

RESEARCH ARTICLE

The Perceived Roles of Psychiatric Mental Health Nurses in Selected Hospital-based Psychiatric Units in Metro Manila

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Abstract

The increasing demand for mental health services worldwide and the continuing development of government policies for mental health require a huge contribution from psychiatric mental health nurses. However, previous studies reveal that the roles of psychiatric mental health nurses lack distinctiveness compared with other members of the health care team; thus the need for clearer identification of their role. This study intended to describe the perceived roles of psychiatric mental health nurses in selected hospital-based psychiatric settings.

Qualitative descriptive study design was used. A purposive sample of eleven (11) psychiatric mental health nurses and twelve (12) non-nurses (i.e. psychiatrists, clinical psychologists, social worker, and occupational therapists) participated in semi-structured interviews about their perceived roles of psychiatric mental health nurses. Content analysis was used to analyze the data.

It was found out that the perceived roles of psychiatric mental health nurses are direct care provider, facilitator of family and therapeutic group activities, manager of therapeutic environment, educator, collaborator, patient advocate and researcher. It also showed that the roles of psychiatric mental health nurses are clearly established in hospital-based psychiatric settings and that the perception of psychiatric nurses about their roles is consistent with the roles that other mental healthcare professionals expect from them.

Introduction

Mental health and neurological conditions globally make up more than a quarter of the non-fatal disease burden and 10% of the overall disease burden which includes death and disability (WHO, 2018 as cited by WHO, 2021). In the Philippines, anxiety and depression were reported to be the two most common mental health conditions, which were seen to cause human suffering, affect interpersonal relationships and workforce productivity, and thereby lead to economic losses. An increasing trend was seen in the reported suicide rates in the country for the past several decades, especially among the youth. (WHO, 2021)

The increasing prevalence of mental health conditions in the Philippines is an impetus for the government to strengthen the service delivery and access to mental health services across all

levels of care. There is a need to scale up basic and intensive psychosocial, psychiatric and neurological treatments for the most common mental health and neurological conditions. However, the provision of mental health services may be undermined by the limited number of formally trained mental health professionals in the country including psychiatrists, psychiatric nurses and psychologists. It is also a concern that most of these specialists reside in the country's capital in Manila, which leaves Filipinos in rural areas often having no access to the services of mental health professionals.

Mental illness also remains stigmatized, which discourages people from seeking help. The effects of climate change and the location of the country makes it vulnerable to natural disaster that can result in distress reactions and increased health risk

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behavior (WHO, 2021). Exposure to unfavorable social, economic, geopolitical, and environmental situations such as poverty, violence, inequality, and environmental deprivation also increases people's risk of experiencing mental health conditions (WHO, 2022). With the COVID-19 pandemic, it is also expected to see an increase in mental, neurological, and substance abuse disorders. This provides further justification for the need to scale up national mental health preparedness and response (WHO, 2021).

With the rise of clients in need of specialized and complex mental health needs, psychiatric mental health nurses can play a vital role in bridging access and availability of mental health services. However, few studies to date have examined the scope of practice of mental health nurses (MHNs) in psychiatric units (Abt et al., 2021) and they were found to experience stress and conflict related to role performance due to issues in the work structures and internal influences (Hercelinskyj et al., 2014). To be able to play a more active role in mental health care delivery, specifying the roles and responsibilities of mental health psychiatric nurses is deemed important.

Psychiatric mental health nurses (PMHN) provide "whole person" care to persons with mental health and substance use disorders with their specialized body of knowledge and skills (Phoenix, 2019). They can effectively engage individuals who are in need of services, and coordinate healthcare services across systems using their foundation in relationship-based care (Delaney, 2016 as cited by Phoenix, 2019).

Several important policy documents have been formulated in the Philippines to guide the curricular and practice standards of psychiatric mental health nursing. One such document is the National Nursing Core Competency Standards of 2012 which specified the required core competencies for entry-level nurses to practice in psychiatric mental health. Some of these competencies include, working relationship as basis for psychosocial assessment, data gathering on psychosocial assessment, formulating the nursing care plan with clients having problems in psychosocial adaptation/adjustment, implementing safe and quality interventions with the client, providing health education and evaluating process and outcomes of psychosocial care with clients (Mejico, 2014). The Psychiatric Mental Health Nurses Association of the Philippines, Inc. (PMHNAP) is also developing the professional standards for mental health and psychiatric nursing that provides a framework to certify nurse specialists in this field. This is in response to the Professional Regulatory Board of Nursing (PRBON) Resolution No. 22, Series 2009, and PRC Resolution No. 1117 series of 2018 that provides for a national nursing career progression program. The professional standards include providing care, not only to individuals, but also to families, populations belonging from different groups across the lifespan, and communities which are

at risk for problems in biopsychosocial adjustment and/or with maladaptive patterns of behavior in the promotive, preventive, curative and rehabilitative levels of care and settings.

