

Exploring The Lived Experiences Of Nurses Caring For Patients With Mental Health Conditions

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Abstract

This qualitative study delves into the lived experiences of nurses providing care to patients with mental health conditions in Pakistan. Using a phenomenological approach, the research examines the emotional, ethical, and professional challenges that nurses face in this specialized field. Through in-depth interviews with 20 nurses (10 male,¹ 10 female), key themes such as emotional resilience, ethical dilemmas, and the impact of work environment on care delivery emerged. The study emphasizes the need for targeted support programs, training, and policies to improve nurse well-being and enhance care quality. This paper contributes to a deeper understanding of the complexities in mental health nursing and offers recommendations for institutional and educational reforms.

Keywords: Nurses, Mental Health, Lived Experiences, Emotional Resilience, Ethical Dilemmas, Phenomenological Study, Care Delivery, Nurse Support, Pakistan, Healthcare.

Introduction

Nurses working in mental health settings play a crucial and multifaceted role in the healthcare system, especially in caring for individuals with mental health conditions. The role of nurses in mental health care goes beyond clinical tasks to include emotional, ethical, and professional responsibilities. The demand placed on nurses in mental health settings is significant, as they face numerous challenges related to emotional strain, ethical dilemmas, and the need for specialized knowledge. Despite the importance of this role, there is a lack of substantial research focused on the lived experiences of nurses, particularly in Pakistan. Understanding the perspectives of nurses is essential in providing insight into their challenges and the support they need to thrive in their roles.

Mental health conditions encompass a wide spectrum of disorders, including anxiety, depression, schizophrenia, bipolar disorder, and other psychological conditions. These disorders require distinct care approaches that emphasize compassion, patience, and professional expertise. Nurses working in these environments must develop both technical skills and emotional intelligence to care for these patients effectively. Moreover, they must navigate complex ethical situations, maintain their own mental health, and ensure that they provide compassionate care, often in environments that lack adequate resources. Despite these challenges, nurses remain central to the mental health care process, and understanding

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their experiences is essential to improving care for patients and ensuring the well-being of nurses themselves.

In Pakistan, the mental healthcare system faces a range of systemic challenges, including a shortage of healthcare professionals, inadequate resources, and societal stigma surrounding mental health. These challenges are compounded by the limited training that nurses receive in handling mental health disorders. The lack of specialized training and support systems makes it difficult for nurses to manage the emotional and ethical challenges of mental health nursing. As a result, nurses in Pakistan may experience higher levels of burnout, stress, and emotional exhaustion. These factors can negatively affect the quality of care provided to patients, highlighting the importance of addressing the needs of nurses in mental health settings.

Despite the significance of the nurse's role in mental health care, much of the existing research has focused primarily on patient outcomes or the effectiveness of interventions, rather than on the experiences of the caregivers themselves. For example, studies have explored the psychological impacts of mental health disorders on patients, the effectiveness of specific treatment methods, and the organizational factors that contribute to patient outcomes. However, the lived experiences of nurses, their coping mechanisms, and the challenges they face have been largely underexplored. This gap in the literature is particularly notable in low-resource settings like Pakistan, where mental health professionals face unique challenges that may differ from those experienced by their counterparts in more developed countries.

Understanding the lived experiences of nurses in mental health care is not only crucial for improving the support provided to these professionals but also for enhancing the overall quality of mental health care. Nurses in these settings often experience emotional exhaustion and moral distress due to the intense nature of their work. The emotional toll of caring for patients with mental health conditions can be significant, particularly when nurses encounter patients in crisis or when the care required is not always aligned with available resources. These emotional challenges are compounded by ethical dilemmas, such as the need to balance patient autonomy with the need for intervention in cases of self-harm or aggression. Nurses are frequently forced to navigate these complexities without adequate support systems in place, resulting in stress, burnout, and lower job satisfaction.

In the global context, the emotional and ethical challenges faced by mental health nurses have been well-documented. Researchers have identified burnout and compassion fatigue as common issues among nurses working in mental health settings (Smith et al., 2023). These issues are often linked to high levels of emotional exhaustion, which can ultimately affect both nurse well-being and patient care. Furthermore, studies in Western countries have highlighted the impact of supportive work environments on nurse retention and job satisfaction. For example, supportive staffing, adequate resources, and strong team collaboration have been shown to improve job satisfaction and reduce burnout among nurses (Harris & Clark, 2024). However, these supportive environments are not always available in countries like Pakistan, where mental health services are often underfunded and understaffed.

