

Untold Stories of Nurses Caring Clients with Mental Health Problems

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Abstract: *Nurse's pivotal role in rendering holistic mental health care remains to be underdeveloped and has not been given adequate importance. Hence, it impacts their caring capacities. This study aimed to describe the lived experiences of nurses caring clients with mental health problems through a qualitative, descriptive-phenomenological study also known as transcendental phenomenology. The purposive and snowball sampling were used in the selection of the ten (10) registered nurses within the areas of South Cotabato, Cotabato, Sultan Kudarat, Sarangani Province, and General Santos City, Philippines. Then, a semi-structured interview guide was used to collect the data. The Colaizzi's method of Phenomenological Analysis was done to explicate the collected qualitative data from the participants' responses. The study revealed that nurses' lived experiences revolved around the embedded art of complex care; the cornerstone of crucial roles; challenging experiences in the realm of caring; ways of coping with the challenges; barrier towards the provision of mental health care; family engagement as indispensable element of care; and the spectrum of myriad of emotions. The implication of this study may serve as basis in creating interventions that would address problems among mental health nurses, and provides insight into the quality of mental health care delivery toward clients with mental health problems.*

Keywords: Nursing Care, Mental Health Problems, Nurses' Lived Experiences, Descriptive-Phenomenology

1. Introduction

Mental health is crucial to the well-being of individuals, societies, and countries. It is more than the absence of mental disorders. It involves a state of well-being where individuals recognize their abilities, are able to cope with the normal stresses of life, work productively, and contribute to the community (World Health Organization [WHO], 2019). According to WHO, mental health problems are common. Over 450 million people suffer from a mental or behavioral problem and nearly one million people commit suicide every year. Depression, alcohol use disorders, schizophrenia, and bipolar disorder are among the ten leading causes of disability worldwide and treatment is not available to most people. Despite the existence of effective treatments, the overwhelming majority of people with a mental disorder do not have access to effective treatments.

Significantly, nurses are important providers of treatment and care. In most countries, nurses are the largest group of healthcare professionals providing mental health care in both primary and specialist health services. As emphasized by Joubert and Bhagwan (2018), mental health nurses placed themselves at the crucial juncture of providing quality mental health care whilst trying to manage the challenges that arise with the patient group having mental health issues. Based on WHO, it was found that in many countries, the psychiatric education of nurses is inadequate and their role in providing mental health care is underdeveloped. Hence, the WHO recommends that mental health care should be part of or integrated into primary health care. Modern mental health nursing requires a lot of knowledge, experience and competence, in developing countries. As a result, nurses need effective communication skills, a caring and compassionate nature as well as respect for the dignity and safety of others (Rotich & Tugumisirize, 2017). However, Spamers (2016) mentioned that many nurses still lack the knowledge and skills to identify and treat mental disorders.

In some countries like Africa, Van Den Heever (2012) conclusively stated that there is a general insensitivity of nurses towards client's emotional needs, hence it is highlighted the need for self-awareness and additional interpersonal skills training among nurses to help equip themselves to facilitate a therapeutic relationship towards their client with mental disorders. Also, Giandinoto and Edward (2015) asserted that nurses who have their undergraduate training on caring patients with mental illness is often not considered enough to develop mental health literacy such as diagnosis, psychopharmacology, management, and legislation. As cited by Joubert and Bhagwan (2018), there are various challenges that nurses experienced in caring patients with mental health disorders such as feelings of anger and frustrations brought about by continuous exposure to psychiatric patients having unpredictable behavior; thus, making them experience high level of burnout. It is further supported by Maharaj et al. (2018) by stating that the heavy workload of mental health nurses as a career and being at the forefront of patient care, can leave them overworked and stressed as their demanding nature of the occupation exposes them to a higher risk of developing negative mental states such as depression, anxiety, and stress.

Additionally, Spamers (2016) stressed that the treatment of people with mental health problems worldwide has been marked by abuse and neglect. In reality, however, most low and middle income countries do not have adequate numbers of nurses, and the education and training of nurses in these countries provide little of the knowledge and skills necessary for good mental health care. In Philippines, data showed that about 3.5 million Filipinos suffer from mental health conditions. Unfortunately, there is still a huge gap in the capacity of government health facilities in providing basic mental health services wherein many Filipinos do not get the help they need (Jaymalin, 2019). Statistically, the Philippines is home to over 100 million Filipinos, yet there are around 1,000 nurses working in psychiatric care. The

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Philippines' budget for mental health also remains small (Rodriguez, 2015). Based on the researcher's preliminary investigation from the coordinator of mental health program in General Santos City, the program for mental health is said to be less prioritized and some of the nurses have less acquired skills necessary for the provision of quality mental health care.

