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Research Trends and Perspectives on Psychiatric Nursing: A Decade of Progress and Challenges

Veolina Irman[1*], Helena Patricia[1], Dwi Christina Rahayuningrum[1], Emira Apriyeni[1]

[1] Nursing Program, Universitas Syedza Saintika, Padang, Indonesia

* Corresponding author.
E-mail address: veolina123@gmail.com

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Abstract

Background: Psychiatric nursing continues to evolve in response to changing clinical, social, and professional demands, and the volume of research in this field has grown rapidly. This study aimed to analyse research trends and perspectives in psychiatric nursing over the last decade using bibliometric mapping and a thematic review.

Methods: A bibliometric analysis was conducted using the Scopus database for publications indexed between 2015 and 2025, limited to English-language journal articles. Data were analysed using the Scopus built-in analysis tools and VOSviewer software to identify publication trends, productive countries, institutions, journals, co-authorship networks, and keyword patterns. In addition, the 100 most-cited articles were reviewed to explore the major thematic areas in psychiatric nursing.

Results: The search initially retrieved 510 publications; after screening and duplicate removal, 236 articles were included in the final analysis. Publication output peaked in 2022, and the United States emerged as the leading contributor, followed by Australia and Iran. Key productive institutions included King's College London and Turun yliopisto, while the Journal of Psychiatric and Mental Health Nursing was the most active journal. Thematic findings showed that recent psychiatric nursing research focused on interventions and patient outcomes, education and professional development, nurse–patient relationships and communication, technology integration, care for specific populations, and nursing theory in mental health.

Conclusion: Psychiatric nursing research expanded substantially and became more interdisciplinary and patient-centred. However, persistent challenges remained, particularly in workforce preparedness, therapeutic communication, technological implementation, and support for nurses' well-being. These findings provide a useful foundation for future research, education, policy, and psychiatric nursing practice.

Keywords: *psychiatric nursing, mental health nursing, bibliometric analysis, research trends, nursing theory*

Introduction

Psychiatric nursing is a fundamental area of mental health care that continues to evolve in response to changing clinical, social, and professional demands. Psychiatric nurses play important roles in therapeutic relationships, patient safety, crisis intervention, recovery-oriented care, and collaboration within multidisciplinary teams. As mental health problems become more complex and more visible globally, psychiatric nursing has gained greater attention as both a clinical practice field and an area of academic research. This growing attention has generated a broader body of literature exploring the roles, challenges, competencies, and contributions of psychiatric nurses in diverse mental health settings.[1,2]

Research in psychiatric nursing has expanded considerably over the past decade, covering a wide range of issues such as patient outcomes, professional development, communication, education, technology, and care for specific populations. The increasing volume of publications indicates that psychiatric nursing is no longer viewed

only as a supportive component of mental health services, but as a specialised discipline with its own research priorities and theoretical foundations.[3] At the same time, the diversity of topics and approaches within the literature makes it important to understand how the field has developed, which themes have become dominant, and where knowledge gaps remain.[2]

Bibliometric analysis is a valuable approach for examining the growth and direction of research in psychiatric nursing. Such analyses can identify publication trends, influential journals, active countries and institutions, collaboration patterns, and recurring keywords that reflect the intellectual structure of a field. By mapping the literature systematically, bibliometric analysis helps provide a clearer picture of how psychiatric nursing research has progressed and which areas currently receive the greatest scholarly attention.[4,5]

This study aimed to provide an overview of research trends and perspectives in psychiatric nursing over the past decade. By focusing on the development of the literature and the main themes emerging from published studies, this review sought to highlight the progress of psychiatric nursing research, reveal continuing challenges, and contribute to a better understanding of the academic and professional direction of the field.

Methods

Study design

A bibliometric analysis, combined with a thematic review of the most-cited literature, was conducted using the built-in analysis tool of the Scopus database (Elsevier) and VOSviewer software (version 1.6.19), developed by van Eck and Waltman at the Centre for Science and Technology Studies, Leiden University, The Netherlands.[6] The analysis was performed in accordance with the guidelines outlined by Donthu *et al.*[7]

Search strategy

A search was conducted in the Scopus database from 1 January 2015 to 31 December 2025 using the following keywords combined with the Boolean operator OR: (“psychiatric nurse” OR “mental health nurse” OR “trend” OR “research” OR “publication”). The search was limited to studies published in English, and books, conference proceedings, and letters to the editor were excluded.

Data extraction and bibliometric analysis

The full records and cited references were retrieved and exported in comma-separated values format for further analysis in VOSviewer software. The Scopus built-in tools were used to assess the distribution of the studies in terms of publication year, country or region, institution, funding sponsor, journal, and top-cited articles. VOSviewer software was used to perform data mining, mapping, and clustering of the retrieved articles. For the co-authorship network between countries, only countries with a minimum of five articles were included, whereas all organisations with a minimum of one article were included in the institutional collaboration map. For the analysis of author keyword co-occurrence, the minimum number of occurrences of a keyword was set at five.

Review of the most-cited articles

The top 100 most-cited articles were independently reviewed by two researchers, who sought answers to the following questions in accordance with the aim of the present study: i) psychiatric nursing interventions and patient outcomes; ii) psychiatric nursing education and professional development; iii) psychiatric nurse–patient relationships and communication; iv) psychiatric nursing and technology; v) psychiatric nursing for specific populations; and vi) mental health and nursing theory.

To complete the literature review, a manual search of the 10 most relevant journals identified from the bibliometric analysis and of the reference lists of the included papers was also performed, in addition to the selected articles.

Results

Search results, publication trend, countries and international collaboration

Data were initially retrieved from the Scopus database, yielding 510 publications from the last ten years up to December 2025. After screening and removal of duplicates, 259 papers were selected, and following abstract review, 236 papers were included for further analysis. The peak in publications occurred in 2022, with 32 documents published (Figure 1A).

