

Title: Early career mental health nurses' emotional experiences in specialist eating disorder units, Victoria, Australia

Authors

Ms Hosu Ryu, School of Nursing and Midwifery, La Trobe University. H.Ryu@latrobe.edu.au
<https://orcid.org/0000-0002-0561-7347>

Associate Professor Bridget Hamilton, Department of Nursing, The University of Melbourne.
bh@unimelb.edu.au <https://orcid.org/0000-0001-8711-7559>

Ms Bronwyn Tarrant, Department of Nursing, The University of Melbourne,
Bronwyn.tarrant@unimelb.edu.au <https://orcid.org/0000-0002-8301-6686>

Ethics approval: The University of Melbourne Human Research Ethics Committee provided approval to conduct the research on ethics ID 1853093 on 8.11.2018

Keywords (meSH term)

Countertransference / Feeding and Eating Disorders / Mental Health/ Nursing Care /Psychiatric Nursing

An authorship statement: All authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and that all authors are in agreement with the manuscript.

Correspondence: Hosu Ryu, H.Ryu@latrobe.edu.au, 03 9479 2560. School of Nursing and Midwifery. College of Science, Health and Engineering. La Trobe University. Victoria 3086 Australia

A funding statement: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

A conflict of interest statement: Authors declare that there is no conflict of interest.

ABSTRACT 246 words

Manuscript total word count 4997

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/INM.12955](https://doi.org/10.1111/INM.12955)

This article is protected by copyright. All rights reserved

INTRODUCTION (335 words)

BACKGROUND (536 words)

METHOD (353 words)

RESULTS (2654 words)

DISCUSSION (890 words)

CONCLUSION (229 words)

MRS. HOSU RYU (Orcid ID : 0000-0002-0561-7347)

Article type : Original Article

**Early career mental health nurses' emotional experiences in specialist eating disorder units ,
Victoria, Australia**

ABSTRACT

The treatment of consumers with eating disorders requires skilled clinicians due to the psychological and medical complexities of the illness. However, a volume of research shows that clinicians report negative feelings, such as anxiety, frustration and anger when providing care for consumers with eating disorders. Limited research explores mental health nurses' experiences working in a specialist eating disorder inpatient unit. This study aimed to explore early career mental health nurses' experiences working in such a unit in Australia. A descriptive qualitative method was used, incorporating a stage of theoretical analysis informed by psychodynamic concepts. A total of six nurses were interviewed. Two key themes emerged: (i) initial tension (ii) understanding self and others through countertransference. In the first theme, participants commonly reported anxiety and frustration. Frustration often related to the struggle to empathise and feeling powerless to change life-threatening eating behaviours. The second theme explored the understanding of self and others through countertransference. Participants described the inadequacy, anger and anxiety they felt during the interaction with consumers as the projection of another person's inner experience. Nurses' accounts also reflected identification of self to others, in the attempt to understand experiences of consumers. The phenomenon of re-enactment of pre-existing relationships was also raised. The study shows that working with consumers with eating disorders can elicit strong emotional experiences, which early career nurses were able to over time to more usefully explore as countertransference. It is recommended that nurses have appropriate opportunities to discuss and reflect on their feelings in order to develop their practice and professional resilience.

Keywords (meSH term)

Countertransference / Feeding and Eating Disorders / Mental Health/ Nursing Care /Psychiatric Nursing

INTRODUCTION

An eating disorder is a psychiatric disorder that significantly impacts individuals' quality of life due to psychological and life-threatening medical complexities (Arcelus et al., 2011). Eating disorder prevalence is reported to be increasing worldwide (Galmiche et al., 2019), which leads to an increased need for appropriate services and resources. However, extensive literature reports that healthcare professionals, including doctors and nurses, report negative feelings when caring for individuals with eating disorders (Girz et al., 2014; Harken et al., 2017; Seah et al., 2017). Commonly reported feelings were frustration, anxiety, anger and hopelessness (Harken et al. 2017). However, clinicians' thoughts and emotions evoked by consumers, in eating disorders treatment, were mainly researched and explored as countertransference, in the disciplines of psychology and psychiatry (Golan et al., 2009; Satir et al., 2009, Swatton, 2011).

Some studies explored nurses' experience and countertransference working with individuals with an eating disorder in general medical and paediatric settings (King & Turner, 2000; Ramjan 2004;

Swatton, 2011), but there is limited research in mental health nurses' experiences working in an eating disorders unit. Given that consumers with severe eating disorders are often treated in a specialised psychiatric inpatient environment (Snell et al., 2010), it is crucial to investigate the mental health nurses' experience in such a setting. Therefore, this study aims to explore the mental health nurses' experiences in working with people with eating disorders, particularly focusing on the experiences of graduate and postgraduate mental health nurse. This study refers to them as early career mental health nurses.

