The Centre for Psychiatric Nursing Research and Practice: Promoting Excellence in Psychiatric Nursing

by

Associate Professor Brenda Happell, RN, RPN, BA (Hons), Dip Ed, B Ed, M Ed, PhD. Director Centre for Psychiatric Nursing Research and Practice, School of Nursing University of Melbourne, Level 1, 723 Swanston Street, Carlton, Victoria 3053 Australia.

Ph: 61 3 8344 0769 - Fax: 61 3 8344 9392 - Email: bhappell@unimelb.edu.au

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Abstract:

The Centre for Psychiatric Nursing Research and Practice (CPNRP), is funded by the Department of Human Services Victoria, as an initiative to support psychiatric nurses throughout the State of Victoria. At the time of the CPNRPs inception in 1999, psychiatric nursing had been affected by widespread changes in the delivery of mental health services and nursing education in Victoria. The aim of this paper is to provide an overview of the development of the CPNRP and how this development reflected the significant issues of the time. The CPNRP introduced a number of programs and other initiatives in response to six primary issues: recruitment, retention, leadership, professional development, research: practice gap and communication.

Keywords: Nursing Education - Nursing Practice - Psychiatric nursing – Recruitment - Research Retention

Introduction:

The Centre for Psychiatric Nursing Research and Practice (CPNRP) is funded by the Mental Health Branch, Department of Human Services, Victoria, Australia. The CPNRP commenced operation in November 1999 through a partnership with the School of Nursing, the University of Melbourne and the North Western Mental Health Program, following a successful competitive tender process. It was initially funded for a period of five years, but has recently been refunded until November 2009.

The primary aims of the CPNRP at the time of inception were to become a focal body for psychiatric nursing in Victoria, to promote the links between training, research and practice, to contribute to the articulation and ongoing development of clinical practice. Although auspiced by one university and one mental health service, it was intended that the CPNRP would be a statewide service, inclusive of psychiatric nurses and other stakeholders situated in a broad range of practice areas throughout the State of Victoria. The staff of the CPNRP currently stands at 5.6 EFT (Effective Full Time Equivalent). The staff profile includes psychiatric nursing academics, working on both a full and part time basis, two consumers of mental health services, one in an ongoing academic post and the other on a one year contract to work on a funded project, a research fellow (with a background in psychology), a policy analyst and an administrative manager. The funding provided by the Department of Human Services contributes a significant proportion of the funds utilised to cover salaries. Additional staff are supported through monies earned through training programs and research activities.

In order to gain a comprehensive understanding of the development of the CPNRP, it is important to place psychiatric nursing at the time of the inception of this initiative within a representative context. Towards the closure of the twentieth century, psychiatric nursing in Victoria had experienced considerable and far reaching changes. Mental health services had become mainstreamed into the general health care system (Barling & Brown, 2001) creating considerable changes to the work culture and practices traditionally experienced by psychiatric nurses (Whiteford, 1998). Specialist preparation for psychiatric nursing practice at undergraduate level had been replaced with generic or comprehensive nursing education (Happell, 1998; Clinton & Hazelton, 2000). The esteem and professionalism of psychiatric nursing had suffered negatively as a consequence of these rapid and profound changes and there was generally a sense of despondency about the future of the profession.

In particular the following issues were found to be of significant concern to the psychiatric nursing profession:

- Recruitment
- Retention
- Inadequate leadership
- Limited availability and accessibility of professional development opportunities
- Research: practice gap
- Lack of communication

The aim of this paper is to provide an overview of each of these issues, and the strategies adopted by the CPNRP to address them:

Recruitment:

Following the introduction of comprehensive undergraduate nursing education in Victoria, it became apparent that psychiatric nursing was not a popular career destination for nursing students (Happell, 1999; 2001) which mirrored the experiences in other states of Australia (Bell, Horsfall & Goodin, 1998; Clinton & Hazelton, 2000; Stevens & Dulhunty, 1992; 1997). An examination of attitudes towards psychiatric nursing suggested that at the commencement of their nursing program, students generally held negative stereotypes about people experiencing a mental illness and of the working environment within mental health services (Happell, 1999; Stevens & Dulhunty, 1992).

