



Original Article

Being a nurse working in a psychiatric department: A qualitative study

Buket Şimşek Arslan, Kadriye Buldukoğlu

Department of Psychiatric Nursing, Akdeniz University Faculty of Nursing, Antalya, Turkey

Abstract

Objectives: This study was designed to investigate the thoughts and experiences of nurses working in a psychiatric department.

Methods: Qualitative research methods and case study techniques were used. Individual interviews were conducted with 10 nurses working in the psychiatric department of 3 public hospitals. A personal information form and a semi-structured interview guide were used as data collection tools. Descriptive analysis methods were used to report the findings.

Results: Of the study participants, 9/10 were women, 5/10 were aged 41–50, and 6/10 had a university degree. The most prominent theme related to the meaning of being a nurse in a psychiatric department was "awareness of mental illness" (4/10). The most common factor cited that make it difficult to be a nurse in a psychiatric department was "institutional factors" (7/10), and factors facilitating their work were as "support from the department" (6/10) and "team dynamics" (6/10). A notable difference in psychiatric nursing compared with general nursing was the emphasis on "holistic care" (5/10).

Conclusion: There are many factors that make it difficult to be a psychiatric nurse. Improvements such as additional training will contribute to the field of psychiatric nursing and increase the quality of nursing care.

Keywords: Case study; Psychiatric department; psychiatric nursing; qualitative research.

What is known on this subject?

- Psychiatric nursing requires different skills and it can be a challenging environment. The role and experiences of a nurse working in a psychiatric department differ from those of general nursing in the structure of psychiatric departments, the responsibilities and activities required to provide a therapeutic environment, more emphasis on communication-oriented care, and sometimes, the respect accorded to the work by others outside the psychiatric profession.

What is the contribution of this paper?

- Despite factors that make it difficult to be a nurse in a psychiatric department, the participants found it rewarding and want to work in the field. Improvements to the current mental health structure in our country would be of great benefit.

What is its contribution to the practice?

- Nurses working in psychiatric departments should be encouraged to pursue postgraduate education. The employment of nurses who can serve as field experts will contribute to the field of psychiatric nursing and increase the quality of care.

Psychiatric nursing is a specialized field that focuses on the assessment and treatment of individuals with mental health disorders.^[1] Psychiatric nursing requires substantial interpersonal care that supports and maintains the functioning of an individual, family, group, or community.^[2] The aim of psychiatric nursing is to support mental health in individuals, families, and other groups; to prevent mental illness; and to manage existing mental illness.^[3] Psychiatric nursing differs from general clinical nursing in the structure of psychiatric departments, the education of psychiatric nurses, and the responsibilities involved in providing a therapeutic environment, including greater emphasis on communication-based care.

Communication and interpersonal relations constitute an important part of psychiatric nursing care. Peplau empha-

Address for correspondence: Buket Şimşek Arslan, Akdeniz Üniv. Hemşirelik Fakültesi, Psikiyatri Hemşireliği Anabilim Dalı, Antalya, Turkey

Phone: +90 242 226 12 58 **E-mail:** buketsmse@gmail.com **ORCID:** 0000-0003-1731-4471

Submitted Date: October 04, 2019 **Accepted Date:** August 26, 2020 **Available Online Date:** February 18, 2021

©Copyright 2021 by Journal of Psychiatric Nursing - Available online at www.phdergi.org



sized that a central feature of psychiatric nursing is the role of counselor and psychotherapist.^[3] The initiation of the use of somatic therapies in the 1950s led to greater communication with psychiatric patients. Psychiatric nursing care for these patients has changed from physical protection and observation to interaction with the patient.^[4] In order for this interaction to occur, the nurses must offer components of therapeutic communication such as trust, interest, empathy, acceptance, and respect.^[3] The idea that psychiatric nursing was based primarily on the role of a counselor began to spread in the 1960s. The psychiatric nursing role transformed from one prioritizing physical care to more comprehensive roles, including acting as an educator, leader, consultant, mediator, manager, observer, researcher, and a provider of security and other resources, all of which require clinical expertise.^[4,5]

A Master of Science degree is required in order to be a psychiatric nurse in Turkey. Çam^[6] stated that there were approximately 600 psychiatric nurses in Turkey as of 2014. As of May 2018, there were 241 psychiatric nursing students in a master's degree program and 109 in a doctoral program.^[7] In 2010, there were 1677 nurses working in the field of mental health in Turkey.^[8] Most nurses working in psychiatric departments have only a basic nursing education.

