

RECOGNISING AND RECONCILING DIFFERENCES: MENTAL HEALTH NURSES AND NURSING STUDENTS' PERCEPTIONS OF THE PRECEPTORSHIP RELATIONSHIP

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ABSTRACT

Objective:

The main purpose of this study was to examine the preceptorship relationship between students' and mental health nurses' in the mental health setting.

Design:

This study used a qualitative research design: grounded theory. This type of research method was deemed appropriate due to the limited knowledge of preceptorship in mental health.

Setting:

One metropolitan area mental health service (AMHS) in Melbourne, Victoria, Australia agreed to participate in this study. The range of settings included adult acute, rehabilitation and community.

Subjects:

Twenty 2nd year undergraduates nursing students from one metropolitan university in Melbourne, Australia agreed to participate in the study. In addition, nine mental health nurses from the nominated AMHS also consented to be involved.

Main Outcome:

The development of a substantive theory to describe the preceptorship relationship as informed by the study participants, student nurses and mental health nurses. For the purposes of this paper the category of 'reconciling difference' is the focus.

Results:

The core category identified for mental health nurses was 'attempting to accomplish connectedness' and for the students, 'coping with uncertainty'. There were also many sub-categories, one of which was identified by both groups. This category is the main focus of this paper; reconciling difference.

Conclusion:

Dealing with the uncertainty of, and reconciling differences between, the general and mental health environments emerged as a strong theme from the research. Student nurses were faced with confronting situations within the environment and made various suggestions for improvement so that their learning could be enhanced rather than inhibited. These findings make an important contribution to the specific issues concerning preceptorship in the mental health environment.

INTRODUCTION

The introduction of comprehensive nursing education in Australia has created specific difficulties in recruiting sufficient graduates into the mental health nursing field (Happell 1998; Stevens and Dulhunty 1997), resulting in what has been described as a critical shortage of mental health nurses (Clinton 2001). Although graduates of undergraduate programs are theoretically prepared for practice in a wide range of practice areas, including mental health, the available literature from Australia clearly demonstrates current curricula offer insufficient exposure to the theory and practice of mental health nursing (Clinton and Hazelton 2000; Wynaden et al 2000; Happell 1998; Farrell and Carr 1996).

This concern is by no means exclusive to the mental health field. Recent Australian Government inquiries highlighted the inability of the current three year curriculum to provide adequate course content to introduce students to, and prepare them for practice in, the broad variety of health care settings (Clare et al. 2002; Bennett, 2001).

Far from being considered as just another area of nursing practice disadvantaged by the existing limitations, mental health nursing has specific issues that need to be addressed. There is currently a body of research which suggests that only a small proportion of nursing students plan to pursue a career in the mental health field on entry into the undergraduate nursing program, and that the

impact of nursing education is only minimal in increasing the popularity of this area of practice (Happell 1999; Stevens and Dulhunty 1997).

Clinical experience was identified in the research clearly as the most important determinant in changing students' attitudes about mental health nursing (Happell 2000; Rushworth and Happell 2000; Stevens and Dulhunty 1997; Pye and Whyte 1996). Positive clinical experiences provide the opportunity for undergraduate nursing students to increase their understanding of, and skills in, mental health nursing and the care of people experiencing a mental illness and to gain a more favourable view of this area of practice.

In maximising the potential of clinical experience in producing positive outcomes, preceptorship has been identified as an important strategy (Usher et al 1999; Byrd et al 1997; Coates and Gormley, 1997; Dibert and Goldenberg, 1995). Preceptorship is defined as an educational relationship, usually for a limited and fixed time period, where the preceptor provides support and role modeling to not only enhance the learning experience for the student, but to encourage socialisation into the specific area of nursing practice (Morton-Cooper and Palmer, 2000).

A substantial body of literature exists that supports the many benefits of preceptorship for both registered nurses and nursing students (Myrick and Yonge 2002; Ohrling and Hallberg 2000; Letizia and Jennrich, 1998; Beattie 1998; Byrd et al 1997; Ferguson 1996; Bain 1996). This literature primarily targets generalist settings.

