



Nurses Experiences with Occupational Stress and Burnout at Psychiatric Healthcare Facilities

Literature Review

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Abstract

Occupational stress and burnout are significant challenges in the workplace environment that have affected healthcare workers around the world. Stress and burnout are often caused by factors such as workplace violence, excess workloads, and lack of adequate support at work. Psychiatric setting has been identified as one of the most stressful areas in nursing. This study aimed to explore and analyze the experiences of psychiatric nurses, and the findings could be used to provide information that can be used to advance nursing education and aid the healthcare institutions and lawmakers in the improvement of the healthcare workers' wellbeing. Eight articles that answered the research question and matched the inclusion criteria were selected from Medline and CINAHL Ultimate. Literature review approach was employed to analyse the selected articles, and four main themes were identified: workplace stressors, psychological and emotional stressors, collaboration and peer support, and resilience strategies. The findings showed that stress is made worse by violence at work, emotional strain, and coping strategies that don't work. On the other hand, peer support, organized training, and mindfulness practices are key to preventing occupational burnout. Organizational interventions, such as adequate staffing and managerial support, were also identified as crucial for creating a healthier work environment. The results emphasize the need for both individual and systemic approaches to enhance nurses' well-being and improve care quality in psychiatric settings. While some solutions can be implemented individually, many of them also require changes by the organization to reduce absenteeism and employee turnover such as training and improved resource allocation. Future research should also be used to examine the degree of burnout in psychiatric nursing and compare it with other fields to examine the effectiveness of the resilience strategies and how technology could also be used to tackle the problem.

Keywords/tags (subjects)

Psychiatric nursing, occupational stress, burnout, workplace violence, resilience, peer support, mental health care.

Miscellaneous (Confidential information)

N/A

Contents

| | | |
|----------|---|-----------|
| 1 | Introduction | 3 |
| 2 | Background | 4 |
| 2.1 | Occupational Stress | 4 |
| 2.2 | Burnout syndrome | 5 |
| 2.3 | Circumstances that trigger burnout..... | 6 |
| 2.4 | Psychiatric Nursing..... | 7 |
| 3 | Aim, purpose and Research question | 8 |
| 4 | Methodology..... | 9 |
| 4.1 | Literature Review | 9 |
| 4.2 | Data Selection process | 11 |
| 4.3 | Critical analysis..... | 14 |
| 4.4 | Data analysis..... | 14 |
| 5 | Results | 16 |
| 5.1 | Workplace stressors..... | 17 |
| 5.2 | Psychological and emotional stressors | 19 |
| 5.3 | Collaboration and peer support..... | 21 |
| 5.4 | Resilience strategies..... | 22 |
| 6 | Discussion | 24 |
| 6.1 | Negative factors | 25 |
| 6.2 | Positive factors..... | 26 |
| 6.3 | Ethical considerations | 27 |
| 6.4 | Validity and Reliability..... | 28 |
| 6.5 | Limitations..... | 29 |
| 7 | Conclusion..... | 29 |
| | References | 31 |
| | Appendices | 36 |
| | Appendix 1. Summary of review articles | 36 |
| | Appendix 2. Critical appraisal of articles..... | 38 |

Figures

| | |
|---|----|
| Figure 1: PRISMA flow chart of data selection process | 13 |
|---|----|

Tables

| | |
|---|----|
| Table 1: PICOS Illustration..... | 10 |
| Table 2: Inclusion and Exclusion Criteria | 11 |
| Table 3: A snip of the data analysis..... | 16 |
| Table 4: Main themes | 17 |

1 Introduction

Stress is part of our lives, and we should aim at learning ways to cope with it. Occupational stress is defined as the enforcement affecting both psychological and physical components beyond your capability leading to pressure or strain. Stress in the workplace has been an issue facing healthcare professionals globally. Psychiatric setting has been identified as one of the most stressful areas in nursing occupation due to the instability in mental health structure and service (Chen et al., 2022). Workload and burn-out are among the factors that cause psychological and physical stress (Ghasemi et al., 2022).

The global rise in mental health disorders increases the demand for psychiatric nurses who are responsible for taking care of these patients. According to World Health Organization (WHO, 2022) in 2019, approximately 1 in 8 individuals, totaling 970 million people globally, were coping with a mental disorder, with anxiety and depressive disorders being the most prevalent. “The impact of the COVID-19 pandemic in 2020 led to a substantial surge in the number of people grappling with anxiety and depressive disorders. Initial estimates indicate a remarkable 26% increase for anxiety disorders and a notable 28% increase for major depressive disorders within just one year. Despite the existence of effective preventive measures and treatment options, many individuals dealing with mental disorders lack access to appropriate care. A mental disorder is defined by a notable disruption “in an individual's cognition, emotional regulation, or behavior, typically causing distress or impairment in vital aspects of life” (WHO, 2022, para. 1). There are various forms of mental disorders, sometimes also referred to as mental health conditions.

Healthcare systems may have not sufficiently addressed the requirements of individuals dealing with mental disorders and are notably lacking resources. There exists a considerable disparity globally between the demand for mental health treatment and its actual availability. Moreover, the quality of delivered care is frequently subpar. To illustrate, just 29% of individuals with psychosis and a mere one-third of those with depression receive formal mental health care (WHO, 2022.)

According to findings published by the Finnish Institute of Occupational Health, female workers were found to be more prone to reporting stress, with 15 percent of women experiencing significant levels of harmful stress compared to 10 percent of male employees. Additionally, according

to a separate study conducted by Statistics Finland in 2021, feelings of fatigue and lack of motivation and vigor grew during the pandemic, compared with 2018 ("Job Burnout", 2023).

This growing burden of mental health disorders puts more stress on psychiatric healthcare leading to occupational stress and burnout among the nurses. According to (Hasan et al., 2018), Psychiatric nurses are twice likely to experience depression than the general population. They experience high levels of stress from dealing with aggressive patients, emotional and physical exhaustion which can affect their wellbeing and job performance.

The aim of this study is to conduct a literature review to explore and analyze psychiatric nurses experience with occupational stress and burnout with the goal of improving the understanding of the factors that contribute to these issues in psychiatric care.

2 Background

2.1 Occupational Stress

Occupational stress is hard to define in certain terms, as it can include a variety of symptoms and response that can vary from person to person. Tamminga et al (2023) states in their article that, occupational stress among health care workers is a result from an imbalance between work demands, skills, and social support in the workplace. They emphasize in their article that an extended exposure to these stressors can overwhelm the workers coping mechanism and lead to a range of stress-related disorders. The symptoms may appear physically such as headaches and muscle tension, mentally like impaired concentration, behaviorally such as interpersonal conflicts and emotionally such as emotional instability. This multi-dimensional impact shows the complex and pervasive nature of occupational stress.

Occupational stress is widely recognized as a health hazard linked to various behavioral, psychological, and medical issues. Agyemang et al. (2023) states that occupational stress often results from workplace inequality, low pay, lack of recognition and promotion, job insecurity, inadequate management support, insufficient resources, and time pressure among others. Jung et al., (2018) also stated that there is a direct correlation between occupational stress and mental health issues like depression, sleep disorders. And, with physical ailments such as cardiovascular and

musculoskeletal diseases. While occupational stress does not necessarily result in burnout, a prolonged and unmanaged stress significantly increase the risk resulting in adverse effect on both personal health and workplace productivity

Effective management of occupational stress requires both individual and organizational approaches. Tamminga et al. (2023) highlighted the value of individual interventions like cognitive-behavioral therapy, relaxation techniques and mindfulness, which help health care workers to build resilience and coping skills. On the other hand, Agyemang et al. (2023) emphasize the importance of organizational level changes, like improved management support, equitable workloads and better resources that are essential to addressing the root causes of the stress. Jung et al. (2018) further supports the need for regular stress monitoring and mental health support to prevent long-term impacts like burnout.

