



Original Article

How authentic are we? The relationship between existential concerns and authenticity levels of psychiatric nurses

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Abstract

Objectives: This study was conducted to examine the relationship between psychiatric nurses' existential concerns and their level of authenticity.

Methods: This research is a descriptive study looking for a relationship and was conducted with 192 nurses working at the Turkey Psychiatric and Neurological Diseases Training and Research Hospital between February 2018 and August 2018. Data were collected using the "Descriptive Information Form", "Existential concerns" and "Authenticity" scales.

Results: The relationship between Existential Concerns scale scores and Authenticity Inventory Scale scores was negative and significant ($p < 0.01$).

Conclusion: It is recommended to investigate the reasons affecting the existential anxiety levels of psychiatric nurses and to provide psychoeducation to increase their authenticity.

Keywords: Authenticity; existential anxiety; psychiatric nursing.

Nursing is a profession with theoretical and practical content based on science and art and should not be considered only as care and practice.^[1] It is predicted that nursing can be a more satisfying profession with the participation of art and aesthetic knowledge in care, and the participation of scientific information in guiding the professional practices while protecting and improving the physical, mental, and social health of the individual, family, and society.^[2] Carper (1978) explained the four ways of knowing nursing as empirical, ethical, aesthetic, and personal knowing. While empirical knowledge expresses the scientific aspect of nursing (which includes evidence-based practices), ethical, aesthetic, and personal knowledge emphasize the artistic aspect of nursing.^[3] For example, Hildegard Peplau (1909-1999) was disturbed by the fact that nursing was limited to hospitals, clinics, and diseases, and aimed to bring a new dimension to the profession, to treat people as individuals, and to emphasize the human-to-human relationship process. Again, Travelbee's definition of nursing is

based on existential philosophy and says that nursing is professionalism that helps the individual and society cope with the experience of illness and pain and find meaning in their experiences.^[4,5] There is no period in the history of nursing where nursing is defined as a profession that provides only physical care. Although there is more emphasis on the science aspect of nursing today, the artistic aspect of nursing has also been valued since Florence Nightingale defined nursing as "the most beautiful of fine arts".^[1] Nursing can be presented as an art only if nurses present themselves authentically.^[6,7] The word "authenticity", when used as a concept, denotes originality.^[8] It is a very important concept about the harmony of the person with themselves and their environment, and it is closely related to the psychological health of the individual. In addition, it can be summarized as a person's self-understanding, being aware of their ontological realities, and performing their behaviors in line with these realities.^[9] For an individual to be authentic, they must be open to the emotions that arise

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What is presently known on this subject?

- Authenticity is one of the strongest concepts of the existential movement. Existential concerns arise in a life dictated by circumstances when an authentic existence does not occur. Nursing is a profession consisting of science and art. The art aspect of nursing is related to ethics, aesthetics, and personal science. This is only possible if nurses present themselves in an authentic way.

What does this article add to the existing knowledge?

- Existence requires being an individual who strives, chooses, and decides. A person who is confronted with their existential anxieties is authentic. Care is fundamental to understanding human life and is the key to human authenticity. What distinguishes nursing care from other types of care is that the nurse presents their care in a unique way, that is, as the art of nursing. Care becomes possible with the use of the art of nursing. A nurse who has overcome their existential anxieties and presented themselves authentically has achieved mastery in using their feelings in harmony with the knowledge they have gained. Nursing art develops useful practices and skills. It increases the physical and mental well-being of individuals receiving care. It also strengthens the personal development and job satisfaction of nurses.

What are the implications for practice?

- It is thought that psychiatric nurses will contribute to the artistic aspect of nursing by revealing their existence in an authentic way. Traditional nursing relies on strong empirical knowledge. However, personal, ethical, and aesthetic knowledge is just as important as empirical knowledge. The art of nursing is the combination of reconciling instinct with intuition and connecting patient and nurse to discover the meaning of life. In nursing, this occurs when the nurse is authentic. Authenticity, which can emerge from the synthesis of senses and intuition, as well as the synthesis of knowledge and experience, is the art form of nursing, as it moves from novice to expert. Conceptually, nurses can exhibit their art by using their imagination and creativity while using their scientific, technical, and communication skills. The artistic aspect of nursing will only be possible by revealing its authenticity as well as its scientific aspect.

