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Title

Journeys to the essence of being a mental health nurse: A collaborative autoethnography

Authors Details

Dr Dean Whybrow; whybrowd@cardiff.ac.uk
Graham Holman; graham.holman@waikato.ac.nz
Gerwyn Jones; jonesgh@cardiff.ac.uk

Abstract

Background/Aims Mental health nursing is a contested territory, with different approaches to education

and service delivery worldwide. This international study offers a unique perspective on the essence of

mental health care in nursing practice.

Methods This collaborative autoethnography involved three mental health nurses exploring their

individual and shared experiences through written narratives and a reflexive process.

Results The a priori themes were our individual journeys into nursing; our individual arrival at an implicit

and explicit understanding of what it means to be a mental health nurse; and our collective

understanding of the essence of mental health nursing.

Conclusions Life experiences, however varied, combined with effective communication and

collaboration, contribute positively to developing an identity as a mental health nurse. Therefore, nurse

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Conflict of Interests

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Introduction

We are a group of insider researchers who share a common experience of being mental health nurses, arriving at mental health nursing in different ways and practising in different healthcare systems in the UK and abroad. It is widely recognised that mental health nursing is difficult to define and that the essence of mental health practice is often hard to articulate, even by those working in the field (Santangelo et al., 2018). Mental health nursing is a profession that is always culturally, socially, and politically positioned within its time (Leishman, 2005). As nurses, the authors' practice has been shaped by having practised at a time of established community care and ongoing innovation in service delivery, and increased focus on the experience of the people receiving care, including inequalities in access to health care and health outcomes.

While the geography of general nursing is a recognisable profession worldwide, mental health nursing is a contested territory, and the global landscape of mental health nursing is less clear. On the one hand, the term mental health nurse is viewed as outdated, and we should be educated and practice as general nurses foremost, but have specialised knowledge about mental health care (Casey et al., 2021). On the other hand, mental health nursing is a profession, with its own identity, and we make a unique contribution to the healthcare systems we work in and the people we help (Health Education England, 2022; Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2022). On the global stage, the temporal, cultural, social and political drivers of different nations and health care services may determine whether mental health nursing is a profession or mental health care is positioned within general nursing practice.

Within this melee of different models of service delivery and types of nurse registration sit nurse educators and the next generation of nurses preparing to graduate. Transitioning from student to qualified nurse is challenging (Hampton et al., 2021). This process can be equated to a reality shock. As

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people adjust to their role as qualified nurses, one arguably progresses through the three stages of transition: doing, being and knowing (Graf et al., 2020). We are interested in helping future nurses and educators better articulate the essence of mental health care within nursing practice. We want to discover what is universal about our practice, what is at its heart, and what needs to be shared with future nurses; no matter how they identify as professionals (general nurse or mental health nurse), what educational framework they were exposed to, or in what type of healthcare service they are working. We aim to engage with our journeys into nursing, reflect upon when we arrived at an implicit and explicit understanding of what it meant to be a mental health nurse and share what we understand to be the essence of mental health nursing care. We believe our different pathways and experiences as mental health nurses will help us better understand what we hold in common, i.e., the essence of what we do. Describing and sharing our journey towards knowing the heart of mental health nursing will help new nurses better understand their travels into the field of mental health nursing. It will also help other nurse educators articulate our identity as mental health nurses and prepare students as they transition to registered nurses.

Research Question

What is our understanding of arriving at the essence of mental health nursing?

Methods

Research Design

Autoethnography is an autobiographical research approach where the researcher is also the participant (Jagannathan & Packirisamy, 2022). This means the study design is underpinned by the author as an insider researcher and their unique perspective or sense-making about a social or cultural phenomenon. An autoethnography intends to create a highly reflexive, often emotionally charged and personal account of the researcher's relationship with the phenomenon of interest (Grant et al., 2013).