The Royal Commission into Victoria's Mental Health System (2021) recognises the importance of mental health workforce capabilities and professional development. Understanding the unique challenges that early career mental health nurses face working in an eating disorders unit provides valuable insights that can be used in future education and clinical supervision. Furthermore, the study will help to facilitate increased reflection and awareness of nursing experience, intending to decrease discomfort felt by nurses working with people with eating disorders.

BACKGROUND

A number of both qualitative and quantitative studies reported clinicians' negative emotions and countertransference when caring for consumers with eating disorders (Brotman et al., 1984; Ramjan, 2004; Reid et al., 2010; Satir et al., 2009; Seah et al., 2017; Swatton, 2011; Walker & Lloyd, 2011). The common emotional reactions reported were anxiety, frustration, anger, sadness and feelings of incompetence (Brotman et al., 1984; King & Turner, 2000; Satir et al., 2009; Walker & Lloyd, 2011). The anger and frustration often arose from the clinicians' belief that eating disorders were self-inflicted; thus, the related behaviours were viewed as the persons' choice (Brotman et al., 1984.; Ramjan, 2004; Walker & Llyod, 2011).

In the survey study conducted by Raveneau et al (2014), the nurses who believed that eating disorders were self-inflicted felt sceptical and pessimistic about the recovery. A qualitative study by Ramjan (2014) also reported that some medical nurses thought caring for individuals with anorexia nervosa (AN) felt like a waste of time, believing there was little a nurse could do if a person did not want to recover. Other qualitative studies also reported difficulty providing care due to the individuals' ambivalence toward recovery (Davey et al., 2014; Reid et al., 2010).

Lack of training and knowledge in eating disorders increases negative countertransference, whereby clinicians feel less confident and competent in their ability to care for these consumers (Reid et al., 2010; Walker & Lloyd, 2011; Wu & Chen, 2021). While lack of confidence could lead to over-investigation such as unnecessary testing and referrals (Swatton, 2011), some medical nurses reported deliberately spending less time with a person with AN and distancing themselves due to their strong negative feelings towards the person. Nurses said that their core values of non-judgment, trust, and equality of care were challenged while caring for individuals with AN (King & Turner, 2000).

Qualitative studies focusing on nurses experience caring for adolescents with AN reported difficulty developing a therapeutic relationship (Wu & Chen, 2021), including difficulty setting therapeutic boundaries (Harken et al., 2017). Davey et al. (2014) report that registered nurses and clinical assistants felt consumers see them either as a mother or a friend, depending on their age. Some perceived this as an opportunity to work on consumers' interpersonal difficulties, whereas others found it challenging to establish professional boundaries (Davey et al., 2014). In the important work of Satir et al. (2009), some clinicians reported that similarities in their age, gender, education and culture could impact the countertransference. These similarities may assist therapeutic alliances; however, it could also lead to clinicians overly identifying themselves with the consumer. This over-identification results in feelings of competitiveness, being overly nurturing or avoiding conflict. None of these studies focus specifically on the mental health nursing role despite the unique role of mental health nurses.

Given the increasing prevalence of eating disorders (Hay et al., 2015) and increased need for services and trained staff, research exploring early career mental health nurses' experience can be highly valuable. Therefore, this study focuses on graduate and postgraduate nurses experience working with consumers with eating disorders. This study is particularly interested in the emotional experience of the participants. Given that only a few reviewed papers applied a psychodynamic lens to clinicians' experience, the current study illustrates how the concepts of transference and countertransference can add depth to an appreciation of the emotional and behavioural response of clinicians.

METHOD

Design

A qualitative, descriptive methodology was used. The research explores the emotional experience of graduate and postgraduate nurses working with consumers with eating disorders. As the study is interested in the lived experience and meaning-making, a qualitative approach was considered the most suitable to answer the research question (Bryman, 2016).

Ethics committee approval

The University of Melbourne Human Research Ethics Committee provided approval to conduct the research on ethics ID 1853093 on 8.11.2018.

Data collection

Recruitment occurred via a recruitment email to a cohort of students enrolled in Postgraduate Diploma or Masters of Advanced Nursing Practice (Mental Health) at the University of Melbourne. Snowball sampling was subsequently utilised, with these students contacting other nurses. Six participants were recruited and interviewed in a one-hour in-depth interview with consent. The

interviews took place in a location nominated by the interviewee, where privacy was ensured. The interviews were audio-recorded on the password-protected computer and mobile device.

