

established in  
2016



# MAS JOURNAL of Applied Sciences

ISSN 2757-5675

DOI: <http://dx.doi.org/10.52520/masjaps.177>

Derleme Makalesi

## Mental Health Nursing

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**Geliş Tarihi:** 28.09.2021

**Kabul Tarihi:** 29.10.2021

### Abstract

Nursing have roots in caring people holistically for health problems. Growing population with mental illness is making mental health nurses a crucial workforce for communities. Mental health nurses work in challenging and potentially high stress environments. These conditions increase nursing errors which are complex in nature and happen frequently in the care of these patients. Required high-quality therapeutic relationship is achievable by longer nursing experience, efficient and accurate communication and management skills of nurses. Professional relationships provide a safe, trustworthy, reliable, and secure foundation for therapeutic interactions; however, nurses face challenges in setting and maintaining relationship boundaries. Solution focused therapy is a new and popular model of intervention in mental health care. Here in this review, some actual findings related to mental health nursing published in the last decade in international articles are given below.

**Keywords:** Mental health, psychiatric, nursing, nurse, care

## INTRODUCTION

Nursing has existed since ancient times. The modern nursing have roots in caring people holistically for diversified health problems (Browne et al., 2012). Nurses are a critical part of healthcare and make up the largest section of the health profession. According to the World Health Statistics Report, there are approximately 29 million nurses and midwives globally (Haddad et al., 2020). With growing population, people with mental illness is increasing worldwide and making mental health nurses a crucial workforce (Hercelinskyj et al., 2014). The recruitment and retention of mental health nurses within acute inpatient mental health facilities continues to be an ongoing issue. Literature and current research highlight an environment fraught with pressure and stress, identifying several key factors contributing to job dissatisfaction. These factors include greater patient acuity, unpredictable and challenging workspaces, violence, increased paperwork, and reduced managerial support (Ward, 2011). Mental illness is surrounded by negative attitudes and stigmas. Employer or workplaces have an impact on mental health nursing staff's general attitudes towards mentally ill persons. More favourable attitudes among staff towards persons with mental illness could be developed and transmitted in the subculture at work places (Mårtensson et al., 2014). Mental health nurses work in challenging and potentially high stress settings. Stressors can occur in the context of consumer, family relationships, staff relationships, work environment and organization. Stress and professional challenges may lead to damaging impacts on mental health nurses such as burnout, poorer physical health and mental health. Resilience in mental health nursing involves positive adaptation to stress and

adversity, individual ability or interaction of person–environment. More research on the implementation of resilience-building strategies for mental health nurses at the individual, work unit, and organizational levels is needed (Foster et al., 2019).

### Medical errors

Nursing errors are complex and take place frequently in the care of patients (Mohsenpour et al., 2017). Error is inevitable for all the professions. Health and treatment-related works it cannot absolutely preventable. Errors lead to damage and mortality of the patients, and result with obvious and costly problems for the hospitals. Reducing and controlling nursing errors rely on application of systemic approaches, assessing and removing effective factors if possible. Designing a system with high levels of reporting of these errors may help to identify weak points and factors (Eslamian et al., 2010). Mental health nurses had poorer fear responses than their peers outside of these areas, as did community physicians. Tailored patient safety strategies may be needed for mental health nurses to decrease fear of repercussions for reporting and talking about errors and near misses (Castel et al., 2015). Error reporting helps identify errors and system vulnerabilities. Nursing managers play a key role in preventing nursing errors by using leadership skills. One of the leadership approaches is ethical leadership (Barkhordari-Sharifabad & Mirjalili, 2020). Patient safety is critical to the provision of quality health care (Usher et al., 2017). Promoting patient and occupational safety are two key challenges for hospitals. When aiming to improve these two outcomes synergistically, psychosocial working conditions, leadership by hospital management and supervisors, and