There is considerably less literature relating specifically to the area of mental health. In order that preceptorship is maximised as an effective strategy, consideration must be given to the unique characteristics of mental health nursing. In Australia, undergraduate nursing students generally undertake their mental health placement in the second or third year of their program. By this time they have already undertaken clinical experience within the general hospital environment. This tends to be a more structured and task focused environment where nursing students focus heavily on developing the skills to perform a variety of tasks (Moir and Abraham 1996).

The mental health nursing placement is often perceived by nursing students as a stark contrast to the general nursing settings. There is less reliance of the performance of clearly identifiable tasks, and a greater reliance on the therapeutic use of self (Stuart and Laraia 2001). In addition, nursing students may be disturbed by the actions and behaviours of clients (Suikkala and Leino-Kilpi 2001), and by the nature of the treatment itself. Involuntary detention and forced treatment is frequently a cause of distress for the novice student (Suikkala and Leino-Kilpi 2001).

The following study was conducted in recognition of specific issues present within the mental health setting, as

well as the paucity of preceptorship research specifically related to this area.

METHOD

In light of the limited research available on preceptorship in mental health settings, a grounded theory framework was adopted (Strauss and Corbin 1990). Grounded theory facilitated a process of discovery, theory development and verification of the experience being investigated as it occurred for the study participants (Strauss and Corbin 1990).

Setting

The study was conducted in one Area Mental Health Service located in metropolitan Melbourne, Victoria, Australia. The specific site was selected on the basis of its recognition for providing a positive and supportive learning environment for nursing students.

Sample

An invitation was extended to mental health nurses who had been actively engaged in the preceptorship process. Nine mental health nurses consented to participate. The participants were aged between 31 and 43 years of age and presented with a broad range of clinical experiences across a number of settings.

Nursing students were accessed through the university at which they were studying. Students who were undertaking their placement at the specified health service were invited to meet with the researcher to discuss the project. Twenty students consented to participate.

Ethical Considerations

Formal ethics approval was obtained from both the university and the mental health setting. All participants were provided with a copy of a plain language statement and given the opportunity to ask questions or seek clarification about the project. They were all informed that their participation was purely voluntary, and that they were able to withdraw at any time during the conduct of the research.

Establishing Study Rigor

It is essential that all studies adhere to a recognised process for ensuring study rigor. In this study the criteria outlined by Lincoln and Guba (1985) was employed. Key criteria include ensuring credibility, auditability, fittingness and confirmability. In this study interpretation of the data was returned to participants to allow for comments on truthfulness. Participants were asked to review the analysis sections and comment on whether the findings adequately represented their experiences of preceptorship in the mental health setting.

In terms of auditability, fittingness and confirmability the author developed an audit trail throughout the documentation of the study and enhanced this by using diagrams to link and demonstrate relevant concepts.

Current literature was used to confirm this study's emerging themes and confirmability is assured when the first three criteria are said to be met.

Study Limitations

Caution should be used when drawing broad and general conclusions from study findings. As with all research, this study comes with its own limitations. The inclusion of only one metropolitan mental health service as the research site has no doubt reduced the diversity of experiences which could potentially be obtained from other participants if numerous sites had been used. Small participant numbers in this study may also influence the findings in generalisable terms; however it is not expected that the study findings are generalised to other settings, rather that this information provides new insights and explanations inferred from the perspective of this group of participants.

Data Collection

Individual and focus group interviews were selected as the data collection tool. The mental health nurse preceptors were interviewed individually while the students were interviewed in focus groups. The use of focus groups was considered the most appropriate for the student group as this enabled access to a relatively large number of students within a limited timeframe. More importantly, focus groups provided the opportunity for discussion and debate amongst students on this topic (Morgan 1998). The mental health nurses were interviewed individually as it was felt that diversity in seniority and experience may have limited the ability of some participants to provide open and honest responses in the group setting (Happell 1996). The interviews were audio taped and transcribed as close to collection as possible to ensure clarity of the participants voice (Patton 1987).

Data Analysis

Data analysis proceeded in line with grounded theory method. This included the use of open, axial and selective coding as outlined by Strauss and Corbin (1990).

Through the coding process the data is 'unpacked' then re-sorted to identify connections between emerging categories and sub-categories. A core category emerged for each of the participant groups, however through the data analysis a category emerged from both the mental health nurse and nursing student data that related specifically to the unique issues present in the mental health environment. These categories are the primary focus of this paper and are discussed in the findings section.

