

## BECOMING A MENTAL HEALTH NURSE; A THREE YEAR LONGITUDINAL STUDY

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**Abstract:** This study explores how students conceptions of 'mental health nursing' changes whilst on a three-year pre-registration Mental Health Nursing programme. The study utilised Novak's approach to concept mapping to elicit student's personal knowledge structures, which were explored further using semi-structured interviews. These were analysed looking at the maps' gross morphology and interpreting changes over time into types of learning achieved. Results suggest that whilst the majority of students learned deeply, some students learned superficially and some appeared not to learn at all. Implications for the professional education of Mental Health Nurses are discussed.

**Keywords:** Concept mapping, professional education, mental health nursing, longitudinal study

### 1. Introduction

The process by which people become professionals has been neglected in the educational and professional literature, focussing instead on measuring knowledge and skill acquisition. Nursing in the UK has just become a graduate level profession. This provides a unique opportunity to understand the complexity of *becoming* a mental health nurse in a meaningful and pragmatic way.

The aim of this study was to explore the process of becoming a Mental Health Nurse. The project has run over three years following two groups of students from different universities throughout their degree programme. Students created concept maps to capture their developing understanding of what it means to be a Mental Health Nurse. The project aims to explore the following themes:

- How does the knowledge and understanding of a mental health nursing student change and develop over time?
- How do the course requirements, practice elements and personal experience contribute and shape the experience of becoming a mental health nurse?

### 2. Methods

#### 2.1 Participants

This study used a convenience sample of students (n=60) recruited from the two undergraduate pre-registration programmes in Mental Health Nursing. One university is located in London, UK and the other in the South East of the UK. All students on the first year of the programme were eligible to participate. The data was collected as part of their education programme to encourage critical reflection of what it means to be training as a mental health nurse. Permission to use the data for research purposes was formally requested from potential participants and ethical approval was granted by the Faculty research ethics committee. In the presentation of the results, the student identities are protected by the use of pseudonyms.

#### 2.2 Procedure

The individual concept maps were created using Novak's approach to elicit participants' understanding of 'Mental Health Nursing' (Novak, 1998). Guidance and materials for concept mapping were provided to students during class time in order to make concept maps. Maps were created at the beginning, middle and end of each year of the programme, totalling nine data points across the three years of the nursing programme.

Each map was classified according to the gross morphology of each participant's knowledge structures into spoke, chain or network structures as outlined by Kinchin et al. (2000). The maps were then used to measure

the quality of change in the course of learning into surface-, deep- and non-learning outcomes, as outlined by Hay (2007).

A selection of participants (n=6) were interviewed to explore their maps in greater detail in line with the procedures used in Hay, Wells & Kinchin, (2008) and Bressington, Wells & Graham (2011). The concept maps were used as prompts to facilitate a discussion with the participant (Kinchin, Streatfield, & Hay, 2010) about their understanding of Mental Health Nursing and how their education and practice has impacted on their developing understanding. The interviews were recorded and transcribed. These were analysed using a thematic analysis approach to understand the how participants' understanding of Mental Health Nursing changed during their education.

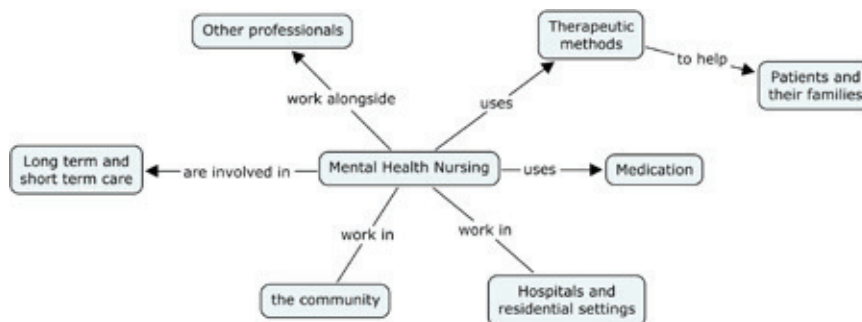
### 3. Results

**Table 1:** Summary of the 6 participants' first and last maps

Participant	First Map			Final Map			Learning outcome
	Structure	Concepts	Links	Structure	Concepts	Links	
Anna	Spoke	8	7	Network	15	25	Deep learning
Ben	Spoke	24	23	Spoke	24	23	Non-learning
Clare	Network	11	12	Network	14	16	Surface learning
Debbie	Chain	19	20	Network	15	23	Deep learning
Ellen	Network	24	28	Network	31	50	Deep learning
Frank	Network	13	13	Network	28	30	Deep Learning

#### 3.1 Anna

Anna's first map is quite simple. It has a spoke structure comprising of 8 concepts with 7 links. This map suggests that Anna has a basic idea of what mental health nursing means at the beginning of the programme and was ready to learn (Kinchin, et al, 2000).