perceptions of patient and occupational safety climate have to be considered. Recent studies have shown that these key topics are interrelated and form a critical foundation for promoting patient and occupational safety in hospitals (Wagner et al., 2019). Nurses' perceptions of nursing error could affect their professional practice. Nursing error was deemed as an unavoidable issue which consisted of the lack of congruence with standards, doing extra-nursing tasks and giving care against the agreed-upon routines. Five categories emerged as the causes of error: individual reasons, work pressure, caring blindly, the uniqueness of caring environment and the lack of coordination among health care team members. The perception of nursing error is sort of unique; hence, managers should provide support for critical care nurses and pave the way for the prevention of errors (Valiee et al., 2014). The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) found that 65% of medical sentinel events or medical errors are associated with communication breakdowns. JCAHO recommend improvement in professional communication, collaboration, and a patient-centered approach to provide safety (Fay-Hillier et al., 2012). Occurrence of nursing error is important issue in patients safety. Work overload, sleep disruptions, sleep behaviors, psychological distress and psychological well-being cooperatively were resulting in occurrence of nursing errors (Rahimian Boogar & Ghodrati Mirkouhi, 2013).

### **Relationships**

The therapeutic relationship is the central axis of mental health nursing. Clinical environment is related to the quality of care. Factors of high-quality therapeutic relationship are more favourable practice environment, presence of foundations for quality

nursing care, higher academic attainment and longer nursing experience. Quality of nursing foundations, such as training, nursing language and taxonomy, and common nursing philosophy are influential for high-quality therapeutic relationship (Roviralta-Vilella et al., 2019). Therapeutic or helping relationship is the pillar built the mental health nursing. It is based on an efficient and accurate communication and management relational skills of the nurse. Despite the theoretical knowledge of the skills of mental health nursing, there is enough evidence that they are not applied with suitable quality standards. Theoretical concepts such as empathic attitude, unconditional acceptance and active listening become real at daily nursing profession. Practice also results with conceptual differences, prejudices, fears, and self-protection mechanisms that limit the relationship and they put distance between patient and nurse (Ar, 2013). In mental health nursing, the therapeutic relationship is central to the care process, since the restoration of the balance of the person in mental suffering relies on significant interpersonal relationships (Laranjeira, 2021). There is an increasing number of people with mental health disorders in the Western world. The most common traditional therapies are conversational therapy and medications. One alternative to traditional therapies is Anthrozoology. Anthrozoology treats the interaction between people and animals, and it shows that animals can be a great contributor to human health and wellness. People suffering from mental health disorders experience a strong and healing attachment to their dogs. This can be explained by different theories. Nurses require knowledge of the dog's positive impact on people with mental health disorders (Skjorestad & Johannessen, 2013). Professional

relationships provide a safe, trustworthy, reliable, and secure foundation for therapeutic interactions; however, nurses face challenges in setting and maintaining relationship boundaries. Although patients ask for special privileges, romantic interactions, and social media befriending, or offer expensive gifts, nurses must recognize that these boundary violations may erode trust and harm patients. These violations may also trigger discipline for nurses. Professional relationship guidelines must be applied with thoughtful consideration, and nurses must monitor their emotions and reactions in these relationships (Valente, 2017). Empathy is one of the main attributes for establishing the nurse–patient therapeutic relationship. A significant association exists between the dimensions of empathy and the construction and development of the therapeutic alliance during the different phases of the therapeutic relationship between nurses and patients in mental health units. It is important for mental health nurses to be aware of the importance of personal self-awareness and the emotional management of empathy for the construction and development of therapeutic relationships of quality with patients (Moreno-Poyato et al., 2021). In mental health settings, the therapeutic nurse–patient relationship is positively enhanced by evidenced-based practice and the nurse's level of experience, with a great influence on shared decision-making. Mental disorder is known to be as a loss of existential paradigm; individual's functioning is lacking in all areas. Therefore, it is difficult to point out what the patients exactly need because their needs are set on a broad range of a difficult boundary. The level of care that follows will be complex and multifactorial because nursing will

challenge the interaction with the individual as a whole: behaviors and relations with family members. At this stage exploring interpersonal conflicts, with past and present aggression behaviors will be crucial. Psychiatric nurses are aware of the importance of the therapeutic relationship in psychiatric units. Nevertheless, a review of the scientific evidence indicates that theoretical knowledge alone is insufficient to establish an adequate therapeutic alliance. Therefore, strategies are required to promote changes to enhance the establishment of the working relationship.

