

Different ways for psychiatric nurses to promote recovery of mental health patients

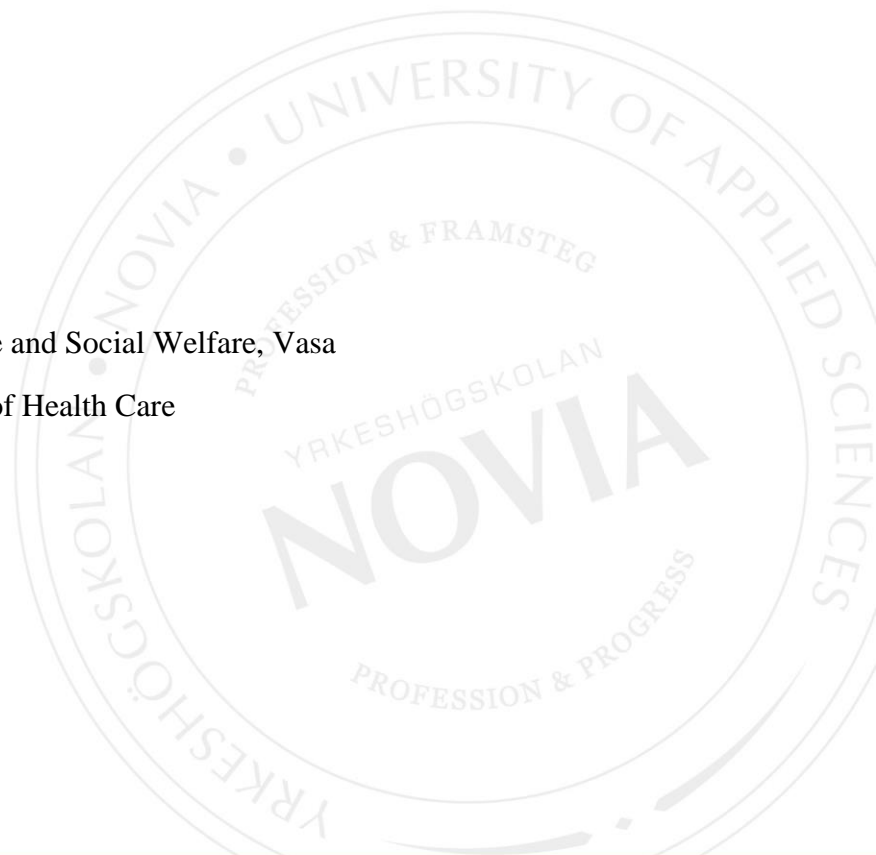
A systematic literature review

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Summary

Psychiatric nurses have important role in promoting and supporting the mental health patients because usually they are involved during the care process throughout the recovery and can be one of the main direct care providers. This studies main interest is to have better understanding about the nurses role in caring for mental health patients. The study can be useful for nurses for future knowledge when caring for patients with mental health illnesses. The aim is to explore the important ways that nurses can promote the recovery of the patient in the findings from both patient's experiences and nurse's experiences. This study is investigated as literature review that fall under qualitative systematic literature review, in inductive way. In the theoretical background, the concepts of mental health, mental illness, mental health promotion, psychiatric nursing, and mental health recovery will be presented. Barker's theory "Tidal Model of Mental Recovery" fits well in the concept for nursing care in psychiatric nursing and form the theoretical framework in this study. Three main themes resulted in this study: importance of nurse-patient engagement, importance for patients to feel human being and feeling cared about, importance for patients to understand the treatment.

Language: english Key words: mental health patients, psychiatric nursing, nurse-patient relationship, caring, understanding, mental health recovery

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1 Introduction

According to WHO (2013), people with mental health illnesses for example with depression and schizophrenia have higher rates of disability and mortality, because of the physical causes that appear have not been cured (e.g. cancer, HIV, cardiovascular disease) and suicide, which is the second common amongst young people in the whole world. In 2013 Finland's most common psychiatric illness needing inpatient care for men was schizophrenia, along with alcohol use and psychoactive substance use. For girls and women, depression was the most common mental illness that needs inpatient care (Wrede-Jantti, 2016).

Patients with mental health illness need usually a continuous care and the recovery process can take a long time. Psychiatric nurses have important role in promoting and supporting the mental health patients because usually they are involved during the care process throughout the recovery and can be one of the main direct care providers. Because nurses are so close in contact with the patients they often have good knowledge about the patient and evolve an understanding therapeutic relationship. Nurses can provide safe environment, create an atmosphere of trust for a better recovery. Peplau, (1952) has described the importance of therapeutic nurse-client relationship in the practice today (Alligood & Marriner-Tomey, 2010, p. 54). Author's interest in the subject of mental health care started already during studies with psychology and lead on in the studies to become a nurse. During second school practice period with mentally ill patients the interaction part of the treatment between the patients and the workers affected the author and seeing lack of compassion, caring and understanding which perhaps lead to miscommunications or even using physical force raised questions about mental health care and what nurses should acknowledge in psychiatric care.

A theory called "Tidal Model of Mental Recovery" by Barker, (2010) fits well in the concept for nursing care in psychiatric nursing. The theory helps to understand nursing guidance for the patients who want to recover from the mental illness. This is a model which focuses on psychiatric and mental health nursing, to help people who are lost in their own personal experience or journey through philosophical approach (Brookes, 2010, p. 673-674).

A systematic literature review is used to place the study in nursing tradition into studies that can be used. The studies are then investigated about both mental health patients and mental health nurses experiences in the psychiatric ward. The main interest is to find out in what ways nurses can be better at in promoting the mental health patients in their recovery and to have better understanding about the nurses role in caring for mental health patients.

2 Background

This chapter focuses on the main concepts that are important for the readers to understand this research in a good manner. Main topics that are important to define are what is mental health, mental illness and mental health promotion, how are they viewed as today. Another main topic is describing the psychiatric nursing care, psychiatric patients and the stigma that goes along with mentally ill patients.

2.1 Mental Health

Mental health and mental illness can be difficult to separate and define depending on which perspective they are viewed. Usually people who can cope with the society, their behaviour are considered normal and appropriate, so they are viewed as healthy. People who are struggling to adapt with the society and to fill the expected roles and who are failing with responsibilities or behave not normal according to what society expects are viewed as ill. Different societies and cultures view what is healthy and appropriate and what is not healthy and inappropriate differently (Videbeck, 2011).

The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social wellness, not merely the absence of disease or infirmity”. Mental health’s idea is about one’s well-being, about believing in own abilities and accomplishing goals. It’s about autonomy, the right of self-government, to be independent. Being mentally healthy includes the ability to do something successfully, to understand ones intellectual and emotional qualities, recognizing own abilities and to manage with the stress, work and giving something to the community (WHO, 2003). In a previous study by Voogt, Goossens, Nugter and van Achterberg, (2014) results showed that when it comes to providing structure at the ward patients were mainly concerned about their autonomy.

When a person feels positive emotionally, physically, socially it is considered as healthy, so depending on person's behaviour, it can be interpreted if he or she is mentally healthy. Behaviours can also be interpreted different by different people, so explaining the meaning of mentally healthy is complicated. Person's mental health comes out in emotions, psychologically and socially, it can be seen in relations with others, if the person can cope, have self-concept and feels stable or not. Many circumstances can influence person's mental health and it depends if mental health is positive or often changing. Mental health can be differentiating by individually, in communicating with others and socially/culturally. Individual factors depend on genes, includes persons autonomy and independency, how they see themselves, their self-respect and confidence, their ability to grow, to find meaning of life, their state of being strong, feeling of belonging and stress management abilities. In relations with others and communicating with others influences effectiveness of communication, to be able to help others and get an even or steady understanding of being separated and feeling connected. Social and cultural factors are the community, to be able to get satisfied resources, to support diversity, unwillingness to accept violence, and to have positive view to the world overall (Videbeck, 2011).