As stated by Lally et al. (2019), the Philippine Mental Health Act of 2017 is a major step forward for mental health in the Philippines and a milestone for psychiatry in the country. The Act further recognizes the role of mental health professionals, protecting their right to participate in mental health planning and development of services, and ensuring that they have a safe working environment, access to continuing education, and autonomy in their own practice. Additionally, and with some foresight, the Act seeks to integrate mental health into the educational system by promoting mental health programs in schools and other organizations. The investigator pointed out that there is still a paucity of research using a phenomenological framework which makes it timelier and more relevant that research investigating the lived experience of nurses caring for clients with mental health problems should be undertaken. This study aimed to explicate an in-depth description of the phenomenon of nurses' experiences and to understand their perceptions towards clients experiencing mental illness.

2. Literature Review

As being stressed by Jones and Fitzpatrick (2017), the relationship that nurses have with their patients is considered the cornerstone of all other components of nursing. In similar way, Stonehouse (2017) has also given emphasis that nursing assessment is the cornerstone in establishing the needs of the patient and if done well, the nursing process will be a success. It is crucially important that psychiatric nurses must provide primary mental health care. They are responsible in the assessment, monitoring, and securing of referrals in patients who have marginal contact with other segments of the health care system. The nurses who have direct contact with mentally ill patients and it is their responsibility to communicate with other health professionals in behalf of the patients. This also implies that the needs and problems of the patients either psychological, social or physical needs, are well understood and addressed by nurses. For example, nurses monitor the medication in order to avoid overdose and to ensure that the medicine are taken as prescribed. Consequently, the perception that mentally-ill patients always show non-compliance to treatment and medications can be viewed that nurses can influence the perception of other health professionals on the patients.

Nurses are in position to care for those who suffer from mental illness. Specialized training in mental and psychiatric care are crucial for those who focus on one. While notably, the research of El-Azzab and El-Aziz (2018) discovered that psychiatric patients had well-established abilities and a low level of respect. For this reason, nurses should undergo further instruction, clinical supervision, and use the help of their colleagues in order to gain trust, and to further develop their abilities, contributing to improved treatment. There are

also questions as to whether or not mental health practitioners perpetuate prejudices. Doctors and nurses tend to be particularly supportive, owing to their deep experience of psychiatric illness and occupational status through their capacity to challenge prejudices and assumptions. In other studies, it was discovered that mental health nurses spent less than half of their time with patients. Muir-Cochrane et al. (2016) discovered that nurses' interactions operating on a psychiatric ward with a closed entrance door were challenging. Negative relationships and conditions are thought to lead to inhibition and seclusion. Nurses spoke about their emotional and potentially life-threatening behavior while describing the challenges of treating patients who self-feared. Balanced professional boundaries for nurses entailed maintaining professional boundaries between self and patient. It was obvious that nurses did not completely comprehend their role in mental healthcare and emotional treatment provision. Nurses are generally oblivious to their clients' personal needs. Aggressive conditions can be detrimental to service recipients, staff, and the therapeutic culture of mental health care. Mental health nurses shared their constructive and negative experiences caring for people who need mental health care. According to research conducted by Sobekwa and Arunachalam (2015), nurses reported feeling unsafe when doing their duties. Despite these negative encounters, nurses remained committed to caring for patients with mental disorders. However, it has been reported that 88.1% of nurses experienced physical and verbal abuse from patients and around 58.4% experienced physical violence. Itzhaki et al. (2015) also noticed that some mental health nurses in certain nations, such as Israel, had similar experiences. Colleague supervision and assistance tend to be particularly critical. Pro-re-nata (PRN) treatment and seclusion were the most commonly used nursing interventions to reduce a patient's risk of aggressive activity. In some psychiatric hospital, PRN medicine is used for a variety of purposes. Hence, the hospital should promote and provide training for nurses on how to perform the appropriate intervention.

Certain nurses had significant interactions in which psychiatric education played a significant role in their overall experiences providing successful patient care. Nursing profession is the most exposed. Specialties where higher levels of burnout are contemplated are those of the most significant patient populations. Stevenson et al. (2015) conducted a study in which nurses reported experiencing physical abuse such as being caught, kicked, spat at, or strangled. In similar cases in other countries, the majority of psychiatric nurses like in Korea's General Hospital characterized their experiences as falling into five categories namely: fear of abuse, exposure to a bad working atmosphere, difficulty with emotional control, and betrayal and skepticism. When confronted with violent circumstances, psychiatric nurses demonstrated negative emotions such as terror, shock, and numbness.

