Self acceptance of nurses on the concern of caring for patients with mental disorders

*Ira Kusumawaty * [1] , Ova Emilia [2] , Fitri Haryanti [3]*

ABSTRACT

Background
Mental health nursing has been widely recognized as a less desirable career than other nursing specialties. Mental hospital complexities, positioning the nurse in a challenging to form self acceptance as a mental health nurse who is obliged to perform caring for patients with mental disorders.

Objective
This research aimed to explore the meaning perceived by nurses regarding the form of self-acceptance on the concern of caring for patients with mental disorders.

Methods
A qualitative design with phenomenology approach was performed in one provincial mental hospital setting in Palembang, Indonesia. Eleven nurses were purposively selected from four inpatient wards, as the research participants for three months in depth interview. The in-depth interviews were intended to reveal the underlying meaning of self-acceptance as mental health nurses. Inductive content analysis was performed to analysis the data, which is initiated with collecting the transcript of interviews and formulated the unit of analysis. Researcher read the interview transcript repeatedly to be able to immerse the data. Furthermore, data organized through form the code, category development and abstraction to present an impression by generalizing categories.

Results
The findings highlighted five themes associated with the form of self-acceptance to perform mental-health care, including: the path of destiny as a mental-health nurse, the value of religious observance in nursing occupation, challenging nurse's patience, the sense of sincerity in carrying out this serving profession and total devotion in nursing care.

Conclusion
Strengthening of self-acceptance of mental health nurses needs to be encouraged to enhance nurses's competence along with accommodating policies, environment and appropriate role models.

Keywords: Mental-Health Nursing, Self Acceptance, Caring

INTRODUCTION

Acceptance is defined as the act of taking or accepting something voluntarily.[1] And the term self is related to the component of empathy: kindness, humanity, attention.[2] Self-acceptance is correlated with self-esteem [3] and well-being.[4]

Empathy can improve self-acceptance and it is marked by unconditional self-acceptance, willingness to relieve the suffering of a person so that it gives the power for self-acceptance[3]. Criticizing one and one's thoughts correlates with self-empathy,[3] educated and more mature women have a lower self-empathy than the male group,[5, 6, 7] women generally criticize and think about themselves.[8, 9] According to the theory of social mentality, interaction must be based on empathy, cognitive, emotional, and behavioral processes. Empathy is useful for optimizing therapeutic interactions. Various variables can influence self-acceptance and correlate with the attainment of self-potential, similarly, what happens in a nurse.

The nurse's service is influenced by their perceptions of their professional identity,[10] which characterizes the profession according to their expertise, directs the mind, the action while interacting with the patient [11] so as to affect the quality of service.[10, 12] Identity formed as a result of experience[13] is characterized by the desire to interact to enhance ownership.[14] Understanding of work and personal identity relating to professional identity.[12, 15] The lack of professional identity results in a person leaving his profession, on the other hand, a strong professional identity leads to better self-efficacy, resilience towards pressures and role demands.[14] The development of professional identity occurs as the result of interaction with the patient, the influence of role model,[16] the educational process.[17]

The holistic approach[18] through caring applied[19] in the form of upbringing can be influenced by self-awareness,[20] experience, self-esteem, belief and work environment.[21] These components are connected with the concept of self-acceptance, including developing ability, self-presenting, receiving, and giving attention, self-awareness[22] and kindness.[23] Community perception,[24] extension of

roles and responsibilities[25] contribute to the development of long-term individual professional identity. Although professional identity has been developed since training,[17] the fact is that nursing students generally enter nursing education not based on their choice.[26] Referring to previous research, it is known that mental-health nursing is a career that is not in demand compared to other fields.[27] The social stigma of mental illness exacerbates work stress for nurses and affects the formation of professional identity.[28] Empathy, communication-based therapy,[29] self-use, therapeutic in interpersonal relationships, cooperative skills,[30] patient-centered care and the importance of nurse sensitivity becomes the identity of professional mental-health nursing.[31, 32] The nurse's idealism of patience, attention, and responsibility are desperately needed by the patients, but they are sometimes non-existent.[33]

MATERIAL AND METHODS

Qualitative research in this phenomenological framework aims to explore the process of self-acceptance as a mental-health nurse. The study was conducted for three months in 4 inpatient rooms of the mental hospital, involving 11 nurses. All participants are willing to be involved in the research until completion. Determining the number of samples was by considering the data saturation. Determining the participants was done with direction of head nurse, using purposive sampling technique of maximum variation type. The willingness as a participant, status as nurse practitioner and experience in working at the hospital for at least 1 year serve as the criteria of inclusion of research participant.