Analysis

This research first employed inductive thematic analysis to describe the emotional experience of participants. Thematic analysis is a common approach in qualitative research, which aims to identify the patterns in the interviewees' responses (Bryman, 2016). The collected data were listened to a number of times and subsequently transcribed verbatim. Themes were identified by highlighting key terms and phrases, repetition, metaphors or analogies, similarities and differences, and linguistic connectors (Ryan & Bernard, 2003). Computer software NVivo was used to label the codes. Primary coding was conducted by HR, and independently reviewed by BH and BT. Following these steps, the researcher made further meaning of the data by applying theoretical coding in the second level of analysis. That is, theoretical analysis related to psychodynamic concepts was applied to the inductive themes. The use of theory in qualitative data analysis provides focus and organisation to the study and exposes meaning connecting to the existing scholarship and terms (Collins & Stockton, 2018). Practically speaking, the stage of theoretical analysis in this study employed countertransference and related concepts as a useful lens through which to explain the phenomena around emotional experience of the clinicians, which were prominent in the inductive coding and themes. This paper defines countertransference as conscious and unconscious thoughts and emotions experienced by clinicians evoked from the engagement with consumers.

RESULTS

All six participants worked in inpatient eating disorder units in metropolitan hospitals in Victoria, Australia, two years prior to interviews. Four were graduate nurses (in their first year of clinical practice) and two were postgraduate nurses (in their second year) at the time of recruitment. Three nurses were female and three were male. Ages ranged from early twenties to early thirties, and median age was 26.1 years. One participant was from culturally diverse background. Additional demographic data is withheld to protect confidentiality due to the small mental health nursing population staffing eating disorder units in metropolitan hospitals in Victoria. For the purpose of confidentiality all names are pseudonyms.

Two themes emerged including 'initial tension' and 'understanding self and others' with multiple subthemes as shown in table 1.

Initial tension

This theme explores the nurses initial experience in their eating disorder unit rotation. In this theme, the participants report unprocessed feelings, and yet to discover how to make sense of the experiences and especially the intense feelings.

“Eight hours of anxiety.”

When asked about their experience of working with consumers with eating disorders, the participants often started by describing their experience of anxiety.

Peter: the first half especially, so two months was pretty filled with anxiety actually.

Peter elaborated on his anxiety and the dread of coming to work.

Peter: especially during the first half of rotation, every night I would go to sleep thinking, okay I don't want to be... Ha, just, um, the fact that I knew it would be kind of eight hours of anxiety. Yeah it's just the anticipation of that tension.

Peter says ‘eight hours of anxiety’, which is the duration of the whole shift. Unlike doctors or psychologists who see the consumer only through the time-limited review, nurses spend most of their working hours in the communal environment with the consumers. Moreover, the therapeutic engagement occurs through everyday activities such as having meals, resting and socialising. These elements, a constant presence of nurses in an informal and psychodynamic setting, prime an environment that enables emotional entanglement between nurses and consumers.

“Just eat, it’s not hard.”

Damien and Xavier expressed the challenging emotions experienced when faced with consumers who did not want to eat food.

Damien: All you have to do is eat. Just eat like everyone else eats and that's all you need to do.

Xavier: It's sort of, it is frustrating watching everyone sit there and eat... you sort of just sit there and just think, just eat, just, just eat the thing; like, it's not hard.

Struggling to empathise with people in the moments when they are not doing “such an innate thing that people do” as described by Damien, contributed to nurses feeling frustrated.

“Invisible psychological warfare.”

These early experiences of mealtimes were often recalled as an emotionally heightened experience. Peter described the meal times as an invisible, psychological war.

Peter: [I] know the clients get anxious at the table. But I got anxious at the table as well. That was the most anxiety provoking time for me as well... Uh, um, so I think of it as an invisible psychological warfare between...between a clinician and a client... It's not upfront visible war. You're still smiling, conversing, but at the same time, I think there's different things going, like [in] the back of our heads.

One of the most critical roles for the nurses working in the eating disorders unit is providing meal support. This generally entails a nurse sitting at the table with a group of consumers, ensuring adequate nutritional intake, redirecting consumers away from disordered eating behaviour, and giving emotional support during mealtime, which is the highly anxious time for the consumers. Nurses often encourage a trivial conversation to distract consumers from distressing cognitions regarding eating the food. Peter reported that anxiety often arose from needing to direct the consumer. He described his role at times felt like “being a policeman”. Other participants also reported discomfort around their role at the mealtime. Harriet describes how mealtime may be perceived as a consumer.