**Figure 1:** Anna's first map

Anna's final map is structured as a network with 15 concepts and 25 links. This is clearly a more complex structure with greater integration of concepts. Her choice of concepts is more meaningful and shows greater understanding of salient ideas. This suggests she has learned deeply and meaningfully from the programme.



In interview, Ben reported that he learned most from clinical practice and often found it difficult to relate academic concepts to clinical practice in a meaningful way. For Ben there was a clear theory-practice gap, which he has been so far unable to bridge. He appears to have adopted a strategic approach to learning; he has met all the requirements of the course but his knowledge structure remains largely unchanged.

### 3.3 Clare

Clare's first map is a simple network comprising of 11 concepts and 12 links. These are loosely integrated with minimal linkage between many of the concepts. Some of the concepts are about Clare's choice for starting a course in Mental Health Nursing; she identifies that 'Mental Health Nursing is rewarding' and 'provides an opportunity to move up in [her] career'. This suggests the course is a strategic move with other areas of Mental Health Nursing showing only a superficial understanding; e.g. 'Vulnerable people needing treatments'.

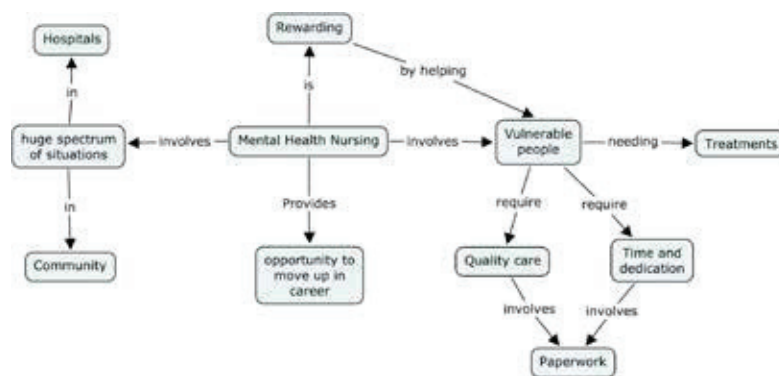


Figure 5: Clare's first map

Clare's final map is also a network and is comprised of 14 concepts and 16 links. There has been an increase in both concepts and links, and the concepts are more meaningful. However, these concepts are not well integrated into the map. For example, 'Person centred' is a concept that underpins nursing care and is yet only superficially integrated in this map. 'Recovery' is a key idea in contemporary Mental Health Nursing, like 'Person centred' care, is a driver to all other aspects of care delivery. All paths in Clare's map lead to 'Recovery', suggesting that for Clare Recovery is an end product of the work of a Mental Health Nurse, rather than it being a fundamental guiding principle. All of this suggests Clare has learned strategically and superficially.

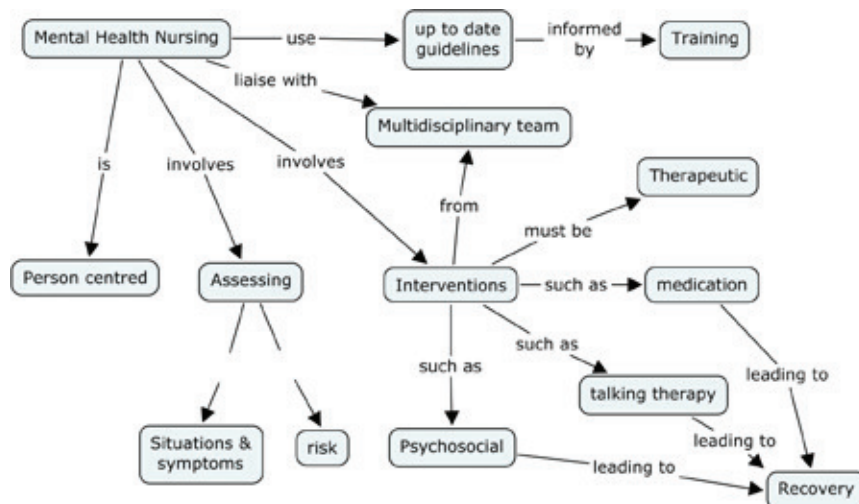


Figure 6: Clare's last map

Clare reported in interview many of the concepts in her maps unproblematically. She was able to reflect that her initial understanding of Mental Health Nursing was superficial but did not see the same qualities in her final map.

