Category: Nursing issues

Study type: Qualitative study

Author's declarative title: Factors that can enhance resilience in mental health nursing staff who work in high-secure forensic hospitals

Commentary on: Rooney, C., Pyer, M., & Campbell, J. Leaving it at the gate: A phenomenological exploration of resilience in mental health nursing staff in a high-secure personality disorder unit. Journal of Advanced Nursing, 00, 1–13. (2023) https://doi.org/10.1111/jan.15947

Commentary
Implications for practice & research
- Organizational structures and systems of support such as clinical supervision can support resilience in mental health nursing staff who work in high secure forensic settings
- Future studies in different high secure forensic settings and different countries are required to enhance the generalisability of the findings

Context
High secure mental health hospitals, also known as high secure forensic hospitals, are a specialism within mental health care.(1) They have the dual role of providing a safe healthcare environment and a secure setting for individuals with co-occurring mental health conditions and behaviour that is considered extremely dangerous or high risk.(2) Mental health nurses (MHNs) play a key role in providing healthcare and maintaining the high level of security within secure mental health services. However the setting presents unique environmental, relational, and clinical challenges (3), which can lead to occupational stress, burnout (4) and make it challenging to recruit and retain staff.(1) In light of these challenges, Rooney and colleagues sought to explore the factors that support resilience in mental health nursing staff working at a high-secure unit for men diagnosed with personality disorder.(5)

Methods
Rooney and colleagues undertook a qualitative phenomenological study to explore staff experiences and resilience factors. They conducted semi-structured interviews with six experienced staff members (four MHNs and two healthcare assistants) who had worked on a high secure male personality disorder ward between five to ten years. The study used Interpretative Phenomenological Analysis to explore the nuanced meanings behind the participants' accounts, providing a rich understanding of the participants perspectives and experiences regarding factors that are important for building staff resilience.

Findings
The first theme identified was ***Management of Emotions***, where participants articulated the difference between 'caring personally' for patients, and 'providing care'. Participants

highlighted the importance of providing the latter in a conscious and boundaried way, as part of a nurses' duty of care. The second theme was ***Teamwork***, and it highlighted that an environment where staff felt able to discuss clinical situations and receive supportive feedback was central to building staff resilience and wellbeing. The third theme was ***Understanding the Setting.*** This included developing an understanding of personality disorder, and the experiences of individuals diagnosed with personality disorder. Additionally, understanding that there would be times when there are challenges associated with individuals in severe emotional distress, where progress was difficult to identify, however it was the role of the nursing staff to support patients to work through the challenges and collaboratively plan a path towards recovery. The fourth theme was ***Work Life Balance***, where participants highlighted that creating a separation between work life and home life was an important part of maintaining resilience.

Commentary

Resilience research with MHNs is limited when compared to the wider nursing field (6), therefore the study by Rooney and colleagues presents a timely contribution to the field. Given the organizational stressors, practice demands and challenges associated with working in high secure settings, the study findings bring into sharp focus the factors that mental health nurses and healthcare assistants perceive as crucial for building staff resilience.

Although staff work-life balance and teamwork are not necessarily new recommendations in nursing spaces, this study adds an understanding of how the participants made sense of these in the specific context of a high secure male personality disorder unit. Additionally, the study identifies that while organizational support can help build staff resilience, it is important to also consider adaptability based on an understanding of the wider and individual staff factors that can foster resilience.

The study has important considerations for managers in secure mental health settings - emphasising they can put systems and structures in place to support staff resilience. Clinical supervision - mentioned briefly in the discussion - is a good example of how managers in secure settings can invest in a robust support mechanism to help build staff resilience and provide individualized staff support. Clinical supervision as a support mechanism is underpinned by decades of research and is recognized as contributing to professional development, quality care, and supporting the safe practice of the profession. Furthermore, regulatory bodies such as the Care Quality Commission highlight its benefits. (7)

Although the sample size in the study was small, it was deemed sufficient for the authors goal of using IPA methodology to gain deep insights into staff experiences. These experiences may resonate with mental health nursing staff practicing in other secure environments. There is scope for future research to explore resilience in MHNs in different secure settings, and in different countries to enhance generalisability of the findings.

References

1. Oates, J. et al., (2021) Factors affecting high secure forensic mental health nursing workforce sustainability: Perspectives from frontline nurses and stakeholders. Journal of Psychiatric and Mental Health Nursing, 28 (6), pp. 1041-1051, 10.1111/jpm.12740

2. Department of Health. (2011) Environmental Design Guide Adult Medium Secure Services. Environmental Design Guide Adult Medium Secure Services (publishing.service.gov.uk).

3. Kinghorn, G., et al., (2022) Forensic mental health: Perceptions of transition and workforce experiences of nurses. *Collegian,* 29 (5), Pages 693-700, https://doi.org/10.1016/j.colegn.2022.04.008.

4. De-Looff, P., et al., (2019). Burnout symptoms in forensic mental health nurses: Results from a longitudinal study. International Journal of Mental Health Nursing, 28 (1), pp. 306-317, 10.1111/inm.12536

5. Rooney, C., Pyer, M., & Campbell, J. (2023). Leaving it at the gate: A phenomenological exploration of resilience in mental health nursing staff in a high-secure personality disorder unit. *Journal of Advanced Nursing*, 00, 1–13. https://doi.org/10.1111/jan.15947

6. Foster, K., et al., (2019), Resilience and mental health nursing: An integrative review of international literature. Int J Mental Health Nurs, 28: 71-85. https://doi.org/10.1111/inm.12548

7. Masamha R, et al., (2022) Barriers to overcoming the barriers': A scoping review exploring 30 years of clinical supervision literature. Journal of advanced nursing, 78:2678-2692. https://doi.org/10.1111/jan.15283

Commentator details
Name: Dr Lolita Alfred
Affiliation: City St George's, University of London, School of Health &Medical Sciences
Email: Lolita.Alfred@city.ac.uk

Name: Dr Christopher Chigozie Udushirinwa
Affiliation: North East London Foundation Trust, NHS.

Competing interests
None