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Investigation of psychiatric nurses' views on psychotherapy implementation processes: a qualitative study

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Abstract

Background The views of psychiatric nurses on the practice of psychotherapy are multifaceted and profoundly influenced by their professional experience, educational background, and the therapeutic environment in which they work. This study aims to describe the views of psychiatric nurses regarding their psychotherapy implementation processes.

Methods A descriptive phenomenological design, one of the qualitative research methods, was adopted. The study sample consisted of 37 psychiatric nurses working in inpatient psychiatric units of hospitals in Türkiye. Data collection process was carried out through semi-structured, in-depth individual interviews. Participants were selected using the maximum variation sampling method. The data obtained were analyzed using thematic analysis.

Results As a result of the thematic analysis, three main themes and twenty-nine sub-themes were identified. Among the factors facilitating psychiatric nurses' psychotherapy implementation processes, participants emphasized long-term patient interaction, patient observation skills, and the holistic perspective of psychiatric nurses. However, they indicated that excessive workload, insufficient nursing staff, perceived lack of support, and acute clinical processes were among the inhibiting factors. Participants also made recommendations regarding the need to expand psychotherapy training, increase awareness, strengthen professional support mechanisms, and update legal regulations.

Conclusion This study highlights both the enablers and barriers to psychotherapy implementation by psychiatric nurses in Türkiye. While prolonged patient interaction and observation skills facilitate practice, excessive workload, limited staffing, and lack of legal recognition hinder it. To advance psychotherapy in nursing, practice-based training programs, institutional support mechanisms, and regulatory updates are essential. These steps can empower nurses to provide psychotherapeutic care and enhance mental health service delivery.

Clinical trial number Not applicable.

Keywords Psychiatric nursing, Psychotherapy, Qualitative research, Mental health, Nurses

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Introduction

Psychotherapy has become an increasingly recognized component of psychiatric nursing practice in many developed countries, where nurses effectively assume therapeutic roles within multidisciplinary mental health teams [1]. However, in countries like Türkiye, traditional and often restrictive views of nursing roles, coupled with limited access to psychotherapy training, have hindered the integration of nurses into psychotherapeutic practice. The perception that psychotherapy is solely a medical or psychologist-led intervention further contributes to the underutilization of psychiatric nurses in this domain [1–3].

Nevertheless, psychotherapy is fundamentally an educational and communicative process rather than a strictly medical one. With appropriate training, any mental health professional, including psychiatric nurses, can competently deliver psychotherapeutic interventions [4]. In recent years, increasing numbers of nurses have begun to seek such training, signaling a potential shift in role recognition and interprofessional acceptance [3]. Crockett emphasizes that nurses must actively demonstrate their therapeutic capabilities, as doing so not only validates their role as therapists but also contributes to the evolution of the nursing profession itself [3, 5].

The views of psychiatric nurses on the practice of psychotherapy are multifaceted and profoundly influenced by their professional experience, educational background, and the therapeutic environment in which they work [4]. Understanding these perspectives is critical for enhancing the quality of mental health care and for clarifying the roles of psychiatric nurses. Many roles in psychiatric nursing intersect with psychotherapy, and psychiatric nurses' views on psychotherapy can affect their effectiveness in therapeutic interventions [6, 7].

Despite the growing awareness, a review of doctoral dissertations in Türkiye reveals that most interventions led by psychiatric nurses focus on psychoeducation rather than formal psychotherapy. This trend likely stems from the accessibility of psychoeducation within standard nursing curricula, while other methods—such as motivational interviewing, cognitive-behavioral therapy, or art therapy—require additional certification or postgraduate training [7, 8]. Although limited in number, studies have shown that cognitive behavioral therapies conducted by psychiatric nurses have positive effects on various patient outcomes, including resilience, recovery level, depressive symptoms, automatic thoughts, stress, anxiety, self-efficacy, sleep quality, behavioral problems, and death anxiety [9, 10]. These and similar findings underscore the urgent need for structural, educational, and institutional support to explore nurses' wievs and enhance their competencies in psychotherapy.

Numerous factors shape psychiatric nurses' perceptions of psychotherapy. Their educational background plays a significant role in forming their attitudes. There is a bidirectional relationship between psychiatric nurses' attitudes toward psychotherapy and their perceived competencies. Research indicates that comprehensive psychiatric nursing education, which includes training in psychotherapy techniques, can substantially improve psychiatric nurses' attitudes toward mental disorders as well as their perceived competence in delivering care [11, 12]. For instance, one study observed that nursing students' negative attitudes toward mental illness decreased significantly after participating in clinical practice, suggesting that hands-on experience is pivotal for fostering a positive outlook on psychotherapy [11]. Similarly, Duman and Günüşen reiterate that prolonged theoretical and practical training in psychiatric nursing contributes to more positive perceptions of mental health care [12].