While autoethnography is typically an 'n=1' autobiographical research approach, collaborative autoethnography is a collective biographical approach focused on saying, hearing and presenting the shared experience (Carless & Douglas, 2022). Because the emphasis is on *our* experiences of a common phenomenon, i.e., being a mental health nurse, this study is a collaborative autoethnography.

Participants

This collaborative autoethnography is an international collaboration between insider researchers who are mental health nurses in the UK and New Zealand. We are all employed as academics and involved in nurse education. We have many years of experience as mental health nurses in clinical and university settings. There are three of us, one mental health nurse practising in Aotearoa, New Zealand (Graham) and two from the UK (Gerwyn and Dean).

Data Collection and Analysis

The *a priori* themes were: our individual journeys into nursing; our individual arrival at an implicit and explicit understanding of what it means to be a mental health nurse; and our collective understanding of the essence of mental health nursing. Based on Carless and Douglas' (2022) idea of saying, hearing and presenting a shared experience, this collaborative autoethnography began with individual narratives about the first two themes. The collaborators then annotated each other's narratives with observations and reflections. This helped us to synthesise our individual experiences into a collective understanding of the essence of mental health nursing. To help the reader to understand better how we arrived at our collective understanding of the essence of mental health nursing, we will begin by sharing our individual narratives and selected reflexive annotations before presenting the final synthesis.

Ethics

All procedures were performed in compliance with relevant laws and institutional guidelines. A university research ethics committee approved the study (REC899).

Results

Our individual journeys into nursing

Graham's journey

Narrative	Reflexive annotations
Leaving school in England in the mid-1990s, mental health nursing for me meant gaining a qualification in a job that would allow me to 'help' people. My memory is that I assumed that aim was best achieved through mental health as a specialist area of practice, to the extent that I did not really give much thought to other branches of nursing. I think that was rooted in a poorly defined but definite belief in social justice through supporting people with the opportunity to express themselves as individuals and participants in their own community. I had some idea that people experiencing mental health challenges were marginalised from society. I do not recall specific conversations about that at home, although my mother worked in a related health field as a social worker, and there was a still-present psychiatric hospital dating from the early 20th century to the north of the town. It also felt natural for me, once the idea was suggested by a school careers	Gerwyn: Although I came into mental health nursing later in life, I felt it offered a good qualification and the opportunity to help people who were stigmatised, which was a real contrast to working as a Fireman in the RAF. Dean: It was always mental health nursing for me too, right from the beginning. I notice this was rooted in a family background for you. I don't share this history. I feel your decision was more grounded and better informed than mine. Gerwyn: Even before thinking of nursing this was something I was aware of. This had similarities with people with learning disabilities as I had experience as a young man picking my father up from the hospital for people with learning disabilities in a large institution out of the way.

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advisor, to think of becoming a nurse. At 18 years old, I was very confident talking to adults about a range of topics; a confidence informed by my family experiences growing up.

That journey into nursing was influenced by other factors than a notion of altruism. I had moved schools and towns at aged 16 and did not really settle well academically at my new school, one steeped in tradition and traditional subjects of teaching. I was reasonably disengaged with my studies, and when contemplating what to do after leaving school had convinced myself that the experience of going to a university to study a degree would be much like my last two years' education, not one I was keen to repeat. Allied to this was the attraction of receiving a bursary if I joined a nursing school. I remember conversations about money in the home, not just related to the topic of my continued education that were a factor in deciding what to do next. Nursing therefore seemed to match my instincts of my abilities and interests, and felt like I was progressing into a definable, viable, and sustainable career.	Dean: This feels to me like you searching for a pathway. I felt this too, but may have taken a little longer to find a direction than you did. Gerwyn: Its really interesting to see how you had such a clear idea of your instincts and abilities early on, and I envy you for this to a degree as this wasn't the case for me at all.

Gerwyn's journey

Narrative	Reflexive annotations
I, like many nurses come from a family of nurses; my mother was a Registered General Nurse (RGN) and an old school Nursing	Dean: I notice your history and legacy that is rooted within nursing. Even with how your father moved from industry into nursing a little later on.

