

A mental health nursing transition program for enrolled nurses at a forensic mental health hospital

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KEY WORDS

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ABSTRACT

Objective

There are difficulties in recruiting enrolled nurses to mental health positions. A six month program was developed with the aim to bridge possible knowledge gaps for enrolled nurses, and to provide them practical support to consolidate skills and knowledge for nursing in a forensic mental health hospital.

Setting

The setting was a 116 bed secure forensic mental health hospital in the state of Victoria, Australia.

Subjects

Nine enrolled nurses who had completed a Diploma of Nursing, were recruited into the program.

Primary argument

There is a national decrease in enrolled nursing supply, and a paucity of data exploring the training needs of enrolled nurses transitioning from the Diploma to a mental health nursing role. Nursing programs are required to assist enrolled nurses with the knowledge and skills, and support required to effectively make their transition into mental health nursing.

Conclusion

The results demonstrate the importance in providing a program to assist enrolled nurses transition to mental health and that the mental health course requirements within the Diploma of Nursing and placement length may not be adequate in preparing enrolled nurses for direct entry to mental health nursing. Providing a structured transition program for a group of enrolled nurses is a useful strategy to improve knowledge, skills, and retention.

INTRODUCTION

Within Australia there are two nursing levels. These are Registered Nurses (RNs) and Enrolled Nurses (ENs). There are some similarities in the activities performed however there are notable differences in knowledge depth, the capacity to assess, plan and implement nursing care (Kerr et al 2012; Blay and Donoghue 2007). Essentially the role of the EN is to provide person centred care under the supervision of a RN while remaining professionally responsible that the care they deliver, is within their scope of practice (ANMC 2002). Qualifying as an EN requires the completion of a Diploma of Nursing (Diploma), an 18 month course including a dedicated mental health unit required to address the Mental Health Act; how to respond effectively to signs of mental illness; contribute to nursing care plans and care for people experiencing mental illness and to assist in evaluating care (Australian Government 2012).

There is a paucity of data exploring the training needs of ENs transitioning from the Diploma to a mental health nursing role. A search of the data bases Ebscohost, ScienceDirect, and Scopus, using combinations of the keywords 'enrolled nurse; Australia; mental health' with limitations of 'full text' and published after the year 2000, failed to retrieve any Australian published research examining programs for, or the experiences of, ENs entering a mental health program.

Furthermore is the lack of evidence that the Diploma curricular has been evaluated. As such the question of whether the mental health unit adequately prepares ENs for the mental health workforce remains unanswered. In the absence of evaluation, one might expect the clinical and theoretical content devoted to the mental health unit has been provided similar importance and weighting within the overall content of the course to that seen in undergraduate nurse training for RNs that has been described as minimal and unsatisfactory (Clinton and Hazelton 2000; Wynaden et al 2000). Adding to this are inadequate mental health placement opportunities for ENs to gain the much needed experience they require to assist them consolidate their knowledge and expose them to future career roles in mental health (Cleary and Happell 2005). A further factor impacting on the ability to attract ENs to the mental health workforce is the decrease in EN supply, with a decrease in EN supply nationally of 3.9% between 2009 and 2012 (AIHW 2013). The decline in EN numbers having a direct bearing on the recruitment of ENs to mental health positions. As such there is an urgent need for services to consider recruitment strategies such as transition programs to attract and support ENs to a mental health career.

A six month program was developed with the aim to bridge possible knowledge gaps for ENs and to provide them practical support for nursing in a Forensic mental health hospital. A three week orientation occurred at the commencement of the program that included clinical based educational sessions (see table 1). The ENs were supported by a Clinical Nurse Educator (CNE) and each EN was provided a preceptor. There were two three month clinical placements during the program for each EN to provide them with an experience of both an acute and longer stay Unit. Objective meetings occurred with the CNE for each placement to provide support and guidance for the EN and to assist them with their personal clinical goals.

METHOD

Participants and setting

A total of 20 ENs were interviewed, all had completed a Diploma. Nine were successful in gaining a position in the program. There were eight females and one male. Their age ranging from 21 to 50 years. Six had completed their training within a two year period of the program commencement. Two of the nine reported more than two years of mental health nursing experience, one greater than five years with the remaining six having limited experience that occurred during clinical placements whilst completing their Diploma.

Table 1: 3 Week Orientation - Educational sessions

<ul style="list-style-type: none"> • Mental health nursing • Therapeutic communication and relationships • Recovery orientated care • Mental state examinations • Role of the associate nurse • Medication administration and competencies • Role of the surgery and surgery assist nurse 	<ul style="list-style-type: none"> • Professional boundaries • Infection prevention and control • Documentation and online files • Aggression management workshop • Risk assessment and management • Security issues for mental health nurses • Escorting leave competency and responsibilities 	<ul style="list-style-type: none"> • MHPOD topics: • Documentation • Therapeutic Relationships • Legislation • Confidentiality • Risks • Mental health history and MSE • Biopsychosocial factors
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Consent procedures

All participants were adults. The assumption that they were competent and able to make a decision whether to participate or to decline participation in the evaluation (Polit and Beck 2013). All ENs participating in the program had been informed of the evaluation processes, and choosing to participate was voluntary. Returning completed de-identified questionnaires implied consent.

