Title: Too busy to talk: examining service user involvement in nursing work

Abstract

Traditional ideas of mental health nursing are challenged in contemporary healthcare settings by developments focused on more partnership and collaboration with people using mental health services. Yet service users have reported limited involvement in planning their own care. The purpose of this research was to explore accounts from multiple perspectives about service user involvement in mental health nursing processes. Qualitative research interviews and focus groups with mental health nursing students (n=18), qualified nurses (n=17) and service users (n=13) were conducted, audio-recorded and transcribed verbatim. Participants' transcribed talk was thematically analysed to examine understandings about service user involvement and mental health nursing. Nursing work was often described as task-focused, with limited collaboration with service users in areas like care planning. Service user involvement was seldom mentioned by nurses themselves, indicating it did not form an important part of mental health nursing processes. Mental health nurses appear to be complicit in care processes that do not include involvement of service users and may discourage novice practitioners from attempts at engagement.

Keywords: mental health nursing, service user involvement, talk, nursing processes

Introduction

Mental health nursing work has been considered difficult to articulate (Happell, Hoey & Gaskin, 2012; Rungapadiachy, Madill & Gough, 2004), due to the nature of the work being varied, and changing according to population need and policy context (Mental Health Taskforce, 2016; Welsh Government, 2016). Nursing work might include engaging service users in talking treatments, and assisting people with basic needs like nutrition and personal care. Mental health nursing includes not only the delivery of care, but the assessment and management of risks and taking on new roles such as the application of mental health legislation (Coffey & Hannigan, 2013). The central focus of professional mental health nursing work has been reported as the therapeutic relationship with service users (Cameron, Kapur & Campbell, 2005; Humble & Cross, 2010; Peplau, 1952). However, recent studies report nurses direct face to face time with service users as limited (McAndrew, Chambers, Nolan, Thomas & Watts, 2014; Stenhouse, 2011), due to working in complex environments characterized by competing priorities (Cleary, 2004; Cleary, Hunt, Horsfall & Deacon, 2012).

Understanding mental health nursing work is important in terms of recruitment to the profession, understanding roles and nursing work, as well as meeting expectations from users of services, other multi-disciplinary team members and nurses themselves. Hercelinskyj, Cruickhsnak, Brown and Phillips (2014) suggest that accurately defining the role of mental health nurses would help with recruitment and retention of nurses, which is currently problematic in the UK. Mental health nurses need to take opportunities to emphasise the value and significance of their specialist knowledge and skills, which Happell and McAllister (2014) suggest the quality of service users' care depends on.

Care planning and co-ordination is one area where mental health nurses have a significant role to play in the delivery of care but this is predicated on close engagement and involvement of the person receiving care (Coffey, Hannigan & Simpson, 2017). Despite an emphasis in the World Health Organization's Mental Health Action Plan (2013) to promote service user involvement in care planning, the Care Quality Commission (2013) report a significant gap between realities observed in practice and the ambitions of national mental health policies. For example, recent studies indicate user involvement in care planning is limited (Grundy et al, 2016; Simpson et al, 2016). Millar, Chambers and Giles (2015, p.209) suggest involvement includes five key attributes: 'a person-centred approach, informed decision-making, advocacy, obtaining service users' views and feedback and working in partnership'. According to Millar et al (2015) service user involvement in mental healthcare can include service design, development, delivery and education. The lack of exemplars suggests the notion of involvement remains unclear although some definitions exist. Castro, Van Regenmortel, Vanhaecht, Sermeus and Van Hecke (2016, p. 1929) report individual patient involvement as focusing on a person's rights, with the aim of engaging them in decision-making about their care through a dialogue between their experiential, and professionals' expert knowledge. Laitila, Nummelin, Kortteisto and Pitkänen (2018) studied mental health service users' views on involvement and found that participants described it as being related to their own care and treatment, and stressed a wish to be more involved in decision-making and care planning.

Stickley (2006, p. 576) states that as mental health nurses are the workers who have most contact with service users "It is they who may be expected to implement strategies for involvement". Therefore working in partnership with service users to discuss their choices and treatment goals may not be labelled as service user involvement, but may be regarded as the ethos of good mental health nursing.