As in other countries,^[1-3,9] the role of nurses working in the psychiatric departments in our country is to mentally and physically evaluate patients, manage the therapeutic environment, administer drug treatment, help the patients in therapeutic activities, and develop a one-to-one relationship.^[10] Psychiatric nurses manage activities such as social activities and trips outside the hospital, education, interaction groups, and occupational therapy.^[11] These activities are designed to increase patient self-confidence, self-esteem, and communication in order to facilitate a return to life in the external community as soon as possible.^[12]

Studies in the literature have demonstrated that psychiatric nursing is different from general nursing and requires particular skills and characteristics. An Australian study of experienced psychiatric nurses revealed that the participants saw themselves as different from other nurses and from society in general. The nurses said that as a result of their work, they had observed changes in both patient care and in themselves, which provided a high level of satisfaction.^[13] In a study comparing general clinical nursing and psychiatric nursing, it was concluded that psychiatric nursing requires greater therapeutic sensitivity and interest in the patients, while general clinical nursing relies more on routine, technical knowledge and skills, and less refined insight.^[14] In Taiwan, nurses who started to work in the psychiatric department reported that they had struggled in the first year because they felt insecure and inadequate. However, with experience, they felt a sense of belonging and wanted to continue working in the psychiatric field.^[15] Another study found that initial feelings of stress, confinement, and lack of support and preparation

in novice psychiatric nurses were replaced by a sense of usefulness and satisfaction.^[16] Although there are various studies about being a psychiatric nurse in Turkey, to the best of our knowledge, a qualitative study examining the thoughts and experiences of these nurses has not yet been conducted in our country. The objective of this study was to explore the thoughts and experiences of psychiatric nurses through their own narratives.

Materials and Method

Design

A qualitative study design was used to explore the thoughts and experiences related to being a nurse working in a psychiatric department. The case study method, used to investigate one or more events related to a larger situation and to analyze them holistically, was selected as a sub-type design to examine and compare patterns.^[17-19]

Population and Sample

The initial population group comprised 20 nurses working in the psychiatric departments of 3 public hospitals in Antalya, Turkey, who were invited to join the research project at a visit to the hospital. Of that group, 10 nurses agreed to participate in the study.

Data Collection Tools and Data Collection

The data were collected using individual interviews conducted by appointment in the department where the nurses worked. A personal information form and a semi-structured interview form were used during interviews that lasted an average of 20 minutes.

Personal Information Form: The form comprised 6 questions related to age, gender, education level, total years of work, years of work in a psychiatric department, and education in psychiatric nursing.

Semi-Structured Interview Form: Seven questions were used to guide the interview, followed by a final probing question that allowed for elaboration and clarification (Table 1).

Data Analysis

Thematic analysis was used to evaluate the participants' statements and interpret the data.^[19] The study data were analyzed using Nvivo 10 software (QRS International AG, Ruggell, Liechtenstein). Themes were created after all of the individual interviews were completed and recorded. The researchers first worked independently, and then compared and agreed upon the themes to be used for the study. To ensure reliability, theme coding was performed by 2 experts who were not involved in the study. The Kappa value among the experts who coded the themes was examined using IBM SPSS Statistics for Windows, Version 23.0 software (IBM Corp., Armonk, NY, USA) and determined to be .84. It was concluded

Table 1. Semi-structured interview form

1. **Opening Question:** How did you start working in the psychiatric department?
2. What does it mean to be a nurse in a psychiatric department?
3. What factors make it difficult to be a nurse in a psychiatric department?
4. What factors facilitate being a nurse in a psychiatric department?
5. How would you compare being a nurse in a psychiatric department to general nursing?
6. What is a metaphor for being a nurse in a psychiatric department?
7. Given your choice, would you like to work as a nurse in a psychiatric department?
8. **Closing Question:** Is there anything else you would like to add?

ed that there was sufficient agreement between the experts (.81–1.00) and that the coding key was reliable.^[20] While the aim of qualitative research is to provide a descriptive and realistic picture of the issue, some quantitative analysis can be performed with data collected using qualitative methods. Quantitative results of this study are presented in Tables 1 and 2. Some participant statements are also provided to increase the validity and reliability of the study.