2.2 Burnout syndrome

According to WHO (2019), burnout syndrome is caused by unmanaged chronic stress. It can be identified by feelings of exhaustion, lack of energy, increased mental distance and negative feelings about work and reduced professional efficacy. Ghasemi et al. (2022) find in their study that workload and burnout are among the leading factors that affect psychiatric nurses mostly and cause occupational stress. Chen et al. (2022) in their study further add that violent and aggressive behavior by patients and the unpredictable nature of psychiatric closed wards lead to increase in occupational stress, job dissatisfaction, absenteeism and musculoskeletal disorders.

Psychiatric nursing facilities and wards can be considered as high-stress environments, where nurses are constantly exposed to situations increasing stress. This long-term exposure can cause fatigue and lead to burnout and other symptoms related to such situations. According to Li et al. 2021 (para 3) "Job burnout will directly reduce the service quality of nurses". This further emphasizes the studies that show that nurses not suffering from burnout are less likely to make errors compared to the nurses suffering from burnout. The more severe the burnout is, the less effective nurses become and this in turn increases job dissatisfaction, absenteeism and turnover.

According to Edú-Valsania et al. (2022) burnout can be categorized into three dimensions that are not necessarily entirely independent. These dimensions are emotional exhaustion, distance or

depersonalization and professional inefficacy. Exhaustion manifests as feelings of exhaustion due to the mental strain experienced at work and having difficulties with managing their work environment and tasks. Distance or depersonalization manifests as feelings of disconnection or being uninterested or indifferent towards patients or the work in general. And it can lead to irritability, loss of idealism and inappropriate attitudes and behaviors towards patients. Professional inefficacy manifests as negative professional self-evaluation and doubts about own abilities and performance. It also manifests as decreased productivity and capabilities, decreased morale and coping skills.

Burnout syndrome can have a significant consequence that extend beyond emotional exhaustion, affecting both personal and professional lives of nurses. Physically burnout can lead to chronic fatigue, musculoskeletal disorders and other stress related health issues because of the prolonged strain (Ghasemi et al., 2022). Mentally it can manifest as increased irritability, anxiety and sense of detachment, reducing empathy and leading to depersonalization in interactions with patients (Edú-Valsania et al. 2022). Professionally it can lead to job dissatisfaction, increased likelihood for errors and negative service quality. In mental health nursing, this combination can lead to lowered patient safety, job dissatisfaction, absenteeism, high turnover rates, which lead to staff shortages and workload increase (Chen et al., 2022).

2.3 Circumstances that trigger burnout

According to studies by Edú-Valsania et al. (2022), the factors that can lead to burnout can be categorized into two: Organizational factors and individual factors. Organizational factors in general include both the nature of tasks, the organization, and relationships with colleagues, supervisors, or clients. These can be burnout triggers or risk factors. They can include work overload, emotional labor, lack of autonomy and influence at work, ambiguity and role conflict, inadequate supervision and perception of injustice, lack of perceived social support either from supervisors or fellow coworkers and poor working hours. In professions that require high emotional labor and where employees must frequently suppress or manage their own emotions to meet organizational requirements – there is an increased risk for burnout. This emotional regulation often leads to internal conflicts and creates a pathway to emotional exhaustion and ultimately to burnout (Edú-Valsania et al., 2022).

When it comes to individual factors, personality traits, sociodemographic variables, and coping strategies have been known to be the factors that trigger burnout. Personality affects how people see their work surroundings and, as a result, how they handle and deal with work pressures and support. Additional personal traits that impact burnout development include having an external locus of control, exhibiting Type A behavior patterns, and holding high expectations. Locus of control is about how much “people believe they control events and their lives (internal locus of control)” versus how much they think events happen due to external factors like chance or others' decisions (external locus of control) (Edú-Valsania et al., 2022, para. 3).

“Type A behavior is marked by aggressiveness, competitiveness, impatience, impulsiveness and is also seen as a risk factor for health issues. Type A behavior is linked to emotional exhaustion and depersonalization in burnout.” Employees expectations about their work is also related to the level of burnout. Higher expectations and goal-setting result in increased effort, leading to greater emotional exhaustion and depersonalization (Edú-Valsania et al., 2022). Sociodemographic factors like age, gender and marital status can further influence burnout vulnerability. For example, younger employees and single individuals may experience less support and fewer coping resources, increasing their susceptibility to burnout (Chen et al., 2022).

2.4 Psychiatric Nursing

Psychiatric ward nurses provide care to patients admitted to the ward because of mental health or substance abuse disorders. These patients can be abusive or violent and are more demanding. The challenging and unpredictable working environment and the instability of these patients can cause stress to the psychiatric ward staff. It has been documented that 30% of nurses have depressive symptoms, compared to only 4% in the general population. For nurses in psychiatric wards, the prevalence rates range from 52.7–74.9%. These high rates reflect the toll of working in an environment that requires managing both the mental health needs and sometimes aggressive behaviors of patients, making psychiatric nurses uniquely vulnerable to emotional strain and mental health challenges (Hsieh et al., 2021).

Nursing, especially in psychiatric care, can be challenging and brings about work-related stress, anxiety, and depression. The high prevalence of stress, anxiety, depression, and burnout among nurses reflects the demanding nature of the nursing profession. This could also affect their family,

professional and personal life. So, making sure that the mental health and wellbeing of nurses is crucial for providing high-quality care and enhancing productivity (Agyemang et al., 2022).

With high prevalence and heavy disease burden, psychiatric disorders are among the major healthcare challenges. Patients with psychiatric disorders are at a higher mortality risk due to various factors including treatment refusal, coexisting physical ailments, biases from healthcare providers and cognitive impairments. These patients need various medications and are at the risk of side effects, have unhealthy lifestyles such as being overweight or obese and tobacco use, thus the need for high-quality healthcare services. Quality healthcare relies on skilled and dedicated healthcare providers, like nurses, who play a crucial role in psychiatric hospitals. Nurses, being the largest healthcare group in such settings, aim to provide quality care to patients, aiding in their recovery and eventual return to normal life (Rahmani et al., 2021). They argued that a study found over half of the nurses working in psychiatric settings experience significant stress and emotional burnout and that students are not willing to work in psychiatric settings because of various stressors, negative societal perceptions towards these environments and emotional burnout.

3 Aim, purpose and Research question

The aim of this study is to describe psychiatric nurses' experience with occupational stress and burnout. The purpose of the study is to provide information that can be used to advance nursing education and aid the healthcare institutions and lawmakers in the improvement of the healthcare workers' wellbeing.

The research question is: What factors affect the nurses experience of occupational stress and burnout in their work at psychiatric healthcare facilities?

4 Methodology

4.1 Literature Review

A literature review was used, and findings were derived from numerous chosen articles. It was used to find more information on psychiatric nurses' experience with occupational stress and burnout at work. According to Snyder (2019), reviewing past literature is crucial in all research fields and projects. When authors write articles, they start by discussing previous research to understand the field better, explain the study's goals, and support their research questions and hypotheses.