A heavy workload and a high patient load are significant issues in the nursing profession. Creating a secure atmosphere for nurses and patients during violent incidents is a critical need that hospitals should address. The hospital's staffing shortages must be addressed in order to minimize workloads, improve productivity, and provide higher-quality

nursing care. In accordance with the aforementioned research by Sim et al. (2020), which focuses on the categorical theme of psychiatric nurse experience, indicates that participants were stressed out by excessive workload and the irrational structure of the hospitalization system. As a result, the nurses experienced human rights violations. Finally, Martinez (2015) explored in his research that nurses' understanding of violence varies and is affected by their work environment, especially those who work in psychiatric wards. In comparison to other department nurses, inability to build a nurse-patient relationship within a specified time period has a detrimental effect on the overall treatment process on psychiatric wards, where reciprocal interaction is considered critical (Pazargadi et al., 2015).

3. Research Problem

What are the lived experiences of nurses in caring clients with mental health problems?

4. Theoretical Lens

The study was anchored from interpersonal theory and tidal model. The first is the application of interpersonal relations theory of Hildegard Peplau. The investigator perspective emphasized that the theory of Hildegard Peplau provides a theoretical framework that linked many elements of the nurses' experiences in caring clients with mental health problems. As such, this was chosen as a suitable nursing theory as the investigator of this study believes that both nurse and the client in this study can interact and they mature as a result of therapeutic communication. This evolving interpersonal relationship enabled the nurse to connect with the depths of human experience that is very unique for every client suffering from mental health problems.

On the other hand, the second significant mid-range theory of nursing was Tidal Model developed by Dr. Phil Barker and Poppy Buchanan-Barker which was also acknowledged by the investigator in this study to support the discovery of certain phenomena pertaining on the lived experiences of nurses in caring clients with mental health problems. The Tidal Model emphasizes that by using their own language, metaphors and personal stories, nurses begin to reclaim the meaning of their personal experiences. The tidal model suggests that nurses should establish good communication with clients in need of psychiatric treatment and care, and to find what health and disease experience means for such individual.

5. Methods

Research Design

In this study, a qualitative, descriptive-phenomenological research approach was used to explore the lived experiences of nurses. This approach was seen as an important methodology for understanding the nurses' experience towards caring clients having diagnosed with certain mental disorders. This method involves a direct exploration, analysis and description of the nurses' narratives as they shared their unique experiences. As cited by O' Connor

(2016), this phenomenological approach was a useful design for acquiring and collecting data that explicate the essences of human experience as it allows the investigator to develop an objective essence through aggregating subjective experiences of a number of individuals.

Research Setting

This study was conducted among the areas of SOCCSKSARGEN (South Cotabato, Cotabato, Sultan Kudarat, Sarangani Province, and General Santos City). It is an administrative region of the Philippines located in south-central Mindanao and is officially designated as Region XII. The study was conducted last July 21, 2019 and the data gathering ended last January 21, 2020.

Participants

In this study, the participants included the registered nurses who have cared clients with mental health problems, either they have worked in community areas or in the hospital within the areas of SOCCSKSARGEN. The participants were composed of ten (10) registered nurses with a requirement to have an experience of at least two (2) years and above in caring clients diagnosed with any form of mental health problems

Sampling Technique

The investigator of this study used the purposive and snowball sampling. These two types of sampling are considered as the most appropriate sampling procedure as phenomenological inquiries look into the depth and quality of the nurses' experiences.

Instrumentation

Semi-structured interview was used as a tool in collecting the data. Through this, the experiences of registered nurses in caring mentally-ill patients were explored. Individual in-depth interviews helped the investigator to gain a deeper understanding of a nurses' lived experiences. An in-depth interview attempted to explain and discover applications of major subjects in the life and domain of the nurses. In this study, the investigator observed the significant general principles of Mc Cracken (2012) in questionnaire construction. Accordingly, it has following stages that can be organized into a four-step pattern: (1) review of analytic categories; (2) review of cultural categories; (3) discovery of cultural categories; and (4) discovery of analytic categories.

