ABSTRACT: 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. This qualitative critical feminist exploration investigated the lived experiences of thirteen women mental health nurses working in inpatient services. They were asked about their practice and perceptions of workplace culture and they shared their thoughts on stress management and professional wellbeing. Positive workplace practice was highlighted and the participants revealed an environment they were proud to be apart of. Individual interviews, focus groups and reflective practice were all used to collect data. The findings from the investigation unanimously support current literature that clearly confirms mental health nursing to be stressful. Interestingly however the findings also clearly identified that the way in which the nurse participants managed their stress was intrinsically linked to their job satisfaction. The major theme identified throughout the research Stress and Mental Health Nursing: Maintaining balance revealed the women participants ability to manage an at times complex workspace through the notions of teamwork, diversity and creativity. All of the participants considered these elements as significant to providing a high standard in patient care. This research may provide an opportunity for others to view mental health nursing from a different perspective and, through the lived experiences of the participants’ embrace the positive and rewarding aspects of the role.

Key words: mental health nursing, recruitment and retention, stress, education, teamwork, diversity.
INTRODUCTION

The recruitment and retention of mental health nurses is an issue that continues to concern the profession (Happell 2009). Stress and mental health nursing has been identified consistently within current literature and may be contributing to the lack of registered nurses choosing to work in this specialty area (Brennan et al. 2006; Marlow 2006; Cleary et al. 2005; Leifer 2004; Jenkins & Elliott 2004; Crowe & Carlyle 2003; Silverstein 2006; Gates 2001). As Hoff (2001) states ‘Stress is the discomfort, pain or troubled feeling arising from emotional, social or physical sources and resulting in the need to relax, be treated or otherwise seek relief” (p.42). Acute inpatient mental health facilities are busy, understaffed and under- resourced (Happell 2008; Brennan et al. 2006; Cleary et al. 2005). They are recognised to be fraught with pressure and the registered mental health nurses working there are frequently on the frontline, dealing with these sometimes aggressive and unpredictable environments (Leifer 2004; Crowe & Carlyle 2003).

Further stressors that have been identified within mental health nursing include administrative and organisational issues such as increased paperwork and inadequate staffing (Ballard 2006; Coatsworth-Puspoky et al. 2006; Wright 2005) and shift work has been reported to impact negatively on a mental health nurses’ quality of life (Zhao & Turner 2007). Overall however, dealing with physically threatening, suicidal, difficult and demanding patients is reported as being the most stressful aspect of mental health nursing (Pompili et al. 2006; Jenkins & Elliott 2004; Crowe & Carlyle 2003). It is well documented that long-term exposure to job-related stressors could ultimately lead to burnout (Pompili, et.al. 2006; Wright 2005; Jenkins & Elliott 2004; Edwards & Burnard 2003; Happell 2008; Humpel et al. 2001). Taking this into account the present study reveals how and why these women registered mental health nurse participants were surviving these somewhat stressful and demanding workspaces and collectively achieving job satisfaction and professional fulfillment.
Acute inpatient mental health facilities have become part of a comprehensive integrated mental health service providing safe and supportive environments for the mentally ill (Delaney & Johnson 2007). Literature supports the view that there is an ever-increasing need for more registered nurses in acute mental healthcare facilities (Happell 2009; Brimblecombe & Nolan 2008; Delaney & Johnson 2007; Brennan et al. 2006; Jenkins & Elliott 2004; Snow 2004), as twenty per cent of Australians will experience a mental illness at some point in their lives and 12.3% of the world’s total population is affected by a mental health disorder with this figure expected to rise to 15% by 2020 (World Health Organization 2000). However, current statistics report an international shortage of registered nurses choosing to work in acute inpatient mental health facilities due to low morale and workplace pressures (Happell 2009; Brennan et al. 2006; Engin & Olcay 2006; Jenkins & Elliott 2004; Liefer 2004; Crowe & Carlyle 2003).

