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ORIGINAL ARTICLE

# Grace under pressure: Mental health nurses' stories of resilience in practice

**Kim Foster**[1,2] | **Alicia Evans**[1] | **Louise Alexander**[1]

[1]School of Nursing, Midwifery & Paramedicine, Australian Catholic University, Fitzroy, Victoria, Australia

[2]NorthWestern Mental Health, Royal Melbourne Hospital, Parkville, Victoria, Australia

**Correspondence**
Kim Foster, School of Nursing, Midwifery & Paramedicine, Australian Catholic University, Fitzroy, Vic., Australia.
Email: kim.foster@acu.edu.au

**Abstract**

Mental health nurses experience both organizational and practice-related stressors in their work. Resilience is an interactive process of positive adaptation following stress and adversity. There is limited evidence on how personal resilience is applied to mental health nursing practice. The aim of this interpretive narrative study was to explore mental health nurses' stories of resilience in their practice for the purpose of gaining an understanding of resilience resources they draw on when dealing with challenging workplace situations. A storytelling approach was used in semistructured phone interviews with 12 mental health nurses who measured high on resilience (Workplace Resilience Inventory) and caring behaviours (Caring Behaviours Inventory). Within and across case narrative analysis produced stories of resilient practice within four themes: proactively managing the professional self; sustaining oneself through supportive relationships; engaging actively in practice, learning and self-care; and seeking positive solutions and outcomes. Nurses displayed poise in stressful situations and grace under pressure in demanding and emotionally challenging interactions, holding dignity and respect for self and others, with the aim of achieving positive outcomes for both. Resilient practice is the responsibility of organizations as well as individuals. To develop practice and support staff retention, we recommend organizations use tailored professional development to cultivate a growth mindset in new and experienced staff, develop organizational strategies to build positive team cultures, and prioritize strategies to reduce workplace stressors and strengthen staff psychological safety and well-being. The use of narrative techniques in reflective practice and clinical supervision may help build nurses' resilience and practice.

**KEYWORDS**
interpersonal, mental health nursing practice, qualitative, resilience, stories

## INTRODUCTION

Since Menzies' (1960) case study in nursing, there has been increasing knowledge of the high level and complex nature of occupational stress across the profession. Just as Menzies (1960) found the very nature of nursing work to be stressful, this remains the case more than 60 years later (see for example Badu et al., 2020). As a specialty field of nursing, mental health is no exception. Mental health nurses report work-related stressors such as self-harm and suicide of consumers, physical aggression, and bearing witness to others' distress as prominent concerns stemming from the relational nature of mental health nursing practice (Cranage & Foster, 2022). Yet, it is not only the inherent nature of the nurse–consumer relationship and nursing work that produces stress. Policy frameworks and organizational factors can also result in adverse working conditions. These include

poor management, under-resourcing, under-staffing, disempowerment, sexism, racism and high patient loads (Traynor, 2018). Other significant contributing factors include high workloads, financial constraints, administrative issues, workplace bullying (Badu et al., 2020), constant change, and organizational goals that are incongruent with nurses' professional goals or values (Hart et al., 2014). In keeping with Menzies' (1960) findings, this division is not clear-cut and the way nursing work is organized can be in response to stress arising from that work. Broader structural and organizational problems such as staffing levels and skill mix are concerns that can compound the already demanding nature of interpersonal mental health nursing work.

## BACKGROUND

Since Menzies' (1960) seminal work, there has been a growing shift in research and discourse in the literature from what causes adversity in the workplace (occupational stress) to how staff respond adaptively to adversity (resilience). While there is mounting focus on personal resilience in the context of nursing work, it is important to recognize that employers and organizations have significant responsibilities in this regard (Cranage & Foster, 2022; McDonald et al., 2016; Traynor, 2018), including the obligation to provide working environments that are as safe and supportive as possible (Foster et al., 2018), as well as strategies to address workplace adversity in the first place (Traynor, 2018). These strategies include improvement of the work environment (McDonald et al., 2016), changes in the increasing pace or amount of work expected, work culture or how the work is organized (Traynor, 2018) and the provision of adequate resources to do the work.