For the purposes of this paper we are using the term service user involvement to mean approaches that mental health nurses use in practice to work collaboratively with service users. Our interest is in examining what nurses and service users say about mental health nursing in relation to service user involvement. Within this context we see service user involvement as an important rhetoric contributing to nursing processes, as well as a moral and professional obligation to ensure services are delivered in ways that are both democratic and just.

Aim

This study aimed to explore the talk of mental health nurses, nursing students and mental health service users about mental health nursing work in the context of a climate of supposed service user involvement.

Methods

Design

A qualitative approach was used which included individual interviews with mental health nurses and service users, and focus groups with nursing students. Individual interviews and focus groups were used to create conversations about mental health nursing. Through people's talk researchers can explore the richness of meanings, in order to understand how participants produce and use their understandings on particular topics (Garfinkel, 1967). A particular focus of this study was on the phenomena of service user involvement related to mental health nursing work. A multiple perspectives approach was sought in order to examine co-existing

accounts (Rose, Thornicroft & Slade, 2006), as frequently studies recording service user perspectives are under-reported.

Sampling & Recruitment

Participants were all recruited from one mixed urban and rural region of the UK. All participants were given a participant information sheet to determine if they wished to take part in the study. Nursing students were invited to participate in focus groups from first year and third year cohorts of a pre-registration undergraduate nursing programme. At the time of recruitment all potential student participants had undertaken placements in practice settings (first years had attended two placements and third years had attended eight placements which included a mixture of both inpatient and community settings, where they would have encountered mental health nurses undertaking a variety of roles and work). Registered mental health nurses were sought via a database of previous student cohorts, and these qualified nurses worked in a range of settings (e.g. inpatient and community settings with people across all age groups and mental health needs) in Wales and had been qualified between four months to over ten years. People who had used mental health services were approached via charitable or voluntary organisations that support people with mental health problems, and offered the opportunity to participate if they had encountered mental health nurses in their treatment within the last ten years.

Data collection

30 individual interviews were conducted with service users (n=13) and nurses (n=17), and 3 focus groups were held with mental health nursing students (n=18). Research interviews took

place in a location convenient for participants, such as participants' homes or voluntary organisation settings. Focus groups were held in university classrooms. All research interviews and focus groups were audio-recorded with consent and transcribed, with reassurance that confidentiality would be observed and anonymity maintained throughout the course of the study.

Data analysis

The first author read and re-read transcripts in order to become familiar with the data. Data was then coded initially using free nodes on QSR NVIVO™ 10 software to assist with data management. An initial list of early codes was developed into short descriptors (see examples in Table 1). Codes and descriptors were discussed at regular intervals in supervision sessions (the study was the first author's PhD). Codes were then grouped into categories of similar meanings and patterns sought and agreed in these data. Following data familiarisation, analysis of participants' accounts focussed on participants' talk about service user involvement in nursing processes to examine displays of understanding. Initial analysis of these data followed the approach suggested by Braun and Clarke (2006). Displays of understanding are one way of seeing how individuals make sense of their experiences and show their awareness of these experiences to others (Garfinkel, 1967). People's talk is purposeful and intentional, and allows researchers an opportunity to examine talk about events produced for the purposes at hand. Through their talk people show how they produced and used understandings, in this case in relation to mental health nursing and mental health nursing work. Data analysis was informed by Orbuch's (1997) view of accounts, defined as story-like interpretations that help gain insight into human experiences within participants' social worlds. In examining participants' talk we can see how people show awareness of events, what they prioritise and how features of

everyday speech such as pauses, stumblings and absences give clues to uncertainties and difficulties in retelling experiences. This approach enabled an examination of how participants interacted about the topic under study, and how they characterised the topics they talked about.

Table 1: Examples of early codes and descriptors

Ethical considerations

This study was approved by the University research ethics committee. All participants were given written and verbal information about the study. Participants were informed that participating in this study was voluntary and that they had the right to withdraw at any time. Each focus group began with the facilitator reading aloud focus group ground rules, which included maintaining the confidentiality of opinions expressed in discussions. All participants signed an informed consent form prior to data collection.