Mental health should be worrying everybody, not only the one who is mentally ill, because the problems of mental health move the whole society. Mental health problems are a big challenge nowadays and nobody is immune to the mental illnesses. The higher risk is with the poor, homeless, unemployed, people with lower education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly. But for everybody being mentally, physically and socially healthy is the shore of life. Mental health is important to one person, societies and for the whole country. It is unfortunate that mental health and mental illnesses are not recognized as important as physical health; instead mental health is ignored and neglected (WHO, 2003).

2.2 Mental Illness

WHO, (2013) defines a mental disorder as "a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders

can be successfully treated”. The American Psychiatric Association (APA, 2000) defines a mental disorder as “a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom”. To diagnose a mental illness, common criteria are lack of satisfaction in the person’s qualities and features, lack of satisfaction in doing something and lack of achievements; unsuccessful and not satisfying relationships, not being satisfied with one’s place in the world, not managing life events, lack of personal growth (APA, 2000).

When going back in time, mental illness was seen as a weakness, a sin or even being possessed and people got punished by being mentally ill. Now mental illness is a medical problem with various symptoms that causes changes in person’s character, abilities and accomplishments. It affects the person’s relationships, difficulties to fit in the world and managing everyday life. There is a lack of personal growth (Videbeck, 2011).

Even though time has passed the stigma and stereotypes about mental illnesses has not changed much. It still surrounds mental illnesses, making people have negative thoughts, feelings and false assumptions. People often connect schizophrenia with violence and not taking care of oneself, like being homeless and being depressed with laziness and substance abuse. Stigma already creates many barriers and challenges for the people with mental illnesses but also can be as harmful as the disease itself. People with mental illness can have troubles to find a job, to rent a home and even getting a treatment when it’s hard to entry into treatment (Overton & Medina, 2008). For example, in America less than 30% of people with a mental health diagnosis actually seek treatment and approximately 40% of people with serious diagnosis like schizophrenia and who did try to get treatment failed to obtain the treatment (Martin, Pescosolida, & Tuch, 2000). In 2013, Finland had 2.4 million visits to the mental health care outpatient units. 25% were referred through primary health service and 90% of these were handled by nurses or psychologists then doctors. In Finland the number of mental health patients is falling (Wrede-Jantti, 2016).

2.4 Mental Health Promotion

Mental health can affect in different times, depending on the age and the current period in life. At some point some “needs” need more special importance. Special attention is required in the development years in the childhood, when it comes to promoting mental health (Ruddick, 2013). According to the report *Confident Communities, Brighter Futures* (DH, 2010) over half of the mental health problems come from the child hood or early adulthood and putting attention to early evidence-based interventions can lower the problems in adult’s mental health.

For nurses to be able to help in the process of the recovery for mental health patients they have to believe in the patient’s capacity and to understand that the condition and mental health problems of each patient can make them also very weak. Nurses should be positive about their work, believe in the potential of change and take their patients future seriously, considering the patients strengths and abilities, not disabilities, deficits and problems (Stickley & Felton, 2006).

In mental health care, it is also very important to support person’s physical wellbeing. Physical and mental health care are very much connected and influence each other. It is becoming more important in treating mental health problems like depression and anxiety where exercising and dietary management are included in patients care plan. There are many activities in mental health promotion that are aimed to the individual, to the family and community, which is important because everybody has mental health needs, even if they don’t have a mental illness. The emphasis should be on what patients can do, rather than what they can’t do and, on their illness (Ruddick, 2013).

2.3 Psychiatric Nursing

There are several nursing theorists that give emphasis on communication between a psychiatric nurse and the mentally ill patient and changed the psychiatric nursing practice. In 1952 Peplau published her book “*Interpersonal relations in Nursing*” where she described that the therapeutic nurse-client relationship is crucial and the foundation of the practice today (Alligood & Marriner-Tomey, 2010, p. 54). In 1968 Mellow described in her work, “*Nursing Therapy*”, that nurse should focus on client’s psychosocial needs and

strengths, especially nurse as a therapist in working with mental illness patients by promoting their daily activity and their psychosocial needs (Videbeck, 2011, p. 8). Orlando emphasized in her book, "The Dynamic Nurse-Patient Relationship: Function, Process and principles of Professional nursing practice" in 1961 that the nursing process elements, like the commitment and mutual understanding between the nurse and patient is very important when it comes to patient's participation during the nursing process (Allgood & Marriner-Tomey, 2010, p. 65-66).

As mentioned earlier (WHO 2013) people with mental health illnesses like depression and schizophrenia have high rates of disability, due to suicidality which is common phenomena among patients with depression and schizophrenia. In a study by Talseth, Lindseth, Jacobsson, and Norberg (1999) about schizophrenia patients with suicidal thoughts, nurses avoided the topic, but the patients did express the need for nurses to be present and listen. Another study by Sun, Long, Boore and Tsao (2005) reported that the communication qualities are important to assess suicidal patients and to maintain therapeutic relationships. Nurses have close contact with mentally ill patients and therefore maintaining a therapeutic relationship is important.

Psychiatric nurses are expected to be responsible of their patients and take chances in every way to promote their patients' health. The relationship and communication between the nurse and patient is therefore very important. Nurses require learning skills and knowledge that supports and encourages for patients to become stronger, confident, getting a control over their lives and to be able to recover quicker from their difficulties (Ruddick, 2008).

A literature review was conducted by Nugteren, van der Zalm, Hafsteinsdottir, van der Venne, Kool and van Meijel, (2015) on patient's experiences in acute and closed psychiatric wards from different countries like UK, Finland, us, Scotland, Norway, Sweden and Canada. From ten articles that were selected, four main themes emerged from the literature: a) the inappropriate use of the ward rules, b) nurses lack of time for interacting with patients, c) the feeling of humiliation and d) the involvement of significant others. The patient's experiences are mostly negative, and the nurses have a big role in this. From these findings it is seen what nurses could improve when it comes to quality of the care in psychiatric units. Another literature carried out by Ljungberg, Denhov and Topor, (2015) about non-helpful relationships between the professionals and patients reviewed 17 articles from countries like UK, Canada, Australia, Sweden, USA, The Netherlands, Denmark and

Norway. Three main themes resulted, “non-helpful professionals”, “organization versus relation” and “the consequences of non-helpful relationships with professionals”. The results of this research show that it can be a negative effect on the patient and nurse relationships when nurses for example have no time or lack continuity, have negative attitudes and behaviours. The review states the importance of organizational context, for nurses to provide good care; the organizations should provide good conditions.

2.3.1 Psychiatric patients

There can be also some ethical issues about the patient’s autonomy and self-governance when interacting between the patient and the medical professionals such for a nurse in psychiatric ward, as well as in any health field. To provide and improve the patient’s autonomy nurse must make changes or the institution must make some changes in the policy. Restoration of autonomy is an important part of treatment and rehabilitation. It is recognized that relationships, environment, the structure of the institution, cultural values can support or take away the autonomy, self-awareness or well-being. People with permanent impairment who cannot generally take care of themselves are suggested to make small decisions like which food they like or making calls to family. The nurses show respect towards the patient, even when the patient’s quality of the interaction won’t change. For the patients who are recovering from an acute episode of psychiatric illness the self-governance comes back when medications and treatments are working. It comes out from the interactions between patients and patients with nurses. It is a very important for the staff to recognise and respect and increase the patient’s role in these interactions and creating a therapeutic environment. Every small interaction and exchange of conversations is important ethical behaviour. It is also important to understand how patient can increase one’s autonomy and it is important to improve the relationships between the nurses and patients. It is not only about being polite, it is about understanding, learn and develop the patient’s deeper needs for self-governance and putting them into practice and effective ways (Grant & Briscoe, 2002).

