Newly qualified nurses' perceptions of working at mental health facilities: A qualitative study

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Abstract

Introduction: Much has been written about the experiences of newly-qualified nurses in their first year of employment, yet not much has been heard from the perspectives of newly-qualified nurses working in mental health facilities.

Aim: To explore and describe the adaptation process of newly-qualified nurses working in public mental health facilities in South Africa.

Method: Following a qualitative descriptive design, 11 newly-qualified nurses in their first six to 18 months of employment were purposively selected from three public mental health facilities in South Africa. Data collected through unstructured individual interviews were thematically analysed.

Results: Four themes emerged from the analysis: fear related to the mental health care environment, self-doubt upon meeting the expectations of the inter-professional team, ways to adjust to the challenges and confidence as mental health care professionals.

Discussion: During the adaptation process newly-qualified nurses working in mental health facilities need support to overcome their initial fears and develop self-confidence in both managerial and therapeutic realms.

Implications for Practice: Management of mental healthcare facilities need to be cognisant of the importance of creating a supportive and safe environment that discourages negative stereotyping of patients and fosters newly-qualified nurses' adaptation.

Key words: Career adaptation, mental health nursing, newly-qualified professional nurse, nursing education, qualitative research, South Africa

Accessible summary

What is already known about the topic?

• Newly-qualified nurses often feel overwhelmed by the challenges of the work environment and struggle to transition into healthcare work environments.

• Nurses require opportunities during the transition period to develop both competence and confidence in their ability to practice independently.

What the paper adds to existing knowledge?

• Newly-qualified mental health nurses experience fear during their adaptation period, especially when they perceive mental healthcare users as dangerous and the working environment as risky, with little concern for their safety.

• Nurses new to the mental health environment learn from accepting responsibility, taking on challenges and making adjustments, in order to develop confidence as mental health care professionals.

What are the implications for practice?

• Nursing management should ensure a safe and supportive mental healthcare environment. The potential for and consequences of negative stereotyping of patients among mental health nurses should be acknowledged and addressed as it may hinder the smooth adaptation of newly-qualified nurses.

• Although stressful experiences can help mental health nurses to develop confidence and skills to manage future demanding situations, newly-qualified nurses need to be given appropriate support and debriefing to ensure challenging situations do not ‘go the wrong way’ and decrease confidence levels.

1. INTRODUCTION

With an aging nursing workforce, work environments need to retain newcomers to the profession and prevent them from leaving the workforce (Laschinger & Fida, 2014). Unfortunately, newly-qualified nurses often feel overwhelmed by the challenges of the work environment and struggle through the transition process without the necessary support, as illustrated, for example, in a Korean (Suh & Lee, 2013) and Australian study (Parker, Giles, Lantry, & McMillan, 2014). Two literature reviews (Procter et al., 2011; Hooper, Browne, & O'Brien, 2016) highlighted some negative experiences newly-qualified nurses were exposed to in mental health clinical practice, contributing to a high attrition rate in mental health nursing services.

Newly-qualified nurses are vulnerable during the transition period and require opportunities to develop competence and confidence in their ability to practice independently (Cleary, Horsfall, Muthulakshmi, Happell, & Hunt, 2013). During the transition period, newly-qualified nurses also form decisions about their intent to commit to their profession (Boamah & Laschinger, 2015), and may decide to change careers if they are struggling to adapt to a stressful work environment (Hasan & Tumah, 2018). This is a costly exercise for health care organizations that invest time and money into new graduates, only to have them leave nursing practice after a short period of time.

According to a literature review almost 50% of newly-qualified nurses change employment within the first year of practice (Winfield, Melo, & Myrick, 2009). In Japan, 4.6% of newly-qualified nurses resigned within 15 months of starting their nursing careers (Suzuki et al., 2010), while 15% of newly-qualified nurses in the United States of America changed employers within the nursing profession after a year (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012). In Finland, the attrition rate was between 26 and 37% during similar periods (Salminen, 2012). In New Zealand, almost 26% of newly-qualified nurses left the nursing workforce within the first five years of nursing practice (North, Leung, & Lee, 2014).