Setting

The setting was a 116 bed secure Forensic mental health hospital. Typically the function of such hospitals is to provide mental health treatment and care for adults who experience mental illness and have had contact with the criminal justice system.

Instruments/measures

Three post activity questionnaires were constructed by the researchers to evaluate the program, to provide a snapshot of the experiences of the ENs during the program (Polit and Beck 2013). Questions consisted of both quantitative questions and scales, and qualitative questions seeking views and opinions. Care was taken to ensure that questions asked for both positive aspects and shortcomings of the program.

The first questionnaire was administered during the 3 week orientation. The second evaluation occurred 2-4 weeks following orientation, to evaluate whether the orientation was adequate in preparing them for their roles on the Units and whether they were experiencing adequate support from their preceptor and CNE. The final questionnaire was administered as the ENs completed the program. This final questionnaire focussed on their overall experience of the program, the support structures, and the ongoing educational components of the program.

Data sources

Data were collected using the developed questionnaires which were provided directly to participants. To protect their anonymity, the ENs were not required to identify themselves on the questionnaires and returned completed surveys to the principal researcher in pre-addressed envelopes.

Ethical considerations

A research application was submitted and approved by Forensicare's Operational Research Committee. An ethics application was then made to the Department of Health and Department of Human Services Human Ethics Committee. The ethics committee considered the project to be a low risk, service evaluation, not requiring ethical approval.

FINDINGS

Questionnaire 1

The ENs were asked to provide feedback following each session of the orientation. The results from the clinical education sessions are reported along with the experience of supernumerary clinical time on the Units.

Mental health nursing

The content included philosophical underpinnings of mental health nursing, the therapeutic use of self, therapeutic relationships, core responsibilities, scope and standards of practice. The topic was reported as being very useful in improving knowledge about the art of mental health nursing. Five of the ENs highlighting that from their experience there was a lack of mental health nursing content in their Diploma.

Therapeutic communication and relationships

Content from this session aimed to assist the ENs to understand the experiences of consumers and to incorporate a person centred strengths based approach to care. The responses indicated that the session was very useful. However the ENs stated they lacked confidence with their skills and ability to communicate in a therapeutic manner with consumers. They also indicated an understanding of the importance in building therapeutic relationships with consumers.

Recovery orientated care

This topic explored key Recovery concepts such as hope, agency, responsibility and opportunity. The need to appreciate the uniqueness of the consumer, and the role of nurses to develop helpful and respectful partnerships with consumers. The concept of Recovery was not one that any of the ENs were familiar with.

Mental State Examinations (MSEs)

The ability to conduct an assessment of a consumer's mental state is critical to the role of nurses in mental health settings. The session was considered by them as very useful, however the process for conducting an MSE represented new knowledge for the ENs.

Professional boundaries

Understanding professional boundaries, signs of boundary violations and boundary maintenance strategies were the focus of this session. Responses such as remaining professional, not discussing personal details with consumers, and ensuring therapeutic relationships are for the benefit of the consumer, indicated a sound understanding of professional boundary maintenance.

Role of associate nurse

Session content covered the primary nursing model of care at the hospital. Within this model, the associate nurse (commonly performed by ENs) works as an adjunct to the primary nurse, supporting and ensuring implementation of the consumer's care and treatment needs. While the ENs indicated that the session was helpful, they also wanted a list of typical tasks the role performs, so they would be better informed and prepared when commencing in the role.

Medication administration and competencies

This session covered knowledge and skills, and Acts which govern the legal aspects of medication administration. An overview regarding the indications and common side effects of psychotropic medication, non-adherence and diverting of medications, and the reporting of medication errors also occurred. Completing the medication competency and supervision package was considered by them to be useful in improving their competence and confidence in administering medications.

Role of surgery nurse and surgery assist nurse

The responsibilities of the surgery nurse for administering medications safely were well understood by the ENs. Having a surgery assist nurse with the role to supervise consumers taking their medication to reduce the risks of non-adherence or diversion of medications, was one role they had not experienced previously but was a role considered important.

Infection prevention and control (IPaC)

The content of this session covered the responsibilities of nurses towards IPaC, such as standard precautions, aseptic technique, clinical waste, sharps handling and disposal, environmental and equipment cleaning and hand hygiene. Their responses revealed that the ENs already possessed adequate IPaC knowledge.

