among the empirical studies, only a few of them obtained their data from family members and health professionals.

The database search by publication date shows the subtle growing interest in this topic over the past years. However, it is important not to forget that publications in scientific journals have also been growing over the last few years (Fig. 2).

In terms of the geographical distribution of articles, more than 50% ($n = 83$) originated from the United States and the United Kingdom; in the United States, they were distributed across almost all the states, although 10 made reference to research carried out in New York and California. In Europe, a significant number of articles ($n = 11$) came from the Netherlands. In Asia, a significant number of articles ($n = 12$) came from Taiwan.

The main sector of the population in which nursing psychotherapeutic interventions have been explored comprises patients with depressive disorders (Table 3). None of the articles analysed made reference to nursing diagnoses, what

Table 2 Categorisation of papers by focus topic or design

	n	%
Quasi-experimental (25 studies)		
Patients	22	16.56
Family members	1	
Health professionals	1	
Patients and health professionals	1	
Experimental (38 studies)		
Patients	32	25.16
Family members	1	
Patients and family members	5	
Qualitative (14 studies)		
Patients	12	9.27
Family members	1	
Patients and family members	1	
Reviews	35	23.18
Comments/Reflections: nonempirical articles	30	19.87
Case report and/or case-series	9	5.96
Total	151	100

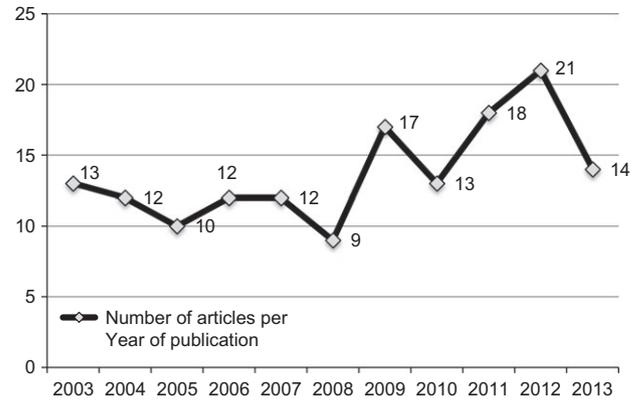


Figure 2 Results of the search strategy by year of publication.

Table 3 Kind of publication studies

Main illness (if specified)	n	%
Major Depression and other depressive disorders	30	36.58
Dementia and other cognitive disorders	12	14.63
Cancer	8	9.76
Bipolar disorder	6	7.32
Schizophrenia	6	7.32
Cardiovascular disease	5	6.09
Alcohol use disorder	4	4.88
Personality disorder	4	4.88
Anxiety disorder	2	2.44
Eating disorder	2	2.44
Obsessive-compulsive disorder	1	1.22
Sleep disorder	1	1.22
Multiple sclerosis	1	1.22
Total	82	100

would be, in our opinion, desirable in nursing research, as a way of advocating for psychotherapeutic interventions as autonomous nursing interventions.

Procedures

In spite of the huge heterogeneity obvious at the theoretical rationale level of nursing psychotherapeutic interventions, the predominance of the ‘Cognitive-Behavioural Therapy’ (‘CBT’) ($n = 23$), followed by the ‘Reminiscence Therapy’ ($n = 9$), the ‘Interpersonal Psychotherapy’ ($n = 8$), the ‘Psychodynamic Psychotherapy’ ($n = 6$), the ‘Supportive Psychotherapy’ ($n = 5$) and the ‘Humanistic Therapy’ ($n = 5$) is evident. If we consider ‘Reminiscence Therapy’ as a modality of ‘Psychodynamic Psychotherapy’ (considering that its theoretical framework derives from Erikson’s theory of ego development) (Chen *et al.* 2012), we could assume that ‘Psychodynamic Psychotherapy’ is the second most prevalent theoretical rationale of nursing psychotherapeutic