Several deleterious and costly outcomes are linked to poor work environments for newly-qualified nurses, namely, job dissatisfaction in a Taiwanese study (Tsai & Wu, 2010), career dissatisfaction, absenteeism, decreased productivity, high turnover, emotional exhaustion and poor care quality in Canadian studies (Laschinger, 2012; Boamah & Laschinger, 2015) and high levels of burnout in Sweden (Rudman, Gustavsson, & Hultell, 2014). Rapid turnover of nursing staff reduces the ability of the healthcare team to deliver quality care (Flinkman & Salanter, 2015).

The rapid turnover of nursing staff during the first years of employment have sustained a continuing interest in identifying positive working conditions for newly-qualified nurses to foster retention and lessen nursing shortages. Of the publications reviewed in this introduction, the two literature reviews (Procter et al., 2011; Hooper et al., 2016) that focused on the

perspectives of newly-qualified nurses who transitioned to mental health facilities, highlighted the global problem of recruiting and retaining professional nurses in mental health facilities. Both reviews emphasised the need to explore how newly-qualified nurses experience the realities of clinical practice when they transition to the psychiatric workplace.

In many countries mental health nursing is offered as a bachelor's degree. In the United Kingdom (UK) students can choose to specialise in mental health nursing from bachelor degree level (NHS Health Education England, n.d.). In South Africa (SA) nurses are qualified in mental health nursing (as well as general nursing, midwifery and community health nursing) after completing the integrated four-year diploma or degree programme (Jansen & Venter, 2015). Nurses in SA who choose to do a postgraduate diploma or degree in mental health nursing, view it as an opportunity to obtain promotion. This is opposed to nurses in the UK who sometimes use such a qualification to obtain other career opportunities as they identify more with the mental health field than with the nursing profession (McCrae, Askey-Jones, & Laker, 2014).

SA has two healthcare sectors. The private, for-profit sector is better resourced than the public sector, both financially and in terms of human resources. Public hospitals provide care to the 84% of South Africans who are uninsured, while private hospitals serve 16% of the population covered by medical insurance. The private sector is widely perceived to offer higher and more consistent quality of care (Ranchod et al., 2017). Although progress has been made to integrate mental healthcare into primary healthcare, mental healthcare is still mostly provided in large public institutions. This is due to challenges like stigmatization, workload and a predominant biomedical approach (Petersen et al., 2016).

To recruit and retain health professionals within the public sector, newly-qualified nurses in SA are required to complete 12 months of mandatory community service at a public health facility before they are registered as professional nurses according to the Nursing Act (Republic of SA, 2006). Newly-qualified nurses usually choose to do their community service in a field of nursing they wish to specialise in. This study focused on the nurses who chose to do their community service in a mental health facility.

1.1. Rationale

Through informal observation and conversations, the first author, a clinical facilitator in psychiatric nursing, realised that newly-qualified nurses only work at mental health facilities for their community service period. Mental health facilities in SA struggle to recruit and retain mental health nurses, which poses a threat to mental healthcare delivery. No published studies in SA have investigated the adaptation of newly-qualified nurses in mental health facilities. Jansen and Venter (2015) explored nursing students' reasons for not choosing mental health nursing as a career and found that they viewed the mental health environment in SA as unsafe

and emotionally exhausting, with little opportunities to practice and learn new skills. SA may become incapable of rendering mental health services, unless retaining newly-qualified nurses becomes a priority (Mokoka, Ehlers, & Oosthuizen, 2011).

1.2. Aim and objectives

The aim of this study was to create a better understanding of newly-qualified nurses' adaptation process in mental health facilities. The objectives were to (a) describe how newly-qualified nurses adapted in public mental health facilities in an urban area, and (b) to make recommendations to facilitate newly-qualified nurses' adaptation.