Ethical Considerations

Ethical rules were followed throughout the conduct of the study. Data collection commenced after the approval was obtained from the graduate school of the University and from the directors of the selected hospitals. The aspects of anonymity and confidentiality were fully explained to them, including the research purpose, risk, benefits, research protocol, and length of interview through an informed consent.

Data Gathering Procedure

The data collection was conducted face-to-face through an in-depth interview approach. The data collection method consisted of two parts: (1) a questionnaire about the nurses' socio-demographic characteristics and (2) a semi-structured interview form. On the initial part of gathering the data, the

investigator sought approval to conduct a pilot testing among the two potential participants. The investigator had observed to consider some of the suggestions for the betterment of the interview questionnaires after the pilot testing. The investigator also sought permission to audio-tape the interview using digital audio recording. Participants' identities were protected and they were well-informed that they have the opportunity to choose a pseudonym or one will be selected for them by the investigator to ensure utmost confidentiality. After all the interviews, the researcher provided a verbatim transcription and pseudonyms were used for transcribing the document in order to protect participant's identity. The actual interview lasted for about forty-five (45) minutes. Then, the data was stored in locked cabinets in the researcher's home and computer data were stored on researcher's personal computer with password protected. Lastly, the full participants' record was deleted and destroyed after the study was prepared for hard bound.

Research Rigor

In the procedural rigor of this study, the investigator took into consideration the important aspects that were strictly followed to help establish trustworthiness. The investigator included important aspects such as credibility, neutrality, and dependability.

First, the aspect of credibility that refers to the confidence that can be placed in the truth of the research findings pertaining on the participant's experiences in caring clients diagnosed with any form of mental disorders. In this study, the credibility was achieved by the investigator through an approach called member checking which is also known as respondent validation. This was time that the investigator returned back to his following participants in their certain locations such in the rural health unit, private clinics, and hospitals in order to check for accuracy and for the resonance of their lived experiences. This aspect similarly relates to the activity performed by the investigator during the seventh step of Colaizzi's method of phenomenological analysis.

The application of the member checking by the investigator in this study to attain the aspect of credibility prevents the incidence of incorrect data and the incorrect interpretation of data, with the overall goal of providing findings that are authentic and original. In addition, the aspect of credibility was also enhanced by the investigator through proper audio-taping and honestly transcribing the interviews in verbatim narrative. The investigator of this study believed to have attained the aspect of credibility because the accuracy and completeness were affirmed. Moreover, the investigator also noted that the participants of this study have rechecked their narratives to see whether a true representation was made of what he or she conveyed during the actual interview. According to Korstjens and Moser (2018), credibility establishes whether the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original views.

In this study, the investigator maintained the aspect of neutrality by avoiding any form of bias in research procedures. Significant results were obtained by checking

the interview guide through an experts in order to assure that there will be no misleading questions. Moreover, during the point neutrality, investigator neither attempted to coached the participant in answering the interview questions nor manipulated by the investigator in any way and thoroughly ensured that all data collected and gathered were entirely based on the insights and thoughts of the nurses who have experienced in caring clients with mental health problems. As emphasized by Given (2008), the neutrality as inquiry must be free of any form of bias or as separated from the researcher's perspectives, background, or conditioning circumstances.

Lastly, the investigator considered dependability as highly associated with the consistency of findings. In this study, dependability of the data collected was obtained by ensuring honesty and transparency through careful checking the documented data especially the participants' narratives during the process of transcription. The investigator also considered it as the major criterion that is met by obtaining credibility because there can be no dependability without credibility. Dependability is associated with the consistency of findings about the lived experiences of the participants.

Therefore, the investigator came into a conclusive juncture that credible results are dependable results. Essentially, the investigator demonstrated this rigor in the study so that the findings have the integrity to make an impact on mental health nursing practice. Without this rigor, the study pertaining to the lived experiences of nurses caring clients with mental health becomes insignificant and fabricated.

Also, to achieve dependability, the investigator ensured that this research process is logical, traceable, and clearly documented as dependable study needs to be accurate and consistent. According to Korstjens and Moser (2018), dependability involves participants' evaluation of the findings, interpretation and recommendations of the study such that all are supported by the data as received from participants.

