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Title:

Receiving thank you letters in inpatient child and adolescent mental health services (CAMHS): A qualitative study of nurse's experiences

Running title:

Nurse's experience of receiving thank you letters

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Receiving thank you letters in inpatient child and adolescent mental health services (CAMHS): A qualitative study of nurse's experiences

ACCESSABLE SUMMARY:

What is known on the subject?

- Previous research has found that nurses working in inpatient CAMHS struggle to define their role and contribution to patient care
- Mental health nurses who work with young people experience increased personal and professional challenges due to the unique demands of their role
- While gratitude is increasingly recognised as having a positive impact on subjective wellbeing within healthcare, the receipt of gratitude in the form of thank you letters is currently underexplored

What the paper adds to existing knowledge:

- As a meaningful source of feedback for nurses thank you letters can develop awareness of their contribution to patient care and support a greater sense of personal accomplishment, efficacy, and professional identity.
- When nurses receive expressions of gratitude and are supported to share and discuss these with colleagues, this can bring benefits additional to the initial receipt
- Staff may also experience self-doubt and incongruence when engaging with colleagues in conversations around the content of thank you letters

What are the implications for practice?

- Mental health nurses should be supported to engage in discussion and reflection around receiving thank you letters and other tokens of gratitude
- Any such reflection should take care to support those who might experience self-doubt or incongruence whilst also acknowledging such responses are reflective of the complexity of relational care practice in inpatient CAMHS

ABSTRACT

Introduction: Previous research has found that nurses in inpatient CAMHS can struggle to define their role and contribution to patient care. While gratitude has received increased attention in relation to subjective wellbeing in healthcare settings, the receipt of gratitude in the form of thank you letters is currently unexplored in the CAMHS context.

Aim/Question: To gain an understanding of how inpatient CAMHS nursing staff experience receiving expressions of gratitude from patients.

Method: Adopting an exploratory qualitative approach, two focus group interviews were conducted. Participants completed a brief online follow-up questionnaire. Data was examined using thematic analysis.

Results: Reflecting on expressions of gratitude improved understanding of professional identity, enhanced reflexivity, enhanced team cohesion, and increased professional and personal confidence and motivation.

Discussion: Expressions of gratitude appear to offer meaningful sources of feedback for nurses and support a greater sense of personal accomplishment, professional role, and the relational impact of care for patients. When nurses share and discuss expressions of gratitude with colleagues this brought benefits additional to the initial receipt.

Implications for Mental Health Nursing: Nurses should be supported to engage in discussing and reflecting upon receiving thank you letters and other tokens of gratitude although care should be taken to support those who might experience unease or increased self-doubt.

KEY WORDS: nursing role; gratitude; child and adolescent mental health; thank you letters; personal and professional development

RELEVANCE STATEMENT:

The specialist context of inpatient CAMHS places significant emotional demands on nurses due to the intense relational work; something which contributes to both job satisfaction and a corrosion of capacity to maintain such ways of working. Nurses in these settings often struggle to define their precise contribution to care and treatment, diminishing their perceived sense of personal value. This study contributes to the knowledge base around the potential for the receipt of gratitude to positively impact healthcare workers, adding to the available evidence by suggesting that when nurses engage with thank you letters from patients, they can gain a greater sense of personal satisfaction and professional identity. It also highlights the potential limitations of thank you letters in improving nurses' wellbeing when engaging in discussions with colleagues around receipt of gratitude and the associated risks to workplace culture.

INTRODUCTION

Inpatient Child and Adolescent Mental Health Services (CAMHS) in Scotland provide intensive residential mental health assessment, care, and treatment for young people up to the age of 18. While the care and treatment team is multidisciplinary, mental health nurses make up the largest single professional group within CAMHS (NES, 2021), carrying significant emotional demands as they negotiate ethical responses around situations such as self-harm, restrictive practice, and compulsory treatment. Such day-to-day demands bring associated interaction stresses of emotional labour (Mann and Cowburn, 2005; Edward, Hercelinskyj and Giandinoto, 2017) and can lead to the experience of 'moral distress' – negative emotions due to the compromise of personal and professional values (Musto and Schreiber, 2012). Further, factors which can impact mental health nurse wellbeing, resilience, and retention include a lack of professional role identity, cumulative vicarious distress, limited specialist training, and inadequate clinical supervision (Hanna and Mona, 2014; McDougall, 2016; White and Winstanley, 2010; Foster et al, 2019). Nurses working in an inpatient CAMHS setting can particularly struggle to define their precise professional role and contribution (Foster and Smedley, 2019).