Harriet: I think that it probably feels like threats and punishment a lot of the time because it is if you don't do these, we will do this, if you don't eat this, you have to have this, if you do this, we will do this...I think it can come across that way.

Traditionally, nursing is portrayed as a nurturing profession. However sitting at the table with consumers, nurses seemed to take an enforcer role somewhat involuntarily, which participant Anne described as “corrupting [their] own values”.

“They are not taking it on board.”

Moreover, nurses felt frustrated with the difficulty of behavioural change for people with eating disorders.

Damien: So at first, you think that you're getting somewhere. I mean like, I mean you can feel like you make a difference but it's like I've made such like leeway but then it's, just the other way around and you're like, uh okay, like I guess nothing that we've talked about mattered, and then you feel a bit like betrayed and frustrated.

Initial optimism was followed by a sense of defeat. As when Damien described his reaction as ‘feeling betrayed’, there seemed to be an initial underlying belief of early career nurses that eating disorder behaviour is within individuals’ control, as if some behaviours are intentionally to frustrate others. Lily also describes her frustration in regard to resistance to help.

Lily: It's just really is frustrating... I feel like, you're putting so much time for this person but they're not taking it on board.

There was a sense of helplessness in Lily's statement and questioning the worthiness of the time invested in her work as a nurse.. Visibly vulnerable, eating disordered consumers may elicit within the clinician feelings of overprotection or wishes to rescue . Their inability to ‘rescue’, or make changes often induced intense frustration in early career mental health nurses. Nevertheless, for all participants, their emotional responses shifted from these early experiences of anxiety.

Understanding Self and Others through Countertransference reactions

In this theme, participants start to reflect on their countertransference reaction and overlay psychological concepts to their experience.

“They projected all onto me”

Anne describes a time when she was cooking with the consumers.

Anne: They needed to make a curry, had an ingredient, had traces of shellfish and one of, two of the people said that they were vegetarian and therefore refused to eat it but they were really looking forward to doing cooking and kind of projected all of these irrationally expressed anger and anxiety onto me and I just felt because I was so exhausted and tired, a little bit attacked and overwhelmed.

The way Anne made sense of her experience of feeling attacked and overwhelmed was through labelling it a projection. Anne’s statement implies that the anger and anxiety were the consumers’ inner experience towards themselves and was “irrationally” expressed towards her for not providing vegetarian ingredients. By calling this a projection, Anne attempts to understand the anger and anxiety of consumers in facing their own rigidity and inflexibility. Damien also labelled the way consumers make him feel as “a defence mechanism”.

Damien: people with an eating disorder...sort of I guess as a defence mechanism, sort of pointing out things that you might be doing...I guess it's that, there is real self-critical emotions... you can [be] made to feel really bad about yourself.

Damien making sense of his experience as a recipient of “defence mechanism”, is suggesting that self-critical emotions are inner experiences of people with eating disorders. He is implying that “pointing out things that you might be doing” is due to inability to tolerate their own feeling of inadequacy in individuals with eating disorders. Furthermore, other participants reported that they were made to feel inadequate through potentially saying the “wrong things”. Lily and Xavier both used a metaphor of ‘walking on eggshells’ in describing this.

Lily: I felt like I was always on, on eggshells with, with what I was saying to them.

Xavier: I was told right from the start, and I also felt it this way during my rotation that the clients... tend to be very sensitive, um, with you know, appearance, obviously weight, um, food, their behaviour. So I kind of felt like I was walking on eggshells.

Unlike Anne and Damien, who called this experience a projection or defence mechanism, Lily and Xavier appeared more anxious and less confident in engaging with people with eating disorders at the start of their rotation. I would like to note that Anne and Damien are both postgraduate nurses who worked in an eating disorder unit longer than Lily and Xavier who were graduate nurses at the time of interview.

It's about you, but it's really about me.

On the other hand, Xavier attempted to understand the anxiety of working in an eating disorders unit from the consumer's perspective. It appeared that there was an unconscious identification of himself in the experience of a consumer being admitted.

Xavier: Obviously it's a highly anxious time, especially you know being admitted to the ward. There's a lot of unpredictability not knowing what they, they, they're going to go through... you know coming from your home, your, your own little bubble to go into a very highly controlled, um, highly strict program where you've got certain times where you're eating meals and having to actually complete all the meals... they're being highly anxious about it...

I asked if this is how he felt starting the rotation in the eating disorders unit, he replied "yes, most definitely" without a second of hesitation. It appeared that Xavier paralleled the experience of consumers being admitted to the unit, to his experience of coming to the eating disorder unit as a freshly graduated nurse.