FINDINGS

Mental health nurse preceptors

The preceptor participants discussed the need to reconcile difference: for the student, their colleagues and themselves, between the different work foci of mental

health and generalist settings. The ability to reconcile this difference influences the image that students take from their mental health placements. There is ongoing dialogue around making comparisons between the areas, how there is less task orientated work in mental health and less focus on the person in general settings. The following participant contrasts the differences in experiences:

'I have actually had a preceptor in general medicine, it's much more task-focused ... with mental illness it's harder ... sometimes mental illness is vague, each person is not the same and that's confusing for the students'.

Stigma about mental illness also plays a role in influencing students' perceptions and degree of interest in this setting and further complicates the preceptor's role in reconciling difference. In this study, student's discussed the different way that stigma is perceived in both settings; especially highlighting that less stigma is attached to those in general settings.

It is important for the preceptor to help the student in reconciling the difference between settings so they feel comfortable working in the mental health environment and are able to learn from their experiences. Preceptors do this by providing support and encouragement, and by assisting the student to identify transferable skills that they can take away with them to whatever clinical setting they choose to work in during their career. Preceptors identify a starting point with students that consider the student's current perceptions of mental health nursing and then foster the connection between skills regardless of setting. Preceptors indicated that this is important so the student departs with a positive image of mental health nursing and the need to care for the 'person' in all settings.

Mental health nurse preceptors attempted to connect existing student knowledge with the realities of working in this setting. Common misperceptions about mental illness were challenged with the aim of reframing and influencing more positive attitudes toward both mental health nursing and mental illness. The focus on reconciling difference was identified along a continuum throughout the placement.

With support and encouragement to actively engage with clients, preceptors discussed the change in student attitudes over time. The students' ability to reconcile difference from the beginning of the placement in comparison to the end was obvious to preceptors. Preceptors highlighted the stark difference between commonly fearful and confused students at the start to more confident and aware students at the end. This was especially highlighted by a greater understanding of mental illness, the setting itself and the mental health nursing profession. Preceptors discussed how students' were able to acknowledge the substantial influence of the media and community perceptions in shaping their attitudes prior to commencing the placement and how the reality of working in the mental health setting had positively changed their views.

Nursing Students

Uncertainty also existed between students' occupational identity as a nurse in generalist acute care settings and that in mental health. In response to the question 'what is your understanding of the role of a mental health nurse?' the following comments were noted:

They look after loonies ... hand out medication ... give needles ... manage aggression and put them (patients) to sleep.

Although these perceptions existed about the mental health nurse role, students still attempted to manage their environment like a general practicum. This was something more familiar as a construct they were comfortable with. For example, on day one, students automatically went to make beds; this was a task that was both familiar and safe to them. Conversely, in mental health this was actively discouraged as client independence is a primary goal of care.

Over time students' indicated a substantial shift in their understanding of the mental health nurses role by observing their preceptor and others around them. They also acknowledged the important skills and knowledge they had gained for practice in any setting. For example:

Spending time to actually communicate with somebody and understand why that person is saying, doing or acting the way they are ... it's just appreciating that ... I think you learn that (in mental health) it's a good thing to take into other areas of nursing.

The ability to reconcile difference and manage their fear of the unknown was directly linked by students to the actions or inactions of preceptors. Attitudes and behaviors heavily influenced the degree of change in student anxiety and confidence levels. Students described how positive interventions and learning strategies substantially improved the quality of their practicum in mental health. Not only did they feel more comfortable with clients, they also described a more positive attitude toward caring for those with a mental illness.

Students commented on preceptors' ability to create a relaxed environment which was more conducive to their learning and comfort levels. Preceptors checked in with students regularly and encouraged graded exposure to learning experiences that helped decrease their anxiety levels.

In addition to creating a relaxed environment, the unit culture and philosophy regarding teaching and nurturing of students was also crucial in securing a positive experience for students. Students gained greater support and satisfaction with the placement when teams communicated effectively, provided consistent and regular feedback and were inclusive of students in team work more broadly.

