Attracting nursing students to mental health and addiction nursing. Keeping them close to home.

Mel Lienert-Brown
Lecturer, MH and Addictions
CPIT
Background

- Some students appeared to endure rather than enjoy their MH clinical experience.

- Most feedback about MH clinical is positive but very few come back to MH.

This made me wonder how much I knew about the students' experience of their MH placement.
Nursing students attitudes towards people with mental illness

- Nursing students attitudes towards people with mental illness generally reflect those held by the general public
  - People with mental illness are dangerous
  - Prone to violence, unpredictable
  - To some degree responsible for their illnesses

(Emrich, Thompson, & Moore, 2003, p. 19)
Nursing students attitudes to MH nursing

- MH nursing is not a popular choice, described as:
  - Dangerous
  - Boring
  - Depressing
  - Slow-paced
  - Unrewarding
  - Stressful and frustrating (Rushworth & Happell, 1998)
Clinical experiences

• Clinical experience in mental health has a significant impact of nursing student’s attitudes towards working with people with mental illness and mental health nursing as a career (Happell, 2000; 2001; Mullen & Murray, 2002; Andrews, Brodie, Andrews, Wong, & Thomas, 2005)

• Therefore it is important to understand what constitutes a quality clinical placement and to explore the student’s experiences whilst on these placements.
The lived experience – reflection on clinical

- Much can be learnt about the student experience through exploring nursing student narratives via their reflections on practice.
- Exploring the lived experiences of nursing students through their reflections on practice enables educators to hear the student voice (Stockhausen, 2004) and discover new understandings and insights into the student experience of their clinical placement.
- These insights can be used to develop and improve the clinical experience for students.
This research

- This qualitative study was undertaken at one educational institution in New Zealand.
- A cohort of thirteen nursing students participated in this study.
- A process of thematic analysis was used to analyse student’s reflections on practice.
- Exploring the lived experiences of nursing students through their reflections on practice offered important insights into the student experience of their first mental health clinical placement.
- From the analysis six themes emerged: The Unknown; Connecting; Relationships with staff; Questioning; Understanding; and Vulnerability.
The Unknown

- These reflections were written in the first two weeks of the student’s clinical experience.
- In this theme students voiced their uncertainty about their role as a student in their mental health placement.
- For several students this uncertainty related to how to relate to patients.
- “I was feeling a little intimidated about talking to the patients on the ward. I was unsure how to initiate conversations with them. I was concerned that I wouldn’t know what to say, that I wouldn’t say the ‘right thing’, and that I may not understand what they were saying. I also felt worried about the patients’ reactions to what I said.”
For other students this concern appeared to be more related to being in an unknown environment and not knowing how to act.

“My first day on the ward I was feeling anxious and unsure about being there as I have never been on an inpatient ward, known (sic) that X was an acute inpatient setting added to my anxiety because I did not know the level of wellness of the clients and how they might react...”
Connecting

- Communication and developing therapeutic relationships were mentioned by all students in at least one of their reflections during their clinical placement.
- It became apparent on further analysis that students had a strong desire to connect with patients.
- “...I seemed to have built a rapport with her. On reflection from our last one to one we shared some cultural values and I wonder if this helped in building a therapeutic relationship.”
Connecting cont.

• Connecting was also characterised by the emotional connections that many of the students felt.

• “I was involved in a family meeting regarding one of the patients I had spent a lot of time with whilst on placement...I found that I felt quiet emotional observing the patient and her mother as both were upset...I was shocked at my response and found I had to work hard at maintaining a professional manner.”
Relationships with staff

• Most students referred to the relationships they had with staff.

• Many of these were positive which was seen as supportive for the students' learning and made the student feel like they were part of the team.

• “The staff members were friendly and willing to help me. Such a helpful atmosphere has been encouraging for professional communication and supportive for my learning.”

• “Had a nice comment from the head nurse tonight she said how pleased they all were with the way I was hands on and was part of the team.”
Relationships with staff cont.

• Several students also identified negative experiences with staff and discussed the impact that this had on them personally and also their learning.