Implementation of in-depth interviews is located in the head nurse room, with interview time determined based on agreement between participants and researcher. The researcher interviewing each participant interviews were conducted 2-3 times, each 60-90 minutes. When the interview took place, researcher used sound recorder, camera and notes. All in-depth interviews were documented in the form of interview transcripts, photographs and notes on gestures, facial expressions as well as participants' voice intonations throughout the interviews, which is

useful when analyzing data and interpreting interview results. After the interview transcript was produced, the researcher returned the transcript to the participants in order to give feedback and comment on it. Before the interview begins, all participants signing the informed consent. The researcher maintains the anonymity and privacy of the participants by stating the initials by using P (participant) and number (1 to 11) on the interview transcript.

The validity of data is obtained through activities that ensure credibility as the degree of truth of the data generated, conformability, dependability and transferability. To improve the credibility of the research, researcher conducted triangulation activities, prolonged engagement, and peer debriefing and to increase trustworthiness performed member checking. This study applies triangulation data based on results of in-depth interviews and field notes. Prolonged engagement was conducted for 7 days in each ward to build trust with the research participants and understand the research context more deeply and thoroughly.

The researcher conducts content analysis, including: compiling transcripts, defining significant statements, coding, compiling categories, formulating themes. The process of formulating the theme is done repeatedly, until it was finally agreed upon through peer debriefing. After formulating the theme, the researcher submits it to the participants to know their opinions and to obtain the theme agreement to be displayed. Peer debriefing was done by asking for direction and input from qualitative researcher, mental-health nursing practitioner, clinical psychology expert and supervisor about the theme as the findings during the research, with the aim to evaluate the research and receive input and comments from the supervisor. Audit trail was conducted to meet the dependability aspect in order to track the decision-making footprint, storage documentation can determine the credibility of the research. Transferability is optimized by researcher through giving a detailed description of the research context (thick description).

RESULTS

Characteristics of Research Participants

Participants of this study amounted to 11 nurses, 3 participants of male sex. The nursing background education of participants varied, diploma to nursing masters and varied age range. They have same role and responsibilities to take care of their patients.

Theme Formulation

Furthermore, the formulation of the theme as a result of the analysis of the in-depth interviews' contents and completed with field note data. The participants' expressions that supported the theme formula were shown by some participants in the form of interview quotes. Five themes were successfully formulated in this study, including: the path of destiny as a mental-health nurse, the value of observance in a nursing occupation, the challenge of patience in caring for the patient, the sense of sincerity in undergoing a serving profession, and total devotion in serving. Here are the theme formulas and some of the interview quotes.

Theme 1
The path of destiny as a mental-health nurse.

Interview quotes:
 "Yes this has possible become a destiny, right, perhaps...so it must be carried out, I'm already in the water, might as well get wet, I mean so to speak"(teary eyed, head down) (P7).

 "I used to question why my destiny leads me here, Ma'am, turns out I have found the answer, it was to care for my older sibling, my sibling coincidently has schizophrenia..." (clutching her chest and smiling) (P3).

Theme 2
The value of religious observance in nursing occupation.

Interview quotes:
 "expecting rewards from God actually, if it is destined to be like so, like a doctor's assistant, must be a patient's assistant, helping with everything when really caring for them" (head down) (P6).

"If we do something good, hopefully it turns out good hehehe (smiling). If we ease others' affairs, hopefully the affairs are eased by God. Yes that's it"…. "There is a happiness, unhappiness, joy or sadness, feeling we either receive the reward or not, I feel that's where the reward is. So someone who is caring wants to bear up with the person who is not willing to care, so far this is because there is no reward in that direction, it seems the reward is in a more spiritual direction"(nodding her head while smiling)(P11).

