

Experiences of Novice Iraqi Nurses in Psychiatric Hospitals: A Qualitative Study

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Abstract

Background: The environment in which novice nurses are required to function may be unfamiliar to them or perhaps completely unfamiliar if they as mental patients. It is important to address and fully comprehend the core of this unusual circumstance for all nursing personnel, particularly new nurses. **Objectives:** The aim of this study was to investigate and shed light on the experiences of newly graduated nurses who were employed in a mental unit in an Iraqi setting. **Materials and Methods:** This study was chosen to use descriptive phenomenology. Participants with nursing diplomas and bachelor's degrees were carefully recruited for this study, and prior to the study, each of them had fewer than 12 months of experience working in mental wards. The Rashad Hospital in Iraq served as the location for the research project. Interviews with individuals conducted in-depth and semi-structure framework was used to acquire the data, which was then evaluated using the Colaizzi technique and Husserlian phenomenology. **Results:** 19 nurses who have undergone this study, majority of them were female 73.6%, this study uncovered three main themes: I have attempted to transfer to another hospital, Reality differs from theory, and A workplace has gains. **Conclusion:** This study may provide insight into the lived experiences of beginning nurses working in mental wards, which allowed for the identification of problem areas that need improvement.

Keywords: Experiences, novice nurses, psychiatric hospitals, qualitative study

INTRODUCTION

There have been a number of areas identified as important causes of distress for psychiatric nurses, some of these include the nurse's workload, the inability to collaborate with other professionals, a lack of confidence and competence in their nursing function, and an absence of support, this is particularly important to keep in mind for newly licensed nurses who will be beginning their careers on the mental unit. Problems with one's mental health and aberrant conduct have, historically speaking, not been tolerated by the majority of society.^[1]

Burnout is often the result of prolonged and repeated exposure to a stressful working environment such as providing nursing care to persons who are suffering from mental problems. This kind of caregiving may be emotionally taxing on the caregiver, the feelings of stress and burnout that are common among psychiatric nurses may be traced back to a number of key factors,

the most of which are linked with the provision of nursing care in mental wards and are considered to be inherent in the work of nurses. There have been a number of areas identified as important causes of stress for psychiatric nurses, some of these include the nurse's workload, the inability to collaborate with other professionals, a lack of confidence and competence in their nursing function, and an absence of support, this is particularly important to keep in mind for newly licensed nurses who will be beginning their careers on the mental unit.^[2]

After completing 2–4 years of formal nursing school in Iraq, individuals may become graduated nurses and

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begin their careers as general nurses in a nursing unit. As a result, new nurses can have very little or no prior experience with the kind of work that would be required of them in a given scenario. A distinct circumstance for each member of the nursing staff, but particularly for newcomers, is exceptional; for this reason, its core components must be dissected and comprehended in more depth.^[3]

Research carried performed in and outside of Iraq shows that working in mental facilities may be stressful in various ways.^[4] This work environment has frequently been viewed differently, including as less attractive and less visible by other nurses; as a way of experiencing physical or mental health problems associated with work-related stress; feeling as though you're confined in a prison-like world; professional and ethical tensions in the process of keeping patients safe while trying to promote recovery; feelings of fear and inadequacy as well as a lack of understanding among well-experienced nurses; and learning through experience. In all of the aforementioned areas, stress may be impacted differently depending on the environment, the quality of healthcare provider, and the experiences.^[5]

Studies have mostly used a quantitative approach and have identified stress, burnout, and dissatisfaction related to psychiatric nurses' jobs. These studies demonstrate a number of significant causes of stress for nurses working in mental hospitals. The areas that have been cited as leading causes of stress for psychiatric nurses include workload, cooperation with other professionals, confidence and competence in the nursing job, and a lack of support.^[6] The research mentioned above focused on stress and burnout as they related to issues with working in mental facilities. To our knowledge, there have been no studies that investigate the actual experiences of freshly graduated nurses who work in Iraqi mental wards. In order to characterize and shed light on new graduate nurses' experiences working at a mental ward in an Iraqi environment, this research's objective was to investigate nurses.