In the context of work, resilience is an active personal process of positive adaptation and recovery following adverse situations, which includes cognitive, emotional and behavioural self-regulatory responses that lead to well-being and effective functioning (McLarnon & Rothstein, 2013). The resilience process involves not only self-regulation and other personal capabilities but also a dynamic interaction between these and the social and environmental resources available to the person (Ungar, 2011). In the wider field of nursing, the literature indicates personal strategies used by nurses to strengthen their resilience include emotional insight (Hart et al., 2014) and self-care activities outside the work that promote rest, relaxation and distraction from work (Delgado et al., 2022; McDonald et al., 2016). McDonald et al. (2016) found that the most important of these was the social strategy of developing a collegial support network at work. This has been identified as a significant resilience factor by others as well (Hart et al., 2014). Other social strategies include having a mentor (Hart et al., 2014), developing supportive relationships outside the work (Hart et al., 2014; McDonald et al., 2016), developing work-life balance, engaging in hobbies and other interests (Hart et al., 2014) and focussing on aspects of practice that bring fulfilment or a greater sense of personal control or competence (McDonald et al., 2016). Nurses' resilience can also be applied to their practice, where they have used cognitive strategies involving positive-thinking techniques (Hart et al., 2014), self-talk and self-affirmation, managing negative self-judgement and loss of confidence arising out of making clinical errors (McDonald et al., 2016), cognitive reframing, and maintaining a positive attitude (Hart et al., 2014). In a collaborative practice partnership with consumers, these strategies can in turn be used to help consumers become more resilient (Foster & Estefan, 2020).

In mental health nursing, in addition to personal resilience, there is a recognized need for proactive organizational responses to workplace stress to support workforce well-being (Cranage & Foster, 2022). This includes provision of well-being and resilience strategies and interventions, psychological support following critical events and building positive team cultures and managerial support (Cranage & Foster, 2022; Foster et al., 2019). These responses can be seen to combine the responsibilities of both organizations and employees in strengthening the capacity of the workforce to recover from adversity (Foster et al., 2020). In the mental health nursing (MHN) literature, there has been quantitative investigation of resilience in the context of workplace stress (e.g. Delgado et al., 2017; Zheng et al., 2017), but limited reports on how MHNs' resilience is applied in practice. Existing qualitative studies focus on how MHNs develop resilience (Marie et al., 2017; Prosser et al., 2017), their perspectives on workplace resilience programs (Foster et al., 2018; Henshall et al., 2020) and resilience in the context of emotional labour (Delgado et al., 2022). There is a need for further investigation into how mental health nurses' resilience is applied to their practice (Foster et al., 2018; Warelow & Edward, 2007), particularly in the Australian context of workplace adversity, where Badu et al. (2020) noted the lack of qualitative research into resilience and that the experience of male nurses was largely neglected. This study addresses this gap in knowledge through a qualitative investigation into resilience in practice by mental health nurses, including the experiences of male nurses.

## AIM

To explore mental health nurses' stories of resilience in their practice for the purpose of gaining an understanding of the resilience resources they draw on when dealing with challenging workplace interactions and situations.

# METHODS

## Research design

This is the sequential qualitative phase of a larger mixed methods study investigating mental health nurses' stress, well-being, resilience and practice (Foster et al., 2020, 2021), in Victoria, Australia. This study is an interpretive narrative inquiry. This approach is used to elicit and interpret narratives of participant experiences on a particular topic (McQueen & Zimmerman, 2006). The study is reported using the Standards for Reporting Qualitative Research (O'Brien et al., 2014). Using purposive sampling, selected participants from the first phase (quantitative cross-sectional survey; Foster et al., 2020) were invited to participate in follow-up semistructured telephone interviews to explore their stories of resilience in practice. Participants were selected based on having higher (≥5.0) scores on the Caring Behaviours Inventory (CBI; Wu et al., 2006), and higher resilience scores (+2 standard deviations of the mean for the Self-Regulatory Cognitive sub-scale of the Workplace Resilience Inventory (WRI); McLarnon & Rothstein, 2013). Interviews were conducted between December 2019 and June 2020. Ethics approval was gained from the relevant University Human Research Ethics Committee (2017-265E). Twelve mental health nurses provided written informed consent prior to interview. Pseudonyms have been used, and identifying details have been removed from stories to protect privacy.

