



Strategies for Mental Health Nurses to Foster Self-Care and Prevent Burnout (SNS21S1-G1)

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Abstract

Background: Psychiatric nursing is a demanding and strenuous career that exposes nurses to different emotional, physical and cognitive challenges with burnout prevalence being high in psychiatric nursing. The mental health of these nurses is important both for them and for the patients under their care.

Aim: This study aimed to explore self-care strategies for mental health nurses to prevent burnout, foster resilience and professional well-being.

Methods: Data research was conducted as a systematic review from Cinahl, Medline and PubMed data bases. The review was limited to journal articles written in the period of 2000 and 2024 deliberating on resilience and other interventions for fostering self-care among mental health professionals.

Results: Two large categories of interventions were noted in the course of the review: (1) Resilience building and (2) Support Structures. Resilience-building involves mindfulness and contemplative practices, coping strategies and professional boundaries. These strategies allow nurses to cope with work-stressors and help them remain emotionally, mentally and professionally stable amidst work challenges. Support structures on the other hand allow for continuous learning and skill enhancement while both peer and organizational support enhance collegial collaboration, communication, sense of belonging and mutual support preventing burnout and improving job satisfaction.

Conclusion: A holistic approach incorporating individual self-care practices, organizational support, and professional development opportunities is crucial for maintaining the mental health of mental health nurses. Healthcare institutions have to foster appropriate organizational culture, offer mental health services, as well as enhance the elimination prejudicial attitudes towards the nurses that would contribute to the improved conditions for the nurse workforce and, thereby, enhance quality of care delivery for patients.

Keywords/tags (subjects)- mental health nursing, self-care, organizational support, professional development, burnout prevention

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1 Introduction

Psychiatric nursing is one of the most intensive and complex areas in healthcare practice that involves significant emotional, physical and cognitive commitments. It demands a unique set of skills such as empathy strength, resilience and clinical expertise. Working conditions of mental health nurses expose them to extreme challenges. In addition to being responsible for the mental health of their patients, they must maintain their own emotional and mental health. According to Ramalish & Koen. (2018) demands of such environments increases the risk to multiple workstresses and the resulting effects such as burnout whereby an individual is physically, emotionally and mentally drained. Chen et al. (2022) also highlights the exposure of these factors placing mental health nurses at a risk for occupation risk.

Recent research has been revealing high statistics of mental health disorders among in nursing (Wang et al., 2022). Such statistics call for appropriate measures that would enable coping with the issue of managing personal mental health among nurses in psychiatry. The status of their psychological well-being not only impacts their lives, but it also has severe consequences for the quality of the treatment they offer the patients (O'malley et al., 2023). Nurses suffering from any form of mental issue may find it challenging to offer quality care, therefore compromising patient outcomes.

Recent Covid-19 pandemic situation has only added to different types of challenges confronting front-line workers with increased workloads coupled with direct exposure to traumatic incidents (Akoo et al., 2024). This further emphasizing the need for robust mental health management strategies. The increased need for nurses, particularly mental health nurses (MHNs) during this period, has exposed them to further difficulties, leading to necessity for interventions to protect their well-being (Marc' et al., 2019; Lisa et al 2022Hage).

The nurses' mental health not only affects their personal well-being but also has significant implications for patient care quality and safety. Research has shown that nurses experiencing poor mental health, burnout, or elevated stress levels are prone to make medical errors, have decreased job performance, exhibit lower levels of patient engagement and may lead to poorer clinical outcomes. (Hall et al., 2016). Furthermore, nurses' mental health issues can steer towards amplified absenteeism and staff turnover, upsetting continuity of care and straining healthcare resources (Dyrbye et al., 2019). Therefore, addressing the psychological health of MHNs is crucial for both the wellness of these healthcare workers and for ensuring high-quality patient care and maintaining the overall effectiveness of mental health services.

The purpose of this paper is to contribute empirically-based knowledge that could help enrich the mental health of the nursing workforce, thereby improving their working satisfaction, and the service quality being offered to the patients. As such, this study aims to discover how psychiatric nurses can cope with their mental health successfully. In reviewing the existing literature it shall also look at; self-care practices and possible barriers to improve the nurses' well-being and prevent burn-out.

2 Background Information

2.1 Mental Health Nurses: Roles and Challenges

MHNs contribute a key part in the healthcare framework, delivering important care and assistance to people suffering from psychological issues. Their responsibilities is varied and challenging, embracing a variety of duties important for both patient care and recovery. According to Ramalish & Koen (2018) these nurses are commonly in a leading position in mental health treatment, working together with patients to examine their mental health situation and design detailed care strategies that fit personal needs.

A key job of MHNs is the delivery of medicine, which involves an extensive understanding of psychopharmacology and its effects on patients (Fortinash & Worret, 2011). Aside from the administration of medications, these nurses execute several therapeutic interventions that use psychosocial support and counseling skills to improve patients' mental health (Fortinash & Worret, 2011). In times of crisis, mental health nurses are usually the foremost response unit, needing quick thinking and composure to navigate potentially dramatic scenes.

According to Fortinash & Worret. (2011), education represents an important part of the obligations of MHNs. Their work involves both patients and families, supplying important information about mental health conditions, treatment choices, and methods of coping. The authors add that part of that work includes advocacy for patients and supports diminishing the stigma usually associated with psychological problems. Mental health nurses, moreover, are important contributors to multidisciplinary teams, teaming up with psychiatrists, psychologists,

social workers, and other health professionals to ensure that their patients receive thorough and coordinated treatment.

Moreover with an increase of an ageing population (United Nations, 2020) the uneven nurse-patient ratio, and /or nurse shortage (AACN, 2022) are contributors to work-place stress.

Whatever their role may be, it comes with important challenges that could significantly affect the mental health of those nurses. It is common for MHNs to be in high-stress contexts, addressing unpredictable and maybe aggressive patients. The character of their job puts them in touch with intense emotional periods each day, which may cause mental and emotional exhaustion (Ramalish & Koen, 2018). They regularly deal with ethical issues, such as the conflict between patient autonomy and safety that can give rise to moral distress..

Also, the emotional effects of relentlessly supporting those in distress can give rise to both compassion fatigue and vicarious traumatization (Ramalish & Koen, 2018). The trauma and pain of their patients especially suicidal patient may cause mental health nurses to absorb them, affecting their mental health over the long term (Hagen et al., 2017). The rigorous quality of the role, commonly characterized by long hours and shifting schedules, can lead to burnout and a disruption to work-life balance.

2.2 Mental Health Nurses Burnout

Nurse burnout has become an important issue since it impacts patient care through low-quality care, which leads to poor patient outcomes. According to the World Health Organization (WHO,

2019), nurse burnout is a form of occupational phenomenon. This means that it also affects other individuals in other professionals. However, considering how stressful a nurse's work environment is, one is bound to be at a greater burnout risk compared to other professionals (WHO, 2019).