A potential impact of such challenges is emotional exhaustion, depersonalisation and low personal accomplishment, all of which have been identified as contributing components to burnout (Maslach, 1993; Johnson et al., 2017). These components can, respectively, leave individuals with depleted emotional and psychological resources, disconnect workers from their service user group, and lead to negative self-evaluation (Patrick and Lavery, 2007). Yet, the same professional challenges which accompany the performance of emotional labour can also be a source of relational satisfaction, contributing to the development of emotional intelligence, resilience, and personal growth (Kinman and Leggetter, 2016; Edward et al. 2017). Foster and Smedley (2019) highlight the paradox that the additional demands of CAMHS both contribute to job satisfaction *and* corrode the capacity to maintain such ways of working. The aim then is not to eradicate the associated relational demands which makes nursing a challenging yet rewarding career, but to find ways to effectively support staff in developing strategies for coping with them.

Resources which allow better recognition of personal accomplishments have been found to actively support nurses' ability to deal with stress and emotional exhaustion, fostering greater personal satisfaction and also leading to a more positive patient experience (Whittington et al., 2021). One such resource, and the focus of this research, is the receipt of expressions of gratitude.

Over the past two decades gratitude in its many forms - and its association with subjective wellbeing (Aparicio et al., 2019) - has received considerable attention, with a growing body of literature specific to the benefits of gratitude for healthcare professionals (Day et al., 2020). For example, nurses offering or maintaining an attitude of gratitude found it helpful for providing emotional support to patients and in developing compassion and self-care (Lanham et al, 2012; Randolph, 2017). Research around the impact of *receiving* gratitude in healthcare settings however is less prevalent which Day (2020) suggests is due to the more typical focus in healthcare on expressions of complaint. This aligns with Kumar and Epley's (2018) finding that the receipt of gratitude is frequently undervalued despite such 'action-gratitude' (Gulliford et al., 2013) potentially leading to increased relational wellbeing

between individuals (Waters and Stokes, 2015). Likewise, there is some evidence to suggest that receipt of gratitude can produce feelings of social worth and increase prosocial behaviour (Grant and Gino, 2010) meaning those in a helping role, like nurses, could experience increased motivation to engage with their work (Lee et al., 2019). Limited existing research around staff receiving gratitude in healthcare contexts supports a potentially positive impact finding that receipt of unsolicited/spontaneous gratitude in the form of letters from patients acted to enhance relational care and facilitate better understanding of both the patient experience and the value-base of health-care practice (Herbrand et al., 2017; Aparicio et al., 2017).

Given Macfarlane's (2020) review of the place of gratitude in mental health nursing concluded a gap in the literature specifically around understanding the impact of receiving gratitude, the value of this research lies in exploring such potential benefits. Focusing on CAMHS inpatient nursing is relevant and useful as despite being identified as a unique and specialist area (Matthews and Williamson, 2016) there is a lack of research specific to this setting. CAMHS is an area not only currently under explored (NIHR, 2021) but the wellbeing of CAMHS staff is particularly neglected in existing research (Hunt, 2020). As the Scottish Government (2017) considers CAMHS to be a key priority area it is essential to build CAMHS based research to improve targeted resources for wellbeing, explore best practice, and generate insights for future specialist child and adolescent practitioners.

This paper aims to contribute to both the CAMHS research landscape and the wider discourse around gratitude by exploring the experience of CAMHS inpatient nurses receiving unsolicited expressions of gratitude from patients in the form of thank you letters. The hope is to gain insight into how this experience might impact nurses' professional practice and personal wellbeing. To our knowledge this study is the first to examine the potential value of nursing staff receiving gratitude in this setting.