Paré & Kitsiou (2017), explain that there are six steps involved in literature review.

- i. Formulating the research questions and objectives.
- ii. Searching the existent literature.
- iii. Screening for inclusion.
- iv. Assessing the quality of primary studies,
- v. Extracting data
- vi. Analyzing data

First the author formulated the research question and explained why the review is necessary. The next step was doing a structured data search on already existing literature using databases such as Medline and CINAHL, focusing on literature related to nurses' experiences of burnout and occupational stress in psychiatric healthcare settings. After finding the articles, the author assessed the relevance of the data to be included in the literature. Assessing and extracting of data is done focusing on articles that answer the research question.

The database used for this research were CINAHL Ultimate and Medline. These databases are known as reliable sources for Nursing research. PICOS (Population, Interest/Intervention, Context, and Study) framework was used as a guide to answer the research question “What factors affect the nurses experience of occupational stress and burnout in their work at psychiatric healthcare facilities?” (table 1). Articles identified included disciplines like nurses, nursing students, and healthcare assistants. The search included Keywords such as nurs*, experiences, perceptions, attitudes, views, feelings, qualitative, perspective, opinion, burnout, occupational stress, psychiatric ward, psychiatric hospital. The descriptors were connected with Boolean operators “OR” and “AND” as follows “nurs*” AND “psychiatric ward” OR “psychiatric hospital” OR “psychiatric unit” OR “psychiatric care” OR “mental health ward” AND “experiences” OR “perceptions” OR “attitudes” OR “views” OR “feelings” OR “qualitative” OR “perspective” OR “opinion” AND “burnout” OR “burn-out” OR “burn out” OR “stress” OR “occupational stress” OR “compassionate fatigue” OR “exhaustion” OR “emotional exhaustion”.

Table 1: PICOS Illustration

| | |
|-----------------------|--|
| Population | Nurses, nursing students, health care assistants |
| Interest | Experience of occupational stress and burnout |
| Context | Healthcare facilities providing psychiatric nursing care |
| Study characteristics | Peer reviewed, full text, English language, free access for Jamk students, published between 2013-2024 |

Articles were chosen based on the inclusion and exclusion criteria. The inclusion criteria defined for selection included primary articles, articles in English language, articles with abstract, articles from the year 2013-2024, articles that have full text available for JAMK students, articles relevant to the study and were peer-reviewed articles as shown in table 2. In the exclusion criteria, articles irrelevant to the research question, articles published earlier than 2013, articles that were not

peer reviewed, articles repeated in other databases and articles written in a language that is not English were excluded.

Table 2: Inclusion and Exclusion Criteria

| Inclusion Criteria | Exclusion Criteria |
|--|--|
| <ul style="list-style-type: none"> • Articles that focus on nurses', nursing students and healthcare assistants' experiences providing psychiatric nursing care • Articles in English • Articles with an abstract • Full text articles • Articles from the year 2013 to 2024 • Articles that are free to JAMK students | <ul style="list-style-type: none"> • Articles focusing on other populations • Articles published in other languages other than English • Articles that did not answer the research question • Articles repeated in other databases |

4.2 Data Selection process

Keeping the main purpose of the article in mind, the author used trusted databases to look for articles with few different key words. The data search was done in CINAHL Ultimate and MEDLINE. The total number of articles identified were 321 with 253 from MEDLINE and 68 from CINAHL. The screening process began with removing 26 duplicate articles that appeared in both databases resulting to 295 remaining. A review of article titles was then done, narrowing them down to 62 articles. These articles were then further screened by reading the abstracts, resulting in 28 articles being removed and 34 remaining.

The data results were first narrowed down to 34 articles based on titles and abstracts. These 34 articles were given more thorough examination, and they were also reduced to 10 articles that gave the most comprehensive answer to my research question. The 24 articles were excluded because: focused was on students or other difficult aspects of nursing besides stress or burnout, geographically limited to specific areas or focused on validating a scale instead of nurses' experiences.

The ten (10) articles initially chosen, all had their own merits, and they focused specifically on the research question, providing insight and answer to the question I am seeking answer to. Reading

through the 10 articles, two more were removed due to including duplicate and limited information compared to other articles chosen for my thesis. So, the result was 8 articles, as illustrated in the PRISMA flow chart (figure 1). They provide best insight into the nurses' experiences with occupational stress and burnout at psychiatric healthcare facilities. In addition, also giving insights into how to manage, overcome and prevent stress and burnout both on personal, social and management level.