Different specializations in nursing present their distinct challenges. However, some are more stressful than others (O'Mahony, 2011). A high-stress work environment breeds an area for nurse burnout. For example, nurses working in the emergency department or mental health nurses as referenced in the previous texts have higher chances of experiencing nurse burnout than other pediatric care areas (O'Mahony, 2011).

Nurse burnout presents different effects that impact the nurse, the facility, and the patients in the hands of the nurses. According to Van der Heijden et al (2019), higher rates and prevalence of nurse burnout leads to high chances of nurse practitioner quitting their jobs or intending to do so. This is because of high levels of stress and overworking. High turnover rates lead to further stress in the work area since the number of nurses reduces significantly (Van der Heijden et al., 2019). Nurse burnout is also responsible for low-quality care in facilities (Salyers et al., 2017). This is the most critical effect of nurses' burnout since it affects the facility's reputation and the lives of those who entrust their lives to the facility. According to Hall et al. (2016), when experiencing burnout, nurses tend to be fatigued; hence may make medical errors or perform their duties in a hurry without concentrating.

A stressful work environments and working for long hours deprive nurses of resting hours and endangers their mental health. It is known that a toxic work environment results in high levels of stress, anxiety, or also depression (Shah et al., 2021). These mental health issues endanger the nurses' mental health, which is their overall wellness. In general, nurse burnout is seen to place

the lives of patients at risk due to low-quality care, facility reputation due to bad reviews and poor patient outcomes, and nurses' overall wellness, leading to high turnover rates (Shah et al., 2021).

2.3 Burnout

According to Foster et al. (2021) mental health is globally recognized as a highly demanding profession faced with multiple stressors. Given that mental health nurses deal with interpersonal relationship with mentally diagnosed patients and their families, they require the know-how, competence, individual ability all at once to manage these challenges whilst maintaining an effective collaboration with clients and effectively using organizational resources. Based on this, mental health nurses are put at a surged risk of adopting burnout as far as workplace stressors, high job demands and job resources are considered. Jenkins & Elliot (2004) also adds that mental health nurses face unique challenges unlike other nursing specialties stemming from intense nurse-patient interactions and constantly managing difficult behaviors.

Workplace stressors in MHNs includes in addition to the factors mentioned include inadequate staffing, administrative tasks and dealing with violent and suicidal patient (Jenkins & Elliot 2004). Given that burnout is psychological response to chronic stressors according to Maslach et al. (2016), prolonged exposure to the mentioned stressors can lead to burnout in mental health nurse. Considering heavy workload and time pressures, mental health nurses are negatively affected psychologically which can lead to job dissatisfaction and high probability of leaving the profession (Foster et al., 2021). Foster et al. (2021) states that several studies have been conducted that show mental health nurses in countries such as UK and Jordan reported high stress levels.

Jenkins & Elliot (2004) conducted a study among 57 qualified nurses and 36 nursing assistants in an acute mental health ward to understand occupational stressors. Their findings showed inadequate staffing as the main stressor for qualified nurses. Nursing assistants' major challenge was handling aggressive patients. These findings relate to Fosters et al. (2021) whose participants showed 68% of them out of 498 registered nurses working in mental health facilities in Victoria reported having work-related stressors. Dealing with aggressive patients was the most common stressor 90% being verbally aggressive and 85% (physical aggression).

The authors also emphasize that mental health nurses require support from organizations in assisting them develop emotional skills enhance psychological well-being. Foster et al. (2021) also highlighted that high workloads (74%), inadequate resources (58%) and workplaces changes (64%) were also common. For decades, burnout has been known as an occupation hazard for vocations such as human services, healthcare and education (Maslach & Leiter, 2016). These professions involve a significant level of person to person and emotional contact which can both be rewarding and stressful.

The environment of such workplaces require a 'selfless' attitude where the needs of the client are put first. Social, political and economic factors such as limited funding and policy restriction increases demand in such jobs. According to Maslach et al. (2016) burnout is a psychological syndrome evolving to respond to long-term interpersonal stressors of the job. The word burnout was initially presented in 1974 by Freudenberger as an observation on loss of motivation coupled with a lessened obligation among volunteers at a mental health clinic (Dall'Ora et al., 2020). According to Maslach & Leiter (2016) burnout is a result of feeling cynical, detached from one's job, feeling exhausted and overwhelmed which often leads to a lack of accomplishment and a sense of ineffectiveness.

Maslach developed a scale for measuring burnout levels also known as Maslach Burnout Inventory (MBI which shows emotional exhaustion, the level of the reduced sense of personal accomplishment and depersonalization (detachment from one's job). According to Maslach burnout was a response to work stressors . A worker with a burnout experience will feel emotionally drained and will be lacking emotional resources which will result in emotional exhaustion (Dall'Ora et al., 2020). According Maslach's theory burnout is an outcome of a disparity between a person and their job in six areas: reward, workload, control, fairness, community and values. When these factors are misplaced, burnout can occur causing a deterioration in health and job performance (Dall'Ora et al., 2020).

Different models of burnout have been constituted and differ from Maslach's theory stating that burnout is a process and not a fixed state and also an experience that happens both in life and work. One example model is the job resources-demands which views burnout as a result from working multiple jobs or lacking job resources. Other models for instance Bergen Burnout Inventory (BBI) focuses on exhaustion, a sense of feeling inadequate, being cynical towards work; the

Oldenburg Burnout Inventory (OLBI) focuses on exhaustion and disengagement (Maslach & Leiter, 2016). Currently, the MBI has undergone changes in the dimensional terms having them replaced for example "personal accomplishment" to "professional efficacy".

2.4 Self-Care

Self-care is a universal term globally used and utilized across different disciplines. According to WHO (2020) self-care is an individual ability with or without health-care providers' support to prevent disease, promote and maintain health as well as manage illnesses and disability. Across

the economical domain, it can be also defined as a means of managing and handling financial pressure and inadequacies on health-care systems (Hartweg & Meltcalfe, 2022). The author adds that selfcare is immensely beneficial given that about 50% of the world's population lack access to health care while still considering high health-care costs, self-care often remains an only means to promote and maintain health. According to Hartweg & Meltcalfe, (2022), Levin and Hoist first introduced the concept of self-care. Over the years the concept has undergone changes and improvement given its growing interest from numerous persons.

Orem's Self-Care Deficit Nursing Theory (SCDNT) is broadly used and accepted in the nursing field (Hartweg & meltcalfe, 2022). It is often used both in general nursing and mental health nursing. It was put forward as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being" (Hartweg & Meltcalfe, 2022). This definition over the year shaped the nursing description from merely an alleviation of suffering but also an empowerment to care recipients and their relatives to practice self-care while still permitting the intervention of nurses where self-care was not applicable. In addition, the growth of chronic diseases and its research has seen a rise in the importance of self-care as a way to improve well-being and manage long-term illnesses (Hartweg & Metcalfe, 2022; Timmins & Horan 2007)). In addition to the facts presented, nurses require time to contemplate on their emotions, prevent burnout and promote health through self-care (O'malley et al., 2023).