in negative situations, show awareness and acceptability towards these feelings, and voluntarily attempt to become the "I" with a sense of responsibility for the "Other". In doing so, the "I" does not destroy the authenticity of the "Other" and does not harm him. This definition of Levinas coincides with Watson's (2008) concept of being authentic, presenting its existence in an original way, and with many care behaviors/concepts.^[10-12] Watson says, "To present and provide care in an authentic way, to develop and maintain a unique care relationship, or to provide care by applying human care principles that strengthen the harmony of mind and body, requires providing care without leaving the individual in a state of constant demand in their healing processes". It is also stated in the literature that the concept of authenticity is closely related to positive psychological symptoms.^[11-13] The fact that each person inevitably confronts the existential anxieties and realizes themselves ensures that the individual presents and maintains their existence in an authentic way.^[14] Being authentic means facing the anxiety of existence. Watson, while explaining care, points to an understanding of care that does not deprive the recipient and giver of their humanity.^[11,15] With all these statements, Watson proposes to prevent the rejection of the ethical demand stated by Løgstrup, or to prevent the nurse from "feeling anxious" or "invalidating one's own existence" if it is not

met.^[11] The factors that create existential anxiety are generally meaningless and learned classified experiences, inability to make choices about experiences, and inability to establish real relationships with people.^[14-16] In addition to the existential anxieties of psychiatric nurses arising from their difficult working environment experiences, the struggle for their professional existence emerges as a separate existential problem.^[15,16] Studies have found that healthcare professionals mostly attribute their work alienation to laws and working conditions.^[17,18] Being able to recognize the existential concerns of the psychiatric nurse enables them to accept their own originality. It is important to look at the existential anxiety levels of psychiatric nurses in terms of their well-being and their ability to make life meaningful. Psychiatric nurses should have the ability to make sense of nursing life between existential anxiety and meaning-nonsense dilemma.^[19,20] This meaning can be realized by the originality of the psychiatric nurse. In effective communication with the patient, especially in psychiatric nurses, trust, simplicity, accuracy, purity, being autonomous, in short, originality will allow the nurse and the patient to relax psychologically and to use coping methods more effectively.^[21] In the light of this information, the research was conducted to examine the relationship between existential concerns and originality levels of psychiatric nurses. For this purpose, in a public psychiatric hospital, an answer has been sought to the question "Do existential concerns of psychiatric nurses have an effect on their originality levels?"

Materials and Method

Type of Research: This research is a descriptive study looking for a relationship.

Place and Time of the Research: The research was carried out with nurses working in the psychiatry clinics of a public psychiatric hospital between February 2018 and August 2018. In the hospital where the data were collected, services are provided in the branches of psychiatry, neurology, neurosurgery, and child-adolescent psychiatry. The fields in the branch of psychiatry are forensic psychiatry, addiction centers, mood disorders centers, psychotic disorders centers, and women's mental health centers.

Population and Sample of the Study: The population of the research consists of 457 nurses working in psychiatry clinics in Bakırköy Prof. Dr. Mazhar Osman Mental Health and Diseases Hospital. The sample size and effect size in the study were analyzed using the G Power 3.0.10 program. Accordingly, it was concluded that a participant group of 112 people was sufficient for an actual power analysis of 0.951. In line with this information, the number of participants and sample group to be included in the study were determined. The inclusion criteria for the study were being older than 18 years of age, volunteering to participate in the study, working in a psychiatry clinic for at least 6 months,^[21] and continuing to work in the psychiatry service at the time of the study. The study was conducted with 192 nurses who met the inclusion criteria and

voluntarily participated in the study. It was determined that this sample size was higher than the number of participants targeted in the power analysis, and the data of all participants were analyzed with the thought that it represented the population better.

