

**COPING MECHANISMS OF MENTAL  
HEALTH NURSES IN WORK  
RELATED STRESS SITUATIONS:  
LITERATURE REVIEW**

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**Bachelor's Thesis**

**November 2018**

**Social and Healthcare Sciences**

**Degree Programme in Nursing**

|   |  |                                      |
|---|--|--------------------------------------|
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|   | Number of pages                          | Language of publication:<br>English  |
|   |  | Permission for web<br>publication: x |
| <b>Title of publication</b><br><b>Coping mechanisms of mental health nurses in work-related stress situations: A literature Review</b>  |  |                                      |
| <b>Degree programme</b><br>Nursing  |  |                                      |
| <b>Supervisor(s)</b><br>Palovaara Marjo & Jalonen Anu   |  |                                      |
| <b>Assigned by</b>  |  |                                      |
| <b>Abstract.</b><br><br>The aim of this literature review was to find out the coping mechanisms of psychiatric nurses during their provision of care. The purpose was to provide Evidence Based knowledge to psychiatric nurses on how to deal/cope with work-related stress, thereby enabling them to provide care to both the patients and themselves alike.<br><br>Articles that were used for this study were retrieved from the Allied Data Base, Cinahl (Ebco), Academic Search Elite and Medline.<br><br>The Inclusion/Exclusion criteria was considered for the selection of articles that were used for the study. The relevance of the articles was also based on how effective the titles, abstract and full text answered the research question.<br><br>The analysis and synthesis of the 11 articles used for the study was based on thematic analysis. Full texts of the articles were read through, and data was grouped to form themes and sub-teams.<br><br>Three themes were identified in the study: Psychiatric nurses stress-related situations, coping mechanisms psychiatric nurses employ to cope with work-related stress and effects of the mechanisms employed by psychiatric nurses in coping with work-related stress.<br><br>During the study, it was observed that quality of mental health care was hampered by the challenges <i>or workplace stressors that psychiatric nurses faced in the work-environment. It was for this reason that the study suggested that measures that safeguard the mental/emotional health of psychiatric nurses should be taken by the psychiatric management and other stakeholders. If this is achieved, the mental health care sector will be assured of better health outcomes</i> |  |                                      |
| <b>Keywords:</b><br>Mental health nurses, workplace stressors, coping mechanisms.   |  |                                      |

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## **1. Introduction**

Psychiatric/mental care poses a lot of challenges to nurses in both in-patient and out-patient Care Units. This is because, hallucinations, delusions, depression, anxiety, dementia and so on, are commonly thought to diminish, to varying degrees, a person's capacity to govern themselves and therefore act in an autonomous manner. Psychiatric nurses in their quest to provide mental care, they are faced with bioethical issues of not encroaching into the rights of the patients thereby undermining the care to be provided. The right for psychiatric patients' autonomy is supported by the study of (Sabine 2017, 361.), who argues that the right to autonomous decision-making includes the right to die and therefore the right to refuse life-saving treatments.

Occasionally, psychiatric care is regarded as limiting and restricting the patients especially in Psychiatric Intensive Care Units, (Martin 2014, 241), reason why contemporary research has focused more on patients' limitations through different measures to be practised using the least restrictive measures (Martin 2014, 242).

Despite the facts which advocates for care providers to exercise some level of restraint on psychiatric patients, there is the concern that the health of the psychiatric nurse is also important in psychiatric care availability, which if left unchecked will jeopardize the psychiatric care profession. Therefore, the aim of study was to find out the coping mechanisms of psychiatric nurses during their provision of care. The purpose of the research was to provide Evidence Based knowledge to psychiatric nurses on how to deal/cope with work-related stress, thereby enabling them to provide care to both the patients and themselves alike.

## 2. Mental health nursing

### 2.1. Provision of mental health nursing

Mental health nurses are health care professionals that provide care to persons with abnormal thoughts, emotions, behaviors and relationship to others, (Amal *et al.* 2017, 1). According to World Health Organisation, WHO (2018), in the recent global surveys of mental health, it is known that approximately 800,000 people die from suicide each year (one death every second). The global financial burden was estimated at 2.8% as been the median amount of health budget allocated to mental health in 2011. It was also estimated that 60 countries in the world had less than 1 psychiatrist per 100,000 population in 2014. Estimates also indicates that 50 million people are affected by some form of mental disorder; this amounts to 12.3 % of the world's total burden of diseases, a percentage that will rise to 15% by the year 2020.

Psychiatric nurses provide mental health care in different settings to members of the society who have mental health illness. The scope of mental health nursing has also expanded over time because of changes in clients' needs which have been related to the clients having comorbid conditions in conjunction with the mental health illness. Also, the roles mental health nurses play in keeping other members of the psychiatric team abreast with the clients' condition; expansion of knowledge in psychiatric health-care and the growing array of technology in health-care, has seen the psychiatric nursing scope grow with the trend. However, despite these changes, Psychiatric nurses have adapted by *expanding their knowledge and understanding of mental health and mental illness while delivering competent, evidence-informed, safe, and ethical care* to patients/clients (Elsom, Happell & Manias. 2009, 101; Canadian Federation of Mental Health Nurses 2014, 3).

## 2.2. Work-related stress in mental health nursing

Work-related or better still workplace stress can be described as the physical and emotional outcomes that occur when there is disparity between the demands of the job and the amount of control the person has in meeting those demands. Anytime that stress occurs, it is a proof that the demands placed to the individual far outweighs the personal resources of the individual, whether these resources are emotional, physical, economic, spiritual or social.

Therefore, workplace stress is a measure of when the demands and challenges of work becomes overwhelming, the pressures of the workplace surpasses the workers ability to handle them, making job satisfaction to turn into exhaustion and frustration. (Vickie & Clinton, 2008, 38.)

According to Alhassan & Poku (2018, 2.), the World Health Organization and International Labour Organisation Joint Committee on Occupational Health and Safety (1995) identified work-related risks as a public health issue and stated that *occupational health and safety in every work environment entails the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.*

In a review by Nakakis & Ouzouni (2008), the nursing profession in general, was said to be a stressful profession. Streamlining their review, they focused on psychiatric nurses and identified the work-related stress which mental health nurses are subjected too in comparison with other nursing specialities.

According to the author, *stress has a cost for individual nurses in terms of health, well-being and job dissatisfaction, as well as for organizations in terms of absenteeism and turnover, which in turn may impact upon the quality of patient care (183-184).*

Working on psychiatric wards increased risk of nurses to experiencing work-related violence, according to the assertion of Ridenour *et al.* (2015), and the

violence experienced by these nurses is a form of stressor. A report by the United States Department of Justice conducted between 2005 and 2009 as cited by the authors (Op. cit.), identified that mental health nurses experience of violence ranked second to the experience of law enforcement agents (Op. cit. 19-20).

Caring for psychologically apt individuals is difficult enough. To care for people who are either aggressive or violent even usually adds to the workload of the care-givers. The research conducted in the psychiatric institution in South Africa showed that little cognizance is paid to the need for identifying mental health nurses' experiences of aggression and violence from patients, neither is any mechanism at work to observe the effect on the personal life and service rendered by this group of nurses (Bimenyimana *et al.* 2009, 4 - 5).