As earlier mentioned there is a problem in the psychiatric wards when it comes to patient’s autonomy, where the patients feel a lot of decisions are done by the nurses or there is lack of communication between them (Overton & Medina, 2008). It is important for nurses to not push their beliefs and values on the patients instead to understand the patient’s feelings, emotions, values and beliefs. It is important for patients to feel self-aware and have

freedom (Videbeck, 2011). In Finland psychiatric patients established association called “The Central Association for Mental Health”, founded in 1971. Their goal is to give patient a voice and that the psychiatric patients, the mentally ill have right for good care and good rehabilitation, an equal income with others and a normal life. Also, the nursing professionals play important role in the association (Liimatainen, 2000).

2.3.2 Stigma

Even the professionals at mental health care unit can have stereotypes about mental illnesses and can talk about the patients in a negative way how it was done in the past. Patients are often thought to be incompetent (Overton & Medina, 2008). Thesen, (2001) found three types of attitudes in the conversations between the mentally ill patients and the nurses. The first attitude was the patients were referred as cases not persons. Secondly patients noticed lack of love; they were feeling lonely and not accepted. Thirdly the patients felt they didn't have their own life, because they don't make their own decisions or set goals. They feel that professionals do it often for them. Psychiatric nurses can be afraid of saying the wrong things to the patients, not knowing what to do or patients don't even let the nurses to come close to them (Videbeck, 2011). Being afraid or being afraid by the nurses is a strong emotion that can create stigma and more labels can influence patient's behaviours and symptoms (Overton & Medina, 2008). It is important for nurses in psychiatric unit to understand and to be aware of a client's feelings and emotions, their beliefs, attitudes, values and thoughts and be self-aware and that the nurse's beliefs or values are not pushed to client and interfere with nursing care (Videbeck, 2011).

2.4 Mental health recovery

The concept of mental health recovery is that the people with mental health illnesses can be independent and free, participating in society and feeling satisfied about it, even if the symptoms may continue (Whitley, Palmer & Gunn, 2015). Autonomy, the right to self-governance and having a choice is the main idea of recovery. It is also important for health care professionals to follow a positive and hopeful attitude towards mentally ill patients and work together to achieve goals (Slade, Amering, Farkas, Hamilton, O'Hagan, Panther, Perkins, Shepherd, Tse & Whitley, 2014). In a study by Noordsy, Torrey & Mueser, (2002), hope, taking personal responsibility for illness, managing it and “getting on with

life” were main concepts in recovery of mental illness. Recovering from the mental illness means what the person is going through individually even when symptoms have become less. Recovery includes areas in life that are important to the person and that are related in everyday things like getting a job, having an education, having a home and social relationships (Drake & Whitley, 2014).

3 Framework

For better care and recovery, the professionals should involve more everyone’s story and distresses for understanding better ways for helping people in the psychiatric and mental health care. The Tidal Model is a theory that helps and guides nurses in psychiatric ward that emphasize working together with the patient, to value their experience and relate to their stories so that the process of recovery and helping has better result, in which the person can start valuing their own value and experience. The Tidal Model “emphasizes the central importance of developing a therapeutic relationship through discrete method of active empowerment, establishing nursing as an educative element at the heart of interdisciplinary intervention” (Brookes, 2010, p. 628).

Nursing is changing constantly, and nurses are involved more and more emotional or deeper level in the process of working with people, the environment and the patients’ health. They are to promote growth and development in the health care. For better care and recovery, the professionals should involve more everyone’s story and distresses for understanding better ways for helping people in the psychiatric and mental health care.

3.1 The Tidal Model

The Tidal Model of Mental Recovery by Barker, (2010) contains ten values called Ten Commitments (Brookes, 2010, p. 631-632) that guide the nurse to understand the person’s needs:

1. Value the voice: it’s about the persons own story where everything begins and ends, which we must value, the person is speaking their experience and the distresses that later becomes more of professional team’s story.

2. Respect the language: it's better to encourage people to talk in their own language, grammar, metaphors and for professionals to write them down in their own words because it comes out more powerful and meaningful.
3. Develop genuine curiosity: to be interested in the people's stories it is better to understand the story, for people to open.
4. Become the apprentice: professionals often act like they know the patients experience more than the patient, but to become the apprentice-minded professionals can learn something very powerful of the patient's story.
5. Use the available toolkit: using examples like "what has worked" for the person in the past or "what might work" in the future can help for the recovery. The patient's story is important and contains valuable information.
6. Craft the step beyond: it is important to start working together, the professional and the person to emphasize the importance of the first step that, what needs to be done in that moment, to make big changes and to reach the goal of recovery.
7. Give the gift of time: to take time and value the time spending together with the person, because it is a gift for both.
8. Reveal personal wisdom: it is hard for people to express themselves often to make understand of their stories, but the patients are the experts of their stories. It is the professional's task to help to reveal that wisdom and to make importance of it, so it will help throughout the recovery.
9. Know that change is constant: change is constant, but growth is optional. If the person wants to grow, decisions and choices must be made to come out from their distresses and move on to recovery.
10. Be transparent: professionals should be transparent and be confident, to understand their story, respect their story and not to become critical for example the person's life choices. The professional and the person should be a team and the professional should help to make sure that the patient knows what is being done.

3.2 The content of Tidal Model of Mental Health Recovery

The Tidal Model of Mental Recovery includes six philosophical assumptions (Brookes, 2010, p. 633-634). First is a belief in the virtue of curiosity, meaning being curious and that the professional can learn something from the patient. Second assumption is the recognition of the power of resourcefulness, it is better to concentrate on things that can

help the person instead of focusing on the problems and weaknesses. Thirdly comes the respect for the patient's wishes. Acceptance of the paradox of crisis as opportunity is the fourth assumption, it is important to accept situation and changes in life. Fifthly acknowledging that all goals must belong to the patient and lastly the virtue of pursuing elegance, the simplest possible means should be sought.

The major concepts of the Tidal Model of mental health recovery is to help people to return or reclaim to their personal stories and experiences of their distress and difficulties so that they can continue or come out of the problems and have control over their lives. Secondly, change is constant, growth is optional. People might not understand the changes, but to have growth, decisions and choices must be made. Professionals should help to understand and the awareness of changes to help people to overcome their distress and continue their recovery, which could have a big effect on their lives. Empowerment is the third concept of the Tidal Model of the mental recovery. It means that every person has already their own "power", but professionals should help people to "power up", to have bigger responsibility on themselves and their life. Lastly the main concept is caring. We should not only "care about" the person, it should involve "caring with" and involve things that mean we "care for" them (Brookes, 2010, p. 634).

Barker defines the engagement process with 3 domains, Self, World and Others. Domain is something people take influence from, where the person gets his experiences and how he behaves in personal life and public life. Domain is a place where someone lives. Self-Domain is a place which is known only for the person. There the person is experiencing own thoughts, feelings, beliefs, values, ideas which are kept only to the person itself, where people talk to themselves and only show or tells others like friends or relatives when they want to. The World Domain is when the person shares the story, about their feelings, thoughts, and beliefs to others. That's when others can take effort to understand that person. The Others Domain is where the person is living their lives by influencing others like family, relatives, friends and being influenced by them (Brookes, 2010, p. 633).

3.3 Previously done studies with the Tidal Model

The Tidal Model is for those who are interested in person-centred care and research-based practice. The theory can be used in psychiatric wards or mental health wards, as guidance

for nurses. It can be used across hospitals, community services and care, in acute rehabilitation to specialized forensic services (Brookes, 2010, p. 641).

In Birmingham, 2004, the Tidal Model was practiced and evaluated in an acute ward by methodology of Fletcher & Stevenson (2001)*. The results showed that when the Tidal Model was introduced year ago, the number of incidents like physical assault, violence and harassment decreased 57 %. The nurses were more satisfied with their work compared to their previous way of working (Gordon, Morton, Brooks, 2005).

In 2000, the Royal Ottawa Mental Health Centre (ROMHC) in Canada took the Tidal Model in use and the studies (Fletcher & Stevenson, 2001; Stevenson, Barker, & Fletcher, 2002)* showed a big impact on the care and practice. This research showed the results of increased personal participation in care for the patients and a decreased the lengths of stay, self-harm, violence, aggression and the use of restraints. Nurses learned and understood more of why the patient is where they are and why their problems started (Brookes, Murata & Tansey, 2008).