## Data collection

A storytelling approach was used in interviews (Lewis, 2011), where nurses were invited to reflect on, and share, their stories of challenging situations in practice and how they had managed them, and to describe their understandings of resilience in their practice. In this study, stories contained an abstract (beginning), orientation (who was involved and when/where), complicating action (what happened), resolution (how it ended) and evaluation (meaning-making) (Labov & Waltezky, 1972). Using workplace resilience theory (McLarnon & Rothstein, 2013) a cognitive, emotional and behavioural theoretical framework was applied in open-ended interview questions to explore specific cognitive, emotional and relational strategies participants drew on, in addition to other resources they used to manage the situations described in their stories. The telephone interviews were conducted by two trained qualitative researchers and were audiotaped and transcribed verbatim. Interviews ranged from 30 to over 60 min in length, with an average of 45 min.

## Data analysis

Participants shared a total of 23 stories (some shared multiple stories) of challenging interactions and situations and how they had managed these in their practice. In the initial step of analysis, conducted by the first author, stories told by individual participants were identified within each transcript. In the next step, conducted by the first author and then reviewed by, and discussed with, the other authors in an iterative process, common and shared ideas across stories were grouped together. These 'narrative threads' across stories (Chan et al. 2006) were then developed into themes. Thus, both within and across case narrative analysis were conducted (West et al., 2016). The researchers met regularly throughout the process to discuss and refine emerging findings. Findings are presented within four themes, using storied examples.

# FINDINGS

Participant characteristics are shown in Table 1. There were six female and six male nurses (including one Enrolled Nurse) ranging in age from 29 to 64 years, with between 3 and 44 years of experience in mental health in a variety of settings. Most (nine of 12) had a specialist mental health postgraduate qualification. Participants told a range of stories of challenging situations in their practice with consumers and carers. These usually involved colleagues, particularly in relation to differences of opinion regarding management and quality of care. They told multiple stories of consumer aggression involving restrictive interventions such as restraint and seclusion; deaths and suicidal or self-harm behaviours; complex consumer behaviours including substance use; organizational change; and staff conflict about managing complex care. Stories of resilient practice are presented within four themes: managing the professional self proactively; sustaining oneself through supportive relationships; engaging actively in practice, learning and self-care; and seeking positive solutions and outcomes.

## Proactively managing the professional self

The need to actively manage their thinking, feelings and behaviour to maintain professionalism in their interactions with consumers and staff during stressful situations was a thread across all MHN stories. Being professional involved enacting a personal philosophy of being respectful, empathic and compassionate in practice. Many identified that their self-confidence in the craft and practice of mental health nursing came from life experience including navigating difficult

**TABLE 1** Participant demographics ($n = 12$).

| Descriptor | *n* |
|---|---|
| Gender | |
| Male | 6 |
| Female | 6 |
| Age | |
| 30–39 | 2 |
| 40–49 | 3 |
| 50–59 | 2 |
| 60+ | 4 |
| Missing | 1 |
| Professional Role | |
| RN | 11 |
| EN | 1 |
| Employment type | |
| Full-time | 6 |
| Part-time | 5 |
| Casual | 1 |
| RN role ($n = 11$) | |
| Nurse Practitioner | 2 |
| Clinical Nurse Specialist | 3 |
| Clinical Nurse Consultant | 1 |
| Clinical Nurse Educator | 1 |
| Associate Nurse Unit Manager | 2 |
| Nurse Unit Manager | 1 |
| Registered Psychiatric Nurse | 1 |
| Postgraduate MH qualification (RN) ($n = 11$) | |
| No | 2 |
| Yes | 9 |
| Years working in Mental health Nursing | |
| ≤10 | 3 |
| 11–20 | 3 |
| 21–30 | 1 |
| 31–40 | 3 |
| 41+ | 2 |
| Workplace setting | |
| Inpatient | 5 |
| Community | 4 |
| General hospital | 2 |
| Correctional health | 1 |

childhoods and family situations as adults, and clinical experience and judgement developed over time. Self-awareness, confidence and self-belief built from successfully dealing with demanding past circumstances, and knowledge of the healthcare system, policies and procedures, were key aspects of being able to maintain a professional sense of self and resilience in practice. Stefan explains:

> I like to think I'm a resilient kind of person…if I think about why it translates in my practice in really difficult interactions with people…it might be that you feel confident in your own skin and that kind of translates across yourself and the way you communicate and the way you actually convey things that might not be at all comfortable when you're having to deliver them…your own confidence comes, I guess, from your own experiences and your own journey.

Managing self in practice also involved courage and being willing to meet challenges head-on rather than avoid them. Jonathan, in explaining his confidence in his clinical judgement and actions when he was trying to prevent a consumer with command hallucinations from self-harming, said:

> This is a key to resilience [in practice]. You have to have the ability and will to act otherwise you become a victim.

Nurses considered it vital to manage their own thoughts proactively by being realistic in their appraisal of what was happening in challenging situations and not taking things personally that were said in anger or distress or where situation outcomes were not positive. They explained the need for perseverance, and not giving up when disappointed. Susan, in telling a story about a consumer who had died by suicide, explained how she maintained her professional perspective, managed self-expectations and tried not to engage in self-blame when there were not positive outcomes. She offered her perspective for new staff:

> I think nurses coming through kind of need to understand that no matter what you do for some people, it's their journey so if they unfortunately become suicidal or unwell, don't hold that personally…no matter what you try and implement sometimes you can have bad outcomes and that's just life unfortunately.

Nurses were proactive in planning and organizing how to manage complex interpersonal situations with consumers, which was underpinned by professional values including a solid moral and ethical framework for their practice and beliefs about their professional duty (for example, to prevent suicide). In emotionally demanding and unexpected situations where they bore witness to others' distress, nurses regulated their emotions and emotional expression for the purpose of maintaining professionalism and to provide effective support. This proactive management of self is exemplified in a story told by Clare that… 'will stay with me forever'. Some details have been left out due to their distressing nature:

> a woman was dying of cancer, and she wanted to tell somebody her story and had never been able to confide in anyone… the nursing home she was in didn't know what to do. She was getting more and more distressed, but she wouldn't tell them what the problem was… I was sent to see this woman. She clearly didn't have a mental illness but there was something on her mind. She'd given birth to a baby when she was a very young teenager, and in those days it was very shameful. Her parents restrained her in her room and she gave birth there alone, then they took the baby away [the baby died]. She felt all of these years she was a terrible person…I was speechless briefly before I thought 'gosh, I'm here as a professional. How do I best respond here'?… I found it very challenging. I trawled my bag of tricks and found it pretty much empty. I wanted to bring her some comfort…She just wanted me to listen…what she needed was a very warm and non-judgemental response, which I hope is what I gave her.

## Sustaining oneself through supportive relationships

Engaging in supportive collegial and personal relationships was a vital part of nurses' ability to sustain themselves and remain resilient in practice. Nurses actively sought collegial support, went to managers and/or senior staff for help, sought mentoring by others, engaged in team bonding and used family and friends to debrief. Many found informal collegial support to be more helpful than formal debriefing or supervision, so they often problem-solved and debriefed issues informally with trusted colleagues. James, who had worked in a small team in a remote area, explained the importance of supportive peer and family connections during the most stressful time of his career which involved substantial organizational change over a long period:

> we just sort of had that feeling of treading water and not really making any progress with improving things… which really whittled away at resilience. The peer relationships were probably the strongest things that helped support resilience… it was really important to have good peer bonds…and having strong outside supports too, you know, family and putting energy into other things outside of work that were positive. You could almost disengage from some of those pressures and stressors at work.