Data Collection: After obtaining the necessary permissions, a preliminary study was conducted with 10 nurses randomly selected from the wards to determine their understanding of the data collection tools and the time required for filling out the forms, and their feedback was evaluated and finalized. Considering that the participants to be included in the preliminary study should be as similar as possible to the population to which the final questionnaire will be applied, and depending on the purpose of the researcher, 10 nurses working in a public psychiatric hospital were deemed suitable for the preliminary study.^[22] Data were not included in the study. After the preliminary study, the first author conducted interviews with the nurses in charge of the service, and an appointment was made by determining the days and hours that the nurses in charge of the service deemed appropriate. According to the appointment book created, the first author visited the clinics and met with the clinical nurses in an appropriate part of the service. In this meeting, nurses were informed about the purpose of the study by the first author. Questionnaires were given to the clinical nurses who met the inclusion criteria and agreed to participate voluntarily in the study, and they were asked to answer them themselves. During this time, the first author was present at the clinic. There was no time limit for them to fill in the data collection tools. Data were collected between February 2018 and August 2018.

Data Collection Tools

Existential Anxiety Scale (EAS): The scale was developed by Yıkılmaz and Ceyhan in 2015.^[23] The scale consists of 25 items and includes four subscales. The internal consistency coefficient of 25 items of the EAS is $\alpha=0.85$. The lowest score that can be obtained from the EAS is 25 and the highest score is 125. A high score indicates that the individual has a high level of existential anxiety. In the study, the reliability coefficient of the existential concerns scale was determined to be .84, and the Cronbach's alpha coefficients were found to vary between .78 and .87. The scale has 4 sub-dimensions: "meaninglessness", "freedom", "isolation" and "death". In the study, the reliability coefficient of the existential concerns scale was determined to be 0.844, and the Cronbach's alpha coefficients were found to vary between 0.788 and 0.871. When the literature is examined, the scale has been applied to professional groups, healthy adults, students studying in psychological counseling and guidance departments, university students, adults diagnosed with cancer, many healthy/diseased adults, and professional members.

Authenticity Scale (AS): Originally developed by Kernis and Goldman (2006), it is a 5-point Likert-type scale consisting of 45 items.^[24] The scale was adapted by Aydoğan et al. (2011), in 2011.^[25] To determine the consistency of the scale, the Cron-

bach alpha test was performed, and it was determined to be .85. Sub-dimensions of the scale: awareness, objectivity, behavioral and relational. The existential anxiety scale has not been used in nurses before. In the study, the reliability coefficient of the originality scale was determined to be 0.890, and the Cronbach's alpha coefficients were found to vary between 0.82 and 0.90. When the literature is examined, the scale has been applied to many people such as occupational groups, healthy adults, and university students.

Data Evaluation: The data obtained from the research were analyzed with the SPSS (Statistical Package for Social Sciences) 22.0 program. To determine the statistical method to be used, a single sample Kolmogorov-Smirnov normality test and Levene homogeneity tests were applied, and it was determined that the data were compatible with the normal distribution ($p>0.05$) and were homogeneously distributed. For this reason, parametric tests were used. In the evaluation of the data, in addition to descriptive statistics, one-way analysis of variance (ANOVA) and independent t-tests for pairwise comparisons were used to determine statistical differences. Pearson correlation analysis was used to determine the relationship between the scores obtained from the scales in the study. The confidence interval was determined to be 95% in the analyses ($p<0.05$).

Ethical Considerations: This study was conducted with the approval of Ondokuz Mayıs University Clinical Research Ethics Committee dated 13 July 2017 (2017/1065), and the permission of Bakırköy Prof. Dr. Mazhar Osman Mental Health and Diseases Hospital Chief Physician and Istanbul Provincial Health Directorate (2017/21626). The research was conducted on a voluntary basis. After giving them necessary information about the research, individuals were informed that they had the option to participate or not. It was stated that the personal data of the individuals who wanted to participate would be protected, and their verbal consent was obtained. Necessary permissions were obtained for the scales used in the study.

Limitations: This study was conducted with nurses working in a public psychiatric hospital. The results of this study cannot be generalized to all nurses working in psychiatry clinics. At the same time, the fact that most of the nurses included in the study were female, was considered a study limitation.