Documentation and online files

The purpose and standards of documentation, and what should be documented and what to avoid were discussed in this session. Understanding freedom of information, and access to files were also covered. The ENs indicated they wanted examples of notes written by other nurses to help them better understand the type of information recorded. Suggestions were made by them for the provision of supervision regarding their documentation when they commence on the Units.

Risk assessment and management

Assessing consumer risk to self, others and the community is an important clinical concern, where the consequences of poor risk assessment and management can be catastrophic. Most of the ENs indicated the session was useful. A common comment from ENs was that the session could be improved with the provision of case scenarios, and an opportunity to practice assessment skills.

Aggression management workshop

This workshop taught the ENs the importance of creating a safe environment, the use of de-escalation and early intervention strategies, and restraint practices employed at the hospital. All reported the information presented to be highly useful, along with the opportunity to practice skills taught. The importance of safety for clinicians and consumers was well understood by the ENs from this training. As was the need to recognise consumer distress at an early stage to allow for effective early interventions such as de-escalation and calming strategies.

Security issues for mental health nurses

The content of the session covered physical, procedural, and relational security. The importance of knowing the consumer, their risks, their state of mind and sharing information was the focus of the topic. The information was new for the ENs however their responses indicated their appreciation to the importance of maintaining security in a Forensic hospital. The session also covered the importance of adhering to security policy, and the need to be security conscious and vigilant. Topics such as managing contraband and searching rooms were covered. Half of the ENs had never searched a consumer's room, however their understanding to the importance of being thorough in conducting searches, and to be mindful of safety issues was well understood.

Escorting leave competency and responsibilities

Escorting consumers on leave to legal and medical appointments and to facilitate community rehabilitation needs is an important role nurses provide. The ENs reported the session was very useful. They discussed the shortcomings that embedding the content of the session into practice will occur at a later time when required to escort consumers.

MHPOD competencies

MHPOD is an online mental health professional development resource that has been based on national practice standards (MHPOD 2013) and designed to meet the needs of entry level clinicians. Overall, the responses to the relevance of the MHPOD topics (see table 1) suggests that topic content was relevant, and for the most part represented new knowledge.

Supernumerary time on units

The ENs reported the supernumerary time was a “fantastic” opportunity and a “great” way to learn, with excellent staff support from preceptors and the CNE. They were able to learn hands on, participating without the responsibility of being counted as part of the usual staffing profile.

Questionnaire 2

The second questionnaire occurred two weeks following orientation. At this time, the ENs had now been working on the units no longer in a supernumerary capacity. The purpose of the questionnaire was to seek the views of the ENs about the effectiveness of the orientation, the support of the CNE and preceptors, and their overall opinions of the program to date. The ENs discussed the bond that had formed between themselves as a group. The advantages of having a group starting together as opposed to individual appointments at different times were frequently cited. The ENs also made mention of the welcoming they received from other clinicians and the support and leadership available to them from the CNE and the nurse education department. Standout topics such as the aggression management training and the topics with a mental health nursing focus were considered most valuable in providing them with knowledge and skills for their nursing role.

The ENs were asked to consider topics that could be included or omitted to improve the orientation. They stated that incident reporting and documentation could be omitted and be taught on the Units. To improve the orientation the ENs indicated they would like more sessions on mental health nursing, greater detailed information on the day to day roles for ENs along with supernumerary time in the afternoon to improve their understanding of what is required of them after hours. The ENs also wanted greater content on the Mental Health Act.

All nine ENs indicated they were having regular meetings with their preceptor. All reporting positive support from the preceptors, who were described as being approachable and available to meet their new learning needs. However, the ENs reported that finding time to meet with their preceptor was difficult due to conflicting rosters, competing clinical demands and activities on the Unit.

The ENs also reported they were frequently meeting in person with the CNE and via email. Describing the CNE as supportive, knowledgeable and reliable. Overall, at this early stage of the program, the ENs were reporting they were feeling valued by others in the treating team and sense they were part of the team.

Questionnaire Part 3

The ENs were asked to reflect on the past six month program, and consider the standout positive features of the program. As with previous evaluations, the orientation, group recruitment, supportive staff and the support of the designated CNE, were key standout positive features. The ENs were also asked to identify any shortcomings of the program. More Unit rotations, along with more supernumerary time were further suggested improvements. When asked whether the experience with their preceptor had been a positive experience the comments were positive highlighting the knowledge and friendly nature of the preceptors. The ENs described the CNE as an approachable and supportive person, who was always available to them and considered the CNE as a credit to the program.

Critical to the success of the program was understanding whether the program provided the ENs with the skills and knowledge they required to work in mental health. Some expressed that their knowledge and skills will continue to develop with time and continued exposure to clinical situations. One stated she was very glad for the opportunity to be part of the program as she does not think she would have “lasted a week” without the support of the program. The compulsory competencies were considered by them as “very good”, and “very helpful”, as was the appreciation they had for the orientation and the provision of a preceptor for the length of the program.