The development of more positive attitudes amongst students was hindered by the minimal exposure most programs offered for the theory and practice of psychiatric nursing (Clinton & Hazelton, 2000;; Farrell & Carr, 1996; Happell, 1998; Stevens & Dulhunty,, 1997). By the completion of their educational program, most students had overcome their fear and apprehension regarding people experiencing a mental illness, however, psychiatric nursing remained one of the less popular choices, with a strong view that it offered less action and excitement than many other areas (Rushworth & Happell,, 2000; Stevens & Dulhunty, 1997).

On a more positive note, clinical experience emerged as an important factor in influencing nursing students' attitudes towards psychiatric nursing as a potential career option (Bell, Goodin & Horsfall, 1998; Happell, 2001; Rushworth & Happell, 2000; Stevens & Dulhunty, 1997), suggesting that where students have a positive clinical experience they are more likely to consider psychiatric nursing as a realistic career option.

In order to strengthen recruitment into psychiatric nursing, factors, which could affect more positive clinical experience, needed to be identified and facilitated. Preceptorship has been widely acknowledged as such an initiative (Bain, 1996; Beattie, 1998; Byrd et al., 1997; Ferguson, 1996; Letizia & Jennrich, 1998; Myrick & Yonge, 2002; Ohrling & Hallberg, 2000a). In recognition of the important role of preceptorship the CPNRP developed an educational program. Initially the program was taught on-campus at the university. However in response to demand from rural Victoria, the course was modified to enable it to be taught in workshop format onsite within the clinical areas. The demand for the course has remained high with more than 500 participants completing the program between 2000 and 2004. The majority of participants have been registered nurses but increasingly the course has attracted participants from allied health (social workers, occupational therapists, psychologists) and consumer consultants. Formal evaluations of the course have demonstrated both a high level of satisfaction and evidence that completion of the program has positively impacted on the practices of supporting students within mental health services (Charleston & Happell, 2004). Participants described the program as providing a catalyst for change. This was particularly apparent for those programs conducted on-site within the clinical agencies. More specifically, participants described the following benefits from the program: facilitating a greater understanding of the preceptorship role; the development of a more student focused approach; a higher commitment to preceptorship, and more confidence in undertaking the preceptorship role (Charleston & Happell, 2004).

Retention:

The stresses associated with psychiatric nursing practice, and the inadequate supports provided for nurses are cited as contributing factors to nurses leaving or planning to leave the profession (Clinton & Hazelton, 2000; Happell, Martin & Pinikahana, 2003; Pinikahana & Happell, 2004). Clinical Supervision has been identified in the literature as a strategy to enhance job satisfaction for psychiatric nurses, and consequently to reduce the levels and/or impact of stress and burnout (Berg & Hallberg, 1999; Berggren & Severinsson, 2000; Edwards & Burnard, 2003; Hancox, Lynch, Happell & Biondo, 2004).

Despite the availability of evidence in support of the importance of clinical supervision and impetus from government supporting its introduction, there were no known courses available within Australia to support its introduction. A program was developed by the CPNRP, initially in collaboration with an Area Mental Health Service. The positive evaluations of the program led to increasing demand (Hancox et al., 2004). The program was later developed for delivery in rural Victoria and other parts of Australia.

To date evaluations of the program remain positive with approximately 400 completions. Program participants include psychiatric nurses, general nurses, allied health and consumer consultants. In addition to contributing to an increase in the uptake of clinical supervision, more recently participation in the program has fostered partnerships between psychiatric and general nurses, through undertaking the program together and through engaging in a team approach to introduce and foster the provision of clinical supervision within the workplace.

Leadership:

As stated in the introduction, the latter years of the twentieth century saw significant changes to the structure of mental health service delivery in Victoria. The mainstreaming of services within the general health care system (Barling & Brown, 2001; Whiteford, 1998) led to the abolition of most senior psychiatric nursing positions. Mental health service management became generic meaning that within some services there were no senior nursing position beyond that of unit manager (formerly known as charge nurse). Nursing leadership consequently became less visible and there was no clear career structure evident.