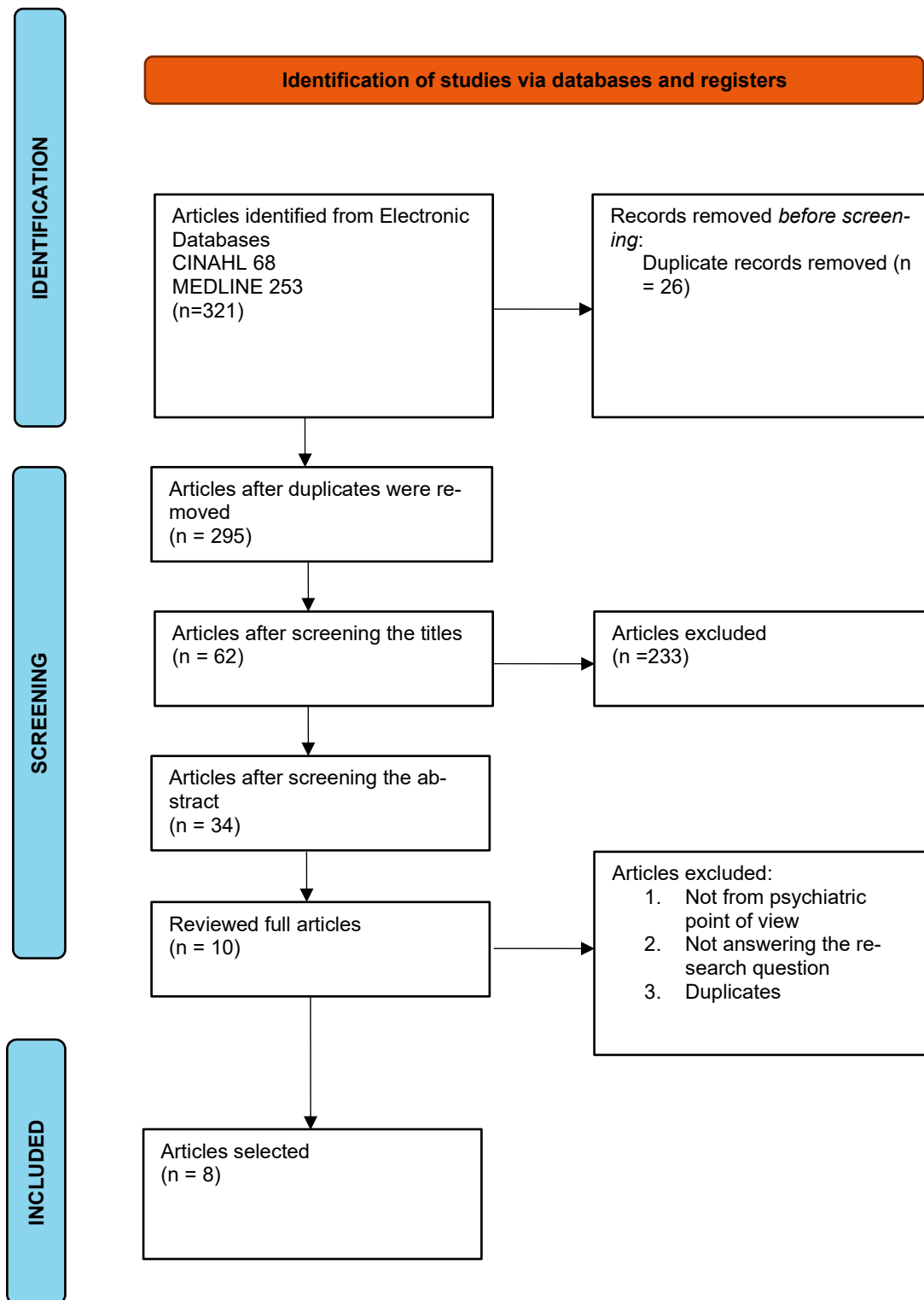


Figure 1: PRISMA flow chart of data selection process

4.3 Critical analysis

The author followed Hawker et al., (2002) framework for critical appraisal. It involved three stages to assess the quality of the 8 articles chosen for the study. The stages of the critical appraisal included: assessment of relevance, data extraction and scoring for methodological rigor. In the first phase, articles were selected from the databases based on their relevance to the research question, the specific context (such as the psychiatric healthcare setting), the professionals involved (nurses), the source of data, and the type of study. During the second phase, data extraction, an assessment form was used to capture all relevant details from the articles, with a focus on how each one addressed the research question. The appraisal tool was used to evaluate main areas of each article which were: Abstract and title, introduction and aims, method and data, sampling, data analysis, ethics and bias, results, transferability or generalizability and implications and usefulness of the study. In the third phase the researcher created a table to analyze the results Good=4 Fair=3 Poor=2 Very poor=1 Lower scores =poor quality (Hawker et al.,2002).

After the critical appraisal, all the eight selected articles were included in the study. The lowest article score was 30 points. The highest quality article scored 34 points. The mean, average appraisal score for the eight selected articles was 31.75 points. For a breakdown of the quality scores for the selected articles, see Appendix 1. For the selected articles' detailed ratings, using the Hawker scoring method, see Appendix 2.

4.4 Data analysis

In this study, I used content analysis to systematically analyze the qualitative data from eight articles on occupational stress and coping mechanism among psychiatric nurses. The articles were chosen to a range of international perspectives by having articles from different parts of the world. Two of the studies were published in the United States, rest were published in Belgium, Egypt, Canada, South Africa, Jordan and in China. This diversity allows for a broader inspection and understanding of occupational stress in psychiatric nursing and helps understand that it's a global issue regardless of culture, nationality or ethnicity. This diversity supports the relevance of the findings to a wider audience.

I approached the analysis in a conventional method by reading the articles and from that, identifying and categorizing patterns within the data. The inductive method lets themes come up easily from the data, instead of the researcher forcing the data into a category that they already want it to be in. This method aligns with the description by Elo and Kyngäs (2008) and Erlingsson & Brysiewicz (2017), who both recommend an inductive approach when knowledge is limited and allowing data-driven themes to emerge with coding and categorization. Both articles also introduce the three main steps of inductive data analysis: data familiarization, coding and categorization and theme development (Elo & Kyngäs, 2008; Erlingsson & Brysiewicz, 2017).

Data familiarization is reading and immersing into the data by reading each article several times to understand them and their main concepts and taking notes on relevant points. This is an iterative process where the first step is to make a first impression and then look for patterns and make more specific codes (Elo & Kyngäs, 2008; Erlingsson & Brysiewicz, 2017). I read the articles carefully through first without doing any notes. Then on next readthrough I made highlights on points that I felt like were important for my research question. I read each articles atleast 2-3 times, each time finding new themes relevant to my research question.

After familiarizing myself with the data, I proceeded to the next step: coding and categorization. Where I read the articles through once more and from all the highlighted parts wrote simplified entries down. After writing them I started categorizing the entries by identifying key concepts and by color coding themes fitting same categories and grouped them together (Table 3). Coding in the qualitative content analysis involved simplifying data to capture the essential ideas and allowing the research to organize complex information into meaningful categories. Coding is a process of abstracting the data and forming groups for data with similar meanings. Categorization helps in moving from raw data to structured insights and allowing themes to naturally emerge (Elo & Kyngäs, 2008; Erlingsson & Brysiewicz, 2017).

Table 3: A snip of the data analysis

| Simplified Raw entries | Subcategory | Main theme |
|---|--------------------|---------------------|
| <p>Workplace violence directly increases occupational stress for psychiatric nurses.</p> <p>Stress from violence is compounded by a lack of organizational support.</p> | Workplace Violence | Workplace stressors |

Finally, I proceeded to the last phase: theme development. Following the initial coding and grouping, I combined similar codes together to find an overall theme that would address my research question. In qualitative analysis, theme development is the process of interpreting patterns within the categorized data and capturing the essence of the findings. This requires distilling the coded data into broader abstract themes and move beyond the surface-level analysis to find the underlying meanings within the data (Elo & Kyngäs, 2008; Erlingsson & Brysiewicz, 2017).

5 Results

The analysis of the selected articles and applying content analysis on them, four main themes were discovered (Table 4). These main themes were workplace stressors, psychological and emotional stressors, collaboration and peer support, and resilience strategies. They can also be further divided into 2 groups, the positive and the negative.

The positive ones can be seen as things that decrease, help or treat stress, burnout or other negative effects of the burdens for nurses. It includes things like social support and effective communication among healthcare teams in mitigating stress and preventing burnout. It also includes various interventions and coping strategies that can help nurses manage stress including mindfulness, professional training and structured support programs.

The negative ones are the things that increase, add or cause stress and burnout in nurses, it include things like the work environment, including exposure to violence, staffing issues, and management support affects stress and burnout among psychiatric nurse and also focusing on the psychological impacts of nursing in psychiatric settings.

Table 4: Main themes

| Main category | Subcategories |
|---------------------------------------|---|
| Workplace stressors | Workplace Violence, Workload, Inadequate support systems |
| Psychological and emotional stressors | Emotional strain, Trauma and PTSD, Ineffective coping mechanism |
| Collaboration and peer support | Peer support, Communication and collaboration |
| Resilience strategies | Stress management techniques, Training and education, Structured support programs |

5.1 Workplace stressors

Nurses working in psychiatric health care face unique challenges in an unpredictable and high stress work environment that contribute to high levels of stress and make them prone to burnout. The taxing nature of the work and work environment combined with consistent reports of workplace violence, heavy workloads and inadequate management support systems are major stressors that impact nurses' mental health and job satisfaction negatively (Hilton et al., 2021; Yao et al. 2021). Especially combination of frequent exposures to violent behavior, low patient-nurse ratio and lagging organizational resources create an environment that leads to high risk of burnout (Van Bogaert et al., 2013; Hasan et al., 2018; Atkinson et al. 2017). This kind of work environment can lead to emotional and physical exhaustion, increased workforce turnover rates and reduced job

satisfaction. To combat these, sufficient protective measures and supportive structures should be implemented at the workplaces.