METHOD

Design

Adopting an exploratory qualitative approach focus group interviews were conducted using a standardised semi-structured interview protocol. Focus group interviews are an accepted methodology in nursing research (Jayasekara, 2012). They offer a more natural environment than one-to-one interviews (Krueger and Casey, 2015), potentially facilitating a rich range of perspectives and experiences by highlighting both similarities and differences (Doody, Slevin & Taggart, 2013). A qualitative research approach was appropriate in response to Day et al.'s call for increased qualitative research into real world gratitude interactions - such as receiving thanks - as it allows such exchanges to be 'recognised as integral to the social relations that significantly influence what people think, feel, say, and do in relation to health care' (2020, p2312).

A brief online follow-up questionnaire was emailed to participants two weeks after the focus groups to collect additional insights.

Participants

All participants worked in the same Tier 4 National Health Service (NHS) Inpatient Young Persons Unit (YPU) in Scotland. Tier 4 services are concerned with the highest and most intense levels of need, caring for young people with complex, severe, or persistent mental health problems.

Participants self-selected by responding to an open invitation of interest sent via email. Of the eighteen registered mental health nurses in the YPU eligible for inclusion, eight participants were recruited. Only seven were interviewed as the eighth participant was unable to attend at the last minute due to clinical demand.

Six participants identified as female and one male. Roles ranged from Band 5 (Registered Staff Nurse) to Band 6 (Registered Charge Nurse). The length of time registered and working ranged from two to seventeen years, and time working in the current YPU ranged from one to sixteen years.

Data collection

Research was carried out in-person at the YPU during August and September 2020. Two audio recorded focus groups were run, one with four participants and one with three. This was considered to be an appropriate size for in-depth conversation (Krueger and Casey, 2015) and also adhered to COVID-19 regulations in place at the time. Using purposive sampling each group was homogeneous comprising both Band 5 and Band 6 nurses. Both focus groups were conducted by the same two facilitators who carefully managed the space to avoid modification of answers or withholding of true feelings due to discussion being dominated by certain individuals (Stewart et al, 2007). In line with Redmond & Curtis' (2009) guidance the schedule of open-ended questions (Table 1) was developed to meet the research aim of understanding nurses' experiences of receiving expressions of gratitude in the form of unsolicited thank you letters received from patients in the YPU. The semi-structured approach allowed researchers to focus on the relevant areas of independent experiences while providing flexibility to respond to discussion as generated by the group interaction process. Both interviews lasted for 1.5 hours, ensuring sufficient time for all the questions to be asked along with follow-up discussion but short enough to avoid participant fatigue (Packer-Muti, 2010).

[insert table 1]

The brief online follow-up questionnaire was emailed directly to participants two weeks after the focus groups. It was comprised of three free-text response questions which asked if there were a) *any changes in practice*, b) *any changes in personal wellbeing*, and c) *any additional thoughts or comments*. All seven participants responded.

Ethical considerations

Ethical approval was obtained from Abertay University Ethics Committee. Access to participants was negotiated with, and data collected from, an NHS YPU in Scotland in accordance with NHS ethical standards and confidentiality protocols. Informed consent was obtained before data collection began with all understanding they could withdraw from the study at any time without prejudice. Data was stored on a secure server with anonymised names to maintain confidentiality. All participants were provided with guidance on how to access additional support if required following the interview.

Analysis

Interviews were transcribed and thematic analysis (Braun and Clarke, 2006) was used to analyse the data. Thematic analysis is suitable for qualitative research in areas of health and wellbeing, particularly those focused on practice (Braun and Clarke, 2014). Braun and Clarke's (2006) six phase data-driven approach was adopted to explore the participant's experiences as expressed in the data. The first step saw all three researchers immersed in the data by reading and re-reading the transcripts of interviews, and the responses to the follow-up questionnaire, working independently to assign the initial codes and identify potential themes and subthemes from the data. Researcher triangulation improved validity (Nowell et al, 2017) with researchers comparing their initial analysis before refining and agreeing on codes and themes.

