

# Producing competent beginning practitioners in mental health?

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# Producing competent beginners

What does the healthcare setting want from nursing graduates?

...and are we setting graduates up for a fall?

Looking at the social research

– what the Everyday healthcare setting ‘says’ about this question

# Where are our new graduates working in mental health?

- Acute inpatient units
- Community rehabilitation units (CCUs)
- Aged Care units
- Secure/forensic settings
- ...overwhelming majority of graduate roles are in bed based settings
- working on rosters over 24hr cycle, 7 days per week

# Everyday hospital settings

- The ethical activity of nursing in hospital settings – routinising disaster, protecting the routine from chaos, what ‘care’ looks like: Chambliss 1996 (US)
- Tyranny of pathways and other efficiency-monitoring ‘quality’ practices, in everyday nursing: Rankin & Campbell 2006 (Canada)
- Vulnerability of patients and nurses in aged care, in economically straightened contexts; Diamond 1992 (US)
- Importance among nurses of managing flow, moving patients through the ward: Latimer 2000 (UK)

# Everyday acute psychiatric units

- Differentiation of everyday roles for nurses, psychiatrists and social workers: Barrett 1996 (2006, 2007) (Australia)
- Official and everyday social rules are learned by nurses in forensic settings: Mason & Mercer (Eds) 1998 (UK)
- Stories of the struggles of workers and patients in acute inpatient settings: Hardcastle et al (Eds) 2007 (UK)
- Fieldwork of psychiatric nurses' everyday practice in an inpatient unit: Hamilton 2008 (Vic, Aust)

# Everyday skills?

Whatever nurses do to *engage with patients*, it is done **against a gradient** in the institutional setting of a hospital:

- tight routines per week, day & shift
- efficiency, constant pace
- admission status – involuntary, coerced
- fragments of relationship between staff, with patients

**Not application of “communication skills 101”**

# Everyday skills?

**Communication skills for nurses  
and others spending time  
with people who are very mentally ill**

**Len Bowers, Geoff Brennan, Gary Winship  
and Christina Theodoridou**

# Affirming the basics of Everyday

“ Many of the work practices evolved by the 28 expert nurses in this study seem obvious, but it is clear that the reality on many - or most - psychiatric wards is one of non-communication and mutual incomprehension. ”

Service User Group Advising on Research - SUGAR -  
in the preface to Bowers et al 2009, p3

# Recent changes – eggs in UK

“ Another effect of this critique [that nurses’ time is invested in work other than interacting with patients] has been a concentration on interpersonal skills during nurse training, exercises to improve communication (Star Wards 2009) and more lately, centralised audits and policies that require a documented minimum of 15 minutes one to one nurse patient interaction for every patient during the course of a nursing shift (Healthcare Commission 2008).”

Bowers et al 2009 p5

# Where is Peplau, the nursing process, primary nursing in Everyday nursing?

“ Sadly, none of these three innovations was specifically elaborated to show how individualised care was to be delivered to acutely psychotic patients, or **how a nurse-patient relationship was to be built up across the divide of cognitive deterioration, suspicion, delusional beliefs and sometime [often] coercive treatment.** So, although they thrust nurses into such relationships, they were left to devise on an ad hoc, learn by experience basis, how to actually do it. ” Bowers et al 2009 p 7

# skills needed in the Everyday

- Moral foundation
- Preparing for interaction & context
- Being with the patient
- Non-verbal communication & timing
- Emotional regulation
- Getting things done
- Talking about symptoms

# skills needed in the Everyday

- Moral foundation ....(✓yes and...)
  - Notice/don't ignore, gentleness, empathy, respect, min intrusion, honesty

not ignoring what the patient is saying, considering them “too unwell to engage with”, seeing even as communication, looking for the themes
- Preparing for interaction & context
- Being with the patient
- Non-verbal communication & timing
- Emotional regulation
- Getting things done
- Talking about symptoms

# skills needed in the Everyday

- Moral foundation
- Preparing for interaction & context
- Being with the patient
- Non-verbal communication & timing

“You have to be so un agitated. You have to be like a block of stone, and that’s the tone of voice, the eye contact, where you place your hands, how much you move, no quick movements, the whole bit. You are like this great big boring slab of humanity in the face of this excited dot.”

- Short interactions, with astute observation
- Emotional regulation
- Getting things done
- Talking about symptoms

# skills needed in the Everyday

- Moral foundation
- Preparing for interaction & context
- Being with the patient
- Non-verbal communication & timing
- Emotional regulation
  - Emotional experiences, presentation, (awareness &) self-regulation of the nurse = emotional labour
- Getting things done
- Talking about symptoms

# What do graduates *want* to be doing?

- Being with, engaging with, communicating with patients effectively
- Contributing effectively to team work
- Observing, learning & practicing new skills and deeper skills

Recent review by Cleary, Horsfall & Happell 2009

# What do consumers want from graduates? A taste:

- A listening ear

I think it is important that they don't assume that the training makes them the expert, that they know all there is to know about you...the consumer knows a lot about themselves and if they just take the time to listen ...they will find we know a heck of a lot about what has worked and what hasn't,

- Relationship

“The biggest problem for me is the change; you get a good one [nurse] they are on for one day and then you don't see them again – or they are some where else and not working with you.

- Information

‘If you are going to put people in hospital and give them medication, I want people who understand what it's doing to the body, how much to give people – they have to know all those things’ Roper 2003 (ed)

- Physical & emotional safety, hope Cleary et al 2009

# Work socialisation – the upside

- Growing sense of belonging among the nursing team, the wider teams
- A new professional identity
- Earnings, a future, a career
  
- What is the status of this career?
  - Perceptions are variable: Wells et al 2000

# Work socialisation - downside

Nine new nursing graduates + study participants reported:

- bullying
- working unfair share of antisocial shifts
- working without adequate support

“...the hospital environment presented many challenges and difficulties that were described as the presence of bullying, inequitable staff rosters, the failure by the hospital to provide an adequate number of nursing staff and the way in which support was provided to new graduate nurses. The participants believed ... that the negative impact of the working environment could have far reaching effects on their professional and personal lives.” Evans et al 2008, p 18

# What do shift-working nurses want from graduates?

- In Everyday practice, nurses band together, affirm knowledge set Buus, 2008
- Keeping the boat steady, emotional robustness, quick learner Hamilton 2008
- Niche in physical health care
- Someone who can step in and do the work – compliance is favoured in patients and in colleagues

# What do nurse unit managers want from graduates?

- Depending on features of the organisation; such as style of the hospital and ward: devolved, 2-tier or centralised  
Hale et al 1998
- Nurses tagged for promotion demonstrate...? emotional robustness, efficiency, innovation, .....good listening skills, strong empathy.

# What do nurse executives want from graduates?

- Which graduates do Nursing Executives meet or know of?...
- Solids performers and stars

# And when the (strongest) graduates move on....?

## One trajectory – Community Mental Health

- 18 - 36 months later, promising nurses apply for Community Psychiatric/Mental Health Nurse role
- What will this nurse take with her from the bed-based setting?
- Will this nurse re-engage with undergrad' learnings?

## Other paths

- C/L
- Credentialed and in Primary Care
- Specialist & autonomous status: eg Nurse Practitioners

How will they fare?

# SO, how does what we are teaching fit with the Everyday practice world?

- Diverse programs, so no one answer
- Taking into account these marginal perspectives from sociology of health
- Your views?

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