Research Ethics

In order to carry out the study, Ethical approval for this study was granted by the Akdeniz University Clinical Research Ethics Committee (Date: 28.12.2016, Decision Number: 701) and institutional permission was obtained from the hospitals where the study was conducted. The participating nurses were advised about the goals and structure of the study, and provided written consent.

Results

Analysis of the personal information form data indicated that 9/10 of the participants were female, 5/10 were aged between 41 and 50 years, and 6/10 were university graduates. Examination of their career history showed that 8/10 had been working as a nurse for 11 years or more, and 6/10 had been working in a psychiatric department for 6–10 years. It was observed that 8/10 of the nurses had not received any education specific to psychiatric nursing, 5/10 had elected to work in the psychiatric department, and that all of the participants would now choose to work in the psychiatric department (Table 2). Four themes and 23 sub-themes related to being a nurse working in a psychiatric department were selected (Table 3).

The Meaning of Being A Nurse in A Psychiatric Department

While 4/10 of the nurses participating in the study expressed the meaning of being a nurse in the psychiatry department with statements reflecting the theme of “awareness of mental illness,” 2/10 of the nurses expressed ideas categorized under the themes of “holistic care,” “care for a special group of patients,” and “patience” (Table 3).

You can distinguish healthy people from sick people. I understand people better and I can think of what they did because of the diseases. (P2) (Theme-Awareness of mental illness)

This is a privileged unit. I also know that the patients are privileged. But I think that the department needs a lot of expertise and that psychiatric nurses should improve themselves. (P9) (Theme-Privilege)

Table 2. Demographic characteristics of the participants

Demographic characteristics	n	%
Age		
20–30	1	10
31–40	3	30
41–50	5	50
51–60	1	10
Gender		
Female	9	90
Male	1	10
Education level		
High school	1	10
Associate degree	3	30
University	6	60
Total working years		
5–10 years	2	20
11 years or more	8	80
Years working in a psychiatric department		
1–5 years	2	20
6–10 years	6	60
11 years or more	2	20
Education in psychiatric nursing		
Yes	2	20
No	8	80
Psychiatric department position		
Own request	5	50
With the proposal of the institution	5	50
Willingness to work in a psychiatric department if there is a chance to choose again		
Yes	10	100
No	0	0
Total	10	100

Table 3. The themes and sub-themes of the study recorded for each participant

Themes	Sub-themes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
The meaning of being a nurse in a psychiatric department	Privilege									√	
	Holistic care	√				√					
	Transfer of education into practice						√				
	Care for a different group of patients			√		√					
	Awareness of mental illness		√		√				√		√
	Patience							√	√		
Factors that make it difficult to be a nurse in a psychiatric department	Factors related to caregivers	√		√		√	√		√		√
	Lack of knowledge			√		√	√		√		
	Insufficient staff		√	√		√				√	√
	Mobbing	√			√						
	Institutional factors		√	√		√	√	√		√	√
	Not understood by other nurses	√					√				
	Factors related to patients					√					
	Stigma and fear of mental illness						√				
Factors facilitating being a nurse in a psychiatric department	Support from psychiatric department	√			√	√		√	√		√
	Team dynamics	√	√		√		√	√	√		
	Experience			√						√	
Comparison of being a nurse in a psychiatric department with other departments	Importance of education			√			√				
	Long care process						√		√	√	√
	Nursing observation	√								√	
	Holistic care	√	√			√			√	√	
	Communication	√		√	√						√
	Other (self-discovery, seeing the results of care, assisting with patient resuming productive life, low death rate)				√	√		√	√		

When you are working in a psychiatric department, you consider the patient as a whole, noting details of clothing, self-care capacity and performance, speech, manner of sitting and walking, and other indicators of functionality, etc. You look at the patient in a holistic way. In other departments, the concern was simply treatment and we did not think about other aspects of the patient. (P1) (Theme-Holistic care)

You are helping a group of patients who sometimes cannot reliably make decisions on their own or meet their individual needs and may not even realize that they have a mental illness. (P5) (Theme- Care for a different group of patients)

Sometimes, as a result of the drugs they use, these patients may ask the same question many times. You need to be patient, you need to be able to understand them, and you need to be calm. (P7) (Theme-Patience)

Factors That Make it Difficult To Be A Nurse in A Psychiatric Department

When asked about what makes it difficult to be a nurse in a psychiatric department, 7/10 of the participants noted "insti-

tutional factors" and 6/10 said "factors related to caregivers" (Table 3).