2. METHODS

2.1. Ethics approval and conduct

The Faculty of Health Sciences, University of Pretoria, Ethics Committee (Ref: 460/2013) and the management of the three mental health facilities approved the study prior to implementation. The Code of Ethics for Research (University of Pretoria) obligates researchers to report information which protects public interest. Of specific relevance to this study is knowledge of any form of abuse against a mental healthcare user as defined by the Mental Health Care Act (Republic of South Africa, 2002). No such information was disclosed to the researcher. Participants signed informed consent and participants' confidentiality was maintained by assigning code numbers to transcribed interviews.

2.2. Design

This study followed a qualitative descriptive approach within a naturalistic paradigm as described by Bradshaw, Atkinson and Doody (2017). These authors recommend a description method when a topic does not correspond neatly with any other specific qualitative approach. The researcher sought to understand the adaptation process from the perspectives of the nurses involved and the meanings they ascribed to the process. Knowledge in this study was socially constructed during interaction between the participants and the researcher.

2.3. Participant selection

The target population included newly-qualified professional nurses who had completed four years of nursing training and who were placed in any of three public mental health facilities, for a minimum of six months and a maximum of 18 months. The accessible target population consisted of 23 newly-qualified nurses.

The researcher purposively selected participants who had first-hand experience of the adaptation process. Purposive sampling provides the advantage of facilitating the selection of participants whose experiences are required for the study (Bradshaw et al., 2017).

The researcher introduced the study face-to-face at staff meetings at the facilities and invited eligible participants to contact her telephonically if interested to participate in the study. The researcher interviewed each participant who contacted her, transcribed the recorded interview verbatim, and conducted a preliminary analysis. She repeated this process until data saturation was reached and categories were repeated and no new categories emerged (Burns & Grove, 2011).

The total number of participants comprised 11 newly-qualified nurses, six males and five females, who had been working in the mental health facilities for a period of six to 18 months. Their ages ranged between 24 and 31 years. No participants withdrew from the study.

2.4. Setting

The research setting included three public hospitals that provide mental health services in an urban area in SA, one public psychiatric hospital and two psychiatric units in public general hospitals. The first author conducted the interviews in offices at the facilities to ensure privacy and confidentiality.

2.5. Data collection

Prior to data collection, two pilot interviews, a technique described by Young et al. (2017), were conducted to refine the interviewing and questioning techniques. Hereafter, the supervisors guided the interviewer to formulate more applicable probing questions in order to obtain sufficient in-depth data. The participants used in the pilot interviews did not participate in the main study.

Data were collected during unstructured in-depth interviews, using an interview guide. One open-ended question was asked: "What are your perceptions of your job as a newly-qualified nurse working in a mental health facility?" The subsequent probing questions were guided by responses to the initial question. The interviews were audio-recorded and took an average period of 40 minutes. Data were collected until the information was saturated, indicated by themes repeating themselves (Burns & Grove, 2011). No repeat interviews were carried out, and transcripts or findings were not returned to participants for comments because of time constraints. Field notes were recorded during and after the interviews of any observations made, for example, participants' non-verbal gestures.

2.6. Data analysis

Data were analysed using Tesch's method of descriptive data analysis (Creswell, 2014). The data were transcribed verbatim. All transcripts were read to get a sense of the whole. The transcripts were read again while searching for the perceptions reflected in the participants' statements. Ideas were written in the margin to describe the participants' perceptions. These

ideas were abbreviated as codes. All transcripts were coded by writing the codes next to the appropriate segments of the text, using the most descriptive wording. Next a thematic appraisal was conducted. Themes were derived from the data. Topics that related to each other were clustered together as themes, some as main themes, and others as subthemes. The themes were summarised in a table format, and a coding tree was not used. Each theme was defined and named and quotes were identified to best illustrate the theme.

2.7. Reflexivity and Rigour

To ensure trustworthiness of the findings the criteria of credibility, transferability, dependability, confirmability, and authenticity were used (Lincoln & Guba as cited in Bradshaw et al., 2017). Credibility was obtained through triangulation. The first author, an advanced psychiatric nursing practitioner and educator, interviewed participants from three different mental health facilities. As a psychiatric nurse, the interviewer had extensive experience in interviewing techniques. She did not personally know the participants, but established rapport by explaining the research purpose and procedures prior to asking the research question.