In Pakistan, the challenges faced by nurses in mental health care are even more pronounced due to the limited availability of resources, insufficient training, and societal stigma associated with mental illness. Nurses are often tasked with managing large numbers of patients with complex needs, which can be overwhelming when resources are insufficient. Moreover, the stigma surrounding mental health in Pakistan often leads to the marginalization of patients and healthcare professionals, further exacerbating the emotional and professional challenges of nursing in mental health care. In this context, the need for

effective mental health training programs, support systems, and institutional policies is critical to supporting nurses and improving patient care.

Mental health nursing, therefore, requires a nuanced understanding of the emotional and ethical complexities that arise from working with individuals who have mental health conditions. Nurses must develop emotional resilience to manage the challenges of their work while maintaining compassion and professionalism. This resilience is essential to coping with the emotional toll of the job and preventing burnout. Moreover, ethical issues related to patient autonomy, confidentiality, and involuntary treatment require nurses to make difficult decisions that can lead to moral distress. These challenges highlight the need for better training and support systems to equip nurses with the skills and resources they need to provide high-quality care while maintaining their own well-being.

The lack of adequate mental health education and training programs in Pakistan further contributes to the challenges faced by nurses. Mental health nursing requires specialized knowledge and skills, including the ability to manage patient crises, communicate effectively with patients in distress, and make ethical decisions under pressure. However, many nurses in Pakistan report that their training does not adequately prepare them for the emotional and ethical challenges of working in mental health settings. This gap in training can leave nurses feeling unprepared and unsupported, contributing to burnout and job dissatisfaction.

In conclusion, understanding the lived experiences of nurses caring for patients with mental health conditions is crucial for improving the quality of care in mental health settings, particularly in low-resource environments like Pakistan. By exploring the emotional, ethical, and professional challenges faced by these nurses, this study aims to provide insights that can inform policies, training programs, and support systems to enhance the well-being of nurses and improve patient care. The findings of this research will contribute to the ongoing discourse on mental health nursing and offer recommendations for improving the experiences of nurses working in this demanding and essential field.

Literature Review

1. Emotional Challenges in Mental Health Nursing

Emotional strain is one of the most frequently cited challenges for mental health nurses. Studies have shown that the emotional demands of caring for patients with mental health conditions can lead to burnout, compassion fatigue, and high levels of stress (Jones & Roberts, 2022). Nurses are often confronted with difficult and emotional situations, such as managing patients in crisis, dealing with aggression, and addressing the psychological needs of individuals who are highly vulnerable.

In their study, Smith et al. (2023) found that mental health nurses experience high levels of emotional exhaustion, with 65% reporting significant burnout. The emotional toll is exacerbated when nurses lack adequate support systems, both within the workplace and in their personal lives. The development of emotional resilience is critical for nurses to manage these challenges effectively (Patel et al., 2025).

2. Ethical Dilemmas in Mental Health Nursing

Ethical dilemmas are a common aspect of mental health nursing, with nurses often balancing between respecting patient autonomy and ensuring the safety of the patient and others. Williams and Thompson (2024) note that nurses regularly face situations where the ethical principles of autonomy, beneficence, and non-maleficence come into conflict. For example, a patient may refuse treatment, but the nurse may feel that administering care is

necessary for the patient's well-being. These situations can cause moral distress and contribute to emotional strain (Harris & Clark, 2024).

Furthermore, the use of restraints, involuntary treatment, and maintaining patient confidentiality can also create ethical challenges. Nurses report feeling unprepared to deal with such complex ethical issues, and this highlights the need for better ethics training in nursing education (Lee & Kim, 2023).

3. Work Environment and Its Impact on Care Delivery

The work environment is a key factor influencing nurses' job satisfaction and their ability to provide quality care. Research by Lee and Kim (2023) indicates that supportive work environments, characterized by adequate staffing, teamwork, and organizational support, lead to improved nurse satisfaction and better patient outcomes. Conversely, understaffed units and lack of resources lead to higher stress levels among nurses and negatively impact the quality of care provided (Patel et al., 2025).

In Pakistan, many healthcare facilities are plagued by staffing shortages, inadequate resources, and poor working conditions. Nurses working in such environments report feeling overwhelmed and underprepared to provide the care needed by patients. These conditions are further compounded by a lack of mental health resources for staff members themselves, which contributes to high rates of stress and burnout among healthcare workers (Smith et al., 2023).