Officer, my father became an RNMH (Registered Nurse for the Mentally Handicapped) as it was then known, following a career in industry and needing to retrain due to developing dermatitis so not able to work with oil and other substances. I also went out with a student nurse who subsequently became my wife, before she qualified as an RGN, while later my daughter became a specialist nurse in Epilepsy for Children and Young People. So on the face of it my journey to becoming a nurse (if not a mental health nurse) seemed pre-ordained, or fated if you believe in this kind of thing. However, this couldn't be further from the truth. If you had told me I'd have been a mental health nurse in my 20's I'd have laughed, as I used to make fun of my parents and girlfriend for continually talking shop at home, while a career in nursing couldn't have been further from my mind. Thus after leaving school, I was initially employed as a Civil Servant before deciding that travel, adventure and defending the country was the name of the game and I became a Fireman in the Royal Air Force, spending time in England, West Germany, The Falkland Islands, Sardinia and West Wales.

However, when my aspirations of promotion in the RAF didn't materialise, despite appraisals indicating I was fit for promotion, this led to a growing dissatisfaction with the nature of my job and I again felt the need for a career change. This is when surprisingly I began to consider becoming a mental health nurse, although initially I didn't know what a mental health nurse did, I just

This feels different to me, as I cannot recall knowing anybody who worked in healthcare before I joined the Navy.

Dean: It feels like you were finding your way in the world and looking for something different.

Graham: And there's something about public service in there.

Dean: I recognise this tipping point for career change and have met many people who changed paths for this reason.

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felt that the intricacies of the mind seemed interesting, while all my

family continued to advocate for the nursing profession and

remained motivated and committed many years after qualifying.

Also, the potential of a long term career with reasonable pay and

pension was also appealing, although the prospect of moving my

family and starting out as a student nurse on a bursary in my early

30's seemed daunting. However, I subsequently contacted a friend

who was a Community Mental Health Nurse and arranged to spend

a day with him talking to his colleagues who enthused about the

profession of mental health nursing and the fulfilment they felt at

being able to build effective positive and very often long-term

relationships with vulnerable individuals who use mental health

services and their relatives and carers. They also described

experiencing significant daily job satisfaction, despite the many

challenges associated with working with people with varying

degrees of mental disorder and organisational issues that can occur.

So, despite not having had any experience of caring this sold it for

me and I took the huge step of requesting to PVR (Premature

Voluntary Release) from the RAF having been successful in my

application for a place as a student mental health nurse back home

in South Wales.

Graham: I remember training with people in their 2nd careers and being super-impressed about that commitment.

Dean: It feels like you were finally persuaded to change to nursing by the essence of the role.

Graham: This made me think about what has been lost/diluted in recent years.

Dean: This pathway is different, I had four years' experience of working in healthcare before becoming a nurse but no family history. You had no experience of caring but a long family history and fireside stories.

Dean's journey

Narrative	Reflexive annotations
I was a working-class boy who went to a private school, where I felt like a misfit. I was the first generation to go to university, where I had no point of reference about how to be a student and eventually dropped out. I worked in different jobs, on rubbish tips, as a barman, in factories and driving vans. I travelled across Europe and the Middle East looking for something, but I don't know what. My mood went up and down, I drank too much, I had visions, I was anxious about myself a lot of the time, I was drifting, I was lost. I found fitness and the discipline that comes with exercise. I joined the navy as a Medical Assistant for direction and hope, I excelled, I deployed, I was promoted but something was still missing. My fitness led me to commando training, this had direction, purpose, and kudos but I got injured and failed. I was in pain, my ability to serve in the navy was threatened, I was scared and once again I was lost.	Gerwyn: …I was taken out of a comprehensive school after a very poor parents evening …and then went to a private school for 4 years…I very rarely mention it as I feel embarrassed… I didn't feel out of place in school but its had an impact… Graham: Given the career you ended up, I'm curious as to whether that experience was useful. Gerwyn: its also really good to see how you turned negatives into positives, demonstrating drive and determination and motivation. Also that mental health nursing was the vehicle for this. This is such an honest reflection and you are very brave to disclose this.
I worked in a medical centre, where I observed that the medics discussed ideas with the nurses, took their advice and shared decision making. The nurses held knowledge that underpinned their role in a way that I did not. I looked to a medic as the expert to decide, to tell or to show. The nurses looked to a medic as a fellow professional to discuss, to formulate and to collaborate. This does	