In August 2000 the Mental Health Branch of the Department of Human Services Victoria, announced the introduction of 63 new senior nursing positions at the level of Psychiatric Nurse Educator, Clinical Nurse Consultant and Senior Psychiatric Nurse to be introduced into each of the 21 Area Mental Health Services throughout Victoria. The intention for these positions was to develop a team to address the professional development needs and otherwise provide support for psychiatric nurses across a broad range of practice settings throughout Victoria.

The CPNRP celebrated the introduction of these positions as an important initiative for psychiatric nursing in the state. It represented an exciting opportunity to reintroduce career structure, provide leadership and address professional development issues. However, one consequence of mainstreaming had been the tendency for mental health services to be isolated from one another, often with little knowledge of the initiatives being introduced and issues being addressed from one service to another. It was therefore a distinct possibility that the 21 teams would each be attempting to achieve similar goals, with limited appreciation of what was being undertaken by other services. Duplication of effort being a likely outcome.

The CPNRP, as an education and research responsive service for nurses working within the mental health field were eager to create a statewide working alliance with the Psychiatric Nurse Educators, Psychiatric Nurse Consultants and Senior Nurses. The intention of this relationship was to harness the energy, experience and expertise of the staff within these senior nursing roles and the members of the academic/educational arena through the CPNRP. The enthusiasm and willingness of such a group voice has the potential to influence the current impact and future direction of psychiatric nursing, from a learning perspective. In response to this perspective the CPNRP extended an invitation to the Psychiatric Nurse Educators, Psychiatric Nurse Consultants and Senior Nurses to attend a statewide Staff Development Forum as an initial networking and information sharing process.

In broad terms the aim of the forum was to: support the development of the professional development roles; foster communication and exchange of skills and knowledge between the incumbents of these positions; encourage the development of leadership in psychiatric nursing and to facilitate communication between the CPNRP and the clinical field. Although no formal evaluation has been conducted at this time the overall feedback regarding this initiative is very positive. Attendance has remained high over the ensuing four years.

Professional Development

The importance of professional development for nurses has been acknowledged by government (Commonwealth of Australia, 2002a; Commonwealth of Australia, 2002b; Victorian Government Department of Human Services, 2001; Victorian Government Department of Human Services, 2002) as a crucial element in ensuring the highest standard of care provision for consumers of health services. The available nursing literature supports the findings of government inquiries that access to professional development is frequently hindered by factors such as budgetary restraints, high workloads and shift work (Clinton & Hazelton, 2000; Courtney et al, 2002; Sperhac & Goodwin, 2000). In the development of a plan to address the professional development needs of psychiatric nurses, informal consultation with the clinical field highlighted four main problems: limited availability of professional development activities; difficulty in obtaining time release to attend (particularly the case for nurses employed in bed-based services); the opportunities available represented variable quality and relevance to practice; and, the absence of a structure within workplace for dissemination of skills and knowledge.

In response to this information, the CPNRP developed the Clinician-Trainer Program. This program was designed with the primary aim to provide professional development within the work place, reflecting both the needs and constraints of the organization, and emphasizing the skills and specialist knowledge of psychiatric nurses (Miller & Happell, 2002). The evaluations of the program to date have demonstrated a high level of satisfaction from participants. Furthermore, the impact evaluation indicates that most participants have presented professional development opportunities within the workplace and feel more confident in doing so (Miller & Happell, 2002).

Research: Practice Gap:

It has been widely recognised in the literature that nursing academics and clinicians have substantially different approaches to the conduct and utilisation of research (Caroll et al, 1997; Dunn et al 1998; Hicks, 1996; McSherry, 1997; Parahoo, 2000). In order to facilitate the goal of the CPNRP to establish genuine partnerships based on mutual benefits and goals that reflect the goals of both parties, a Nursing Clinical Development Unit (NCDU) program was developed. The aim of this program was to contribute to the development and improvement of clinical practice and Strengthen collaboration between clinical field and CPNRP (reduce academic: clinical divide).