Theme 3
The challenge of patience in caring for the patient

Interview quotes:
"One of the forms of caring is by touching, of course interacting by touch with patience also because sometimes…not sometimes, the patient is hallucinating, enjoying their own hallucination, so to get their attention we have to take uhm..steps…stages, step by step…uhm…with patience so they will pay attention to us" (the conversation paused, eyebrows seemed to go up and her face smiled) (P3).

"…that is because the patient is a "pasung" (the practice of using shackles and chains to physically restrain persons with mental illness) *victim so their development is very slow, the change is very little, it cannot happen fast"(frowned) (P7).*

Theme 4
The sense of sincerity in undergoing a serving profession.

Interview quotes:
"actually if someone says that nursing is caring… well… care, care is looking after, care is being concern, the nurse's concern in caring for the patient, whoever the patient is, whether it is physical illness, mental illness, without exception, without looking at the patient's educational, social, cultural background, social status, should not be differentiated, cannot pick and choose, it must be done whole heartedly, sincerely according to the job description of course with the nurse's authority without abusing this authority" (P3).
"We can sacrifice by leaving our child who is ill to care for other people, endure sacrifices for mental-health

patients even when at times our lives are at risk, but we still work, still sincere, even when the patient has spat on the nurse's face, still the nurse must administer the medicine. Actually it is noble, it is nice, being a nurse is not regretted actually because we have worked to earn a living from being a nurse, and also can help others" (clutching her chest while smiling) (P10).

Theme 5
Total devotion in serving

Interview quotes:
"caring is empathy so uhm… more about how we provide the best service for the…patient, caring in the situation, for instance, the patient daydreams a lot and then the nurse looks at the patient, oh… why..is the patient keep on daydreaming, why is there no change, well the caring is more in that way, more like that…" (gesturing as though she is dealing with a patient) (P10).

"Because the spirit of nursing is well… caring, care. If there is no care, it's difficult to be a nurse if we don't care right hahaha… It's very important, well nurses are caring, nursing is caring. Well the result is not yet felt, people say that we haven't even finished taking care of the patient but we are already giving advices. Well because of that caring. The medicine is not given yet but the patient is already cured right, that's what people say" (smiling) (P11).

DISCUSSION
In this study, self-acceptance in carrying their profession as a mental-health nurse demands them to care for the patients. In order for the nurse to provide care or concern to the patient, the nurse must accept themselves and pay attention to themselves first. Previous research has suggested that nurses,[34] oncologists and palliative specialists[35] should care for themselves first before providing quality care for their patients. According to,[26] necessary attributes that are complexly connected in the concept of self-acceptance when caring for patients, includes developing their ability to present themselves, acceptance, giving attention and self-awareness. The process of self-acceptance is linked with the formation of professional identity that characterizes cross-field expertise.[36]

As a profession that always interacts with patients in conducting its nursing practices in the form of nurturing, therefore, there will always be formation of professional identity. Empathy,[29] communication-based therapy,[30, 37] self-use, forming interpersonal relationships therapeutically, skillful in collaborating,[30] and providing patient-centered services were given by nurses who have sensitivity to have a professional identity of mental-health nursing.[31, 32] Client-centered therapy is an indicator of quality assurance for nursing.[38]

The process of self-acceptance requires the existence of mindfulness.[23] Participants try to accept themselves as nurses, although some participants actually do not aspire to be mental-health nurses, and consider it as their destiny from God. Research shows the correlation of appreciation on nurses' dignity with spiritual commitment.[39] It can be explained that nurses who respect themselves is a form of their gratitude as creatures of God who must accept every destiny set out for them. When the nurse is aware of God's destiny for her, the nurse will try her best to provide optimum care for her patient. Individual who is able to accept herself will be able to accept her character and use it for survival. This means that the nurse's self-acceptance has implications on the decision regarding the form of assistance to be provided to the patient.

In this study most participants are aware and accept that they are predestined by God to be nurses who must provide services to patients with mental disorders. They realize that this reality must be lived with sincerity and patience. Recognizing and accepting God's destiny for them to be nurses makes them regard serving their patients as a form of religious observance. Participants appear to bow their heads while conveying this information.