MATERIALS AND METHODS

Research design

This qualitative research was conducted in 2022 with the use of a content analysis approach. Using qualitative research to investigate experiences in a natural environment. This research sought to understand the elements that positively or negatively affected the perception of new nurses working in mental units. When a topic is not fully assimilated or when new knowledge is not well understood, the inductive content analysis approach is advocated. Because of its descriptive nature and its goal of defining the structure of experiences as stated by the study participants, the Husserlian phenomenon was chosen.^[7] Phenomenology

is an inductive research method with a focus on human phenomena. It is suitable for studying lived experiences and identifying important characteristics shared by nurses new to the mental ward.^[8]

Setting and sample

Participants were purposively selected from Al-Rashad Comprehensive Psychiatric Hospital, the second-largest psychiatric hospital in the West Asian with a capacity of more than 1300 beds.^[9] Study participants had a baccalaureate and a diploma in nursing and had less than 12 months of prior work experience in psychiatric wards, ranging from 12 days to 11 months (mean = 6.5). All study participants worked in acute and chronic psychiatric wards (five males and fourteen females). Participants were selected based on their experiences as well as a saturation criterion, meaning that when selected subjects were repeated during continuous data analysis and no new subjects emerged.

Instrument description

The unstructured interview guide consisted of a series of questions and probes used by the researcher to guide the interview process. The aim was to keep the discussion as broad as possible but within the parameters of asking participants to describe their motivation to work here, and professional responsibilities and to relate experiences from their first day in the Psychiatric nurse job. Examples of questions were Tell me about your feelings about your new job, tell me about your role as a psychiatric nurse, what gets you here to provide nursing services, and what might drive you away. It should be noted that while the interviews were organized around the two overarching research questions, the interviewer remained flexible in order to allow for richness and depth in the responses.

Data collection

Unstructured in-depth interviews with individuals were used to collect data. Interviews continued until participants disclosed no new information, topics, or ideas and saturation of the data. Participants chose the location for the interviews, all of which took place in the examination room of the mental unit. Each interview took an average of 45 min, was recorded on a smartphone, and transcribed verbatim into Microsoft Word.

Data analysis

To provide a comprehensive description of the phenomena under investigation, the data were analyzed using Colaizzi's (1978) analytical methodology.^[10] To investigate the significance and essence of the experience of being new to a mental hospital job, Colaizzi's technique was used. This approach proposed seven procedural steps were included in the research.^[11] To aid in correction and reflection processes, each nurse's interview was transcribed verbatim, and all thoughts, perceptions, and feelings were recorded.

From each interview, keywords and points related to the study topics were underlined and taken out. Two experts reviewed the procedure of extracting the 218 noteworthy comments overall for this research. Each key remark was given a meaning, which was then grouped into themes. Three themes were found to be present in all statements of working in the mental hospital as a newcomer and were divided into six topic clusters to reflect the experience of research participants. The descriptions of the experiences were given using the themes. Theme clusters and formed meanings were included into the description to build its overall structure and to make sure that it encompassed all of the components of the experience in order to explain the phenomena in more detail. Table 1 displays an illustration of data analysis.

The lengthy explanation was shortened to the phenomenon's basic framework. The researcher made an effort to describe the procedure and significance discovered during the earlier stages of investigation. The detailed description was sent back to the specific nurses for verification of its accuracy. All of the interviewees said that they could relate to this description from their own first-year experiences working in the mental unit. The researcher then prepared a detailed and in-depth account of the new graduates' experiences working in the mental unit. The key themes emerging from interviews and observations; normal text denotes observation notes, and italics denote quotes from participants.^[12]

Ethical approval

Before conducting any interviews, ethical permission was received from the Faculty of Nursing at the Hilla University (under number 29, dated July 7, 2022).

Also, prior to conducting any interviews, pre-approval was obtained from the Iraqi Ministry of Health's Rusafa Directorate of Health. Participants were given the option to withdraw from the study at any moment or to stop

participating altogether. For the audit trial, all of the transcripts, notes, audio files, debriefing notes, and peer diaries were stored in a safe area.

Trustworthiness

Researcher employed bracketing to guarantee accurate descriptions of data. The researcher eliminated any biases or preconceptions he may have had before beginning data collection and analysis. The researcher transcribed the interviews and provided a summary of their findings to the participants. Participants were invited to verify the conversation and make any required adjustments, but no changes were made. In the meanwhile, a qualitative researcher conducted their own analysis of a subset of the interview transcript to verify the previously established themes. In addition, the analytical method was double-checked from start to finish with the opinions of professionals to ensure accuracy.