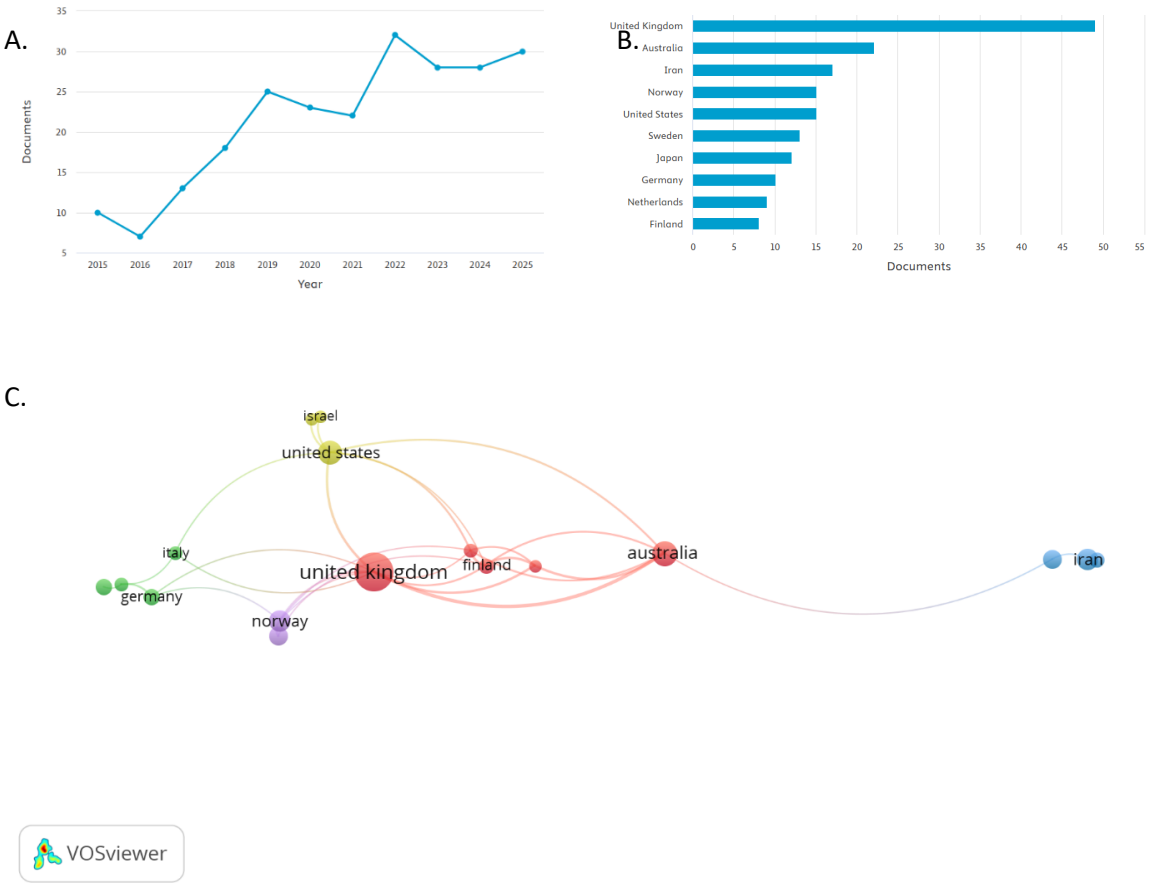

Figure 1. Distribution of the published research on the topic by year and country. (A) Yearly distribution of the published articles; (B) country distribution; (C) network map showing the co-authorship relations between countries. The colours of the links between countries indicate the publication year, with the most recent contributions marked in red. The sizes of the circles and their labels are proportional to the number of publications.

These publications came from 55 countries, with the highest number originating from the United States (n = 49; 20.76%), followed by Australia (n = 22; 9.32%) and Iran (n = 17; 7.20%) (Figure 1B). The network visualisation of co-authorship relationships between countries, obtained using VOSviewer software, is displayed in Figure 1C. The United States was the central hub for research related to psychiatric nursing, collaborating closely with the United Kingdom, Australia, Germany, and Italy. South Korea emerged as a relatively new research centre, showing strong connections with Canada. These countries played a key role in advancing research in the field of psychiatric nursing, with the United States and the United Kingdom being the largest contributors, as indicated by the larger circle sizes.

Productive institutions and funding sources

Among the countries with research on psychiatric nursing, the top ten representative institutions (out of 35 institutions with at least three publications in this field) were as follows: King's College London, Turun yliopisto, The Hong Kong Polytechnic University, The University of Manchester, South London and Maudsley NHS Foundation Trust, Anglia Ruskin University, La Trobe University, University College London, Ben-Gurion University of the Negev, and Tehran University of Medical Sciences. The top ten institutions in terms of productivity in the analysed field are shown in Figure 2. The network map showing the collaboration between the institutions with research published in the field is illustrated in Figure 3.

The main financial support for the research was provided by the following ten institutions: the National Institute for Health Research, the Japan Society for the Promotion of Science, the National Institute for Health and Care Excellence, the National Institute of Mental Health, the Academy of Finland, Federation University Australia, King's College London, the Ministry of Science and Technology of Taiwan, Turun yliopisto, and UK Research and Innovation.