Research supports the notion that to recruit and then retain a person in a place of employment, several factors need to be taken into account. Factors such as job satisfaction, stress related issues, wage parity, career and educational benefits, safety and supportive management. These factors are but some of the key aspects highlighted as in need of revision for registered mental health nurses (Happell 2009; Delaney & Johnson 2007). Violence in the workplace is also considered a significant source of tension in mental health nursing. Roche and Duffield (2007) note, ‘violence and threats of violence have been identified as particularly stressful to nurses working in mental health with workplace violence having a direct impact on their retention’ (p.97).

Mental health nurses have been considered professionals that assist people regain a sense of coherence (manageability, meaningfulness, and comprehensibility) over what is occurring to them - be it a result of trauma or some other form of mental distress. Their unique contribution has been in the simple elegance of ‘being there’ to bear witness and mitigate the negative side effects of illness-alienation and a feeling of being out of touch with the self and social context (Stuhlmiller 2003 p.3).
Barker and Buchanan-Barker (2005) argue that mental health nurses are constrained by the demands of risk management and are employed by organisations to protect those organizations from litigation. This type of governance is in the form of policies, procedures and evolving strategy (Johansson et al. 2007). This added level of responsibility and the changing role of the mental health nurse may potentially increase stress as nurses are forced to remodel practice (Pompili et al. 2006). Understanding workplace stress has the potential to save money for the organization, the individual and society (Gates 2001) and legislation together with recent reports confirm that health care organizations must be made accountable for employee safety at this level (Crowe & Carlyle 2003).

Very little research has been undertaken addressing specifically, the experiences of mental health nurses working within acute inpatient mental health facilities. Identifying the inherent skills required in mental health nursing and gaining a greater understanding of the practices and cultural context of the profession will assist us in developing a more comprehensive recruitment and retention strategy.

METHODOLOGY

The research was undertaken utilising a critical feminist framework as the researcher supports the belief that women and nurses have been oppressed and continue to be marginalised within the nursing profession (Rose & Glass 2008; Fletcher 2006; Taylor 2006; Skillings 1992). A critical feminist framework enabled the women to speak out safely and for their stories to be explored with gender as a central theme. The key considerations within this feminist study were to acknowledge the individual experiences of the women participants linking subjectivity with knowledge production and provide an opportunity for empowerment through conversation and ‘being heard’. Utilizing a qualitative method enabled the researcher to immerse themselves in the lived experiences of the participants through interviews and focus groups (Truglio-Londrigan et al. 2006) exploring the social and cultural phenomena evident (Kirkham & Anderson 2002; Myers 1997). Qualitative enquiry also provided the participants of this study with an opportunity to raise professional issues and concerns through conversation and discussion and question further their workplace practices and the mental health nursing profession.
ETHICAL CONSIDERATIONS

Following University and the Area Health Service ethics approval an information sheet was placed in the inpatient ward communication book and the ward daily diary. All interested women received an information sheet and a consent form regarding the study. Those who responded and agreed to participate were selected. Thirteen women were included in the research project. The women, registered nurses, had varying degrees of experience however all of them had been working in acute mental health facilities for at least ten years. Pseudonyms were used to protect the participants maintaining a confidential and ethical research process. The researcher is a mental health nurse however at the time of the research project was employed outside of the health service.

DATA COLLECTION

This critical feminist study utilised two specific research methods within the project, individual interviews and focus groups. The researcher also engaged in reflexivity utilising reflective journaling and creative expression as a process of enquiry and critical analysis. Reflective journaling and painting allowed the researcher to explore further the themes and issues raised by each participant and a space in which to compare the similarities and differences in the women’s stories and lives. The artwork was an illustration of the issues raised by the participants and the reflective journaling a record of process that aided data analysis. The artwork was exhibited at the completion of the study so that the findings could be publically disseminated. All participants agreed to this process and there were no identifiable features within the paintings ensuring the participants’ anonymity was protected.