Results

Findings of Demographic Characteristics of Psychiatric Nurses

The frequency range of the demographic data of the participants are shown in Table 1. Of the 192 participants, 68.8% are women and 11.5% work as responsible nurses. The mean age of the participants was found to be 32.11 ± 9.06 years, while the average of years of professional experience was 9.68 ± 9.75 (Table 1). It was determined that the mean of the EAS sub-dimensions ranged between 2.00 ± 0.77 and 2.75 ± 0.47 , while the mean total score of the EAS was 2.31 ± 0.5 . It was determined

Table 1. Findings of the sociodemographic characteristics of psychiatric nurses

Features	Number	Min - Max	M± SD
Age	192	18.00-58.00	32.1±9.07
Work experience	192	1-38	9.68±9.75
	Sayı	%	
Gender			
Male	60	31.2	
Woman	132	68.8	
Job description			
Responsible nurse	22	11.5	
Service nurse	170	88.5	

*M.: Mean; SD: Standard Deviation

Table 2. Findings of Scale Scores of Psychiatric Nurses

Features	Number	Min - Max	M± SD
Authenticity Scale			
Awareness	192	2.42- 4.83	3.79±0.495
Neutrality	192	1.17 - 5.00	3.41±0.595
Behavioral	192	2.30 - 5.00	3.66±0.549
Relational Harmony	192	2.45 - 5.00	3.77±0.505
Total	192	2.74- 4.85	3.70±0.438
Existential Anxiety Scale			
Meaninglessness Anxiety	192	1.00 - 4.50	2.33±0.803
Death Anxiety	192	1.20 - 4.20	2.75±0.478
Isolation Anxiety	192	1.00 - 5.00	2.00±0.774
Freedom Anxiety	192	1.00- 5.00	2.16±0.819
Total	192	1.32 - 4.56	2.31±0.516

*M.: Mean; SD: Standard Deviation

that the mean of the sub-dimensions of AS ranged between 3.4 ± 0.59 and 3.79 ± 0.49 , and the total mean score of the originality scale was 3.70 ± 0.43 (Table 2).

Findings Regarding the Relationship Between Existential Anxiety and Authenticity Scores of Psychiatric Nurses

When the Relationship Between Existential Anxieties and Au-

thenticity scores of Psychiatric Nurses was examined, a significant negative correlation was found between the total score of EAS and the total score of AS ($p<0.01$) (Table 3). It was determined that the non-significance dimension, which is one of the sub-dimensions of EAS, was negatively correlated with the scores of awareness (0.44), behavioral (0.24) and relational adjustment (0.39) from the sub-scales of AS ($p<0.01$) (Table 3).

Table 3. Comparison of existential concerns and authenticity scale scores of psychiatric nurses

	A		N		B		RH	
	r	p	r	p	r	p	r	p
MA	0.44	<0.01	-0.13	0.08	0.24	<0.01	0.39	<0.01
DA	0.12	0.11	0.33	<0.01	0.18	0.01	0.05	0.53
IA	0.04	0.55	0.35	<0.01	0.26	<0.01	-0.08	0.27
FA	0.02	0.76	0.45	<0.01	0.31	<0.01	-0.01	0.86

*r: Pearson Correlation Coefficient; MA: Meaninglessness Anxiety; DA: Death Anxiety; IA: Isolation Anxiety; FA: Freedom anxiety; A: Awareness; N: Neutrality; B: Behavioral; RH: Relational Harmony

It was determined that the death anxiety score, which is one of the sub-dimensions of EAS, was negatively correlated with the scores of impartiality (0.33) and behavioral (0.18) sub-dimensions of AS ($p < 0.01$) (Table 3). It was determined that the isolation anxiety score, which is one of the sub-dimensions of EAS, was negatively correlated with the scores of impartiality (0.35) and behavioral (0.26) from the sub-scales of AS ($p < 0.01$) (Table 3). It was determined that the freedom anxiety score, which is one of the sub-dimensions of EAS, was negatively correlated with the scores of impartiality (0.45) and behavioral (0.31) from the sub-scales of AS ($p < 0.01$) (Table 3).