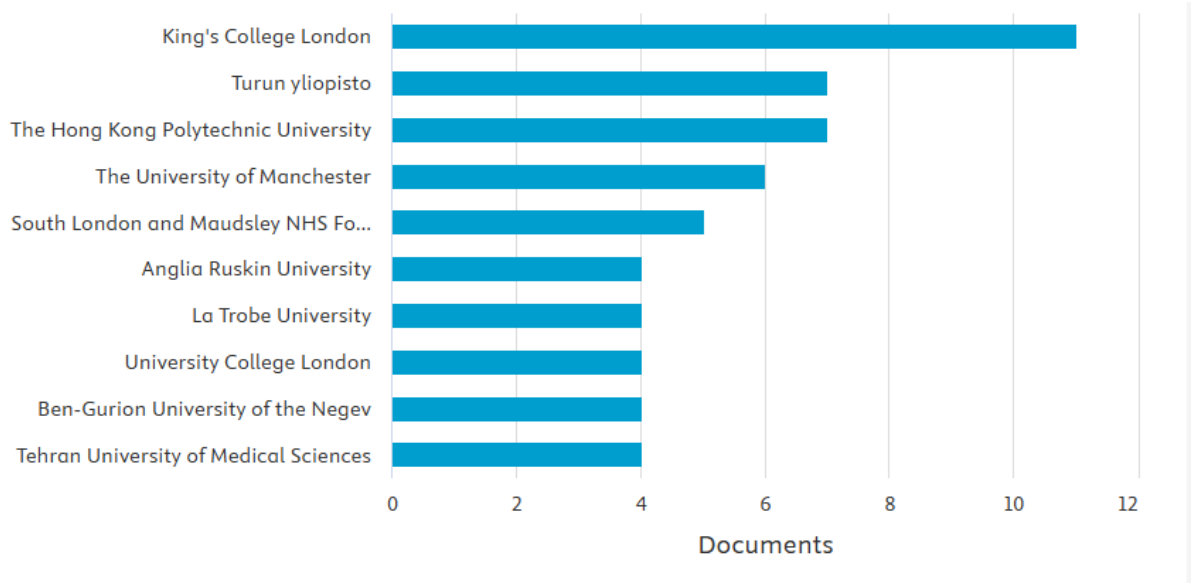

Figure 2. Top 10 productive organisations in the analysed field.

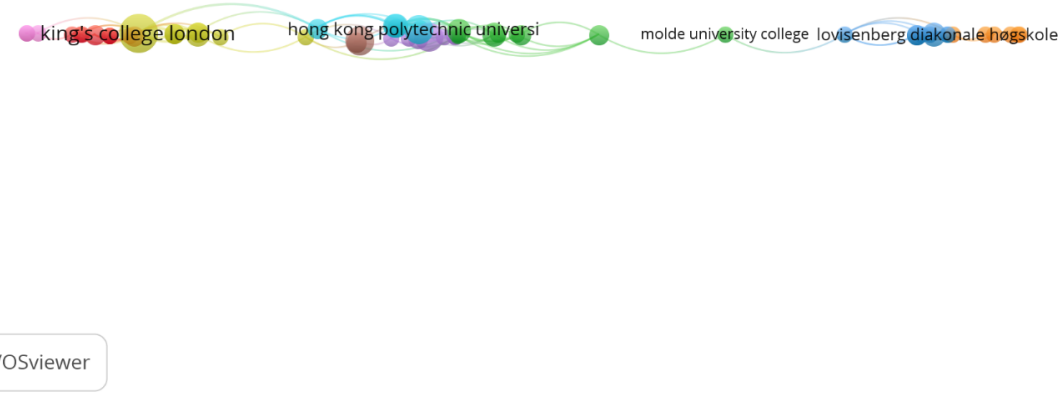

Figure 3. Network map produced using VOSviewer software showing the collaborations between organisations with research published in the field of psychiatric nursing. The colour of an element (organisation) is determined by the cluster to which the element belongs, and the lines between the elements represent the links between the organisations (co-authorship of the papers).

Journals

The top ten journals in terms of the number of articles published on psychiatric nursing were as follows: Journal of Psychiatric and Mental Health Nursing (26 publications), International Journal of Mental Health Nursing (18 publications), BMC Psychiatry (16 publications), International Journal of Environmental Research and Public Health (13 publications), BMC Nursing (9 publications), Issues in Mental Health Nursing (6 publications), PLOS ONE (5 publications), Frontiers in Psychiatry (4 publications), Healthcare (Switzerland) (4 publications), and BMJ Open (3 publications) (Figure 4). Notably, there was a trend of increasing publications on this topic from 2018 onwards, with a 2.5-fold rise compared with the previous year. In 2018, the Journal of Psychiatric and Mental Health Nursing, the International Journal of Mental Health Nursing, and BMC Psychiatry each published three articles, representing the highest publication count for these journals in that year.

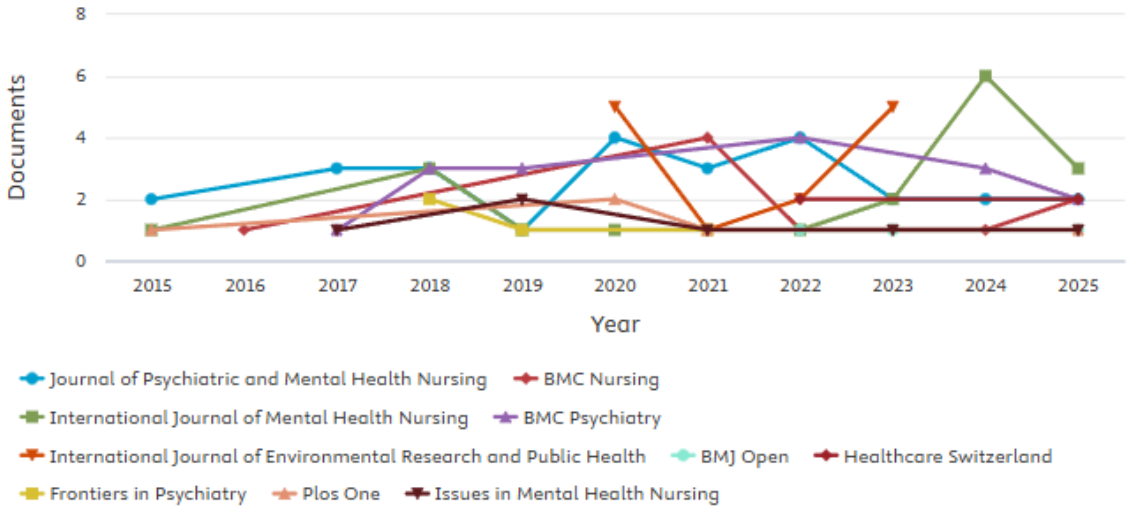

Figure 4. Top 10 journals with the highest number of publications and their yearly distribution.

Authors and co-authorship networks

The authors with the largest number of publications in the field are shown in Figure 5A, while the most cited authors are presented in Figure 5B. The co-authorship network, including authors with at least one publication on the topic and clustered by research group, is displayed in Figure 6.