The ENs were asked to share any additional thoughts regarding the program. Some suggested the need to include specific training on the role of the Associate Nurse. The ENs were asked to consider and share the areas of their practice they would still like to develop. They discussed the need to better understand ‘Recovery’ and what this means for consumers, more aggression management sessions to increase confidence in de-escalation and restraining practices. There was also the need to better understand specific nursing roles such as the Associate Nurse role and, to better understand legal processes.

Discussing their future, three of the ENs stated they are currently considering extending their career to become Registered Nurses. Three stating that they have successfully accepted positions with (a local University) to commence a Bachelor of Nursing in 2015. Others discussed taking on extra responsibilities at the hospital. One completed the QUIT training and will act as a co-trainer within the hospital to assist consumers and staff with strategies to cease smoking. One is interested in becoming a Gender Sensitive and Safety trainer within the hospital, and three ENs have become IPaC Link Nurse.

DISCUSSION

The program was established to bridge possible knowledge gaps for ENs and to provide them practical support to consolidate skills and knowledge to assist them to transition to nursing in a Forensic mental health hospital. The EN participants all identified clear advantages for them in being part of a larger group of ENs commencing in mental health together as opposed to individual appointments. They experienced satisfaction with the program and their role, and expressed that staff were accepting of them and welcomed their clinical input. These were important positive aspects of the program and is consistent with the report by Heartfield and Gibson (2005) where ENs reported that being part of a team and working with others in the provision of care was significant and important to the professional sense of self for ENs. Furthermore, the sense of belonging to a supportive team has been described as the number one factor for nurse retention (McGillis Hall et al 2011). The ENs also described the level of support from their preceptor and the CNE as highly important to the experience in the program. Hill (2011) reports that a positive supervisor relationship resulted in improved job satisfaction and retention of nurses. The program, while a new endeavour for ENs, was not dissimilar to transition programs for RNs. Where it has been reported that transition programs create supportive environments for nurses, who experience job satisfaction and results in increased retention (Missen et al 2014).

The level of satisfaction with their experience of being part of the program had a strong bearing on the future career plans for the ENs. None of the ENs reported dissatisfaction with nursing at the hospital or revealed plans to “move on”. All but one of the ENs have taken on either extra responsibilities at the hospital or have expressed that they are enrolled in training to become an RN embracing the life-long learning tenants for EN registration (ANMC 2002), and adds further support to the findings of Jacob et al (2014) where educators held views that the Diploma of Nursing provides a strong foundation for ENs wanting to continue their nurse education to Undergraduate level.

A surprising finding was the lack of knowledge the ENs had regarding core foundations of mental health nursing such as the use of therapeutic communication and the need to develop therapeutic relationships (Browne et al 2014; Peplau 1952) where they were unsure of their skills and abilities. They were also unsure of how to conduct a mental state examination which is a vital assessment skill in mental health. Furthermore the concept of recovery, which underpins contemporary mental health treatment approaches (Slade et al 2014), and is considered an important aspect of mental health nursing education (Happell et al 2015), represented new information to them. The ENs reported that during their Diploma content devoted to mental health nursing was not provided the importance equal to that of other areas of nursing. This shortcoming was reportedly coupled with inadequate mental health placements during the Diploma, resulting in reduced opportunity to practice mental health nursing skills, lack of confidence in engaging with consumers and building therapeutic relationships, and poor confidence in performing MSEs. This may well reflect the content preparing the ENs for more preferable clinical areas which is not surprising given that less than 2.5% of ENs identify mental health as their clinical speciality (Della and Fraser 2006).

CONCLUSION

There are positive benefits in a group recruitment mental health nursing transition program for ENs. The support of a dedicated CNE bolstered by individual preceptors is a vital support structure for the success of such programs. The structured orientation that included topics central to the practice of ENs in a mental health environment were an important feature of the program due to the poor knowledge base, and lack of personal confidence in their skill base. The results of this mental health program where the ENs experienced clinical support and good job satisfaction, provides further support that increased retention and future career development for ENs can result from specific mental health transition programs.

RECOMMENDATIONS

Given the small sample size of nine ENs and that the program evaluation occurred in the one Forensic mental health hospital the findings may not represent the views of ENs in similar programs and environments. Furthermore, the findings reflect reported rather than observed behaviour. There is the risk of participants censoring their responses or offering responses they believe to be acceptable rather than reporting their actual practice or experiences. The evaluation of the program suggests the mental health unit in the Diploma does not adequately prepare ENs to enter the mental health workforce without the support of a transition program. Mental health nursing transition programs for ENs are crucial in supporting and retaining ENs. Further research is required to evaluate the content of the mental health unit within the Diploma and strategies to improve the placement for student ENs to improve their exposure to mental health and mental health nursing.

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