Caregivers can be problematic. Their adaptation and the process of accepting and understanding the illness can be a source of difficulties. (P5) (Theme- Factors related to caregivers)

I've had a lot of trouble with not knowing how to behave appropriately with respect to their illness. (P8) (Theme- Lack of knowledge)

Our staff is small. We have only 2 staff members during the day. If we had 4, we could be more engaged in occupational activities and other therapeutic efforts, but as it is, we can't get out of the nurse's room. (P10) (Theme- Insufficient staff)

The patients are not separated by disorder. I think separation would allow us to provide better care. (P2) (Theme- Institutional factors)

The psychiatric department is a special department. For example, to prevent patients from harming themselves or other patients, there cannot be anything made of glass present and electrical outlets need to be protected. Our patients stay in four-person

rooms, but single rooms would be better. (P10) (Theme- Institutional factors)

Cruel and ill-informed expressions like “madhouse” are hurtful. Psychiatric employees are stigmatized, whether you are a professional or a student. (P6) (Theme- Stigma, and Fear of mental illness)

Factors Facilitating Being A Nurse in A Psychiatric Department

According to the participants, elements that assisted with being a nurse in a psychiatric department were “support from the psychiatric department” (6/10), “team dynamics” (6/10), and “experience” (2/10) (Table 3).

Support from psychiatric department colleagues, absolutely. Even some nurses who have worked for 30 years cannot do psychiatric nursing. This is a special place; you have to like this work. (P5) (Theme- Support from psychiatric department)

My team, the doctor, the psychologist, the nurse, the staff. We are a complete team here. We are all able and willing to work together and get along. (P8) (Theme- Team dynamics)

Psychiatry is a field where time, experience, and education lead to greater success. (P3) (Theme-Experience)

Comparison of Being A Nurse in the Psychiatric Department and Other Departments

The participants observed that they provide holistic care (5/10), they communicate more frequently with patients (4/10), and that the care process is prolonged in psychiatric departments (4/10) (Table 3).

In the emergency department, for example, when a patient whose arm is broken or cut comes in, you can immediately do a lot of technical things, but here, treatment requires time. The work is a lot more nuanced and the care process is extended. You manage that process. (P9) (Theme- Long care process)

Detailed observation is very important in a psychiatric department. This is not done in the same way in other departments. (P1) (Theme-Nursing observation)

We think of the patient as a whole, including their family. (P5) (Theme-Holistic care)

Communication is more important when working in a psychiatric department. You listen to the patient and affirm that you value them and understand their problems. (P1) (Theme-Communication)

A Metaphor For Being A Nurse Working in A Psychiatric Department

Metaphoric responses about being a nurse in a psychiatric department usually reflected a notion of assisting in the patients’ reform and progress (making a clay pot, teacher, can-

dlelight, a bee), managing more than 1 concern (search engine, octopus, scene), and a sense of enigma, impenetrability, or opacity (road surrounded by wires, hard-to-read book, water). The metaphors expressed by the participants are shown in Figure 1.

Discussion

The Meaning of Being A Nurse in the Psychiatric Department

This study was designed to explore the thoughts and experiences of psychiatric nurses in Turkey, and our results could be very valuable to development in the field. Our findings indicated that the nurses had gained significantly greater awareness and understanding of mental illness by working in this department. Similarly, Bostancı and Aştı^[21] determined that nurses working in psychiatric departments developed more positive attitudes and opinions regarding mental illness as a result of specialized knowledge, skills, and experience compared with nurses working in other departments. In contrast, Moran^[22] concluded that the view of psychiatric nurses of mental illness was more negative than that of other nurses. We found that enhanced awareness of mental illness was seen as a significant gain and could reduce or prevent stigmatization.