"Start to think they're your sisters."

The traditional notion of transference and countertransference describes re-enactment of pre-existing relationships in therapeutic engagement. This emerged in Lily's story where she reported excessive worry about one consumer.

Lily: Like, I would think about um, that particular patient every, every minute. Like, what is this person doing now? Like, I start to think like, are they still refusing their food... that kind of thing. Like... I know it's a bit weird but I would check the time like, oh it's medication time. Like, I don't know, if they're gonna take it, that kind of thing. I was thinking just at home and I don't know, it sounds a bit, a bit weird but it's just, that's how affected I was I guess by this person.

Lily also reported being hypervigilant with this person when she's at work. She was checking her on every fifty teen minutes although the treating team's recommendation was on every thirty minutes.

Lily: I would say I'm particularly close. I'm particularly like, look out for her as my priority patient and I'm always like she might be on the 30/60 visuals but I'll be there 15, every 15 minutes checking up on her and then having a chat with her here and then.

This shows that countertransference can affect nursing practice, and nurses' anxiety may lead to over-investigation or overly frequent engagement. The way Lily was describing the enmeshed feeling towards this consumer, it seemed that there was an emotionally complex nurse-consumer relationship. I asked her directly if she felt that she puts the feelings that she has towards others onto this consumer. Lily was somewhat surprised and excited by this idea.

Lily: Actually, yes. now that you say that! Yeah, um, 'cause I've got f- I've got plenty of sisters and the I work with a lot of female in eating disorder and then you just, yeah start to see them and like, you know you try to be kinda...start to think they're your sisters in a way but not at the same time... That's my being older sister coming in emotion...yeah.

Lily was surprised at her own unconscious reaction of seeing the consumers like her sisters. She stated having younger sisters, who share similar characteristics with consumer cohorts, such as age and interest. It shows that early career mental health nurses may not be aware of their own countertransference and its impact on their practice. They may be left in confusion as to why they feel a certain way, such as excessive worry, about a particular consumer.

“I am not here to be their friend.”

When I asked if the participants felt any strong emotions that they do not want to admit, some reported feelings of friendship in the earlier stages of their rotation.

Damien: You become quite overinvolved, I guess because um, that age group as well, like it's generally like a younger crowd... you start to think that you're friends.

Damien reports that the feeling of friendship has evoked a feeling of betrayal.

Damien: and then it's sort of that betrayal of a friendship when they're not eating, because it's like I've built this trust with you and you're not doing it, but then you really need to, which I've learned a lot how to separate that where it's like, I'm actually not here to be a friend.

Damien articulates that seeing a consumer as a friend figure kindled such personal emotions. Damien further describes how easy it is for graduate and post-graduate nurses to feel “like their friend” in an eating disorder setting.

Damien: You've got similar interest. You talk about some of the things, you watch the same show. It's like, you might have even gone to the same university. Without digging too deep, you might even have like friends of friends as well as been to similar countries and travelled and similar dreams and goals and that's just like natural instinct to make a friend. That's what we want to do, isn't it? Just to have those friendships... That was definitely something that I distance myself from, but I could see that it could very easily happen.

In the ward setting, most of the therapeutic engagement for nurses occurs within informal psychosocial circumstances. Nurses provide care throughout a shift without using a pronounced clinical frame such as interacting during a medical procedure, wearing a uniform, or conducting a formal assessment. Unless nurses are running a therapeutic group or having a private chat with the consumer, conversation tends to surround superficial topics that are not related to the eating disorders, feelings or treatment. This has therapeutic value in itself as nurses role model interpersonal interaction

and break the therapeutic milieu's tension.. However, through this, nurses and consumers learned that there are many similarities. It is also important to acknowledge that often graduate nurses and the majority of consumers are in similar age groups, being in their twenties, although this cannot be generalised. The relatively long duration of eating disorder admission is another factor that contributes to the foundations of such a relationship. This is also described by Anne.

Anne: So I think that it's a danger in a setting like this... Spend more time with the same people every single day compared to other settings... They are similar age. They have, often have, very similar interests. You can say that they're really nice people and they're struggling something hard... You can certainly say that these people that if you met them in another setting, you might become friends with them. But that is very clearly not going to happen.

While both Damien and Anne acknowledge that it is a natural human desire to be friends with others who share similarities, they both also strongly emphasised that this was not going to happen. Anne elaborated on this saying that being friends with a consumer is 'meeting' nurse's own needs of being liked.