The clinical environment and organizational culture of psychiatric units can also have a profound impact on how psychiatric nurses perceive psychotherapy. Studies highlight the importance of a supportive psychosocial work environment, which can enhance job satisfaction and encourage greater engagement in therapeutic practices [13]. Conversely, a lack of support and high stress levels can lead to burnout, adversely affecting psychiatric nurses' ability to effectively implement psychotherapy skills and thus influencing patient outcomes [14, 15]. The interaction between workplace stressors and perceived care quality is crucial; psychiatric nurses experiencing burnout are less likely to effectively utilize psychotherapy techniques, which may in turn affect patient care [15].

Additionally, psychiatric nurses' perceptions of specific psychotherapeutic methods vary. Some nurses express skepticism about the efficacy of certain therapeutic approaches, while others advocate for evidence-based practices such as cognitive-behavioral therapy (CBT) [16, 17]. This diversity of viewpoints underscores the necessity of ongoing professional development and education to ensure that nurses remain equipped with the latest knowledge and skills in psychotherapy, ultimately contributing to standardizing mental health interventions [18, 19].

Personal characteristics, including emotional intelligence and coping strategies, also play a pivotal role in shaping how psychiatric nurses perceive and engage with psychotherapy. Studies suggest that psychiatric nurses with higher emotional intelligence are better able to handle the emotional demands of psychiatric care, thereby enhancing their effectiveness in providing psychotherapy [19, 20]. Moreover, the coping strategies psychiatric nurses employ in high-stress settings influence their job satisfaction and overall mental well-being, which in turn

affects their attitudes toward therapeutic interventions [21, 22].

Stigma associated with mental disorders may further influence how psychiatric nurses perceive their roles in psychotherapy. Research shows that negative attitudes toward mental health issues can impede the therapeutic relationship between psychiatric nurses and patients, ultimately affecting the efficacy of psychotherapy [17, 23]. Addressing such stigma through education and awareness initiatives is essential for promoting a more supportive environment for both psychiatric nurses and patients.

In summary, psychiatric nurses' views on psychotherapy are influenced by factors such as education, professional identity, institutional culture, and societal attitudes. Understanding these views is essential to clarify their role in psychotherapy and to improve mental health care delivery. In Türkiye, the lack of research on how psychiatric nurses engage in psychotherapy highlights a critical gap. This study aims to explore psychiatric nurses' views and experiences regarding the practice of psychotherapy.

The guiding research questions are as follows:

1. What are the views of psychiatric nurses on psychotherapy practices provided by psychiatric nurses?
2. What are the perceived facilitators of psychotherapy practices provided by psychiatric nurses, according to psychiatric nurses?
3. What are the perceived challenges of psychotherapy practices provided by psychiatric nurses, according to psychiatric nurses?
4. What are the recommendations of psychiatric nurses regarding psychotherapy practices provided by psychiatric nurses?

Method

Study design

This study was designed using a descriptive qualitative phenomenological approach. As a qualitative descriptive design, it facilitates the direct identification of subjective views and perspectives of psychiatric nurses concerning psychotherapy practices [24]. The use of this study design allows researchers to gain an in-depth understanding of the data provided by the sample [25]. This design also explains the experience of the participants. To ensure the trustworthiness of the qualitative data and to standardize data interpretation, the 32-item Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was utilized [26, 27].

Sampling

The population of the study consisted of psychiatric nurses working in inpatient psychiatric units of hospitals. The maximum variation sampling method, which is classified as one of the purposeful sampling methods, was employed in the study's sample. The objective of this sampling method is to incorporate individuals with diverse viewpoints on the phenomenon under examination in the study. This method is predicated on the representation of individuals from diverse backgrounds within the sample [28]. To this end, particular emphasis was placed on the participants' varied experiences in terms of their graduation degrees from the nursing department, their experience of receiving psychotherapy training, and their application experiences. Inclusion criteria were working as a psychiatric nurse in an inpatient psychiatric unit and volunteering to participate in the study. Following the provision of information pertaining to the study and the interview, four participants voluntarily withdrew from the study and were consequently excluded from the study. Consequently, 37 psychiatric nurses were included in the study.