Workplace violence and safety Workplace violence and lack of safety is seen as one of the major stressors for nurses working in psychiatric healthcare. They work closely with patients suffering from various mental disorders that can present as violent and aggressive behaviour. Frequent exposure to violence, constant fear and the need to stay alert at all time are leading factors in psychological stress, decline in job satisfaction and absenteeism and high turnover rates in workforce (Hilton et al., 2021; Yao et al., 2021; Atkinson et al., 2017). Creating a safer work environment through security measures and violence prevention can help mitigate these stressors (Yao et al., 2021).

Workload and inadequate staffing level, and increased workloads are another major factor in occupational stress and mental exhaustion for nurses in psychiatric health care. Frequently having to work in environments with high patient-nurse ratios (high number of patients compared to nurses in shift) increases the demand of care from a single nurse and reduces the amount of care nurses can provide for individual patients. The imbalance of staffing leads to overload of work and decreases the level of care. Staff shortages, overload of work and inability to provide effective and adequate care leads to increased emotional and physical stress and exhaustion, decreased job satisfaction, higher turnover rates and burnout (Van Bogaert et al., 2013; Atkinson et al., 2017; Hasan et al., 2018). Addressing staffing shortages and ensuring manageable workloads are important steps in reducing stress factors and burnouts for nurses. These also improve the overall work environment and level of care in psychiatric healthcare.

In their article about psychiatric nurses caring for patients with comorbid disorders, specifically HIV and schizophrenia, Hobyane et al. (2022) found that nurses working in with patients suffering from comorbid conditions report even greater levels of stress due the increased demand of care. The lack of staffing and resources to manage patients with complex comorbid conditions lead to increased emotional strain and burnouts.

Inadequate support systems and lack of organizational level support, especially on unit-level management, plays a crucial role in moderating work environments impact on psychiatric nurses'

welfare and job satisfaction. Nurses frequently report lack of management and failures to address critical issues on staffing and workload. The inadequate support system, lack of managerial recognition, poor communication and failure to address concerns from work force led to increased stress and job dissatisfaction in psychiatric healthcare (Van Bogaert et al., 2013; Atkinson et al. 2017). Hobyane et al., (2022) also added the lack of adequate training for complex and comorbid conditions being a cause of increased stress and job dissatisfaction in addition to the factors mentioned above. Establishing a good management support and providing resources and proper training for the staff are essential in creating a better and more supportive work environment that supports nurses' mental health and welfare.

5.2 Psychological and emotional stressors

Workplace violence, demanding nature of care and the emotional weight of managing patients with complex psychiatric conditions often lead to emotional and physical exhaustion. In addition to impacting nurses' professional performance and level of care provided they also impact their personal lives. Increased stress contributes to burnout, anxiety and even depression (Yao et al., 2021, Hilton et al., 2021). Understanding the psychological and emotional factors at play is crucial in implementing correct interventions and support systems to alleviate occupational stress and prevent burnout.

Emotional strain and burnout are significant risks for psychiatric nurses. The intensity and unpredictability of the work environment in psychiatric settings are often demanding on nurses' mental health. Extended exposure to violent or otherwise challenging behaviour of patients and witnessing their suffering on regular bases exact an emotional strain on the nurses. These lead to increased stress levels and even in burnout that is characterized by emotional exhaustion, depersonalization and reduced personal accomplishments. Emotional exhaustion is one of the major predictors of burnout (Hilton et al., 2021; Atkinson et al., 2017; Van Bogaert et al., 2013). Hasan et al. (2018) also emphasized in their article that chronic stress can often lead to physical symptoms like fatigue which in turn can lead to emotional disengagement from work

The emotional strain experienced by nurses also has effects in their personal lives. Feelings of anxiety and depression are not uncommon, and they are not limited to only professional lives but affect all aspects of nurses' lives. This highlights the importance of organizational level interventions

and management focusing on stress management and emotional regulation to improve mental health and welfare of health care nurses (Van Bogaert et al., 2013). Hobyane et al. (2022) in their article agrees with the statements mentioned above but their article highlights the fact that dealing with patients suffering from comorbid diseases intensifies the stressors.

Trauma and PTSD (Post-traumatic stress disorder) are significant risk for psychiatric nurses, who frequently encounter high-stress situations, making them particularly vulnerable to them. Studies show that workplace violence, both verbal and physical assaults from patients are the primary sources of trauma for nurses. Hilton et al. (2021) highlight in their study, that majority of psychiatric nurses experience some form of critical incident during their work life, many even facing life threatening situations that heighten the risk of PTSD symptoms. Symptoms like hypervigilance, avoidance and intrusive memories. Yao et al. (2021) also further emphasize this by showing in their study how aggressive behavior of patients lead to immediate and cumulative psychological strain for nurses.

Beyond isolated incidents, the chronic nature of stress in psychiatric nursing contributes to PTSD symptoms. Daily encounters with distressed patients and complex mental health crisis keep nurses in heightened state of stress, reinforcing symptoms associated with trauma over time (Hilton et al., 2021).

Use of ineffective coping mechanisms is a significant factor that adds to occupational stress and contributes to mental health challenges for psychiatric nurses. Hasan et al. (2018) in their study highlights that nurses who rely on avoidance-based coping strategies like emotional detachment or denial are more likely to experience psychological distress. These methods can initially appear to reduce stress but often lead to negative effects on long-term.

In high-stress environments like psychiatric nursing, avoidance and detachment-based defense mechanism to manage overwhelming emotional demands reduces the effectiveness of stress management but also impacts negatively patient care as emotionally detached nurses may struggle to engage emphatically with patients (Hilton et al. 2021). Also study by Yao et al. (2021) supports this by indicating that coping strategies that do not actively address the source of the stress

can worsen occupation strain and lead to emotional exhaustion and increase likelihood of burn-out.

5.3 Collaboration and peer support

Open communication, collaboration and peer support offer important ways for nurses to share their emotional strain, share the responsibility of patient care and foster a supportive work culture. Studies have also shown that work environments with peer support systems and team cohesion play a significant role in moderating stress levels, lowering occupational stress and improving both patient care and nurses job satisfaction (Shahrour et al., 2022; Yao et al., 2021).

In this chapter the author covers peer support, team dynamics and communications and collaboration as vital strategies in reducing stress and increasing resilience among psychiatric nurses.

Peer support is crucial aspect of psychiatric nursing. Regular interactions with peers provide opportunities for emotional release, guidance and shared responsibility of difficult patient behaviours. A strong peer support is critical in alleviating stress and preventing burnouts. The shared emotional burden is reduced when psychiatric nurses can rely on each other for advice and support and creating a supportive team dynamic (Shahrour et al. 2022). In addition, Hobyane et al. (2022) discussed the importance of team collaboration in complex and comorbid conditions. These conditions often require a team collaboration and especially in cases where patients suffer from both physical and mental challenges, team collaboration becomes even more crucial. Without a strong support system, nurses may feel overwhelmed by the additional demands and complexities of the care.

Wampole & Bressi (2020) in their study found that peer support programs and supervision groups reinforce the sense of community and allowing nurses to regularly share their experiences and develop strategies for coping with the challenges of a demanding work environment. These were not only seen as ways to reduce stress but also increased job satisfaction and resilience.

Communication and collaboration are vital parts of managing stress and emotional exhaustion in psychiatric setting. In high-stress environments, where complex and difficult patients require constant care and supervision, collaborative efforts between both nurses and multidisciplinary teams

are crucial. Stressful situations like dealing with violent behaviour or treating comorbid patients team collaboration is emphasized as patients may require treatment multiple health care disciplines (Hobyane et al. 2022; Yao et al. 2021).