The Tidal Model has been also implemented in Rangipapa, a regional secure mental health forensic unit in New Zealand. The participants reported a feeling of humanity, so that there was a human face to a potentially objectifying forensic setting. What came out of this study is that the theory helps for a better cooperation and interaction between nurses and patients. Nurses are professionally satisfied, and patients are validated in their experience supporting their recovery (Cook, Phillips & Sadler, 2005).

4 Aim

In this research several studies were investigated about the experiences of care in psychiatric patients in psychiatric wards. The information was gathered from both sides, psychiatric patients and psychiatric nurses. The main interest is to have better understanding about the nurses role in caring for mental health patients. The study can be useful for nurses for future knowledge when caring for patients with mental health illnesses. The aim is to explore the important ways that nurses can promote the recovery of the patient in the findings from both patient's experiences and nurse's experiences. Therefore, the research question for this study is:

What are the ways that nurses can be better at in promoting the recovery of patients with mental illness?

5 Method

This study is investigated as literature review that fall under qualitative systematic literature review, in inductive way. A qualitative research is more and more used in many applied professions such as education, public health and nursing. A qualitative research describes and analyses the culture and behaviours of humans from the point of views who are being studied. In qualitative research the main importance is to give a thorough, full, holistic understanding that includes all aspects of the research. Research gives a description to reflect the reality of the life (WHO, 1994). The main characteristics of qualitative research are “to view events, actions, norms, values etc. from the perspective of the people who are being studied” (Bryman, 1988, p. 61).

5.1 Data Collection

In this study a systematic literature review was conducted. A systematic literature review is “A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review” (Cochrane Collaboration, 2017). Systematic review is a methodical approach, including all elements that are easy to detect and that can be copied, searching for appropriate literature that are published and not published and which answers the research question. Its purpose is to reduce being subjective or prejudice against one person or a group. Therefore a literature is reviewed to make a new theory or form an idea of theory that already exists (Siddaway et al., 2019).

To collect appropriate articles from databases like CINAHL, EBSCO and PubMed were used. The searching process took place several times throughout the period of Sept to Nov 2018. Many different variations of key sets were tried to find the best literature. The concepts were put down to two sets of key phrases. The first set referred to psychiatric patient’s experiences about mental health care (e.g. “mental health patients”, “psychiatric patients experiences”, “psychiatric care recovery”). The second set of the key phrases referred to nurses’ experiences in care for psychiatric patients (e.g. “psychiatric nursing

care”, “psychiatric nurses experiences”, “psychiatric nursing”). Inclusion criteria (Table 1) for this research were articles that have qualitative approach, published after 2005, articles that are English and with full text, articles that are peer-reviewed and relevant to this research aim. In total 61 relevant articles were found. After going through these articles to find relevance for this study aim, 15 qualitative studies (Appendix 1) were related and included to this study.

Table 1: Inclusion and exclusion

INCLUSION	EXCLUSION
Articles relevant to this research aim	Articles and studies that were not related to this research aim
Articles that have full text	Articles not available in full text
Articles that are peer reviewed	Articles not peer reviewed
Published after 2005	Published before 2005
Articles and studies that are in English	Articles that were in other languages

5.2 Inductive Content Analysis

The study is done in qualitative content study approach in inductive way focusing on the subject about the different ways that nurses can emphasize in being better in the recovery of patients with mental health illnesses, investigating the literature on both patients and nurse’s experiences in psychiatric wards. In inductive content analysis it is important to find similar themes and patterns throughout the data that is then carefully described. The main idea is to collect notes from the studies and then make into themes and categories, which then can be summarised, give meanings and are linked to the research question. The gathered categories, themes and subthemes can develop into a model or theory that summarizes the findings of the studies (Thomas, 2003). In this study there are perspectives of two sides, the patients and the nurses. Henricson, (2017) describes a domain-analysis model, where the data that is collected can be analysed in two domains, which in this study are “the patient domain” and “the nurse domain”.

5.3 Ethical considerations

Ethical considerations are very important part of a research. There are some ethical considerations when doing literature research on works that have already been done. In literature review new arguments like what needs to study more and why can come up. It can also turn out that the research question has already been answered when going through the previous studies, which means it is unethical to do a research again. The researcher must treat the existing researches accurately and honestly. Three bigger ethical issues to be aware are plagiarism, academic fraud and misrepresenting results. Plagiarism is when someone else's words, images, data; ideas are used without permission or state them as your own work. Academic fraud and misrepresenting results means for example the author is making up new results or the article has published with new authors or translated into different language. Always have to use carefully other authors work and have responsibilities. Ethics should be followed and being aware of issues that can come up (Wager & Wiffen, 2011).

For this study to be valid, correct and ethical, the author must stick with the guidelines, to reference other authors work correctly and value the results accurately. It is important for the author to not plagiarize others authors work, to not explain results differently, to be honest and responsible in writing about results of other author's works.

6 Results

This study was conducted in order to get a better view and understanding of what ways nurses can be better and what to emphasize when it comes to promoting the recovery of mental health patients both through nurses experiences and patients experiences. Fifteen articles were read through several times and carefully analysed. First key words were collected that were related to this research aim and these key words were made into categories which emerged into three main themes from both nurses and patients experiences: importance of nurse-patient engagement, importance for patients to feel human being and feeling cared about, importance for patients to understand the treatment (Table 2).

Table 2: Three main themes from both nurses and patients experiences

Categories	Themes	Domain
Understanding Trust Dialogue and Connection Making time	Importance of nurse-patient engagement	Nurses experiences
Nurse's attitudes Need of feeling cared and supported	Importance of treated as human being and feeling cared about	Patients experiences
Confusion about the treatment Importance of individualised care Involving in the treatment Interpretations of the ward Lack of education and support	Importance of understanding the treatment	

6.1 Importance of nurse-patient engagement

One of the main themes that stood out from both patients and nurse's experience is the importance of the relationship between the nurse and the patient. It is important to make a connection when creating an engaging relationship through understanding, building trust and making time. In this section the main categories are described: understanding; building trust; dialogue and connection; making time.

6.1.1 Understanding

A dominant subject throughout several studies was nurses and patients describing the importance of shared understanding between the nurse and a patient (Askola et al., 2015; Biringer et al., 2017; Gunaeskara et al., 2013 Jensen et al., 2014; Molin et al., 2016; Sebergesen et al., 2016; Thibeault, 2016; Wright et al., 2011).

Creating a connection and mutual understanding often happened through communication and by finding a similar "language", when nurse and patient are on the same level or on the same "page". This helped patients to open up feelings and also understanding their own situation and experience and to be more involved in the therapeutic work (Thibeault, 2016).

Patients in a study by Jensen et al., (2014) described when understanding their own situation it helped the patient to accept the treatment and lack of understanding from the nurses impacted mostly negatively. Patients in a study by Molin et al., (2016) described importance of being seen as equal and working together with the nurse. Sharing something personal or relevant to a particular patient in the particular situation is valued to make the nurse patient relationship more open, honest, close and equal (Unhjem et al., 2017). Nurses identifying their own feelings with patients feelings and using their knowledge and experience creates more engaging relationship for the future (Thibeault, 2016; Unhjem, et al., 2017) and when nurses can reach the deeper understanding with patient it's easier for the nurse to relate and promote equality and sharing in therapeutic way in nurse patient relationship (Unhjem et al., 2017). In a study by Gunaeskara et al., (2013) patients highly respected nurses who listened and involve a shared understanding. Nurses described the importance of talking about patient's thoughts, images and emotions (Askola et al., 2015) as well as the importance to notice the changes in a patient experiences and understanding each other's human qualities (Thibeault, 2016). Patients in a study by Molin et al., 2016 described doing things together with the nurse and sharing a humour is the glue in the relationship and encouraged the relationship between the nurse and patient.