Self-awareness is a process of self-assessing objectively and it becomes an important component in the relationship of patient-nurses. Self-awareness is considered as an important tool for developing therapeutic relationships with patients aimed at the healing process. The more self-aware the nurse is, the more established the therapeutic environment is, for the formation of a caring atmosphere. Self-

acceptance can occur through therapeutic interactions that will produce positive results.[40]

The interview results elucidate that participants are aware of giving attention to the patients in the form of helping meet the patients' daily needs. Helping meet nutritional needs, rest, comfort, therapeutic activities, drug therapy are parts of the nurse's daily routine. Most participants feel overwhelmed if the patient refuses to take medication, does not finish their food or if the patient sleeps restlessly at night.

Self-awareness is a process that is continuous and requires effort to be aware of. The experience of the majority of participants who care for patients whose condition is very disconcerting is an example of the efforts undertaken by participants to realize the task of serving patients. Indirectly, participants have in fact tried whole-heartedly to deal with their patients and tried to stay patient. The patient greatly appreciates the nurses' patience, responsibility, care and caution that is also regarded as the ideal value of the nurse but is not displayed due to loss of idealism, empathy and more meaningful relationships when feeling uncertain, fearful, and helpless.[33] Nurses who are unable to accept themselves or have low self-acceptance, will result in the emergence of various emotional responses, becoming very anxious and even depressed[23, 4] and angry.[23]

More effort is needed to help a person accept himself and it is important for the nurse to know herself well because the nurse hopes to build a caring environment for the patient's healing purposes. Most research participants enjoy working in a mental hospital because it is not too tiring compared to working in a public hospital so it feels more comfortable.[40] A person behaves according to a set of demands and expectations in order to make his life prosperous.[41]

When participants perform their routine tasks, communication with the patient remains tied. The interaction established through the nurse's communication with the patient is done namely when distributing drugs, instructing the patient to line up into the patient's dining room, and such communication plays a role in creating a comfortable

environment. The self-acceptance process of the research participants has reached the friendship stage, which means that the experience of interacting with patients has a positive impact on the process of self-acceptance, making participants more understanding and able to provide appropriate assistance for patients.

Other studies reveal the need for spiritual commitment when caring for patient,[39] and the importance of respecting the dignity of patient,[42] understanding the character of patient.[38] Respecting the nurse's dignity must be observed before respecting the dignity of patient.[43] Considering nursing work as a form of religious observance is believed to be a form of respect for the dignity of nurses that has implications in caring for the patients. This concern is concrete evidence that nurses value the dignity of their patients. The value of religious observance should be the essence when caring for mental-health patients because of the many challenges that must be faced. Psychiatric nurses experience longer, more frequent and closer contact with patients that has prolonged and recurring exposure to their chronic illness compared to general nurses. This has the potential to affect the emotional state of the nurse that leads to suffering and exhaustion that will continue to become anger.[23] Nurses actually feel ambivalence, frustration, suffering during a patient's binding refusal and feel guilty when seeing a patient complain of pain during the period of fixation. Moral stress manifested in the form of physical and psychological symptoms must be understood and accepted by nurses. Inability to resolve their moral conflicts will result in depression and high nurse turnover. Whereas the nurse wishes to be involved in deciding ethical issues.[44] Components of appreciation for dignity should also be considered. A study showed the correlation between the appreciation of the nurse's dignity towards their self-esteem, job satisfaction, spiritual commitment, and health status.[39]

The existence of spiritual commitment can be represented by the expression of living her profession as God's destiny for her and considers giving assistance to the patient as a form of religious observance. Spiritual values will shape other beliefs in terms of sincerity, patience and complete self-devotion.

CONCLUSION
This study has produced five themes, including: the path of destiny as a mental-health nurse, the value of religious observance in nursing work, the challenge of patience in serving, the sense of sincerity in undertaking the serving profession.

RECOMMENDATION
Optimization of caring self-acceptance factor in nursing needs to be encouraged because this factor can be influenced by various variables thus, it may experience fluctuations. Exposure to role models, policy transparency and management support are needed in order to strengthen nurse's self-acceptance that affects professional identity to improve the quality of nursing service towards mental-health patients.