Data collection

In the course of the study's data collection process, an introductory information form and a semi-structured interview form were utilised. The introductory information form comprises a total of eight questions, encompassing the participants' descriptive characteristics and their experiences with psychotherapy. The semi-structured interview form was developed by the researchers in accordance with the study's research questions. The form, which consists of a total of seven questions, was reviewed and approved by five expert psychiatric nurses, thus acquiring its final form. Consequently, the interview guide was developed by the researchers, and the interview was conducted in accordance with this guide. The questions in the form are as follows:

- What is your experience of psychotherapy practices as a psychiatric nurse?
- What are your thoughts on the psychotherapy practices of psychiatric nurses?
- What effect can psychotherapy practices given by psychiatric nurses have on clients?
- In which areas can psychotherapy practices of psychiatric nurses be more effective?
- What difficulties are there in the psychotherapy practices of psychiatric nurses?
- What advantages are there in the psychotherapy practices of psychiatric nurses?
- What suggestions do you have for the psychotherapy practices of psychiatric nurses?

Study data were collected between April and July 2024 through in-depth individual interviews conducted online. Participants were contacted by phone and provided with

a written description of the study procedures. Those who agreed to participate were sent a link for an online video interview. Prior to starting the interview, each participant was assigned a code (K1, K2, K3, etc.). In the online video session, a preliminary briefing was given, explaining the study's aim and design. Verbal informed consent was obtained from the participants and recorded accordingly.

After this briefing, a semi-structured interview form was employed. All interviews were recorded with the consent of the participants. The duration of each interview ranged from a minimum of 20 min to a maximum of 30 min. Initially, 41 nurses were contacted, but four withdrew voluntarily. Following semi-structured interviews with the remaining 37 participants, it was observed that data began to repeat and data saturation was achieved; thus, no further interviews were conducted [28]. The full transcripts of the interviews from these 37 participants were then produced by researchers experienced in transcription, and the analysis phase commenced.

Validity and reliability of the data

A semi-structured interview form was created to explore the views of psychiatric nurses regarding psychotherapy practices. Input on this interview form was obtained from five experts specializing in psychotherapy and psychiatric nursing. After incorporating their feedback, the final version of the semi-structured interview form was prepared. Before the interviews, all participants were read the questions on the form, and detailed explanations were provided for any unclear points. Participants were asked to express their views impartially during the interviews. All statements from participants were recorded during the interviews and subsequently transcribed by two experienced researchers. To ensure anonymity and prevent bias, each participant was assigned a code, and interviews were conducted individually. The transcripts, themes, and codes were then evaluated by the researchers for suitability. The themes identified were also reviewed by an independent expert experienced in the field [29].

Data analysis

MAXQDA 2020 software was used for qualitative data analysis. Thematic analysis, as described by Braun and Clarke, was employed to categorize the participants' statements [30]. After reading the data from the 37 participants and entering them into the program, coding began. The researchers convened regularly to discuss the coding process, and brief notes were taken during coding to document decisions and thoughts. Across the statements of the 37 participants, a total of 277 codes were generated initially. After completing the coding process, the resulting themes were reviewed by the researchers. Following these reviews, similar and differing codes, as well as their alignment with the research questions, were assessed. As a result, four themes were merged, and 103 codes were removed, leaving a final total of 174 codes. Descriptive information about the participants was presented as frequencies and percentages.

Fındıngs

In the first phase of the study—the qualitative research phase—participants expressed their views on the psychotherapy processes currently provided or to be provided by psychiatric nurses. Using thematic analysis, the participants' views were categorized into themes and presented in Fig. 1. The themes are supported by illustrative quotes from the participants. The descriptive characteristics of the participants are shown in Table 1.

The majority of participants were female (72.97%), and the average age was 33.30 years. Among the participants, 43.24% had a master's degree in psychiatric nursing, 54.05% had worked as psychiatric nurses for between 1 and 5 years, 40.54% worked in psychiatric clinics, and 67.57% had not received any formal practitioner-level psychotherapy training. Furthermore, 78.38% had never conducted a psychotherapy process. Of those who had not received psychotherapy training, 43.24% stated that they were considering obtaining such training. Additionally, participants who had received psychotherapy training most frequently reported having been trained in cognitive-behavioral therapy (16.22%).

According to the themes presented in Fig. 1, the views of psychiatric nurses regarding psychotherapy processes provided or to be provided by psychiatric nurses were categorized under 3 main themes and 23 sub-themes in total.

Theme 1: Facılıtatıng factors

Under this theme, factors perceived as facilitating the implementation of psychotherapy processes by psychiatric nurses have been combined. Seven sub-themes were identified.

Long-term ınteraction

Participants noted that the nurses' long-term interaction with patients and their families is beneficial for getting to know the patient and understanding their needs. This is viewed as a positive factor in conducting the psychotherapy process.