These key documents aim to provide clarity on the competencies of psychiatric mental health nurses delineating their role vis a vis other mental health professionals. The extent to which these roles have been carried out in practice, however, has not been studied yet and to our knowledge, there is no published literature which has examined the actual roles of psychiatric mental health nurses. In addition, nurses' engagement with other healthcare professionals enables them to refine and to modify their roles. Their interaction with their peers, consumers, carers, and allied health colleagues helped them build their professional identity (Hercelinskyj et al., 2014).

In other countries, such as the United States, psychiatric mental health advanced practice registered nurses are an invaluable source for providing mental health care, leading, and working within interprofessional teams, and designing mental health services (Delaney & Vanderhoef, 2019). The rising need for mental health services worldwide, the ever-changing government policies and organizational demands, and the increasing complexity of patient's mental health conditions require a clearer identification of the psychiatric mental health nurses' role and professional identity. Recognizing that there are other mental health-related professions doing talk-based therapy will facilitate better understanding of the psychiatric mental health nurse's distinct roles among other health care professionals especially in the Philippine setting. Furthermore, it can strengthen role clarity, teamwork and help develop a common framework for communication that will guide the expanded practice, policies, education and research towards further improvement of client outcomes.

The goal of this qualitative descriptive study is to explore the distinct roles of psychiatric mental health nurses in hospital-based psychiatric settings. Specifically, this study intends to describe the roles of psychiatric mental health nurses based on the perception of psychiatric mental health nurses and other members of the mental health care team - psychiatrists, occupational therapists, clinical psychologists, and social workers.

METHODS

This paper is a part of a bigger study about the Perceived Roles and Professional Identity of Psychiatric Mental Health Nurses in Selected Hospital-based Psychiatric Settings. The focus of this paper is on the perceived roles as described by the psychiatric mental health nurses and other mental health professionals working in a hospital-based psychiatric setting. A

qualitative descriptive study design was used in the study. The participants - psychiatric mental health nurses and other members of the mental health care team specifically psychiatrists, occupational therapists, clinical psychologists, and social workers were invited from selected hospital-based psychiatric settings in Metro Manila. The inclusion criteria for psychiatric mental health nurses were: 1.) must be a registered nurse working in a hospital-based psychiatric setting in Metro Manila, and 2.) with at least five (5) years of work experience in a psychiatric setting. Similarly, for non-nurses, they must be a registered health care professional (psychiatrists, occupational therapists, clinical psychologists and social workers) with at least five (5) years of experience working with psychiatric mental health nurses in the provision of care for clients with psychiatric conditions.

Purposeful sampling was utilized in order to select participants who qualify the set of eligibility criteria. Specifically, theoretical sampling was used. For this research, saturation was reached after interviewing eleven (11) psychiatric mental health nurses and twelve (12) non-nursing mental health professionals. The twenty-three (23) participants were contacted through phone or electronic mail. A copy of the interview questions and informed consent were given upon initial contact. Then, an appointment was set for the discussion and signing of the informed consent. Date, time and place of the interview was scheduled according to the participant's availability and preference.

A series of five (5) pretest interviews were conducted to assess instrumentation rigor, to formulate measures to address any limitations and to contribute to the finalization of the interview guide before carrying out the formal phase of the qualitative interview. The researcher personally secured the informed consent and conducted the individual, semi – structured, in-depth interview which lasted for about thirty (30) minutes to an hour. An interview guide in English was utilized but the interview process facilitated participant's spontaneity to promote exploration of his or her own perception and experiences. They were also allowed to use English or Filipino language in responding to the interviewer to facilitate a more comfortable discussion. The perceived roles of psychiatric mental health nurses were asked from the participants. Follow up questions were posed to the participants to further clarify and probe deeper into their answers.

The interview was recorded through the use of a digital recorder with the participant's consent. Concurrent note taking was also done, as it provided an alternative record and memory trigger should parts of the recording prove unintelligible. The audio recording of the interview was transcribed verbatim using a word processing software with the help of a transcriptionist. To ensure anonymity in the transcript, the participant's name was removed, as well as the identifiable variables such as workplace or any

other name used in the document (Stuckey, 2014). As the data set was relatively small, the use of computer software for data analysis was not considered. Coding, categorizing and sorting of data was done. Data analysis method for this study required content analysis to discover and interpret the meaning of words of participants from written documents. Data were collected and transcribed in their entirety, then thematic coding was applied to draw meaning from the content (Houser, 2012).