Findings

The study's findings are reported below with selected data extracts chosen that exemplify the main findings arising from analysis of the whole data set (***, 2018). These anonymised data extracts are from research interviews with service users, mental health nurses, and focus groups with nursing students. As the study approach centred on individual talk, authentic mannerisms have been maintained to reflect the real world nature of participants' speech, which include hesitations and pauses. The data extracts below illustrate participants' reflections on

experiences and encounters with mental health nurses in both inpatient and community environments. Participants described examples and challenges from multiple perspectives. The findings are reported using category labels representing major patterns in these data:

- *The construction of busy nursing*
- *Student reflections on service user involvement in care planning*
- *Service user dissatisfaction with involvement in care planning*

The construction of busy nursing

Participants were asked about their experiences of mental health nurses, whether that was as part of nursing care, working as a nurse themselves or undertaking a programme of nurse education to become one. Many participants described how busy they perceived the work to be, that there was a constant buzz of activity, with nurses continually engaged in nursing work. The following data extract is taken from an interview with Simon who had met mental health nurses during his admissions as a service user to acute inpatient units as well as in community settings.

Interviewer: Did you have a sense of what they [nurses] were doing for you on the ward? If you know what I mean.

Simon: Erm, well you do have – you have a named nurse and er and if you've got a problem you can talk – you're supposed to be able to talk to her, but she quite often hasn't got time. And if you – There's a – There's a central area where they – they've got their office

I: Yes

Simon: And erm if you knock on the door – You have to knock on the door erm to ask things and erm quite often you get a negative response

[Simon, Mental health service user 10]

Simon indicated a mismatch between his experiences of mental health inpatient nurses and his expectations of their roles. Simon signalled doubt about nurses' availability by initiating a repair in his response with "you can talk - you're supposed to be able to talk to her". Simon suggests an inconsistency between the ideal and the actual experience of care. His explanation for this contradiction is that "she [the nurse] quite often hasn't got time". Simon's talk did the work of positioning his claim of a discrepancy between what he expects ("supposed to be able to talk to her"), and what he perceives ("quite often hasn't got the time").

The work of mental health nurses was portrayed by multiple participants in this study as being demanding and hectic. Participants referred to 'busy wards', 'busy units' and 'busy environments'. However, despite this sense of busyness, when I asked Simon directly about nursing work, he was unclear about the nature of the busyness.

I: What did their job seem to mostly be about, what they did, their role, in the hospital perhaps first?

Simon: [laughing] It's very hard to say actually. What were they doing? They seemed to walk up and down a lot, I don't know what they're doing (laughing). They seem to spend a lot of time walking up and down the ward, you know. I don't know whatever they're doing, I really don't know.

[Simon, Mental health service user 10]

Simon's talk suggests little direct correlation between the nurses being busy and direct patient interaction, or at least limited transparency that the nurses' task focused activities were directly

related to individualised patient care. It is perhaps telling that in the accounts of nurses administrative tasks were priorities in talk over interactive encounters with patients.

The sense that Simon had of nurses busying themselves with administrative work is evident in what nurses themselves said about their roles. Mary, who had been a qualified nurse for four months at the time of interview, worked on an acute inpatient unit, and was asked about her nursing role on the ward where she worked. She began by describing a shift in terms of times of the day and expected duties that usually occurred.

Mary: You just work through the diary. You might have to run around and chase up this person or make appointments for people, and then you tend to have to do notes by about 12 o'clock so, um, you're writing down on each and every patient, and then you're handing over then at 1.00 to the next staff.

[Mary, Mental health nurse participant 1]

Mary's use of expressions such as 'run around' and 'chase up' positioned in the midst of a list of activities conveys a sense of busyness. Throughout the course of this study participants repeatedly mentioned tasks relating to mental health nurses' role related activities, particularly in inpatient settings. During the interview Mary described her work in relation to the tasks performed on an average shift, which included reference to being in the ward office.

Interviewer: If one of your service users was here and I said to them tell me about the nurses' role on the ward, what do you think they would say?

Mary: I sit in the office most of the time.

I: I have heard patients say that a lot over the years. Why would they say that?

Mary: Because they tend to spend more time with the erm NAs [nursing assistants], because the NAs are kind of what we say 'out on the floor'.

I: Yes.