not mean that we did not all work well as a team (medic, nurse and medical assistant), quite the opposite, it is just that we performed different roles. In the past, I had depended upon my physical fitness for structure, for discipline and for direction. I started studying psychology with the Open University at 0600 every morning, and the discipline and structure returned.

I met my wife and needed to build a future, and professional qualifications seemed more important than earning a green beret or wearing a commando dagger. I applied for a branch transfer and the navy supported me. I was called to a two-day residential interview, I was at sea but a colleague covered for me, I passed the interview. I arrived at university where I met my new boss for the first time, an army Major, and we talked about my previous studies. She made one phonecall and I was transferred from a diploma to a degree programme in nursing. I felt direction, I started to know where I was, and eventually I graduated. I tell people that I fell into nursing for direction. While that is partly true, looking back on it now, I was helped into nursing, through other people's kindness, compassion and willingness to believe in me.

Gerwyn: The other really nice point is how other people helped you. This has been a key aspect of my journey, a previous boss of mine helped me move from working as a staff nurse into education by supporting my secondment. Later in my career the same person helped me get an Honorary Contract with the Primary Care Team to enable me to access clients as a trainee CBT Therapist.

Graham: My goodness - that's another powerful statement. It makes me think about the idea of recovery.

Our individual arrival at an implicit and explicit understanding of what it means to be a mental health nurse

Graham's' arrival

Narrative	Reflexive annotations
My implicit understanding of what it meant to be a mental health nurse was one that I arrived at very quickly. It was about the ability to communicate and be with people. Not just people using a service or receiving care, but colleagues as well. Two examples stand out to me from my training. Early on in my first placement, a cardiac ward, an older woman was admitted. She was very distressed having very visibly lost control of her bowels. I remember being very focused on her distress and seeking to reassure her, and once she'd been properly admitted and her immediate needs attended to, sitting on her bed, and just talking. The registered nurse I was working with joked about how it was obvious that I was going to be a mental health nurse. The second example is from another non-mental health setting, traditionally perceived as a tough environment for student nurses not training in that ward's specialty. In a non-clinical/patient contact context, I responded spontaneously with a just-about professional gentle self-mocking to a particular comment from a registered nurse. There was a momentary pause, then laughter, and I got a lot from the placement and the	Dean: I am jealous of this quick arrival, but can see what a natural fit you were. Gerwyn: I'm the same even after becoming a nurse I found it a more difficult to develop this understanding. However the idea of communicating with service users and colleagues is important. Its really nice to see you being able to relate to your personal experiences which clearly show how you used your "self" and demonstrating empathy rather than being task focused. Dean: Other nurse saw you and recognised who you were. I enjoy this camaraderie and banter with other fields of nursing. It feels validating of my identity. Dean: Feeling that it is ok to be me, and to show that to other people, it is something that does not come naturally to me. My social anxiety was more intense when I was younger and that got in the way of feeling confident enough for this to become a natural part of what I do...still does at times.

opportunity to recognise how I used my 'self' in my relationships with colleagues.

Within a few years of qualifying, I made what turned out to be a permanent move to Aotearoa, New Zealand. My subsequent experience in several clinical settings was that mental health nursing here had more focus on 'ward management', medication, and doctor oversight than I had been used to in my training in England. I think that reflected a difference in therapeutic culture, although over the years the increased pressure on services, including inpatient bed availability, could also have been a factor. I continued to use and develop my communication skills though. They remained central to my practice; however, I was frequently aware that I felt I was using those skills a lot of the time to ultimately support the desired outcome of the service rather than the health consumer.