Dependability was ensured when the researcher bracketed her own assumptions and recorded reflective notes about her own experiences after each interview to prevent biasness. The researcher and an independent coder analysed the data and reached consensus on the themes. A comprehensive description of the setting and methods was provided to enhance confirmability and transferability. To ensure authenticity, the findings were supported by participants' direct quotations.

3. FINDINGS

The interviews revealed four themes: fear related to the mental healthcare environment, self-doubt upon meeting the expectations of the inter-professional team, ways to adjust to the challenges and confidence as mental healthcare professionals. The participant's number is indicated in brackets after each verbatim quotation.

3.1. Fear related to the mental healthcare environment

This theme reflects the feelings of fear experienced by newly-qualified nurses when they were confronted with the realities of the mental healthcare environment. Most of the participants described feeling nervous and anxious, particularly associated with aggressive and unpredictable patient behaviour. The fear of aggressive patients was exacerbated by the 'stories' told by other staff members:

The challenge that I had…I was scared of the patients. I was afraid because I heard that forensic patients are dangerous and I thought if I talk to them they may be angry and violent at me (I/5).

I was working in an acute ward… and I came across patients who are aggressive, suicidal patients and those who are depressed…it is not easy to deal with these kinds of patients…I was also anxious at the same time because of all the stories I heard about patients assaulting personnel, patients refusing to take medication and so on (I/6).

It was not exactly clear from the interviews where these stigmatising attitudes originated from. The authors are all mental health educators, and during training the focus is on destigmatising and integrating mental illness into mainstream health care provision. It is possible that the fear emanated from risky conditions participants encountered during the adaptation period. The next quotation reflects a disregard for nurses' safety in the study context:

…other professionals...they sometimes send aggressive patients from casualty to our ward, not been sedated. They don't even consider how many you are on duty; our safety is not considered at all…the managers also do not consider our safety because like today…the unit manager knocks off at 16:00 and I will be left with the staff nurse… There is shortage of staff and it is not safe for us as mental health care users can do anything (I/1).

Participants expressed that they had to be cautious at all times as they felt that mental healthcare users are sometimes unpredictable. Some participants expressed a need to acquire assertiveness skills to avoid being taken advantage of as newly-qualified nurses:

Now that I am working in the mental health unit as a professional nurse, I am able to see the patients from the time they are admitted until they are discharged. I am also able to assess the patient…I have noticed that mental health patients can take advantage of the nurses; they know that if you are not firm they can manipulate you. In managing them, you have to be assertive enough as some of them are disrespectful (I/1).

I have to watch my back because with these types of patients who are not at their right mental state, you do not know what will happen next ... and some of them are violent (I/9).

The fear related to patient behaviour seemed to subside as participants gained more experience and learned how to manage what they perceived to be a risky and unpredictable environment, as will be reflected in the last theme.

3.2. Self-doubt upon meeting the expectations of the inter-professional team

Participants experienced feelings of self-doubt and, were uncertain whether they possessed the knowledge and skills to meet personal expectations, as well as the expectations of the other mental healthcare providers. They found delegating duties to senior staff members stressful and challenging:

> *I started becoming anxious, and I was worried that I will not be able to do my job as expected. I started asking myself whether I am going to work well with other staff members and patients (I/5).*

> *To supervise that person is also very difficult as I felt like I am disrespecting them. What makes it more difficult is the facial expression that you get from them; it was like they are saying 'who do you think you are?' (I/6).*

The participants described the reality of taking responsibility in mental healthcare practice as a shock, not what they imagined it to be. Instead of relying on their qualifications, they actually had to prove that they possess the necessary knowledge and skills to be acknowledged as part of the interdisciplinary team:

> *I was excited about being a professional nurse, wearing my new distinguishing devices, oh! it feels great. I pictured myself doing doctors' rounds, giving medication, delegating duties and supervising other junior nurses. That was just my imagination, in the real environment you have to have enough knowledge to do all those things. I felt a lot of responsibility coming towards me…the minute they* [doctors] *see a maroon epaulette* [distinguishing device of professional nurses in SA] *they start approaching you, giving orders and asking advice (I/8).*

> *I had a fear that the nursing staff, the patients and the doctors will expect more from me; they will expect me to know everything …I was frightened because I was not sure if I know enough to impress them (I/11).*

Participants realised that they could no longer hide from the increasing responsibilities associated with transitioning from a student nurse to a qualified nurse:

I knew that as a qualified nurse, I will be working with experienced senior nurses, but I have to accept responsibility of whatever I do (I/3).