The author introduces a self-care model (Self-Tuning Model of Self-Care) that focuses how nurses maintain vitality at work. The model however, is centered on the workplace, nonetheless, it is insightful on how nurses can discover self-care strategies. A few of these strategies include introspection, reflection and self-awareness. The author states that with these strategies the nurse can manage work stress and increase a sense of manageability which positively impacts

their well-being and productivity. To overcome being overwhelmed, the nurse can take breaks and redirect their attention as a formula of self-care (O'malley et al., 2023)

3 Aims, Purpose and Research Question

The primary aim of the research is to identify self-care approaches for MHNs to prevent burnout.

Purpose: The purpose of this review is to provide mental health nurses and healthcare organizations with evidence-based information for promoting and maintaining the mental wellness of mental health nursing staff. By identifying effective self-care practices and support from organizations, this review aims to add to the enlargement of interventions that can reduce burnout, improve job contentment, and ultimately enhance the quality of patient care in mental health settings.

Research Question: What are strategies for MHNs to manage their own mental health?

4 Methods

4.1 Literature Review

This research used a literature review as the methodological approach. Baker (2016) argues that literature review enables the unbiased reporting and condensation of ongoing knowledge on a topic of study from formerly published research. Literature reviews are resourceful data for use by health professionals, aiding these workers to remain active with current developments and studies in their disciplines. By intergrating results from several studies, literature review provides a layout to a vast amount of data and offers understanding on specific subjects. (Aveyard, 2014).

The literature review workflow was executed structurally using the three-stage tactic defined by Marshall (2010) which includes searching, critiquing, and synthesizing. In the searching stage, it involved finding relevant data materials that attempt to answer the research question. Critiquing comprised of assessing the level of quality and relevance from the materials gathered.

Synthesizing included combining the data from the selected sources to respond to the question in study and draw summaries. The study used the PICO framework and PRISMA model for creating the study question and choosing appropriate articles.

4.2 Data Search

Data were obtained from the scientific data collection sites: CINAHL, Medline, and PubMed. These databases are specialized to provide quality, reliable, comprehensive data related to the health sector where medicine and nursing are involved. The PICO framework steered the generation of

search terms and inclusion/exclusion criteria to classify high-quality, appropriate publications (Table 1).

Table 1. PICOs

Component	Description
P (Participants)	Mental health nurses
I (Interest)	Emotional and mental self-care strategies
Co (Context)	Any healthcare setting
S (Studies)	Peer-reviewed, English language published 2000-2024

Inclusion and exclusion criteria were defined to further refine article selection. Only directly related data was used to respond to the question under review and attain the paper's objectives. (Table 2).

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
-Peer-reviewed journal articles and grey literature research	-Non-peer reviewed (e.g., editorials, commentaries)
-Published between 2000-2024	-Published before 2000
-English language	-Non-English language
-Focus on mental health nurses	-Other nursing specialties or healthcare professions
Addresses self-care strategies for reducing burnout and work-related stress.	-Focuses on other aspects of mental health nursing.

Boolean operators "AND" and "OR" were used to combine search terms. The following search string was used: (mental-health-nurs* OR psychiatric-nurs* OR mental-health-staff OR mentalhealth-providers OR mental-health-workers) AND (self-care OR self care OR personal well-being OR psychological well-being OR emotional well-being) AND (strategy* OR methods OR approaches OR cop*) AND (burnout prevention OR reducing burnout OR preventing burnout)

4.3 Data Selection and Quality Appraisal

The database provided 156 publications. After eliminating 11 duplicates from Medline, 145 studies were assessed by title and abstract, with 114 discarded for insignificance. The complete versions of the remaining 31 articles were analysed, and 19 were removed for failing to meet inclusion criteria. Texts that targeted other nursing fields or were solely discussing the problem of burnout without the solution were excluded. Full-text sources were also assessed for relevance, excluding those that did not answer the research question. The remnants of 12 studies that met all inclusion standards were kept which ensured reliability in this paper.

The 12 articles comprised in the research were critically appraised adopting Hawker et al.'s (2002) tool, which appraises the quality of studies across 9 domains including the title, abstract, introduction and aim, sampling, methodology, data analysis, results, ethics, implication and usefulness. All included articles were assessed for quality according to the inclusion criteria and the research question. The range of scores selected was between 28 -34 indicating high quality and the appraisal table will be included later in this paper.