Mary: Whereas erm the nursing staff are either doing medication, doing the paperwork or dealing with the phone calls.

[Mary, Mental health nurse participant 1]

Nursing work that occurs in the ward office serves to remove nurses from the main ward environment, rendering them inaccessible to service users. Here Mary's account aligns with Simon's. Mary's wider account focused on task oriented activities, with almost a complete absence of talk about therapeutically engaging with service users, or participating in recovery-related activities. Whether by choice or design she suggests her work is to be found in the office space rather than outwith that space interacting with service users. Mary's talk prompted us to ask what it might mean to her to be a mental health nurse. Mary's version of nursing work was about being bound with office tasks. Later in the research interview she remarked:

"We don't tend to have that much time to actually sit down and spend with the patients which is a shame really"

[Mary, Mental health nurse participant 1]

Further reflection prompted Mary to report her expectations regarding the mental health nursing role.

"I wasn't expecting to have so much paperwork. I was expecting to have more time with the patients. You know when you first start as student nurses you - you usually get told go and talk to the patients, so you don't get that idea of actually how much paperwork there is. And it's a shame really that you - you are taken away from the patients because for a lot of the people it's [the paperwork] repetitive as well.

[Mary, Mental health nurse participant 1]

Mary indicates acceptance of a version of mental health nursing work that is a task-based office version and separate from the patients. Her expression that "it's a shame" works to show some regret or discomfort that this is how things are, and not as students may expect when training. However, there is little to imply that the status quo is challenged, or that ways to actively engage with service users are created.

Occasionally participants provided alternate versions about their experiences of mental health nurses. For example, Amy, a service user, talked about a ward nurse who she found to be different to others she had met, and unusual as the nurse referred to was not to be found in the office.

Interviewer: What was it about this nurse that was better or more helpful?

Amy**:** Erm, (6.0) She was a bubbly person probably, so she'd make - make the atmosphere feel a lot lighter on the ward.

I: Right

Amy: Erm, she'd actually get down to the nitty-gritty of things. She'd - she'd play board games and card games with us, rather than sitting in the office.

[Amy, Mental health service user 8]

In Amy's account the nurse is positioned as remarkable not for any exceptional performance but for doing what may be regarded as ordinary everyday interactions. Our findings showed that participants' accounts featured frequent talk about ward nurses spending much time separate from service users, with limited reference to service user involvement or direct engagement with them. This separateness is something that nursing students appear to be all too aware of as evidenced in the next data extract taken from a focus group with nursing students.

Student reflections on service user involvement in care planning

All participant groups spoke so little about service user involvement in nursing processes that they were prompted to do so by the facilitator. Each focus group of nursing students were asked what the concept of service user involvement meant to them, and what they had seen in practice settings.

Neil: They actually form part of their care - form part of their care plan, what they want and what they want to achieve, and where they want to go, so they're more involved in the process

Facilitator: Mmm

Ellie: That's what I thought it was, was the client being involved in their care. Seeing what they want done and…their aims and what -'cos you said what they want to achieve, you know. Their hopes and aspirations and things like that

F: Mmm

(4.0)

Ruth: You don't see much of that though. Actual erm, notes, the procedure in adult or mental health.

Ellie: It's a (?inaudible), just done

Ruth: 'Cos we've got erm you know in our competencies, first interview, second interview, third interview, you know. How is it…you know this is what we intended how it's going. But erm, you don't have that with patients do you? You know. You know in any sort of [

Ellie: Even in an adult ward, they're kind of talked about rather than to,

[Focus group 2, first year nursing student focus group]

Nursing students' talk and attempted definitions about service user involvement were tentative, indicating their uncertainty. The four second pause before Ruth speaks suggests some contemplation and processing of what has been said. Ruth's comment "you don't see much of that though" provides a powerful dismissal of any idea that involvement is a part of everyday mental health nursing practice.

Despite Ruth's comment, this need not be read that user involvement is not happening in practice, only those students have limited experience of such activity at this point in their preparation. Ruth was referring to nurses not involving service users in planning their care which had been her experience to date, which Ellie reinforced.

A pattern in our data became evident in that novice nurses have little direct experience or models for involvement in their everyday encounters in placement settings. The data extract

below reports part of another focus group discussion also held with first year students, showing similar limited experiences of involvement in nursing processes.