The process of content analysis was done based on the methods described by Elo & Kyngas (2008). There were three phases involved in the content analysis: preparation, organizing and reporting. During the preparation phase, themes were identified for analysis and the transcription was read several times to be immersed with the data. Considering that the type of content analysis in this study was inductive, the next steps in the organizing phase included open coding, creating categories and abstraction (Elo & Kyngas, 2008). Initially, the encoded interview was printed and read through, and relevant information was highlighted and noted in the margins of the transcript. Once the transcript had been reviewed, the types of information that were revealed in the interview were listed. The types of information summarized in the notes were categorized not only by determining if they have a relationship or association, but also by identifying if they were 'belonging' to a particular group and by comparison with other categories (Dey, 1993 as cited in Elo & Kyngas, 2008). In the next step, abstraction, the categories or themes were named by using content-characteristic words which provided a general description on the types of information being summarized and categorized. Those with similar incidents or events were grouped as one category or theme. These procedures were done in all the transcripts of the encoded interview. The themes determined in all of the transcripts were examined further to determine what is common among them and came up with the general minor or major themes. The themes were merged or became a subcategory of a theme once its relation or association and relevance had been ascertained. To ensure that all of the important information were listed and categorized into themes, the content of the transcript was reviewed again; and classification of the information into themes was done again as well. (Elo and Kyngas, 2008). The demographics of the participants included in the study was reported and the personal details of the participants were coded and kept confidential.

An approval from the Research Ethics Board of University of the Philippines Manila was sought prior to the conduct of the study. There was no conflict of interest in the financial, familial, or proprietary considerations between the principal investigator and study participants in relation to the conduct of this research. The participants were not provided with any incentive to take part in the research. Data collection was done last June to November 2018.

RESULTS

There were eleven (11) psychiatric mental health nurses who participated. The age range of the participants varied from 27 to 53 years old. They are composed of six male and five female psychiatric mental health nurses. Five of them are BS Nursing graduates, four are BS Nursing graduates with Masters units, and two are Masters of Arts in Nursing graduates. Seven of the participants are married while the rest are single. In terms of psychiatric experience, six of them have 5-10 years of experience, three have 11-15 years of experience, and two have

more than 15 years of experience with one who has the longest psychiatric experience of 23 years.

For non-nurses, twelve (12) were able to participate in the study. They are composed of 3 psychiatrists, 3 clinical psychologists, 3 occupational therapists and 3 social workers. The age range of the participants varied from 31 to 58 years old. Seven of them are married and 5 are single. Eight of them are female while four are male non-nurses. In terms of psychiatric experience, seven have 5-10 years of experience, three have 15-20 years of experience and two of them have the longest psychiatric experience of 34 and 36 years.

Table 1. List of Psychiatric Mental Health Nurse Participants (n=11)

CODE	AGE	SEX	HIGHEST EDUCATIONAL ATTAINMENT	CIVIL STATUS	YEARS OF PSYCHIATRIC EXPERIENCE
PN001	27	M	BSN with MA units	Single	5
PN002	28	F	BSN	Single	5
PN003	48	M	BSN, MAN	Married	23
PN004	32	F	BSN with MA units	Married	10
PN005	30	F	BSN with MA units	Single	10
PN006	47	F	BSN	Married	10
PN007	40	M	BSN	Married	8
PN008	39	M	BSN with MA units	Married	12
PN009	50	M	BSN	Married	12
PN010	53	M	BSN	Married	16
PN 011	45	F	BSN, MAN	Single	13

Table 2. List of Non-nursing Participants (n=12)

CODE	AGE	SEX	CIVIL STATUS	YEARS OF PSYCHIATRIC EXPERIENCE
CP001	58	F	Married	36
CP002	57	F	Married	34
CP003	36	M	Single	10
MD001	34	F	Single	7
MD002	49	M	Married	18
MD003	33	F	Single	6
OT001	31	F	Single	8
OT002	41	M	Married	19
OT003	55	M	Single	20
SW001	34	F	Single	8
SW002	39	F	Married	8
SW003	35	F	Single	7

Perceived Roles of Psychiatric Mental Health Nurses

Upon review and analysis of the interview transcripts, it was noted that there are recurring responses on the perceived roles of psychiatric mental health nurses based on the responses of psychiatric mental health nurses and non-nursing mental health professionals. Thus, the findings are reported based on the following broad thematic categories that emerged from the content analysis done: (A) direct care provider; (B) facilitator of family and group activities; (C) manager of therapeutic environment; (D) educator; (E) collaborator; (F) patient advocate; and (G) researcher. For this paper, actual quotations from the participants were translated into English.