Discussion

In this section, the findings of the relationship between the existential concerns and authenticity levels of psychiatric nurses were discussed. When the relationship between EAS and AS was examined, a significant ($p < 0.01$) negative relationship was found. It can be said that as the level of existential anxiety increases, the level of authenticity decreases. It has been supported by studies that an increase in the level of existential anxiety negatively affects the psychological health of the individual.^[26] Authenticity emphasizing one's true self is generally accepted as a personality variable.^[27] Nursing is one of the professions that internalizes the responsibility of people and society in health services, which have an important place in human life. The main profession of both existentialism and nursing is human and human life. For nursing to reach the desired service quality and to be successful in services, it needs authentic leaders who are aware of their own characteristics, behave fairly, self-confident, and honest, and who evaluate information. Authentic nurses are transparent and successful in their interpersonal relations with a balanced and impartial attitude.^[28] The state of authenticity is to be oneself beyond what environmental conditions dictate. Sartre defined the state of being authentic as making a choice and creating one's own value system.^[29,30] Again, Yalom (2018) states that there are existential problems at the root of many psychiatric problems, and that reality is positively related to psychological well-being, contrary to existential concerns. Examining the case studies, strong correlations were observed between authenticity and well-being, and between life satisfaction and subjective well-being.^[31,32] In the study, it was determined that the awareness and relational adjustment of the nurses who experienced meaningfulness decreased. One of the existential anxieties of mankind is meaningfulness. When people create their world, they want to know the answers to why and how they live and how they want to live. The emptiness that a person experiences when they cannot perceive what they want causes them to feel powerless and not in control of their life, and their harmony is impaired.^[33] While the presence of sense of meaning brings with it feelings such as joy, happiness, and life satisfaction, it is known that the decrease in sense of meaning causes problems such as depression, which may be caused by existential anxiety.^[16,26] People are in search of meaning and mean-

inglessness bothers them with existential anxiety.^[31] According to Eagleton (2012), being devoid of meaning means meaningfulness.^[34] Individuals who are devoid of meaning are incompatible and lacking in goals, purpose, essence, value, and quality.^[35] In this study, it was determined that the relational adjustment levels of psychiatric nurses who experienced meaningfulness anxiety decreased, that is, their efforts to establish open and honest relationships decreased. In addition, it was found that their awareness level, which is the precursor of establishing a suitable life for themselves, decreased and they could not develop original behavior ($p < 0.01$). Considering that an individual with meaningfulness anxiety cannot develop original behaviors and the level of awareness-adaptation to themselves and their environment will decrease, it is important for psychiatric nurses to reduce their anxiety levels. Jung states that the anxiety of meaning seriously hinders life. Viktor Frankl reported that most neurotic individuals are related to the meaning of anxiety and that the most important problem regarding the meaning of life is existential anxiety.^[36,37] Kierkegaard reports that an individual who struggles, makes choices, and decisions fulfills the necessity of existence, and that authenticity is the key in making sense of one's own life.^[38] Since the beginning of modern nursing, nurses have been highly influenced by existential philosophy and have struggled to make sense of life, to think about it and to research it. Because the main field of occupation of both existentialism and nursing is human and human life.^[39-41] For this reason, psychiatric nurses need to take responsibility both in their professional lives and in finding meaning in the lives of the individuals they care for. The results of this study revealed that, as death anxiety increased, the authenticity levels of psychiatric nurses declined. As death anxiety increased, it was determined that the sub-dimensions of originality, being impartial, and developing original behavior decreased ($p < 0.01$). Impartiality includes the ability to have sufficient thoughts, opinions, and perspectives and to act accordingly to make the right decision before making an important decision.^[42] Özdelikara (2016), in her study, found similar results to the results of this study and reported that non-compliance would increase due to death anxiety.^[43] Death is a situation that causes the individual's existence to be questioned.^[44] First, when the concept of death is evaluated, it is known that nurses care for a dying patient or they encounter death, although this varies depending on the department they work in.^[45,46] To develop a healthy structuring about death, the individual must first accept their own mortality. Death anxiety can also mean life anxiety, that is, not finding enough meaning in life. For this reason, it is thought that it is important for nurses working in psychiatry clinics to be able to recognize their own death anxiety so that they can provide care when they encounter an individual with death anxiety. According to the results of the research, the authenticity levels of nurses working in psychiatry clinics with high existential isolation levels decrease. Isolation anxiety is experienced in the form of self-isolation from society, isolation from the inner world, and existential isolation. When the