> *As a requirement of the therapeutic environment and communication, and considering nurses' roles and responsibilities, the nurse is the one who observes most closely and communicates most frequently with the family. Therefore, nurses are the ones who know the patient best, can quickly identify what and when they need something, and can inter-*

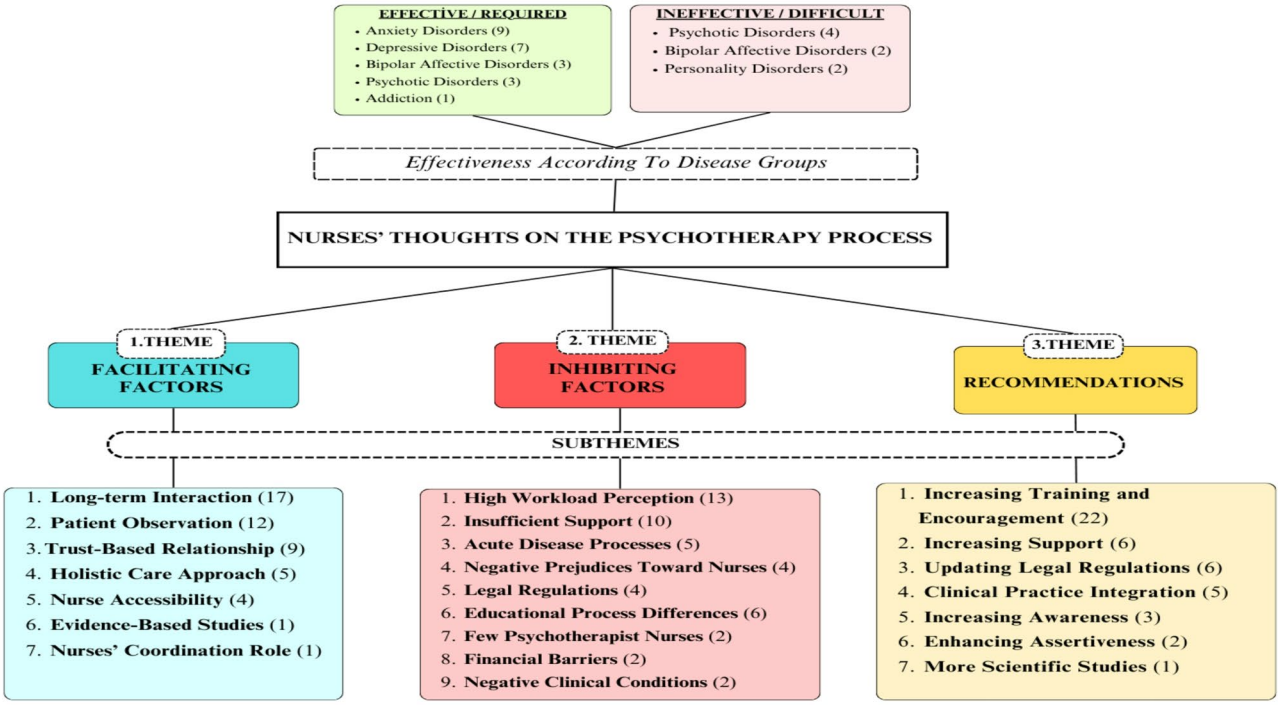

Fig. 1 Themes and subthemes

vene promptly. They can use this information in the psychotherapy process. (K5).

Only one participant expressed the view that it might not be appropriate for the same person to be both the caregiver and the one conducting the psychotherapy process.

...I find it unhealthy for the same person to be both the caregiver and the therapist... (K19).

Patient observation

Participants stated that because psychiatric nurses observe patients within the clinical setting, they may find it easier to track changes in patients' emotions, thoughts, and behaviors during the psychotherapy process.

Since psychiatric nurses are constantly observing individuals within the clinical ward, I think these observations can provide additional contributions to the psychotherapy process. (K37).
Because observations are made, the patient's feelings, thoughts, and behaviors can be better monitored. (K10).

Trust-based relationship

Participants indicated that nurses, due to their more frequent interaction with patients, can form a stronger trust-based relationship with patients and their families compared to other healthcare professionals. This trust-based interaction is seen as potentially effective in the therapy process.

I believe that compared to other healthcare professionals, patients trust nurses more during their treatment... I believe that this existing trust will significantly enhance the effectiveness of the interventions. (K2).

Holistic care approach

Participants mentioned that psychiatric nurses can involve not only the patient but also the family in the treatment and care process. By addressing physiological needs as well as biopsychosocial aspects, nurses adopt a holistic understanding of care, which can positively influence the therapy process.

Psychiatric nurses are often multifaceted health professionals who can integrate psychotherapy practices into the patient's overall healthcare process. This can make treatment processes more holistic and ensure that patients receive more comprehensive support. (K13).

Nurse accessibility

Participants noted that the accessibility of psychiatric nurses to patients could be effective in the therapy process.