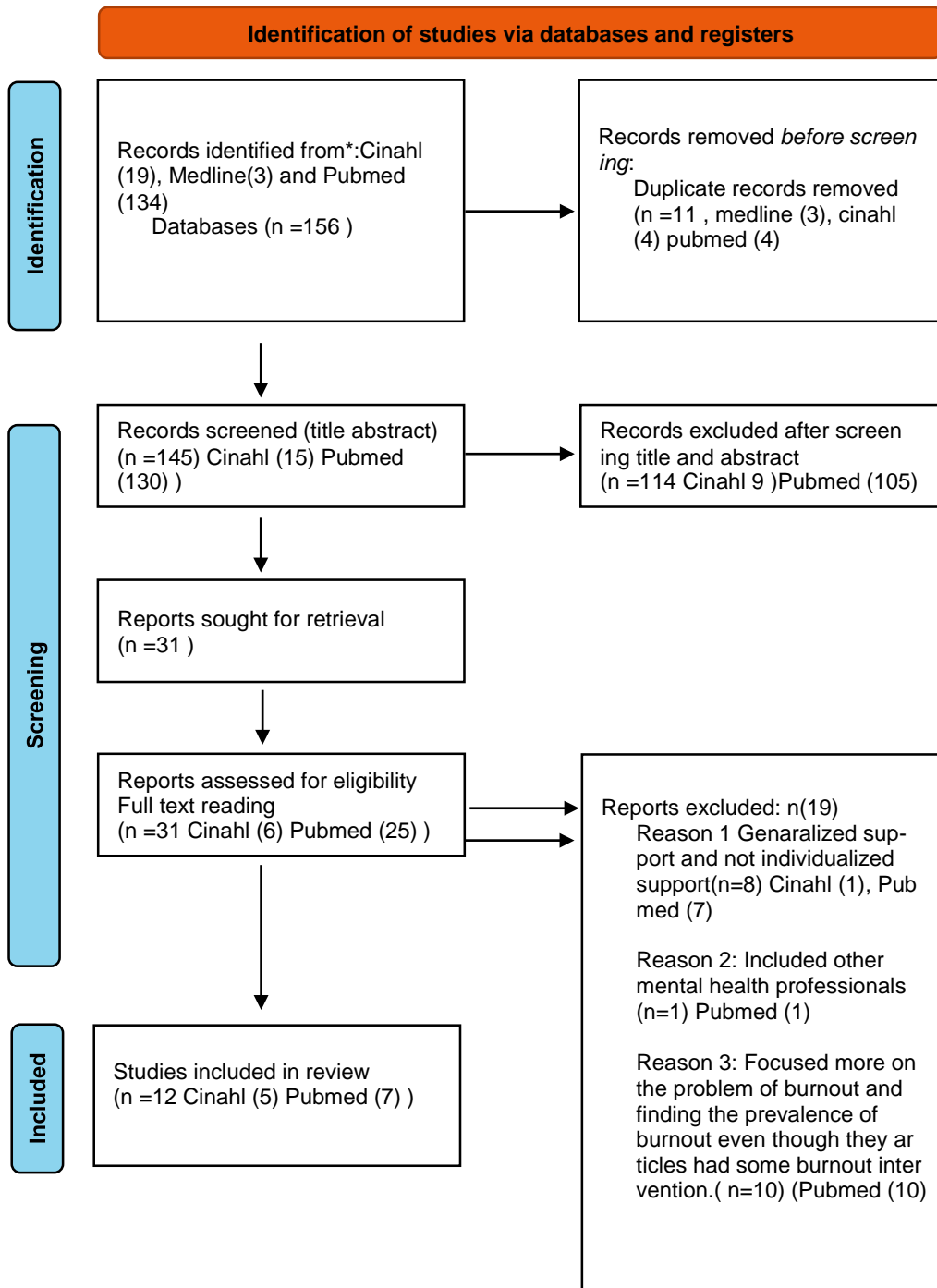


Figure 1. PRISMA flow chart

4.4 Data Analysis

The chosen data was subjected to content analysis utilizing the method defined by Elo and Kyngäs (2008). This logical approach entailed open coding, category creation, and abstraction. Data were read in a recurring nature as notes were recorded. These notes were assembled into codes which were then identified and classified into subthemes under similarity context. Related subcategories were gathered to form main categories that merged the major concepts across the articles and names assigned to the themes. The abstraction procedure produced a general description of the topic being studied grounded in the distinct text of the incorporated articles.

Using content analysis, 36 codes were found, which were then organized into 6 sub-themes. These subthemes were further concluded into two main themes: resilience building and support structure. An example of this coding process was identifying 'relaxing practices' such as breathing exercises and visualization, which focused on the participants remaining in the current moment in a non-judgmental fashion. After review, it enhanced 'emotional awareness' as a tool to manage stress at work. After further integration, a broader concept of 'mindfulness and self-reflection' was introduced, which is defined as a present focus of awareness or thoughts which was further grouped as 'resilience building', after several studies explored how mindfulness builds resilience and ultimately assist nurses to prevent burnout.

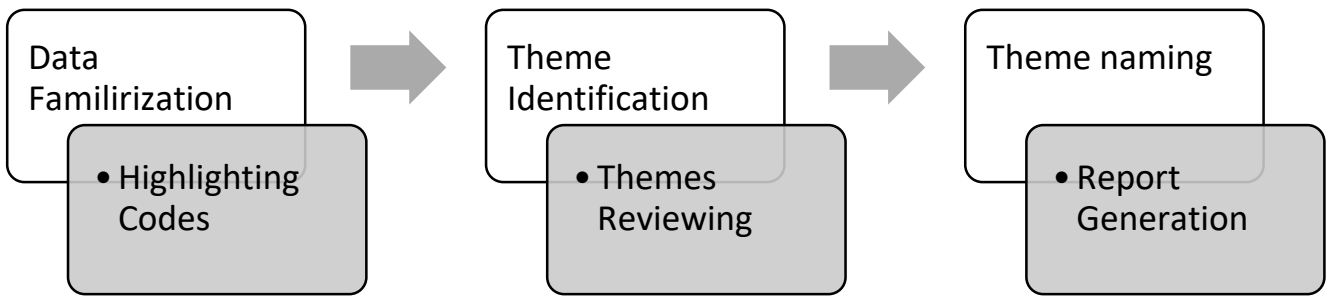


Figure 2. Data Analysis Process

Below is a table of the themes identified from the selected studies.

Table 3. Main themes and Sub-themes

Main Themes	Sub-Themes
Resilience-Building	<ul style="list-style-type: none"> -Mindfulness and Contemplative practices -Coping Strategies -Boundaries and Work-life Balance
Support Structures	<ul style="list-style-type: none"> -Continuous Learning -Peer Support -Organization Support

5 Results

5.1 Resilience-building

5.1.1 Mindfulness and Contemplative Practices

Mindfulness and self-reflection have been proven vital for the mental health nurses (MNs) in the pursuit of their mental health. Delgado et al. (2022); Foster et al. (2023) state this as having a having a “positive mindset grounded in purpose...” which is in this case, for mental health nurses ; it entails having to constantly think deeply on their duties and the differences they make to patients. This introspection, reinforces their invocations which are core to their motivation and commitment to harnessing challenging emotionally distressing circumstances. In addition, the nurses practice non-judgmental mindfulness and emotion management strategies including but not limited to positive self-focus and cognitive appraisal to maintain their psychological and emotional health.

By not judging, individual eliminate self-criticism which reduces stress and allows one to be more kind and compassionate towards self (Wampole & Bressi, 2020). Foster et al. (2023) takes this a step further, stating that MHN’s embarrassment is much lower, who are also able to see the problems at work as a way to reward the high standard care practice received during training (problem-solving). Other MHN’s do this purposefully by concentrating on the improvement of their patients’ psychological interactions and relationships to increase personal resilience and achieve more favorable therapeutic outcomes.

Several studies (Wampole & Bressi, 2020; Salyers et al., 2011; Wang et al., 2024) acknowledged the various mindfulness-based practices for alleviating stress also known as Mindfulness-Based

Stress Reduction (MBSR). In addition to stress management, these practices have a larger impact on reducing burnout positively impacting health care. All of these techniques ensure that they are able to make appropriate therapeutic choices for themselves and for their patients. Through mindfulness participants across the studies responded on a better psychological resilience. Introspection also comes to the rescue in terms of reducing perceived negative emotions in most cases. O'Neil et al. (2019) revealed the view of reflective practice groups' benefits where MHNs are able to self-evaluate and hence empathize more with their patients.

Such reflection helps them in dealing with feelings of anxiety, and aversion, and frustration, which in turn safeguard the wellbeing of the MHNs. The link between contemplation, self-reflection and awareness increases the MHNs' mental health by instilling a more developed and active image of self which within itself is an asset towards their mental and emotional health (Delgado et al., 2022; Wampole & Bressi, 2020; Wang et al., 2024; Laker et al., 2023). This particular mechanism of reflection and self-awareness is also beneficial in as far as the MHNs' equilibrium and levels of well-being are concerned, they are more effective in managing the demands of mental health nursing thanks to their resilience being strengthened.