interventions. Nevertheless, this linkage is not consensual, as some authors (Wyman *et al.* in Agronin & Maletta 2011) consider that reminiscence techniques can be incorporated into various therapeutic frameworks. Thus, we have decided to consider 'Reminiscence Therapy' as an independent theoretical rationale of nursing psychotherapeutic interventions. It is also important to refer to the significant prevalence of 'Psychoeducation' ($n = 7$). However, some authors (Bäumel *et al.* 2006) consider that although 'Psychoeducation' has evolved into an independent therapeutic programme, it is based on the framework of the Cognitive-Behavioural approach; so, it cannot be considered a theoretical rationale. On analysing these data while having in mind the theoretical frameworks from nursing, it is important to point out that 'Humanistic Approach' rationale seems to be the closest to nursing, as Carl Rogers (1961) considered the helping relationship as the basis of the 'Humanistic Approach'. This concept has posteriorly been developed and adapted to nursing by Lazure (1987), Phaneuf (2002) and Chalifour (1999), who consider it the basis of every nursing psychotherapeutic intervention. In 1952, Peplau developed a nursing theory that was entirely based on the interpersonal relationship (Peplau 1952).

The specific procedures that operationalise nursing psychotherapeutic interventions are diversified. For example, dignity therapy is a nursing psychotherapeutic intervention presented in four articles (Hall *et al.* 2009, 2011, 2012, Goddard *et al.* 2012) that consists of an interview carried out by a nurse to assess the life history of a patient. The interview is tape-recorded, transcribed verbatim, and then shaped into a narrative using a formatted editing process. Finally, in another session, the 'generativity' is read to the patient, who is invited to make editorial suggestions. Once this document is finalised, it is given to the patient to be shared with anyone they choose to share it with.

At the level of the interventions' length, first of all it is important to analyse its number of weeks. It is clear that, in the majority of the interventions, its number of weeks varies between 5–16 ($n = 48$), with nineteen of the interventions varying between 13–16 weeks. Regarding the length of each session, a significant number of sessions ($n = 26$) vary between 45–60 minutes. However, 11 interventions vary between 75–90 minutes, and 12 of them vary between 105–120 minutes.

Finally, the articles included in this review point out that nursing psychotherapeutic interventions should have a desirable number of sessions between 5–12 ($n = 39$). The most prevalent interval is between 5–8 sessions ($n = 17$).

Mechanisms of change

A few studies try to identify the mechanisms of change involved in nursing psychotherapeutic interventions. However, this analysis is extremely important, as it can provide insights into why an intervention fails unexpectedly or has unanticipated consequences, or why a successful intervention works and how it can be optimised (Medical Research Council 2008).

A study carried out by Cailhol *et al.* (2009) suggested that, over time, the therapeutic alliance between the therapist and the client improves regardless of condition (patients receiving psychodynamic or supportive psychotherapy). These data are corroborated by Cahill *et al.* (2013), who carried out a study, the results of which suggested that, regardless of the model of therapy (CBT or psychodynamic interpersonal therapy), the (therapeutic) relationship is the most important positive predictive factor; thus, it seems to be the major mechanism of change of nursing psychotherapeutic interventions. In 1952, Peplau had already presented the interpersonal relationship between the nurse and the client as the key point of any type of therapy.

The final example of the mechanisms of change related to nursing psychotherapeutic interventions is from a study about changes in eating behaviour following group therapy for women who binge eat (Seamoore *et al.* 2006); the results of this study suggested that four categories underpin reduction in binge eating: changes in dichotomous thinking, awareness of eating behaviour, detachment from food, and dietary changes.

In every study presented, the identification of the mechanisms of change was done recurring to qualitative research. Thus, when conducting a study to evaluate a nursing psychotherapeutic intervention, it seems to be relevant to use both quantitative and qualitative methods, to assess effectiveness, and to understand processes.

Outcome assessment measures

The analysis of outcome assessment measures is extremely relevant, as it can help understand what outcomes are the most important in nursing psychotherapeutic interventions. In this review, we have decided to focus only on the primary outcomes, as the combination between primary and secondary outcomes would result in a large amount of data.