A. Direct care provider

All psychiatric mental health nurses and non-nurses specified that the nurse is a direct care provider. However, the specific responsibilities in terms of provision of care were emphasized differently and they are classified into nine subcategories: (1) patient monitoring; (2) nurse-patient interaction; (3) use of nursing process; (4) assistance in activities of daily living; (5) management of psychiatric symptoms; (6) medication management; (7) attend to safety needs; (8) carrying out of doctor's orders; and (9) follow-up care.

1. Patient monitoring

Nine of the nurses who were interviewed mentioned patient monitoring as part of the role of the psychiatric mental health nurse. It was emphasized that since patients' behavior is unpredictable, they have to be with the patients all the time and be readily available to listen and to attend to their needs. They considered themselves as the front liners in the ward in terms of patient care. Since they are constantly with the patient, they are able to monitor them closely. Eight of the non-nurse participants also emphasized the role of the nurse in patient monitoring. One of the participants said that:

"...they're in the position to get to know the patients better. For instance, a person who does clinical rounds and interviews the patient will be able to determine what is happening to the patient at the moment. However, in terms of what the patient does when no one is around, nurses are the ones who are able to observe it. If the patient needs help immediately, the nurses are there. If the patient is very symptomatic, for example, the patient is underdosed or still not receiving the right dose, it is the nurses' responsibility." – MD001

2. Nurse-patient interaction

Seven participants emphasized the importance of the nurse-patient interaction and therapeutic communication in the delivery

of nursing care. The use of the self as a therapeutic tool for the client was specified in the interviews. Six of the non-nurse participants mentioned the role of the nurses in the nurse-patient interaction as important. One of them mentioned that nurses are in the position to show kindness and affection. Since talk-based approach is very basic for the mental health care team, especially the nurses, they have to be accountable to the patient. This includes demonstrating respect with firmness and timeliness in approach. Rapport setting, communication and management of patients including the talk down approach were also specified.

3. Use of the nursing process

Assessment as part of the nursing process and the nurse-patient interaction were emphasized by eight of the participants. One participant specifically stated that the nursing process should be incorporated in the therapeutic nurse-patient interaction. One of the psychiatric nurses mentioned that they do assessment and psychiatric interviews to know the issues, and to assess if there is an intent to harm self/others. One of the participants said, psychiatrists rely greatly on the assessment of the nurse prior to any decisions with regards to patient management and they appreciate the opportunity to learn through the nurses. Observing for impending psychiatric emergencies, history taking to determine potential to harm self or others, and monitoring for drug adverse effects were among the critical assessment parameters expected from psychiatric nurses.

4. Assistance in activities of daily living

Part of patient care is the assistance in activities of daily living and it was mentioned by seven nurse participants and two of the non-nurse participants. Since most clients admitted for psychiatric conditions are chronically ill, they usually neglect their basic physiologic needs and refuse to do activities for proper grooming and hygiene. Hence, they were involved in supervising ADLs and in ensuring adequate nutrition.

5. Management of psychiatric symptoms

Nine nurses and four non-nurse participants stated that part of the role as care provider is the management of the patient's psychiatric symptoms. A participant said that aside from the administration of medications, it is the role of the nurses to help patients relieve their symptoms. Consequently, one of the participants emphasized that it is really their goal to assist the client in going back to their work or previous level of functioning if possible. Since patients present varying behaviors and responses at unpredictable situations, they are regarded as experts in clinical issues with the ability to provide behavioral and psychosocial interventions.

6. Medication management

Five nurse participants and all of the non-nurse participants mentioned that part of the nurses' role is to ensure compliance to medications and to monitor patient's responses to medications. One of the non-nurse participants stated that nurses are implementer of medical management which included pharmacologic interventions. It was also emphasized that nurses should know about the medications to be able to provide adequate information for patients and reinforce compliance.

"Before the patients are introduced to the medication, individual explanations regarding the drug given will be conducted - its importance, the reason behind the need for compliance because we have really noticed that 80% of the patients here are in denial. They question why they need to take medication today when they are not feeling sick. That is why it is difficult." –PH009

7. Attend to patient's safety needs

Among the eleven nurse participants, three of them specifically mentioned about patient safety. One of the examples stated is that a nurse must be ready to handle a patient who is trying to harm self and sometimes, it takes a lot of courage for the nurse to do so.

