The post-registration education and training of mental health nurses working in acute inpatient psychiatric settings

Julia Jones and Trevor Lowe report on a study on the training needs of mental health nurses working in acute units. They argue that a new approach to post-registration training is vital if National Service Framework standards are to be met.

A major challenge facing mental health services is to ensure that staff are equipped with the right knowledge, skills and attitudes to deliver high-quality mental health care, as defined by the National Service Framework (NSF) (Department of Health (DoH) 1999a). This challenge is particularly daunting for services providing acute inpatient psychiatric care because of the alarming shortage of well-trained mental health nurses (DoH 1999b, Sainsbury Centre for Mental Health 1998). These shortages are especially severe in inner-city services (Ward et al 1998).

Difficulties in recruiting and retaining mental health nurses to acute inpatient settings are being compounded by the lack of post-registration education and training opportunities and career prospects for mental health nurses. As a result, services cannot attract or retain highly qualified and skilled mental health nurses in acute settings (DoH 1999b).

To address this problem, one of the five underpinning programmes set up to address the achievement of the NSF’s standards, and the implementation of the NHS Plan (DoH 2000), has focused on workforce planning, education and training issues for all mental health professionals working in adult mental health services. The final report of this programme’s Workforce Action Team (WAT) has recently been published (DoH 2001).

This is a wide-ranging report, which sets out some potential solutions to ten key areas identified by the WAT. In this article, we focus on the provision of education and training opportunities for mental health nurses who work in acute inpatient settings. We draw on a piece of research conducted by the Mental Health Programme at the RCN Institute, in collaboration with Oxford Brookes University and Oxfordshire Mental Healthcare NHS Trust. This research has focused on a key knowledge ‘gap’ identified by the WAT report, i.e. the education and training expectations, priorities and needs of mental health nurses.

The study
The purpose of this study was to investigate the post-registration education and training needs of qualified mental health nurses working in acute inpatient psychiatric settings in the UK. The study has focused on three key issues:

- the particular core areas (e.g. risk assessment, management of violence and aggression etc) that mental health nurses identify as the post-registration training needs;
- how nurses want such training delivered;
- and what sort of qualification and/or accreditation nurses would like from any training they undertake.

The study examined the views, priorities and perceived education and training needs of mental health nurses who work in acute inpatient psychiatric settings. Accordingly, appropriate research methods were chosen to meet this criteria; focus groups were initially conducted with mental health nurses working in acute inpatient psychiatric settings in four
different NHS trusts.
The data from the focus groups was then used to inform the design and content of a questionnaire. Of the 2,000 questionnaires posted to a random sample of mental health nurses (all of whom were members of the Royal College of Nursing), a total of 874 questionnaires were returned, a response rate of 44 per cent. A total of 235 of the questionnaires (27 per cent of questionnaires returned) were completed by mental health nurses working in acute inpatient psychiatric settings.

The results of the study are provided in greater detail in a forthcoming report from the RCN Institute. Here we discuss some of the key findings of the study in light of the current policy context regarding education and training for nurses working in acute psychiatric inpatient settings. This policy context revolves around the need for mental health services to develop both the competencies and capabilities of their workforce, in order to successfully to implement the kind of care envisaged in the NSF and NHS Plan (DoH 2000, Sainsbury Centre for Mental Health 2000). This policy-driven agenda is also setting a challenge for traditional education and training providers to adopt different learning approaches that are ‘tuned in’ to the demands of both a ‘modern’ NHS, and its workforce.

Individual nurses, individual training needs
Just as the NHS is striving to provide individualised patient-centred care, it also needs to provide individualised training, development and support ‘packages’ for its workforce.

Our research shows that different mental health nurses have contrasting post-registration training needs, and that these needs are closely related to a nurse’s position in his or her nursing career. It is evident from both the focus groups and questionnaire findings that nurses who have recently qualified, compared to more experienced nurses (defined for the purposes of the study as qualified for four years or more), require different types of training and support.

Newly qualified nurses require support and supervision to transfer their knowledge into practice, and perceive a greater need for training in practical nursing skills, for example: conducting risk assessment, or working with particular client groups. Whereas more experienced nurses consider that they require training that is focused more upon updating their knowledge, particularly in terms of new research evidence, or in the further development of their nursing skills.