RESULTS

Nineteen nurses from Al-Rashad Hospital in Iraq took part in the study. The majority of participants (14 participants) were women who worked in chronic and acute care wards and had a diploma or bachelor's degree. Table 2 lists all of the participant's demographic information. The two negative themes that participants' perspectives of the emergence of their reaction when nursing implementation in psychiatric wards were separated into; I have attempted to transfer to another hospital; and Reality differs from theory, while one theme positive at work in psychiatric wards according to participants [Table 3].

I have attempted to transfer to another hospital

The participants felt they had no choice but to work in psychiatric facilities, despite the fact that they were unqualified to conduct psychotherapy. They felt that working at psychiatric hospitals was more challenging

Table 1: Example of coding, data, and themes

Meaning units	Primary codes	Sub-themes	Themes
Here are patients I don't know how to face, I am confused in nursing decisions and interactions, I feel unqualified for this place and I lack the training to face such places (p. 3). I was exposed to many situations with these patients, and I did not know how to deal with them, so I either call my colleague immediately or stay away from them (p. 15). In my early days on this ward, I was afraid that a patient might beat me because I didn't know enough about them, so I don't feel comfortable when my colleagues are away (p. 10). My education did not provide me with an adequate introduction to psychiatric hospitals. This caused me anxiety during my first days on the job on this ward, despite the fact that my goal was to learn how to communicate effectively with patients (p. 17).	I feel I am not qualified for this place and I lack the training to face such places. The difference between me and my colleagues working here before me is that they know all situations and do not hesitate.	I lack the training to face such places There was no focus during my study on psychiatric drugs and their effects and side effects. My study was not well established.	Reality differs from theory.

Table 2: Demographic characteristics of participants

Demographic characteristics	Groups	N	%	Cumulative percent
Age/years	≤20	1	5.2	5.2
	21–30	15	79.0	84.2
	>30	3	15.8	100.0
	Mean ± SD: 26.00 ± 3.9			
Gender	Male	5	26.3	26.3
	Female	14	73.7	100.0
Level education	Diploma	9	47.3	47.3
	Bachelor's	10	52.7	100.0
Job status	Morning	11	57.9	57.9
	Evening	8	42.1	100.0
Which ward you're jobbing?	Acute	12	63.1	63.1
	Chronic	7	36.9	100.0
Experience duration	1–29 days	3	15.8	15.8
	1–6 months	11	57.9	73.7
	7 months to <1 year	5	26.3	100.0
		Mean ± SD: 5.5 months ± 3.7		

Table 3: The sub-themes and themes of the study

Sub-themes	Themes
In public hospitals, there are new cases every day	I have attempted to transfer to another hospital
The place is like a prison	
I sometimes hide my workplace	
My training was insufficient for such patients	Reality differs from theory
The disease is almost the same	
There was no focus on psychopharmacology	
They have no one to take care of them if the nurses are gone	A workplace has gains
My outlook on life has changed, and my teachers become my patients	
They ask me about their needs, I feel useful	

than in other hospitals because of factors including poor patient outcomes, insufficient training, a lack of job satisfaction, frequent shift changes, and a lack of expertise.

In public hospitals, there are new cases every day

The participants in the study explained that their first impression of working in the psychiatric ward was to gain experience from the patients and the rest of the working staff, but in reality, the benefit was limited, as the work was most often cleaning and providing other services that had nothing to do with the nursing profession, unlike the rest of the public hospitals. Which learnings and increases experiences day by day.

My classmates in public hospitals told me that they became professionals in a short period of time because of the large number of inpatients and outpatients and

the cooperation between the nurse-patient, and the nurse with the rest of the disciplines, and here the benefit is limited except for the frequent psychological and verbal support (P. 4; a male nurse with an eight-months of work practice).

The place is like a prison

Participants stated that their feelings are negative because the place is like a prison and that you should be careful when you walk around the halls or even the courtyards of the hospital because of the poor insight and aggressive of the patients.