Despite the limited research done on moral distress in psychiatric nursing, some research work has however identified certain situations that can cause concerns for psychiatric nurses. These include the practices of restraining patients, forced medication, coercion and workload (Asem, 2014, 30). While considering the dilemmas encountered by psychiatric nurses, the author contends that the use of coercion by nurses can result in "moral discomfort" for the nurse who is torn between his/her professional obligations in law and his/her belief and commitment to the therapeutic benefit of nursing.

The author, (Op. cit.) expressed his view in relation to the nonchalant/non-supportive posture of managers and administrators in mental health settings as further compounding the effects of moral distress experienced by psychiatric nursing practitioners. Rising up to question such stance by administrators, for many psychiatric nurses is viewed as a professionally risky adventure that could earn the nurse a punitive reward, so most psychiatric



nurses prefer to keep their counsel to themselves individually (Asem, 2014, 31).

Studies have identified that excessive and chronic stress is harmful, which could inevitably impact the professional and personal life of nurses (Kumari & Mishra. 2009, 4). There is therefore a dire need for psychiatric nursing professionals to have Evidence-Based Knowledge on how to cope with the care provision challenges in their work-environment. By so doing, mental health nurses will be able to provide good health outcomes for both the patients and themselves.

### **2.3. Coping mechanisms**

Coping has been documented as any behavioural or perceptive effort to minimize, manage or tolerate events that other individuals consider as having the potential to threaten their wellbeing. Efforts to cope could be cognitive and behavioural, made to master, tolerate or reduce external and internal demands and conflicts (Asem 2014, 33).

Coping does not necessarily mean being successful in dealing with situations because coping responses to stressors can be sometimes maladaptive. Some of the individual responses to stress might include but not limited to seeking advice and support, wishful thinking, self-blame, avoidance, and/or problem solving. It can therefore be said that coping harbours a dual role either as a process following an appraisal or as a variable that varies from one person to another, whereby people exemplify different behavioural coping patterns that maybe stable or changes over time and space (Op. cit).

The work of Asem (2014, 31), argues that coping mechanisms that are of an emotional focus, otherwise known as, the negative type, such as wishful

thinking, self-blame and/or avoidance, are thought to be associated with an increase in negative health, while on the other hand, coping mechanisms that are problem-solving focused (the positive coping types) are most likely to have an association with lower levels of negative psychiatric nurses' health outcomes. It is therefore reasonable to mention that problem-solving coping had a positive relation with job satisfaction and good health, while avoidance coping envisaged poor mental health amongst psychiatric nurses.

Coping strategies applied at any time is based on the resources that are available to the individual in relation to the stressful demands. The risk of developing a maladaptive coping strategy such as substance abuse often arise from situations where the relationship between stress demands and available resources are uneven or where the individual lacks healthy coping skills before their encounter with the stressful occupational situation. (Litt, Kadden, & Kabela-Cormier, 2009.)

### **3. Aim, purpose and Research question**

The aim of study was to find out the coping mechanisms of psychiatric nurses in relation to work-related stress during the provision of care. The purpose of study was to provide Evidence-Based knowledge to psychiatric nurses on how to deal/cope with work-related stress, thereby enabling them to provide care to both the patients and themselves alike. The research question for this research work was what are the work-related stress situations experienced by mental health nurses and their coping mechanisms?

## **4. Methodology**

### **4.1. Literature review**

Literature review is a tool(s) and skill(s) for scholars, nurses inclusive, to explore the published literature and determine the best path to follow. It describes a synthesis of the literature that “aims at answering the research question, “ what are the work-related stress situations experienced by mental health nurses and their coping mechanisms?” and allows for replication. For literature review to be reliable, researchers ensure that it meets three criteria; present results of similar studies, relate the present study to the ongoing dialogue in the literature and provide a framework for comparing the results of the study with other studies. Knowing that literature reviews provides considerable evidence; researchers are therefore encouraged to publish the literature reviews that support their studies. (Cowel 2015, 1.)

The literature review involved identifying a specific research question and stating the purpose of the review. The aim was clearly defined, identified inclusion and exclusion criteria; selected search terms, identified appropriate databases to search, conducted electronic search, reviewed outcomes of search and matched them with the inclusion/exclusion criteria. Data was systematically retrieved from each article included, but not limited to; determining quality of studies reviewed; findings were summarized in a tabular form; the results were interpreted, while at the same time acknowledging the limitations and biases inherent in the process. To put research bias to the barest minimum, researchers therefore need a clear picture of the issues and questions that they want to investigate, as well as having ideas of the methods to use for the investigation. At the same time, researchers should have an open mind to improvise, revise and adjust during

the research. (Butler, Hall & Copnell 2016, 241), see figure 1. Therefore, search terms included: Stress AND experiences OR perceptions OR attitudes OR views OR feelings AND "Mental health nurs\*" OR "Psychiatri\* Nurs\*".

The importance of literature review is not only limited to health care professionals, it is also important to other educational domains as well. Literature review enables researchers to know what has been studied about a topic of interest, thereby advancing collective understanding on a topic. Literature review also helps scholars to assess the strengths and weaknesses of what has been studied and make a meaning from it. It also helps researchers to get a base to advance knowledge by bridging knowledge gaps. It was probable that the researchers of this study encountered difficulties in answering the research question, what are the work-related stress situations experienced by mental health nurses and their coping mechanisms? if the researchers hadn't found knowledge of prior research on the topic, as supported by the study of (Cowel 2015, 1), who argues that scientific integrative, systematic, and meta-analytic literature reviews are recognized as the power-house publications that are the foundation of evidence-based practice because the literature reviews synthesize multiple studies that addresses a problem.

#### **4.2. Scientific articles selection process**

Literature was retrieved from allied health data base, Cinahl (Ebsco) Academic search Elite, Medline. Resources were also obtained manually from the library and referenced as appropriate. Key words included: Stress AND experiences OR perceptions OR attitudes OR views OR feelings AND "Mental health nurs\*" OR "Psychiatri\* Nurs\*" (figure 1). Mental health and psychiatry were used to refer to patients with mental dysfunction, and these words were

used interchangeably because of their similar meaning. Coping mechanisms was used to explain ways by which psychiatric nurses deal with their work-related stressors or occupational stress. For the inclusion criterion, selected articles are in English language; peer reviewed, with abstracts, full text and references available, to get trustworthy publications (Cooper 2010). Articles search was from the year, 2006 till date. For the exclusion criterion, articles with languages other than English, research works published earlier than 2006, researches which are not peer-reviewed or without abstract were not included in the review process.

There were three research members for this study, and members entered the search terms as indicated in sub-chapter 4.2, into the JAMKS's Data Base: Cinahl (Ebso), Academic search Elite and Medline, independently. Members then chose articles independently according to their relevance to the research topic. Research members later convened a meeting to have an insight of the respective articles chosen by each member. In this meeting, research members checked on the titles and abstracts of the articles chosen by each member, such that there was a deliberation among research member on which titles and abstracts suited the research topic.