Anne: it's just making the nurse feeling better about themselves because then they feel that the patient likes them, which is unhealthy. It makes it about them, rather than about a patient. Meeting their own needs rather than a patient's.

Anne perceives that a nurse meeting their own psychological needs in a therapeutic relationship is undesirable and should be avoided. Both Damien and Anne recognised their initial feelings towards consumers and made conscious efforts to create boundaries.

DISCUSSION

The aim of this study was to explore the emotional experience of early career mental health nurses working with consumers with eating disorders. Participants reported anxiety, frustration, anger, and hopelessness, consistent with previously conducted studies in different settings (Brotman et al., 1984; Ramjan, 2004; Reid et al., 2010; Satir et al., 2009; Seah et al., 2017, Swatton, 2011). In the early stages, participants struggled to empathise with the consumers' perception that eating food could create such distress. Nurses' feelings of frustration were amplified by the resistive nature of the eating disorders. Lack of experience and understanding of illness can increase potency of countertransference (Seah et al., 2017; Walker & Lloyd, 2011; Wu & Chen, 2021). This may explain why the early career nurses had strong negative emotional reactions when working with consumers with eating disorders, especially in the early stage of their rotation.

Several elements that are unique to the nursing practice environment were identified as fertilisers for strong countertransference. Unlike doctors who generally interact with consumers in a time-limited

review, nurses often spend most of their working hours with the consumers, described as “constant and ever-present care” (Ryan et al., 2006, p130). Not being able to distance themselves from consumers when having strong emotional reactions during the shift may have led to anxiety.

Mealtimes were also identified as a time that elicits strong emotions. Nurses with prolonged exposure and close proximity to consumers during mealtimes, experienced intensified emotions. Moreover, mealtime can consciously or unconsciously re-enact past relationships and elicit strong transference and countertransference, considering feeding is generally associated with mother-child interaction (Davey et al., 2014). Ryan et al. (2006) also suggested that eating disorders nurses are often perceived as a mother figure. Furthermore, nurses often have casual conversations with the consumers in an eating disorders unit to break the tension of therapeutic milieu (Golan et al., 2009). However, the nurses use of ‘phatic communication’ also elicits the feelings of friendship towards the consumer. Phatic communication refers to ordinary chat that establish sociability, rather than for exchanging of information and ideas (Burnard, 2003). Similarities that early career nurses often share with consumers, such as age, culture and interests, that were found during this interaction often increased countertransference reactions. Lastly, nurses felt discomfort in taking the “enforcer” role. This is consistently reported in other studies (King & Turner, 2000; Ramjan, 2004; Ryan et al., 2006; Swatton, 2011). Nurses felt that their traditional values as a nurturer were challenged when taking an authoritative and surveillance role.

These elements place nurses in a unique circumstance where strong countertransference could occur. Countertransference led nurses to engage with consumers more often than recommended. Transferred anxiety often affects clinician’s judgement, which can lead to inappropriate response, such as over-investigation (Swatton, 2011). If countertransference is not appropriately addressed, nurses can feel burnout, collude with eating disorders, and violate boundaries which ultimately affects therapeutic relationship and the consumer’s recovery (Davey et al., 2014; Harken et al., 2017; Swatton, 2011).

However, countertransference can be also seen as a valuable element in the therapeutic relationship. In the totalistic view, countertransference can provide valuable insights into a consumer’s assessment, diagnosis and therapy (Heimann, 1960; Winnicott, 1960). To be able to use countertransference as a source to understand the person and the illness, the clinician must become aware of such feelings as the first step (Golan et al., 2009). Some participants attempt to understand consumers’ inner experience by reflecting on the feelings that were provoked. Participants recognised that elicited feelings of inadequacy, anger and anxiety were the projection of the inner-experience of the consumers. Psychological projection is understood as a defence mechanism through which an individual attributes unwanted thoughts and qualities of self onto others, and is commonly observed in individuals with AN (Gothelf et al., 1995). Attempts to understand others through countertransference

was more evident in postgraduate nurses rather than the graduate nurses, which suggests that time and experience enabled such reflection and awareness.

It is important to avoid generalising this experience to broader mental health nurses. Studies have shown that with appropriate training and skills, nurses find working with people with eating disorders highly satisfying and rewarding (Harken et al., 2017, Ryan et al., 2006). Throughout the findings, it was evident that early career mental health nurses were highly self-aware and reflective. Self-insights are often regarded as crucial factor in managing countertransference (Golan et al., 2009).