Explication of Data and Analysis

The investigator strictly followed the Colaizzi's distinctive seven step processes. In the first step, the nurse's narratives were read multiple times to gain an in-depth understanding of their descriptions about their experiences on caring clients with mental health problems. The investigator had cross checked all the transcribed interview with the audio recording for accuracy. In order to gain the sense of the participant's description of their lived experiences, the investigator first actively listened to each of the participants' audio recordings on three occasions and each transcript was read five times. In second step, the investigator extracted the numerous significant statements of nurses which mostly were expressed in vernacular language like Visayan pertaining to their experiences in caring clients with mental health problems. As of the record, the investigator noted to have a one hundred thirty-eight (138) extracted significant statements. These statements were recorded on a separate sheet and noted their pages and line numbers in a Microsoft word document. Also, the investigator initially analyzed the text of the verbatim transcripts of nurses line by line,

highlighted, and underlined the significant statements. These statements were then placed in similar groups into a separate word document. All the significant statements were reviewed by the investigator to ensure that the statement extracted reflects the objectives of the study. Additionally, there were many statements found to be repetitive, therefore, the investigator included those most rich and descriptive statements that represented the objectives of the study which were the lived experiences of nurses in caring clients with mental health problems.

The third step, the investigator formulated meanings from the significant statements. This involved the meanings for the significant statements made by nurses that were derived by the investigator. Those meanings were analyzed and themes were also derived. Also, in this study, the formulated meanings were numerically coded with same numeral as to the corresponding significant statement. In total, there were one hundred ninety-six (196) formulated meanings developed from the significant statements that were extracted. The fourth step, the one hundred ninety-six (196) formulated meanings were arranged into nineteen (19) cluster of themes. Each of the cluster themes were coded and the formulated meanings belonging to the specific theme were incorporated and listed under the theme. Thus, the investigator organized the formulated meanings of nurses' experience into similar groups or clusters which constitute the themes. The fifth step, the investigators grouped the theme clusters with commonalities into emergent themes. There were nineteen (19) theme clusters that were identified by the investigator that emerged into seven (7) emergent themes that provides a rich and descriptive picture about the lived experiences of nurses caring clients with mental health problems. The sixth step, the investigator developed an exhaustive description of the insight about the nurses' experiences caring clients with mental health problems in the reported study based on the integration of the seven (7) identified themes from all the participants. Also, those themes were synthesized and the meanings attached to those themes were explicated by the investigator. Lastly, the seventh step, the validation of the findings was sought from the participants to compare the investigator's descriptive results with their experiences. This was the period where an investigator returned to the nurses who were located at the clinic areas of Isulan, Sultan Kudarat Province, Tacurong City, community areas of Sarangani Province, and among the hospitals of General Santos City. The investigator asked the following participants to validate their experiences by sending the participants a copy of their transcript.

It was noted that the responses from each participant which were transcribed accurately depicted what were said during the interview about their experiences in caring clients with mental health problems. Moreover, the investigator also made a follow up by reaching the investigator's e-mail address and mobile number whenever they have any follow-up suggestions or comments about the result that were given to them. According to Morrow et al. (2015), the Colaizzi's method provides a rigorous analysis, with each step staying close to the data. Thus, in this study, the end result is a concise yet all-encompassing description of the lived experiences, validated by the participants that created it.

6. Results and Discussions

The themes in this study were the expressive parts of the participants' experience that portrayed the understanding as a whole. The careful evaluation of the themes that emerged from the participant stories helped understand the nurses' experiences in caring clients with mental health problems. Each emergent theme was defined and discussed from the coded transcripts of participants' interviews and supported them with the vast findings from the related literature and studies. Significantly, there were seven (7) emergent themes out of the one hundred ninety-six (196) formulated meanings and were grouped into nineteen (19) theme clusters.

Emergent Theme 1: The Embedded Art of Complex Care

The first theme that emerged from the interview data was the embedded art of complex care. All the participants expressed positive statements about caring clients with mental health problems and considered it as a prime importance to quality client care. Overall, a main subtheme evolved from the transcripts was the nurses' caring attitude towards the client.

During the interview, all the participants were keen to express their understanding of the concept of caring towards clients with mental health problems. This was important as this provided an insight of how nurses in the study defined the concept of caring. Some of the shared understanding of the participants with regard to the concept of caring was that caring is a challenging task; requires building a state of good communication; giving special form of treatment holistically; having therapeutic communication as its important component; and considered patience as an important characteristic in giving care. According to Nurse B:

"I remember when I was assigned in medical ward, I have two patients, and one of them was very combative. For me caring is keeping the patient safe and also making the patient's environment safe for him, and for his/her entire stay in the hospital." (Code 2, Page 181, Lines 16-19)

Nurse E passionately shared his perceptions on caring clients with mental problems. She expressed that:

"Caring is a form of love. It is like putting yourself in every intervention that you do to your patient." (Code 5, Page 195, Lines 14-15)

Also, Nurse J described caring as a difficult task and which demands great patience. She said that:

"For me caring a patient with problems in mental health is something that you need to have a lot of patience and to let them feel that they are not alone. It is so difficult to care those patients because it's so different the way they think and most especially their behavior." (Code 10, Page 220, Lines 23-26)

Emergent Theme 2: The Cornerstone of Crucial Roles

The second theme that evolved from the interview transcripts was "the cornerstone of crucial roles". Its sub-

themes that were added to the findings of the study includes: nursing assessment, diagnosis, planning, implementation, and evaluation of which all reflected the basic components of the nursing process. Some of the participants were vivacious when describing their experience in assessing client's mental health problems. Nurse B explained about the initial experience as:

"In our establishment, we do not have any tool or checklist. We just based on what is normal on what supposedly the patient would answer. So, there are deviations from the normal. There are inappropriate actions about of what he/she is saying. And then when the patient explains, he/she is having a word salad". (Code 2, Pages 181-182, Lines 27-31)

Nurse A expressed his concerns about the rapid formulation of nursing diagnosis due to underlying factors such as the number of clients being attended. He described that:

"Our basis is the current state of client. Their emotions are very weak then sometimes they are very violent. In that way, we can assess them because of lots of patients in the health center. Through that, we are just doing a fast-paced diagnosis to our patients." (Code 1, Page 177, Lines 46-49)

Likewise, Nurse J has perceived the planning phase to be a difficult part as it needs an in-depth analysis on the client's problem. The planning phase of the nursing process use problem-solving techniques in which strategies are developed to achieve the desired nursing outcomes. According to Nurse J:

"Actually, it is where I have the difficulty of planning because it needs analysis about their problem. Actually, you can think on if you stay focus on your goal, there is an outcome. They need guidance, daily medication, and rewarding if there is better output. If you plan, it should be specific and measurable." (Code 10, Page 221, Lines 45-49)

In terms of implementation as third sub-theme that emerged on the essential role of nurses, it was found that one of the participants has stressed it at a crucial juncture. Nurse F described her experience on stating that:

"Implementation of my nursing action is quite crucial. It is crucial because I need to be careful and I need to anticipate their needs." (Code 6, Page 201, Lines 38-41)

In terms of evaluation, the basis of effectiveness of care rendered was the success of the nursing intervention being done towards the client. In the community, majority of the nurses have observed that most of their clients were showing gratitude to them. As experienced by Nurse A, he reported that:

"Of course, if the family members came back again to the health center and has taken medications for the client is what usually tends to happen. And those clients have come to visit me at the center to express their gratitude. In the community, you cannot evaluate well if what your patient is doing. You can only evaluate it if your nursing intervention

is successful for patient's recovery." (Code 1, Pages 178-179, Lines 83-88)

Emergent Theme 3: Challenging Experiences in the Realm of Caring

The third emergent theme tackles about the challenging experiences in the realm of caring. Its first sub-theme included the problems on establishment of trust and communication. Nurse A articulated his experience saying that:

"The very challenging were those violent clients and those who were already chained and with large bodies. My body is so small! Of course, they are violent, so you need to gain their trust, you need to talk to them properly." (Code 1, Page 179, Lines 91-94)

Nurse E emphasized the importance of establishing rapport in gaining the client's trust. His viewpoint was expressed as he experienced client with trust issues:

"It is difficult to establish trust and rapport from a patient who is so inquisitive, if you can be trusted. It is driven by trust issues and mentally challenged patients do not easily share. They do not even easily cooperate with you once you are unfamiliar to them." (Code 5, Page 197, Lines 66-69)

The second sub-theme identified was the complexities of handling aggressive patterns of behavior. Mental health nurses are faced with an increasing number of aggressive incidents during their daily practice. In this study, Nurse G struggled in caring clients with mental health problems as he described below his experience:

"They are just very agitated and you need to administer some sedatives to calm the patient down. It is just so difficult." (Code 7, Page 207, Lines 92-93)

The third sub-theme includes the arduous task of nurses in reinforcing effective administration of medications. Nurse I shared his experience during medication administration:

"I have my patient who I want to medicate but refuses to take the antipsychotic medication. I cannot sign the medication sheet for she knew that it is antipsychotic meds." (Code 9, Page 178, Lines 116--118)