Research members convened another meeting to enter the search terms together while taking into consideration the inclusion/exclusion criteria (see figure 1). After strictly implementing the inclusion/exclusion criteria, research members agreed on 11 articles (see appendix 1 and 2) for the study. The 11 articles were then distributed among the three members of the research team. In the first articles distribution process, two members were assigned 4 articles each to read, while the third member was assigned 3 articles. This articles distribution for the research members to read geared towards data analysis was done in a rotatory manner, to make sure that each member read through

all the 11 articles. This process gave the research members the advantage of been able to get a better understanding of how the data will be analyzed, as well as getting a broad view of the study's results and findings.

The entire process was done in line with the work of Hawker S., Payne S., Kerr C. Hardey M and Powell J. (2002, 1289-1292) wherein they stated the three stages involved in critical appraisal as; *assessment for relevance, data extraction and scoring for methodological rigor*. This study is a literature review and as such to score the methodological rigor, the researchers assessed specific areas of the selected articles and thus they were scored based on this reliability check results (see appendix 1 and 2).

The areas assessed in each article included the abstract and title, introduction and aims, method and data, sampling, data analysis, ethics and bias, results, transferability or generalizability and implication and usefulness. Appraising the reliability of each area in each article on a scale of 1-4; Good=4; Fair=3; Poor=2; Very poor =1. (Hawker & Payne et al, 2002, 1284-1299)

For clarity purpose, research members decided to present information about the target population, phenomenon of interest, context and study type of the research in a tabular form, see table 1.

**Table 1. PICoS Table**

|           |                               |  |
|-----------|-------------------------------|--|
| <b>P</b>  | <b>Target Population</b>      | Mental health Nurses or nurses working in psychiatric settings |
| <b>I</b>  | <b>Phenomenon of interest</b> | Coping mechanisms in relation to work related stress           |
| <b>Co</b> | <b>Context</b>                | Mental/Psychiatry care settings                                |
| <b>S</b>  | <b>Study Type</b>             | <b>Research</b>  |

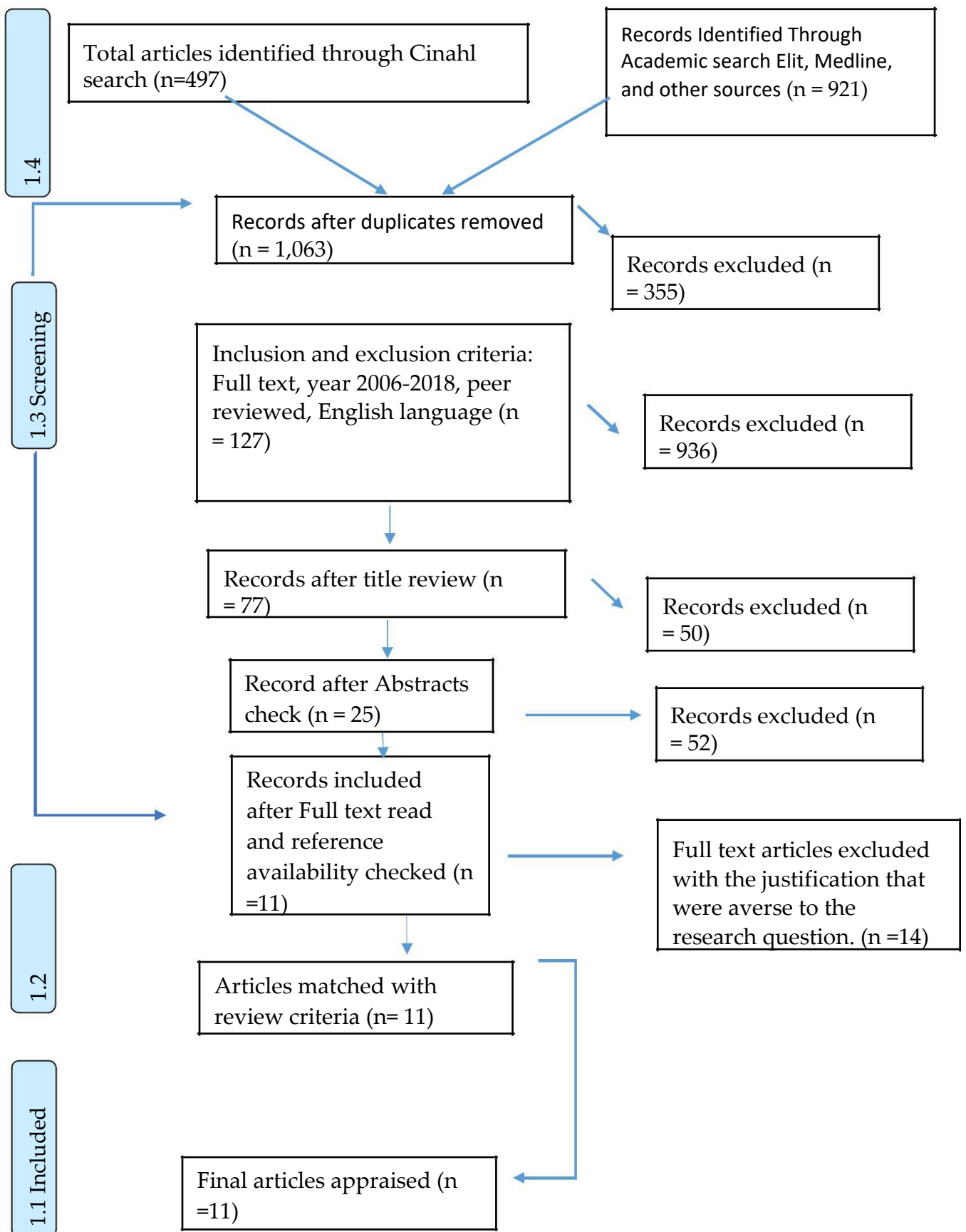


Fig.1. Prisma flow chart depicting articles selection process



## 4.2. Data extraction and synthesis

The research method was qualitative. Content analysis was used for the data. The justification for this method was that there is literature available on the topic, thus this research intended to narrow the available knowledge to make it compact and more meaningful in specific terms. Content analysis was chosen as the best method for review process because it has the advantage of enabling researchers to analyse several data, and at the same time, be able to describe the data. Content analysis also provides the possibility to study reports by allowing a systematic way of counting and categorising themes. (Dixon-Woods, *et al.* 2008, 94.)

Articles were read by research members individually, and appraised using Hawker & Payne tool, important data extracted and categorized. Code quotes were allocated, then, the quotes were coded into groups (main category sub-category). Themes and patterns were formed and then interpreted together by the research group.

## 5. Results and Findings

The studies (N = 11) reviewed were published from 2006 to 2018. Most were published in 2009 (n = 2), 2012 (n = 2), 2014 (n = 2), followed by publications for 2008 (n = 1), 2010 (n = 1), 2011 (n = 1), 2013 (n = 1), and 2017 (n = 1). Most of the studies were from Europe (Ireland n = 2, Cyprus n = 2, Finland n = 1), followed by Asia (China n = 2, Japan n = 1): others were from United Kingdom (n = 2), and South Africa (n = 1). The studies were qualitative (n = 9), and triangulation of qualitative and quantitative methods (n = 2) was used in some.