Bostancı and Aştı^[21] reported that prior to gaining experience in a psychiatric department, nurses tended to view mental illness and patients with a mental illness as no different from other illnesses or other patients. However, several stud-

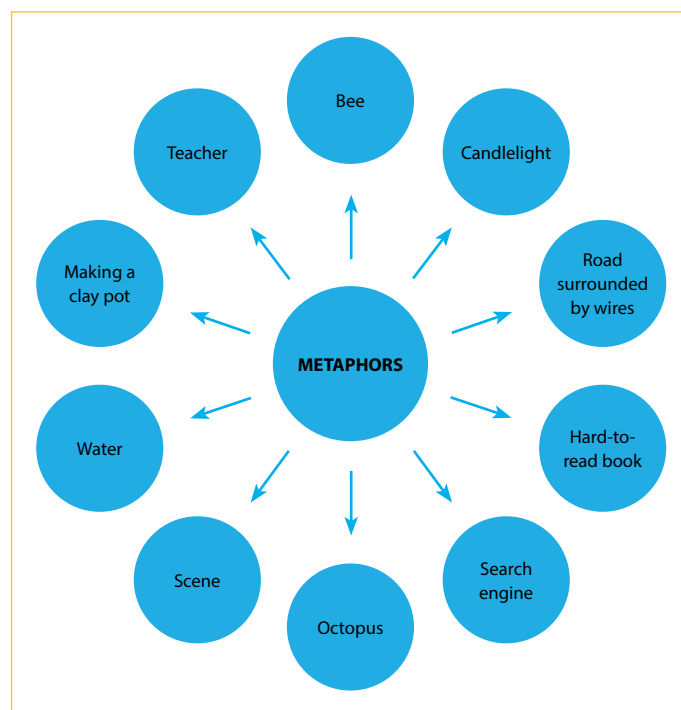


Figure 1. Metaphors.

ies^[13,14,23] have established that psychiatric illness and the required nursing is different. This does not refer simply to stigma. Study participants have recognized differences in nursing interventions, care needs (due to lack of patient awareness of the illness, impaired patient decision-making, failure to deliver their wishes, etc.), and necessary characteristics in the nursing staff (curious, self-conscious, understanding)^[14,23] The meaning of being a nurse in the psychiatric department is uniquely defined by the features of psychiatry, professional roles and responsibilities, and professional identity.

Factors That Make it Difficult To Be A Nurse in A Psychiatric Department

The presence of patient caregivers in the department can produce both positive and negative results. Çetinkaya Duman et al.^[24] found that while caregivers are welcome and can reduce the burden of care for the treatment team working with at-risk patients, some aspects of the patient's functionality and the employees' duties were negatively affected. Sjöblom et al.^[25] noted that caregivers need to be provided with information. We also found that caregivers frequently had a low level of knowledge about the illness, and that there was some disruption to the functioning of the department. Nurses must carefully consider how caregivers take part in patient care. In other words, management of the role of a caregiver is another component of psychiatric care for nurses.

In the study of Çetinkaya Duman et al.,^[24] 45.9% of the participants observed that a psychiatric nurse should be well equipped and educated. Psychiatric nursing is a specialty best acquired through postgraduate education.^[26] In Turkey, however, psychiatric nursing is not yet legally defined as a specialty.^[10] Therefore, many nurses working in psychiatric departments do not have a specialized graduate education that would provide relevant skills. This doubtlessly contributed to responses in our research indicating awareness of a lack of sufficient knowledge. The Nursing Services Certificate Program Standards for Psychiatric Departments, part of the Health Field Certified Training Standards issued by the Ministry of Health in 2017^[27] was a positive development that will contribute to the knowledge of nurses. Nurses should be provided with opportunities to obtain the necessary skills and knowledge through postgraduate education, certificate programs, and lifelong learning programs.

There are far fewer individuals working in the field of mental health in Turkey in comparison with other European countries. Nurses working in the mental health field constitute only 1.1% of the total number of nurses.^[8] One evaluation of 195 psychiatric departments found that 63.1% of these departments had 6–10 nurses.^[28] Insufficient staff was identified as a factor that makes it difficult to be a nurse in a psychiatric department.

Metaphors used in our study of an octopus, a search engine, and scene demonstrate that these nurses must be able to manage multiple tasks and yet are limited due to small staffing capacity.

Mobbing, or bullying, is another important and less-discussed topic.^[29] In a study conducted in our country, a scale indicated that 9.7% of the participants had been exposed to mobbing, while a focus group interview with the same group revealed an exposure rate of 33%.^[30] In another study, it was determined that 86% of the nurses studied had been exposed to mobbing in the previous 12 months, and that the perpetrators were most often administrators.^[31] Mobbing by administrators was also mentioned as a factor that makes it difficult to work as a nurse in a psychiatric department in our study.