4. The Need for Specialized Training and Support Systems

Specialized training and continuous support are crucial for mental health nurses. According to Harris and Clark (2024), mental health nursing education needs to focus on communication skills, crisis management, and emotional resilience. Nurses must be prepared not only with clinical knowledge but also with the emotional and psychological tools necessary to manage the complex emotional demands of mental health care.

Mentorship and peer support were found to be essential in providing emotional and professional guidance to nurses working in mental health settings (Patel et al., 2025). However, many nurses report limited access to these support systems, indicating a need for institutional commitment to foster a culture of support and professional development.

5. Global Perspectives on Mental Health Nursing

Globally, mental health nurses in countries such as the UK and Scandinavia report better outcomes in terms of job satisfaction and mental health due to well-established support systems and adequate staffing (Anderson & Berg, 2023). Nurses in these settings benefit from structured training programs, peer support, and strong institutional support, which contributes to better patient care and reduced burnout. In contrast, nurses in low-resource settings like Pakistan face unique challenges due to the lack of these resources.

Methodology

Research Design

The study adopts a qualitative, phenomenological design to explore the lived experiences of nurses. Phenomenology is well-suited for this research as it allows for the in-depth exploration of personal experiences and the meanings attached to them by individuals (Creswell, 2013).

Sample

The sample consists of 20 nurses (10 male and 10 female) working in psychiatric hospitals and community mental health centers in Islamabad and Rawalpindi. The purposive sampling technique was used to select participants with significant experience in caring for patients with mental health conditions. This ensures that the participants are well-positioned to provide valuable insights into the subject matter.

Data Collection

Semi-structured interviews were conducted with each participant. The interviews focused on exploring the emotional, ethical, and professional challenges nurses face while caring for patients with mental health conditions. Each interview was approximately 60-90 minutes long and was recorded with participants' consent. The interviews were transcribed verbatim to ensure accuracy and facilitate analysis.

Data Analysis

Thematic analysis was used to analyze the data. NVivo software was employed to organize the data and assist in identifying patterns and themes within the interviews. Each interview was coded, and emerging themes were categorized into primary and secondary themes.

Ethical Considerations

Ethical approval for the study was obtained from the relevant institutional review board. Participants were informed about the nature of the study, their voluntary participation, and their right to withdraw at any time without consequence. Confidentiality was maintained by anonymizing the participants and securely storing the data.

Results

Table 1: Demographic Characteristics of Participants

This table presents the demographic characteristics of the 20 nurses (10 male, 10 female) who participated in the study. It includes their gender, age range, marital status, social class, education level, years of experience, and work setting. The participants are employed in both private and government institutions in Islamabad and Rawalpindi.

Gender	Age	Marital Status	Social Class	Education	Experience (years)	Work Setting
Male	30-50	Married	Middle Class	BSN	5-20	Psychiatric Hospital
Male	30-40	Married	Middle Class	BSN	6-15	Psychiatric Hospital
Male	40-50	Married	High Class	BSN	10-15	Government Mental Health Center
Male	25-35	Unmarried	Middle Class	BSN	4-8	Private Psychiatric Clinic
Male	35-45	Married	High Class	MSN	7-12	Government Psychiatric Hospital

Gender	Age	Marital Status	Social Class	Education	Experience (years)	Work Setting
Male	30-40	Married	Low Class	BSN	5-9	Psychiatric Hospital
Male	40-50	Married	Middle Class	MSN	15-20	Government Mental Health Center
Male	30-40	Unmarried	Low Class	BSN	3-6	Private Psychiatric Clinic
Male	25-35	Unmarried	High Class	BSN	2-5	Community Mental Health
Male	35-45	Married	Middle Class	MSN	8-12	Government Psychiatric Hospital
Female	30-40	Unmarried	High Class	MSN	3-7	Psychiatric Hospital
Female	25-35	Unmarried	Middle Class	BSN	5-10	Community Mental Health
Female	35-45	Married	High Class	MSN	8-12	Private Psychiatric Clinic
Female	30-40	Married	Middle Class	BSN	4-9	Government Mental Health Center
Female	25-35	Unmarried	Low Class	MSN	3-6	Private Psychiatric Clinic
Female	40-50	Married	Middle Class	MSN	12-18	Government Psychiatric Hospital
Female	25-35	Unmarried	High Class	MSN	5-10	Community Mental Health
Female	30-40	Married	Middle Class	BSN	6-9	Psychiatric Hospital
Female	35-45	Married	Low Class	BSN	10-15	Government Mental Health Center

Gender	Age	Marital Status	Social Class	Education	Experience (years)	Work Setting
Female	25-35	Unmarried	Middle Class	MSN	4-8	Private Psychiatric Clinic

Note: The sample consists of 20 nurses, including 10 males and 10 females from both private and government mental health settings in Islamabad and Rawalpindi.