Facilitator: Service user involvement is like er erm, nowadays we're expected as nurses to do more of it.

[cross talk removed]

Rhian: So actually sit with the patient and say ask them what they want?

F: Yes

Rhian: I haven't seen that, no. Whether I've missed it, I don't know, but I haven't seen…actually seen it with my own eyes

F: Yes, that's fair enough. Anybody else?

Nicole: Well like I said because I've done EMI and adult now, I can't say there's much service user involvement. But in my previous job, because I used to work for the NHS, with substance misuse, you write care plans up with the clients, you set targets and goals with the clients, so it does depend on what client group you are working with.

Chorus: Yes

Jill: No, I saw more service user invol…in my previous job as well, and the whole ethos of what we were doing was that you're not doing it for them]

Nicole: You're] doing it with them.

[Focus group 3, first year nursing student focus group]

Here student nurses indicate that they have not witnessed involvement in the routine delivery of mental health nursing. Nicole refers to two placements where she has not seen this and Jill then gives an example from a previous job to show that she is aware of what involvement might look like in practice, but has not seen this in nursing practice. Jill supports this view with her own previous experience indicating that this is a group with relevant expertise who are experiencing mental health nursing in a more limited form than might otherwise be expected.

Service user dissatisfaction with involvement in care planning

During research interviews service user participants spoke frequently about not being involved in care planning activities, or that if they were involved they knew of many other service users who were not. In the following data extracts Amy, a service user mentioned previously, described her experience of developing a care plan with her Community Mental Health Nurse (CMHN) and Amy offered a construction of mental health nursing work that seeks to explain the failure to involve service users.

Amy: We did my care plan a few weeks - probably a couple of months ago now, which was the new care plan then that needs to be done by law. Er, it's the first one I've ever seen when technically I should have seen several by now (laughs) because I've been in the service since I was 15. Erm, she was quite…she sort of rushed it a bit and, she just wanted to get it done and written out and put away. And erm (3.0) She missed out a couple of sections as well which I didn't think she was supposed to do

(…further talk about being dissatisfied with CMHN's approach)

I: Sounds like you wanted a bit more from that process though?

Amy: Yeah, because it…it plans my treatment, doesn't it, for the next…well, it's six monthly they do them which I think is a bit silly anyway because things change more frequently than every six months.

[Amy, Mental health service user 8]

Amy initially implied a sense of partnership and a shared undertaking at the start of the above data extract using a collective 'we'. She then added a further point about her care plan stating she had not seen one before, which introduces a discrepancy between the legal requirements for care planning in Wales and Amy's experience of collaborating on these in the past. In Amy's account the process was not only described as "rushed", but she described her CMHN as seemingly having little time or value for such joint care planning activity. Amy appeared to see mental health nurses as reluctant to engage in shared planning of care and perhaps hints at

low expectations of any follow through on whatever is included in the care plan. She signals this with her observation that the nurse wanted to “get it done and written and put away”, perhaps even to be forgotten until the next time.

Amy’s account highlighted her experiences as a service user in the care and treatment planning process. She implied an expectation that service user involvement in care planning would be part of the activities with her Community Mental Health Nurse, and noted that some parts of the care plan were “missed out”. Amy placed a value on the care plan and her involvement as something that was important. Her account can be read as signalling dissatisfaction with her experiences of involvement but also as contributing her take on the work of the nurse as someone not overly interested in service user involvement in care planning.

Another service user participant, Brenda, made observations about the system in which mental health nurses work.

> Brenda: One of the problems is you're working in a culture which is very top down, the people at the top make decisions and you just have to co-operate with them. Erm, I don’t think the nurses actually have much idea of what it’s like to be involved in decisions about their own lives and, therefore, don’t know how to involve the service users.
>
> [Brenda, Mental health service user 3]

Brenda’s construction was that involvement of service users is not commonplace because nurses themselves have little experience of being involved in decisions due to a top-down culture. The sense that nurses were serving a system, focused on the organisation of tasks at

the detriment of engaging service users in care planning activities was apparent in the talk of many participants.