The theme of institutional factors in our study included issues such as a lack of specified departments according to disease, insufficient infrastructure for physical restraint, and the physical structure of the department. In another analysis of psychiatric departments in our country, it was found that 37.4% of the departments did not have an interview room and 44.1% did not have an occupational activity room. It was determined that 24.6% of the psychiatric departments were located on the second floor of the hospital and 62.5% of these departments had multiple-bed rooms. In addition, half of the departments did not have a dining hall, one-third did not have a restraint/seclusion room, and four-fifths did not have an enclosed garden.^[28] Weak institutional environment factors contribute to the difficulty of serving as a psychiatric nurse.

Another factor that makes it difficult to be a nurse in a psychiatric department is the fear of stigmatization. Other studies have noted such a fear among psychiatric nurses, and that they reported stigmatization by family members and other nurses, to the point that they were reluctant to speak about their work.^[15,16,32]

The mystery, fear, and rejection that still often surrounds psychiatry and concerns about potential violence are elements that add to the challenges of psychiatric nursing. These concepts were discernable in the metaphors used in our research, although there was no specific mention as a factor that makes the work difficult. The responses of the study participants expressed a sense of unease and difficulty in the image of a road surrounded by wires, and an opaque and unfathomable or overwhelming quality in the comparison to a hard-to-read book and water. A study conducted in England found that 80–90% of the nurses working in a psychiatric department reported verbal abuse in the previous year, 68% had experienced sexual abuse, and 16% had been exposed to serious physical violence.^[33] Violence is also a concern for other health staff and patients.^[34]

Factors Facilitating Being A Nurse in A Psychiatric Department

A multidisciplinary approach is used in the treatment and care offered in a psychiatric department. Psychiatric nurses, physicians, psychologists, social workers, therapists who specialize in various issues, dieticians, and religious advisors may be members of the team.^[9] A coordinated team approach is of great significance in a psychiatric department, both for the patients and the staff. The emphasis on the positive value of support and team dynamics seen in this study support this approach.

Liking the work and feeling supported has a considerable impact on a psychiatric nursing career. All of the participants in our study stated that they would like to work in a psychiatric department, even given a choice of placement. Ünsal et al.^[35] found that close to 90% of study participants were satisfied with working in a psychiatric department as a nurse. Hung et al.^[15] also found that nurses wanted to continue working in the psychiatric department.

Experience was identified as a factor facilitating work as a nurse in a psychiatric department. One study examining the role of psychiatric nurses in Turkey noted that the vast majority of nurses had more than 5 years of experience. Experience contributes to the ability to take an active role in clinical activities and therapeutic communication.^[28] A nurse who has been working in a psychiatric department for a long time will be more likely to be successful in managing the care process, providing an appropriate therapeutic environment, and maintaining communication with the patient.

Comparison of Being A Nurse in the Psychiatry Department and Other Departments

Observation is an integral part of care and treatment in psychiatric departments.^[1,3,33,36] Though they were not specialist psychiatric nurses, the theme of observation seen in our study indicated that the participants were aware of its importance.

Holistic care is an approach that includes the psychological, social, emotional, and spiritual needs of the patient.^[37] Our participants noted that they provide more holistic care in the psychiatric department than other departments. The Gordon's Functional Health Pattern Model is used to assess a variety of needs and develop psychiatric nursing care plans to meet both the psychosocial and physiological needs of patients,^[38] which reflects the theme of holistic care. Comprehensive care is also seen in the metaphors suggesting growth and progress (making a clay pot, teacher, candlelight, bee).

A study conducted with student nurses found that the focus of nursing in other departments is more technical, routine, and requires less insight than psychiatric nursing. Psychiatric nursing involves a greater level of personal concern and therapeutic acumen.^[14] Research has also indicated that talk-based

therapy training influenced psychiatric nurses.^[23] We also observed a theme recognizing the value of communication in our research. Moir and Abraham^[14] noted that the nature of working in a psychiatric department can help nurses refine their own identity as well as assisting patients. This is consistent with a self-discovery sub-theme.

Communication and therapeutic skills are required to be able to help patients as a psychiatric nurse.^[1,3] We found that education in psychiatric nursing is necessary and important. Similarly, in another study, almost all of the participants emphasized that education, whether academic or not, was critical to appropriately fulfilling the professional role of a psychiatric nurse.^[23] Certificate programs in psychiatric nursing should be available and nurses should be encouraged to pursue graduate education.