The problem of newly qualified nurses lacking practical nursing skills is well recognised in the literature (e.g. Luker et al 1996, White 1995), and therefore is not a revelation. Newly qualified nurses may have nursing theory and up-to-date knowledge at their fingertips, but they require support to apply that knowledge into practice. This has been acknowledged by the UKCC in its report Fitness for Practice (1999), with the recommendation of a formal period of consolidation of practice for students nurses prior to registration, followed by a properly supported period of induction and preceptorship when they begin their first employment (Recommendations 20 and 21).

The fact that newly qualified mental health nurses consider that they lack practical nursing skills also reflects the problems associated with pre-registration training in the UK at present. It has become widely accepted that the current structure of pre-registration programmes is failing to facilitate the development of adequate practice knowledge and skills (UKCC 1999).

The UKCC (1999) recommends a more appropriate balance between theory and practice in pre-registration programmes to promote an integration of knowledge, attitudes and skills (Recommendation 16). As new pre-registration programmes are piloted, it will be important to evaluate any changes in the knowledge and skills base of newly qualified nurses.
Qualified nurses

Once nurses have qualified, their learning needs enter the arena of lifelong learning and continuing professional development. As already mentioned, our study found that more experienced nurses said that they require training that is focused more on updating their existing knowledge and skills.

As will be discussed later, many nurses feel they lack opportunities to undertake further post-registration education and training. The barriers often stem from the organisations in which they work. This problem is recognised by the WAT report (DoH 2001), which recommends that health and social care employers must promote and demonstrate a culture of a ‘learning organisation’ (Recommendation A4).

The newly established Workforce Development Confederations are also required to commission education and training programmes specifically for nurses in acute inpatient areas, to raise their profile and increase their skills and competencies. There are also to be ‘Improving Working Lives Action Teams’ in mental health trusts, to be responsible for developing standards of support for staff in acute inpatient areas (Recommendation B3). In addition, all NHS staff are to have access to an NHS Individual Learning Account, to be agreed within the context of a Personal Development Plan (PDP), focusing on an individual’s current and future development.

All these initiatives, intended to modernise education and training for mental health nurses, and also to provide a more ‘individualised’ approach to learning and development, are to be welcomed. However, a note of caution is also required, as it is one thing to identify a problem, but an entirely different matter to overcome it. These national initiatives require successful implementation at local level in order to overcome existing constraints that limit the availability and accessibility to post-registration education and training for mental health nurses. Many of these constraints derive from the organisational cultures in many mental health services. The existing barriers to receiving post-registration education and training, especially for mental health nurses working in acute inpatient areas, cannot be underestimated.

Barriers to education and training

The nurses involved in the focus groups discussed a number of different problems that they have either encountered, or else perceive as barriers to receiving post-registration education and training. To summarise, there seem to be two main issues: Firstly, training is not always available, either because a course does not exist locally, or because funding is unavailable in the trust for nurses to attend training courses. Secondly, training may be available but nurses have difficulty in gaining access to the training, due to problems which prevent them being released from clinical duties, such as staffing shortages.

Regarding the availability of relevant courses, we already know that many specialist post-registration courses, such as evidence-based training for psychosocial interventions, are not available in all regions in the UK, with large ‘gaps’ in provision in some parts of the country (Brooker 2001). This geographical variation in training availability, with some regions having no access to specialist courses unless practitioners are prepared (and funded) to travel long distances for the training, requires urgent attention.

This is currently being addressed within the remit of the WAT, with a mapping exercise of all education and training provision in the catchment area of each NHS and Social Care regional office. It is hoped that this exercise will identify the current gaps in provision, which can then be acted upon (DoH 2001).

A lack of funding for training per se is a nationwide problem across the NHS, as highlighted by the recent Audit Commission report on the education, training and development of healthcare staff in the NHS (Audit Commission 2001). This report has also brought attention to the huge variations between different trusts in the resources made available for staff training, with some NHS trusts in England and Wales spending up to five times more than others on staff development and training. This has created a ‘postcode lottery’ of training opportunities for NHS staff, that is determined more by the priorities of local trust management than by the amount of funding available (Audit Commission 2001).