REFERENCES
1. Biglan, A., Hayes, S.C.., Pistorello, J. (2008). Acceptance and Commitment: Implication for Perevention Science. Prevention Science. September; 9(3): 139-152.
2. Neff, K.D., & Lamb, L. M. (2009). Self-Compassion. In S. Lopez (Ed.), The. Encyclopedia of Positive Psychology (pp. 864-867). Blackwell Publishing.
3. Neff, K.D. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. Self and Identity, 2: 85-101, 2003.
4. MacInnes, D.L. (2006). Self-esteem and self-acceptance: An examination into their relationship and their effect on psychological health. Journal of Psychiatric and Mental Health Nursing,13 (5), 483–489
5. Lockard, A.J., Hayes, J.A., Neff, K. & Locke, B.D. (2014).Self-Compassion Among College Counseling Center Clients: An Examination of Clinical Norms and Group Differences. Journal of College Counseling. October. .Volume 17.
6. Neff, K. D., Hsieh, Y.-P., & Dejitterat, K. (2005). Self-compassion, Achievement Goals, and Coping with Academic Failure. Self and Identity, 4(3), 263-287.
7. Neff, N.D. & McGehee, P. (2010). Self-Compassion & Psychological Resilienci Among Adolescents & Young Adults. Self And Identity; 9: 225-240.

8. Leadbeater, B. J., Kuperminc, G. P., Blatt, S. J., & Hertzog, C. (1999). A multivariate model of gender differences in adolescents' internalizing and externalizing problems. Developmental Psychology, 35(5).
9. Nolen-Hoeksema, Larson, & Grayson. (1999). Explaining the Gender Difference in Depressive Symptoms. Journal of Personality and Social Psychology. 77 (5): 1061-1072.
10. Shaw, K. & Timmons, S. (2010). Exploring how nursing uniforms influence self image and Professional identity. Nurs Times. Mar ;106(10):21-3.
11. Caza, B.B. & Creary, S.J. (2016). The Construction of Professional Identity. [Electronic version]. Retrieved [2 January 2018], from Cornell University, SHA School site: http://scholarship.sha.cornell.edu/articles/878.
12. Hunter, B. & Warren. , L. (2013) Investigating Resilience in Midwifery. Final Report. The Royal College of Midwifery: Final Report. Cardiff University: Cardiff.
13. Vignoles, VL. Regalia, C., Manzi, C., Golledge, C. Scabini, E. (2006). Beyond Self-Esteem: Influence of Multiple Motives on Identity Construction. Journal of Personality and Social Psychology, Vol. 90, No. 2, 308-333.
14. Madsen, W. McAllister, M. Godden, J. Greenhill, J. Reed, R. (2009). Nursing's orphans: how the system of nursing education in Australia is undermining professional identity, Contemporary Nurse.
15. Dutton, J.E., Roberts, L.M. & Bednar, J.S. (2010). Pathways for positive identity construction at work: Four types of positive identity and the building of social resources. Academy of Management Review, 35, 265-293.
16. Wong, A. & Trollope-Kumar, K. (2014). Reflections: an inquiry into medical students' professional identity formation. Medical Education: 498.
17. Weld, H.S. (2015), Professional Identity (Trans) Formation in Medical Education: Reflection, Relationship, Resilience. Association of American Medical Colleges: 701-6.
18. Cullen-Drill, M. Prendergast, KM. (2011). Psychiatric Nursing: Back to Basic. Journal of Psychosocial Nursing. Vol. 49, No. 12, 2011.
19. Alpers, R. R., Jarrell, K., & Wotring, R. (2013). Developing a philosophy of nursing: A first step to becoming a professional. Teaching and Learning in Nursing, 8(4), 162-163.
20. Bloniasz, E.R. (2011). Caring for the caretaker: A Nursing Process Approach Creative Nursing.
21. Karaöz, S. (2015) Turkish nursing students' perception of caring. Nurse Educ Today. 2005 Jan;25(1):31-40.
22. Eren, A. (2014). Uncovering the links between prospective teachers' personal responsibility, academic optimism, hope, and emotions about teaching: a mediation analysis. Soc Psychol Educ . 17:73-104.
23. Carson, S.H., & Langer, E.J. (2006) Mindfulness and Self-Acceptance. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 24, 29-43.
24. Hoeve, Jansen & Roodbol, 2013. The Nursing Profession: Public Image, Sef Concept and Professional Identity: A Discussion Paper. J. Advanced Nursing; 20 (4): 295-309.
25. Petrakaki, D. Klecun, E. Cornford, T.. (2016). Changes in healthcare professional work afforded by technology: The introduction of a national electronic patient record in an English hospital. Organization: 23 (2).
26. Kusumawaty, I., Emilia, O., Kumara, A., Haryanti, F. (2016). Assessing learning process of caring behavior among nursing students in Palembang, Indonesia. GJMEDPH. 5 (4): 1-7.
27. Happel, B. and Gaskin, C.J. The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. J. Clin. Nurs. 2013; 22: 148-158.
28. Sercu, C., Ayala, R.A., Bracke, P. (2015). How does stigma influence mental health nursing identities? An ethnographic study of the meaning of stigma for nursing role identities in two Belgian psychiatric hospitals. Int J Nurs Stud. Jan; 52 (1): 307-16.
29. Handsley, S. and Stocks, S. (2009). Sociology and nursing: role performance in a psychiatric setting. Int. J. Mental Health Nurs; 18: 26-34.
30. Smith, G. (2015). A Practical Introduction to Mental Health Ethics. Routledge.
31. Sayers, K.L. & de Vries, K. (2008). A Concept development of 'being sensitive' in nursing. Nursing Ethics; 15 (3).
32. Lu¨tze´n, K. Dahlqvist, V. Eriksson, E. & Norberg, A. (2006). Developing the concept of moral sensitivity in health care practice. Nursing Ethics; 13 (2)