Conclusion

This study exploring the thoughts of the nurses working in a psychiatric department using their own narratives yielded valuable results related to the role, working conditions, and characteristics of a psychiatric nurse. The findings revealed a greater awareness of mental illness among the benefits of the experience, as well as factors that make psychiatric nursing difficult. The relevant institutional structure in Turkey (lack of mental health law, the low number of trained psychiatric nurses, insufficient staffing, stigmatization) adds to the difficulties. However, identifying the duties, powers, and responsibilities of the psychiatric department nurse in the Nursing Regulation can be considered a strength. Working as a nurse in a psychiatric department differs from general nursing in many ways. Nurses working in a psychiatric department should be encouraged to pursue additional training and education. Postgraduate education and a formal qualification of a specialist psychiatric nurse will enhance the quality of care, as well as benefit the nurses as individuals.

Limitations

The results of this study are limited to the sample and their narratives.

Acknowledgements

The authors are grateful to the nurses who participated in the study for their patience and interest.

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept – B.Ş.A., K.B.; Design – B.Ş.A., K.B.; Supervision – K.B.; Data collection &/or processing – B.Ş.A.; Analysis and/or interpretation – B.Ş.A.; Literature search – B.Ş.A.; Writing – B.Ş.A., K.B.; Critical review – K.B.