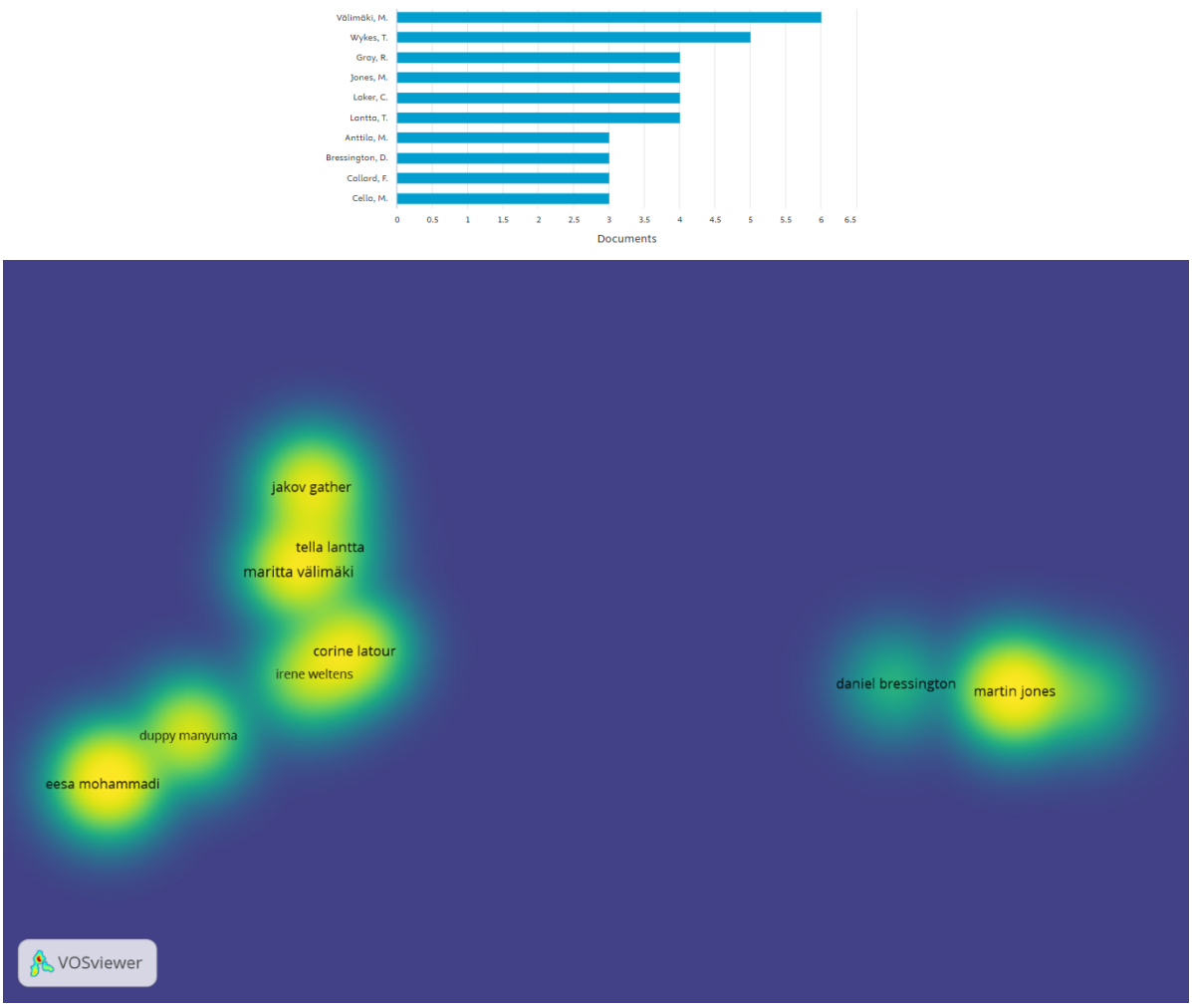

Figure 5. Analysis by author. (A) Top 10 authors in terms of the number of published papers on the analysed topic. (B) Density map of the authors with the highest number of citations on the topic.

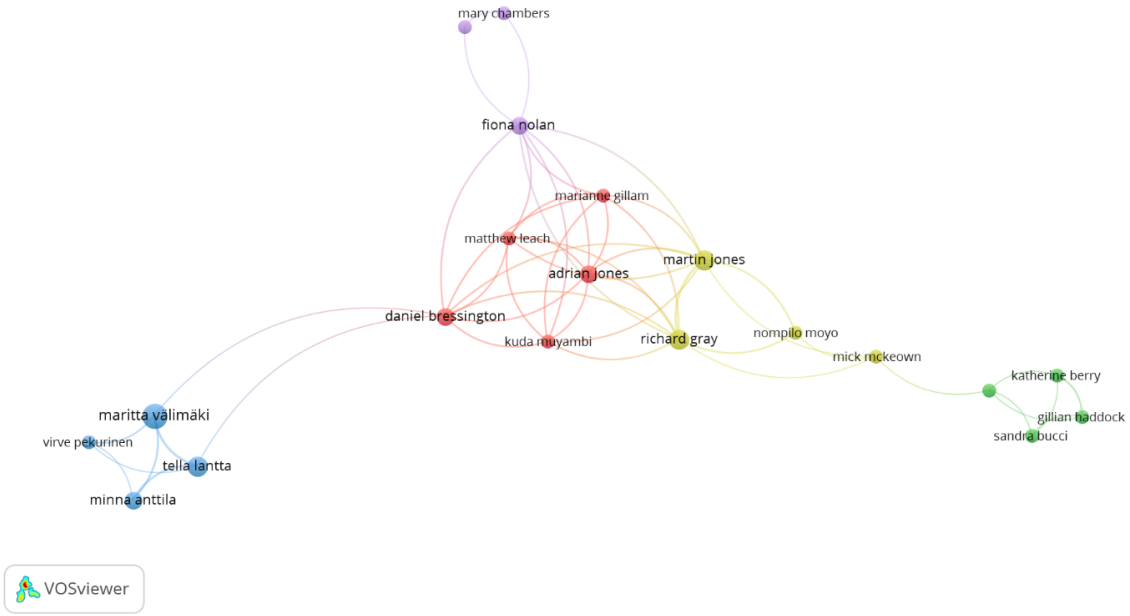

Figure 6. Researchers' network clustered based on research groups. The size of the labels and the circles indicates the weight of the items (number of publications). The links represent co-authorship. The researchers with yellow labels published in recent years.