If we consider that, in this review, the main sector of the population in which nursing psychotherapeutic interventions have been explored comprises patients with depressive

disorders, it seems clear that a lot of rating scales for depression have been used. There is a wide range of studies that use the Beck Depression Inventory (BDI) as one of the primary outcomes (Lamers *et al.* 2006, Hassiotis *et al.* 2011, Chetty & Hoque 2013). For example, in 2007, Hsiao *et al.*, conducted a study whose primary outcomes were as follows: symptoms of depression (assessed using BDI) and quality of life (assessed using World Health Organization Quality Of Life-abbreviated version). Another outcome measure instrument frequently used to assess depression is the Hospital Anxiety and Depression Scale (HADS). The HADS is frequently used as it can, simultaneously, assess depression and anxiety. It seems clear that, according to the analysis of some articles included in this review, this outcome measure instrument is the first choice when authors want to assess symptoms of both depression and anxiety (Arving *et al.* 2006, Moorey *et al.* 2009, Woods *et al.* 2012).

Some instruments that enable an evaluation of a broad range of psychological problems and symptoms of psychopathology are also frequently used. Some of the best examples are the CORE-OM (Paley *et al.* 2003, Houghton & Saxon 2007, Payne & Stott 2010) and the Symptom Checklist-90/Symptom Checklist 90-R/Symptom Checklist 25 (Cho 2008, Chiang *et al.* 2009, Oranta *et al.* 2010).

Finally, self-esteem is another frequent outcome measure. To assess it, the majority of the authors tend to use, as an outcome measure instrument, the Rosenberg Self-Esteem Scale, as in the studies carried out by Wang (2004), Kong (2005), and Lee *et al.* (2006).

Effectiveness

Considering that a great number of the studies included in this review aimed at evaluating the effectiveness of nursing psychotherapeutic interventions, we have decided to focus the analysis only on the studies with level of evidence I (systematic reviews or clinical practice guidelines based on systematic reviews/large multi-centre clinical trials) (Stetler *et al.* 1998, Levin 2008, Melnyk & Fineout-Overholt 2011).

A meta-analysis conducted by Samartzis *et al.* (2013) suggests that psychosocial interventions (including the modification of psychological, behavioural, environmental, or social factors contributing to the development and maintenance of the illness) significantly improve quality of life of patients with chronic heart failure. Crowe *et al.* (2010) have conducted a systematic review which showed that all the psychosocial interventions identified had solid evidence demonstrating their effectiveness for bipolar disease.

In 2013, Cody and Drysdale, carried out a meta-analytic review about the effects of psychotherapeutic interventions on reducing depression in residential aged care. According to the findings, a medium effect size was found to favour psychotherapeutic interventions for reducing symptoms of depression in residents. The effect was maintained at follow up, but was weaker and not statistically significant.

Finally, it is important to present the results of six Cochrane systematic reviews. The first of them (Hackett *et al.* 2008) suggested that a significant improvement in mood and the prevention of depression is evident for nursing psychotherapeutic interventions after stroke, although the treatment effects are small. In 2008, Wilson *et al.*, conducted a systematic review, and the findings suggested that CBT may be of potential benefit for older depressed people, although, if taken on their own merit, the findings do not provide strong support for psychotherapeutic treatments in the management of depression in older people. In 2011, Bower *et al.*, assessed the effectiveness of counselling for patients with mental health and psychological problems in primary care, and the findings suggested that counselling is associated with a significantly greater clinical effectiveness in short term mental health outcomes compared with usual care, but provides no additional advantages in the long term. In 2011, Campbell Burton *et al.*, found that there is insufficient evidence to guide the treatment of anxiety after stroke, and Rueda *et al.*, found that counselling may help patients with lung cancer to cope more effectively with emotional symptoms, although the evidence is not conclusive, and that other psychotherapeutic interventions can play some role in improving patients' quality of life. The last Cochrane systematic review, conducted by Richter *et al.* (2012), suggested that there is evidence to support the effectiveness of psychosocial interventions (any intervention that emphasises psychological or social factors rather than biological factors) for reducing antipsychotic medication in care home residents.