References

1. Varcarolis EM. *Essentials of Psychiatric Mental Health Nursing*. Missouri: Elsevier Saunders; 2013.
2. Stuart GW. *Principles and Practice of Psychiatric Nursing*. Missouri: Elsevier Mosby; 2013.
3. Videbeck S. *Psychiatric-Mental Health Nursing*. Philadelphia: Lippincott Williams & Wilkins; 2011.
4. Kum N. Introduction. In: Kum N, editor. *Handbook of Psychiatric Nursing*. İstanbul: Birlik Offset; 1996. p. 1–3.
5. Peplau HE. *Interpersonal Relations in Nursing: A Conceptual Frame of Reference for Psychodynamic Nursing*. Springer Publishing Company: New York; 1991.
6. Çam O. Introduction to Mental Health and Illness Nursing. In: Çam O, Engin E, editors. *Mental Health and Illness Nursing: The Art of Care*. İstanbul: İstanbul Medicine Bookstore; 2014. p. 1–235.
7. Dinç, L. Data on Current Status of Nursing Undergraduate and Graduate Education. [Unpublished Report]
8. Ministry of Health. *National Mental Health Plan (2011-2023)*. Ankara: Ministry of Health; 2011.
9. Townsend MC. *Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice*. (Özcan CT, Gürhan N, Translation Editor.) Ankara: Akademisyen Medicine Bookstore; 2016. (Original publication date of study 2013).
10. Regulation on the Amendment of the Nursing Regulation. Official Newspaper. Received May 20, 2019, from <http://www.resmigazete.gov.tr/eskiler/2011/04/20110419-5.htm>.
11. Kamaşlı S, Daştan L. The Practices of Nursing in a Psychiatric Unit and the Patients' Opinions about the Nursing Practices. *Cumhuriyet Üniversitesi Hemşirelik Yüksekokulu Dergisi* 2008;12:45–52.
12. Pektekin Ç. Basic Concepts in Psychiatric Nursing. In: Kum N, editor. *Handbook of Psychiatric Nursing*. İstanbul: Birlik Offset; 1996. p. 9–38.
13. Humble F, Cross W. Being different: a phenomenological exploration of a group of veteran psychiatric nurses. *Int J Ment Health Nurs* 2010;19:128–36.
14. Moir J, Abraham C. Why I want to be a psychiatric nurse: constructing an identity through contrasts with general nursing. *J Adv Nurs* 1996;23:295–8.
15. Hung BJ, Huang XY, Cheng JF, Wei SJ, Lin MJ. The working experiences of novice psychiatric nurses in Taiwanese culture: a phenomenological study. *J Psychiatr Ment Health Nurs* 2014;21:536–43.
16. Khankeh H, Khorasani-Zavareh D, Hoseini SA, Khodai-Ardekandi MR, Ekman SL, Bohm K, et al. The journey between ideal and real: Experiences of beginners psychiatric nurses. *Iran J Nurs Midwifery Res* 2014;19:396–403.
17. Streubert HJ, Carpenter DR. *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. Philadelphia: Lippincott Williams & Wilkins; 1999.
18. Yin RK. *Case Study Research: Design and Methods*. California: SAGE Publications; 2009.
19. Yıldırım A, Şimşek H. *Qualitative Research Methods in Social Sciences*. Ankara: Seçkin Publishing; 2016.
20. Landis JR, Koch G. The measurement of observer agreement for categorical data. *Biometrics* 1977;33:159–74.
21. Bostancı N, Aştı N. Evaluation of attitudes and behaviors of nurses to mentally ill individual. *Dusunen Adam The Journal of Psychiatry and Neurological Sciences* 2004;17:87–93.
22. Moran M. The opinions of the nurses working at psychiatric field and other clinics about psychiatric disorders and patients. [Unpublished Master Thesis] Mersin: Mersin University Health Sciences Institute; 2008.
23. Hurley J, Lakeman R. Becoming a psychiatric/mental health nurse in the UK: a qualitative study exploring processes of identity formation. *Issues Ment Health Nurs* 2011;32:745–51.
24. Çetinkaya Duman Z, Şengün İnan F, Moursel G, Çakar H. Opinions of patients' relatives and health professionals regarding patient accompaniment in the department of psychiatry. *Journal of Psychiatric Nursing* 2015;6:79–84.
25. Sjöblom LM, Pejler A, Asplund K. Nurses' view of the family in psychiatric care. *J Clin Nurs* 2005;14:562–9.
26. Law Amending the Law on Nursing. Official Newspaper. Received May 20, 2019, from https://www.tbmm.gov.tr/tutanaklar/KANUNLAR_KARARLAR/kanuntbmmc091/kanuntbmmc091/kanuntbmmc09105634.pdf.
27. Ministry of Health. Health Field Certified Training Standards Nursing Services Certificate Program Standards in Psychiatric Departments. Standart number: 66. Received May 23, 2019, from http://www.istanbulsaglik.gov.tr/w/sb/duyurular/belge/9697_psikiyatri_birim_hemsire_hizmet_standartlari.pdf.
28. Ergun G, Isik I, Dikec G. Roles of Psychiatry Nurses Within a Therapeutic Environment of Psychiatry Clinics in Turkey. *Arch Psychiatr Nurs* 2017;31:248–255.
29. Özdemir S, Tosun B, Bebiş H, Yava A. Mobbing from Nurse Pencil: Psychological Harassment at Workplace. *TAF Prev Med Bull* 2013;12:183–92.
30. Efe SY, Ayaz S. Mobbing against nurses in the workplace in Turkey. *Int Nurs Rev* 2010;57:328–34.
31. Yildirim A, Yildirim D. Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. *J Clin Nurs* 2007;16:1444–53.
32. Ben Natan M, Drori T, Hochman O. Associative stigma related to psychiatric nursing within the nursing profession. *Arch Psychiatr Nurs* 2015;29:388–92.
33. Nijman H, Bowers L, Oud N, Jansen G. Psychiatric Nurses' Experiences With Inpatient Aggression. *Aggressive Behavior* 2005;31:217–27.
34. Hankin CS, Bronstone A, Koran LM. Agitation in the inpatient psychiatric setting: a review of clinical presentation, burden, and treatment. *J Psychiatr Pract* 2011;17:170–85.
35. Ünsal G, Karaca S, Arnik M, Can ÖZ Y, Aşık E, Kızılkaya M, et al. The opinions of nurses who work in psychiatry clinics related to the roles of psychiatry nurses. *MÜSBED* 2014;4:90–5.
36. Durmaz H. Interview, Observation and Registration Process with Patient. In: Gürhan N, editor. *Psychiatric Mental Health Nursing*. Ankara: Nobel Medicine Bookstore; 2016. p. 165–83.

-
37. Bassett C. Nurses' perceptions of care and caring. *Int J Nurs Pract* 2002;8:8–15.
38. Sabancıoğulları S, Ata EE, Kelleci M, Doğan S. Evaluation According to the Functional Health Pattern Model and NANDA Diagnoses of Patient Care Plans Made by Nurses in a Psychiatry Department. *J Psy Nurs* 2011;2:117–22.