Keyword co-occurrence

When the keyword analysis was performed, the minimum number of occurrences of an author keyword was set at five. Of the 555 keywords identified, 117 met this threshold. The keywords most commonly used by the authors were medicine, psychiatry, nursing, psychology, mental health, economics, sociology, health care, social science, and pathology (Figure 7).

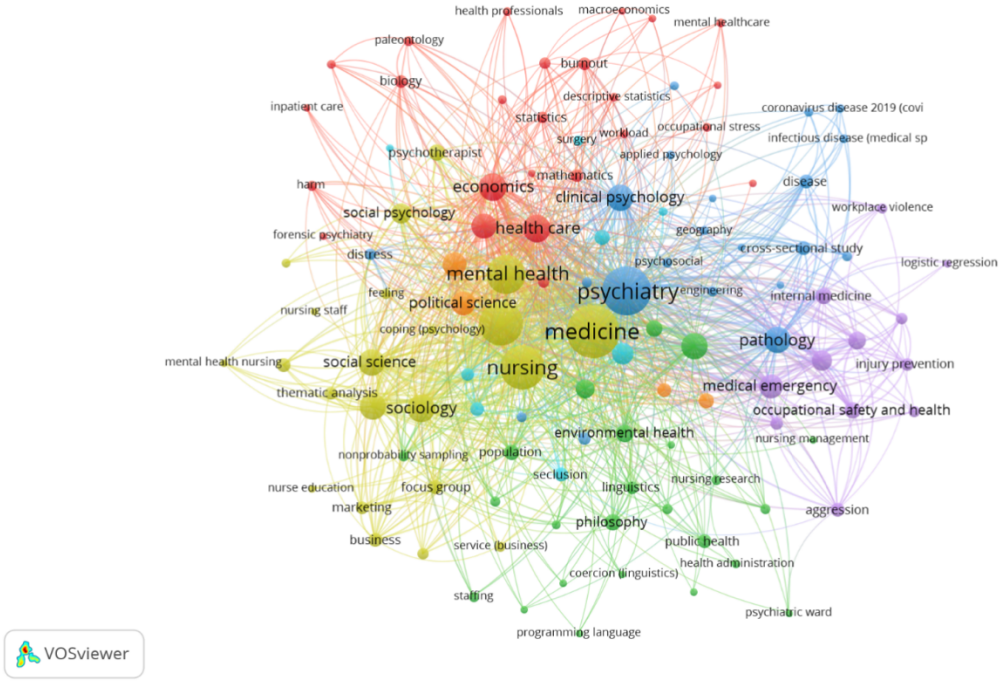

Figure 7. Analysis of keyword co-occurrence. The size of the labels and the circles indicates the weight of the items. The colour of an element (keyword) is determined by the cluster to which the element belongs (the closeness of meaning), and the lines between the elements represent the links between the keywords (co-occurrence of the keywords).

Thematic findings from the most-cited articles

The review of the 100 most-cited articles identified six major thematic areas in psychiatric nursing research: psychiatric nursing interventions and patient outcomes; psychiatric nursing education and professional development; psychiatric nurse–patient relationships and communication; psychiatric nursing and technology; psychiatric nursing for specific populations; and mental health and nursing theory. These themes are discussed in detail in the following section.

Discussion

This study mapped a decade of psychiatric nursing research and identified six thematic areas that characterise the current intellectual structure of the field. Taken together, the bibliometric and thematic findings indicate that psychiatric nursing research has moved beyond symptom management towards holistic, relational, and evidence-based care, while remaining closely tied to workforce, educational, and organisational conditions.

Psychiatric nursing interventions and patient outcomes

Psychiatric nursing interventions played a crucial role in improving patient outcomes, especially through therapeutic approaches, crisis prevention, family support, and the creation of a safe care environment. Psychiatric nurses not only helped manage symptoms but also built therapeutic relationships that increased patients' sense of safety, trust, and adherence to treatment. In practice, interventions such as therapeutic communication, continuous observation, patient education, and emotional support often served as the foundation for improving patients' psychological condition during hospitalisation.[8]

One of the most influential interventions was the creation of a safe environment in psychiatric wards. Research showed that mental health nurses often maintained a high level of vigilance to prevent violence, suicide, and medical errors. However, the best outcomes were achieved not only through close monitoring, but also through effective therapeutic communication and the reduction of environmental hazards. A safe environment was

shown to support emotional stability, reduce incidents of aggression, and improve the overall quality of care for patients.[8,9]

Another important intervention was family involvement in psychiatric nursing care. Family members can serve as a major support system for patients, especially those with conditions such as schizophrenia. Studies indicated that nurses' positive attitudes towards involving families in care were associated with better family-centred care as perceived by both patients and caregivers. By involving families in care planning and implementation, patients were more likely to receive stronger social support, experience lower hospitalisation stress, and achieve better recovery outcomes.[10,11]

Early assessment and structured follow-up interventions also had a significant impact on patient outcomes. For example, the implementation of HEADSSS screening, a psychosocial assessment tool that examines Home, Education, Activities, Drugs, Sexuality, Suicide/Depression, and Safety, helped health care providers identify psychosocial and mental health problems in adolescents at an early stage. This approach increased referrals to mental health and allied health services, allowing at-risk patients to receive timely intervention before their problems became more severe. This highlights the essential role of nurses in early detection and care coordination in achieving positive patient outcomes.[12]

The effectiveness of psychiatric nursing interventions was also strongly influenced by the preparedness and well-being of the nurses themselves. Nurses with strong mental health literacy, high empathy, and good self-care practices were generally better able to provide effective care. In contrast, burnout, compassion fatigue, and work-related stress reduced the quality of interventions and negatively affected patient outcomes. Therefore, training, organisational support, and nurse capacity-building programmes are important components in improving the outcomes of psychiatric patients.[13-15]