Reflexive statement

The research team was comprised of an experienced registered CAMHS nurse and two qualified counsellors, all research active academics focusing on topics relevant to mental health. Researchers were sensitive to the ways in which they and the research process may shape the data collected and worked closely together to notice the influence of prior assumptions and experience during interview and analysis.

FINDINGS

Three themes were identified, with a total of eleven subthemes, as presented in Table 2.

[Insert Table 2]

Theme 1: The receipt experience

Participants considered ‘thank you letters’ as taking the form of written thanks, poems, drawings, and handmade objects. Items were typically individualised and personal in nature, indicating attention had been paid to the preferences or needs of the staff member. It was this individualisation which carried impact:

‘It’s nice to see that they see me as a person, not just a nurse’

‘That’s much more emotional for me to read than ‘thanks so much, you really helped me’. Not that that’s not valid, but there’s something about you being personally connected to the specific interaction that makes it feel more meaningful’

While expressions addressed to the team were appreciated, something individualised was deemed a more ‘emotional’ experience, topping a hierarchy of sorts:

‘a generic nursing card [a thank you card given to the team rather than to an individual nurse] for me is like, oh, that’s nice, but I wouldn’t necessarily take it personally. Because it’s to us, not me.’

Expressions of gratitude typically arrived on the day of patient discharge or shortly after, the latter apparently carrying additional weight as the patient had ‘taken the time’ to reach out.

‘Totally out of the blue it arrived, and I remember being a bit more taken aback in an emotional sense. [...] it felt like there must have been some kind of impact there’

For some participants a regular correspondence developed, with one receiving a letter per year, now 9 years post-discharge. Such extended follow-up letters were welcomed as a way to ‘see the end journey’.

An individual’s first receipt of gratitude was considered ‘a big milestone’ and helped alleviate fears of ‘winging it’ in early career. Participants described receipt as an emotional moment offering insight into the patient experience, a sense of validation, and confirmation of impact on patients’ lives.

‘I did have tears in my eyes at the time because it was totally a surprise; didn’t see it coming. [...] it kind of made me feel like I did impact their life in a positive way and helped them just a little bit, which was nice’

‘Yeah. Look, I am making a difference’

The receipt - or not - of thanks was something participants felt unable to anticipate or predict. This uncertainty appears to carry a level of discomfort, with one participant explaining a requirement to manage expectations:

'I try not to expect it. I always put my head in the space of, oh, I didn't expect to get a card. And maybe secretly, I did. But I do that as a protection'

The need to 'protect' oneself refers to the potentially challenging thoughts and feelings which may be invoked by *not* receiving a letter, such as feeling rejected, feelings of failure, and questioning the appropriateness of desiring thanks in the first place given their professional caring role. Non-receipt was described as 'disheartening' and 'a punch in the gut'.

Theme 2: Dimensions of professional and personal impact

Participants reported experiencing feelings of validation around their professional role, what they brought to their job as a unique person, and how they were generally practicing as a nurse. This offered encouragement, and a sense of being on the 'right path' - particularly if they had previously been unsure of their performance.

'It made me realise how valued that I actually was. Sometimes as a nurse, you don't really feel that valued or feel like you're making that much of an impact, or you don't realise how much of an impact you're making on people's lives. [...] It made me feel really like I'm doing a good thing, and kind of encouraged me to keep going'

Letters which detailed specific moments of care were also an invitation to consider and question professional identity in terms of what matters most to patients.

'The feedback we get from young people isn't always what we think makes a good nurse. [...] I would have thought being able to know exactly what to do, know like all the policies and by the book, was more important than being able to like just make your patients laugh'

Not receiving an expression of gratitude was also considered potentially useful in prompting staff to think about their specific role in the process of recovery:

'I could be doing all this massive in-depth work but actually, [Nurse A] is spending the time with them in the evenings playing board games and making them feel accepted, while we're reinforcing, you're unwell, you've got an illness.'

Impact was also experienced by participants in relation to increased confidence, building resilience, and motivation to continue through any workplace challenges through a sense that they were, in fact, 'good enough'.