Study limitations

The sample for the study was small, however there was strong concurrence of rich data across the sample, likely because this is a fairly homogenous population. Representativeness is not claimed but the findings may well resonate with other early career mental health nurses. The researcher was a historical colleague for some of the participants. This was unavoidable as there is limited eating disorder units within Victoria, and the researcher has worked in several different units. This was regarded initially as a limitation as the researcher concerned that participants would only give favourable answers to the researcher. However, participants reported that they felt more comfortable with the interview due to pre-existing rapport, enabling them to be more open and honest with their answers.

CONCLUSION

This study explored emotional experiences of early career mental health nurses working in eating disorders units. The topic of nurses' emotional experience of providing care in eating disorders settings is relevant to many practicing mental health nurses and the novel analysis and recommendations provided are important for assisting nurses to thrive in this work.

Relevance to clinical practice

To our knowledge, this study is the first one to explore emotional experience of early career mental health nurses working with consumers with eating disorders. Consumers with eating disorders can elicit strong countertransference and it is strongly suggested that graduate and postgraduate nurses are given appropriate opportunities to discuss their feelings. However, nurses are often deprived of opportunities to discuss their reflections (Swatton, 2011). Five of the six participants of the study were not engaged in individual clinical supervision at the time of interview. Clinical supervision is seen as a safe place for nurses to explore their emotional experience of their work which can increase job satisfaction, improve workforce retention and improved outcomes for consumers (Lynch, Happell & Sharrock, 2008). It is highly recommended that nurses actively seek clinical supervision, and managers and educators support facilitating both individual and group clinical supervision.

REFERENCES

- Arcelus, J., Mitchell, A. J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders: A meta-analysis of 36 studies. *Archives of General Psychiatry*, 68(7), 724-731. doi: 10.1001/archgenpsychiatry.2011.74.
- Brotman, A., Stern, T., & Herzog, D. (1984). Emotional reactions of house officers to patients with anorexia nervosa, diabetes, and obesity. *International Journal Of Eating Disorders*, 3(4), 71-77. doi: 10.1002/1098-108X(198422)3:4<71::AID-EAT2260030409>3.0.CO;2-O
- Bryman, A. (2016). *Social research methods (Fifth edition.)*. Oxford University Press.
- Burnard, P. (2003). Ordinary chat and therapeutic conversation: phatic communication and mental health nursing. *Journal of Psychiatric & Mental Health Nursing*, 10(6), 678- 682. doi: 10.1046/j.1365-2850.2003.00639.x.
- Collins, C. S., & Stockton, C. M. (2018). The central role of theory in qualitative research. *International Journal of Qualitative Methods*, 17(1), 160940691879747. <https://doi.org/10.1177/1609406918797475>
- Davey, A., Arcelus, J., & Munir, F. (2014). Work demands, social support, and job satisfaction in eating disorder inpatient settings: A qualitative study. *International Journal of Mental Health Nursing*, 23(1), 60-68. doi: 10.1111/inm.12014.
- Galmiche, M., Déchelotte, P., Lambert, G., & Tavolacci, M. (2019). Prevalence of eating disorders over the 2000-2018 period: A systematic literature review. *The American Journal of Clinical Nutrition*, 109(5), 1402-1413. doi: 10.1093/ajcn/nqy342
- Girz, L., Robinson, A. L., & Tessier, C. (2014). Is the next generation of physicians adequately prepared to diagnose and treat eating disorders in children and adolescents?. *Eating Disorders*, 22(5), 375–385. doi: 10.1080/10640266.2014.915692.
- Golan, M., Yaroslavski, A., & Stein, D. (2009). Managing eating disorders: countertransference processes in the therapeutic milieu. *International Journal of Child & Adolescent Health*, 2(2), 213-227.
- Gothelf, D., Apter, A., Ratzoni, G. et al. (1995). Defense mechanisms in severe adolescent anorexia nervosa. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(12), 1648-1654. doi: 10.1097/00004583-199512000-00015.