5.1.2 Coping Strategies

The studies investigated mental health nurses' (MHNs) strategies that help preserve their mental health which in this case are grouped into emotion focused, problem focused and self-care practices such as hobbies and exercise. The latter was subjected to preference among participants which saw negative and/or harmful coping strategies such as smoking and use of caffeine. Emotion focused coping refers to the ways in which people cope with stressful situations by

controlling their feelings resulting to MHNs regulating their emotions when such stressors may be present

(Delgado et al., 2022; Foster et al., 2023; Foster et al., 2020; Sukut et al.,2022; Salyers et al., 2011).

Using such an approach, MHNs can derive emotional assistance whenever they experience emotional strain, build up safeguards against emotional distress, and control their responses through therapeutic mechanisms. Furthermore, they may work on appreciating their individual limits of stress which allows them to perform a regulated and controlled display of emotion so that negative feelings are minimized.

Other approaches include problem focused coping where stressors are managed by performing direct interventions, some of these include discussion debriefings where MHNs participate and discuss issues with workmates as well as having reflective and anticipatory learning in their daily practice (Delgado et al., 2022). This approach enables them to solve problems concerning communication of issues and matters at work. Foster et al. (2023) point out that such exposure in training and practice does enhance MHNs capacity of being resilient in their line of duties especially when handling patients since it promotes positive relationships with their superiors and colleagues and this lays a foundation for stable support system.

According to Cranage et al. (2022); Turkington et al. (2023), mental health nurses are able to handle challenges through coping strategies as opposed to running away which builds resilience. This positive reframing is important in keeping an emotional balance. Foster et al., (2023) note that, the professional policies of the institution and those outlining mental health nursing, the nurses have to conform to them, while in practice. In these circumstances, some MHNs may resort

to the use of emotional dissonance and managing self-talk in order to cope with challenges of consideration of emotional vulnerability (Foster et al., 2020).

5.1.3 Boundaries and Work-life balance

According to MHNs, being able to set clear boundaries and being able to achieve work-life balance is one of the indicators of self-actualization and personal growth (Delgado et al., 2022). Part of the growth process, focusing on mental self-care, is this as it helps the MHNs cultivate emotional elasticity that fosters more effective ways of coping with difficult circumstances and promoting growth (Delgado et al., 2022). Also, according to Delgado et al., MHNs use various strategies to maintain a healthy separation between work and personal life, which is critical in preserving emotional and psychological health. Boundaries that all MHNs need to set with their patients and colleagues if they are to maintain their psychological safety, control over their life, and personal choice. Maintaining a good work-life balance helps throughout the job since it helps to mitigate the chances of emotional burnout.

In order to meet these demands, they usually engage in capacity building trainings which are focused on knowing and respecting one's limits and avoiding causing self-exhaustion (Delgado et al., 2022). More so, MHNs practice strategies that separate work and personal time and stress from personal times that work related pressures cannot penetrate personal times. This separation helps MHNs to rest and recover mentally so that when the next day comes, he or she is ready for the shift.

5.2 Support Structures

5.2.1 Peer Structures

The peer support system was able to attract attention, particularly within its confines. The feeling of having coworkers who have and still experience the same work-related stress which was quite distinctive was highly appreciated by the MHNs” (Delgado et al., 2022; Foster et al., 2023; Turkington et al., 2023; Cranage & Foster, 2022). Peer support is one among various factors that strengthen MHNs’ resilience, and therefore, preserves their mental health (Foster et al., 2023). Delgado et al. (2022) also identified that positive team culture, several interconnections, and joint efforts in problem solving and with team undergrounds, validation and feedback from team members all facilitated the mental health of the MHNs.

In their interactions, it became possible for MHNs to share their feelings, pose intense case discussions, and seek help from people who similarly went through the context. Literature evidence shows that support networks prevent feelings of loneliness and burnout which makes mental health better and creates a sense of belonging. This increases resilience, communication, and the collective learning and growth of the MHNs (Cranage & Foster, 2022; Delgado et al., 2022; Foster et al., 2023; Sailaxmi et al., 2015).

5.2.2 Organization Support

As the authors of the studies reviewed, say about the organizational support for mental health nurses should be distinguished from a peer support and should be oriented mainly toward the provision of the available resources and the interventions for well-being. Such type of support would involve, among others professional development, clinical supervision, counseling, and

supported debriefing (Turkington et al., 2023; Delgado et al., 2022). Organizational support shielded mental health nurses from burnout, as it promotes resilience and self-care within the nurses (Turkington et al., 2023). Such support may come in the form of supervisor's facilitation of adequate training, provision of resources and avenues for professional development (Delgado et al., 2022). In contrast, absence of such organizational support had rather detrimental effects on mental wellbeing.

However, organizations that emphasized on MHNs health developed a kind workplace culture that was loving and resilient (Cranage & Foster, 2022). Another dimension of organizational support that is also quite important relates to ensuring adequate staffing levels and reasonable workloads as MHMN often work with high patient loads with many needs. Healthcare organizations through unbalanced staff-patients ratios and inappropriate workloads can increase the feeling of stress among MHMN and out of quality care. However, many MHNs in adopting resilience building strategies, Delgado et al., (2022) noted that they did not always ask for support or seek resources therefore exhibiting an incapacity to retain an internal balance

5.2.3 Continuous learning and skill enhancement

According to Cranage and Foster (2022), continual evidence-based education for mental health nurses is crucial for them to remain relevant in practice and coping strategies as well. Foster et al. (2023) results indicate the success of developmental programs that nurses participated in, which contributed to strengthening peer relationships, which have been beneficial in enhancing the mental health of the MHNs. Thus, skill enhancement and continuous learning is a core value type within the professional development of the MHNs as well. It provides confidence and motivation

in dealing with complicated cases, hence relieving stress (Cranage & Foster, 2022; Foster et al., 2022).

The authors add that education and training minimize the gaps between professional identity and professional confidence of the MHNs which were found to be problematic to the practitioners in the mental health field. This training on observation, communication, patient management and workplace scenarios and the sources and consequences of events could be useful in practice. Cranage and Foster (2022) elaborated that it would be expected that nurses without sufficient training and appropriate orientation would be unable to perform the tasks expected of them. The majority of MHNs would be willing to receive further education and training as long as such training will be offered in the future as they understood the importance of the two programs in fostering workplace resilience.

6 Discussion

This research aimed at identifying strategies for preventing burnout in mental health nursing. The results argue that resilience building is an all-round process involving use of self as a tool, mindfulness, coping strategies, setting work boundaries and a good work-life balance (Foster et al., 2023; Foster et al., 2020; Delgado et al 2022). As claimed by Delgado et al. (2022), resilience is positively correlated with psychological health while the emotional labor factors such as empathy, anxiety, depression, and stress have an inverse relationship with resilience. Delgado et al. (2022) and Foster et al. (2023) concede that mental health nurses should frequently rely on internal assets, such as self-attunement, positive attitude, and self-care, to achieve psychological equilibrium.