6.1.2 Trust

In several studies trust between the nurse and a patient was an important part of recovery (Askola et al., 2015; Birginger et al., 2017; Gunaeskara et al., 2013; Molin et al., 2016; Reavy et al., 2017; Thibeault, 2016). According to nurses in a study by Askola et al., (2015) nurses should accept patient's behaviour and building trust comes with time. It depends on how secure patient feels, how openly they speak and how much of daily contact there is (Askola et al., 2015). According to nurses in a study by Thibeault, 2016 when patients open up and share uncomfortable experiences they are vulnerable and it takes time when patient feels that the nurse is safe and trustworthy. Feeling of being respected and understood (Jensen et al., 2014), nurses showing interest, curiosity and make time for the patient makes the patient feels safe and that creates a trustful relationship, makes a change in their recovery process and a will to move on (Thibeault, 2016; Molin et al., 2016; Jensen et al., 2014). In a study by Molin et al., (2016) patients sometimes felt they needed to behave well in order to secure the trust and opportunities with nurses. When a trust was established it also made patients felt nurses understood and relieved and that the treatment for them will be good (Molin et al., 2016).

6.1.3 Dialogue and Connection

In several studies nurses described the importance of making a connection and engaging with the patient by trying to communicate and creating a dialogue or contact (Gunaeskara et al., 2013; Jensen et al., 2014; Molin et al., 2016; Reavy et al., 2017; Sebergesen et al., 2016; Thibeault, 2016; Wright et al., 2011). Patients described the opportunity to talk and be listened by someone is important (Molin et al., 2016; Wright et al., 2011) and taking a holistic view of the patients situation was vital (Gunaeskara et al., 2013; Sharrock, et al., 2015; Wright et al., 2011), but as sometimes in first contact the patient can have very difficult in describing their experiences (Jensen et al., 2014), communication should be clear, honest and frequent (Gunaeskara et al., 2013). The relationships between nurses and patients are important but sometimes patients did not have opportunity to share their experience and get more connected (Reavy et al., 2017). In a study by Gunaeskara et al., (2013) patients described the importance of nurses introducing themselves in the beginning of every new shift, explaining about their role and make time to talk during their shift.

Trying to find a common language by relating and approaching patient-centred way, where the nurse doesn't show a position of power, but a shared similar space was (Thibeault, 2016). Patients valued of being familiar with nurses having a dialogue and sharing a laugh together (Molin et al., 2016). Nurses helped patients to open up and to understand what is going on with them and put a meaning to their experiences (Thibeault, 2016).

Dialogue or normal ordinary interactions was valued and described as crucial in everyday life and in psychiatric care (Molin et al., 2016; Wright et al., 2011). Even a little talk was a good distraction of being in the ward (Molin et al., 2016). Nurses way of communication peacefully, sometimes with just few words, compassionate words and sensitive voice helped patients to feel safe, find peace and limited the patient's behaviour (Askola et al., 2015; Sebergesen et al., 2016). Nurses being available for a communication made patients feel secure and feeling of being prioritized (Jensen et al., 2014). In a study by Askola et al., (2015) patients described clear communication, honesty and firmness made patients feel more secure. Nurses showing care about patients' needs (Thibeault, 2016).

6.1.4 Making Time

The importance of nurses taking time and being available for patients came out in several studies (Biringer et al., 2017; Gunaeskara et al., 2013; Jensen et al., 2014; Molin et al., 2016; Reed & Fitzgerald, 2005; Sebergesen, 2016). Patients described the importance of nurses spending time with them and listen to them (Jensen et al., 2014; Molin et al., 2016). Patients felt nurses didn't make enough time for activities, nurses felt invisible to patients and often patients didn't know where the nurses are. Patients expected nurses to create a positive and engaging atmosphere in the ward, for example with some activities or to just have small conversations or spontaneous group talks (Molin et al., 2016). When not actively interacting with patients, this can led to feelings of neglect and not being worthy to make time for patients (Jensen et al., 2014). Patients in a study by Reavy et al., (2017) felt they made more emotional connections with other patients when the nurses were not available for them and described that spending time with nurses was most valuable aspect during their time in a hospital. Nurses often spend time in the kitchen or some other area which made patients feel the nurses are not interested about them and lack commitment. Patients experienced that when the nurses tried, they could have time for everyone. This showed to patients that the nurses are willing to help (Molin et al., 2016).

6.2 Importance of treated as human being and feeling cared about

Another main theme and what came out from the studies was mental health patients want to be treated as human beings. This came out in several studies (Jensen et al., 2015; Thibeult, 2016; Unhjem et al., 2017). Patients wanted to be seen as person not as an object (Thibeult, 2016) and feeling respected (Gunaeskara et al., 2013; Jensen et al., 2014). When nurses shared something personal it showed that the nurses and patients are alike and it can be an expression of shared humanity (Unhjem et al., 2017), to be treated in personal needs with a "human touch" (Gunaeskara et al., 2013). Patients highlighted the importance of feeling nurses caring about their needs (Sebergesen, 2016; Thibeult, 2016). This section is divided into categories nurse's attitudes and the need to be cared and feel supported.

6.2.1 Nurses attitudes

The importance of positive attitude by nurses towards mentally ill patients is mentioned in several studies (Molin et al., 2016; Sharrock et al., 2015; Thomas et al., 2017). In a study by Barron et al., (2017) nurses describe that compassion is essential and is a natural part of being human and it's fundamental to have in being a nurse. According to Gunaeskara et al., (2013) an excellent mental health nurse is compassionate, who pays attention and is engaged. Patients appreciated staff who are kind and supportive, make opportunity to talk about distresses (Reavy et al., 2017), who understand their needs and their sensitivity to mood, explain and acknowledge the patient's needs (Gunaeskara et al., 2013) and make them feel important (Molin et al., 2016). Patients appreciated nurses who are confident, caring and have empathy (Thomas et al., 2017; Gunaeskara et al., 2013), nurses who have respect towards patients, are friendly (Gunaeskara et al., 2013) and honest (Molin et al., 2016). Sometimes nurses emphasized their own shortcoming in order to normalize the weaknesses and to gain the patients confidence (Unhjem et al., 2017).

Several negative attitudes from nurses were described. In a study by Molin et al., (2016) nurses told patients that someone else deserves more to be on the ward or that they don't have to be in the ward or that they are too often in the ward. Nurses did not know what to do with them and told they won't recover. Nurses showed their distance, patients even felt that nurses were against them, and acted as they were "too professional". Many patients felt a sense of power over the patients. In a study by Sharrock et al., (2015) nurses described how older nurses had more avoidance and significant treatment towards mental health patients than younger nurses. In another study by Reed & Fitzgerald, (2005) nurses even disliked mental health patients, that if they had a choice they wouldn't do it. Nurses often felt that patients didn't appreciate their care and patients were not cooperative. Nurses felt they didn't get any positive feedback.

Nurse's changeable attitudes sometimes increased patients to isolate them more. Some nurses lacked of showing positive attitude in proper care when it comes to making relationships, nurses did not pay attention in sharing or learning similar experiences with patient or have emotional inconsistency that made patients to keep their emotions to themselves (Reavy et al., 2017). In a study by Barron et al., (2017) nurses described being compassionate was difficult sometimes when patient had complex multiple needs or nurses

felt unskilled to engage because the patients communication style. Nurses struggled to be compassionate with patients who did not learn from their mistakes.

6.2.2 Need of feeling cared and supported

Being a lot under constant observation in the ward made patients not understanding the act of care. Several patients made stronger emotional connections with other patients than nurses. Patients describing feeling that they matter to someone, feeling of being important, taken serious to the staff was necessary (Jensen et al., 2014; Reavy, et al., 2017). Patients described the nurses understanding the patients vulnerability towards stigmatization and nurses should try to make the patient's feel less of being stigmatized (Askola et al., 2015; Sebergsen et al., 2016). Patients appreciated when nurses are interested in their personal experience (Gunaeskara et al., 2013; Sebergsen, 2016) and that their opinions are listened when it comes to medication and their treatment (Sebergsen, 2016). Patients want to be recognized. In a study by Gunaeskara et al., (2013) patients describe that "excellent nurse makes it their business to learn about each person's hopes, goals, strengths and aspirations and to do what they can to encourage progress along the recovery path."