Nurses also sustained themselves via supportive family and friends. Many nurses relied on them for emotional support following difficult events at work, and often debriefed with them about situations that had occurred. Susan explains:

> I have a lot of friends, nursing friends too, to debrief with…So I have access to very good support personally, which is a help to my resilience.

## Engaging actively in practice, learning and self-care

Nurses described a range of personal strengths they drew on to support their resilient practice. These included persistence, using self-talk skills in difficult interactions, being self-aware and actively engaged with their practice, a desire to learn and grow and a willingness to correct lack of knowledge, skills and/or experience. They were assertive, had honest and direct communication with others and were prepared for, planned and organized their approach to complex care. They took up organizational and professional resources that were made available, including peer or clinical supervision, professional development training and postgraduate education. Nurses also accessed counselling and employee assistance programs—'if we're telling our clients to reach out and speak to people then we have to be able to do that ourselves' (Sara). They asked unions for support and advice and found mentoring and respected role models to learn from. Working with experienced staff in a setting with strong staffing levels and a positive team culture were important workplace resources.

Ana, a clinical leader, described the challenges in managing a young adolescent's complex care in an inpatient unit with a new model of care, and the conflicts this created in the multidisciplinary team, who disagreed on how best to approach the young person's ongoing aggression towards staff. She had her own concerns about medications being used and the approach taken with the young person, and explained the consistent honest and direct communication, consumer advocacy, organization, peer supervision and debriefing strategies she used to manage the situation over time:

> I spoke to the psychiatrist who was managing this admission a lot and just really told him how I was feeling and said, you know 'I really don't feel this is helpful. I don't feel like we're being therapeutic'… and he was actually really great and pretty much checked in with us as a nursing team most days, just to see how we were managing… Anytime anything happened I'd be writing down the time, what was happening and anything kind of important and noteworthy because the shifts were so complex that if I didn't, I couldn't actually remember how many codes

> I'd called, when I started seclusion, all those kind of things…so I found that my level of kind of organisation really increased… We had additional peer supervision during that time. There was a lot of more informal conversations I guess too. We have quite a great ANUM [associate nurse unit manager] group and we tend to debrief.

Several nurses shared stories of difficulties they experienced after the death of clients from physical illness or suicide and deaths of staff they worked with, and how they managed the subsequent impacts including feeling distressed and irritable, having difficulty sleeping, feelings of dread, and intrusive thoughts and rumination. They actively engaged in self-care strategies, some which were provided by their organizations. Nurses perceived the ability to come back to work after challenging events to be part of their resilience in practice. Sigrid explains:

> a young person who had been in our care for approximately 100 days went on leave with his mother and [suicided]. It was on my day off but I had worked with him for quite some time…it impacted me significantly …but the unit requested for some staff members to be able to go to the funeral and be with the family. I think even though it impacted me I was able to get closure in my own way…our manager was able to speak with staff who were closely involved and provide time and space to do a debrief…a few days later I went back and said 'actually this is impacting me, I think I am upset by it'…luckily I did have a manager I could go to, I think that's very, very important…and he validated my feelings… and I utilised the employee assistance program service…that's something that's really, really helpful for me.

To maintain their practice over time, nurses also worked to look after their physical and mental wellbeing through self-care strategies including exercise, mindfulness, yoga and maintaining boundaries between work and their personal life through leaving their personal issues 'at the door' when coming to work, and not thinking about work between shifts or taking work home. In some cases, they took 'mental health' days, and days off, or chose to change jobs, roles and/or work contexts to maintain their wellbeing and practice. Mike explains:

> I've only ever really been stressed on one occasion in my work. It wasn't so much from a particular consumer. There was an enormous amount of stress because of the situation [trying to find an admission bed for the consumer] and I felt pressured a great deal and I basically swore out loud at the nurses' station…Then I took eight days off work. I spoke to one of my colleagues about it and they said, 'you need to take some time off'…and I did.

## Seeking positive solutions and outcomes

In the challenging situations they encountered, nurses aimed at achieving positive outcomes for all involved, including consumers, family/carers, other nurses and health professionals and themselves. They had an attitude of win/win wherever possible, used empathy, tried to maintain a positive mindset, rational perspective, and calm demeanour, advocated on behalf of consumers and colleagues, worked to resolve differences and conflicts and aimed at achieving their and others' goals wherever possible.