It was found that, nurses during emotionally challenging situation became self-aware, and were connected to themselves, being introspective and reflecting which helped them manage their emotions, behaviors, thoughts and perception. With this strategy, the nurses were able to identify risky situations that could expose them to being emotionally overwhelmed and/or reactive. This approach enabled the nurses to redirect their focus and recreate a different perspective of their patient that run beyond their own emotional experience (Foster et al., 2023; Delgado et al 2022; Sukut et al., 2022; Salyers et al., 2011).

Resilience in mental health nursing, in addition to the all-encompassing aspects of personal development, enables MHNs to deal with stressors and persevere in time of purpose and passion in their tasks (Delgado et al., 2022). Due to the high levels of resilience, the MHNs are able to perform their professional duties seeing that they cope with the demands of the job, patient distress, and have a positive outlook even in stressful situations which are pivotal in developing

therapeutic relationships and professional satisfaction (Foster et al., 2023). Through this, workplace stressors that would potentially promote burnout: emotional drain, disengagement and a loss of sense of accomplishment can be managed, prevented and enhance growth and learning among MHNs towards problems and challenges in this field. In addition, peer and workplace support also help in building resilience by allowing MHNs to have debriefing opportunities, express themselves, have open communication and share common experiences. (Cranage & Foster, 2022).

Mindfulness has been widely researched on and is currently identified as a tool for fostering wellbeing and building resilience (Wang et al., 2024). This practice helps nurses to endure stress, regulate emotions, mitigate anxiety and depressive scenarios, improving relationships and emulate compassionate interactions (Wampole & Bressi, 2020; Hyppolite, 2023). Several studies highlighted this importance, and showed how mental health nurses channeled their focus and were able to manage and reduce stress, regulate their emotions which positively impacted the patients under care (Wampole & Bressi, 2020; Wang et al., 2024). Such mindfulness-Based-Stress-Reduction practices decrease the level of depersonalization and emotional exhaustion both of which are major factors in burn-out.

MHNs also need to incorporate coping strategies such as self-care practices: moderate exercise and yoga, emotional and problem-focused interventions to increase their resilience (Cranage & Foster, 2022). Emotion focused strategies include techniques that focus on the MHNs ability to control emotions, in addition to practices which assist the nurses in coping with stress (Delgado et al., 2022).

Stressful situations are also managed through problem-focused coping strategies and techniques, such as engaging in reflective conversations or being anticipatory, which in turn help the MHNs in

dealing with their workplace difficulties and strengthening their ability to cope. Other than work related difficulties, Foster et al. (2023) suggests that having a positive attitude may serve as a shield for mental health nurses and helps them cope with the workplace challenges with tolerance and persistence. The use of such an attitude as part of the strategy for coping with stressors is often associated with increased levels of resilience and job satisfaction within the mental health nurse population thus reducing burnout.

For MHNs, establishing boundaries and maintaining a healthy work-life balance are equallyweighted strategies. According to Delgado et al. (2022), boundaries are necessary for self-care and for the preservation of emotional strength. By keeping a clear boundary between the work and non-work aspects of their lives, MHNs ensure that work-related pressures do not impose on their personal times so that they can recuperate mentally. Setting boundaries around patients and colleagues creates a feeling of control and safety for the MHNs. Capacity-building training reinforces this balance, and teaches them to know the limits of how much they can engage without getting self-exhausted.

Support systems involving both informal and formal, occurred as a key theme to improving the mental health of MHNs. It is crucial to note that peer support is helpful to the MHNs as it creates a sense of togetherness and understanding of the work-related pressures other people endure. In the opinion of Delgado et al. (2022), the relationships, culture and feedback received from team members will have a positive net effect on mental health of the MHNs. With peer support systems, MHNs are able to express feelings, problems of complex cases, and elicit help in problem solving from those who have been there which enhance resilience, interaction and growth in unison. Organizational support structures are essential in counseling and safe workload distribution (Foster et al., 2023). Turkington et al. (2023) noted that empowering managers

fostered professional aid and practical resources which helped nurses cope with workplaces stressors.

Therefore, the significance of these networks provides both emotional and practical advice and assisting in mental health nurses' capacity to handle challenges. By tackling challenges in preference than avoiding them, nurses can feel empowered and competent fostering self-belief which is fundamental in building resilience. Despite the benefits of support systems, Delgado et al. (2020) highlighted some nurses refrain from seeking help as a result of being stigmatized as 'weak' and being professionally judged. Therefore, cultivating a safer working environment through good leadership and management could address this barrier. Moreover, future research could seek sustainable effects of mentorship programs.

Acquiring skills and knowledge both professionally and personally are equally important regarding burnout prevention among mental health nurses. Such developments are often assisted through support networks which allow collaboration, strong peer relationships and shared knowledge (Delgado et al., 2022; Foster et al 2023). Continual learning and skill development allow MHNs to feel better equipped and more able to manage distressing aspects of their work. Support networks allow acquirement of such skills which helps builds confidence and resilience. (Foster et al., 2020). Education and lifelong participation in scholarly activities, as noted by Cranage and Foster (2022), are also crucial areas of assessment for mental health nurses as they offer them the knowledge and abilities necessary for dealing with multifaceted cases which lowers stress and increases resilience.

6.1 Implication of the Practice

The results from this review have clearly indicated that the nurses' mental health can be improved through resilience building strategies. Resilience-building interventions such as mindfulness and contemplative practices, professional self-regulation, self-care practices like yoga and support systems improve MHNs ability to reduce and manage stress while recovering from emotionally exhausting situations which reduces burnout. Organizations could continue to foster these resilience strategies and provide to its nurses with mental resources including stress management programs and support groups which allows the nurses to shift from ordinary and discouraged responses to stress. This will ensure that it reduces burnout and enhance job motivation, such as the restructuring of shifts by introducing rotation systems and predictable work hours.

6.2 Reliability and Limitation of the Review

A systematic approach was adopted in this research following the collection of data and statistics. This approach is the reliability criteria while employing the PICO model to accurately answer the research question and achieve its objectives. Through PRISMA, quality and consistent articles were selected that were relevant to the topic. Through repetitive reading across various data material, data scrutiny was undertaken to produce codes, sub-themes and main themes for the research question. In addition, there is existing literature with similar findings to this study, stating the effectiveness of resilience to preventing burnout which can be compared and examined across nursing research.

The scope of the review was limited to only a few studies done which were exclusively centered on mental health nurses and this might have led to publication bias. Most sources also focused on the problem of burnout and its prevalence without focusing on interventions. In addition, a majority of the articles were focused on the so called developed nations such as the USA and Australia and therefore the findings may not be applicable to the low income countries where there are disparities in healthcare provision. Moreover, a majority of the studies were quantitative rather than qualitative, this may also involve acceptability bias and more robust qualitative studies are warranted for the development of the evidence base.

