Mental Health Nurses burnout and implications upon recovery-orientated care within the inpatient mental health services.

Anabelle Shimmins; Registered Psychiatric Nurse; NWAMHS Merri-bek Community Mental Health Clinic

Northern Health

RESEARCH WEEK
20-24 OCTOBER 2025
INSPIRED RESEARCHERS
Northern Health

Condensed Abstract

A comprehensive literature search across major clinical databases yielded 855 articles, with 25 meeting inclusion criteria after critical appraisal. Key findings highlighted deficits in leadership skills, limited multidisciplinary collaboration, and inadequate emotional intelligence among MH nurses as contributing factors. Recommendations include targeted leadership training, proactive BO prevention strategies, and fostering collaborative environments to improve care quality. Addressing BO is essential to strengthening the MH nursing workforce and improving outcomes for consumers, families, and carers in IPU settings.

Introduction

Mental Health (MH) Inpatient Units (IPU) are fundamental in providing care for consumers experiencing distress. Burnout (BO) experienced by mental health nurses working in this setting is a frequent and significant barrier to providing strong recovery-oriented care. There are vague practical recommendations that could be successfully implemented into nursing practice promoting opportunity for further exploration. Through conducting this research study that examines the impact upon consumers, families and carers accessing care it can propose recommendations derived from evidence- based literature that can strengthen the mental health nursing workforce and the quality of care provided.

Objectives

1. Provide background summary of MH nursing burnout and overall themes presented in literature
2. Present three key themes derived from literature search strategy surrounding MH Nurse's burnout and recovery orientated practice
3. Propose three recommendations which could be implemented into contemporary MH nursing practice

Materials

The clinical search was facilitated to identify and collate evidence- based literature relevant to the above question. The research databases selected were; Cumulative Index to Nursing and Allied Health Literature ((CINAHL), EBSCO & CINAHL., 1990), Cochrane Library (Cochrane Collaboration., 1999), Scopus (Elsevier Scientific Publishing Company., 2008) and MEDLINE (National Library of Medicine et al., 1946).

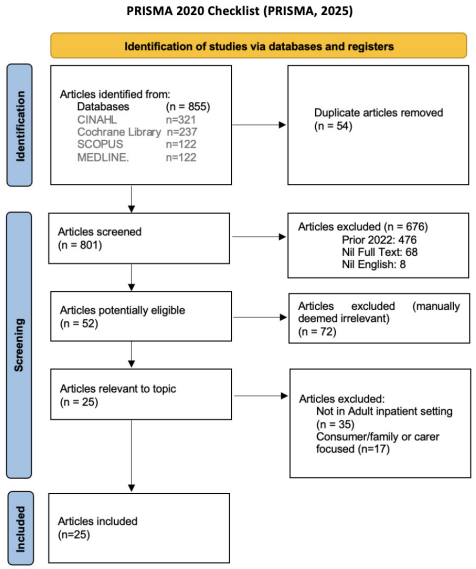
Methodology

Prior to completing the search, a clinical question was formulated to provide focus . This academic essay used the following question:
"How does mitigating mental health nurses' lived experience of burnout impact the quality of care provided to consumers in acute inpatient services?'

The Boolean terms used for the search were:
"Burnout OR Stress OR Fatigue"
AND "nurses OR mental health Nurses or psychiatric nurses"
AND "psychiatric units OR psychiatric hospital OR acute mental health unit"

Results

The PRISMA 2020 checklist (PRISMA., 2025) was utilised, providing the relative PRISMA diagram for this search strategy of the four separate databases.



Recommendations for practice

Establishing training for effective mental health leadership

Clinical issue: The leadership standard determines the mental health service's culture and attitude towards recovery orientated care as well as mental health nurses' risk of developing BO. Characteristics of leaders in mental health services can become barriers to effective leadership which increases risk of workforce BO

Implementation: Mental health services must have a clear and shared goal of supporting leaders in empowering mental health nurses' leadership of wellbeing. Requires mental health nursing leaders to have confidence in recognising the needs for the inpatient team and have resources to effectively introduce protective strategies

Maintain inclusivity of multidisciplinary team

Clinical issue: Mental health nurses can practice in a recovery-oriented model with little BO through the inpatient setting having proactive and constructive collaboration of all stakeholders involved in the consumer's care. Without collaboration, it escalates the risk of adverse events directing consumer and mental health wellbeing and safety. Such increases the development of lack of acceptance in the team, further reducing satisfaction and presence of burnout

Implementation: Cultural acceptance and diversity of mental health nurses must be present within the mental health inpatient unit. This promotes the reduction of workload expectations on mental health nurses.

Prioritisation of mental health nursing strengthening of emotional intelligence and resilience

Clinical issue: Emotional intelligence characterises the mental health nurse's ability to identify, recognise and manage their reactions towards these intensive experiences. Without this skill, mental health nurses may not recognise their motivation to provide mental health care in the inpatient setting.

Implementation Adopting clinical supervision into the inpatient setting, mental health services must promote education of nurses becoming supervisors and

Conclusion

BO of MH nurses in IPU directly impacts the quality of recovery-oriented care which consumers receive. Asserting for MH IPU settings to promote training for both the leadership and nursing workforce and creating an equal and supportive environment where all professionals can collaborate in designing recovery orientated care.