However, even when education and training opportunities are available for staff, due to the nature of acute inpatient work, and the problem of staffing shortages, many nurses feel that these working conditions act as a huge constraint to undertaking any education or training. The lack of time and opportunity to undertake education and training is recognised by the WAT report. But this problem is a real ‘Catch-22’ situation; there are severe staff shortages in acute inpatient settings, and thus the release of staff to undertake education and training, or even ‘time-out’ to receive supervision, is problematic. But if nurses are not provided with this opportunity, then they will increasingly feel undervalued, become demoralised and may, ultimately, leave, which will only contribute further to the existing problem of nurse retention.

Furthermore, if staff do not undertake post-registration education and training, it is questionable whether the NSF standards, and the implementation of the NHS Plan, will be realised.

The barriers to training discussed by the focus group participants are clearly not unique to acute inpatient psychiatric settings, as highlighted by the Audit Commission report (Audit Commission 2001). However, these constraints clearly need to be addressed by the NHS nationally, and individual trusts locally, to ensure that mental health nurses are adequately supported and enabled to gain the skills required to deliver high-quality mental health care in acute settings.

The delivery of training

A key issue addressed by our study was how mental health nurses would prefer post-registration education and training to be delivered. There was a consensus...
of opinion, from both the findings of the focus groups and questionnaire survey, that the method of delivery needs to match the type of learning required by nurses, and that training should be delivered in a flexible way, tailored to the needs of staff and practice areas.

In the focus groups, many nurses talked about the value of having the support of a skilled and experienced practitioner who could provide training and on-going support. This expressed ‘need’ for experienced mental health nurses on the wards to provide support and guidance, reflects a national recognition of a lack of clinical leadership in acute inpatient areas (DoH 1999b, 2001). This role is now being met in some trusts with the introduction of consultant nurses, in an attempt to provide clinical leadership and better role-modelling for practising nurses. However, at present, there are only a handful of consultant nurses in the mental health field (about 35 to date).

The Making a Difference report (DoH 1999c), emphasised the need to provide a range of flexible approaches to education and training, including formal educational methods, but also clinical supervision, reflective practice and work-based learning. In addition to the consultant nurses, the lecturer-practitioner role also meets this requirement. The purpose of the lecturer-practitioner role is to improve the relationship between education and service providers and to utilise existing nursing expertise to facilitate the application of theory into practice through a variety of different approaches and methods (NHS Executive 1997).

The importance of the lecturer-practitioner role is also acknowledged in the Addressing Acute Concerns report (DoH 1999b), in particular for the potential for these professionals to provide work-based training for all staff, at all levels.

There is great scope for the involvement of lecturer-practitioners in supporting work-based practice development projects. A good example of this is currently in evidence in Oxford, with a practice development initiative representing a collaboration between Oxford Brookes University, Oxfordshire Mental Healthcare NHS Trust and the Mental Health Programme of the RCN Institute.

This initiative is supporting nine practice development projects across the trust, with lecturer-practitioners and clinical nurse specialists as the internal project facilitators. This innovation represents the use of experienced nurses supporting the development of others, with a learning process that is of immediate value and relevance to nurses working day-to-day in practice settings.

The key to successful practice development work is to ensure that the practice development process is ‘systematic, supportive and meaningful for the staff involved’ (Jackson et al 1999). But it is important to stress that the success of practice development, particularly in over-stretched services such as acute areas, is highly dependent upon local management support to enable the necessary time and resources for nurses to participate. Without this commitment from the organisation, such initiatives are likely to fail.

Conclusion

In this paper we have presented some key findings from our research that has focused on the education and training needs of qualified mental health nurses who work in acute inpatient settings. We acknowledge that this is a small study, but it does provide a ‘snapshot’ of nurses’ views. It is also pertinent that the WAT report (DoH 2001) addresses the main issues which have emerged from our study. Mental health nurses should be encouraged that the WAT report acknowledges that the NHS workforce is the ‘most important asset, and [they] need to be supported and nurtured and given the right education and training’ (DoH 2001). The challenge is ensuring that this statement is followed through with implementation from national to local level, so that there is a tangible difference to the working lives of mental health nurses at all stages of their career.

For education and training providers, the challenge is also clear – to provide new approaches to learning that will enable not just the competencies of staff, but also the capabilities (Sainsbury Centre for Mental Health 2000). This demand will see a real change in the way that education and training is delivered, and this is certainly to be welcomed.

Acknowledgements

We would like to thank all the mental health nurses who participated in this study, and also Annelle Guard, Nicola Cincthon and Kate Spokes for their help and advice. This study was funded by Eli Lilly and Company Limited.