Discussion

Service user participants in this study reported that mental health nurses they met as part of their care and treatment were 'too busy' for face to face engagement, which is echoed in other studies about mental health nursing (Cleary & Edwards, 1999; Stenhouse, 2011), reinforcing the notion that nurses' one to one time spent with patients is limited. Elsewhere service users have reported inpatient mental health nurses to be inaccessible with distancing behaviour highlighted (Moyle, 2003), and a conveyor belt type of alliance experienced (Bee et al., 2008), implying only a passing relationship with a named nurse. Stenhouse's (2009, 2011) study revealed service users' unfulfilled expectations of being able to talk with nurses, which mirrored participants' accounts in our study. It is reported that the limited interactions that occur between mental health nurses and service users on acute admission units are seldom therapeutic or theoretically informed (Cameron et al., 2005; McMullan, Gupta & Collins, 2018).

One reason for face to face interaction being reported as limited is that much nursing time is spent in the ward office, with service users often finding the door closed to them and reducing accessibility to staff. Nurses working in the office may be providing care, organising special diets, speaking to other health professionals, or arranging pet care while people are in hospital. However, if service users are not informed by nurses about care tasks performed in the office that relate to individual patient care, they would be unaware of such activities. Bowers (2014,

p.505) suggests that “instead of waiting for patients to knock at the office door, requests can be pre-empted by nurses going around the ward and asking patients what they need”, with immediate benefit of reducing flashpoints for potential conflict and containment.

Participants’ talk highlighted nursing being seen as task-focused. According to Bowers (2005, p.235) the main task of acute inpatient care is to provide a safe environment, and that it is ‘a continuous task for mental health nurses to provide comfortable, clean accommodation with regular meals and adequate leisure and recreation facilities’. Organisational provision appears to reinforce routine, with many inpatient activities governed by rigid schedules (such as mealtimes and medication rounds). Habitual and predictable work often emanates from instruction of medical staff and may result in nurses feeling their own autonomy is somewhat limited (Brown et al., 2009). Goulter et al., (2015) have argued that the interactional work of mental health nursing has been eroded and redirected to the task-based roles of medicine.

Previously Aston and Coffey (2012) argued that a task focus resulted in difficulties adopting and understanding recovery-based practice, with service users reporting feeling alone whilst nursing staff were in the ward office reinforcing divisions between those providing and receiving services. It is relationships with staff that are reported to be the core component of recovery-focused care for service users, which incorporates effective communication, cultural sensitivity and a sense of trust (Gilburt et al., 2008). Although the evidence for and about mental health nursing work in inpatient settings is still sparse, there are increasing reports that work structures are organised for nurses to work separately from service users (Goulter et al., 2015; Handsley & Stocks, 2009; Whittington & McLaughlin, 2000). Family members have reported observing a ‘them and us’ mentality between nurses and patients when they have

visited ward settings (Scally, 2007), because they have observed the two groups to frequently occupy separate areas in the inpatient environment. Deacon et al. (2006) report that nurses in acute settings can feel overwhelmed by demands from patients and visitors, and consequently prioritise other on-going work. Feeling stressed by unrelenting demands may prompt withdrawal to office settings (Hardcastle, Kennard, Grandison & Fagin, 2007). Such practices may in part meet the psychological needs of nurses and become part of routine nursing work. Within this context of distancing from patients nurses may also struggle to sustain engagement practices with inevitable consequences for directly involving people in their care.

The nursing students in our study may be preoccupied with learning skills they see as concrete and discoverable. These speakers, as novices, may not yet be aware of less visible skills that relate to relational aspects of mental health nursing work, and how to work in partnership with another person in terms of care planning. Benner (1984) identified that novice practitioners' early knowledge as propositional (theoretical) and that novices may not yet have had the experiences to apply this knowledge in practice. It is notable however that nursing students were aware of involvement examples involving other workers in services they had witnessed prior to training and were able to attempt tentative understanding of collaboration with service users and what that might involve. Hesitance at definitions of service user involvement may be indicative of limited experience in practice settings. Recent research indicates that there is insufficient service user involvement occurring in mental health care planning (Grundy et al., 2016; Simpson et al., 2016), and this is supported by a recent health service report (National Health Service Wales Delivery Unit, 2018). Our data indicates that student participants had not yet seen service user involvement in care planning during the two practice placements they had attended (the time when focus groups took place). Students developing their understandings of

mental health nursing work appear to have limited opportunities to incorporate the values of involvement as part of their usual practice.