Analyzing and synthesizing the data collected from the reviewed articles for this research work led to the formation of themes. Three themes were developed based on the researchers' findings which are, Mental health nurses work-related stress situations; Coping mechanisms that mental health nurses employ in dealing with work-related stress; Effects of the mechanisms employed by mental health nurses in coping with work-related stressors.

**Table 2. Themes for data analysis and synthesis**

| Research question  | Themes  | Sub-themes  |
|--|---|---|
| <p><b>what are the work-related stress situations experienced by mental health nurses and their coping mechanisms?</b></p> | <p>Mental health</p> <p>nurses work-related stress situations</p> | <ul style="list-style-type: none"> <li>✓ clinical manifestations of psychiatric users</li> <li>✓ moral distress</li> <li>✓ working environment and recourses</li> <li>✓ Looking forward to going home after work</li> <li>✓ Emotional exhaustion.</li> <li>✓ Workload/Time pressure</li> <li>✓ Inability to switch off from work</li> </ul> |

|  |  |   |
|--|--|---|
|  |  | ✓<br>Psychological stress e.g. PTSD   |
|  | Coping mechanisms<br>mental health<br>nurses employ in<br>dealing with work-<br>related stress                           | ✓ Professional training/<br>Knowledge<br>✓ Institutional support and<br>multidisciplinary effort<br>✓ Avoidance strategies<br>✓ Positive attitudes to information<br>technology<br>✓ Working conditions<br>✓ Relaxation techniques<br>✓ Behavioural techniques training<br>✓ Psychological support,<br>motivation<br>✓ Key worker approach<br>✓ mental health care programs |
|  | Effects of the<br>mechanisms<br><br>employed by mental<br>health nurses in<br><br>coping with work-<br>related stressors | ✓ instigate organizational change<br>✓ Resignation or thoughts of leaving<br>work<br>✓ Improved self-worth<br>✓ Stress and burnout<br>✓ Engaging in hobbies<br>✓ consoling oneself and trying to have<br>rest/holiday to temporarily forget<br>troubles   |

## 5.1. Mental health nurses work-related stress situations

To effectively analyze the coping mechanisms mental health nurses employ in dealing with work-related stress, it is important to identify scenarios that constitute stress to this group of nurses in the course of their service provision. The study shows that there are multifaceted occupational stressors which mental health nurses experience during discharging their official duties. Deady & McCarty (2010, 213), categorized a form of stress as moral distress into three main themes which are; professional and legal conflict, professional autonomy and scope of practice, and standards of care and client autonomy.

Professional and legal conflict, is often be experienced in the form of frictions between colleagues, based on clinical decision making or due to physicians' refusal to consider suggestions made by nurses at times in the psychiatric settings based on the pretext that doctor's decisions are final. This leaves the nurse with a moral distress, seeing that hierarchy or hospital administrators' politicking has led to the refusal of a morally correct suggestion. The findings of Sherring & Knight (2009, 123) is in conformity with this notion as participants in their research also indicated significant emotional exhaustion, when their suggestions were neither taken nor considered in decision making.

Unsupportive and unrealistic behaviours from mental health care users' family members, Doctors and management has in most cases served as stressor to many mental health nurses. The combined lack of support from the afore mentioned stake-holders impacts negatively on mental health nurses such that they consider their work sometimes to be boring, (Jacobs *et al.* 2012, 5).

A research done to explore the relationship between nurses moral distress and secondary traumatic syndrome by Christodoulou-Fella, *et al.* (2017, 2), also identified moral distress as a form of stressor for mental health nurses, however, the researchers rather used a stronger term, describing it as occupational hazard. This stressor, they stated is experienced by mental health professionals when they are unable to implement a morally correct decision as a result of several factors which are related to *coworkers or the norms and practice of the institution*. They associated this distress to various unsavory outcomes such as low patient safety standards, dysfunctional clinical communication, dysfunctional work attitude and even medication errors, all these outcomes of moral distress further deepens the already hectic experience of a normal psychiatric clinical setting.

An example of a situation where morally correct decision was considered is cited in the work of Deady & McCarty (2010, 214), when a client suffering from a terminal illness was refused discharge because the client suggested traveling to a nation where euthanasia was legal, although, morally, the client deserved to be discharged against medical advice.

Professional autonomy and scope of practice also gives rise to moral distress. In the view of the mental health nurses, delay in decision making by other autonomous medical professionals, further exposes the nurse to unwarranted lengthier distress especially when dealing with an aggressive client, and considering that despite such distress, the scope of the nursing profession binds them to just patiently await such needed clinical decision from the other team involved in the client care, thus, it is seen as a moral distress (Deady & McCarty, 2010, 213).

The environment in which a job is done is a very important aspect of the job. Comparing the level of stress that clinical environments poses to nurses, a study was conducted by Yun-Ke *et al* (2014, 30). Their research identified that the stress that psychiatric environments poses to mental health nurses are higher than that of nurses working in general medical settings, basing this assertion on the premise that most psychiatric wards are always closed, with isolation rooms and also considering the high number of clients on admission, who were admitted compulsively after having displayed some form of aggression. Therefore, the thought of having an aggressive client, in a closed ward is in itself a source of concern. Jacobs *et al.* (2012, 1) also conformed with this finding, confirming the potency of psychiatric settings to be a source of stress to mental health care givers.

Studying the challenges and needs of mental health nurses, a research conducted in psychiatric hospital in the municipality of Rio de Janeiro, asserted that certain clinical syndrome of psychiatric disorders poses different level of stress to different nurses and this is based on the previous experiences that such an individual nurse has had with client(s) who manifested such syndrome. Nurses in the research stated categorically, that they avoided attending to certain client(s) who presented with symptoms such as; aggressiveness, depression, client with history of drug abuse, excessively talkative client, and hyper-sexualized clients were usually avoided by the opposite sex nurses for the fear of been harassed, (Fabri & Loyola 2014, 697-698).

The work of Zhong-Xiang *et al.* (2008, 229), reflected on work-place stress in psychiatry based on a 'Nursing Stress Scale', which stated that *workload* was the highest perceived stressor, followed by inadequate preparation among mental health nurses. Staff shortage was given as the major reason for the magnitude of workload; this consequently burdens the available staff, as

workload per mental health nurse becomes inevitably higher in conjunction with time pressure making the work experience a stressful one. These aspects make it difficult for the psychiatric care givers to meet their demands such as mentoring and providing emotional support to the Mental Health Care Users, (MHCUs), as well as answering calls and talking to family members at the same time. This magnitude of workload stress may lead to psychiatric nurses having a feeling of been helpless (Jacobs *et al.* 2012, 6).