7 Ethical Consideration

This review considered the ethical implications of consent and privacy by respecting their autonomy and dignity through an inclusion of articles that only ensured informed consent to their respondents. Data was accurately and transparently recorded without selection bias to maintain integrity. While reviewing the studies, it was noted that some findings have negative implications on health such as smoking and excessive caffeine as a coping mechanism. While some sources stated that such mechanisms proved effective in coping with stress, care was taken in stating that this article does not advocate strategies that are a health hazard but rather just pointing out self-care practices that mental health nurses undertook on a preferential basis that helped them to relax and bounce back from challenging situations. A common stigma was also noted that posed as a barrier when nurses adopted self-care practices in that these nurses can be seen as weak and not 'always being ready' and can potentially cause the nurses to worry about being professionally judged. Also the expectation of always putting others first and being self-sacrificing, this study encourages an ethical responsibility for organizations in ensuring they provide nurses with a supportive and safe environments where they can address their mental problems within or outside the institution without fear of discrimination, mistreatment, or other professional forms of punishment. Where such services are available, measures should be taken to ensure their confidentiality is protected at all times.

8 Conclusion

This review highlights the importance of nurses' self-management through resilience, and its compliments such as mindfulness, self-care, organizational and professional strategy. The structural factors of the mental health nursing profession, intensified by the COVID-19 pandemic, create a deep risk for mental nurses' mental health. Implementing resilience-building interventions, MHNs can effectively prevent burnout, manage stress and challenging emotions. Strategies such as selfcare, behavioral techniques, emotion regulation, and contemplative practices and support systems are effective antidotes in rescuing the mental health nurses from burnout and enhancing satisfaction at work. Still, stigma is the greatest challenge to mental health nurses who seek help. This stigma, as well as other financial, cultural, and geographical factors need to be addressed so as to allow nurses to be able to access mental health services. These findings can encompass a broader use in organizations and hospitals who can support resilience and influence good nurse turn-out rates and quality patient care. Future studies can expound further on more such interventions in not only mental health nursing but other areas of nursing and professions to have a universal implication.

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10 Appendices

10.1 Appendix 1. Summary of reviewed article, n=12

Author, Year, Country	Purpose & Aims of the Study	Research Method/ Instrument	Sample (n)	Result
Cranage, K., & Foster, K. (2022). Australia	To examine and describe the range of challenging workplace situations and their impact on MHNs	Qualitative descriptive study with online cross-sectional survey	374 Australian MHNs from nursing popula- tion in Victoria, Australia	Four categories of workplace stressors were identified: Consumer/carer stressors, colleague stressors, nursing roles and organizational stress. Conflict affects nurses by causing anxiety, depression, hypervigilance and avoidance. Moral issues cause shame, guilt and spiritual conflict and are exacerbated lack of support structures and organizational help. Targeted policy making and professional development are crucial to reduce job stressors and increase standards of delivery in mental care delivery.

<p>Delgado, C., Evans, A., Roche, M., & Foster, K. (2022). Australia</p>	<p>Explore how MHNs build and maintain resilience while facing high levels of emotional labor</p>	<p>An interpretative qualitative research design</p>	<p>Australian MHNs drawn from Purposive sampling. Collected data through semi structured interviews.</p>	<p>Four main themes were constructed via reflexive thematic analysis: being attuned to self and others, having a positive mindset grounded in purpose, maintaining psychological equilibrium through proactive self-care, and running on emotionally empty.</p>
<p>Foster, K., Roche, M., Giandinoto, J. A., & Furness, T. (2020). Australia</p>	<p>To describe mental health nurses' most challenging workplace stressors, and their psychological wellbeing, workplace resilience, and level of caring behaviours, explore the relationships</p>	<p>descriptive correlational study using convenience sampling,</p>	<p>data were collected from N=498 nurses working in mental health roles or settings in Victoria Australia via an online cross-sectional survey</p>	<p>Key findings included weak to strong positive relationships between workplace resilience with psychological well-being across all stressor categories (consumer/carer; colleague; organizational role; and organizational service). Psychological well-being was moderately high, but lower for nurses indicating consumer/carer-related stressors as their most stressful challenge. There were weak to moderate positive relationships between workplace</p>

				resilience and psychological well-being, and no relationship between resilience and caring behaviours. Workplace resilience was lower for less experienced nurses compared with those with >5 years'
	ps between these factors, and describe differences in workplace resilience for sociodemographic characteristic			experience, and lower for younger nurses compared with those aged ≥ 40 years

<p>Foster, K., Evans, A., & Alexander, L. (2023). Australia</p>	<p>To explore mental health nurses' stories of resilience in their practice for the purpose of gaining an understanding of resilience resources they draw on when dealing with challenging workplace situations.</p>	<p>A storytelling approach was used in semistructured phone interviews</p>	<p>12 mental health nurses who measured high on resilience (Workplace Resilience Inventory) and caring behaviours (Caring Behaviours Inventory)</p>	<p>Within and across case narrative analysis produced stories of resilient practice within four themes: proactively managing the professional self; sustaining oneself through supportive relationships; engaging actively in practice, learning and self-care; and seeking positive solutions and outcomes. Nurses displayed poise in stressful situations and grace under pressure in demanding and emotionally challenging interactions, holding dignity and respect for self and others, with the aim of achieving positive outcomes for both. Resilient practice is the responsibility of organizations as well as individuals.</p>
<p>Laker, V., Simmonds-Buckley, M., Delgadillo,</p>	<p>To evaluate the effects of the Mind</p>	<p>Participants were allocated to an immediate intervention or a delayed intervention</p>	<p>N=173 mental health nurses were</p>	<p>This intervention led to moderate improvements in burnout and wellbeing, despite the adverse circumstances of the COVID-19</p>

<p>J., Palmer, L., & Barkham, M. (2023). UK</p>	<p>Management Skills for Life Programme on burnout and wellbeing.</p>	<p>control group, using a stepped wedge randomized controlled trial design. Measures of burnout (OLBI) and wellbeing (WEMWBS) were completed at four time-points: [1] baseline; [2] after the first group finished the intervention; [3] after the second group finished the intervention; and [4] six-months follow-up.</p>	<p>recruited from the English National Health Service during the acute phase of the COVID-19 crisis</p>	<p>pandemic at the time of the study.</p>
<p>O'Neill, L., Johnson, J., & Mandela, R. (2019).</p>	<p>To explore nurses' experiences of attending psychology-led reflective practice groups.</p>	<p>Thematic analysis of semi-structured interviews.</p>	<p>Sample size= 13 nurses</p>	<p>Four themes emerged from the data: (i) Sharing and learning; participants discussed how the group provided a platform to share common experiences, express emotions and learn from each other. (ii) Grounding and perspective; participants said the group encouraged reflection on the impact of their work, with a sense of valuing their skills and the difference they make. (iii) Space; participants spoke about the group being a protected, structured and safe space. (iv) Relationships; participants said the group allowed them to support each other and have conversations in a sensitive and non-threatening way.</p>