Table 1 Descriptive characteristics of participants

Descriptive Characteristic of Participants		*n*	%
Age (Mean)	33,30		
Gender	Female	27	72,97
	Male	10	27,03
Education Degree	Associate Degree	4	10,81
	Bachelor's Degree	11	29,73
	Master's Degree	16	43,24
	Doctorate	6	16,22
Work Experience	0–1 year	4	10,81
	1–5 years	20	54,05
	5–10 years	7	18,92
	10–20 years	5	13,51
	20 years and more	1	2,70
Psychotherapy Practitioner Training Experience	Received Training	12	32,43
	No Training	25	67,57
Intention to Receive Training	Yes	16	43,24
	Undecided	5	13,51
	No	4	10,81
Psychotherapy Process Management Experience (Number of Clients)	No Experience	29	78,38
	1–10 Clients	5	13,51
	11–50 Clients	3	8,11
TOTAL		**37**	**100**
Psychotherapy Training Types Received	Cognitive Behavioral Therapy	6	16,22
	Art Therapy	3	8,11
	Mindfullness	5	13,51
	EMDR	2	5,41
	Acceptance and Commitment Therapy	1	2,70
	Sexual Therapy	2	5,41
	Play Therapy	2	5,41
	Schema Therapy	3	8,11
	Solution-Focused Therapy	1	2,70

n: number

> *Since the psychiatric nurse is more accessible to patients, this can be considered a facilitative factor. (K6).*

Evidence-based studies

One participant mentioned that scientific studies examining the effectiveness of psychotherapy training provided by psychiatric nurses have yielded results similar to those of psychotherapy practices conducted by other disciplines.

> *Studies show that psychotherapy administered by psychiatric nurses has effects at least equal to those of psychotherapists from other professional groups. (K8).*

Nurses' coordination role

One participant indicated that the coordinating role of nurses within the clinic can also be an effective facilitating factor in the therapy process.

> *The fact that ward coordination and organization generally fall under the nurse's responsibility can be considered facilitative in terms of creating opportunities. (K37).*

Theme 2: Inhıbıtıng factors

Under this theme, difficulties and inhibiting factors perceived by participants regarding the ability of psychiatric nurses to conduct psychotherapy processes have been grouped. Analysis results revealed 9 sub-themes.

High workload perception

Participants noted that the high workload of nurses in clinical settings could hinder their ability to conduct psychotherapy processes. They indicated that insufficient time due to heavy workloads and excessive working hours is an impediment to dedicating adequate time for psychotherapy.

> *…How much time do nurses have to implement psychotherapy? Is there any nurse who can allocate time for psychotherapy given the ward's workload or menial tasks? I think this is a big question mark. (K5).*
> *There's no time to do this. (K33).*
> *Excessive working hours and limited time. (K30).*

One participant stated that due to the heavy workload, they consider it unnecessary for nurses to conduct psychotherapy:

> *I find it unnecessary because the workload is too high. (K33).*

Insufficient support

Participants indicated that hospital administrations or other mental health professionals provide insufficient support for nurses' psychotherapy practices.

> *Necessary support mechanisms are not functioning properly in the clinic for the required training… (K2).*
> *The hospital administration does not permit psychotherapy practices in the clinics. (K17).*

Acute disease processes

Participants reported that acute situations in patients (e.g., aggression, agitation) can serve as a barrier to nurses implementing psychotherapy

It doesn't seem like a good idea for patients in an acute attack phase. (K31).

Negative prejudices toward nurses

Participants noted that other healthcare professionals or the general public may hold negative prejudices, assuming that nurses are inadequate to provide psychotherapy. These biases can act as inhibiting attitudes.

Society's and even other professionals' beliefs that nurses are inadequate for this, thinking that physical care alone is sufficient for nursing... (K2).
The biggest difficulty we face is the prejudice in our country against psychiatric nurses practicing therapy. (K7).

Legal regulations

Participants stated that current legal regulations do not support psychiatric nurses in managing psychotherapy practices, viewing this as an inhibiting factor.

...Legal barriers. Psychotherapy is not included in our job description. (K10).

Educational process differences

Participants mentioned that the education psychiatric nurses receive, especially at the undergraduate level, is insufficient for conducting psychotherapy. They noted that these trainings do not confer competency in psychotherapy and differ from the training provided in other mental health fields such as psychology.

Some psychiatric nurses may not have sufficient education or competence for psychotherapy practices. This can negatively affect the effectiveness of the therapy process and patient trust. (K13).
A psychologist's university education is focused on psychiatry, whereas a nurse's education spreads across the entire healthcare field. That's why I believe a psychologist's practice would be more effective. (K18).

Few psychotherapist nurses

Participants noted that there are not enough clinical nurses who have received practitioner-level psychotherapy training.
There are very few nurses in the clinics competent to practice psychotherapy. (K31).