Training, collaboration and transparent communication channels improve greatly patient outcomes and provide nurses with the feeling of more support in their respective roles. These factors are found to lower occupational stress and reduces emotional stress on psychiatric nurses (Hobyane et al. 2022; Yao et al. 2021).

5.4 Resilience strategies

The strategies identified in the literature review were mindfulness practices, training and education and structured support systems.

Mindfulness and stress management practices have gained popularity as effective tools for supporting mental health. Hilton et al., (2019), states that mindfulness is a popular practice that is often associated with ancient Eastern traditions. It focuses on practices to improve individuals' ability to focus attention to the present moment and cultivate awareness of thoughts and feelings without judgment. It includes techniques like meditation and breathing exercise and grounding practices to help in stress management and to promote emotional regulation. Wampole & Bressi (2020) in their pilot study showed that mindfulness practices improved psychiatric nurses with their emotional regulation and the ability to handle high-stress situations better. Practicing these methods also helped in managing emotional stress, reduce burnout and promote psychological welfare.

Empathy and emotional regulation are a crucial part of psychiatric care. Ability to understand and share feelings help nurses build stronger relationships with patients and help alleviate their distress. Empathy can also - when not properly managed - increase emotional exhaustion in nurses when they come overly involved in patients' emotional states. To provide quality care without compromising their own welfare it is important to have proper support systems implemented at the workplace. Supportive teams with effective means of communication to share challenges and receive feedback are crucial to manage emotional exhaustion, improve collaboration and improve patient care. (Yao et al., 2021)

In an article by Atkinson et al. (2017) authors emphasized the importance of emotional regulation strategies to help fight the effects of emotional exhaustion and empathy in psychiatric nurses. Methods like mindfulness or self-compassion have been shown to help mitigate the negative effects of empathy and improving nurses' ability to withstand the emotional demands of their work.

Training and education are important resilience strategies. They improve the confidence nurses feel in their professional skills and in their ability to handle their job and responsibilities well. The importance of this is highlighted in psychiatric nursing where nurses often work with patients suffering from complex diseases and can often be highly unpredictable. The lack of proper and continuous training has been identified as a major stressor contributing to occupational stress, burn-out and job dissatisfaction (Hobyane et al., 2022). In addition, ongoing professional education is crucial in fostering confidence in nurses in their own professional skills, which in turn reduces stress levels and contribute to greater sense job satisfaction and professional fulfilment (Hasan et al. 2018).

In their article Hobyane et al. (2022) emphasized also the importance of additional training for both psychiatric and general hospital nurses to increase knowledge and care for patients with comorbid conditions. Lack of proper training was identified as a significant stressor which hinders nurses' ability to adapt and cope with the demands of complex cases requiring both psychiatric and somatic health care.

Structured support programs like peer support groups and clinical supervision improve and build psychiatric nurses' resilience as well. They play a crucial role in providing emotional and professional reinforcement. Structured support systems offer opportunities to share experiences, seek guidance and develop coping strategies in safe and supportive environments with colleagues. Integrating such programs into a workplace can create a collaborative culture that strengthens the resilience of nurses and help in reducing emotional exhaustion and occupational stress (Shahrour et al., 2022). Yao et al. (2021) also emphasized the importance of open and effective communications within.

6 Discussion

This study explored the psychiatric nurses' experiences with occupational stress and burnout by analyzing eight different articles through a structured literature review. The author used qualitative content analysis method in which larger abstract themes were identified from within the analyzed articles. The author identified both negative factors – things that affect nurses negatively and cause stress. Several positive factors were also identified which reduce or prevent occupational stress and burnout.

The qualitative content analysis used is particularly suited for qualitative studies with a small sample set. And in line with the method, the author did not impose pre-existing theories on the data, but allowed the key categories and subcategories rise from the data itself and from the experiences of nurses. (Vears & Gillam, 2022).

Using the inductive content analysis allowed the natural discovery of challenges nurses face in their job without setting pre-existing theories or premises on the study. It also allowed the resilience strategies and supportive methods to emerge as well. By closely examining the results and categorizing them for commonalities we were able to generalize the results into abstract themes suggested by Vears and Gillem (2022).

The results emphasize the need for both individual and organizational level interventions to address the stress nurses face. On an individual level, emotional regulation and mindfulness practices emerged as key strategies. Nurses who used these techniques were better equipped to manage empathy-related exhaustion and to avoid burnout (Wampole & Bressi, 2020; Atkinson et al., 2017). On an organization level, the provision of adequate staffing, structured training programs, and better managerial support were identified as essential measures for improving working conditions and reducing turnover rates in workplaces (Van Bogaert et al., 2013; Shahrour & Taha, 2022; Hobyane et al. 2022).

The results of this study are consistent with other research that acknowledged the significant emotional toll of psychiatric nursing and emphasized the significance of workplace reforms and resilience-building techniques (Hilton et al., 2021; Hasan et al., 2018). The findings are further highlighted by the fact that it is consistent with the results of personal conversations with

psychiatric nurses regarding their experiences with stress at work. Additionally, it provides certain answers to our study question regarding factors affect the nurses experience of occupational stress and burnout in their workplaces, along with strategies for preventing such stress (Yao et al., 2021; Hilton et al., 2021).

6.1 Negative factors

The negative factors identified in the thesis had several recurring themes that closely align with the background literature, further adding validating my findings. The psychological and emotional strain of working in a psychiatric setting is well established by many studies, also those articles highlighted in the background. The studies reinforce the findings of high demands set on psychiatric nurses, and its impact on their welfare and mental health. Factors like workplace violence and high workloads were mentioned several times being factors for stress and burnout both in my findings and also in the background research. For example, Tamminga et al (2023) emphasize how occupational stress arises from imbalance between demands and resources. The unpredictability of patients' behavior and complexity of care combined with the lack of staffing and managerial support were seen also as high causes for stress and exhaustion. These findings are also pointed out in global studies (Hilton et al., 2021; Yao et al., 2021) which also point to a systemic issue within psychiatric care environments.

In addition, the background section discussed the implications of burnout, emotional exhaustion, depersonalization and diminished professional efficacy as noted by WHO (2019) and Ghasemi et al. (2022). These findings align with the findings in my literature review, that show how trauma and PTSD risk is heightened by frequent exposure to violence and verbal abuse, and can lead to hypervigilance, avoidance and intrusive thoughts. The chronic, high-stakes environment of psychiatric care intensifies this leading to cumulative psychological impacts and increased burnout risk. Hilton et al., 2021; Hasan et al., 2018; Yao et al., 2021; Van Bogaert et al., 2013; Atkinson et al., 2017). These findings seem to align very well with the background research further emphasising the importance of the issue.

Many nurses in psychiatric environments rely on avoidance-based coping mechanism, such as emotional detachment. While they do provide temporary relief, on the long-term they lead to increased anxiety and depression overtime (Hasan et al. 2018). Similar findings were found in the

background research where Edú-Valsania et al. (2022) made similar findings about avoidance-based coping mechanism in their study.

Several other studies could be found supporting these findings. Like Maslach & Leiter (2016), who in their study extensively go through similar concepts found in our research. In addition, Yörük & Güler (2021) did a study on emotional exhaustion and increased stress on midwives and nurses, which further supported our findings and also expanded, that while we focus on psychiatric nurses this is not only an issue for psychiatric nurses but also in other nursing settings.

