Why (Not To) Choose Psychiatric–Mental Health Nursing

I recently walked into my daughter’s gym to pick her up from practice one evening when I found one of her teammates’ parents slumped over in his chair in the waiting area. After a quick assessment, it was obvious that he was heavily sedated and seemed to have overdosed. I quickly notified the coaches, who sprang into action, and by that time several other parents had arrived. Luckily, the situation was resolved without major incident. As I was leaving with my daughter, a group of parents thanked me for stepping in and shared that they would have had no idea what to do if they had arrived first. I commented, “Well, tell your daughters to go into psych nursing!”, only partially joking. My comment was met with hesitant laughter and side glances.

I have experienced this reaction many times before in my career, beginning in my first year of nursing school. It quickly became apparent that psychiatric–mental health nursing is not given equal footing with other nursing specialties, based on comments from my instructors and preceptors. Upon graduation, more than a few concerned friends and family members said, “You want to do that? Don’t you want to deliver babies or something instead?” The questions and concerns continued into my early nursing career in a private psychiatric hospital, where I experienced first-hand the harsh comments of other nurses that were made to individuals with mental illness and psychiatric–mental health nurses who accompanied them to the nearby emergency department for medical evaluation. With the surge of media coverage on workplace violence, nurse injuries, and the opioid epidemic, even lay individuals in the general public express negative views of psychiatric–mental health nursing. As an assistant professor of nursing, I still see this negative view of psychiatric–mental health nursing perpetuated in academia among colleagues and students alike. For example, I recently had a nurse residency/nurse externship director from a large university medical center request to visit my undergraduate class and speak briefly about the programs available to nursing students. After myriad other questions, one student asked about psychiatric placements. The director laughed and replied, “We never place in psych…because, well, it’s psych.”

To be fair, I have had many wonderful and validating reactions to my career choice. An operating room nurse colleague told me, “You guys are the real nurses. You actually talk to people.” Recently, the dean of my college remarked how wonderful it was that she had experienced a significant increase in the number of students who told her that they planned to pursue psychiatric–mental health nursing after graduation since I began teaching in the nursing program a few years ago. However, the negative reactions, ranging from eye rolls to outright rude comments, seem to far outweigh the positive ones.

Why does this stigma against psychiatric–mental health nursing exist? There are a number of reasons. Some nurse educators and administrators place more value on certain courses, such as complex adult health, because they are commonly viewed as more essential and rigorous in nature. Students can quickly pick up on these perceptions and decide that psychiatric–mental health nursing is not as celebrated, glamorous, or attractive as other specialties, such as critical care or pediatrics (Günüsen et al., 2017). Students and nurses often remark that psychiatric–mental health nursing is boring or express concern that they will “lose their skills,” while failing to recognize the value of interpersonal relationships and therapeutic communication as essential nursing skills (Günüsen et al., 2017; Happell et al., 2019). Often, students and nurses are afraid they will get injured in a psychiatric setting, and well-meaning friends and family members may reinforce these fears by expressing their own concerns (Brunero, Buus, & West, 2017). Psychiatric–mental health nurses themselves are guilty of painting the field in an undesirable light. Every derogatory remark that we make about our jobs and the individuals we serve reflects negatively on the profession and reinforces the negative perceptions of others. Finally, the stigma against individuals with mental illness as a whole, although it is improving, undoubtedly contributes to the negative perception of psychiatric–mental health nursing (Tambag, 2018).

We need to change the conversation. We must stop discouraging nurses from pursuing careers in psychiatry; in fact, we must start encouraging it. The data demand it—70% of counties...
We must stop discouraging nurses from pursuing careers in psychiatry; in fact, we must start encouraging it.

in the United States report a severe shortage of behavioral health providers, including psychiatric–mental health nurses and nurse practitioners (National Council for Behavioral Health [NCBH], 2017). So, how do we fix this? We must start early in nursing programs and show students how a psychiatric nursing career can be challenging and rewarding (Tambag, 2018). Each semester, I somewhat facetiously tell my students on the first day of class that my goal is to convert them all into psychiatric–mental health nurses by the end of the course. We must reserve our personal biases and foster the interests of our mentees in all nursing specialties. We must speak up and educate our friends, family, colleagues, and the community about the value and necessity of psychiatric–mental health nursing by the end of the course. We must advocate for our specialty by creating research, collecting and presenting data, and promoting evidence-based practice. We need to expand the availability of psychiatric–mental health–focused doctoral programs and nurse residency/nurse extern programs and encourage nurses to apply for them (NCBH, 2017).

Psychiatric–mental health nursing may not be for every nurse, but every nurse will encounter individuals with psychiatric needs in every practice setting. The reality is that we need all kinds of nurses with a diverse array of skills to provide holistic care to our patients, families, and communities.

REFERENCES

Briana L. Snyder, PhD, RN-BC, CNE, RYT 200 Towson, Maryland

The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20190919-01