A research carried to explore occupational stressors, the lived experience of stress and the meaning of this experience to a group of mental health nurses, by Currid, (2009, 44), stated that mental health nurses experience conflicts between their working environment and home. This conflict was identified to be a result of the pressure faced by the staff such that they could forget to disseminate vital information to colleagues during their periods of shifts handover. Therefore, for fear that they could be blamed by colleagues and management alike if something unfavourable happen in which case they are the cause, they are sometimes unable to completely switch off work thoughts while they are at home. In furtherance, a study was done to discover the extent to which mental health nurses are prone to Post-Traumatic Stress Disorder (PTSD), it was discovered that nurses who have experienced client suicide or suicidal attempts showed tangible evidence of having PTSD as a result of those experiences they've had and this also served as issues that prevented some nurses from been able to switch-off completely from work when they are at home. (Takahashi *et al.* 2011, 3.)

A study on technology among nurses working on Acute Psychiatric Ward by Koivunen *et al.* (2012, 44-45), reported that acute mental health nurses had elevated level of mental stress due to stress experience they had in the psychiatric ward. The study also identified the relationship between

occupational stress, perceived work environment, and respondents' characteristics, IT Use and attitudes to IT. The study revealed that stress experience was associated with gender. Male nurses according to the research, tend to be more stressed than female nurses as they are expected to take more active roles in managing patients' violent episodes on the ward in Finland. In addition, the work of Pitkänen, Lajjärvi, & Välimäki, (2005) that focused on nurse attitudes to internet asserted that there was an association between nurses' stress and satisfaction depending on their perceived work environment. Logically, mental health nurses who had the opportunity for some of their work tasks to be assisted by internet devices perceived a good working environment and vice-versa.

## **5.2. Coping mechanisms mental health nurses employ in dealing with work related stress**

Job stress has detrimental effects on nurses and hence affects their performance at the workplace. Mental health nurses are thought to experience high rates occupational stress when compared to nurses from other specialties in the health care profession (Zhong-Xiang *et al.* 2008, 223). Therefore, to guarantee the health status of mental health nurses, it is imperative to find proper ways to help them cope with these stressors. The study, (Op. cit.), also asserts that as diverse as work-related stress is, so also are the coping strategies that mental health nurses employ in coping with different work-related stress,

Findings of this study revealed that, some mental health nurses took solace in the idea that at the end of their hectic shift they will be going home, this relieves them of work related stress by keeping their mind focused on the relieve they derive at home. Other mental health nurses have resorted to



engaging in other hobbies that they consider amusing, as well as sharing their stressful experiences with colleagues and other people they deem friendly to them in the social context.

Meanwhile other mental health nurses decided to engage themselves in an attitude of identifying specific problems and then try to apply the problem-solving technique. This technique has been found to assist many mental health nurses in coping with their work-place stress.

Also, some mental health nurses have made it mandatory that by attending stress management workshops and therapeutic trainings, applying behavioural and relaxation techniques, all these methods combined helps them to cope with work-place stressors (Zhong-Xiang *et al.* 2008, 224.)

When the stressor is related to the actions or inactions of co-worker(s), some nurses chose to rather speak-out against such an act whenever they observe them. However, this was seldom used as many thought it might look threatening to the colleague in question or could jeopardize the team's cohesiveness (Deady & McCarty 2010, 214).

Findings of the study conducted by Sherring & Knight (2009, 124), indicated that nurses who feel valued or supported at work and are involved in decision making experience less emotional exhaustion than those who are not. In addition, by providing regular clinical supervision to reduce burnout is seen to be an effective way of helping to curb the level of stress experienced by mental health nurses at work.

According to the study of O'Connell & Dowling (2013, 31), there are various coping strategies which can be employed when caring for clients who are manifesting a specific syndrome. A key-worker approach was regarded as most appropriate by the researcher, this technique involves having a specific

care giver attached to specific clients, this has proven to benefit patients/clients' prognosis as it builds up mutual trusting relationship between the patient/client and the nurse. In addition, it often motivates nurse's attitudes in caring for such clients as they tend to better understand the client.

Assessing risk and providing training and education to nurses on clients' clinical psychiatric manifestation is also considered as most important strategies which helps to improve nurses' knowledge about the psychiatric manifestations of their clients (O'Connell & Dowling 2013, 32).

Adopting the use of information technology (IT) in psychiatric services was adjudged to be beneficial particularly towards patients' education and communication between the public and professionals. According to Koivunen *et al.* (2012, 45), it has been found that nurses work-related stress can be reduced if they have sufficient competence to use new IT implements and it can boost a sense of value to nurse's work. Analysis of the study showed that nurses had less stress and more job satisfaction by adopting positive attitude towards internet in acute psychiatric wards (Op. cit.). However, other mental health nurses have also resorted on employing some negative strategies such as avoidance strategies. They immunize themselves to the moral conflict by adapting to the culture pressure, denying or trivializing the problem, refusing to participate or work with a colleague or move to other job(s), (Deady & McCarthy 2010, 216).

### **5.3. Effects of the mechanisms employed by mental health nurses in coping with work related stressors**

What determines the impact that stress has on individual(s) is the approach employed in dealing with it. Considering the various coping mechanisms

employed by mental health nurses in coping with occupational stress, this research discovered that every coping strategy had a resultant impact on the individual nurse. Christodoulou-Fella *et al.* (2017, 2.), The positive attitude towards work is known to be dependent on how an individual is satisfied with the job. This satisfaction tends to build positive emotions in relation to the job in question. Positive working-environment relationships are also therapeutic to the feelings of health care professionals and other domains alike; such that good health care outcomes are easier to achieve to maintain the status of the noble health care profession. This is in line with the work of Christodoulou-Fella *et al.* (2017, 2.), who shared similar views.

They however stated further that, there is evidence which links conditions such as mental or somatic distress disorders, poor job satisfaction and burnout to Secondary Traumatic Stress Syndrome (STSS) in mental health nurses, a condition which they said are experienced mostly by care providers *who come into continuous and close contact with trauma survivors, while experiencing considerable emotional disruption themselves, thus becoming indirect victims of the trauma, they care for.* Therefore, the personal approach to job is a determinant of how stressful the job would prove to be.

There is the advocacy that mental health nurses who can cope well with work-place stress are those who are able to form an attitude of apprehending the good aspects of work-place situations, express their worries with friends/colleagues, get involved in hobbies and activities, and re-examine what they consider as important in life (Zhong-Xiang *et al.* 2008, .229).

## **6. Discussion**

### **6.1. Discussion of main results and analysis**

The aim of the study was to find out the coping mechanisms of mental health nurses during their provision of care, and the purpose been to provide Evidence-Based knowledge to mental health nurses on how to deal/cope with work-related stress, thereby enabling them to provide care to both patients and themselves alike. Results obtained in the study were from selected articles (N=11). Interestingly, all other articles used in the introduction and background asserted similar findings as those that were selected for the results. All articles highlighted co-existing phenomenon of mental health nurses' occupational stressors and to enable them develop coping mechanisms to reduce stress. Majority of findings offered practical and dimensional aspects of positive coping strategies employed by mental health nurses. However, other findings offered a partial explanation of negative coping strategies such as avoidance strategies employed by some mental health nurses. This study has presented the already existing knowledge of mental health nurses' occupational stressors so that they have great demands to reduce stress at psychiatric wards. This research is in comparison to earlier research works that have been studied and has exposed multi-dimensional occupational stressors among mental health nurses. Findings of developing coping mechanism that mental health nurses used in dealing with occupational stress relied on Evidence-Based knowledge, which provided insightful and practical coping strategies towards mental health nursing which will be beneficial to modern day mental health nurses.