Emergent Theme 4: Ways of Coping with the Challenges

The fourth emergent theme involves the ways of coping with the challenges. Its sub-themes include the utilization of professional nurse-client termination and the use of therapeutic communication. Nurse B shared her experienced about the essence of nurse-patient relationship as she said that:

"I've learned that your relationship is nurse-patient relationship, that ends as you go home. Your emotions sometimes, may be affected as you go home. When I am in my duty, I give what I could to them. When I went home, I make sure I am already being detached from him." (Code 2, Page 183, Lines 80-84)

Also, Nurse C who was assigned in the rural health unit expressed her understanding towards terminating her professional relationship on her client. She said:

"I leave whatever problems I have in the center whenever I encounter psychiatric patients." (Code 3, Page 188, Lines 84-85)

In this study, the participants employed different techniques to establish a relationship with the patient. The selection of the technique depends heavily on the purpose of collaboration and the ability of the patient to communicate verbally. Nurse D stated that:

"I just stay quiet. Of course, we do not argue with them since they think differently than us. It is because we nurses can understand their situation." (Code 4, Page 192, Lines 67-69)

Emergent Theme 5: Barrier towards the Provision of Mental Health Care

In the fifth emergent theme which centers on the barrier towards the provision of mental health care includes the following sub-themes: poor handling on clients with mental health problems; inadequate skill enhancement training program for addressing mental health issues; the significant impact on poor socio-economic status on medication compliance; and the concerns on nursing shortage in the delivery of care. More specifically, the excerpts of participants in this study illustrated that not all interactions turned out to be therapeutic. As stated by Nurse H:

"Actually, there are many. For example, when you become deeply serious about your patient, it is likely you will be depressed. Aside from that, if you cannot understand your patient, you become irritated, and you lost patience. So, the result is that you choose not to take care of that patient at all." (Code 8, Page 212, Lines 106-110)

Most of healthcare providers had no prior training in mental health, but were providing care to patients based on experience gained from working in the mental health section. According to Nurse I, he honestly stated that:

"I mean I am not trained to care for patients with that condition. I just merely apply what I have remembered when I was a student. So, what I can remember, that's the only thing I can say." (Code 9, Page 214, Lines 23-26)

In the community setting, a rural health nurse also emphasized the need of training skills for nurses about handling clients with wide spectrum of mental disorders. Nurse G said that:

"I hope we will be trained more. We are lacking on mhGAP (Mental Health Gap Action Programme) and mental health training on how to handle mental health patient which should be empowered up to the BHW (Barangay Health Worker). At present, it is only what is known to them which is applied to the patients. But if they are properly trained, they are also properly skilled and capacitated. With this, they can provide better treatment to mental health patients to speed up recovery." (Code 7, Pages 208, Lines 132-138)

The third sub-theme evolves on the significant impact of poor socio-economic status on medication compliance. In this study, one of the participants stressed out the prevailing factors such as financial issue that may lead to non-compliance to the prescribed antipsychotic medications. As Nurse D said:

"They want to continue their medication, but because of their financial problem, they cannot sustain it. That is why you are also affected as a nurse. And you are so happy that this person was treated. I feel pity for them, because they have nothing else to have, and most of our patient here are coming from the remote areas. Those coming from other barangay also come here." (Code 4, Page 193, Lines 82-89)

In terms of the fourth sub-theme, it focuses on the concerns on nursing shortage in the delivery of care. Some of the nurses spoke passionately about staffing issues. As Nurse A expressed his view on the particular matter, he said that:

"And because of being busy, only few nurses are left in the community with so many patients. Sometimes, nurses in the community are overloaded." (Code 1, Page 180, Lines 116-118)

In terms of the perceived problems on follow-up care which is the fifth sub-theme that emerged, revealed that most of the nurses especially those assigned in the rural health unit stated that there was a lack of time for community visit which is also important for the client's follow-up care. In this study, some of the nurses pointed out about their problems of making follow-up care for their clients. Nurse A described her experiences in the community as he stated that:

"The factors about that sometimes are due to the fact that you should follow-up them. The problem is that, they cannot go to the health center. So, it is the significant others that should follow-up them." (Code 1, Page 180, Lines 113-116)

Emergent Theme 6: Family Engagement as Indispensable Element of Care

The sixth emergent theme is the family engagement as indispensable element of care. Its sub-theme includes the big emphasis of family's role on the care of clients. Most of the participants stated that families are vital as they served as instruments for psychological well-being of the client.