Financial barriers

Participants expressed that the high cost of practitioner-level psychotherapy training and the lack of any impact on their salary are barriers.

...The high cost of training... (K9).
...No effect on salary. (K33).

Negative clinical conditions

Participants indicated that due to the nature of clinical operations, physical conditions, and the condition of patients, it may be difficult to implement psychotherapy in a clinical setting.

I can say that a lack of suitable environments that promote privacy and are appropriate for conducting sessions in the clinic is an issue. (K37).

Theme 3: recommendatıons.

Under this theme, participants' suggestions on how psychiatric nurses could conduct psychotherapy processes are presented. Seven sub-themes were created under the "recommendations" theme.

Increasing training and encouragement

Participants emphasized the need for training for nurses in this area. They highlighted the importance of taking certified (accredited, association-based, etc.) psychotherapy training, implementing appropriate curricula, and providing supervision training by psychiatric nurses.

I think nurses working especially in psychiatric hospitals and community mental health centers should receive training as psychotherapy practitioners and be part of a multidisciplinary team in the psychotherapy process. (K12).
The concept of therapist psychiatric nurses needs to be strengthened. At the same time, it is important to support nurses in their therapy training. (K24).
Supervision training should be supported. The supervision process should be managed by psychiatric nurses. (K3).

Increasing support

Participants noted the importance of support from managers and other disciplines for psychiatric nurses to receive and implement psychotherapy training.

Psychiatric nurses who have undergone a psychotherapy process and become psychotherapists should receive a higher salary than other nurses because money is often the primary motivator... (K5).

I think training should be financially supported since therapy training is costly. (K24).

Updating legal regulations

Participants expressed their views on the need to update legal regulations to ensure that nurses can gain competence in psychotherapy.

Updating mental health legislation and clearly and thoroughly stating the authority of psychiatric nurses to provide psychotherapy… (K5).

Clinical practice ıntegration

Participants suggested that processes related to nurses conducting psychotherapy should be integrated into their practice.

More work is needed to teach and implement it. (K14).

One participant mentioned the need to separate the psychotherapist nurse from other caregivers within the clinical setting.

The nurse providing therapy should be separated in terms of workload from the others, and the caregiving team should be distinct. (K19).

Increasing awareness

Participants recommended raising awareness regarding the ability of nurses to conduct psychotherapy.

There should be increased awareness and the organization of training sessions by associations supporting psychiatric nurses, especially the Psychiatric Nurses Association. (K5).

Enhancing assertiveness

Participants suggested that nurses should be more proactive in implementing psychotherapy practices.

I recommend being courageous and enterprising in this area… (K7).

More scientific studies

One participant emphasized that psychiatric nurses should follow scientific research related to providing psychotherapy and adopt evidence-based practices.

…Psychiatric nurses should keep up with current research in psychotherapy and adopt the latest evidence-based practices… (K13).

Effectiveness according to disease groups

Some participants stated that the psychotherapy training conducted by psychiatric nurses is mostly effective or necessary for patients with anxiety disorders, depressive disorders, bipolar affective disorders, psychotic disorders, and addiction groups. On the other hand, some participants indicated that it is ineffective or difficult for patients with psychotic disorders, bipolar affective disorders, and personality disorders.

Discussıon

In this phenomenological study examining the views of psychiatric nurses on psychotherapy practices, data collected from participants were analyzed using thematic analysis and discussed under the main themes of facilitating factors, inhibiting factors, and recommendations in conjunction with the relevant literature.

Facilitating factors

In the study, most participants mentioned factors perceived as facilitators in the psychotherapy practices conducted by psychiatric nurses. Participants frequently highlighted that nurses, by virtue of the nature of their profession, spend the most prolonged periods with patients. This extended interaction is considered a facilitating factor in the psychotherapy process. Because nurses spend long periods of time with patients and their families during the care process, they can better analyze patients' psychological and emotional needs, develop a therapeutic relationship, and thereby increase patients' participation in treatment. Nursing theorists such as Peplau, Orlando, and Travelbee have linked nursing to the patient-nurse relationship and interpersonal interaction, underscoring the importance of therapeutic interaction with patients. Additionally, the professional training that psychiatric nurses receive provides an evidence-based understanding of establishing good rapport and relationships with people, which implicitly supports such capabilities—particularly during therapy processes [31]. From this perspective, the frequent interactions psychiatric nurses have in the clinical setting with patients and families suggest that they could maintain this interaction during psychotherapy, thereby contributing to patients' recovery processes [32].