The study identified three themes: mental health nurses occupational stressors, coping mechanisms mental health nurses employed in dealing with occupational stress and positive/negative effects of the mechanisms employed

by mental health nurses in coping with stressors. The studies (N=11) articles reviewed were published from 2006 to 2018. Data collected from qualitative (N=9) and triangulation of qualitative and quantitative methods (N=2) was used in some, which indicated that mental health nurses experienced work-related stress. The stress experienced by mental health nurses was of different forms and intensity in their working environments, (psychiatric wards) according to the articles used for this study. This study reveals that different coping mechanisms employed by mental health nurses yielded a positive attitude to mental health nurses on dealing with work-related stress, while to a few others it was the contrary.

## **6.2. Limitations of the study**

This research work focused predominantly on the coping mechanisms that mental health nurses employ in dealing with issues that constitute occupational stress, thus leaving out all other specialties in the nursing profession. Although, occupational stress is a universal phenomenon Akanji, (2013, 73) which is common to all specialties in nursing and human endeavour in its entirety, it can thus be inferred that this work is applicable to other specialties in nursing or allied clinical professions.

However, constraining this research to focus just on mental health nurses, has limited the scope of its applicability. By implication, it is obvious that carrying out a similar study encompassing a broad clinical mental health team which in most cases includes doctors, dieticians, psychologists, pharmacists, laboratory technicians, surgeons, in some cases, even security officials and many others will yield different results.

Also, the results for this research was obtained from three different data base, which limits the materials available for review, the data base used were CINAHL, Academic search elite and Medline, which are reliable data base

available to all JAMK University of Applied Sciences students, thus the researchers avoided all known paid data base which would have required financial commitments in this research. This decision was because no funding was sourced nor awarded for the conduct of this research.

The articles that were finally appraised are all from different countries, thus the results are void of ethnical and geographical undertones, or bias. However, publications in English language were the only ones included in this research, leaving out a multitude of articles which would have been published in varying languages or dialects.

## **6.2. Ethical Consideration**

As researchers, to avoid and resolve ethical issues, it is imperative to know two things, which are, the ethical obligations that binds such research and secondly the available resources for the conduction of the research, Smith, D. (2003). According to the work of Ingham-Broomfield (2017, 41), *ethics refers to the moral principles that guide decision-making and behaviour*. Further, he clarifies *the definition of ethics as the rules and standards by which a community regulates the behaviour of its members. Moral principles, therefore, arise from beliefs about what can be considered right or wrong, which may be socially, professionally or philosophically based*. In conducting this academic research there are ethical principles that were constantly adhered too, to ensure the work is void of any malpractice. The United States Department for health and human services, highlighted plagiarism, fabrication and falsification, as malpractice that could jeopardize research works and having studied all these, the researchers ensured strict compliance.

As stated in the methodology of this research work, the researchers followed the guidelines for conducting a literature review as was defined by (Cowel 2015, 1). Also, before the commencement of this research, the researchers sent the topic and the research plan to the career tutor in JAMK University of Applied Sciences, where it was verified that there has been no research conducted with this same topic, after which approval was given for commencement of the study.

### **6.3. Bias**

Completely avoiding bias in a research process is said to be a challenging task. However, when a research work is carefully planned, there are possibilities that such study could be relatively free of bias but not in its entirety. While attempting to avoid certain bias, it is important that the researcher takes cognizance that the process might lead to creation of a different type of bias. *Researcher awareness of potential bias at all stages of the research process increases the likelihood of implementing considered strategies that aim to minimise bias and enhance the validity (accuracy), reliability (repeatability) and generalizability of a research work.* Helen, Honor & Catherine. (2014, 1.)

To successfully complete this work, the researchers made it a duty that checks were done by every member of the research group, to ensure that all avoidable bias at every stage of the work were set-aside. However, in this work, could still be found bias in terms of selection, although the researchers selected articles based on their conformity with the research question, the researchers still had to decide on the articles that answered the research question after reading the full text. Language bias was also considered, however, it was unavoidable because the University's guidelines for thesis writing chooses English as the language of communication. Furthermore,

lectures on the course were in English, and the language of communication between the researchers and supervisors of this thesis was English. These circumstances therefore made it impossible for the researchers of this work to avoid the language bias.

Because no funding was awarded for this research, the researchers thus avoided all known paid data base from which articles could be sourced, thus this research work was done strictly with articles sourced from reliable and scientific data base which is cost free to all JAMK University of Applied Science students.

#### **6.4. Integrity**

It is imperative to state here that the researchers having fulfilled all requirements to ensure that this work is void of bias as much as possible, its worthy of note that all articles used in this research work have been appropriately cited both in-text and in the list of reference. The results are a factual representation of the research articles that were used, also all the articles used in generating the result of this research work are current (2006 – 2018), scientifically relevant, and they were all sourced from reliable data base. Therefore, researchers of this work hold that the results are trustworthy and that the study can be used for the purpose for which it was intended, seemingly to provide evidence based knowledge to mental health nurses on how to deal/cope with work-related stress.

#### **6.5. Validity and Reliability**

The validity and reliability of this study is based on the premise that the information used in this study was retrieved from JAMK's online Data base. This database is well renowned because it entails Scientific and Evidence



Based information. Therefore, courtesy of the JAMK Library, through its website [www.jamk.fi](http://www.jamk.fi) that gives students of the academic institution access to its online researched articles, the researchers were able to access valid and reliable information from three Databases, namely CINAHL (Ebsco), Academic search elite and Medline, respectively. Interestingly, the articles that were chosen to answer the research question were based on current information (2006 to 2018). The authors of this work made sure that there was clarity in the process in which articles were selected for the study, otherwise known as "Inclusion and Exclusion criteria", as can be seen in fig.1.

Further checks by supervisors of the work, who are lecturers of the Nursing Degree programme to ascertain that information used in the work is truly available further reiterates the validity and reliability of this study. It is against this background information that authors of this work strongly affirms that the study is valid and reliable.

Providing care for those who are mentally unstable has been proven to be a very challenging task for mental health nurses, reason why this study aimed at finding out the coping mechanisms of mental health nurses during their provision of care. The authors of this study therefore thought that it will be wise to provide mental health nurses with Evidence Based knowledge on how to cope with work related stress thereby safeguarding the health of the care givers and thus ensuring better care to mental health users.