…the role has changed 'big time'. As a professional nurse, you are now expected to run the unit; you are now more responsible and accountable for your actions… (I/9).

Participants experienced self-doubt, particularly in relation to more experienced staff and the responsibilities associated with being a professional nurse in a mental healthcare facility.

3.3. Ways to adjust to the challenges

Participants encountered various challenges during the transition period. Challenges were associated with insufficient clinical training, feelings of incompetency, a limited period of orientation, being left unsupervised and a shortage of staff:

I thought I will be working under guidance of an experienced sister. After a week in the ward, I was expected to be in charge of the ward. I felt like the support that I got from the operational manager was not enough (I/2).

…on my third day, that is when I realized that the orientation that I got was not enough. I was left to run the unit on my own. I found myself having to be on my own too soon, because of shortage of staff… (I/3)

With the knowledge that we got from class I think we were more prepared but it is clinical skills that we need more than all the knowledge. I think the period that we spent in clinical practice during training must be longer (I/11).

Nevertheless, participants were able to navigate all the challenges. They described various ways of obtaining information and acquiring skills, such as learning from experienced staff members, from being exposed to difficult situations and from being in charge of the unit. Participants described how they had to meet expectations; "learning the hard way". By accepting responsibility and taking on challenges, the nurses found their way towards confidence:

After a week in the ward, I was expected to be in charge of the ward. It was overwhelming. It was very challenging….The ward is very busy and I can say I get a lot of experience even though I learned the hard way... I think that they [newly qualified nurses] *must go to*

the senior nurses if they need help and also refer back to their books. You need to read the policies in the unit to familiarize self with them. I can also say it is important to work in groups. You don't have to isolate yourself (I/2).

You need to confront the situation because now you are responsible for your actions. I am working directly with the doctors; I need to be knowledgeable to give advice to the doctors and to answer patients' questions with confidence (I/7).

One participant explained that her confidence in her abilities was boosted when senior staff accepted her suggestions:

The professional nurses who have been working here for a long time were accommodating in that when I was suggesting or introducing new ways of doing things, they were not resistant. My inputs were taken positively. The way they do things, if like for example you ask a question, they will guide you (I/10).

Participants suggested that in-service training (focusing on emotional adaptation) may have eased their transition and helped them to prepare for their new role:

…there should be in-service trainings for the newly qualified professional nurses…to prepare them emotionally before coming to work here. … (I/2).

This theme illustrates how the newly-qualified nurses managed to adjust and find ways to cope with the challenges. This process of adaptation increased their self-confidence, as reflected in the next theme.

3.4. Confidence as a mental healthcare professional

The participants spoke about how they developed confidence as they transitioned from student to professional nurse. They felt proud of their ability to manage patient care 'unsupervised', communicate appropriately with mental healthcare users, and make independent decisions:

It is because the fear that I was having at first is no longer there. I now understand what is going on with the patient and I know how to handle them...You must talk in a calm voice and then they cooperate very well. I am also able to make decisions without having to check with anyone (I/4).

I felt I was working independently. As a professional nurse I am now involved in doctors' rounds, I get to give medication and to interview patients… (I/9).

One participant explained how an understanding of the psychopathology enabled her to deal better with problematic patient behaviour:

I have learnt that the behaviour of the patients may be because they are experiencing hallucinations; that is they are hearing voices and they may be responding to those voices by behaving the way they do (I/3).

Another participant described that for her to be acknowledged as a senior, she needed to prove herself as being deserving of that senior role:

It was very hard at first, but now I think they have accepted that even though I am young, I am their senior (I/6).