8. Carrying out of doctor's orders

Although nurses have interventions that they can do on their own, three participants specified that their actions are usually based on the doctor's orders. Patients' symptoms are being referred to the doctors whenever there is disruptive behavior or any physical complaint. Three non-nurse participants mentioned psychiatric mental health nurses' role in carrying out doctor's orders which are highly influenced by the nurses' endorsements regarding the patient's behavior and or condition.

9. Follow-up care

Follow-up care should be part of the nurses' ideal roles as perceived by eight of the participants. One of them even mentioned that home visits were previously part of their hospital policy years ago but it was not possible at present due to lack of staff. Apart from that, one psychiatric nurse expressed his frustration over patients who frequently return to the unit for admission and perceived that continuity of care and follow-up in the community would somehow address this concern. According to non-nurses, PMNHs can lead or organize patient support groups, take part in the day-center program and follow-up in the community regarding patients' medication compliance. A participant expressed the integral role that nurses played in ensuring continuity of quality care even after discharge as she stated that:

"An important role for psychiatric nurses is the one pertaining to discharge planning, specifically, explanation of the role of relatives in patient care once the patient is discharged. At the bare minimum, the relatives may be oriented regarding the proper administration of medications, symptoms to be monitored in patients, and follow-up checkups." –SW 002

B. Facilitator of family and therapeutic group activities

During the interview, it was also elicited that the nurse as a facilitator in family and therapeutic group activities is one of the roles of a psychiatric mental health nurse. Family involvement is important according to four of the nurse participants since it is relevant to assess for further stressors which may affect the psychosocial aspect of care and patient's recovery. Also, one participant explained that they are part of the family meetings alongside the psychiatrists since nurses are more familiar with the client's behavior. Similarly, according to four non-nurse participants, part of the role of the nurse is to facilitate family interventions and provide caregiver support.

Six of the nurse participants and four non-nurses mentioned the facilitator role of the nurse in conducting patients' group activities. One of them also emphasized that the activities are being done in coordination with other mental health professionals especially with the clinical psychologists and occupational therapists. Examples of the group activities are group psychoeducation, hygiene and grooming, socialization, patients' group meetings, diversional activities, gardening, indoor and outdoor games, etc. One of the non-nurses said that nurses can be a social mover by initiating activities that will start a change in the way they manage the mentally ill patient.

C. Manager of therapeutic environment

Two nurses and six non-nurses explicitly mentioned milieu therapy as part of the role of a psychiatric mental health nurse. One of them elaborated that the environment should be safe and helpful in the patient's recovery and should be part of the management. One of the nurse participants described themselves as part of the decision making about ward policies together with the other members of the healthcare team. Moreover, handling of psychiatric emergencies was mentioned to be a vital role of a psychiatric mental health nurse as verbalized by two nurse participants and was considered part of maintaining a therapeutic environment. Managing an environment conducive to patient's safety and recovery was intended not only for the patients but also for the whole mental health care team. It also included respecting the patients' rights, responding to their various needs, implementing ward policies and modifying them as needed and lastly, having a supportive relationship within the healthcare team.

In terms of handling psychiatric emergencies, seven non-nurses have considered it as part of the ideal roles of the psychiatric mental health nurse. One of them even said that since nurses are experts in behavioral crisis management, the doctors are more confident to admit patients in a psychiatric unit with psychiatric nurses who are present all the time rather than in a general ward/unit. A participant stated that:

“Aside from other psychosocial intervention, nurses are also expected to be skilled in restraining or talking down patients when they are agitated. They should be experts in doing this kind of intervention.” –MD003

D. Educator

The role of the nurse in educating the client, including the family, has been emphasized by nine of the participants. The content of health teachings includes understanding their psychiatric condition and its management, basic self-care, medications and possible side effects, management of common psychiatric symptoms, how to deal with stigma, importance of adequate food intake and proper sleep, and importance of compliance to medications and follow up. One of the nurse participants explained that health teaching and psychoeducation are important to address psychiatric conditions outside the clinical setting. Psychoeducation with the family on coping with living situations, as well as, individual teachings regarding non-pharmacological management of condition were given emphasis since the stigma about mental health conditions affect both the family and the patient. This was further emphasized by eight of the non-nurse participants. Health teachings expected of nurses were focused on topics such as medications and its side effects, home care management of common psychiatric symptoms, strategies on dealing with the social stigma of their conditions and activities of daily living. Psychoeducation was cited by participants to occur during some of the group activities but more commonly during discharge planning. A participant also stated that recipient of knowledge is not limited to patients when she said that:

“My perception is that you are also educators, not only to the patients, to the caregiver or other family members of the patients, but also to the other workers in a psychiatric facility.” –MD002

E. Collaborator

Majority of the nurses also mentioned that one of their important roles is to collaborate with other mental health care professionals. According to one of the participants, nurses could provide interventions but highly specialized ones were referred to other services to provide holistic care. It was described as:

“...the nurse connects her interventions with those of the psychiatrist, psychologist, OT, and the different services in order to provide holistic care.” –Pn001

A number of participants also mentioned that part of their role as a psychiatric nurse is to participate in the regular therapeutics and administrative meetings of the unit attended by all the members of the team. This provides the nurse an opportunity to participate in the decision making for the care of clients and their unit's management.

For non-nurses, the nurse as a collaborator was cited to be a key role by eight of the participants. Working with the members of the health care team was cited by the majority of the participants and was considered to be an essential element in ensuring delivery of quality care for the patients. Forms of collaboration mentioned by the participants included general staff conferences wherein the whole mental health care team discuss the case of the patients, team-based approach in activities, and referrals to appropriate professionals based on the needs of the patients. A participant stated that during staff conferences, cases of the patients are being discussed and each health care professional is involved in the discussion.

F. Patient Advocate

Three psychiatric mental health nurse participants have mentioned that it is ideal for the nurse to be an advocate for the patients and their families. Most clients cannot make decisions by themselves for their own specific needs and cannot assert their rights. One participant elaborated:

“For me, the ideal role of a psychiatric nurse would have to be an advocate because a patient with a mental condition sometimes cannot make decisions on their own. Thus, the psychiatric nurse must advocate for the needs of the client, on what can be done, on what the nurse can collaborate with the other health professionals in order to help the patients recover.” –PN002

G. Researcher

Two of the non-nurse participants cited the nurse as a researcher especially since research is being used to update their knowledge in the field of psychiatry. One participant said that the nurse is an important part of the research team which also entails facilitation of consent signing, scheduling of visits, accurate observations for potential psychiatric emergencies, and others when conducting a clinical trial. The importance of this role is also reflected in the mention of delving into research as an opportunity to advance the field of psychiatric nursing.

DISCUSSION

In the light of the psychiatric mental health nurses and the other members of the non-nursing mental healthcare team, the results of this research provided perceptions on the roles of the psychiatric mental health nurses in selected hospital-based psychiatric units. The findings of this study revealed that the perceived roles of psychiatric mental health nurses are as direct care provider; facilitator of family and therapeutic group activities; manager of therapeutic environment; educator; collaborator, patient advocate and researcher. This provides support to the recent prospective study done by de Lima, Pedrao, & Junior (2014) about the Roles, Conflicts and Rewards of Specialist Nurses in Psychiatric and Mental Health Nursing where its findings showed that the roles of the psychiatric mental health nurses included administrative functions, direct care, specific care and teaching.

Data under the role of psychiatric mental health nurses as direct care provider showed similar results to the study done by de Lima, Pedrao, & Junior (2014) that direct care focused on working together with patients and family members, provision of care (bathing, medication and guidelines), qualified listening, psychological support to patients, crisis control, follow-up of family members and patients, and patient care. Specific care, on the other hand, included operationalization of the nursing process, team leadership, coordination/supervision/guidance of the nursing staff, nursing consultation, screening, reception, home visits, prevention in the community, counter-reference, therapeutic listening, customer and family advocacy, medication control, development of activity routines, clinical evaluation, referral to other specialties, development of individual therapeutic plans for patients, development and participation in focus groups and workshops, matrix-based support, and individual care.

In relation with the nurse-patient interaction, an integrative literature review done by Garcia, et al. (2017) showed the importance of patient participation in assessing and sharing information for participatory care construction. The quality of nurse-patient interaction and communication can influence the patients' full participation or nonparticipation in their care process, compliance with medical advice, and taking personal control of their health (Kwame, 2020).

It was also noted that assessment was highlighted in a number of participants' responses wherein they stated that the nurse can provide adequate assessment information about the clients and can contribute to the decision making of the other members of the healthcare team since they are the ones who spend more time with the client. Lippencott (as cited in Robinson, 2016) provides an alternate term more suitable for nursing in the form of the psychosocial assessment. Such an assessment begins by

conveying to the patient that the nurse can be trusted and cares about his/her thoughts and behaviors through both non-verbal and verbal communication.