Based on the findings of systematic reviews, there is evidence supporting that nursing psychotherapeutic interventions are effective, mainly in the short term, although the results are not always statistically significant. Based on our clinical experience, the absence of significant results in the long term can be related to the development of dependence of the therapist, but further research is essential to try to understand this phenomenon with basis in scientific evidence.

Cost effectiveness

The analysis of the cost effectiveness related to nursing psychotherapeutic interventions is extremely important, as it

can be useful for decision makers (Medical Research Council 2008). Considering the low number of articles related to cost effectiveness included in this review with level of evidence I, we have decided to mainly analyse studies with level of evidence II (Randomised Controlled Trials – RCT's) (Stetler *et al.* 1998, Levin 2008, Melnyk & Fineout-Overholt 2011).

Bower *et al.* (2011) conducted the only systematic review that analysed the cost effectiveness of a nursing psychotherapeutic intervention. In that review, the authors assessed the cost effectiveness of counselling for patients with mental health and psychosocial problems in primary care. The results provided evidence that the overall costs of counselling and usual care are similar.

In 2012, Bosmans *et al.*, conducted an RCT to evaluate the cost effectiveness of Problem-Solving Treatment (PST) by mental health nurses compared with Usual Care (UC) by general practitioners for primary care patients with mental health problems. The findings suggested that mean total costs are €4795 in the PST group and €6857 in the UC group. Costs are not statistically significantly different between the two groups (95% CI -4698;359). The cost effectiveness analysis suggested that PST is cost effective in comparison with UC. Sensitivity analysis confirmed those findings.

Finally, in 2013, Hakkaart-van Roijen *et al.*, conducted a single RCT to perform the economic evaluation of an integrative psychotherapeutic nursing home programme: Integrative Reactivation and Rehabilitation (IRR). The results suggested that in IRR, patients improve more with regard to severity of multiple psychiatric symptoms (MPS), and caregivers improve on general burden and competence, with incremental costs varying from €130–€540 per additional point of improvement. However, the surplus costs of IRR are considered acceptable, taking into account the high societal costs of suffering from MPS of psychogeriatric patients and the high burden of caregivers.

Strengths and limitations

The limitations of this review include the focus on English, Spanish, and Portuguese language studies only. It was also decided to assume an inclusive approach to the literature review, not excluding descriptive or discursive articles, although only empirical studies and reviews were analysed. This may have skewed our findings at the level of the concepts used. Moreover, we did not carry out a systematic evaluation of the quality of the research articles we reviewed. This option was based on the inclusive nature of the review, as we believe that it would be important to pro-

vide a wide view about the topic of the study. Finally, we did not test other key search words (e.g. 'psychological treatment*', 'psychosocial intervention*', etc.) to find out whether they produced approximately the same results. This option was related to the huge amount of references identified through the search strategy used, which would be even more increased if we tested other key search words.

The main strength of this review is that it has tried to examine and synthesise recent literature related to nursing psychotherapeutic interventions. Thus, the literature is full of research papers about the effectiveness of psychotherapeutic interventions, but no review has been found that focused on the specificities of nursing psychotherapeutic interventions. Finally, the evidence seems to be generalisable and transferable to other contexts, considering that studies from worldwide regions were included in the review.

Conclusion

The results of this review highlight some common characteristics of psychotherapeutic interventions performed by nurses. Thus, nursing psychotherapeutic interventions are frequently based on 'Cognitive-Behavioural' rationale, although nursing theorists have been mainly studying 'Humanistic Approach' rationale. The usual length of these interventions varies between 5–16 weeks, in a total of 5–12 sessions of 45–60 minutes; thus, although we should not consider these lengths a rule, they may be considered a reference when nurses plan to perform psychotherapeutic interventions. The therapeutic relationship seems to be the major mechanism of change and it must be always considered a key point when nurses perform psychotherapeutic interventions, as the evidence suggests that with the absence of a good therapeutic relationship, no theoretical rationale is effective. When analysing the most frequently used outcome assessment measures, it is clear that they are mainly instruments that are used to evaluate depression and anxiety, leading to an important conclusion: psychotherapeutic interventions performed by nurses tend to be directed at depressive disorders.