## **6.6. Conclusion**

An appraisal of all the articles read for this study emphasises on the idea that mental health care providers faces a lot of challenges in their work-environment, either with their patients, patient's family member, management and/or colleagues. This therefore led to the conclusion that mental health nurses experience a lot of wok-place stressors during their

provision of care. Little attention has been paid to the overwhelming stress faced by mental health nurses at work which in tend greatly affect their emotional/psychological wellbeing. The unnoticed wellbeing of the mental health nurses has in most cases compromised the quality of care given by these noble professionals. As a result, the health of the mental health users is at risk of deteriorating if no action is taken to mitigate the negative impact. Therefore, to safeguard the health of mental health users and that of their care providers alike, it will be of immense importance if the Psychiatric nursing management and other stakeholders could put in place a serene working environment that will mobilize both internal and external resources at their disposal to facilitate an improved health for mental health nurses.

### **6.7. Recommendations**

This study reveals that most of the articles used in the study highlighted the concern that workload has been one of the outstanding stressors faced by mental health nurses. This is because they have many things to do within a shift, such as providing care for mental patients, talking to patients' family members both physically and on the phone, responding to physician's orders, to name but a few. The workload burden that is brought about by staff shortages in the mental health sector is therefore a call for concern. This is in line with the study of (Currid 2009, 43). This study therefore recommends that the Nursing curriculum should be designed in such a way that many students can graduate with their speciality as mental health nurses to overturn the staff shortage that tends to compromise the care of mental health care users. Mental health nurses are thought to be exposed to violent, aggressive and unpredictable behaviours from their patients/clients. These kind of unwelcoming behaviours are therefore thought to deter mental health nurses

from interacting with patients. Under these circumstances, mental health nurses refrain from asking questions to patients they have once gotten an experience of violence, for fear that the patient could be aggressive to them, most especially female nurses. This aggressive behaviour from the patients undoubtedly is a form of stress to the mental care givers. This is supported by (Op. cit.) who identified violence from the patients to the staff as a source of stress to the mental care provider.

This study therefore recommends that the nursing curriculum should be designed in a way that student nurses are given an educational background on what they will be encountering on the field and how to manage such violent incidents. This study also recommends that student mental health nurses, should be given several opportunities to practice in psychiatric wards, to give them a mastery of how to manage abusive and aggressive patients before they are employed.

The families of mental health patients are also a source of work-place stressor faced by many mental health nurses. In situations where the patient proves to be aggressive and violent, to maintain an orderly environment to facilitate care for the patient, the only option for mental health nurses to achieve this is to restrain the patient. Nonetheless, should a family member of the patient happen to be present on the scene, he/she qualifies such an act as a violation of the patient's rights. As a result, this study recommends that during the provision of care to the mental patient, educational programmes should be organized by the management and other stakeholders to educate family members on what mental illness is all about. Through these educational programmes, family members will be able to appreciate and cooperate with mental care givers who aim at achieving good health outcomes.

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## Appendices

### Appendix 1. Summary of the Selected Articles

| No. | Author(s)<br><br>Year,<br><br>Country           | Title  | Aim(s) and Purpose   | Participant,<br><br>Sample size                                       | Data collection<br>and Analysis   | Key results   | Critical<br>Appraisal<br><br>(Hawker<br>et.al.2002,<br>1284-1289). |
|-----|---|--|--|---|---|---|--|
| 01  | Deady, R.&<br>McCarty, J.<br><br>2010. Ireland. | A study of the<br>situation,<br>features and<br>coping<br>mechanism<br>experienced by<br>Irish psychiatric<br>nurses | To investigate moral<br>distress in<br>Irish<br>psychiatric<br>nurses. | Eight<br>registered<br>nurses (five<br>males and<br>three<br>females) | A semi-structured<br>interview was used<br>by means of open-<br>ended questions<br>and prompts to<br>expand<br>explanation. | The study<br>confirmed the<br>presence of moral<br>distress and the<br>situations that<br>give rise to moral<br>distress within<br>psychiatric nurses | 32   |

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|    |                                    | experiencing moral distress.                               |   |  | Qualitative data was analysed to guide the analysis process. | working in acute care settings.  |    |
| 02 | Sherring, S.& Knight, D. 2009. UK. | An exploration of burnout among city mental health nurses. | To describe burnout among mental health nurses working in a city Trust and to develop an understanding of the variables involved in burnout for mental health nurses. | Qualified mental health nurses working at the Trust and its population size was 475. | A questionnaire survey.                                      | A deeper understanding of burnout within the Trust was developed, with statistically significant relationships showing that nurses | 35 |



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|  |  |  |  |  |  | <p>experiencing burnout were more likely to take sick leave and to be considering leaving their jobs or the NHS. Levels of burnout experienced were significantly related to academic qualifications, the frequency and adequacy of</p> |  |
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|    |                    |   |  |                       |   | clinical supervision, feeling supported and valued at work and feeling involved in decision making and changes.  |    |
| 03 | Currid, T.2009.UK. | Experience of stress among in acute mental health settings. | To explore occupational stressors, the lived experience of stress and the meaning of this experience for | Eight qualified staff | A hermeneutic phenomenological approach. A semi-structured interview format was used. | The occupational experience of nurses in this study indicates that staff are frequently subjected to violent and | 29 |

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|  |  |  | staff working in acute mental health care. |  |  | aggressive behaviour from patients. Such experiences adversely affect patient outcomes in that staff may be reluctant to engage with such individual because of anxiety about being hurt or experiencing further intimidation. |  |
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|  |  |  |  |  |  | <p>Environmental pressures coupled with high activity levels mean that staff have little time to focus on the task at hand or to plan future activities. As a result they find that when they go home they are unable to switch off from work.</p> |  |
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| 04 | Koivunen, M.,<br>Kontio, R.,<br>Pitkänen, A.,<br>Katajisto, J.&<br>Välimäki,<br>M.2012.Finland. | Occupational stress and implementation of information technology among nurses working in acute psychiatric wards. | To describe nurses' occupational stress and implementation of information technology on acute psychiatric wards. | 146 Finnish nurses     | A structured questionnaire. Descriptive statistics and frequency tables were used. | By supporting positive attitudes to information technology in nurses' daily work, we may increase their job satisfaction and thereby reduce their stress experiences. | 34 |
| 05 | Cai, ZX., Li,K.&<br>Zhang,XC.2008.<br>China.  | Workplace stressors and coping strategies among Chinese   | To identify their workplace stressors and coping strategies, as well as the relationships                        | 188 psychiatric nurses | Use of three questionnaires. Descriptive statistics were used                      | (a) Workload and dealing with death/dying were the greatest   | 35 |