6.3 Importance of understanding the treatment

Third main theme that came out from the studies was about the treatment. Several patients felt confused or didn't understand their treatment when it comes to their diagnosis or taking medicine (Biringer et al., 2017; Gunaeskara et al., 2013; Jensen et al., 2014; Molin et al., 2016; Reavy et al., 2017; Thibeault, 2016). Nurses described the lack of knowledge and the need to educate themselves in mental health care. This theme is categorized patients confusion about the treatment, importance of involving the patient in the treatment and nurse's lack of education and need of support.

6.3.1 Confusion about the treatment

Patients felt not given enough information about their treatment in the ward or the time being in the hospital (Molin et al., 2016; Reavy et al., 2017), sometimes did not understand the purpose of their treatment (Jensen et al., 2014) but had hopes and positive expectations about the treatment (Biringer et al., 2017). Patients felt that being under observation for

short time was to separate behaviour from thoughts and feelings and to get behaviour under control by stabilising the illness but not dealing with emotional problems. They felt that being in the hospital was pointless because nurses didn't make a connection between behaviour and emotion (Reavy et al., 2017). However in a study by Sharrock et al., (2015) nurses understood how the mind and the body cannot be separated.

Often patients felt that they were just concentrating on giving medicine and a lot of unfilled time rather than having therapeutic contact (Jensen et al., 2014; Molin et al., 2016; Reavy et al., 2017). Patients were often confused about the medication they were given as well as diagnosis that sometimes changed. Constant observation and monitoring their problematic behaviour by nurses and feeling of not relating it to the mental health diagnosis was a stressor and feeling the ward is holding off or postpones their emotions which made them feel more stressed (Reavy, et al., 2017). Patients often felt as burdensome when they saw lack of engagement by nurses and felt poor treatment (Molin et al., 2016).

Patients often feel vulnerable when approaching help. In a study by Jensen et al., (2014), patients described often being rejected by the healthcare system when reaching out for help and this makes patients feel that the health care professionals don't take them seriously, feeling humiliated. Having long waiting periods for treatment, the longer time it took them to get help the more serious their condition goes. Access to psychologist was difficult and changing between different units was problematic time for the continued care. Patients felt lack of care in the follow up and difficulties to make contact when there is a new treatment facility (Jensen et al., 2014). Patients described importance of staying touch with the health care professionals (Jensen et al., 2014).

Patients in a study by Molin et al., (2016) had hard time to understand the structure of the ward. Sometimes felt that nurses had time for only acute situations and planned activities were not sure or cancelled, most of the time nothing happened. Patients had a lot of uncertainty and felt not knowing what is going to happen, this also made patients feel confused and frustrated and not cared by the nurses. Often patients felt the nurses were not answering their questions but acted on the basis of rules (Molin et al., 2016).

6.3.2 Importance of individualised care

In a study by Jensen et al., (2014) patients felt nurses didn't understand patient's perspectives or other aspects of patient's life. Patients described the importance of more individualised care, about patient's background and own understanding of illness should be highlighted. Also in a study by Askola et al., (2015) nurses describe importance of the patient's background so the nurse can understand patient better. Nurses should provide all information that is related to the treatment plan, discuss about goals, patients strengths and include family in the care planning (Gunaeskara et al., 2013). In studies by Biringer et al., (2017) and Reavy et al., (2017) patients had the desire to get help to learn more about themselves, to understand their own thoughts and feelings, why things had become difficult, what are the motives for their behaviour and hoped the health professionals would help the patients. When patients did not have enough knowledge about their own mental illness it can also postpone treatment or feel detached from the treatment which can leads patients to not take their medicine (Jensen et al., 2014). In a study by Sebergesen et al., (2016) one patient described that when nurses understand the patient and give confirming mental health care like medications, getting rest, sleep and by limiting the behaviour it helped the patient to be more aware of their own needs.

In a study by Thibeault, (2016) nurse tried to not be too direct with the patient and try to work together with the patient where the nurse encouraged the patient to explore the meaning of his experiences. It can mean that the patient exposes his or hers vulnerability and can experience the will to move forward with the treatment. Patients felt respected when it comes to listening the patient's own knowledge about their illness and medication and how working together or cooperating with the nurse about future treatment and goals at home made the relationship stronger (Sebergesen et al., 2016).

6.3.3 Involving in the treatment

Patients valued the nurse and doctor engagement in patient's treatment (Molin et al., 2016; Gunaeskara et al., 2013; Sebergesen, 2016). When involved in making decisions about their care, it made them feel cared and building trust (Molin et al., 2016). In a study by Sebergesen, (2016) patients respected the nurse's knowledge and opinion about medications, they valued that nurses supported and listened to their opinions when patient disagreed with the doctor. Nurses were seen as link between the doctor and other health

care professionals and the information to be discharged was depending mainly on the nurse, patients expected to share information freely (Gunaeskara et al., 2013) and often felt that nurses were waiting for doctors to make decisions (Molin et al., 2016). The importance of the nurses and doctors working together creates trust in patient and feeling of being cared (Sebergsen et al., 2016). Patients appreciated the opportunities to talk with the doctor and when there was a same doctor in the ward during their treatments (Molin et al., 2016).

6.3.4 Interpretations of the ward

Patients described wards to be distressing and describing the ward in a negative way (Molin et al., 2016; Reavy et al., 2017; Sharrock et al., 2015). In a study by Sharrock et al., (2015) patients described being in a ward makes them stressed, feeling being controlled or restraining their behaviour than a place of treatment. Nurses also felt environment had a bigger focus on physical aspects of care and it was hard to put mental health care into practice (Sharrock et al., 2015). Patients described the wards being a destructive, unfurnished, empty of stimuli and without a thought. Being in the ward is boring and can make them think about negative things which can increase the need to harm themselves. When socializing with the nurses it created understanding of the nurses and a better acceptance of the ward (Molin et al., 2016).

6.3.5 Lack of education and support

In several studies came out that nurses felt lack of knowledge or education in mental health care and a greater need of educating in psychiatric nursing (Reed & Fitzgerald, 2005; Sharrock et al., 2015; Thomas, 2017). Nurses felt they had a commitment and desire to give care but not enough knowledge to do so. Nurses felt they had limited ability and needed education and support (Reed & Fitzgerald, 2005). Studies showed the importance for nurses to have a support from co-workers (Barron et al., 2017; Sharrock et al., 2015). Not enough support by work organization or time, too much work load not enough resources and the focus on physical care impacted the care for patients. In a study by Barron et al., (2017) nurses described that their building their emotional skills and staying compassionate helps when sharing with co-workers. In a study by Gunaeskara et al., (2013) is stated that best practice in mental health care can only be achieved when nurses remain their own well-being. Nurses described that having a passion for mental health

nursing and a genuine commitment to help others is what helps maintaining hope and compassion and the nurses own well-being and experience of care.

7 Discussion

In this chapter the results of this thesis and method used will be discussed. The results are discussed in relation to the thesis aim, research question, theoretical framework and background. The main interest in this research is to have better understanding about the nurses role in caring for mental health patients and how it can help nurses to practice their psychiatric nursing skills in the mental health care. The aim is to explore the important ways that nurses can promote the recovery of the patient in the findings from both patient's experiences and nurse's experiences. Therefore the research question is what are the ways that nurses can be better at in promoting the recovery of patients with mental illness?

From all reviewed literature that was analysed three themes emerged, the importance of nurse-patient engagement, importance of being treated as human being and feeling cared about and importance of understanding the treatment. The results are then discussed how they are reflected to each other and answer the research aim.