Spending long periods interacting with patients also gives psychiatric nurses the opportunity to observe them closely. According to the results of the present study, nurses indicated that their ability to observe patients in the clinical environment could facilitate tracking changes in patients' emotions, thoughts, and behaviors during the psychotherapy process. Psychiatric nurses effectively use observation to understand the patient's condition, identify symptoms, determine care requirements, make treatment decisions, and monitor the treatment process. This

method enables nurses to increase patient awareness, respond appropriately, and prevent unexpected violence or harmful behaviors [33]. Systematic nursing observations in psychiatric wards are used to rapidly evaluate symptoms, manage risks, ensure patient safety and social control, and guide clinical decision-making [34, 35]. It has also been emphasized that nurses are more likely to notice patients' difficulties in adapting to social life, related social challenges, and their consequences [36]. By observing patients, psychiatric nurses can monitor emotional, cognitive, and behavioral changes not only in treatment and care processes but also in the psychotherapy process, potentially making the treatment more effective. This situation also forms the foundation of the trust-based relationship between patient and psychiatric nurse. In this study, participants indicated that because they interact more frequently with patients, they can establish a more pronounced trust-based relationship with patients and their families compared to other healthcare professionals, and this trust-based relationship may have a positive effect on the therapy process. In this context, the psychiatric nurse who takes on the therapist role in the psychotherapy process must demonstrate the necessary attention, understanding, self-control, and expertise to be considered trustworthy [37, 38]. Studies show that when patients trust their healthcare professionals/therapists more, they report higher treatment satisfaction, engage in more beneficial health behaviors, exhibit fewer symptoms, and enjoy a higher quality of life [39, 40]. Thus, it is reasonable to assume that psychiatric nurses, by interacting more frequently with patients and establishing trust-based relationships, would positively contribute to the therapy process.

Psychiatric nurses play a crucial role not only in promoting mental health throughout all stages of psychiatric treatment but also in helping individuals with serious mental illnesses maintain their physical health by supporting their special needs [41]. At the same time, it is known that they adopt a holistic approach to care and treatment by involving the patient's family in the treatment process. In this study, psychiatric nurses indicated that involving not only the patient but also their family in the treatment and care process, as well as approaching care from a biopsychosocial and holistic perspective, could have a positive effect on the therapy process. Including families in psychiatric treatment and rehabilitation reduces the frequency of exacerbations, decreases hospital admissions, improves family morale, and reduces the emotional burden on both patients and their relatives [42]. In psychiatry, the biopsychosocial model emphasizes the importance of considering biological, psychological, and social factors in understanding and treating mental disorders [43].

Examining the findings related to facilitating factors, various attributes—such as the accessibility of nurses, their frequent interaction with patients, and the coordinating role of nurses—indicate their potential to conduct psychotherapy. A study concluded that it is acceptable for professionals from a variety of disciplines working in mental health, including psychiatry, psychology, psychological counseling, social work, and psychiatric nursing, to take active roles as psychotherapists. However, it emphasized that successful fulfillment of this role depends on the education, experience, and competency levels of these individuals and that the supervision process must be rigorously maintained [4]. The comment from one participant, who stated that scientific studies examining the effectiveness of psychotherapy training provided by psychiatric nurses yield results similar to those achieved by other disciplines, supports this view. In this context, psychiatric nurses who have completed master's and doctoral degrees can integrate psychotherapeutic interventions into the care process, thereby reaching a broader population and playing a significant role in improving the quality of health services [44, 45].

Inhibiting factors and recommendations

Participants also indicated inhibiting factors and perceived difficulties related to nurses' ability to conduct psychotherapy. Notably, while 32.43% of the participant nurses had psychotherapy practitioner training, 78.38% had no experience in conducting psychotherapy. This underscores the importance of exploring their views on this matter.

Many psychiatric nurses noted that the heavy workload in clinical settings could be an obstacle to conducting psychotherapy processes. They mentioned that the intense workload and long working hours are challenging factors that make it difficult to allocate sufficient time for psychotherapy. In Türkiye, psychosocial nursing interventions are limited due to high patient-to-nurse ratios and heavy workloads. Additionally, the number of psychiatric nurses in Türkiye is below basic standards [45]. Beyond these issues, factors such as a high workload in psychiatric wards, a high number of aggressive/agitated patients, insufficient number of nurses, and lack of professional experience can make it difficult for psychiatric nurses to maintain care-focused patient interaction [46, 47]. Participants' views on acute illness processes, including agitation, exacerbation periods, and restraint procedures, similarly point to obstacles. The observation by some participants that psychotherapy for patients with psychotic or bipolar disorders could be ineffective/difficult also aligns with this finding.