In addition, all non-nurses have specified the role of the nurse in medication management which comprises of ensuring compliance to medications and monitoring patient responses. This widely recognized role as perceived by the non-nurses is consistent with the other findings that since the nurses are the ones who are with the patients all the time, they can establish trust and rapport with patients in order to be able to use effective approaches in ensuring medication compliance. On the other hand, psychiatric mental health nurses perceived themselves as more involved in patient monitoring and in handling psychiatric symptoms since they are the ones who attend to patients' aggressive or violent behaviors.

Given that mental illnesses have the power to tempt families into constraining beliefs that perpetuate illness suffering. When illness narratives and suffering experiences are invited through therapeutic conversations with families, healing beliefs are co-created between clinicians and families (Marshall, Bell, & Moules, 2010). This discussion strengthens the findings about the role of the nurse in facilitating family meetings and/or conducting family interventions. Psychiatric mental health nurses are both obligated and privileged to assess, to intervene, and to evaluate the work with these families.

In the same way, the majority of the participants mentioned that facilitation of group activities is part of the psychiatric nurses' role. This was further explained by the study of Mcallister & Mccrae (2017) wherein they mentioned that the most commonly discussed interaction with the psychiatric patients was social-recreational interactions where nurses and patients engaged through specific activities such as playing board-games, basketball, or mealtimes. Through observation alone, these interactions may not appear therapeutic, however the results of their interviews clearly highlighted that these interactions were used as a catalyst for therapeutic engagement.

Furthermore, it is evident from the literature cited in Drori, et al. (2013) that creative group activities are beneficial for psychiatric patients and can lead to significant improvement of their condition. Patient reports indicate a considerable improvement in their self-esteem and self-efficacy; motivation; an increased sense of gratification; and enhanced achievements. Also, engaging in creative group activities reduces one's concerns, provides distraction from negative thoughts and generates positive experiences of working together with others, one that provides a setting for social interaction and for developing social relationships. Group activities also serve as a way of expressing one's self and as a medium for handling problematic emotions with no need for

verbal expression. Taking part in complex creative activities encourages personal growth and improves memory. Moreover, group activity enhances quality of life, and sometimes even leads to reduced medication and less incidents of damage to property and one's surroundings.

Milieu therapy is defined by Gunderson (as cited in Andvig & Biong, 2014) as a way of organizing daily activities in a social milieu to gain therapeutic effects and positive patient outcomes. Based on the perceptions of psychiatric mental health nurses, related to maintaining a therapeutic milieu is the provision of a safe and non-threatening environment, presence of a supportive team and management of psychiatric emergencies. Although workers' descriptions and enactments of milieu therapy raise critical questions about how best to study and fund it, another study suggests that milieu therapy is indeed an approach to treatment in its own right, and one that is characterized by a coherent and consistent set of commitments (Smith & Spitzmueller, 2016).

Milieu therapy must focus on developing a therapeutic environment for patients through social communication and integration. Through this, patients are able to improve their individual skills in adjusting to the environment, controlling their psychotic symptoms, and enhancing their living and social skills to attain a better quality of life. Nurses involved in developing a therapeutic milieu are therefore expected to possess the fundamental values of respect and empathy, mutual trust, safety and comfort, autonomy and independence, equality and humanity, and openness and predictability (Ilyas et al, 2020).

Psychoeducation has always been a vital part of the nursing interventions in psychiatric settings. This is evident in most of the participants' responses which stated that conducting health teachings for the patients and family is part of their role as a psychiatric mental health nurse. A related study supported these findings wherein it elaborated the importance of psychoeducation. According to Pekkala & Marinder (as cited in Pasadas & Manso, 2015), the psychoeducational approach translates better clinical and functional results to the person with mental illness and contributes to the alleviation of suffering of the family members. It can also address a range of complex human needs, and can target specific health concerns, populations and marginalized communities. With their easy access to service users and carers, psychiatric-mental health nurses are in a prime position to deliver psychoeducation at multiple levels of service provision (Gordon, 2018).