I could not find any articles, books or research that would have given opposing or contradictory views to my findings.

6.2 Positive factors

The studies also identified positive factors that help to reduce and prevent occupational stress, burnout and mental exhaustion. Factors like peer support, resilience training and mindfulness practices align very much with the background research. The background section explained the importance of individual level methods like mindfulness and cognitive-behavioral therapy (Tamminga et al., 2023), which directly aligns with my findings by Wampole and Bressi (2020) and Shahrour et al. (2022). In addition, both background (Edú-Valsania et al. 2022) and my findings (Jung et al. 2018) directly align and highlight the importance of resilience as a buffer against burnout and further supporting resilience strategies, training programs and other individual interventions crucial for maintaining mental well-being.

Psychological resilience is a term that refers to an individual's ability to adapt and to recover from difficult experiences. It is important in psychiatric nursing where burnout and emotional exhaustion is common. In their studies both Shahrour et al. (2022) and Wampole & Bressi (2020) found that social support and resilience-building interventions might help nurses to cope and reduce stress and emotional strain while they do not remove the effects of stress.

Nurses equipped with organizational resources and peer support systems, and nurses with effective coping strategies have lower levels of burnout and higher levels of job satisfaction. Effective methods of managing emotional exhaustion and improving emotional regulation builds

psychological resilience and helps in managing high demands of a nurse's work and its effects to both mental and physical welfare. (Sahrour et al. 2022; Wampole & Bressi 2020)

In addition, in the background research I found that workplace interventions are important in addressing the sources of occupational stress, like addressing managerial support, equal workloads and effective resource allocation (Agyemang et al. 2023). These align with my findings where Shahrour et al. (2022) and Yao et al. (2021) highlighted the importance of collaborative environments and importance of fostering a culture of shared responsibility and peer support.

It is important to note that the results only included findings focusing on methods and strategies targeted within the workplace. And did not discuss work-life balance or any non-work-related hobbies which are also crucial in maintaining a good physical and emotional health, building resilience and fighting against occupational stress and burnout. The background literature did mention these, for example Tamminga et al. (2023) emphasized the importance of non-work-related factors and work-life balance and personal hobbies. This suggests that it would be worth to further explore these in future studies.

6.3 Ethical considerations

Ethical principles are the core guiding method when conducting academic studies, considering factors from possible participant anonymity to plagiarism and beyond. Ethically good study requires the authors to consider all aspects of the study from the very beginning and not just as an afterthought (Creswell & Creswell, 2018). As the literature review did not have interviews or any live participants, anonymity is not a consideration but rather the openness of the data gathering and analysis. Which also Elo and Kyngäs (2008) mention in their article, emphasizing the importance of clear, systemic documentation to ensure rigor and replicability in research.

To maintain high ethical standard, the selection and analysis process in my study is transparently documented with charts and explained in detail. Proper citations and references are used to ensure intellectual honesty and prevent plagiarism. This study was also conducted in accordance with JAMK ethical principles (Regulations and Principles, 2024)

In addition, the articles reviewed in the study were from published journals and followed proper ethical guidelines themselves. Also, the selected articles were critically appraised with the Hawker scoring method, reducing the author bias by using a systemic approach. In addition, all the selected articles scored between 30-33 out of 36. (Hawker et al. 2002).

6.4 Validity and Reliability

In academic research it is always necessary to evaluate how valid and consistent the results are. In broader context validity means that accuracy of results. In qualitative study the validity is always a bit hard to define as some bias is present in the selection and analysis process. A better question perhaps in qualitative studies is how appropriate the selected methods are – in addition to the validity of the results. Is the choice of methodology appropriate? Is the content analysis method appropriate? And finally, are the results and conclusions valid? (Leung, 2015)

In this literature review the author tried to minimize the potential biases by using structured methods for both data selection, data analysis and in content analysis. In the selection only reliable sources CINAHL Ultimate and MEDLINE were used, and the selection process is explained using a PRISMA flow (Figure 1). The final chosen articles were analyzed using Hawkers scoring method (Hawker et al.,2002). Finally, the data analysis was performed using qualitative content analysis, which can be hard to keep unbiased. The author reads, analysis and makes choices of which parts are relevant and how they interpreted. According to Berger (2015) it is important for research to reflect on their possible biases when doing their research. In this study the focus was on finding an answer to the research question, there was no prior expectations to what the answer should or would be.

According to Leung (2015), audit trails, triangulation, and transparency are the three primary components that guarantee credibility in qualitative research. Transparency is the ability to properly document the research steps and all the decisions that went into the final conclusions. In this study, transparency is demonstrated by clearly outlining the research process and adding tables that explain data collection, coding choices, and the analysis steps. Triangulation, which involves using multiple data sources or methods to confirm findings. The study also acts as its own audit trail, with detailed descriptions of how articles were selected, an analysis using the Hawker scoring method, and a detailed table to illustrate the analysis process.

6.5 Limitations

Qualitative studies will inevitably have some limitations due to the nature of the method, where experiences and thoughts are described and studied. Quantitative methods using mathematical and statistical methods are easier to analyse unbiasedly. In qualitative studies however addressing limitations will increase the validity and reliability of the study. (Noble & Smith, 2015)

For this thesis, the researcher identified the following limitations. Only used 2 databases to search studies and no triangulation was used. These limitations could be overcome in a larger thesis or with a study made by several researchers. But for a bachelor's thesis scope using more than 2 databases and doing more than one method of analysis is not reasonable. As a limiting factor the sample size of $n = 8$ can be seen as a limitation. A larger sample size would provide a more comprehensive review of the subject but again, for this level of thesis this sample size was seen adequate.

Also, a limiting factor was that the study was conducted by a single author with no prior experience with literature review or the subject. Thus, mistakes or possible inconsistencies in results could happen due to researchers' inexperience. This however could potentially be seen on a positive note as well as the researcher does not have any prior knowledge of the subject and therefore no pre-existing assumptions for the results.

7 Conclusion

Psychiatric nurses work in a highly stressful and emotionally challenging environment. The literature review identified many key factors causing occupational and emotional stress and burnout in psychiatric nurses. These factors are patient-related issues like challenging or violent behavior or complex diseases that cause nurses to experience inadequate in their professional abilities or having to deal with highly unpredictable and psychologically stressful situations. The other main category identified were organizational issues, these included inadequate staffing and resources and lack of support from managerial level.

As a positive note, this study also found strategies for nurses to prevent and reduce the stress factors. Besides addressing the organizational level issues the studies methods like peer support, resilience training and structured programs were found to help.

The study also provided a unique perspective in understanding of the challenges faced by psychiatric nurses and empathy-related fatigue, which is often intensified by high patient loads and unpredictability of the work environment.

The study found many practical methods that if used in psychiatric health care facilities would help nurses to improve their quality of life, job satisfaction and overall mental health. The changes can be implemented by nurses in their everyday work life but many of the problems would require an organizational and managerial level changes and training for managers. Training managers to recognize the emotional stress of nurses and providing adequate resources would also reduce absenteeism, sick days and high workforce turnover rates.

Further studies in the subject would be highly beneficial. For a clearer and more comprehensive study would be to gauge the scope of how large issue occupational stress and burnout is in psychiatric nurses. And it would be also interesting to compare results between psychiatric and other nurses, are the findings of this study specific for only the mental health sector or for nursing in general.