7.1 Result discussion

The first theme that emerged from the results is the importance of nurse-patient engagement that sub-categorised into four topics, understanding, trust, dialogue and connection and making time. According to Peplau, (1952) therapeutic nurse-patient relationship is important in today's nursing practice (Alligood & Marriner-Tomey, 2010, p. 54). The results of this study point out the importance of nurse-patient engagement in which nurses and patients described the importance of shared understanding between the nurse and a patient, building trust, talking and making a dialogue with a patient, making connection and time. All these factors are affecting each other when it comes to patient's participation during the nursing process. The importance of commitment and mutual understanding between the nurse and patient is mentioned in Orlando's work (1961) (Alligood & Marriner-Tomey, 2010, p. 65-66). The results in this study showed that trust between the nurse and a patient was an important part of recovery. In a previous study by Talseth, Lindseth, Jacobsson, and Norberg (1999) patients expressed the need for nurses to

be present and listen. In previous studies by Ljungberg et al., (2015) and Nugteren et al., (2015) results show that when nurses don't make time it can be a negative impact on the patient. In a previous study by Sun, Long, Boore, and Tsao (2005) results reported that the communication qualities are important to assess mental health patients and to maintain the therapeutic relationships.

The second big theme that came out from this research results is the patients have need to be treated as human being and feeling cared. This theme includes sub-categories like nurse's attitudes and need of feeling cared about and be supported. Nurse's negative attitudes can have a major impact on patients and them feeling as treated like a human being. This is in line with a previous study by Ljungberg et al., (2015) where results show that it can be a negative effect on the patient and nurse relationships when nurses have negative attitudes and behaviours. In this studies results caring was something that was a mentioned a lot and in the end it all ends up about caring and being interested in. When nurses talk to patients, they show care, when they listen, they care etc. In this review results the nurses describe that compassion is essential and is a natural part of being human and it's fundamental to have in being a nurse. Patients want to be respected and the feeling that nurses care about their needs, that patients are treated as humans not just another case. It is mentioned by Videbeck, (2011) that it is important for nurses in to be aware of a client's feelings and emotions, their beliefs, attitudes, values and thoughts It is not only about being polite, it is about understanding, learn and develop the patient's deeper needs for self-governance and putting them into practice and effective ways (Grant & Briscoe, 2002).

The third theme, the importance of understanding the treatment was the biggest theme and covered topics like confusion about treatment, need of individualised care, importance of being involved in the treatment, interpretations of the ward and the lack of education among nurses. While this studies background emphasized about the nurses emotional capability of caring about mental health patients and explaining the importance of understanding the patient, having compassion and caring, along with the findings of importance of building trust, making connection and time, the importance of understanding the treatment was a new finding in this study. In this study often nurses didn't acknowledge patients background, where they are coming from and patient's personal experiences. For example in the results a study by Jensen et al., (2014) immigrant patients and refugees expressed the importance of health professionals acknowledging their specific

condition individually, understanding their background and needs, to see the person beyond their illness or diagnosis and to be respected. In the results came out patients liked to be involved in their care and when making decisions, patients valued when their opinions were listened and respected. In a relation to a previous study by Voogt et al., (2014) results showed that when it comes to providing structure at the ward patients were mainly concerned about their autonomy. According to Grant & Briscoe, (2002) it is important to learn and develop the patient's deeper needs for self-governance and putting them into practice and effective ways. Results showed that patients were often confused about their treatment and how their care is going to be, the ward was a place that suppressed feelings and didn't understand rules. In a previous study by Nugteren et al., (2015) patient's in acute and closed psychiatric wards experienced the inappropriate use of the ward rules and the feeling of humiliation. Results also showed the importance of nurses having support from other colleges and nurses' lack of knowledge about mental health care and the need for future education. This came out as an interesting find since all nurses in the studies were psychiatric nurses. According to Ruddick, (2008) nurses require learning skills and knowledge that supports and encourages for patients to become stronger, confident, getting a control over their lives and to be able to recover quicker from their difficulties.

In this research Barkers Tidal Model of mental health (2010) recovery was chosen as theoretical framework. The Tidal Model helps and guides nurses in psychiatric ward that emphasize working together with the patient, to value their experience and relate to their stories so that the process of recovery and helping has better result, in which the person can start valuing their own value and experience. The Tidal Model "emphasizes the central importance of developing a therapeutic relationship through discrete method of active empowerment, establishing nursing as an educative element at the heart of interdisciplinary intervention" (Brookes, 2010, p. 628). This thesis is focusing on emphasizing the nurse-patient relationship through understanding, communication, creating a dialogue, making time, building trust, to show care and interest, to recognise each patient individually based on the Tidal model theory. The author noticed that one can't be without another and all these concepts go through those reviewed articles.

7.2 Method discussion

This study was conducted in inductive content analysis method. Data was collected from databases like EBSCO, CINAHL and PubMed with two sets of key sets, nurses and patient's experiences, in key words like "mental health patients", "psychiatric patients experiences", "psychiatric nursing" were used. Inclusion and exclusion criteria mentioned in Chapter 5. For this study systematic literature review and inductive content analysis method fitted well. The author's interest is to have better understanding about the nurses role in caring for mental health patients from both patients and nurses experiences. The fifteen articles that were analysed contained descriptions from patients and nurses in how patients receive care and how nurses give care. Results were either negative or positive; the idea was to get all information that is related to the research aim and what to emphasize. The study followed the aim and answered the research question about the ways that nurses can be better at in promoting the recovery of patients with mental illness. Using inductive content analyse method the fifteen relevant articles were analysed, by collecting key words which made up categories and emerged into three themes. The fifteen articles reviewed in this study were a good source and had informative results and makes this study reliable use for future research.

Mainly the reviewed articles had a result of a negative experience. This study doesn't tell how much of the results was positive or how much negative. It also doesn't tell the amount of results from nurse's experience and how much from patient's experience. It summons up from both psychiatric patients and psychiatric nurses experiences of psychiatric care in general. This study could be narrowed down into only researching negative experiences of psychiatric patients with a specific mental illness like schizophrenia or through nurse's negative point of view of the care and experience of what could be changed or what is needed to be changed within psychiatric care.

8 Conclusion

The results of this study show that nurses nurse-patient engagement, feeling of being cared and supported and importance of understanding the treatment are topics that nurses could emphasize when it comes to promoting the mental health patients recovery. The results in this study came from both patients and nurses experiences, in some studies it was

mentioned as a positive and others in negative, where both positive and negative results were merged into similar categories. This study is focusing on understanding a better relationship between nurse and a patient in order for better recovery for the patients based on Barkers Tidal Model theory. This model is a help for nurses in guiding them and emphasizes working together with the patient. Listening to the patient, to hear their stories, respecting that each patient is an individual and comes from different background, to be interested in their stories, to take time, the importance to working together and make the patient want to change and make goals and in staying professional. The results of this study are strongly linked together and couldn't work without another. In order to make a connection, trust and common understanding a nurse must make time and listen to the patient, creating a dialogue, a communication between the nurse and patient. The importance of patients being understood and cared about was main key elements throughout the studies. This studies results show the complexity of nursing care, giving the best care so that the patient is satisfied and the nurse is satisfied. This topic about caring for mental health patients is strongly recommended for future research, especially when it comes to psychiatric nursing and educating the nurses in being better at providing mental health care. In authors opinion the demand for professional psychiatric care is high and mental health care should be acknowledged more in schools. It is important that people who work in this field have a passion in mental health care.

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Appendices

Appendix 1. Description of the included studies.