• “I asked a staff member whom I had worked alongside with a couple of weeks ago if it was alright that I buddied with her for the shift, she said that was fine. During the first hours of my shift my buddy would not speak or interact with me, this made me feel as though she didn’t want a student and again I felt extreme frustration.”
Questioning

• In these reflections the students question their own practice, as well as the practice that they are observing.

• In several reflections students uncover and question their own attitudes to mental illness.

• “In the ward I was on, there is a patient who is very manic at present. My initial impression is that he is a likeable person, could be good company and was intelligent. On several occasions he had mentioned that he knew a lot about nursing. I did not think anything of this at those times. Whilst in the office with the other RN’s they mentioned he is a nurse. I had felt confused and wondered how he could be a nurse and a patient too…”
In several reflections students described practice they had observed and questioned the appropriateness of this practice.

“I was working with a very experienced nurse who surprised me in the way she handled a situation regards a patient with an addiction. D has lorazepam charted as PRN medication for anxiety. The nurse I was with would not give it to him as she could see that he wanted to use this as a substitute for his normal routine of drugs or alcohol. D became increasingly upset. The nurse told me he was using bully tactics over her to get drugs and she wasn’t going to give into him. I disagree with this way of handling this patient. An acute mental health ward is not the place to refuse access to medication to teach someone a lesson about their addictions this action has no benefit to the patient it just causes distress and may lead to violence, seclusion, and abuse there is no point.”
Understanding

• As students progressed through their clinical experience they reflected on what they were learning. Some students wrote about developing their practice.

• “This experience taught the importance of monitoring mood and medication administration and if I come across something similar in the future I will remember the importance of communication and working together with the family to produce better health outcomes.”
Understanding cont.

• Several of the student’s reflections are centred around the student’s attempts to understand mental illness, how it presents and the impact that this has on those experiencing it.

• “I then decided to try and explore exactly what paranoia meant to that patient when they experienced it. It was until some prompting and open ended questions that the patient began to explain their delusion to me….The patient then went into detail about their delusions and how much it is affecting their life.”
Many of the reflections written by the students included their observations of the mental health nursing role and their attempt to understand this.

“Mental health nursing requires not only clinical skills but also interpersonal and social knowledge. From the mental health perspective effective nursing involves certain qualities from nurses such as responsiveness, self-awareness and insight. There is also a need for understanding of the professional boundaries and concepts of spirituality and hope. Vulnerability of the client requires from nurses a comprehensive knowledge of the clients social background including health issues for developing effective care plan and supporting the client through recovery process.”
Vulnerability

- During their clinical placement several of the students witnessed or were involved in major incidents, such as restraints, seclusion and assaults.

- “As the patient punched the wall I felt scared and a little vulnerable, I started to think he may punch me as he was extremely frustrated, I backed away and took a deep breath before I approached him again.”
Vulnerability cont.

• In other reflections, this vulnerability appears to be related to the student’s lack of experience and confidence.

• “On an evening shift I was working with a nurse I had never worked with before, he asked me what I would do at the beginning of my shift, I answered with reading the patient’s notes….I then went off and read notes and came back, he quizzed me on what I had read .... He asked me about when the last doctor review was, what was said and what the plan was for that patient. I was unable to answer, I felt embarrassed and felt like I should have known to read that part of the notes.”
Many students also reflected on the vulnerability of the patients they were working with.

“While in the clinic doing the morning medications, we heard a commotion outside and came out to find the patient smashing the TV with a chair. At this moment I thought as a student nurse my best thing is to stay away from the patient, and I could see the other patients were distressed so I directed them to the dining area...This situation made me realise how much impact it had on the other patients and it isn’t ‘normal’ for them to see as much as it wasn’t for me either.”
Recommendations

• Preparation prior to clinical
• Orientation to clinical environment
• Structured learning activities during clinical
• Education and support for clinical staff working with students
• Education and support for academic staff working with students
Research opportunities

- Impact of theory on students attitudes
- Effective teaching methods for teaching MH
- Student experience in other MH environments
- Experience of clinical staff working with students
- Experience of academic staff working with students
Questions
References