As participants gained knowledge and experience, their initial fears and insecurities were replaced with self-confidence.

4. DISCUSSION

In the current study newly-qualified nurses experienced fear when confronted with the realities of the mental healthcare environment. They perceived the mental healthcare users as dangerous and the working environment as risky, with little concern for their safety. The nurses experienced self-doubt upon meeting the expectations of the inter-professional team, especially with regards to taking responsibility for managing the ward and delegating duties to more experienced nurses. Challenges were associated with insufficient clinical training, feelings of incompetency, a limited period of orientation, being left unsupervised, and a shortage of staff. Newly-qualified nurses managed to navigate all the challenges and found their way towards confidence. The gained experience from being exposed to difficult situations, being in charge of the unit, accepting responsibility and learning from experienced staff members.

4.1. Comparison to existing knowledge

Existing studies show that newly-qualified nurses may feel disillusioned when they encounter the reality of the mental health environment. Mental health nurses sometimes find it difficult to cope with stressful situations such as patients who present with challenging behaviour (Elsayed, Hasan, & Musleh, 2018). A systematic review of 11 South African studies

(Alburquerque-Sendín et al., 2018) revealed that mental health nurses in SA work under stressful and sometimes, adverse conditions. Nurses perceived the mental healthcare environment as unsafe and stressful which can generate negative attitudes toward professional duties, the patients, and mental illness. This might clarify why permanent nurses working in the study context reinforced negative stereotypes by warning newly-qualified nurses about patient aggression and non-compliance. Indeed, nurses who perceive the workplace as unsafe, may be more inclined to show negative attitudes towards mental healthcare users; this is in turn associated with burnout and avoidant behaviour (Zaninotto et al., 2018). Opposed to the problems nurses in SA experience in mental health facilities, mental health nurses in Sweden perceived their work as important and meaningful, and their relations with colleagues and supervisors as supportive. They, however reported diminished job satisfaction related to role ambiguity, and unsatisfactory career advancements (Holmberg, Caro, & Sobis, 2018).

As in the current study, newly-qualified nurses' negative experiences in a study by Hooper et al. (2016) were linked with role ambiguity, inadequate mental health training, clinical preceptorship and support from healthcare services during transitioning. Mental health nurses described the initial three to four months of transitioning as the most difficult because nursing education did not prepare them for the realities of practice (Ekström & Idvall, 2015). When student nurses are not fully exposed to the world of nursing during their training, they may experience reality shock and dissatisfaction as independent practitioners (Missen, McKenna, & Beauchamp, 2014). Different models are proposed to fill this gap in nursing education and better prepare mental health nurses for clinical practice. During action learning students are challenged to approach problems from multiple perspectives and to explore the values and beliefs that underlie their actions (Waugh, McNay, Dewar, & McCaig, 2014). Actor-based simulated learning provides students with an opportunity to practice mental health nursing skills in a safe environment (Bartlett & Butson, 2014).

Sufficient supervision and preparation might have eased the fear the nurses in this study experienced towards mental healthcare users. A high level of skills and experience is required to establish and maintain therapeutic relationships with patients who present with challenging behavior. Mental health nurses need to stay calm and confident during challenging situations (Ennis, Happell, & Reid-Searl, 2015). To improve nurses' competencies and proactively support patients with challenging behavior, recovery-focused and de-escalation techniques can be incorporated in nursing education and practice. Recovery-focused care is directed towards patients' needs and strengths and requires nurses to be sensitive to the reasons for and triggers of challenging behavior (Lim, Wynaden, & Heslop, 2019). De-escalation focus on creating a safe and calm environment, and reflection-on-action to achieve learning for future challenges (Berring, Pedersen, & Buus, 2016).

4.2. New findings

The adjustment process of newly-qualified nurses is described in the literature. Nurses adjust in a systematic manner, akin to a reality change. They experience a realignment of their perceptions of becoming a nurse with an awareness of their limited knowledge and skills (Tseng & Hsu, 2018). Nurses struggle for mastery until they experience a sense of competence, for example, to delegate and supervise other nurses (Allan et al., 2015). Mental health nurses adapt in a similar fashion, but experience unique challenges as highlighted in this study. They need to overcome their fears, develop an understanding of the patient's state of mind and stay calm in challenging situations.