- Harken, W., Maxwell, J., Hainline, M., Pollack, L., & Roberts, C. (2017). Perceptions of caring for adolescents with eating disorders hospitalized on a general pediatric unit. *Journal of Pediatric Nursing*, 34(1), 34-41. doi: 10.1016/j.pedn.2017.02.008.
- Hay, P., Girosi, F., & Mond, J. (2015). Prevalence and sociodemographic correlates of DSM- 5 eating disorders in the Australian population. *Journal of Eating Disorders*, 3(19), 1- 7. doi: 10.1186/s40337-015-0056-0
- Heimann, P. (1960). Counter-transference. II. *The British Journal of Medical Psychology*, 33, 9–15. doi: 10.1111/j.2044-8341.1960.tb01219.x
- King, S. J., & Turner, D (2000). Caring for adolescent females with anorexia nervosa: registered nurses' perspectives. *Journal of Advanced Nursing*, 32(1), 139-147. doi: 10.1046/j.1365-2648.2000.01451.x.
- Lynch, L., Happell, B. & Sharrock, J. (2008) Clinical supervision: an exploration of its origins and definitions. *International Journal of Psychiatric Nursing Research*. 13(2) 1-19
- Ramjan, L.M. (2004). Nurses and the 'therapeutic relationship': caring for adolescents with anorexia nervosa. *Journal of Advanced Nursing*, 45(5), 495-503. doi: 10.1046/j.1365-2648.2003.02932.x.
- Raveneau, G., Feinstein, R., Rosen, L. M., & Fisher, M. (2014). Attitudes and knowledge levels of nurses and residents caring for adolescents with an eating disorder. *International Journal of Adolescent Medicine and Health*. 26(1), 131-136. doi: 10.1515/ijamh-2013-0015.
- Reid, M., Williams, S., & Burr, J. (2010). Perspectives on eating disorders and service provision: a qualitative study of healthcare professionals. *European Eating Disorders Review*, 18(5), 390-398. doi: 10.1002/erv.976.
- Royal Commission into Victoria's Mental Health System (2021). *Final Report: Summary and Recommendations*.
- Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods*, 15(1), 85-109. doi: 10.1177/1525822X02239569
- Ryan, V., Malson, H., Clarke, S., Anderson, G., & Kohn, M. (2006). Discursive constructions of 'eating disorders nursing': an analysis of nurses' accounts of nursing eating disorder patients. *European Eating Disorders Review*, 14(2), 125-135. doi:10.1002/erv.666
- Satir, D. A., Thompson-Brenner, H., Boisseau, C. L., & Crisafulli, M. A. (2009). Countertransference reactions to adolescents with eating disorders: relationships to clinician and patient factors. *The International Journal of Eating Disorders*, 42(6), 511–521. doi: 10.1002/eat.20650

Seah, X. Y., Tham, X. C., Kamaruzaman, N. R., & Yobas, P. K. (2017). Knowledge, attitudes and challenges of healthcare professionals managing people with eating disorders: a literature review. *Archives of Psychiatric Nursing*, 31(1), 125-136. [10.1016/j.apnu.2016.09.002](https://doi.org/10.1016/j.apnu.2016.09.002)

Snell, L., Crowe, M., & Jordan, J. (2010). Maintaining a therapeutic connection: nursing in an inpatient eating disorder unit. *Journal of Clinical Nursing*, 19(3), 351–358. doi: [10.1111/j.1365-2702.2009.03000.x](https://doi.org/10.1111/j.1365-2702.2009.03000.x).

Swatton, A. (2011). Transference and countertransference in anorexia nervosa care. *Gastrointestinal Nursing*, 9(3), 38–43. doi: [10.12968/gasn.2011.9.3.38](https://doi.org/10.12968/gasn.2011.9.3.38)

Walker, S., & Lloyd, C. (2011). Barriers and attitudes health professionals working in eating disorders experience. *International Journal of Therapy and Rehabilitation*., 18(7), 383-391. doi: [10.12968/ijtr.2011.18.7.383](https://doi.org/10.12968/ijtr.2011.18.7.383)

Winnicott, D. W. (1960). Counter-transference. III. *The British Journal of Medical Psychology*, 33, 17–21. doi: [10.1111/j.2044-8341.1960.tb01220.x](https://doi.org/10.1111/j.2044-8341.1960.tb01220.x)

Wu, W.L. and Chen, S.L. (2021), Nurses' perceptions on and experiences in conflict situations when caring for adolescents with anorexia nervosa: A qualitative study. *International Journal of Mental Health Nursing*, 30: 1386-1394. <https://doi.org/10.1111/inm.12886>

Themes	Sub-themes
Initial tension: this theme explores the nurses' initial experience of their eating disorder unit rotation. In this theme the participants report unprocessed feelings, and are yet to discover how to make sense of these.	"Eight hours of anxiety"
	"Just eat, it's not hard"
	"Invisible psychological welfare"
	"They are not taking it on board"
Understanding self and others: in this theme, participants start to reflect on their countertransferential reactions to make meaning of relational tensions and overlay psychological concepts to their experience.	"They projected all on to me"
	It's about you, but it's really about me
	"Start to think they're your sisters"
	"I am not here to be their friend"

Table 1. Themes and subthemes: the sub-theme titles derived from direct quotes as they were not only representative of greater data, but also showed powerful emotions with immediacy.