"At first impression, this place reminds me of jail. The patients are locked in, and the nurses are the guards. This ward makes me feel like I'm in prison, therefore I'm terrified of having to work here during the initial weeks. I have the desire to go out, but unfortunately, I have the patients to observe. Someone may escape if the door were unlocked since many of the patients clearly want to go outdoors, and this duty causes me a great deal of anxiety (P.2; a female with a twelve-days' of clinical practice in nursing).

I sometimes hide my workplace

Study contributors said that compared to nurses in other healthcare settings, mental health nurses have higher levels of workplace stigma. It was also mentioned that their friends and those close to them believe that contact with these patients causes mental illness.

Sometimes, when I meet my neighbors and friends, I don't talk about my place of work, because the general public considers working with such patients to

be contagious, and one of my female colleagues broke off her engagement because of her place of work (P. 6; a female nurse with eleven-months' work practice).

Reality differs from theory

The participants said that there are misconceptions and negative stereotypes regarding working in psychiatric institutions, and we were not informed of them in detail during our study, as studying many types of patients were addressed, and we only found cases of psychosis. What they learn here is not from the curricula, but from confronting patients and their experienced colleagues. Although they have spent many weeks and months working in a mental field, they feel forced into a repetitive regimen with patients and the patients do not respond to them despite their repeated attempts to offer what they can to help them.

My training was insufficient for such patients

They communicated feelings of professional inadequacy and a belief that they lacked the necessary level of expertise to be successful in the mental health specialty. Some of them had to deal with a variety of obstacles in order to have the confidence to engage in a setting with patients who suffered from a wide range of mental problems and to cope with the ambiguous duties that came with their role as psychiatric nurses.

Our approach applied in teaching hospitals, particularly in psychiatric wards, was lacking in education by practice. Our teacher sent us there just to keep track of attendance, plus the COVID-19 pandemic made our education electronic (P. 8; a female nurse with a five-months' work practice).

The disease is almost the same

Participants claimed that their study was very large and extensive, which made them not focus on the disease prevalent in this hospital, despite the abundant information, but the knowledge is limited as if they had not learned anything.

My lectures were many on mental illness, panic, phobias, fear, disturbed emotions, personality disorder, children, violence, and many others, while this hospital is often visited by schizophrenic and psychotic patients, so I was really shocked when I encountered these people because of the scarcity of information I learned (p. 3; a male participant with nine months of professional practice).

There was no focus on psychopharmacology

Participants reported that their knowledge of psychiatric drugs is very limited, and as a result, they still need counseling to teach them about the methods and effects of these treatments. The reason, according to the participants in the study, is that the study curriculum did not cover this subject in detail.

Despite our good and sober academic education, I still often ask specialists about the medications used for patients with mental illnesses, especially since some of them affect mood and arouse emotions. This would not have happened if we had learned the science of pharmacology in detail and according to the specialization that the nurse desires (a female nurse with 2 months of work experience; p. 14).

A place has gains

Participants reported that despite the difficulty and tension in this ward, and some patients consume our energy and we return to our homes exhausted, there are benefits that we have gained including for the patients, as they are simple (most of them) and deserving of care, and for the nursing staff, as we learned that the world is not equal to tensions and all this Suffering, all moments of our lives must be exploited in positive ways, and the only solution is flexibility.

They have no one to take care of them if the nurses are gone

Study subjects reported that they seemed interested in working in mental wards because patients' suffering could be alleviated by continuing, fraternizing, and communicating with them. They are good when you get to know them and get close to them, so change the perception little by little, and we are responsible for them.

Although they are stubborn and their condition is difficult, they are very kind and have good hearts. I feel that they are my brothers, fathers, and mothers, and I am responsible and defending them. Even during my rest and vacation, I remember them and recommend them to my colleagues (P. 1; a female nurse with ten months of work experience).

My outlook on life has changed, and my teachers become my patients

After some time, things started to alter gradually. As they were exposed to a range of patients and learned how to interact with them, they had the chance to get more active in patient care and gained some experience. The newcomers acknowledged that aiding people with mental illnesses gave them a feeling of comfort. They were hoping to expand their competence and establish a professional identity because of their increasing knowledge, experience, and interactions with patients. As a result, they received positive feedback from patients.