Each participant was individually interviewed and all participants attended both focus groups. All interviews were carried out off campus at a location selected by each participant. Each interview lasted approximately two hours and was audiotaped with consent of the participant. The audiotaped recordings were later transcribed by the researcher and all data collected stored in a locked filing cabinet. The first semi-structured interview question was ‘why the participants chose a career in mental health nursing? And secondly ‘why they had chosen to stay?’
The first focus group was held before individual interviews and the second focus group was held after all of the participants had been interviewed. The focus groups were audiotaped also and the researcher took notes. Both focus groups lasted approximately three hours. The first focus group was unstructured so that discussion could flow across a variety of themes and concepts whereas the second focus group was semi-structured raising issues that had emerged from the individual interviews. Again all data was transcribed by the researcher and stored securely.

**DATA ANALYSIS**

The data was analysed using thematic analysis. This involved reading and re-reading the transcripts and identifying the themes that appeared (Rennie 2000). Next, the development of patterns and similarities in the words and phrases used by participants were coded. The transcripts from the focus groups were also coded linking any patterns in relation to thoughts, feelings and behaviour. As the focus group proceeded the interviews key findings in the focus group discussions could be later discussed during the interview to confirm the development of trends. As Kellehear (1993) believes, this process enables the researcher to ‘check back with the respondents about the themes’ (p. 38) that may have emerged from the narrative. This approach served to critically reveal the meanings and ideologies below the surface, hidden within the interview and focus group data. Lastly, the data were analyzed to identify strong patterns of meaning and how these meanings were linked to the participants’ individual practice and experience. Through abstractions the words of the participants were grouped and the predominant factors within the text were re-organised and subsequently identified as themes and sub-themes.

Utilising two specific research methods (interviews and focus groups) whilst incorporating reflective practice through journaling and creative expression enabled a process of methodological triangulation (Halcomb & Andrews 2005). ‘Methodological triangulation can provide further information to examine social phenomenon by exploring the subject from varying degrees’ (Halcomb & Andrews 2005 p.78). By exploring a topic from differing angles a greater depth of understanding may be achieved (Massey & Walford 1999). By applying a triangulation of methods to research there is a strengthening of rigour, validity and credibility within the data collection and analysis.
The initial focus group identified shared themes, whilst individual interviews enabled the expansion of such themes as well as generating new information. The second focus group re-affirmed or allowed further articulation of the data emerging from the individual interviews. Reflection and creative expression allowed the researcher to carefully analyze the similarities and differences in the telling of the stories.

**FINDINGS**

One of the major themes to emerge from the research data was *mental health nursing and stress: maintaining balance*. The following three sub-themes reveal the way in which the participants described their stress and their role as women mental health nurses. These three sub-themes emerged from both the individual interviews and the two focus groups.

- *Glass half empty / glass half full*
- *It’s all about the patient*
- *Facilitating change*

The thirteen women participants clearly articulated their concerns regarding their workplace. They described it as complicated by a variety of issues and that these issues contributed directly to their levels of stress. What is significant however in the research findings is that the participants expressed a unique dedication to their role as mental health nurses and they all expressed the immense job satisfaction gained from working with clients. The participants believed that their stress management was directly related to the therapeutic relationship and their ability to ‘be there’ for others. They were acutely proud of their skills, their knowledge, competencies and nursing craft. This sense of personal conviction and strength kept them emotionally buoyant and they all acknowledged their sense of connection to working with vulnerable people.

According to the participants, being a mental health nurse involved assisting patients through what could be potentially their most critical life moment. All of the nurse participants viewed their practice as extremely important. They spoke about their role as advocate for the mentally ill and they reported on their frustrations with the health system. Liz identified her empathy for clients and her commitment to mental health nursing in the following exert.

I know that I have provided relief to patients and I have assisted them to
recover. It is hard being hard sometimes when there needs to be rules but if
you are consistent then it works. My joy is with the patients. I have had
big belly laughs with them and I have cried too. I remember this one guy who
was suicidal and he just kept saying what was the point. I was listening and
holding his arm as he told me he had seen his dad kill himself when he was
young. I just held him and I will never forget how he cried like a small child.
You don't forget this but you go home and hug your own kids petty tight after
that.

Although these stories or recounts were considered stressful or emotionally
distressing to the participants they also considered them valuable. The participants
believed that they were privileged to have a person choose to share their feelings with
them. The participants also acknowledged in the focus groups that as they shared their
patient stories collectively there was a implicit understanding of the role they all played
as mental health nurses and there was a sense of pride in the profession. Ella stated:

I love my connection with patients. I love being there for them. It
actually makes me feel good to help and to care. We do good work!