### **Solution focused therapy**

Solution focused therapy is a new and popular model of intervention in mental health care. Core of solution focused therapy is that problem or difficulty of individual does not determine the direction. Instead therapy practitioner identify what the individual wants to be different and then explore and elaborate that difference (Wand, 2010). This therapy builds client's strengths and is future-focused. It can be used across multiple clinical settings and is not limited to being useful for clients accessing mental health services. Learning the underlying principles and developing a foundation level of skill in the approach was found to be achievable in an undergraduate nursing course. Increase in knowledge of the model and in basic therapeutic skills requires just one day training. Students reported that this method of learning a therapeutic approach was helpful and increased both their knowledge and skill base (Evans & Evans, 2013). It is based on solution-building rather than problem-solving. The therapeutic focus should be on the client's desired future rather than on past problems or current conflicts. Clients are encouraged to increase the frequency of current useful behaviors. No problem

happens all the time. Therapists help clients to find alternatives to current undesired patterns of behavior, cognition, and interaction. Differing from skill-building and behavior therapy interventions, the model assumes that solution behaviors already exist for clients. It is asserted that small increments of change lead to large increments of change. Clients' solutions are not necessarily directly related to any identified problem by either the client or the therapist. The conversational skills required of the therapist to invite the client to build solutions are different from those needed to diagnose and treat client problems (Trepper et al., 2010).

### **Communication**

Communication has been identified as an important attribute of clinical leadership in nursing (Ennis et al., 2013). Communication with individuals with mental disorder may often be a nonlinear, complex, and variable situation (Yıldız, 2019). Communication subsidizes the interaction between nursing staff and patients providing conditions for the development of comprehensive care to people with mental disorder (Paes & Maftum, 2013). Metaphor is a key component of talk-based psychotherapies. But many of the patients whom nurses encounter in the inpatient setting are not good candidates for talk-based approaches, at least initially, because they are violent, withdrawn, highly regressed, or otherwise lacking a vocabulary to convey thoughts and feelings (Birnbaum, 2017). Because family members take on caring tasks and also suffer as a consequence of the illness of the patient, communication between health-care professionals and family members of the patient is also important. Contacts between family members and professionals are considered problematic

due to the autonomy and confidentiality of the patient (van de Bovenkamp & Trappenburg, 2012). Mental health nurses are expected to complete clinical assessments on clients, including effective therapeutic interpersonal communication techniques and psychosocial intervention skills to provide safety, trust, collaboration, respect, genuineness and empathy. Nurses may be able to decrease adverse events within mental health settings partially by practicing therapeutic communication. Unfortunately, evidence shows that nurses are often unprepared in mental health to incorporate therapeutic communication and relationship building among their patients. Expected knowledge and competence in therapeutic communication is a logical requirement for mental health nurses. Competency development may guide nurses to develop critical thinking skills to practice and support psychiatric patients to achieve optimal outcomes (Nill, 2021). Information and communication technologies are part of everyday nursing practice. They are routinely used to store patient data and provide the foundation by which teams and health professionals communicate. The use of information and communication technologies by mental health nurses have some benefits such as management of information, access to health services, quality improvement and cost containment. This has an impact on mental health nursing practice (Cherrill & Linsley, 2017).

### **CONCLUSIONS**

Mental health nurses work in challenging and potentially high stress environments. These conditions increase nursing errors. Mental health nurses had poorer fear responses than their peers outside of these areas, as did community

physicians. To improve this outcome, psychosocial working conditions, leadership by hospital management and supervisors, and perceptions of patient and occupational safety climate have to be considered. Required high-quality therapeutic relationship is achievable by longer nursing experience, efficient and accurate communication and

management skills of nurses. Professional relationships provide a safe, trustworthy, reliable, and secure foundation for therapeutic interactions; however, nurses face challenges in setting and maintaining relationship boundaries. Solution focused therapy is a new and popular model of intervention in mental health care.

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