'When you're really down from work. It does help a wee bit. It just gives you a wee bit of a confidence boost'

'It gives you a bit of a boost, reaffirms I'm making a difference, I'm helping people through difficult stuff'

In the follow-up questionnaire five participants reported what they considered to be positive changes in their professional practice as a result of having participated in the focus groups. Changes to practice included: trying to do more of the small positive actions they were thanked for in letters, remembering to take more time in building relationships with young people, increased motivation from being reminded why they began nursing, and increased valuing of feedback from young people. Two participants reported the personal impact of feeling reassurance that they are doing their job well, feeling empowered, motivated, and confident from taking a positive perspective of their day-to-day practice.

Theme 3: Active engagement with expressions of gratitude

All of the participants kept their individual expressions of gratitude, taking them home from their workplace to deliberately display or store in places such as memory boxes and designated folders. While most rarely sought them out the idea of revisiting seemed useful to all if one was 'having a wobble' or just needed a reminder to 'stick at it'.

'If you're having a really hard time at work, if you've been really down at work. I would go back and read them. Just give us a little bit of reassurance'

Actively sharing the contents of letters of gratitude also appeared important.

'My last one, I phoned my mum. I read it to her. I was like, mum, guess what I got?'

Sharing during the focus groups themselves was appreciated as an opportunity to engage vulnerably with colleagues and offered a way to support each other by celebrating achievements.

'It's good. It's supportive, isn't it? It's like, looking at what we're doing well and getting recognised for it'

'I can tell from like when we were talking about it how touched they've been by them or how emotional it's been for them, so it's quite nice to see that vulnerable side of the coin as well'

In the follow-up questionnaire participants valued the opportunity to focus on care going right rather than wrong, *'because morale can affect our approaches and delivery of care over time and thank you cards are a good reminder of this'*. They reported finding it helpful to hear the thoughts and perspectives of their team during the focus groups, found new appreciation of thank you letters as a source of

feedback, noticed the journey staff go on as they gain experience in their role (and the impact feedback has on this) and were inspired to continue to 'do a good job'.

Ideas which emerged from the focus group about how to constructively utilise thank you letters in the YPU were identifying shared values for good practice from 'direct quotes', and as a source of encouragement when facing professional challenges:

'It would be quite nice to have them all in like one place, so that if you were having a rubbish shift or something you could just flick through them'

However, there were also concerns around publicly sharing expressions of gratitude in the YPU. These were around staff who did not receive thanks, and how it might lead them to self-doubt or not feeling good enough. The potential for incongruence between what is identified by young people and what is recognised by colleagues/self was also raised, suggesting a self-consciousness in professional identity which could lead to increased tension rather than supporting wellbeing.

'what about the opposite effect of just almost demoralising some people?'

'have I changed as a nurse since that particular feedback? What if [...] my colleagues don't see me the same, or the young people don't see me the same?'

DISCUSSION

This study explored the experience of mental health nurses receiving expressions of gratitude in the form of thank you letters from patients in a CAMHS inpatient unit. Our results offer insights into the impact this has had for nurses in relation to: personal accomplishment and efficacy, professional identity and values, personal confidence and motivation, reflexive practice, and team cohesion.

Findings suggest that being valued for contributions to patient care through expressions of gratitude counters factors typically associated with burnout in workers who care for others (Maslach, 1993; Whittingham, 2021). For example, the reduced sense of personal accomplishment that can result when healthcare professionals undervalue their skills and negatively evaluate the worth of what they do was mitigated by re-considering their role through the perspective of their patients' gratitude. Typically, the opportunity to consider practice through the perspective of patients is through complaints (Day, 2020). While attending to, and learning from, complaints is of course valuable, it carries the risk of defensive practice, where practitioner responses prioritise mitigating blame rather than developing their ability to respond creatively and adapt coping resources in their demanding role (Mullen et

al., 2008). Through gratitude, participants can reflect on their practice while mitigating associated burnout factors, reframing difficult situations in a balanced way to develop paths to emotional closure (MacFarlane, 2020).