Overall, psychiatric nursing interventions were closely linked to patient outcomes in terms of safety, stress reduction, social support, and early identification of psychological problems. The most effective approach was a holistic one, combining therapeutic communication, a safe environment, family involvement, structured assessment, and support for nurses' well-being. With appropriate interventions, psychiatric patients have a greater chance of achieving stability, improving social functioning, and gaining a better quality of life.[8,10,11]

Psychiatric nursing education and professional development

Psychiatric nursing education and professional development are essential for preparing nurses to provide safe, compassionate, and effective mental health care. Education in this field goes beyond theoretical knowledge, as it also requires students and practising nurses to develop therapeutic communication, emotional resilience, ethical decision-making, and clinical judgement. Psychiatric nursing education helps learners understand complex mental health conditions while also preparing them to respond appropriately to patients' emotional, behavioural, and psychosocial needs. In this way, strong educational preparation forms the basis for professional competence and quality care in psychiatric settings.[16,17]

Clinical placement was one of the most important components of psychiatric nursing education, because it allowed students to connect classroom learning with real-life practice. However, research showed that psychiatric placements could also be stressful and challenging for students. Many students reported insecurity, fear, and discomfort when first encountering patients with mental disorders, and some even developed negative perceptions of psychiatric hospitals and mental health care providers. These findings suggest that nursing education programmes must provide better preparation, emotional support, and structured guidance to help students build confidence and adapt to psychiatric care environments.[17-19]

An important factor in students' learning and professional growth was the role of preceptors and clinical instructors. In mental health settings, preceptors helped students develop practical skills, clinical confidence, and professional attitudes by guiding them through patient interactions and ward routines. At the same time, studies showed that preceptorship could be demanding, as nurses often experienced it as an added workload and felt responsible for maintaining both student safety and patient safety. Even so, effective supervision, constructive feedback, and a supportive clinical learning environment remained essential in strengthening psychiatric nursing education and preparing students for future professional roles.[20]

Professional development in psychiatric nursing also continues after graduation. Ongoing education is necessary because mental health nurses work in complex environments in which communication, de-escalation, and therapeutic engagement are critical. Research showed that, although therapeutic interaction is central to psychiatric nursing, nurses often spent less time on it than desired because of organisational barriers and unclear practice expectations. For this reason, continuing professional development should include training in therapeutic engagement, communication skills, crisis management, and evidence-based mental health interventions, so that nurses will be able to improve both their practice and patient outcomes.[16,21]

Professional development should also address nurses' well-being and role advancement. Psychiatric nurses are exposed to emotionally demanding situations that may lead to compassion fatigue, stress, and reduced work engagement. Programmes that support self-compassion, resilience, and reflective practice are therefore important for sustaining professional performance. At a broader level, professional development also includes clarifying advanced psychiatric nursing roles, expanding academic qualifications, and creating pathways for practice development, research, and leadership. These efforts will help strengthen the profession and ensure that psychiatric nurses are equipped to meet the changing needs of mental health care systems.[13,22,23]

Psychiatric nursing education and professional development were closely linked to the quality of mental health care. Effective education prepares students to manage the interpersonal, emotional, and clinical demands of psychiatric settings, while ongoing professional development helps nurses maintain competence, adapt to new challenges, and grow into advanced roles. A strong combination of academic learning, clinical supervision, continuing education, and organisational support is therefore essential for developing a skilled psychiatric nursing workforce capable of delivering high-quality and recovery-oriented care.[17,20,22]

Psychiatric nurse–patient relationships and communication

Psychiatric nurse–patient relationships and communication are central to mental health care, because they form the foundation for healing, safety, and trust. In psychiatric nursing, communication is not only used to exchange information, but also serves as a therapeutic tool to understand patients' feelings, thoughts, and behaviours. A strong nurse–patient relationship can improve patients' comfort, strengthen their cooperation during treatment, and help them feel respected as individuals. The ability to build therapeutic relationships and to communicate effectively plays a major role in determining the quality of psychiatric nursing care.[11,24]

Therapeutic communication was especially important in challenging situations, such as when patients experienced agitation, aggression, or seclusion. Research showed that nurses tried to maintain patient-centred communication even in coercive situations, but that the quality of communication was often influenced by the intensity of the situation, nurses' skills, and nonverbal behaviour. Respectful, calm, and individualised communication helped preserve patients' dignity, reduce tension, and potentially shorten the duration of seclusion. This demonstrates that effective communication not only supports the ethical aspects of care, but also contributes directly to better treatment outcomes.[24]

Effective nurse–patient relationships also played a major role in preventing and managing aggressive behaviour in psychiatric hospitals. Nurses, patients, and family members all recognised that better communication, supportive staff attitudes, and a more positive therapeutic environment could reduce the risk of aggression. In contrast, a lack of time, limited resources, insufficient training, and low staff confidence hindered nurses' ability to intervene early. For this reason, communication skills, understanding of patient behaviour, and the ability to build trusting relationships are essential factors in creating a safer and more supportive care environment.[25,26]

Therapeutic relationships were also highly important in caring for patients at risk of suicide or self-harm. In these situations, mental health nurses had to be sensitive to both verbal and nonverbal cues, relieve psychological pain, and help inspire hope. Research indicated that nurses often needed to balance emotional closeness with professional boundaries in order to provide effective support without neglecting their own well-being. Thus, empathetic, consistent, and attentive communication is a critical foundation for building therapeutic relationships with emotionally vulnerable patients.[27]

In addition to direct interaction with patients, nurses' communication should also involve families as part of the care process. Family involvement in mental health practice was associated with better quality of family-centred

care as perceived by both patients and caregivers. Nurses' positive attitudes towards families, combined with good communication skills, strengthened collaboration between patients, families, and health professionals. This is especially important because family members often serve as the primary support system for patients, particularly during long-term recovery and adjustment after hospitalisation.[11]