Monika, in a story about engaging in restrictive interventions with a young man who was aggressive, explained her attitude of thinking about 'the bigger picture' in this situation and aiming to meet everyone's needs:

> 'I'm responsible for making sure everyone's safe and gets out of the seclusion or hostile situation, even if the outcome's not always what the client wants, we kind of have to meet their needs in the way that you can at the time, and how we can best do that. If it's as simple as making sure we've got a face washer for a person or do a quick assessment to see if it's safe for them to use the bathroom, I'm going to do that'.

A number of participants were experienced and in senior clinical or managerial roles. A further strong thread across stories was their encouragement and support of colleagues, particularly younger and less experienced nurses. They reached out to them when they thought they were struggling, gave them advice, kept an eye out for them at work and talked with them about practice challenges. Tom explains:

> If it's been a critical incident, and most of them are, I don't like to leave work until I've had a discussion with other people, to make sure that everyone's okay, and then you sort of check in again a day or two later. I know when someone's struggling or they've had a hard time. Even if it's just going, 'Geez that was crap. Are you feeling alright?' It's just that knowing that someone is there. I've been there. I know what it's like. That sort of gets you through.

## DISCUSSION

The aim of this study was to explore mental health nurses' stories of resilience in their practice. Nursing is a storied profession and stories can be a powerful tool for sharing experience, connecting nurses, building empathy and a sense of community, and motivating others to action and change (McAllister et al., 2020). As stories are central to human meaning-making, they are important for understanding human experience, and research itself can be seen as a storytelling act (Lewis, 2011). Sharing stories in research can help build participants' resilience as well as that of readers through validating people's experience, feeling they are not alone, identifying strategies to overcome difficult experiences, understanding how to deal with emotional distress, and the importance of context in shaping personal experience (East et al., 2010).

In the workplace, resilience is a dynamic process involving interactions between personal attributes and skills such as mental and emotional self-regulation, and organizational resources such as supportive relationships and professional development (McLarnon & Rothstein, 2013). When applied to practice, resilience involves emotional intelligence, and resilient behaviours that can help MHN and others come through stressful situations and transform them into opportunities for growth and development (Delgado et al., 2022; Warelow & Edward, 2007). These resilient characteristics were evident in MHN stories in this study. In their accounts of practice, MHN illustrated proactive self-efficacy, growth and a notable grace under pressure in demanding and emotionally challenging interpersonal circumstances. They displayed poise in stressful situations, holding dignity for self and others, and aimed at a win/win outcome in difficult situations. Consistent with the findings from Delgado et al.'s (2022) study, these attributes hold implicit professional values of respect for self and others and reflect emotional intelligence—the ability to self-regulate cognitive and emotional responses in the face of tense, emotionally demanding, and challenging interactions.

A striking feature across stories was nurses' active stance towards, and positive engagement with, their practice. This can be understood as involving a growth mindset (belief that abilities can be developed; Yeager & Dweck, 2020), exemplified by MHNs' overarching proactivity in engaging in professional development, improving their practice skills and tackling difficult practice situations that arose. These MHNs, regardless of level of experience, did not hold passive attitudes or expect others to resolve challenges for them. Holding a growth mindset is more likely to result in people embracing change and persevering when faced with challenges, and this attribute contributes to greater resilience (Yeager & Dweck, 2020). This finding is supported by most participants (nine of 12) having a specialist postgraduate qualification. As Delgado et al. (2021) found, having a specialist qualification is positively associated with MHN well-being and may be a protective factor for resilience. The purposeful proactivity, self-confidence and self-efficacy in these nurses' stories of practice are also consistent with Sisto et al.'s (2019) conceptual clarification of personal resilience as the ability to 'maintain one's orientation towards existential purposes despite enduring adversities and stressful events' (p.14), which involves perseverance, self-awareness, internal coherence and openness to change.