Depersonalisation, another factor for burnout which Maslach (1993) explains as the distortion of how one perceives themselves, others, and their environment, may also be countered by gratitude offering of an authentic, grounding perspective into the working self. Nursing care, especially in CAMHS, requires practitioners to be capable of navigating situations of care without 'fixed recipes' (Monteux and Monteux, 2020). Reflexive practice, where professionals consciously examine, challenge, and tolerate uncertain and complex situations (Fook, 2002), is key to this. Such practice demands a certain acknowledgement of, and connection with, vulnerability and an exploration of authenticity in caring relations, requiring active engagement and thinking from 'within' experiences (Bolton, 2010). As tangible objects gratitude letters prompted the nurses in this study to connect with themselves, their patients, and their practice in a non-abstract way.

MacFarlane (2020) links the receipt of gratitude to Pinkerton's (2005) standards for establishing and sustaining healthy work environments for nurses, specifically the standard of meaningful recognition which allows value to be seen and celebrated, thus supporting effective outcomes for both patients and nurses. In this study the more personalised the gratitude received, the more value it held for participants, highlighting that 'meaningful recognition' is linked to being seen for one's individual contributions as well as those of the nursing team. It was also the more personalised gratitude to which an active revisit seemed useful if one was 'having a wobble' or just needed a reminder to 'stick at it'. This suggests that such items could be a resource for managing difficult feelings, lifting spirits, and reminding staff why they are doing the job in the first place. Promoting them as 'touchstones' - a 'self-experience from which we draw considerable strength and which helps to ground us in relationships' (Mearns and Cooper, 2005, p137) - could highlight such benefits to staff.

As a speciality within a speciality CAMHS has been seen as a 'Cinderella service' (Baldwin, 2019) with unique nursing skills and qualities required compared to those on adult wards. Nurses in this study indicated uncertainty over meeting these unique demands, reflecting Foster and Smedley's (2019) findings that CAMHS nurses struggle to define their precise contribution to the care context. This is important as Edwards et al. (2017) highlight that lack of role clarity diminishes the capacity to deal with stress and challenging events. Receiving gratitude supported participants in this study to be clearer about their role; the key realisation being that the relational aspects of their engagement with a young person were central to the young person's experience of personal recovery. Understanding and evaluating their contribution in this new way illuminated personal qualities and skills that had previously been either 'hidden' or that they had not associated with being an important feature of their professional practice. They were better able to celebrate, and be more confident about, their 'everyday care' practice (Monteux and Monteux, 2020) in contrast to the more privileged technical aspects of treatment and clinical intervention. Hunt (2020) adds that inpatient psychiatric units can be 'othered' or forgotten by society. We found that when staff receive expressions of gratitude then they are no longer forgotten. The participants reflected that when they received thank you letters, they

experienced being seen and valued for the service they provide and, as a result, found a renewed sense of identity and pride.

Mullin (2011) argues that gratitude is important for both care giver and care recipient in developing relationships of care where emotional labour is a central feature. In the context of mental health nursing the receipt of could not only support the caregiver but enable them to value the recipients of care and, in doing so, improve the relational quality of their professional practice. This aligns with Waters and Stokes (2015, p5) explanation that receiving gratitude 'motivates and energises us to want to repay the gift *through our actions*'; the cascading nature of gratitude creates a meaningful loop whereby nurses receiving a boost of motivation from an expression of thanks may then be more motivated in future work. The nurses in this study reflected this through their increased motivation to continue through workplace challenges due to a realisation through the gratitude offered that they were, in fact, 'good enough'. This suggests fostering a strong sense of efficacy is important for managing difficult decisions, stresses of emotional labour, and moral distress.