In psychiatric settings, effective management of clients is achieved through teamwork and coordination. Since clients have problems in psychosocial adaptation, there is a much-needed consistency in terms of approach in the care of clients. In a study about Interprofessional Collaboration in the Mental Health Services in Norway by Andvig, Syse, & Severinsson

(2014), the teams agreed that an important aspect of fruitful collaboration is the establishment of regular meetings for coordinating patient care. When the patient has a responsibility group, which works as a team together with her/him, group meetings are the most important tool for coordination. The group formulates a plan that states the patient's own goals and the professionals' responsibility for care and support. A case in point is how the patient can obtain assistance should her/his problems become worse. These are similar to the experience of some participants where all of the members of the healthcare team take part in the decision-making process and regular team meetings are being conducted. In a study by Reid et al (2018), inpatient mental health consumers highlighted the importance of collaborative care planning with a nurse in the process of personal recovery. Their conversations with a nurse helped them in setting goals and developing strategies. They viewed the nurses as their allies who played important roles as collaborators who supported the participants not just through the nurse-patient relationship, but also by collaborating with other nurses in the team.

Advocacy in nursing has been defined as being a patient representative, defending the patient's rights and universal rights, protecting the interests of the patient, contributing to decision-making and supporting the patient's decisions hinged on ethical-centered skills for the 'professional self', and 'being a voice for the vulnerable' (Davoodvand, Abbaszadeh, & Ahmadi, 2016). Psychiatric patients as part of the vulnerable population groups need support in defending their own rights. Toda et al. (2014) further explained that the patients' daily-life disability and unawareness of their own disorders make it difficult for them to receive necessary support. As a result, their basic human rights can be infringed upon. They may also be unaware of violation of their rights. The nurses, coordinating the professionals of other facilities and supporters in the community, interacted with patients and their families to advocate.

The abovementioned perceived ideal roles of the psychiatric mental health nurses are consistent with the emerging themes from the findings of the perceived ideal roles from the non-nurses group. However, two non-nurse participants added the role of a researcher as part of the ideal roles of a nurse wherein it was described that they can take part in researches or clinical trials and can actually contribute a lot in collecting data from the patient as front liners in the care.

The role of the psychiatric mental health nurse as a researcher was identified by the non-nurse participants. Although it was not specifically mentioned by the nurse participants, it was stated in the 2017 Philippine Professional Nursing Practice Standards (PPNPS) that nurses must have research competencies which include planning and conduct of research activities individually

or in groups to generate relevant areas of study to be used to improve nursing practice.

The nursing profession in the Philippines and the standards of practice for each nursing specialization continuously evolve to meet the growing demand for improved healthcare services in the country. Mental health has taken the spotlight in the past years with the passage of the Mental Health Law RA 11036 and the arising mental health concerns from the different levels of clientele. While the role of psychiatric-mental health nurses has been fully embraced by nursing education and practice, the challenge to increase their preparation and retention, as well as the challenge to overcome the shortages of mental health providers still remains present (Merwin, 2020).

Mental health services focus on recovery-based approach, an approach to intervention and treatment centered on the strengths of a service user involving active participation, as equal partners in care, of persons with lived experiences in mental health. This requires integrating a service user's understanding of his or her condition into any plan for treatment and recovery. The results of this research clarify the perceived roles of psychiatric mental health nurses and can be helpful in improving the interprofessional collaborative practice in psychiatric settings. In the aspect of nursing education, this research can help identify the common language and communicate the role of the psychiatric mental health nurses in actual psychiatric settings so that nursing students will be able to have a more comprehensive role preparation and assume a significant place in the mental health service delivery.

The said research findings can be seen in consideration of its limitations. The participants of this research are limited to psychiatric mental health nurses and non-nurses in hospital-based psychiatric units. Therefore, the roles of the psychiatric nurses in the community setting were not elicited and the results cannot be generalized to psychiatric nurses in different practice areas. Also, the study participants were invited from Metro Manila only. Thus, perceived roles and performed roles may not adequately reflect cultural differences, traditional practices, and beliefs which may be present in other settings in the country.

CONCLUSION

The perceived roles of psychiatric mental health nurses are direct care provider, facilitator of family and therapeutic group activities, manager of therapeutic environment, educator, collaborator, patient advocate and researcher. The perception of psychiatric nurses about their roles is consistent with the roles that other mental healthcare professionals expect from them. Considering the findings, it is interesting to know if the perceived roles of the psychiatric nurses are being applied in the actual practice which can be done through observational studies. A

validation of the standards of psychiatric nursing practice can also be done to confirm its applicability for quality care in the actual psychiatric settings in the Philippines. With regards to nursing education, role preparation in psychiatric settings should be done early -- starting in the undergraduate level to inculcate the ideal roles in the future nurses' professional development. Interprofessional education can also enhance collaborative relationships and teamwork among members of the mental health care team. Lastly, professional nursing organizations can help in the continuous professional development that can enhance the roles of psychiatric mental health nurses and push forward advanced practice nursing in the country.

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