After confronting these patients, I learned a lot from them, either directly that they are good and their hearts are pure and do not harm those they love and help them, or indirectly I was thinking after I came

home that the world is not worth anything without the mind, they made me more patient and less enthusiastic about the world I really thank them, they taught me the language of a life well (p. 5; a female nurse with seven months of work experience).

They ask me about their needs, I feel useful

Once a few weeks had passed, participants felt that there was a shift in the situation. They were given the chance to be more active in patient care, got some experience by being exposed to a range of patients, and improved their ability to interact with patients as a result of this exposure. The new nurses discovered that providing assistance to individuals in the mental health field gave them a positive outlook on their jobs. They hoped that by increasing their knowledge, experience, and relationships with patients, they could improve their competence and obtain a professional identity. Patients gave them a positive impression as a result of their efforts to increase their knowledge, experience, and relationships with patients. They were under the impression that they might be of assistance, that they could cultivate positive relationships with patients, and that they could provide patients support.

They are approaching me and I am not as afraid of them as before. I feel that they are not only sick and in the hospital, but they are members of my family. They also have credit for it because they have made me wiser and I feel like a psychiatric nurse because of them and I wouldn't have made it without them, even if I lived forever. They are indeed a world full of experiences and expertise (p. 19; a male for ten months of nursing practice).

DISCUSSION

This research employs a qualitative technique to get an in-depth insight of the experiences of nurses novices. In the first few weeks, they attempted to move to another hospital, followed by Reality varies from theory due to a distinct and varied environmental milieu in the psychiatric ward were the most significant results in this research. In a non-supportive workplace, new nurses were unsure about their abilities to be psychiatric nurses. As they were welcomed by staff and did something for the patients, they gradually gained a feeling of usefulness and sympathy for the patients, and they developed a professional identity. A conceptual model was also offered to demonstrate the meaning structure.

According to the findings of Shattell *et al.*^[13] research, establishing a therapeutic contact with patients is one of the primary objectives of psychiatric nursing. Their research revealed that patients appreciate it when nurses

pay attention to what they have to say, but patients also report a feeling of being apart between themselves and their nurses, leading them to believe that their nurses do not care about them. They came to the conclusion that the nurses are too busy to talk to the patients, and the patients themselves are bored.^[14] This suggests that there is a need to assess the balance between the amount of work that nurses are expected to do and their level of expertise in the mental wards.

One further cause of stress for novice nurses was uncertainty over whether or not they were qualified to work in mental wards and as psychiatric nurses in general.^[15] Especially in the initial few weeks of their employment, new hires reported feeling unprepared to handle the complexities of the clinical setting. This was mostly due to inadequate orientation and training for new hires, as well as unclear responsibilities, policies, and procedures. This corroborates the results of Shattell *et al.*,^[13] who found that the regulations of psychiatric units were not only unclear but also often misunderstood, arbitrarily imposed, and unpredictable in their enforcement.

According to the results of our study, novices suffer feelings of professional inadequacy, as well as feelings of vulnerability and isolation, because of their lack of knowledge, experience, and competence. The research conducted by Sharrock and Happell lends credence to the argument that nurses do not get enough training to properly care for patients suffering from mental disorders.^[16,17] Experiences in this research of a lack of enough knowledge and competence match those of advanced novice nurses working in mental wards, who also experienced a sense of inadequate knowledge and abilities.^[18] This is also suggested by others, they said that nursing students who were gaining experience in clinical settings had a feeling of helplessness and were uncertain about their ability to function as professional nurses.^[19] According to each of these lines of reasoning, entry-level nurses' skill sets should be strengthened before they are allowed to begin working on the psychiatric ward.^[20]

Due to a lack of communication and a highly formal workplace, novice nurses often find themselves working in a setting that is, both intimidating and unsupportive, this is one of the challenges they face.^[21] This troublesome and unsupportive atmosphere might result in a broad variety of distressing feelings such as dread, shock, anxiety, loneliness, helplessness, and uncertainty; all of these emotions are related with a lack of self-confidence. The research conducted by Traverse *et al.*^[22] demonstrated that advanced beginners have also been shown to suffer dread and anxiety while in the mental unit. In the same line, some of authors discovered that younger nurses and those who had recently graduated had higher levels of depersonalization and burnout in the psychiatric ward. This could be due to the initial "shock" of the job in

reality, a lack of training, adaptation or insecurity in the work, or a perception of more role ambiguity.^[23,24]