Participants indicated the act of sharing and discussing expressions of gratitude with colleagues during the focus groups brought benefits additional to that of the initial receipt or independent revisiting experience. Sharing offered time and space to engage vulnerably and to support each other's worries and fears. This not only deepened the receipt (and non-receipt) experience by creating opportunity to reflect on it but facilitated conversations about ongoing meaningful practice and nursing values, creating a sense of collective motivation and enhancing critical reflexivity (Timmons, 2006). Here, the activity of engaging in discussions and reflections with colleagues sometime after receiving such tokens of gratitude appears to act as an intervention that supports nurses to actively engage in the positive aspects of their practice highlighted in such letters and that it can support increased motivation from being re-connected to why they entered nursing in the first place. Similarly, as an intervention, the process of engaging in such focus groups appears to have reminded nurses to take more time in building relationships with the young people in the unit. In acknowledging the relational aspects of gratitude a space is also created for complex needs around caregivers own requirements for care and validation to be explored, reminding staff not only of the importance of self-care, but also of caring for each other (Nagoski and Nagoski, 2020). Through this, the importance to staff of shared team values, peer learning, a supportive culture, and noticing growth and development in the professional role is highlighted, which aligns with Hunts (2020) assertion that crucial to effective support in CAMHS is encouraging ward team cohesion, mutual support and trust. It also supports existing research around group-based support where hearing about colleagues' experiences enabled a greater sense of connection, strengthened relationships, personal growth, development of coping strategies for stressful situations, and nurturing of greater empathy towards colleagues with an overall effect of increased staff wellbeing and reduced burnout (Edward, 2005; Foster et al, 2018; Foster and Cuzzillo, 2018; Eliacin et al., 2018).

Despite the potential benefits outlined, gratitude cannot be assumed to be unproblematic or without limitations. As a relational currency gratitude runs the risk of moving from an authentic relational response to an obligation in return for caregiving, something which should not be encouraged in a healthcare setting. Recognising the

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patient experiences shared through thanks can also be emotionally challenging given the conflict between relational and restrictive practice which nurses must balance (Gray and Smith, 2009). In our study this was seen for the participant who experienced an uncomfortable self-consciousness and incongruence between how they were perceived by a patient and how they believe other staff might see them, or indeed how they saw themselves. There was also a general discomfort amongst participants around disparities in the quantity and quality of gratitude received between colleagues. Any space in which gratitude is discussed must therefore acknowledge the possibility of 'negative' emotions such as guilt, awkwardness, and embarrassment being evoked (Morgan et al, 2015). That being said, such responses are also reflective of the complexity of relational care practice in inpatient CAMHS and are therefore to be expected in an authentic and meaningful exploration of the nursing role.

WHAT THIS STUDY ADDS TO THE EXISTING EVIDENCE

Previous research highlights gratitude as an important factor within subjective wellbeing (Aparicio et al, 2017) and suggested providing gratitude could positively impact on both patients and health care staff (Lanham et al., 2012 Day et al., 2020). The present study adds to healthcare based gratitude findings by Aparacio and colleagues (2019) by indicating expressions of gratitude can form meaningful sources of feedback, supporting greater personal accomplishment and increased awareness of the impact of their work for patients within CAMHS inpatient settings.

Our findings also add insight into the impact of engaging collectively around receipts of gratitude. Foster et al. (2018) found that nurses gained a greater sense of connection and drew strength from hearing about colleague's experiences when engaged in peer group discussion and that a commitment to strengthening specialist nursing identity can support collective resilience. In this study we add to this by finding that when nurses receive expressions of gratitude and are able to share and discuss with colleagues, it brought benefits additional to the initial receipt. It does so by creating opportunities to engage in conversations around meaningful practice and shared values enhancing collective motivation to provide good care and increasing role clarity.

While previous research has tended to focus on the positive impact of gratitude within healthcare settings (Day et al, 2020: McFarlane, 2020) our study has highlighted the possibility of 'negative' emotions such as guilt, embarrassment, and self-doubt being evoked. This understanding will be helpful in best supporting healthcare staff in engaging with receipts of gratitude.

LIMITATIONS

The authors recognise several potential limitations. As a self-selected sample only participants who have benefited from receiving gratitude may have participated, which could result in some bias in the data and not necessarily be representative of the wider population of mental health nurses. The YPU's investment in ongoing collaborative research around CAMHS working could also have motivated over-reporting of positive

findings. This was mitigated by having facilitators not directly connected with the collaborative activities running the focus groups and encouraging participants to be open about all aspects of their experience. While the experiences of individual nurses are explored, a further limitation of this study is the lack of context around the ways in which the YPU setting currently handles displays of gratitude at an institutional level.