Various factors, including the limited perception of psychiatric nurses' roles in psychotherapy, lack of supportive legal regulations, financial barriers, and

prejudices, influence these challenges. Participants emphasized that the undergraduate-level education psychiatric nurses receive is insufficient for conducting psychotherapy, and achieving competence in this field requires costly and lengthy training. Moreover, the perception that psychotherapy does not affect psychiatric nurses' salaries is another factor negatively influencing motivation. Similarly, the lack of a mental health law and unclear professional frameworks in Türkiye complicate the process for psychiatric nurses to assume psychotherapy roles [48, 49].

Internationally, a master's degree-level education is often a prerequisite for psychotherapy practice, which is compatible with the educational background of psychiatric nurses [50]. However, because this training is often offered outside university settings at high costs, specialization in this field remains challenging [51]. Inadequate physical conditions in clinics further restrict the implementation of psychotherapy. Particularly for patients whose acute symptoms have stabilized, it is considered an important part of the treatment process to support the implementation of psychotherapy [52].

Participants indicated that prejudices held by society and other health professionals regarding psychiatric nurses' psychotherapy roles, as well as insufficient support for these roles, represent significant barriers. Eliminating such prejudices and increasing awareness-raising efforts will enable psychiatric nurses to fulfill their professional roles more effectively [3]. Strengthening educational processes—by updating postgraduate curricula and expanding accredited certification programs—is essential. In this process, it is important for psychiatric nurses to follow scientific research, embrace psychotherapy practices, and receive supervision support. Additionally, strengthening legal regulations in this area will make the role of psychiatric nurses in psychotherapy practices more explicit [53].

In summary, by examining facilitating and inhibiting factors and considering the proposed solutions, the study provides insights into the role and potential of psychiatric nurses in psychotherapy practices. This can serve as a guide for future policies, training programs, and practice developments in the field.

Strengths and limitations

This study is among the first to explore the views and proposed solutions of psychiatric nurses concerning the factors that facilitate or impede their roles in delivering psychotherapy. Moreover, the study's utilisation of a diverse sample of psychiatric nurses, ranging from those with varying levels of education and experience in psychotherapy processes, is a significant methodological strength that enhances the study's findings. However, the relatively limited psychotherapy experience of the nurses participating in the study can be considered a significant limitation. It is therefore recommended that future studies should include psychotherapist nurses who have integrated psychotherapy into their care processes by adopting different theoretical orientations.

Conclusıon

In this study, the views of psychiatric nurses on psychotherapy practices were analyzed. The findings revealed that psychiatric nurses perceive factors such as prolonged patient-nurse interaction, patient observation, and a trust-based relationship as elements that facilitate the psychotherapy process. However, factors including excessive workload, insufficient support, challenges posed by acute clinical situations, perceived nurse inadequacies, and negative prejudices toward psychiatric nurses were identified as barriers to the implementation of psychotherapy practices.

The study suggests the need to improve psychotherapy training processes, update legal regulations, and integrate psychotherapy into routine care. Furthermore, increasing evidence-based research in this area and supporting psychiatric nurses' active participation in psychotherapy may enhance access to quality mental health services, as well as help overcome financial and structural obstacles.

In light of current constraints in Türkiye—such as high clinical workloads, the limited availability of structured psychotherapy training, the lack of supportive legal regulations, and the requirement of a master's degree for formal recognition as a therapist—there is a pressing need for pragmatic and scalable solutions. Short-term, modular psychotherapy training programs tailored for nurses, supervised practice models, and interdisciplinary collaboration can offer feasible pathways to build capacity. Embedding brief psychotherapeutic interventions (e.g., supportive therapy, psychoeducation, CBT-informed techniques) into routine nursing care could serve as an effective and accessible starting point. Simultaneously, policy-level efforts should focus on revising professional scopes of practice to formally recognize nurses' roles in delivering structured psychotherapy under appropriate supervision. These steps would enable psychiatric nurses to contribute more effectively to patient recovery, even within the current systemic limitations, and support the gradual institutionalization of psychotherapy in nursing practice across Türkiye.

Supplementary Information

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Supplementary Material 1

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Author contributions
[HIB]: Conceptualization, Formal Analysis, Data curation, Methodology, Software, Writing – original draft, Writing – review & editing. [CÖA]: Conceptualization, Data curation, Methodology, Writing – original draft. [BŞ]: Methodology, Data curation, Writing – original draft. [ABT]: Data curation, Writing – original draft. All authors reviewed the manuscript.

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Data availability
The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate
The participants were informed about the purpose and procedure of the study. It was also made clear that the data would be used solely for scientific purposes. Written informed consent was obtained for participation and video and audio recording. The identity information of the participants was kept confidential, and their statements were coded as K1, K2, and so forth. Ethical approval for the study was received from Tokat Gaziosmanpaşa University Social and Human Sciences Research Ethics Committee (Approval date and number: 03.10.2024 / 480790). The study was conducted in accordance with the Helsinki Declaration.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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