Dean: I recognise this balance within my military role and trying to manage both the needs of the patient and the service. For me this is where I feel that values and research helped me to manage these ethical dilemmas

For the last few years, I have been involved in nursing education, with the comparable luxury of having time to think what it is our programme needs to articulate about mental health in nursing. I am part of a team that emphasises to students that at the heart of all nursing practice is relational practice that should be person-centred, collaborative in its intent, and supportive of outcomes that make a difference to health consumers and whānau (family). Alongside that is the need to speak to the tension between that position and the reality of many practice settings, where the ability to influence episodes of care or interventions with that

Dean: This connects with my practice too. I feel that helping people is like joining their team

Gerwyn: This links directly to my perception and it ties into the ethos of the Recovery movement. I also lead two undergraduate models on

Narrative	Reflexive annotations
relational practice in mind is not always directly in the nurse's control. For my own professional development, I have needed to recognise and accept that as part of my own professional history. In doing so I have been helped in arriving at an explicit understanding of what it means to be a mental health nurse. For me that is to always seek or restore primacy of the relationship over those other pressures and constructs of the professional role.	Compassionate Communication and Therapeutic Skills and Communication which hold these principles at the centre. Dean: This feels like the essence to me too

Gerwyn's arrival

Narrative	Reflexive annotations
Developing my understanding of what it means to be a mental health nurse took time and it is still evolving. It has been shaped by the education I have received throughout my career, my experiences of working in acute, community and primary care and as an educator. However, I have always felt that the cornerstone of being a mental health nurse is collaboration, trying to communicate compassionately and with empathy with individuals, their carers, and family; and trying to see things from the client's perspective. Like the profession of mental health nursing itself I have struggled to conceptualise and articulate what it means to be a mental health nurse. Therefore, frameworks such as the Capable Practitioner and the Ten Essential Shared Capabilities have particularly helped me. The former identifies that nurses need	Dean: I was pleased to read this, as I had been scared to share this about myself but feel the same way too. Graham: Absolutely connect with this idea that it's continually being shaped. Dean: I find it helpful that you have quoted policy and defined mental health nursing within a framework of skills and activities. I have never been good at doing that, even though everything you

specific values and attitudes necessary for modern mental health practice which requires one to practice ethically. One needs knowledge of policy and legislation, as well as mental health and mental health services. One needs to follow the process of care which requires effective communication, effective partnership with users and carers, effective partnership in teams, and with other agencies. Also, one needs to be able to undertake a comprehensive assessment and to be astute at care planning, co-ordination and review and one needs access to supervision and a commitment to professional development and lifelong Learning. One also needs to develop sound clinical and practice leadership. Mental health nurses also need to be proficient in providing evidence based holistic interventions namely medical, physical, psychological, social, and mental health promotion. Lastly each of these needs to be applied in the different service settings. In addition, the Ten Essential Shared Capabilities are equally important: Working in Partnership; Respecting Diversity; Practising Ethically; Challenging Inequality; Promoting Recovery; Identifying People's Needs and Strengths; Providing Service User Centred Care; Making a Difference; Promoting Safety and Positive Risk Taking; Personal Development and Learning.

However, although these frameworks have been helpful, the biggest influence on my practice has been the Recovery movement which emphasises that recovery is not only focused on clinical

describe resonates. Somehow, it gives me confidence in your competence and ability as a nurse. It is reassuring and reminds me of people I have worked with who were very credible and very knowledgeable about policy and process.

Graham: Really interesting - as I agree it's incredibly useful, and something I'd have never thought to do.