**GLASS HALF EMPTY / GLASS HALF FULL**

The women nurses spoke about being flexible and honest in their interactions with
patients. They also spoke about the way in which nursing in an acute unit was more about
problem solving than long-term management plans and recovery. The nurses discussed
the difficulties regarding patient outcomes and positive health promotion. Shirey (2004)
defines caring as ‘assistance and protection against the adverse effects of life stress
highlighting the process of reciprocity and exchange of resource between two
individuals’ (p. 9). The participants chose to remain in nursing despite the challenging
circumstances. The participants all referred to *A glass half empty a glass half full* over
thirty times throughout focus groups and interviews. They referred to looking at the
positive as opposed to the negative, finding joy in small achievement and success in
patient recovery. Lilly stated,

I have learnt so much from patients in my care. I suppose [I have]
learnt about myself and had to change my thoughts and develop
myself to move forward professionally. I have surprised myself at times with my own prejudices and I was wrong but we are all a product of our own fears too I suppose. Mental health nursing can be tough and you wouldn't do it if you weren't there for the patient. I have often thought about how it would be to go mad, it would be so frightening. I am glad I have been there for others.

The participants all considered their role as a woman significant to their need to care and also a reason they were more likely to become stressed within the workplace. All of the participants made reference to being a ‘woman’ mental health nurse and believed that their gender defined their roles in both work and life. They believed the male nurses received greater promotional opportunity and were also given greater responsibility due to the potential violence within the unit. As women they felt they performed their role with expertise and were capable of managing violent unpredictable patients just as well as their male colleagues. They felt that this decision was not always their own. Throughout both focus groups they discussed the way in which management would remove them from the high dependency areas on the ward based on their gender and this created stress. Liz commented stating

Being a woman mental health nurse is at times as if we are considered not capable. It discounts our skill and takes away from our professional strength because we can be seen as weak or too delicate.

Professional identity was considered extremely important. Liz identifies the stereotypical image of a woman and felt that she was measured by that image. This then had an impact on her as a mental health nurse.

Meryle stated:

I find the greatest satisfaction is when I am working a day shift and I get to develop that relationship with the patient. It is a precious thing. It is a privilege in life to have therapeutic relationships with people and I’m just lucky I have been able to make a career out of it.

Meryle clearly appreciates her position and her ability to interact with patients as well as clearly identifying the sense of busyness in an acute inpatient facility stating,
We work on the run. We talk to patients in the shower ... they disclose things to you at different times ... we are always available. As women nurse’s patients can sometimes see you as a mother figure, that person who cares. Meryle demonstrates a sense of ‘seeing her role’ and her duties as a nurse like a glass half full. Busy workplaces that can be stressful however inside those spaces are moments with patients that may not otherwise exist.

Olive spoke about stress and mental health nursing stating,

You just get used to the whole thing ... people yelling, phones ringing, mad people lost in their own mind ... it’s just constant but we are there to do a job and it’s a job I love.

Olive explained how her work environment created discomfort through a sense of chaos and disorganization however, she also identified how her role as a mental health nurse gave her purpose. It was again the way she viewed the space that provided Olive with a sense of job satisfaction. As Barker & Buchanan-Barker (2005) confer that mental health nurses are stuck between their existing role, engaging in deep interpersonal relating and their most recent role as guardians of those at risk. The participants were managing to keep this dichotomy balanced as they viewed their experiences as a glass half full. Olive reports:

You go in, you get handover, you’ve already put a load of washing on, made beds at home, organized kids and next you’re listening to someone cry that they can’t cope. You nurse, you manage, you provide hope and medication and then you drive home to feed, clean, sleep and do it all again. Women’s work really is never done!

Life was acknowledged to be busy as a woman mental health nurse however there was a sense of calm reflection that manages the participant’s level of stress.