Following this preceptorship experience in mental health, students also indicated a more positive attitude toward mental health nursing as a career option:

Before I can honestly say for myself I didn't think psych nursing was anything that I wanted to touch or go

into, but their (preceptors) passion for the job and what they do has influenced a different perspective ... I would actually consider it now, whereas before I wouldn't even go near it ...

Although the experiences of preceptorship for students were overwhelmingly positive in this study as demonstrated by the previous comments, there were a number of less than desirable experiences. Students described how inaction or negative attitudes of preceptors inhibited their learning and could make them feel isolated, despondent and devalued. In stark contrast to positive experiences, students were very clear that negative experiences significantly influenced their opinions of this setting. It is important for any health service to identify where students encounter negative experiences and address these in a fair and rigorous manner. In mental health nursing the aim must be to provide positive, learning placements for students, especially in light of the outcomes of this study.

DISCUSSION

The findings of this study support recent Australian literature by highlighting how important a high quality, supportive clinical experience can be in promoting a more positive view of mental health nursing (Fisher 2002; Happell and Rushworth 2000; Stevens and Dulhunty 1997). In particular these findings emphasise the important role of the preceptor in determining the quality of the clinical placement and its subsequent impact on nursing students.

The student participants expressed being more relaxed and able to learn when the attitudes, behaviour and support of the preceptor were welcoming, nurturing and inclusive of the student. Alternatively, when students were not provided with support or direction they felt distressed and overwhelmed. This scenario has particular implications for the image of mental health nursing and the development of subsequent attitudes that students may take from the practicum. With the current emphasis on recruitment it is imperative that student nurses are well supported and encouraged to view mental health nursing as a viable career option.

With regard to the study findings, reconciling the difference between mental health and general health settings was identified as a major category for both mental health nurses and nursing students. Within the relationship there was interplay between students struggling to cope with a new environment perceived to be substantially different to that of general acute care nursing, and mental health nurses attempts to rectify this. This was addressed by linking knowledge gained on this practicum to essential and transferable skills for any clinical setting. Importantly, the quality of preceptorship had a significant impact on whether the student developed a greater sense of comfort with the setting and a subsequent ability to relax and learn. For students with

role confusion, feeling less confident in mental health was heightened due to the contrast between this setting and the more familiar, highly structured nature of general acute care settings.

This supports the findings of Moir and Abraham (1996) in which undergraduate nursing students described acute care settings as technically orientated and more concerned with scheduled tasks, something quite different to the less structured environment in mental health. The way in which student nurses perceive mental health nursing, coupled with the expressed need for more structure to help reduce anxiety, is vital information for preceptors.

In terms of future planning, mental health nurse preceptors need to understand what the experience is like for the students. It is imperative that preceptors appreciate how uncertainty can interfere with the students' ability to perform and achieve quality results in this practicum, and how the students need to seek structure because it fits with their established perception of a nursing identity to date. Where armed with this knowledge, preceptors have a greater capacity to pre-plan practicum experiences, especially for the initial orientation period.

Organisations need policies and procedures to guide preceptorship; this may also be useful in promoting a culture of service for students and facilitating positive change where negative influences exist. Formalised processes need to be established in policy so that greater consistency exists in programs (O'Malley et al 2000). There will no doubt be implications, if and when mental health services choose to implement formal preceptorship programs both in terms of financial and human resources. However, existing literature indicates benefits where formal programs are in place (Trevitt et al 2001; O'Malley et al 2000; Dismohamed and Guscott 1998; Smith 1997).

The fact that both the mental health nurse preceptors and the nursing students identified the difference between mental health settings and other areas of clinical practice is a significant finding of this study. Anecdotal evidence suggests that preceptorship is frequently viewed as a generic skill that can be learned by experienced nurses and readily adapted to a variety of practice settings. The authors do not dispute the validity of such a view, however, it is important to acknowledge that mental health practice presents its own issues and challenges not only for nursing students, but also for the preceptors themselves. This important finding is worthy of further exploration and should be borne in mind by mental health services.

CONCLUSION

This study has examined the preceptorship relationship from both nursing students and mental health nurses perspectives. A major category to emerge as a concern for both groups was the concept of 'reconciling difference' between general acute and mental health settings. Although preceptorship may be viewed by some as a generic role easily adapted across clinical settings, it is

vitaly important to acknowledge and learn more about inherent differences in mental health.

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