Dean: This feels like a value or compass bearing that guides nursing practice and helps you to get to the essence of our role.

recovery or the reduction in symptoms, but equally on social and psychological recovery. As a nurse one needs an understanding of signs and symptoms of mental disorder, but a nurse supports a client and their family to deal with the impact of experiencing negative thoughts associated with anxiety or depression, or experiencing the positive or negative symptoms of psychosis. Nurses can have a positive impact on client experience by drawing on an individuals strengths, hopes, needs and achievements (May 2004).	Graham: For me this speaks to values in action - because when talking about impact of experiences it means we're talking about people, not a diagnosis.
and to authentically value and accept people for what they are, to trust in their potential and abilities, to actively explore their experiences, tolerate uncertainty about the future and help them to build on difficulties and set backs that will be part of their recovery processes, (Repper and Perkins 2003).	Graham: It's fantastic to see this written by a mental health nurse.
I recognise however that these are not exhaustive skills, while the nature of working with individuals with mental health issues and their carers/families can be very challenging, particularly when working within systems or organisations which make it difficult to provide holistic care.	Dean: This feels like a tension between values and systems/processes.

Dean's arrival

Narrative	Reflexive annotations
It took me a long time to get my bearings in mental health nursing. I knew how to perform the role from early on, underpinned	Gerwyn: One could ask if there is a natural fit. I think this is one of the beauties of mental health nursing which

this with evidence that made my practice credible, and could articulate this to others. Yet, I am not a natural fit to nursing, I am socially anxious, awkward and lack confidence at times. Understanding the role that I was performing, gaining experience and having knowledge about the evidence base was important for me as it helped me to reach a space where I could act as a mental health nurse. I needed to act as a mental health nurse for a while to discover how to be a mental health nurse.

for me makes this distinct from other fields.

Graham: When I came to NZ, I felt I needed to *act* as I perceived that NZ MHN's did…It was only through my longitudinal discomfort with this …that I was able to shape my current thinking...I had to go through the process…

Gerwyn: I think there is always an aspect of acting, we all have to have a persona to a degree. I also think experiencing my own life events and talking to clients, families and colleagues has helped shape my understanding of MH nursing.

Being a mental health nurse felt different, it felt less clunky, less of a patter to be learnt and more like a value or a direction that I kept finding my way back to. I felt a lot less anxious being a nurse as opposed to acting as a nurse. I still used my knowledge and experience, but being person centred became more collaborative and open. I was less scared of other people's distress and also less scared of my own. I had experienced the difference it made to people I was helping, less clinical, less likely to invalidate or dismiss other people when things were not going well, when there was crisis, unpredictability or the potential to feel blame. More open to learning from people I was helping, more willing to be a collaborator, to be guided by them, and wanting to stay the course, to learn what was helping and what was not.

Graham: I think this is a really vital point

I recall the period when I began to notice that I felt I was being a mental health nurse. I was deployed to a war zone and delivering a difficult message to a patient about the options

available. I was not listening properly, or really hearing them. Instead, I was trying to direct them and telling them. I was a million miles away from where I needed to be. I felt scared, anxious, responsible and alone. I noticed this, and they also made it obvious to me, which helped. I stopped, I listened, we discussed the problem and worked it out together. It felt better, it felt right, it felt ok. I always remember that moment and use it to help me find my way when I feel lost as a nurse.

Graham: That sounds like an important moment.

Our collective understanding of the essence of mental health nursing

We all connected with mental health nursing as a professional role underpinned by qualifications. We made pragmatic decisions to become nurses. We weighed up our options and made choices based on our life experiences but also grounded temporally, geographically, and in whom we knew. More specifically, this was informed by family who were nurses or social workers, other helping professionals or what we had observed in healthcare settings. There was also a willingness to help people, reduce stigma and promote social justice. For all of us, there was a pathway or direction that we needed to find. We were lost for a while, some more and some less than others, but we were lost. We recognised that in each other, and it resonated. We noticed our differences and respected and valued them and what they would add to our individual nursing identities. We saw our pathways and knew how it felt to find direction. We were vulnerable and fragile but had new energy and hope. We valued the help we had in that journey, the doors that were opened, the advice, compassion and encouragement from others. We hold this within us, and it forms part of our identity as compassionate, kind and caring mental health nurses. This is an intrinsic value that we were shown and began to develop before we fully understood our pathway into mental health nursing.