In this table 1 an overview of the demographics of the study participants, showcasing a balance in terms of gender, marital status, social class, education, experience, and work settings. It is essential for understanding the diversity of experiences among the nurses in mental health care in Pakistan.

Table 2: Female Primary and Secondary Themes with Verbatim Statements

Primary Theme	Secondary Theme	Verbatim Statements
Emotional Resilience	Coping with Stress	"It's overwhelming at times, but I have learned to keep my emotions in check."
	Seeking Peer Support	"Talking to my colleagues helps me cope, we support each other through tough days."
Ethical Dilemmas	Autonomy vs. Intervention	"It's hard when patient refuses help, but we must respect their wishes."
	Moral Distress	"Sometimes I feel guilty for having to make difficult decisions."
Work Environment	Staffing Issues	"We are often understaffed, which makes it challenging to provide quality care."
	Teamwork	"The support from the team makes a big difference, it's not a one-person job."

Note: This table highlights key primary and secondary themes identified in interviews with female nurses.

Table 3: Male Primary and Secondary Themes with Verbatim Statements

Primary Theme	Secondary Theme	Verbatim Statements
Emotional Resilience	Coping with Stress	"Dealing with patients in crisis is tough, but it's part of the job."
	Seeking Peer Support	"We often lean on each other for emotional support, especially during crises."

Primary Theme	Secondary Theme	Verbatim Statements
Ethical Dilemmas	Autonomy vs. Intervention	"We have to balance their rights with the need for intervention."
	Moral Distress	"I've been in situations where the decision doesn't feel right, it's frustrating."
Work Environment	High Workload	"I feel pressure due to the high number of patients and not enough time."
	Lack of Resources	"Sometimes we don't have the resources to give the best care."

Note: This table presents primary and secondary themes identified in interviews with male nurses.

Discussion of Results

The findings of this study provide valuable insights into the emotional, ethical, and professional challenges faced by nurses in mental health settings in Pakistan. The study reveals that both male and female nurses experience significant emotional strain as part of their roles. Emotional exhaustion, compassion fatigue, and burnout are common themes identified in the interviews. These issues are compounded by ethical dilemmas that nurses face on a regular basis, including balancing patient autonomy with the need for intervention and dealing with situations where patients refuse treatment or exhibit aggressive behaviors.

One of the most prominent findings of this study is the importance of emotional resilience in mental health nursing. Nurses who reported better emotional resilience were better able to cope with the stresses of the job and navigate difficult situations. Peer support, both formal and informal, played a critical role in helping nurses manage the emotional challenges they encountered. This finding is consistent with global research that emphasizes the importance of support systems in reducing burnout and improving nurse well-being (Jones & Roberts, 2022). Nurses in this study described leaning on colleagues for emotional support and participating in debriefing sessions to process difficult experiences. However, in many cases, these support systems were informal and relied on the goodwill of colleagues rather than being part of a structured institutional policy.

The ethical dilemmas faced by nurses in mental health settings were also a significant focus of this study. Nurses in this research reported feeling morally distressed when they had to make decisions that conflicted with their personal values or when they had to intervene in ways that they felt compromised patient autonomy. This was particularly evident when nurses were faced with patients who refused treatment or patients who presented a danger to themselves or others. The lack of clear ethical guidelines and training in mental health care exacerbated these dilemmas, leaving nurses feeling uncertain and unsupported in their decision-making. This is consistent with the findings of Williams and Thompson (2024), who reported that mental health nurses often struggle with moral distress due to the complex ethical issues they face.

The work environment also played a critical role in shaping the experiences of nurses. Nurses who worked in environments with adequate staffing, supportive leadership, and a collaborative team culture reported higher job satisfaction and better coping mechanisms.

In contrast, nurses who worked in understaffed units with limited resources experienced higher levels of stress and burnout. These findings align with the research conducted by Lee and Kim (2023), which highlighted the importance of supportive work environments in reducing nurse burnout. However, in Pakistan, where many healthcare facilities are underfunded and understaffed, these supportive work environments are often lacking, leading to increased stress and decreased job satisfaction among mental health nurses.