Moreover, the findings of this review suggest that there is an absolute need of further studies to prove the cost effectiveness of nursing psychotherapeutic interventions, as this kind of finding seems to be the only way of pressurising decision makers to improve nursing psychotherapeutic interventions accessibility to the patients. However, it is evident that psychotherapeutic interventions performed by nurses are extremely effective (mainly in the short term) and, in some cases, the patients intervened by nurses are

more satisfied than the ones by other health care professionals (Arving *et al.* 2006). This evidence can be considered a key result of this review, as it sustains the fact that nurses and, in particular, mental health nurses, are competent enough to perform psychotherapeutic interventions.

Although nursing psychotherapeutic interventions are, undoubtedly, of interest to nurses, they pose significant difficulties in terms of research. First of all, the term 'nursing psychotherapeutic intervention(s)' was not found elsewhere in the literature. However, we consider that it should be clearly defined and studied, as it seems to be relevant to state the specificities of a psychotherapeutic intervention that is performed by a mental health nurse. Moreover, the difference between 'psychotherapy' and 'psychotherapeutic intervention' is not clear in the literature, and the absence of this discrimination poses serious difficulties in the studying of nursing psychotherapeutic intervention.

This review is the first step towards the development and evaluation of a psychotherapeutic intervention model in nursing. The creation of models that focus on the specificity of nursing psychotherapeutic intervention is vital to not be dependent on other professional groups and to better fit the needs of people and the psychotherapeutic intervention in the field of nursing.

It is necessary to have a better understanding of nursing psychotherapeutic interventions, one that explains its conceptual limits, to improve mental health nursing knowledge and create suitable models of psychotherapeutic intervention in nursing. Some strategies, such as Focus Group and/or Delphi method, may help clarify the concept and create a model of psychotherapeutic intervention in nursing.

Relevance to clinical practice

The findings of this review can be considered relevant for nursing clinical practice, as they provide some data about the specific characteristics of nursing psychotherapeutic interventions. Thus, mental health nurses can use this review as a support for their practice as well as a way of becoming more capable to argue for nursing psychotherapeutic interventions as autonomous nursing interventions. At this level, this review can also be considered a support document for decision makers, as it aims at making clear that psychotherapeutic intervention is also a competence of mental health nurses,

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of nurse versus psychologist interventions. *Patient Education and Counseling* 62, 235–243.

and that this kind of intervention, performed by nurses, has some specificities which makes it different from the ones performed by other health professionals.

This review states that nursing psychotherapeutic interventions are generally effective, mainly in the short term, although there is still no evidence about what type of psychotherapeutic intervention is more effective for each nursing diagnosis. Considering this, the review that was carried out also informs the decision makers about the importance of encouraging mental health nurses to put psychotherapeutic interventions more into practice, and about some requirements that these interventions should fulfil to make possible a consistent evaluation of its effectiveness.

In conclusion, the importance of this review can be summarised in three major categories, which can also be considered opportunities to increase nursing's body of knowledge: (i) it provides evidence for the existence of diverse theoretical rationales of psychotherapeutic intervention; (ii) it creates awareness for some weaknesses of nursing knowledge related to psychotherapeutic intervention; and (iii) it creates awareness for the need to produce knowledge, to nurture the nursing discipline in the area of psychotherapeutic intervention with even more theoretical and practical support. Thus, this review seems to be extremely relevant to alert for the need of conducting research that allows us to know how much nursing psychotherapeutic interventions take place currently, to reflect on mental health nursing clinical practice, and to raise awareness about some minimum requirements that nursing psychotherapeutic interventions must fulfil to guarantee their effectiveness.

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Contributions

FMCS: Study design; data collection and analysis; and manuscript preparation. CACS: Study design; and manuscript preparation. MTLC: Study design.

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