Also, long term studies in resilience strategies would be interesting to do, to see how effective these are. And a study to identify evidence-based best practices for mental health facilities to implement proper policies to improve nurses' well-being. Finally, with the modern-day advances with technology it would be interesting to study how new technologies could help nurses to deal with occupational stress and burnout.

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Appendices

Appendix 1. Summary of review articles

| Authors and Title | Purpose and Aims of the Study | Research Methods data collection and analysis | Sample (n) | Key finding and results | Country of study |
|---|---|---|--|--|------------------|
| Atkinson, D. M., Rodman, J. L., Thuras, P. D., Shiroma, P. R., & Lim, K. O. (2017). Examining Burnout, Depression, and Self-Compassion in Veterans Affairs Mental Health Staff | To examine the relationships between burnout, depression, and self-compassion in Veterans Affairs (VA) mental health staff. | Cross-sectional study | Veterans Affairs mental health staff | Self-compassion was found to be linked with burnout and depression. Among all the factors studied, self-compassion was the strongest predictor of burnout. Low self-compassion could lead to high burnout levels. | United States |
| Hasan, A. A., Elsayed, S., & Tumah, H. (2018). Occupational stress, coping strategies, and psychological-related outcomes of nurses working in psychiatric hospitals | The aim of the study was to assess workplace stress, coping strategies, and levels of depression among psychiatric nurses. | A descriptive correlation design was used | 70 nurses at the mental health hospital. | The results showed that psychiatric nurses experienced moderate levels of work-related stress and depression, while using various coping strategies. Stress and depression were found to be common among psychiatric nurses. | Egypt |
| Hilton, N. Z., Ricciardelli, R., Shewmake, J., Rodrigues, N. C., Seto, M. C., & Ham, E. (2021). Perceptions of Workplace Violence and Workplace Stress: A Mixed Methods Study of Trauma among Psychiatric Workers | To survey PTSD symptoms, critical events, chronic exposures and occupational stress in psychiatric workers | The study used a mixed methods approach, combining quantitative with qualitative surveys. | 84 psychiatric workers | Most of the participants reported to have had life threatening situations and almost all of them have experienced critical events. | Canada |

| | | | | | |
|---|---|--|--|--|---------------|
| Hobyane, A. V., Ntshingila, N., & Poggenpoel, M. (2022). Experiences of psychiatric nurses caring for mental healthcare users with a comorbid disorder | To explore and describe the experiences of psychiatric nurses caring for MHCUs (Mental Healthcare Users) with a comorbid disorder of HIV and schizophrenia. | A qualitative, exploratory, descriptive and contextual research design was used. | 8 participants | Psychiatric nurses were frustrated because they believed they could help but were unable to. They also faced burnout exhaustion and discrimination. And there is need for more education on healthcare issues. | South Africa |
| Shahrour, G., Taha, I., Ali, A. M., & Alibrahim, M. (2022). The moderating role of social support on workplace violence and stress among psychiatric nurses | To examine the moderating role of social support on workplace violence and stress among psychiatric nurses. | A cross-sectional descriptive and predictive design was used. | 195 psychiatric nurses were recruited from two governmental mental health hospitals | Psychiatric nurses often experience both verbal and physical violence with verbal abuse being more common. It also showed that social support did not reduce the link between workplace violence and the stress nurses felt. | Jordan |
| Van Bogaert, P., Clarke, S., Wouters, K., Franck, E., Willems, R., & Mondelaers, M. (2013). Impacts of Unit-Level Nurse Practice Environment, Workload and Burnout on Nurse-Reported Outcomes in Psychiatric Hospitals: A Multilevel Modelling Approach | The aim was to investigate impacts of practice environment factors, nurse perceptions of workload and self-reported burnout at the unit-level on job outcomes and nurse-assessed quality of care in psychiatric hospitals | This study used a cross-sectional design. | Surveys were completed by a sample of 357 staff members from 34 acute and chronic care nursing units over a 5-month period | The study found that depersonalization and relationships between nurses and physicians were linked to how the quality of care was provided and intentions to leave the job. | Belgium |
| Wampole, D. M., & Bressi, S. (2020). Exploring a social work lead mindfulness-based intervention to address burnout among inpatient psychiatric nurses: a pilot study | To examine the experience of burnout among acute care psychiatric nurses and the usefulness of a social work lead mindfulness-based intervention for reducing burnout elements. | Data was collected through pre- and post-intervention surveys and analysed using qualitative and quantitative methods. | Registered nurses employed at the inpatient psychiatric unit working in direct care | Participants experienced mild symptoms of burnout. The study also indicated that mindfulness techniques could be helpful in managing emotional awareness and stress management among psychiatric nurses. | United States |
| Yao, X., Shao, J., Wang, L., Zhang, J., Zhang, C., & Lin, Y. (2021). Does workplace violence, empathy, and communication influence occupational stress among mental health nurses? | Investigate the occurrence of occupational stress among mental health nurses in psychiatric hospitals and explored whether workplace violence, empathy, and communication skills influenced occupational stress levels in this population | A descriptive cross-sectional survey. | 539 mental health nurses from three top-grade tertiary research hospitals in the Beijing-Tianjin-Hebei region | The results confirmed that many mental health nurses experience high levels of stress. It also suggests that reducing workplace violence and increasing empathy in patient care can help lower stress for mental health nurses. Psychological and organizational support after violent incidents is important, as well as the need for ongoing professional education. | China |

Appendix 2. Critical appraisal of articles

| | Ab- stract /title | Introduc- tion and aims | Methods and data | Sampling | Data analysis | Ethics and bias | Results | Transferabil- ity or gener- alizability | Implica- tions and usefulness | Total | Comments |
|--|-------------------------|-------------------------------|---------------------|----------|------------------|-----------------------|---------|---|-------------------------------------|-------|---|
| Atkinson, D. M., Rod- man, J. L., Thuras, P. D., Shiroma, P. R., & Lim, K. O. | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 33 | Informative ab- stract |
| Hasan, A. A., Elsayed, S., & Tumah, H. | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 30 | Clear title and results |
| Hilton, N. Z., Ricciardelli, R., Shewmake, J., Ro- drigues, N. C., Seto, M. C., & Ham, E. | 3 | 4 | 3 | 4 | 4 | 3 | 4 | 4 | 4 | 32 | Well-presented results |
| Hobyane, A. V., Ntshin- gila, N., & Poggenpoel, M. | 4 | 4 | 3 | 3 | 3 | 4 | 4 | 3 | 4 | 32 | Clear aims and abstract and in- formative find- ings |
| Shahrour, G., Taha, I., Ali, A. M., & Alibrahim, M. | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 33 | Clear introduc- tion and aims |
| Van Bogaert, P., Clarke, S., Wouters, K., Franck, E., Willems, R., & Mondelaers, M. | 4 | 3 | 3 | 3 | 4 | 3 | 4 | 4 | 4 | 32 | Clear title and introduction |
| Wampole, D. M., & Bressi, S. | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 31 | Good data col- lection and easy to follow |
| Yao, X., Shao, J., Wang, L., Zhang, J., Zhang, C., & Lin, Y. | 4 | 4 | 3 | 3 | 4 | 3 | 3 | 3 | 4 | 31 | Clear presenta- tion of results |