Author(s), year, title & journal	Country	Aim	Data collection	Result
Larsen & Terkelsen, (2013). <i>Coercion in a locked psychiatric ward: Perspectives of patients and staff.</i> Nursing Ethics.	Norway	To find out how patients and staff in a Norwegian locked psychiatric ward experience coercion.	Data were collected through participant observation and conversations or interviews. A total of 12 patients and 22 employees participated in the study.	The participants experienced coercion in different ways. The main themes are (1) corrections and house rules, (2) coercion is perceived as necessary, (3) the significance of material surroundings, and (4) being treated as a human being.
Molin et al. (2016) <i>Quality of Interactions influences everyday life in psychiatric inpatient care-patients perspectives.</i> International Journal of Qualitative Studies on Health and Well-being.	Sweden	To explore everyday life in psychiatric inpatient care based on patients' experiences.	16 participants were interviewed with experiences of psychiatric inpatient care.	Everyday life processes in psychiatric inpatient care are linked to the core category <i>quality of interactions influences everyday life</i> . Three constructed categories – <i>staff makes the difference, looking for shelter in a stigmatizing environment, and facing a confusing care content</i> .
Barron et al. (2017) <i>Community mental health nurses and compassion: an interpretative approach.</i> Journal of Psychiatric and Mental Health Nursing.	Scotland	To describe interpretations and perspectives of compassion to gain insight and development of its meaning.	Semi-structured interviews with 9 mental health nurses were analyzed.	The research illuminates the complexity of compassion and how it its practice impacts on emotional responses and relationships with self, patients, colleagues and the employing organization. Participants identified difficulties engaging with compassionate practice whilst recognizing it as a driving force underpinning provision of care.
Wright et al. (2011) <i>Mental health service users and practitioner's experiences of engagement in assertive outreach: a qualitative study.</i> Journal of Psychiatric and	UK	To explore the nature and meaning of engagement for practitioners and service users within assertive outreach services.	In total 14 interviews were conducted with mental health practitioners and 13 with service users.	Four themes: contact, dialogue, transformation and shared understanding. Meaningful engagement was found to manifest itself through experiences such as providing and receiving practical assistance, having a genuine two-way conversation and valuing the experiences and personal attribute

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Reavy et al. (2017). <i>The ward as emotional ecology: Adolescent experiences of managing mental health and distress in psychiatric inpatient setting.</i> Health & Place	UK	To expand our understanding of adolescents' experiences of the inpatient environment with a particular focus on relationships formed with peers, staff, and the space itself. How young people experience inpatient services, on a social and emotional level.	A total of 20 participants. Mixed visual and interview techniques were used.	Specific themes relevant to satisfaction and engagement with inpatient services was examined in-depth: a) behavioural surveillance as care surrogate and b) managing the delicate emotional ecology of the wards: openness, triggering, sterility and relational engagements.
Unhjem et al. (2017) <i>Transforming nurse-patient relationships- A qualitative study of nurse self-disclosure in mental health care.</i> Journal of Clinical Nursing	Norway	To describe what and why nurses self-disclose to patients in mental health care.	Qualitative descriptive study including data from 16 nurses taking part in participant observation, individual interviews and focus group interviews.	Four themes resulted of <i>what nurse's self-disclose</i> (immediate family, interests and activities, life experiences and identity). One main theme and four subthemes addressing <i>why nurses self-disclose</i> . Disclosure were common among the nurses.
Biringer et al. (2017), <i>Service users expectations of treatment and support at the Community Mental Health Centre in their recovery.</i> Scandinavian Journal of Caring Sciences	Norway	The aim of the study was to explore service users' expectations at the start of treatment at a Community Mental Health Centre	Hermeneutic-phenomenological approach, ten service users participated in in-depth interviews about their hopes and aims for treatment and recovery	Four main themes: hope for recovery, developing understanding, finding tools for coping and receiving counselling and practical assistance. Participant's expectations about treatment were tightly interwoven with their personal aims and hopes for their future life, and expectations were often related to practical and financial problems, the solution of which being deemed necessary to gain a safe basis for recovery in the long run.
Jensed et al (2014). <i>Patient experienced continuity of care in the psychiatric healthcare system – a study including immigrants, refugees and ethnic Danes.</i> International Journal of Environmental	Denmark	To investigate continuity of care in the psychiatric healthcare system from the perspective of patients, including immigrants and refugees.	19 narrative interviews conducted with 15 patients with diverse migration background (immigrants, descendants, refugees and ethnic Danes).	4 different domains found, accessibility (e.g. feeling rejected by the system), individualized care (e.g. Exaggeration of statements and behavior), relationship base (e.g. relationship between the individual health professional and availability of staff) and service delivery (e.g. flexibility and responsiveness in the system).

Research and Public Health				
Thibeault, (2016). <i>An interpretation of Nurse-Patient Relationships in Inpatient Psychiatry: Understanding the Mindful Approach</i> , Global Qualitative Nursing Research.	Canada	To illuminate the nature of relationships between inpatient psychiatric mental health (PMH) nurses and their patients.	The author used semi structured interviews and nonparticipant observation in an interpretive phenomenological inquiry.	The PMH nurse-patient relationship in acute inpatient psychiatry continues to be under pressure, but nurses carefully construct relational approaches in response to patient distress, and patients in these setting experience these approaches as meaningful to their recovery.
Reed & Fitzgerald, (2005) <i>The mixed attitudes of nurses to caring for people with mental illness in a rural general hospital</i> . International Journal of Mental Health Nursing.	Australia	To explore rural nurse's attitudes and how they affect care, the problems they associate with providing care, and the impact of education, support, and experience.	Ten nurses from two wards were interviewed.	Nurses expressed negative attitudes, unstable ward environment and lack of knowledge/education.
Gunaesara et al. (2013). <i>What makes an excellent mental health nurse? A pragmatic inquiry initiated and conducted by people with lived experience of service use</i> , International Journal of Mental Health Nursing.	Australia	To understand consumers views about what makes an excellent mental health nurse.	20 people interviewed with lived experience of hospitalization and analyzed transcripts thematically.	Findings highlight a need for renewed attention to the basics of relationships and the importance of nurses of self-awareness and support.
Sebergesen et al. (2016). <i>Confirming mental health care in acute psychiatric wards, as narrated by persons experiencing psychotic illness: an interview study</i> . BMC Nursing.	Norway	To explore, describe and understand how the mental health nurses in acute psychiatric wards provide care that helps the persons who experienced psychotic illness to feel better, as narrated by the persons.	12 persons participated in qualitative interviews.	three categories of confirming mental health care that describe what helped the participants to feel better step-by-step: 1) being conformed as a person experiencing psychotic illness <i>in need of endurance</i> , 2) being confirmed as a person experiencing psychotic illness <i>in need of decreased psychotic symptoms</i> , 3) being confirmed as a person experiencing psychotic illness <i>in need of support in daily life</i> .
Askola et al. (2015).	Finland	To describe the therapeutic	8 nurses in a Finnish	The results revealed the process

<p>The Therapeutic Approach to a Patients Criminal Offense in a Forensic Mental Health Nurse-Patient Relationship - The Nurses Perspectives.</p>		<p>approach to a patient's criminal offense in a forensic mental health nurse-patient relationship from the nurse's perspective</p>	<p>forensic psychiatric hospital were interviewed.</p>	<p>of the therapeutic approach to a patient's offense, which comprises numerous steps and various phases.</p>
<p>Thomas, (2017). <i>Nursing children and young people: what mental health training is required?</i> British Journal of Nursing.</p>	<p>UK</p>	<p>To investigate the views of children and young people nurses on the mental health training they had received and what recommendations they would make for future staff training</p>	<p>9 nurses were interviewed who had experiences of nursing young people following self-harm or a suicide attempt.</p>	<p>The findings of this study indicate that children and young people's nurses may benefit from some empathy and attitudes-based training. Participants clearly indicated that they do not feel that they have adequate expertise in mental health nursing.</p>
<p>Sharrock et al. (2015). <i>Competence in Providing Mental Health Care: A Grounded Theory analysis of Nurses Experiences.</i> Australian Journal of Advanced Nursing.</p>	<p>Australia</p>	<p>To explore and describe the subjective experiences of nurses in providing care for this client group</p>	<p>4 nurses were interviewed.</p>	<p>The findings indicated the nurses were striving for competence in the provision of mental health care. They acknowledged the mental health needs of patients and their right to quality care.</p>