More importantly, one of the participants gave emphasis on essence of cooperation from the family member. According to Nurse E:

"There is only one thing I've seen. If you cannot gain the patient's cooperation as well as the cooperation of the family member, then it cannot be attained. It is like that you cannot get the cooperation if he/she does not have trust in you. Cooperation, trust, then respect." (Code 5, Page 199, Lines 99-103)

In terms of assisting the patient, it is an identifiable role of the family member to help the nurse in times of need. Nurse A described her experience saying that:

"Of course, that is very important and very helpful because they know much better how to calm down the patient and they are the ones who introduce to you the patient as well. Before you came there, they would say that there will be a nurse coming thereto. You should be approachable and very open to communicate to the patient." (Code 1, Pages 178, Lines 62-66)

Emergent Theme 7: Spectrum of Myriad of Emotions

Lastly, the seventh emergent theme revealed a spectrum of myriad of emotions. In this study, most of the participants' emotions were portrayed as feelings of sadness and the ambivalent way of emotional expressions between happiness and sadness. As Nurse C articulated her feelings of sadness toward his client with mental health problems, she said that:

"Yeah, I feel sad why is there such thing to happen like that, especially to those young people aging 20, 21, to 25 years old. Like what I have shared about the patient who broke up with his girlfriend. After that, he did not want to come back to his work and he did not want to eat." (Code 3, Page 188, Lines 88-91)

Some of the participants also expressed ambivalent feelings towards the condition of their clients. Nurse D told that:

"Of course, if we care to the patient, there is mixed of feelings. I am happy because I helped them. Aside from that, there is a time that you are sad because of discontinuation of their treatment. That is, it is like you're happy that you did help the patient." (Code 4, Page 212, Lines 73-76)

According to Nurse E, his feeling of ambivalence was described as:

"It is bittersweet, in a sense that you are sad due to difficulty, but it is sweet because you are being challenged." (Code 5, Page 198, Lines 95-96)

7. Conclusions

The lived experiences of nurses handling patients with mental health problems reflects around the seven themes that emerged in this study. First, the complex care seemed to revolve around the nurse's attitude on caring the client. Second, the crucial roles may consider the nursing assessment, nursing diagnosis, nursing planning, nursing implementation, and nursing evaluation. Third, it noted that the challenging experiences in the realm of caring seemed to have problems on establishment of trust and communication, the complexities of handling aggressive patterns of behavior and the arduous task of nurses on reinforcing effective administration of medications. Fourth, the ways of coping with the challenges may consider the utilization of professional nurse-client termination and the use of therapeutic communication. Fifth, the barrier towards the provision of mental health care may consider the involvement of poor handling on clients with mental health problems, inadequate skill enhancement training program for addressing mental health issues, the significant impact of poor socio-economic status on medication compliance, the concerns on nursing shortage in the delivery of care, and the perceived problems on follow-up care.

Sixth, the family engagement seems to be as an indispensable element of care involving the big emphasis of family's role on the care of patients. Lastly, the myriad of emotions may involve nurses' feelings of sadness and ambivalence.

8. Recommendations

Essentially, the investigator has taken into considerations that research findings derived from a qualitative paradigm like descriptive-phenomenology are difficult to generalize or rarely adaptable to other circumstances. This phenomenological study sought to capture certain phenomena that led to in-depth understanding of the basic structure of lived experiences of nurses in caring mentally ill patients. Moreover, the findings of the study may support a number of recommendations and implications for nursing practice that would present a unique insight into the quality of mental health care delivery toward clients with mental health problems. First, this study may use to increase the continuous and up-to-date educational opportunities for the nurses to share learning and support with one another through involvement in training workshops, meetings, conferences, and other transformational processes. Second, there seems to have a necessity to produce clear job descriptions among nurses who are handling mentally ill patients and decrease their excessive workloads and multiple responsibilities to prevent burnout. It is important to give appreciation, value their performance within the mental healthcare system, and carefully listen to their needs in order to provide better solutions associated with mental health and nursing care problems. Third, this study may promote mental health nurses to be involved effectively in managing available resources in order to enhance the quality of mental health care. This may include supportive actions that should be taken to involve nurses in designing and implementing the strategic plans of and health policies within the mental health system delivery. Lastly, the findings of this research seem to support the idea of developing nurses' resilience. This would mean that nurses can learn how to be resilient through training and learning from experiences in work through reflection and supervision. Developing resilience can also be done through supporting the idea of educating nurses on how to enhance their coping skills, self-confidence, and self-efficacy.

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