Another important issue highlighted in the current study is their perception of psychiatric nursing and their fear of stigma by friends and family members. Previous studies also support our findings regarding stigmatization of nurses working in the psychiatric ward.^[25] As Halter^[26] mentioned in her study, psychiatric nurses may be stigmatized by association and their close friends as a result of working in mental institutions and the consequent negative reputation, so they try to hide their place of work as much as possible or speak with equivocation due to embarrassment.^[27]

Other articles found that psychiatric nurses were reluctant to tell their friends and family about their jobs out of concern about social stigmatization.^[28] Additionally, nurses' morale is significantly impacted and they become intensely preoccupied with their profession as a result of significant others' unfavorable views and beliefs regarding patients with psychiatric illnesses and PNs. PNs are disproportionately affected by these issues, although nurses in other hospitals may feel more positively about their jobs at the beginning.^[29]

The second major category in the current research was concerns of nurses. Participants said that their concern regarding patient abuse and their lack of experience with mental wards and patients considerably reduced their desire to work in such facilities. They, therefore, wanted to work in the hospitals where they are neither afraid nor anxious. Another study conducted in Iraq found that new PNs were uninterested in working in mental wards because they were afraid of unforeseen events and suffering from psychiatric problems.^[30]

The second major category in the current research was reality differs from theory. Participants said that their clinical practice regarding patient confrontation and their lack of experience with mental wards and patients considerably reduced their desire to work in such facilities.^[31] Another study conducted in Iraq found that new PNs were uninterested in working in mental wards because they were afraid of unforeseen events and suffering from psychiatric problems.^[32] The study sample expressed that this would not have happened if our training and methodology had been well detailed and studied all the chronic cases that are constantly present in Baghdad mental hospitals and our study had simulated such patients.

Also, to point out that many of the international nursing curricula have an integrated curriculum in psychiatric medications in detail^[33,34] which is not available in Iraq except in a superficial way in the second stage of the college of nursing study or the second stage for the institutes.^[35]

A final theme for novice nurses in the psychiatric wards has gains, this category has three subcategories: They

have no one to take care of them if any nurse leaves; My outlook on life has changed, and my teachers become my patients; They ask me about their needs, and I feel useful. Participants in this study expressed that gradualism and continuous exposure at Al-Rashad Hospital and due to a large number of patients became us adaptation and experience, and we became independent nurses. It is true that we lack integration with everyone, but we are in constant progress. Patients talk about their affairs and stories because we are new and we listen to their stories, they ask about us when we are away and they are happy, and therefore we have become useful and cooperative with our patients and also respond to orders quickly. What we have reached coincides with some studies that concluded that experiences for beginners increase when exposed alone more than dependence on others.^[36-38]

CONCLUSION

This study demonstrates that the primary factors contributing to beginner nurses' professional displeasure while working in mental units are; I have attempted to transfer to another hospital, reality differs from theory, while positive experience was A workplace has gains. When faced with no other alternatives, PNs prefer to work in psychiatric facilities despite their lack of training and experience in these settings. Their participation in providing nursing care in PWs is also influenced by the opinions of their family and coworkers, their own prior experiences in this field, and their concerns about patient violence or workplace stigma.

The findings can help policymakers make reasons why new nurses are turnover while working in PWs, which will allow them to make new adjustments to their training and study approaches and thus, raise the bar on the psychotherapy provided. To increase junior nurses' awareness of quality patient care, they may develop and implement a formal plan that focuses on clinical supervision and a practice environment that evolves through assessment. To enhance learning in colleges and institutes, it is okay to train to simulate similar patients in these hospitals, and it is related to the type of disease present, and their distribution will be on this basis. To change the public impression of people with mental problems and the healthcare professionals who treat them, media-based initiatives are also needed. These initiatives may increase nurses' willingness to work in mental wards and improve the standard of care they provide.

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Authors contribution

Data were gathered, analyzed, and the text was written by FK. The writer reviewed and approved the final work, which was analyzed and researched under the supervision of HB.

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Conflict of interests

There are no conflicts of interest.

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