In addition to emotional and ethical challenges, nurses in this study reported that their training did not adequately prepare them for the complexities of mental health care. Many nurses expressed a need for specialized training programs that would help them develop the skills necessary to manage the emotional and ethical challenges of the job. This lack of training was a significant factor contributing to feelings of unpreparedness and stress. This finding is consistent with the work of Harris and Clark (2024), who emphasized the need for comprehensive mental health training curricula that address both the clinical and emotional aspects of mental health nursing.

The lack of specialized mental health training is a significant concern, as it leaves nurses unprepared to handle the unique challenges of mental health care. Nurses need to be equipped with the skills necessary to manage patient crises, communicate effectively with patients in distress, and make ethical decisions under pressure. Furthermore, nurses require emotional resilience training to cope with the stresses of their work and prevent burnout. The implementation of these training programs would not only improve nurse well-being but also enhance the quality of care provided to patients with mental health conditions.

In conclusion, this study highlights the emotional, ethical, and professional challenges faced by nurses in mental health settings in Pakistan. The findings emphasize the importance of emotional resilience, peer support, and specialized training in improving nurse well-being and care delivery. Addressing the issues identified in this study through targeted support programs, training initiatives, and institutional policies can help improve the experiences of mental health nurses and, ultimately, enhance the quality of care for patients with mental health conditions.

Recommendations

Based on the findings from this study, several key recommendations are essential to address the emotional, ethical, and professional challenges faced by nurses caring for patients with mental health conditions. One of the most significant needs identified was the lack of specialized training for nurses in mental health care. Healthcare institutions should implement comprehensive training programs that not only cover clinical skills but also focus on emotional resilience, crisis management, communication with patients in distress, and ethical decision-making. Nurses should receive continuous professional development to help them cope with the emotional and ethical complexities they face in their roles. Additionally, mental health training programs should be integrated into nursing education from the outset to better prepare nurses for the specific challenges of working in mental health settings.

In addition to training, healthcare institutions should develop formalized support systems to help nurses manage the emotional strain of their work. Peer support, mentorship programs, and debriefing sessions are essential in reducing burnout and improving job satisfaction. Nurses should have regular access to counselling services and mental health screenings to support their well-being. Furthermore, the work environment in mental health settings must be improved to ensure adequate staffing levels and resources. Insufficient staffing and limited resources are major stressors that negatively impact nurse well-being and the quality of patient care. Healthcare institutions must prioritize the recruitment of

qualified staff and ensure that mental health units are well-equipped to provide high-quality care.

Another important recommendation is the incorporation of emotional resilience training into nursing curricula. Given the emotional challenges of mental health nursing, it is crucial that nurses are equipped with the tools to build resilience and effectively manage stress. This training should be part of both pre-service education and ongoing professional development. Nurses should also receive support in developing their emotional intelligence, which plays a critical role in managing stress, communicating with patients, and navigating ethical dilemmas. Furthermore, healthcare policies should focus on supporting the specific needs of mental health nurses, with policies that address the unique challenges they face in terms of staffing, training, and workplace culture.

Addressing stigma is also a key recommendation. Mental health nursing is often undervalued and stigmatized, both within the healthcare system and in society at large. Raising awareness about the importance of mental health care and the value of mental health nurses is essential. Institutions should promote mental health nursing as a rewarding and critical profession, encouraging greater respect for mental health nurses and reducing the stigma surrounding this area of care. By improving the public perception of mental health care, more individuals may be encouraged to enter this field, thus addressing staffing shortages and improving the quality of care.

Finally, cultural sensitivity and awareness should be integrated into nursing education and practice. Given the diverse cultural backgrounds of patients in mental health settings, nurses must be trained to recognize and respond to the unique cultural factors that influence mental health care. Cultural sensitivity training can improve communication between nurses and patients and ensure that care is more tailored and effective. Institutions should also consider the socio-cultural context of mental health care when designing policies and programs to ensure that they are culturally appropriate and inclusive.

These recommendations are aimed at improving the experiences of mental health nurses, ensuring that they are adequately prepared, supported, and equipped to provide high-quality care. By addressing these areas, healthcare systems can improve nurse well-being, reduce burnout, and enhance the overall quality of mental health care.

Conclusion

This study highlights the emotional, ethical, and environmental challenges faced by nurses caring for patients with mental health conditions. It emphasizes the importance of developing support systems and specialized training programs to improve nurse well-being and care delivery. Further research is needed to explore the effectiveness of these interventions in reducing burnout and enhancing job satisfaction among mental health nurses in Pakistan.

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