				Discussions in the group increased some participants' confidence and selfesteem.
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<p>Sailaxmi, G., & Lalitha, K. (2015).</p> <p>India</p>	<p>To evaluate the effectiveness of a stress management program on stress reduction in nurses working in a psychiatric hospital.</p>	<p>A quasi-experimental one group pre-test post-test design.</p>	<p>N=60 nurses working in a psychiatric hospital at Bangalore, India were randomly selected using the Tippet's Random number table and invited to participate in this study</p>	<p>The stress management strategies positively impacted on nurses' stress levels.</p>
<p>Salyers, M. P., Hudson, C., Morse, G., Rollins, A. L., Monroe-DeVita, M., Wilson, C., & Freeland, L. (2011).</p> <p>USA</p>	<p>This study tested an intervention to reduce staff burn out.</p>	<p>Community mental health providers were invited to participate in a day-long training session to learn methods to reduce burnout. A Web-based survey was given at time of registration, before the intervention, and again six weeks later.</p>	<p>84 Nurses</p>	<p>Six weeks after the day-long training, staff reported significant decreases in emotional exhaustion and depersonalization and significant increases in positive views toward consumers. There were no significant changes in providers' sense of personal accomplishment, job satisfaction, or intention to leave their position. Ninety-one percent of the staff reported the training to be helpful.</p>

<p>Sukut, O., Sahin-Bayindir, G., AyhanBalik, C. H., & Albal, E. (2022).</p> <p>Turkey</p>	<p>The aim of this study was to determine the relationship between professional quality of life and psychological resilience in psychiatric nurse</p>	<p>A cross-sectional study was conducted with psychiatric nurses in Turkey. Data were collected using the Professional Quality of Life Scale and the Connor–Davidson Resilience Scale.</p>	<p>Sample size= 100</p>	<p>Correlations were observed between compassion satisfaction (CS) and burnout, CS and resilience, and in burnout and compassion fatigue (CF). Resilience was improved and burnout reduced including compassion fatigue.</p>
<p>Turkington, G. D., TinlinDixon, R., & St ClairThompson, H. (2023).</p> <p>UK</p>	<p>To examine whether mental toughness predicts perceived stress and quality of life in mental health workers, to develop an understanding of the factors contributing to and techniques used to deal with stress in this population.</p>	<p>workers completed measures of mental toughness, perceived stress, quality of life and answered questions regarding their personal experience of stress at work.</p>	<p>Sample size= 62</p>	<p>The findings suggested that mental toughness developed in some but not all health workers due to the demands of their role. Qualitative analysis revealed sources of stress for health workers and a variety of stress management techniques to cope with workplace stress</p>

<p>Wampole, D. M & Bressi, S. (2020). USA</p>	<p>To examined the experience of burnout among acute care psychiatric nurses and the usefulness of a social work lead mindfulness-based intervention for reducing burnout elements.</p>	<p>The Maslach Burnout Inventory-Human Services Survey (MBIHSS) was utilized to measure burnout in participants. This scale measures burnout utilizing three subscales; eight items measure emotional exhaustion (feeling emotionally depleted or empty), six items measure depersonalization (feeling withdrawn or emotionally removed from patients), and six items measure personal accomplishment (viewing one's work as "less than" or subpar to prior work). In addition, prior to the intervention, participants completed an open-ended written survey designed to gain further information on burnout and available resources for coping with work-related stress. These questions were designed and pilot-tested to capture components of EE, DP and PA from the 620D. M. WAMPOLE AND S.</p>	<p>Sample size= 50 nurses</p>	<p>participants experienced emotional exhaustion associated with their work, but also a significant degree of personal accomplishment. Nurses identified the intervention as having the potential to promote better emotional regulation in the workplace and beyond.</p>
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		BRESSI MBI-HSS as applied to inpatient psychiatric nursing.		
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<p>Wang, Q., Luan, Y., Liu, D., Dai, J., Wang, H., Zhang, Y., ... & Bi, H. (2024). China</p>	<p>The present study aimed to explore the effects of a guided self-help mindfulness intervention on psychological resilience and job burnout among psychiatric nurses.</p>	<p>The individuals in the intervention group received an 8-week guided self-help mindfulness intervention, while the individuals in the control group received a psycho-educational brochure. The Five Facet Mindfulness Questionnaire, the Connor-Davidson Resilience Scale and the Maslach Burnout Inventory-Human Services Survey were used to evaluate the levels of mindfulness, psychological resilience and job burnout, respectively.</p>	<p>118 psychiatric nurses were randomized into the intervention and control groups.</p>	<p>After an 8-week intervention, compared with the control group, the levels of mindfulness and psychological resilience were higher, while the level of job burnout was lower in the intervention group.</p>
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10.2 Appendix 2. Critical Appraisal of the articles

Authors	Ab- stract Title	Intro- duction & Aims	Meth- ods & Data	Sam- pling	Data Anal- ysis	Eth- ics & Bias	Re- search	Transfer- ability or genera- bility	Im- pli- ca- tion & Use- ful- ness	To- tal
Cranage, K., & Foster, K. (2022).	4	4	3	4	4	3	4	3	4	33
Delgado, C., Evans, A., Roche, M., & Foster, K. (2022).	4	4	4	4	3	4	3	4	4	34
Foster, K., Evans, A., & Alexander, L. (2023).	4	4	3	3	4	4	3	4	4	33
Foster, K., Roche, M., Giandinoto, J. A., &	4	4	3	4	3	3	3	4	4	32

Furness, T. (2020).										
Laker, V., Simmonds- Buckley, M., Delgadillo, J., Palmer, L., & Barkham, M. (2023).	3	3	3	4	4	3	3	4	4	31
O'Neill, L., Johnson, J., & Mandela, R. (2019).	3	4	4	3	3	4	4	3	4	32
Sailaxmi, G., & Lalitha, K. (2015).	4	4	3	4	3	3	4	3	4	32

Salyers, M. P., Hudson, C., Morse, G., Rollins, A. L., Monroe- DeVita, M., Wilson, C., &	3	4	3	4	3	4	4	3	4	32
Freeland, L. (2011										
Sukut, O., Sahin- Bayindir, G., AyhanBalik, C. H., & Albal, E. (2022).	4	3	4	4	4	3	3	4	4	33
Wampole, D. M., & Bressi, S. (2020).	3	4	4	3	4	4	3	3	4	32

Wang, Q., Luan, Y., Liu, D., Dai, J., Wang, H., Zhang, Y., ... & Bi, H. (2024).	4	3	3	4	4	4	3	4	3	32
Turkington, G. D., TinlinDixon, R., & St Clair-	4	3	4	3	4	4	4	3	3	32