Where participants spoke about involvement in care planning being attempted, we found that it was often reported as an unsatisfying experience by service users. This is perhaps another example of care as imagined in the form of legal and policy requirements, and care as done in the form of what services users actually experience (Hannigan et al, 2018). Bee, Price, Baker and Lovell (2015) note that despite the political rhetoric promoting involvement, many users feel marginalised in the planning of their care. It not surprising that insufficient time dedicated to service users and high staff workloads are just two of the care planning barriers identified (Bee et al., 2015). There is evidence from the implementation of the Wales Mental Health Measure that the administrative requirements of care and treatment planning do impact on time available for patient care (Welsh Government, 2012). Mental health nurses certainly seem to be obligated to administer elements of the system rather than ensuring time is spent with people using services (Simpson, 2005). Nursing staff are reported to experience stress in acute environments that goes beyond concerns about capability and resources to encompass feelings of being ineffective (McMullan et al., 2018). According to Lee, Daffern, Ogloff and Martin (2015), higher levels of stress relating to organizational and staffing issues frequently leave nurses feeling dejected and unvalued. If nurses' time is so taken with administering systems and achieving targets, and they are experiencing burnout, then it is unsurprising that they are not seeking to engage service users in nursing processes and care planning activities. The rhetoric of person-centred care may largely be ignored in favour of survival and nurses preserving their own mental health.

Reports examining acute care and engagement in therapeutic activities suggest that staff and service user contact time averaged less than an hour a day (Csipke et al., 2014), and is perhaps a consequence of organisational pressures to attend to administrative elements of mental health care. With such limited time, it seems study participants who indicated that nurses do not know how to involve services users and have little time to do so are pertinent. This apparent lack of knowledge and time may indicate why service user involvement is not a talked about part of mental health nurses' work. A more critical view however is that mental health nurses have been complicit in finding ways to avoid what is sometimes difficult interactional work and in so doing inadvertently strip important professional characteristics from themselves and future generations of nurses. Lakeman and Molloy (2018) have argued for instance that mental health nursing has lost real or conceptual power, with workers now less critical and increasingly servile, and suggest that nurses need to recognise this danger of zombification by cultivating conscientious critical thought in order for the profession to survive. Simple modification of work practices or appeals to values-based nursing may however now be insufficient to address the issues we evidence here. McKeown, Wright and Mercer (2017) have argued that nothing short of a challenge to neo-liberal ideas in healthcare and the true democratisation of services is required.

Laitila, Nummelin, Kortteisto and Pitkänen (2018) call for change at a mental health care system level, and that the creation of care pathways and increased training of different groups of professionals may be the best way to increase service user involvement. According to Coffey et al. (2019) service user involvement in individualised care planning is difficult to achieve, one reason being that insufficient time is devoted to this task. However, Coffey et al. (2019) also suggest that despite the claimed interest and support of mental health professionals have for involvement, they actually struggle to put this idea into practice and may need guidance to

achieve the goals of true collaboration. Our data appears to support such a conclusion and in showing how participants have shown similar struggles to identify positive involvement practice from their experiences.

Strengths & limitations

Our study was carried out within one country of the UK, which may reflect bias in terms of culture and local context. However, previous studies about mental health nursing work (Crawford et al., 2008; Stenhouse, 2009) and service user involvement in care planning (Grundy et al., 2016; Simpson et al., 2016) which have been conducted in different geographical areas, have reported findings that resonate with this study in terms of service users having limited time with nurses and reduced opportunities for involvement in their care.

Conclusion

Participants' accounts indicated an awareness of different reasons why service user involvement in mental health nursing processes (like care planning) may be limited, and gave examples in their talk that functioned to justify low levels of involvement. The system in which mental health nurses work does not lend itself to promoting service user involvement. Mental health nursing work that incorporates service user involvement in nursing processes are currently limited unless there is significant change to nursing practices and systems within which nurses work.

Disclosure statement

The authors report no conflict of interests.

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