Nurse–patient relationships and communication in psychiatric nursing had a major influence on the success of care. Therapeutic relationships increased feelings of safety, reduced conflict, supported aggression prevention, strengthened patients' sense of hope, and improved the overall care experience. Therefore, psychiatric nurses will need to continue developing both verbal and nonverbal communication skills, empathy, emotional sensitivity, and the ability to build professional and respectful relationships. With effective communication and strong therapeutic relationships, psychiatric nursing care can become more humane, safer, and more recovery-oriented for patients.[24,26,27]

Psychiatric nursing and technology

Psychiatric nursing and technology have become increasingly connected in efforts to improve the quality, accessibility, and continuity of mental health care. In psychiatric settings, technology is not intended to replace the therapeutic role of nurses, but rather to support assessment, communication, monitoring, education, and intervention. Digital tools such as mobile applications, telehealth systems, and simulation-based learning can help psychiatric nurses deliver care more efficiently while also strengthening patient engagement and safety. As mental health services continue to evolve, the integration of technology into psychiatric nursing practice offers new opportunities to improve both patient outcomes and professional practice.[28,29]

One important area of development was the use of mobile health applications in psychiatric care. For example, suicide safety planning applications improved the portability and continuity of safety plans after discharge from psychiatric emergency services. Research showed that implementing such applications through collaboration with clinicians, patients, and care partners helped address barriers to digital adoption and made technology more acceptable in routine practice. This demonstrates that technology can support psychiatric nurses in extending care beyond the hospital setting and in promoting patient self-management in high-risk situations.[29]

Telehealth was another significant technological innovation in psychiatric nursing. Automated telehealth systems supported by nurse care managers showed promising outcomes for individuals with serious mental illness, including reductions in hospital admissions and emergency room visits, as well as improvements in psychiatric symptoms and illness self-management. Through remote monitoring and structured follow-up, telehealth enabled psychiatric nurses to maintain contact with patients over time and to intervene earlier when instability arose. This highlights the potential of technology to enhance continuity of care and to reduce the burden on acute mental health services.[28]

Technology also had an important role in psychiatric nursing education and training. Metaverse-based and simulation-based learning programmes were shown to improve nursing students' knowledge, critical thinking, and communication skills in caring for patients with psychiatric conditions such as early-onset schizophrenia. These forms of educational technology allowed learners to practise in realistic but controlled environments without the limitations of time and place. As a result, technology can strengthen professional preparation and help psychiatric nurses develop therapeutic and clinical competencies before entering, or while working in, complex mental health settings.[30]

The integration of technology into psychiatric nursing also posed challenges. Successful implementation required training, organisational support, and careful attention to ethical and practical issues. When nurses were not adequately prepared, technology was underused or failed to fit into therapeutic care routines. In addition, psychiatric nursing remains deeply relational, so technology should complement rather than weaken human connection, empathy, and therapeutic communication. This is especially important because psychiatric care often depends on trust, emotional presence, and individualised understanding, which cannot be fully replaced by digital systems.[16,31]

Psychiatric nursing and technology are closely connected in modern mental health care. Technology can expand the reach of psychiatric nursing through digital interventions, telehealth, and innovative education, while also

supporting patient safety, self-management, and service efficiency. At the same time, its success will depend on how well it is integrated into the therapeutic and human-centred nature of psychiatric nursing practice. The most effective approach is one that combines technological innovation with compassionate care, professional judgement, and strong nurse–patient relationships to achieve better mental health outcomes.[28-30]

Psychiatric nursing for specific populations

Psychiatric nursing for specific populations is an important part of mental health care, because each patient group has different needs, challenges, and care approaches. In practice, psychiatric nurses cannot use the same approach for all patients, since factors such as age, medical comorbidities, suicide risk, family support, and social context greatly influence the type of care required. Therefore, nurses need to adjust their interventions, communication, and safety strategies so that care can be more effective, individualised, and patient-centred.[8,32]

One specific population in psychiatric nursing was patients with medical–psychiatric comorbidities. These patients were often treated in general hospital wards but also had mental disorders that affected their behaviour, cooperation, and response to care. Research showed that nurses often faced challenges such as aggression, wandering, noncompliance, time pressure, and care environments that were not well suited to mental health needs. This suggests that caring for this population requires additional competence, multidisciplinary collaboration, and organisational support so that nurses can provide safe and patient-centred care.[32]

Another specific population was patients at risk of suicide or self-harm. In this group, mental health nurses played a very important role in recognising verbal and nonverbal warning signs, relieving psychological pain, and inspiring hope in patients. Caring for suicidal patients required high vigilance, emotional sensitivity, and the ability to balance therapeutic closeness with professional boundaries. Because of the strong emotional pressure involved in caring for this group, nurses also need formal support to continue providing effective and safe care.[27]

Adolescent patients were also considered a specific population in psychiatric nursing, because they are in a unique developmental stage and often display challenging, defiant, or risky behaviours. In inpatient settings, managing adolescent behaviour required an approach that focused not only on control but also on developmental factors, attachment needs, and emotional experiences. For this reason, nurses need to use strategies that are more sensitive, supportive, and appropriate to adolescents' stage of development, so that therapeutic relationships can be maintained and challenging behaviours can be managed effectively.[33]

Patients with chronic mental illnesses such as schizophrenia formed a specific population that often required family involvement in the care process. Research indicated that family involvement was associated with better quality of family-centred care as perceived by both patients and caregivers. In this group, family members often served as the primary source of support during treatment and after discharge into the community. Therefore, nurses need strong communication and collaboration skills in order to involve families actively in the planning and implementation of nursing care.[11]

Psychiatric nursing for specific populations requires a flexible, individualised, and needs-based approach. Patients with medical–psychiatric comorbidities, suicide risk, adolescence-related challenges, and chronic mental illness all required different care strategies to achieve the best outcomes. Therefore, psychiatric nurses need strong clinical competence, communication skills, sensitivity to patient context, and adequate educational and organisational support. With the right approach, psychiatric nursing can provide safer, more humane, and more effective care for a wide range of specific populations in mental health settings.[11,32,33]