33. Chen, S.Y., Hsu, H.C. (2015). Nurses' reflections on good nurse traits: Implications for improving care quality. Nurs Ethics. 2015 Nov; 22 (7): 790-802.
34. Mantesso, J. (2005). Caring for self: A prerequisite of caring for others. Journal of Advanced Nursing, 21, 1087-1091.
35. Sanches-Reilly, S., Morrison, L.J., Carey, E., Bernacki, R., O'Neill, L., Kapo, J., Thomas, J. deLima. (2013). The Journal of Supportive Oncology; 11(2): 75-81.
36. Ibarra, H. (1999). Provisional Selves: Experimenting with Image and Identity in Professional Adaptation. Adminsitrative Science Quarterly. December.
37. Crawford, P., Brown, B., Majomi, B. (2008). Professional identity in community mental health nursing: A thematic analysis. International Journal of Nursing Studies. August; 45(7):1055-63.
38. Joolaee, S. Joolaei, A. Tschudin, V. Bahrani, N & Nikbakht, N.A. Caring relationship: the core component of patients' rights practice as experienced by patients and their companions. J Med Ethics Hist Med. 2010; 3: 4.
39. Sturm, B.A. and Dellert, J.C. (2016). Exploring nurses' personal dignity, global self-esteem and work satisfaction. Nursing Ethics, 23(4), 384 - 400.
40. Rasheed, S.P. (2015). Self-Awareness as a Therapeutic Tool for Nurse/Client Relationship. International Journal of Caring Sciences January-April: 8 (1).
41. Hoffman, R. M., Borders, L. D. and Hattie, J. A. 2000. Reconceptualizing femininity and masculinity: From gender roles to gender self-confidence. Journal of Social Behavior and Personality, 15: 475-503.
42. Baillie L., Ford P, Gallagher A, Wainwright P. (2009). Dignified care for children and young people: nurses' perspectives. Paediatr Nurs. Mar; 21(2):24-8.
43. Griffin-Heslin, V.L. (2005). An Analysis of The Concept Dignity. Accident Emergency Nursing; October, 13(4); 251-257.
44. Sehiralti, M. & Er, R.A. (2012). Decisions of psychiatric nurses about duty to warn, compulsory hospitalization, and competence of patients. Nursing Ethics; 20(1) 41-50.