correlation between isolation anxiety and AS was examined, a negative correlation was found with neutrality and behavioral sub-dimensions ($p < 0.01$). Behavioral intimacy is very important in increasing intimacy experiences by eliminating the individual's feeling of isolation and to establish deeper relationships, the individual needs to open and discover themselves.^[47] While classifying the developmental periods in his theory, Erikson (2019) states that the sixth period is isolation against intimacy, and interpersonal relationships should be developed and deepened in this period, which corresponds to young adulthood. Otherwise, the individual will focus on themselves and feel lonely. In addition, loneliness and isolation deeply affect every individual, regardless of their developmental period.^[48,49] Individuals with a sense of isolation have difficulty establishing relationships because they believe they will be judged or rejected in their relationships, so they do not act out behaviorally by staying away from society. Existential isolation refers to the unclosed gap between oneself and other people. It is stated that facing death and freedom leads to isolation. Existential isolation is less felt in relationships based on interaction, realism, empathy, and positive unconditional acceptance.^[30,50,51] Individuals who face and explore their isolation can form loving relationships with others. Individuals who can establish relationships can endure isolation for a certain period.^[31] Considering that nurses working in psychiatry clinics care for individuals at risk of isolation and living, it is thought that they should first be aware of the isolation they experience and be active in interacting and eliminating their loneliness. Only in this way, nurses with a therapeutic role can develop sensitivity and support individuals who experience loneliness. When the correlation between freedom, anxiety and authenticity was examined, significant and negative correlations were found with impartiality and behavior subscales ($p < 0.01$). Free individuals can act voluntarily and according to their own preferences, by exhibiting impartiality without being influenced.^[52] In a study, it was determined that authenticity has two dimensions, internal and external, and it was reported that it is necessary to experience authenticity internally and externally for a meaningful and transformative life. When individuals experience authenticity, they make sense of their experiences and their lives become meaningful.^[53] The authenticity of an individual is about revealing their own will in an impartial way, discovering their inner world and acting accordingly. Therefore, the originality of the individual is directly related to the perception of freedom. Freedom is the power of the individual to create and realize themselves. Seen in this way, freedom refers to the individual having a say in their development and the capacity to shape themselves.^[14] When nurses offer their care in an authentic way, they also offer their own choices. In this way, nurses gain autonomy in the profession by taking responsibility for their own choices. Autonomy is defined as the power and authority of a person to think and decide freely, to act, to act freely and independently, and it emphasizes that a member of a profession should have the freedom to make decisions as an individual and as a mem-

ber of the profession, and to put their decisions into practice. In other words, autonomy is evaluated as the ability to make one's own decisions and develop behavior independently without being affected by external conditions, the power to choose between opposing wishes, expectations and tendencies, individual freedom-authenticity, and the capacity to act with awareness in this direction.^[54-56] Autonomy in nursing improves patient care, increases patient satisfaction rates and the status of the profession, and ensures that nurses are kept at work.^[57,58] Accordingly, while increasing existential anxieties negatively affect nurses working in psychiatry clinics, the level of originality affects them positively. The results obtained from this study also support this situation. When today's modern nurses can present care as an art, they reveal their authenticity as well as their professional knowledge. Nurses working in psychiatry clinics should demonstrate the art of nursing as well as scientific knowledge that can achieve their purpose of existence. Because in this way, they can add art to care by creating their authenticity. A nurse who can practice nursing as an art and remain authentic can ensure that the meaning of existence continues in health and illness under all circumstances. It can contribute to the meaningfulness of existence for both them and the individuals they care for.

Conclusion

It is seen that as the existential anxiety levels of psychiatric nurses increase, their originality levels decrease. It is recommended that nurses working in psychiatry clinics have supervisor services where they can request help when they have anxiety about meaninglessness, death, isolation, and freedom. Researching the reasons affecting the existential anxiety levels of nurses; conducting studies on psychiatric nurses and contributing to the professional working environment according to the results of these studies; providing psychiatric nurses working in a specific field with the opportunity to evaluate their own mental health; arrangements such as courses, workshops and in-service trainings for psychiatric nurses on authenticity; adding elective courses such as authenticity workshops, artistic practices of nursing, authenticity in nursing, creativity in nursing, aesthetics in nursing to the curriculum in nursing education; increasing the level of well-being of nurses and increasing the subjects that will prepare them for the working environment are recommended.

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