Personal resilience is not simply, however, an individual responsibility nor a panacea for mitigating structural and systemic issues (Traynor, 2018). Organizations and the profession are responsible for creating workplaces that do not harm staff and provide sufficient practical and emotional resources to support staff well-being and practice (Foster, 2020; Traynor, 2018). Supportive workplace relationships, including those with managers, were a key resource for maintaining MHNs' well-being and practice in this study and are a well-recognized resilience resource (Badu et al., 2020). What was notable, however, was MHNs' identification of the importance of informal support and peer debriefing for helping maintain their practice. A positive team culture and support from colleagues is an important aspect of resilience at work (Edward, 2005). Workplace belonging, where staff feel valued, accepted and respected by colleagues (Cockshaw & Shochet, 2010) is associated with higher resilience (Shakespeare-Finch & Daley, 2017). To strengthen MHNs' resilient practice and enhance staff retention, we recommend organizations implement targeted strategies to build and sustain positive team environments and workplace relationships.

Nurses in this study also emphasized the importance of supporting and mentoring colleagues and role-modelling effective practice. These actions can be understood as generativity—altruistic giving back to others through coaching, mentoring and supporting them. Generativity is a resilient attribute, which, although often attributed to older persons, is a practice than can be used at all ages (McAllister & Lowe, 2011). For the MHN workforce, generativity is important for retention of current staff and building the next generation of nurses. There is evidence that younger and less experienced MHN are not as resilient as more experienced nurses (Delgado et al., 2020; Foster et al., 2020; Zheng et al., 2017) and less experienced MHN would gain from specific support for their resilience and practice. Given the benefits of storytelling in helping others to develop their own strengths (McAllister et al., 2020), we recommend narrative techniques are used to support both novice and experienced MHNs to reflect on their practice. Narrative-informed clinical supervision is also recommended, where narratives of practice situations are co-created and explored between supervisee and supervisor for the purpose of building self-awareness and improving practice (Stevenson, 2005).

The use of storytelling with respect to mental health nurses' resilience is a novel approach in this field of inquiry. Stories provide rich and detailed understandings of context and situations that are not necessarily available in other forms of qualitative inquiry. The study is limited to one group of MHN in one state of Australia. Participants were experienced clinicians who had high resilience and caring behaviours scores. The findings may not be transferable to MHN with other characteristics and in other contexts. Further research on the contributing factors for resilient practice with male and female mental health nurses, and research on resilient practice in a wider range of MHN across different contexts, would add to the evidence base.

## CONCLUSION

The MHNs in this study were pro-active, engaged and positive in their attitudes towards themselves and others and their practice. They sought to grow and learn throughout their careers. This is consistent with a growth-mindset and was exemplified by how they proactively managed their professional self; sustained themselves through supportive relationships; engaged actively in practice, learning and self-care; and sought positive solutions and outcomes. The study has provided valuable new information on the resources needed to support mental health nurses' resilience in practice. Given the stressful nature of MHN work, and the ongoing demand for attraction and retention of the MHN workforce, it is vital that organizations are proactive in addressing the needs of staff in relation to building and maintaining their practice.

## RELEVANCE FOR CLINICAL PRACTICE

To develop MHNs' resilient practice, we recommend healthcare organizations use tailored professional development to help cultivate and build a growth mindset in new graduates and transition program staff as well as experienced nurses, and that governments and the profession provide financial support and career pathways for MHN that encourage them to undertake postgraduate study. Organizations can foster generativity and build a culture of supportive collegiality between nursing generations and in teams through mentoring programs, provision of peer debriefing, narrative-informed clinical supervision and reflective practice, and programmes to support emerging leaders.

### AUTHOR CONTRIBUTIONS

In accordance with the International Committee of Medical Journal Editors guidelines, all authors meet the authorship criteria, and all authors are in agreement with the manuscript.

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Ethics approval was granted by the relevant Human Research Ethics Committee (2017-265 E).

### ORCID

*Kim Foster* https://orcid.org/0000-0001-6931-2422
*Louise Alexander* https://orcid.org/0000-0002-1686-1476

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