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|  |  | psychiatric nurses. | between their demographics, workplace stressors, and coping strategies. |  | to analyse the demographic characteristics. | workplace stressors;<br>(b) Positive coping strategies were the most often used coping strategies<br>(c) A series of correlation results occurred. |  |
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| 06 | Takahashi, C., Fuminori, C., and Nakamura H., Akasaka, H., Yagi, J., Koeda, A., Takusari, E., Otsuka, K. & Sakai, A.2011. Japan. | The impact of inpatient suicide on psychiatric nurses and their need for support. | To investigate issues related to patient suicide in mental health nursing in the hopes of contributing to the mental health of nurses. | 531 psychiatric nurses | An anonymous, self-reported questionnaire along with the Impact of Event Scale-Revised. | The rate of nurses who had encountered patient suicide was 55.0%. (IES-R) score was 11.4. The proportion of respondents at a high risk for PTSD was 13.7%. However, only 15.8% of respondents indicated that they had access to post-suicide | 31 |
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|    |  |  |  |                                       |                                  | <p>mental health care programmes. The survey also revealed a low rate of nurses who reported attending in-hospital seminars on suicide prevention or mental health care for nurses.</p> |    |
| 07 | Yun-Ke,Q., Yu-Tao, X., Feng-Rong, A., Jing, W. | Nurses' work-related stress in China: a comparison | To compare the level of work-related stress between female nurses working in | Nurses from two psychiatric hospitals | A descriptive comparative cross- | Considering the harmful effects of work-related stress, specific  | 33 |



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|    | <p>&amp; Jiao-Ying, Z<br/>et.al. 2014. China.</p>   | <p>between<br/>psychiatric and<br/>general<br/>hospitals.</p>      | <p>psychiatric and<br/>general hospitals in<br/>China.</p>                                     | <p>(N=297) and<br/>a medical<br/>unit<br/>(N=408) of a<br/>general<br/>hospital.</p> | <p>sectional design<br/>was used.<br/>A self-report<br/>structured<br/>questionnaire was<br/>used.<br/><br/>The data were<br/>analysed with SPSS<br/>13.0 for Windows.</p> | <p>stress<br/>management<br/>workshops and<br/>effective staff<br/>supportive<br/>initiative for<br/>Chinese nurses<br/>are warranted.</p> |           |
| 08 | <p>Ngako, J.K., Van<br/>Rensburg, E.S.J. &amp;<br/>Mataboge, S.M.L.<br/>2012. South Africa.</p> | <p>Psychiatric<br/>nurse<br/>practitioner's<br/>experiences of</p> | <p>(a) To explore and<br/>describe the<br/>experiences of<br/>PNPs working<br/>with mental</p> | <p>21 PNPs</p>   | <p>A qualitative,<br/>explorative,<br/>descriptive and<br/>contextual design<br/>was used.</p>   | <p>(a) PNPs<br/>experienced<br/>working with<br/>these MHCUs<br/>as entering an<br/>unsafe world<br/>where care</p>                        | <p>34</p> |

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|  |  | <p>working with mental health care users presenting with acute symptoms.</p> | <p>health care users (MHCUs) presenting with acute symptoms.</p> <p>(b) To make recommendations for the advanced PNP's to facilitate promotion of the mental health of PNP's with reference to nursing practice, research and education.</p> |  | <p>Four focus group interviews.</p> <p>Data were analysed in accordance with Tesch's method of open coding.</p> | <p>became a burden</p> <p>(b) They experienced negative emotional reactions and attitudes towards these MHCUs that compromised quality nursing care</p> <p>(c) They made a plea for a nurturing environment that would enhance quality nursing care.</p> |  |
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| 09 | O'Connell, B.& Dowling, M. 2013. Ireland | Community psychiatric nurses' experiences of caring for clients with borderline personality disorders. | To explore the experience of psychiatric nurses who work in the community caring for clients with borderline personality disorder (BPD) | Ten community psychiatric nurses | A qualitative design was adopted. Semi-structured interview. Data was analysed using thematic analysis. | The nurse's understanding of BPD and their experiences of caring for individuals with the condition were varied. Participants identified a number of specific skills required when working with clients with BPD, but the absence of formal clinical supervision to support nurses was a particular difficulty, and training on BPD was lacking. | 31 |
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| 10 | Fabri, JMG. & Loyola, CMD.2014. Portugal. | Current challenges and needs of psychiatric nursing. | To identify the needs raised by the staff of psychiatric nursing in inpatient units, in the conviviality of madness. | 26 nursing technicians and five nurses | A descriptive, exploratory, social study with a qualitative approach.<br><br>The data production used as techniques the participant observation and semi-structured interviews recorded in MP3 with seven guiding questions. | The nursing staff presented difficulties in dealing with aggressive, depressed, the anxious ones and excessive talkative; drug users and hypersexualized. From the professionals' discourse, it is necessary for the development of a qualified care: professional training, institutional support and effort of the multidisciplinary team, working conditions, | 33 |
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|    |  |  |   |                          |   | psychological support and motivation.   |    |
| 11 | Christodoulou-Fella, M., Middleton, N., Papathanassoglou, E., & Karanikola, M. 2017. Cyprus. | Exploration of the association between nurses moral distress and secondary traumatic syndrome: implication for patient safety in mental health services. | To explore among mental health nurses in Cyprus<br>(a) The frequency and intensity of morally distressing (MD) situations<br>(b) The severity of symptoms of secondary traumatic stress syndrome (STSS) | 206 mental health nurses | A cross-sectional descriptive correlational study with the use of self-reported questionnaire scales. | Provide preliminary evidence on the association between MD and STSS symptomatology in MHNs. Situations that may lead health professionals to be in moral distress seem to be mainly related | 33 |

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|  |  |  | <p>and mental distress, as well as the degree of emotional exhaustion and job satisfaction.</p> <p>(c) The association of MD and STSS symptoms and mental distress symptoms.</p> <p>(d) The association of MD and STSS symptoms with sociodemographic factors and work-</p> |  | <p>to the work environment.</p> <p>Thus interventions related to organizational empowerment of MHNs need to be developed.</p> |  |
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|  |  |  | <p>related features,<br/>including job<br/>satisfaction from<br/>therapeutic<br/>relations,<br/>emotional<br/>exhaustion and<br/>empathy</p> <p>The extent to<br/>which self-rated<br/>degree of general<br/>mental distress<br/>symptoms<br/>mediates the<br/>association</p> |  |  |  |  |
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|  |  |  | between MD and<br>STSS symptoms. |  |  |  |  |
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**Appendix 2: Summary of Critical Appraisal Scores**

|                   | <b>Moteka's Score</b> | <b>Kolade's Score</b> | <b>YuZhen's Score</b> | <b>Average</b> |
|-------------------|-----------------------|-----------------------|-----------------------|----------------|
| <b>Article 1</b>  | 32                    | 32                    | 32                    | 32             |
| <b>Article 2</b>  | 34                    | 36                    | 35                    | 35             |
| <b>Article 3</b>  | 32                    | 26                    | 29                    | 29             |
| <b>Article 4</b>  | 33                    | 36                    | 34                    | 34             |
| <b>Article 5</b>  | 36                    | 36                    | 34                    | 35             |
| <b>Article 6</b>  | 31                    | 32                    | 30                    | 31             |
| <b>Article 7</b>  | 33                    | 33                    | 34                    | 33             |
| <b>Article 8</b>  | 36                    | 33                    | 34                    | 34             |
| <b>Article 9</b>  | 31                    | 31                    | 32                    | 31             |
| <b>Article 10</b> | 34                    | 34                    | 30                    | 33             |
| <b>Article 11</b> | 30                    | 34                    | 35                    | 33             |
| <b>Average</b>    | 32.91                 | 33                    | 32,63                 | 32,73          |