CONCLUSION

This research has considered the experience of inpatient CAMHS nurses receiving expressions of gratitude and identified potential rewards as improved understanding of professional identity, enhanced reflexivity, enhanced team cohesion, and increased professional and personal confidence and motivation. All of this can contribute to staff wellbeing, which in turn can improve patient care. The experience of sharing and discussing gratitude within the focus groups highlighted the benefits of actively utilising gratitude as a foundation for group-based support.

While the positive potential of receiving gratitude has been illustrated through our findings it is important to remember that when it comes to supporting the wellbeing and development of nurses, one size does not fit all. We have highlighted that there is a risk of experiencing self-doubt and incongruence between what is identified by patients and what is recognised by colleagues and recipients themselves which could lead to increased tension rather than the intended benefits. It may therefore best be considered one of an array of complementary interventions. Overall, this study highlights the importance of identifying and exploring elements of nursing care which remind practitioners of the meaning and value in their role.

IMPLICATIONS FOR MENTAL HEALTH NURSING

Our findings suggest that the receipt of gratitude from service users has the potential to improve personal and professional experiences for nurses working in CAMHS. Mental health nurses should be supported to engage in discussing and reflecting upon experiences of receiving or not receiving tokens of gratitude as this will invariably involve a nuanced and subjective experience that could positively improve shared understanding of roles and diverse contributions to patient care. Although care should be taken to support those who might experience unease or increased self-doubt, facilitation of such spaces should recognise and enable genuine and authentic responses from individuals involved and find ways to explore the complexity of relational care practice in inpatient CAMHS. Future research could explore a pilot project of facilitated reflective groups structured around expressions of gratitude received by all healthcare staff in order to facilitate dialogue and learning among all CAMHS professionals.

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TABLES

Table 1: Interview schedule

Questions around content of thank you letters	Questions around impact of receiving thank you letters
<p>Q1. When had the letters you reviewed been written?</p> <p>Q2. Did the time it was written make any difference to the kinds of things they singled out for thanks?</p> <p>Q3. What kind of things stood out to you from the letters you reviewed? What did young people tend to highlight?</p> <p>Q4. Was there anything that you did not expect?</p> <p>Q5. Were nursing staff singled out for anything particular?</p> <p>Q6. Was there anything identified by the young people that you might not have previously thought of as being associated with good care? Or did it confirm what you think good care is?</p> <p>Q7. Were there any aspects of care in the letters which young people were critical of?</p>	<p>Q8. Would you say thank you letters have ever helped you identify meaning in your professional role? Or helped you understand what nursing effectively in the YPU might look like?</p> <p>Q9. When you receive a letter of thanks, either individually or included in one addressed to the team, how do you feel?</p> <p>Q10. What do you do with letters received? Do you keep them? Where?</p> <p>Q11. If you look at them again, when and why do you do this? What does it provide? If you don't look at them, why not?</p> <p>Q12. Would you consider letters of thanks to be a resource which supports your wellbeing? How so?</p> <p>Q13. Is there anything you would like to add that we haven't covered today?</p>

Table 2: Summary of the themes and subthemes

Theme 1: The receipt experience	Theme 2: Dimensions of professional and personal impact	Theme 3: Active engagement with expressions of gratitude
<p><i>Value of individualised expressions of gratitude</i></p> <p><i>Individual vs. group gratitude hierarchy</i></p> <p><i>Timing of receipt as meaningful</i></p>	<p><i>Validation and direction</i></p> <p><i>Navigating professional identity</i></p> <p><i>Enhancing confidence, resilience, and motivation</i></p>	<p><i>Storing, keeping, and revisiting letters</i></p> <p><i>Sharing with colleagues as helpful</i></p> <p><i>Considering gratitude as a resource for the future</i></p>

<i>Receipt vs. Non-Receipt</i>		
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