IT’S ALL ABOUT THE PATIENT

The participants identified with the social stigma experienced by mental health clients and all of the participant’s recounted stories regarding discrimination and
prejudice in mental health care. The participants were all very emotive regarding this and expressed their loyalty and determination to support those unable to support themselves. *It’s all about the patient* was continually expressed in interview and focus groups. All of the participants expressed a sense of purpose advocating for patients and the participants unanimously agreed that it was this sense of belonging that contributed to their management of stress. There was a focus group consensus that stigma and shame still haunted mental illness and that this had a negative impact on the life of someone experiencing mental health problems.

The following extract captures one nurses’ perception of how she felt marginalized alongside the client. Kerry said:

*we deal with the people society doesn’t want to see and maybe that is why we have become invisible too. We are sometimes all they have.*

Liz demonstrates further how her therapeutic relationship with her clients and her strong professional connection with her colleagues directly contributed to her job satisfaction and stress management.

*We don’t expect thanks and gratitude from our patients because we know that we are working in an environment that isn’t designed that way. I get satisfaction from seeing patients get well. I am so lucky I mainly work with a group of nurses that have a good understanding of one another and a great respect for one another’s work and skill. Being able to discuss issues as a team is my stress management.*

Meryle drew further reference to her relationship to her patients and how this provided her with job satisfaction. She stated:

*I need to go home knowing that I’ve done my job to the best of my abilities given the environment ... the patients are entitled to decent health care. They’re some body’s child, somebody’s partner.*

**FACILITATING CHANGE**

The participants all talked about creating change. They discussed the job satisfaction they gained from transforming situations. Rosie said:
I have faith that I can help people suffering mental illness and that despite the odds I do make a difference.

The nurses also spoke about this sense of facilitating change in their own work practice and as a strategy to manage stress. Reflection, meditation, flexibility and time all represented moving away from stress and finding balance. Stella reported that she refueled or unwound on her way home and Lilly clearly valued the distance and boundary she had between work and family. As Mckenzie et al. (2006) contend, mindfulness training may assist nurses to reduce stress. As mental health nurses, mindfulness strategies were available to them and they all spoke about how they incorporated this knowledge into their own practice. The participants also believed that collegial support and working with like-minded nurses provided a greater opportunity for improved work conditions, facilitated change and positive stress management strategy. Lilly said:

I would never choose to work anywhere else. Mental health nursing is what I do. It makes it all worth something. My colleagues are my friends.

High staff turnover has also been attributed to increased stress and poor staff morale within acute mental health care facilities (Aaron & Sawitsky 2006; Happell 2008). Participants spoke about a large casual pool of nurses that contributed to a variety of problems within the workplace. Facilitating change was seen to be more difficult when staffing was compromised. Ruby spoke about her management of stress and her ability to find balance when work became pressured:

[w]ell it’s kind of like the lolly bag. If you’ve got a bag of lollies and you just keep handing them out then you run out but if you step back every now and then and let the lolly bag re-fill then you will still have more to give.

All participants expressed their desire to remain in mental health nursing despite the challenges associated with the profession. They discussed increased violence, patient acuity, changing drug and the alcohol related problems within society that were all impacting on their workplace. Against this, each participant chose to remain in the profession as they valued their relationship with clients and colleagues, families and carers. They all believed in their skills and valued the art of their nursing. Liz confirmed her empathy with mentally ill clients and her job satisfaction as a mental health nurse.
I love being able to relieve a patient from the torture of voices or get them to rest after days of mania.

DISCUSSION

This research project investigated the practices of mental health nurses working in an acute inpatient mental health facility. The major theme that was revealed was *Mental Health Nursing and Stress: Maintaining Balance*. The women identified stress within their workplace however they clearly identified strategies that they used to maintain balance within their personal and professional lives. The rich qualitative data revealed a further three sub-themes *Glass half empty / glass half full; It’s all about the patient* and *Facilitating change*. These themes demonstrated how the women ‘did what they did’ and managed to achieve job satisfaction and fulfillment.