Mental health and nursing theory

Mental health and nursing theory are closely connected, because nursing theories provide a framework for understanding patients, guiding interventions, and improving the quality of care in mental health settings. In psychiatric nursing, theory helps nurses move beyond routine tasks by offering structured ways to understand human behaviour, emotional responses, interpersonal relationships, and the therapeutic process. This is important because mental health care often involves complex emotional, psychological, and social factors that

require more than technical skills alone. Therefore, nursing theory plays a significant role in helping psychiatric nurses deliver care that is holistic, therapeutic, and patient-centred.[14,16]

One of the most important theoretical foundations in mental health nursing is the idea of the therapeutic relationship. Many nursing theories emphasise that the nurse–patient relationship itself is a major part of the healing process. In psychiatric settings, nurses used empathy, trust-building, emotional presence, and therapeutic communication to support patients through distress, aggression, fear, or hopelessness. Research showed that therapeutic engagement was beneficial for both patients and nurses, although in practice it was sometimes limited by organisational barriers and workload. This highlights how theory is important not only for defining good psychiatric nursing practice, but also for reminding health care systems of the value of interpersonal care.[16]

Nursing theory was also relevant in understanding nurses' own emotional experiences and professional well-being in mental health care. Psychiatric nursing is emotionally demanding, and theories related to self-care, compassion, and resilience help explain how nurses can maintain their ability to care for others while also protecting themselves from stress and burnout. Studies showed that self-care, self-compassion, and resilience were strongly related to nurses' well-being and to their ability to provide high-quality care. In this sense, theory supports psychiatric nursing not only by guiding patient care, but also by shaping how nurses understand themselves within the caregiving process.[13,14,34]

Theory also helps nurses respond to complex clinical situations in a more systematic and evidence-informed way. For example, theory-informed approaches were used in the implementation of suicide safety planning interventions and in efforts to improve de-escalation and reduce coercive practices in psychiatric wards. These examples show that theory can guide behaviour change, communication strategies, and clinical decision-making in highly challenging mental health settings. By using theoretical models, psychiatric nurses can better understand why certain interventions work, how to adapt them to different contexts, and how to improve patient safety and care outcomes.[21,29]

The relationship between mental health and nursing theory was also seen in the way theory supports individualised and person-centred care. Mental health patients often have diverse needs, including emotional distress, medical–psychiatric comorbidities, family-related concerns, and environmental stressors. Nursing theory helps nurses organise these different dimensions into meaningful care plans that consider the whole person rather than just the diagnosis. This makes theory especially useful in psychiatric nursing, where understanding context, relationships, and lived experience is essential for effective care.[8,9]

Mental health and nursing theory are deeply interconnected, because theory provides the foundation for therapeutic relationships, emotional care, self-awareness, clinical reasoning, and person-centred practice in psychiatric nursing. Without theory, mental health nursing may become task-oriented and less reflective, whereas strong theoretical foundations help nurses provide more humane, ethical, and effective care. For this reason, nursing theory remains essential in guiding psychiatric nursing practice, education, and professional development in modern mental health care.[14,16,29]

Strengths and limitations of the study

One of the main strengths of this study is its combination of bibliometric analysis and thematic literature review, which provided both quantitative and qualitative insight into psychiatric nursing research. The use of Scopus, one of the largest international scientific databases, allowed the study to identify publication trends, leading countries, institutions, journals, and collaboration networks over a ten-year period. In addition, the use of VOSviewer strengthened the visualisation of co-authorship, institutional collaboration, and keyword co-occurrence, making it possible to identify influential research clusters and emerging themes more clearly. Another strength is the inclusion of the top 100 most-cited articles and a manual search of relevant journals and reference lists, which enriched the interpretation of the field beyond simple publication counts.

This study also has several limitations. First, the analysis was restricted to the Scopus database, which means that relevant studies indexed in other databases such as Web of Science, PubMed, or CINAHL may not have been captured. Second, only English-language publications were included, which may have excluded important

contributions from non-English-speaking countries and introduced language bias. Third, the exclusion of books, conference proceedings, and letters to the editor may have limited the representation of emerging ideas and alternative scholarly outputs in psychiatric nursing. In addition, bibliometric findings are influenced by citation patterns, which may favour older or more widely accessible articles and may not always reflect the most current or clinically impactful research. Therefore, while the findings provide a valuable overview of research trends, they should be interpreted with an understanding of these methodological constraints.

Conclusions

Over the past decade, psychiatric nursing research showed significant growth and increasing diversity, reflecting the expanding role of psychiatric nurses in modern mental health care. The findings of this study demonstrated that psychiatric nursing research developed across several major themes, including patient outcomes, education and professional development, therapeutic relationships and communication, technology integration, care for specific populations, and the application of nursing theory in mental health practice. Together, these themes showed that psychiatric nursing is not limited to symptom management, but is deeply involved in holistic, relational, and evidence-based care.

The bibliometric analysis also highlighted that psychiatric nursing research was shaped by strong contributions from a number of countries, institutions, and journals, with increasing international collaboration over time. At the same time, the findings revealed ongoing challenges, including the need for stronger educational support, better communication training, more effective integration of technology, greater attention to nurses' well-being, and more tailored approaches for diverse patient populations. These issues suggest that future psychiatric nursing research should continue to emphasise innovation, interdisciplinary collaboration, and person-centred care, while also strengthening the professional and theoretical foundations of the field.

In conclusion, psychiatric nursing made meaningful progress during the last ten years, yet important gaps and challenges remain. Continued research will be needed to support the development of effective interventions, stronger workforce preparation, ethically grounded practice, and sustainable mental health care systems. By identifying both advances and limitations in the literature, this study contributes to a clearer understanding of the current state of psychiatric nursing and offers a useful foundation for future research, policy, education, and clinical practice.

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Declaration concerning generative AI and AI-augmented technologies in the compositional process

In the course of preparing this paper, the authors utilized ChatGPT to enhance readability and linguistic quality. Subsequent to utilizing this tool/service, the writers assessed and amended the information as necessary and assume complete accountability for the publication's content.

Declarations of competing interest

The authors reported no potential competing interests.

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