While our journeys into nursing were different, our felt sense of nursing is very similar. Again, our experiences as nurses are wide-ranging, but we arrived at a shared understanding that we all recognise. We frame it differently, we ground it differently, and we articulate it differently. Nevertheless, there is a thread that winds through our lived experience of the culture of mental health nursing that means Gerwyn, Graham and Dean recognise each other as mental health nurses. A value, a way of being, a compass bearing. Gerwyn made sense of this with frameworks we recognise (May, 2004; Repper & Perkins, 2003). Graham and Dean felt impressed by this. It reminded us of credible colleagues and was reassuring. There was something about competence and ability that this instilled. Graham described collaboration, communication, self-awareness and the use of self. We all consider this at the heart of mental health nursing. There was a range of 'fit' as a mental health nurse, and we realised this could come naturally but could also be worked at, performed, practised and honed. There was a process we went through, emotions we felt, people we helped, families we supported, and colleagues we trusted. We became less scared, and we arrived.

Conclusion

This collaborative autoethnography aimed to engage with our journeys into nursing, reflect upon when we arrived at an implicit and explicit understanding of what it meant to be a mental health nurse and share what we understand to be the essence of mental health nursing care. Mental health nurse education leads to high levels of employability for a group of students that come from a wide range of socio-economic backgrounds. We pride ourselves on our inclusivity and embrace the diversity that is evident within our membership. To our knowledge, this is the first time autoethnography has been applied to the social phenomenon of internalising the essence of mental health nursing as part of our work identity. We offer a unique and transparent insight into our journey towards knowing the heart of mental health nursing. The next generation of mental health nurse students should take heart that their life experiences, however varied, can contribute positively to developing an identity as a

mental health nurse. You may feel lost at times and in search of direction, but you will find a path, informed by personal experience, the help of others, and accessing nurse education.

While we consider collaboration and communication to be the essence of mental health nursing, it is a journey, not a destination. The scenery, the stops along the way, and the other travellers all add to that journey; they all add to the essence of what we do. Without them, mental health nursing is a dot on a map, a process, a place, an achievement on a bucket list. For us, it is more than that; what we have described in this autoethnography is very much the journey, while tipping our hats at the destination. In our view, nurse educators and preceptors must teach communication and collaboration and help students practice these skills. However, they should share their journey to the essence of mental health nursing to inspire hope, map out pathways and shape values. Further research is needed to evaluate the impact nurse educators sharing their personal stories with student nurses has on their engagement in clinical placement and at university, their identity as nurses and their relationships with the people they are helping. Finally, we are a group of nurses that work in different parts of the world but share a common understanding. This indicates that the findings and recommendations from this study may be transferable to nurse educators globally.

Keywords

Autoethnography; Mental Health; Nursing; Essence; Career; Communication

Key Points

This article is a collaborative autoethnography created by three mental health nurses in the UK and New Zealand. We write about our different experiences of becoming mental health nurses. We recognised that, while we had different routes into mental health nursing, we all had a moment where we felt lost, and the role of a nurse, education, qualifications and a future career gave us direction. We consider collaboration and communication at the heart of mental health nursing, but it may not be sufficient to

teach these skills. There was a journey for all of us that included our past, the people who helped us,

those that we helped, education, and learning about our role as mental health nurses. This journey,

combined with communication and collaboration, feels like the essence of mental health nursing to us.

We think that nurse educators and preceptors could share their journeys to the essence of mental

health nursing to inspire hope, map out pathways and shape the values of the next generation of nurses.

Reflective Questions

What is collaborative autoethnography?

What is my journey into mental health nursing?

Why did I choose to read this article?

How do I relate to the authors' perspective about the essence of mental health nursing?

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