The participants confirmed and identified with literature and current research the notion that mental health nursing can be stressful (Brennan et al. 2006; Cleary et al 2005; Leifer 2004; Crowe & Carlyle 2003; Marlow 2006; Jenkins & Elliott 2004; Silverstein 2006; Gates 2001). They also confirmed and identified that their own stress management strategies were intrinsically linked to their role as a mental health nurse. The participants demonstrated immense empathy for those experiencing mental illness and found mental health nursing rewarding. Contrary to other studies the women as registered nurses did not experience stress from their working relationships with patients and consequently expressed that this caring role was pivotal in managing their stress and experiencing job satisfaction.

In this qualitative research the nurses spoke about stress in relation to shift work, poor staffing, and an at times chaotic and disorganized workplace environment. Alternatively, they expressed their own personal commitment to care and practice as mental health nurses within an acute inpatient facility. Their dedication was to ‘be there’ for the patient. Meryle believed that her role as a mental health nurse provided her with both personal and professional satisfaction. The study valued the individual experiences of each participant and the collective response of the group and all of the participants expressed a dedication and fulfillment to ‘care’. The stereotypical image of women was
considered problematic at times when they experienced decisions made against them because of their gender. This was considered stressful. This critical feminist project was an emancipatory process supporting consciousness raising and greater awareness of issues through discussions at both focus groups and individual interview. The women were all able to revision their role and identify managerial practices in need of change.

Recognizing the issues that are substantively creating stress for mental health nurses will in turn support change and optimize patient care and recovery. Consequently recognizing the way in which nurses manage their stress will support, change and optimize recruitment and retention in mental health nursing (Brennan et al. 2006, Cleary et al. 2005; Leifer 2004; Crowe & Carlyle 2003; Marlow 2006; Jenkins & Elliott 2004; Silverstein 2006; Gates 2001).

As Robinson et al. (2005) suggest more research is needed to identify why nurses choose to stay in nursing and that an examination of the working lives of mental health nurses could assist in retaining an already exhausted work force. As identified above, prejudice is real and as Zalar et al. (2007) state ‘stigma attached to mental illness is one of the major barriers to improving the quality of care for persons with mental health problems’ (p. 245). The nurse participants believed that better undergraduate training was necessary to prevent the stereotyping of mentally ill clients. They also believed that greater community awareness and education may improve patient outcomes and attract more nurses into mental health care.

This feminist framework provided a space in which women could speak out in safety and place gender central to the enquiry. Nursing has always been undervalued and discounted because historically nursing has been primarily the service of women (Chiarella 2002). Nursing has been overpowerd and devalued by the dominant discourse of medicine and the medical fraternity has been primarily the power base of men (Chiarella 2002). This research into nursing culture has provided the opportunity to create social change through acknowledging the diversity in the experience of the women participants. The women all spoke about the research process as crucial to their development as they were able to come together and discuss issues and concerns.
Utilizing a critical feminist framework provided an opportunity for the participants to examine their social world with the intent of emancipation. Olive believed that her life as a woman and her duties inside the home were mirrored within the hospital setting. Her realisations created discussions within the group and led to further insights into creating change. Despite however the negative aspects of the role all of the participants chose to remain in mental health nursing because of their relationship with clients. They valued their skills and expressed a sense of purpose in providing ‘care’.

CONCLUSION

The research has revealed that for these participants, mental health nursing can be a rewarding and satisfying career choice. It supports the notion that the environment is at times challenging however strongly attests that it is the therapeutic relationship and the dedication to the profession that provided the nurse participants within this study with job satisfaction and fulfillment. The findings of this research may assist in providing undergraduate nursing students with a differing view of the profession and further enhance future recruitment strategy. The participants in the study collectively described a dedication to nursing in mental health care. They were confident and competent in their roles and could identify the problems and stigma experienced by clients. They could recognize power imbalances in nursing and articulate the way in which their gender predicted certain outcomes within the workplace.

The limitations of this study are related to the small number of nurses who participated in the study as opposed to the number of nursing working in mental health in Australia. Therefore the findings may not represent the larger cohort within the profession. The participants however raise many salient issues for consideration that others who read this paper may draw from. Mental health nurses may find similarities in the participants shared stories and draw conclusions related to their own lived experiences.
REFERENCES