Allan et al. (2016) described the two types of learning nurses employed in this study, namely, learning from challenging experiences and from colleagues. Challenging experiences help nurses to develop skills to manage difficult situations. However, when newly-qualified nurses are not appropriately supported and debriefed, challenging situations may have the opposite effect and increase anxiety and self-doubt. Learning from colleagues is valuable but newly-qualified nurses need to develop their own reflective and critical thinking skills to avoid over-reliance on colleagues (Allan et al., 2016). As in this study, newly-qualified nurses may help to improve existing practices through exchanging their theoretical knowledge with experienced colleagues in return for experiential information about challenging situations (Nordsteien & Byström, 2018). Research is needed to integrate these adaptation and learning processes as part of orientation programs.

The factors that influence nurses' experiences of transitioning are complex and related to the challenges that confront healthcare systems in general (Parker et al., 2014). In this study newly-qualified nurses were expected to manage the ward because of staff shortages, before they felt ready to take on such a responsibility. When newly-qualified nurses are placed in such stressful situations, they are more likely to experience burnout, which in turn is associated with higher job turnover (Boamah & Laschinger, 2015).

4.3. Implications for nursing practice

Nursing management in mental health facilities should commit to supporting newly-qualified nurses to allow a smooth and safe adaptation into their new role. Formal orientation programmes should include safety procedures and policies, therapeutic and managerial skills, and support structures available to staff. Newly-qualified nurses should work together with senior staff until they feel confident as independent practitioners. They should be allowed to take charge of the unit and make decisions under the supervision of experienced professional nurses to reduce self-doubt and anxiety.

Nursing management should ensure a safe environment for patients and staff. The principles of creating a therapeutic milieu come to mind in this regard. A therapeutic milieu is

characterised by a culture of trust, person-centred care, attentiveness to patients' needs and patient participation (Beyene, Severinsson, Hansen, & Rørtveit, 2018). Such a milieu promotes personal growth, security and satisfaction for both patients and staff (Espinosa et al., 2015). Mental health nurses who feel safe and supported and able to cope with challenging events, might not feel a need to stereotype patients as dangerous and unpredictable.

With regards to nursing education, the focus should be on integrating theory and practice to ensure nurses spend enough time in mental health facilities to obtain competence in clinical work. The literature offers some suggestions to prepare nurses emotionally for mental health practice, for example, interactive workshops on coping skills, stress management and therapeutic communication (Jansen & Venter, 2015); the use of personal and professional narratives to foster a philosophical and conceptual understanding of mental health nursing (McKie & Naysmith, 2014); and person-centred educational approaches (Tee & Üzar Özçetin, 2016).

The authors recommend more research to implement orientation and training programmes for newly-qualified nurses in mental health facilities with a pre- and post-test to assess the effectiveness of such programmes. The negative stereotyping of patients by mental health nurses should be investigated, especially the conditions under which such stereotyping originates and ways to prevent and address these.

5. LIMITATIONS

The study findings are only applicable to a specific context and used a small sample size, therefore quantitative research using a large sample size to assess the adaptation of newly-qualified mental health nurses across different settings is recommended. Due to time restrictions, transcripts were not returned to the participants for member checking. This might have affected the trustworthiness of the findings. The perceptions of newly-qualified nurses who do not choose to do their community service in mental health facilities, were not explored. Research exploring these nurses' perceptions might expand the understanding of factors affecting mental health nursing as a career choice.

6. RELEVANCE STATEMENT

The way newly-qualified nurses perceive the mental healthcare environment is of specific relevance to the management of mental health facilities. The adaptation process of newly-qualified nurses is hampered when they perceive the mental healthcare environment as dangerous and are left to their own devices to resolve difficult situations. On the other hand, a secure environment, appropriate orientation and mentorship programs, and supervision to review and reflect on challenging situations can do much to retain newly-qualified nurses as permanent workforce in mental health facilities.

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