An impact evaluation of the NCDU program demonstrates small but significant changes in most of the units participating in the NCDU program, including: an increase in the reading of journal articles and the establishment of or involvement in journal clubs. Some units had also instituted protected time for nurses to read journal articles and engage in other research activities (Happell & Martin, 2004). Although there had not been evidence of a substantial increase in undertaking research as a consequence of the NCDU program, some of the clinical units had made significant changes to their practices. One of the units, an acute admissions forensic unit, sought to address the issue of family sensitive practice. As a Quality Improvement exercise (prior to commencing the NCDU program), the nursing staff had undertaken an audit of the patient assessment schedules. It was found that the section referring to families and family relationships were completed in a very superficial manner, if at all.

As part of the NCDU activities of the unit, the nursing staff developed a comprehensive information package for families, containing information about mental illness and the services offered within forensic mental health services. A family orientation program was developed to familiarize family members with the unit and the care and treatment their family member would receive within the service. Other initiatives include the establishment of a family sensitive practice committee. A follow up audit of client assessment schedules indicated that the information provided about families was now much more extensive and enabled a more realistic understanding of the situation to be ascertained (Happell & Martin, 2004).

Further to the NCDU program, the CPNRP has previously and continues to enter into partnerships with clinicians for the purposes of conducting relevant research activities. One current example is the Nurse Practitioner Demonstration Project. The aim of this project is to determine the need for and feasibility of a psychiatric nurse practitioner within a Crisis, Assessment and Treatment Team within metropolitan Melbourne, to identify requirements for successful implementation and to evaluate the model (Wortans, Johnstone & Happell, 2005). Interim findings from the project to date suggest that the role of the nurse practitioner in this setting improves the responsiveness of the service to the needs of consumers. The level of satisfaction with the nurse practitioner is high. However, a substantial number of legislative and policy changes required in order for these roles to be implemented successfully (Wortans, Johnstone & Happell, 2005).

Communication:

The mainstreaming and desegregation of mental health services has increased the distance between psychiatric nurses and therefore reduced opportunities for collegial relationships and networking amongst psychiatric nursing (Barling & Brown, 2001; Whiteford, 1998). The CPNRP convened a collaboration between the Australian and New Zealand College of Mental Health Nurses, the Australian Nursing Federation and the Health and Community Services Union to provide the Victorian Collaborative Psychiatric Nursing Conference. The aim of the conference was to provide an opportunity for nurses currently engaged in clinical practice, to present aspects of their own work and/or to learn from the experiences of others. The conference has maintained a highly clinical focus, with the majority of presentations given by clinicians, with a high proportion being from first time presenters. The success of this initiative is primarily evidenced by the success of the first five conferences. The inaugural event occurred in 2000, with almost 200 delegates. By the fifth conference that number had increased to 325. The majority of conference attendees are currently engaged in clinical practice and they continue to see the value of this event for their professional development.

Conclusions:

Following its inception, the CPNRP developed a number of important initiatives in response to the recongised issues confronting the psychiatric nursing profession around the turn of the century. Six primary issues affecting the profession were identified, these being: recruitment, retention, leadership, professional development, research: practice gap and communication. Changes to mental health service structure within Victoria meant significant changes for the practice of psychiatric nursing (Barling & Brown, 2000; Whiteford, 1998) and strong and responsive initiatives were required in

order to enhance the esteem of psychiatric nursing professionals and create a sense of hope that the current situation could become more positive in the future.

The aim of this paper was to present an overview of the CPNRP and its programs in relation to the issues facing psychiatric nursing. This is not to suggest that the process has been without problems, or that all initiatives have been successful. It is not within the scope of this paper to present detailed findings of evaluations. However, the paper illustrates the importance of placing academic endeavors within a context of clinical practice in order to make an important contribution to the articulation, development and improvement of clinical practice.

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