#### **4. Discussion**

It is clear from a brief glance at the maps that they have not been structured hierarchically. Whilst this is a deviation from the guidelines for concept mapping it is entirely understandable given the abstract nature of Mental Health Nursing. Trying to decide which is a higher level concept, empathy or medication is a problem that has been encountered previously in exploring Mental Healthcare using concept mapping (for example see Bressington, Wells & Graham, 2011, or Bressington, Mui, & Wells, 2014).

The presence of superficial and non-learners on a three-year nursing programme is somewhat surprising and disappointing. Nursing students in the UK have to complete 2300 hours of theory and 2300 hours of clinical practice to be eligible to be included on the nursing register. It is astounding to believe that someone can spend that much time in a classroom and in clinical settings and not be changed by the experience. Perhaps the drive towards competency has influenced what people focus their attention towards.

The Chief Nursing Officer required all nursing programmes to assess specific competency themes throughout the training (CNO, 2010). However, educational researchers argue that competency benchmarks fail to capture the essence of what it means to be a professional as they highlight the technical aspects rather than the values that underpin the profession. Eraut (2009) argued that professional competencies create 'the widespread delusion that a professional qualification represents competence in some all-encompassing generic form' (p.6). The finding that students can emerge from a three-year programme with their original knowledge structure unchanged challenges the notion that competencies are worth assessing.

Another possibility is that the nature of the research study has influenced some of the participants to take a strategic approach to developing their concept maps. Given that maps were created three times during each academic year for three years makes this a repetitive task with no university credit assigned to the task. The interviews were used to explore the individual's perception of the topic and no feedback was provided to the participant about the quality of the map. This may result in the participant feeling frustrated and, not wanting to ruin the research or upset the researchers, took a strategic approach and did not put much effort into their map. Whilst this is possible, it is inconsistent with the researchers' experience of working with the participants. The participants attended the research sessions regularly and were active contributors during interviews. This suggests that the concept maps are reliable and valid measures.

Several students highlighted a theory-practice gap in their education. They reported learning one thing in university and seeing another in practice. This discrepancy between what one is taught and what one actually does created a problem for a number of participants resulting in confusion and frustration. This is clearly an ongoing issue for nursing education. As the division between universities and clinical areas appears to grow proactive strategies are needed to address this.

The majority of students did achieve deep meaningful learning whilst on the nursing programme. Many of these students reported experiencing a personal transformation whilst on their training (Mezirow, 1990) and this appeared in several students' maps as described by Hay, Wells, & Kinchin, (2008). Transformation was a more common outcome of the programme than non-learning. This is a positive outcome of the programme and a more detailed examination of the data will reveal more about the transformational nature of professional education.

#### **5. Limitations**

One limitation of this study is that the participants who took part in the interview aspects of this study were largely self-selecting. Whilst it does not undermine their own concept maps or learning trajectory, it may exclude the less enthusiastic or less outgoing students from participating in this part of the study.

A further limitation of this study is that the researchers are tutors on the nursing programmes and this may have influenced both the students' responses and the interpretation of the findings. An attempt to manage this was achieved by each researcher leading the study in the other's university and interviews were conducted by the external researcher.

## 6. Conclusion

This study has reported on the early findings of a three year longitudinal study exploring how students' perceptions of Mental Health Nursing changed as a result of their educational programme and clinical practice. The study has revealed that most participants have learned deeply and experienced transformative learning experiences whilst on their professional training. However, some students appear to have learned strategically and others appear not to have learned from the programme. This has raised issues of competency-based trainings and the widening theory-practice gap in professional education. A more detailed analysis of this longitudinal data will no doubt reveal further insights into professional training programmes.

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