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The challenges of undergraduate mental health nursing education from the perspectives of heads of schools of nursing in Queensland, Australia



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Received 29 October 2013; received in revised form 21 January 2014; accepted 22 January 2014

KEYWORDS

Career preferences;
Mental health;
Nursing;
Undergraduate education;
Specialisation;
Workforce

Summary The shortage of a skilled mental health nursing workforce is persistent and worsening. Research consistently demonstrates the inability of the comprehensive model of nursing education to meet nursing workforce needs in mental health. Introducing specialisation in mental health at undergraduate level has been suggested as a strategy to address this problem. Exploration of barriers to this educational approach is essential. The aim of this research is to examine with Queensland Heads of Schools of Nursing, the perceived barriers to a specialist mental health nursing stream within an undergraduate nursing programme. Qualitative exploratory methods, involving in-depth telephone interviews with Heads of Schools of Nursing in Queensland, Australia. Data were analysed thematically. Participants encountered a number of barriers revealed in five main themes: academic staffing; staff attitudes; funding and resource implications; industry support; entry points and articulation pathways. Barriers to the implementation of mental health nursing specialisation in undergraduate programmes are evident. While these barriers pose real threats, potential solutions are also evident. Most notably is the need for Schools of Nursing to become more co-operative in mounting mental health

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nursing specialisations in a smaller number of universities, where specialist expertise is identified. Quality mental health services rely on a sufficiently skilled and knowledgeable nursing workforce. To achieve this it is important to identify and implement the educational approach best suited to prepare nurses for practice in this field.

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Introduction

Nurses in Australia are educated through a comprehensive education model where students receive education aimed to prepare them for beginning practice across a broad range of practice settings (Happell & Cutcliffe, 2011), with specialisation in specific areas of practice occurring at postgraduate level (Happell & Gough, 2009). Workforce challenges have been consistently observed in all areas of nursing practice (Hussain, Rivers, Glover, & Fottler, 2012; Preston, 2009). However, in the context of mental health nursing, there are particular problems. These include: the absence of a legal requirement for postgraduate qualifications for mental health nursing practice (Happell & Cutcliffe, 2011); the unpopularity of mental health settings for undergraduate nursing students, particularly at the commencement of nursing studies (Birks, Missen, Al-Motlaq, & Marino, 2013; Happell & Gaskin, 2013; Happell, Platania-Phung, Harris, & Bradshaw, 2014; Happell, 2008b; Hoekstra, Meijel, & Hoof-Leemans, 2010; Kloster, Høie, & Skår, 2007; McCann, Clark, & Lu, 2010; Stevens, Browne, & Graham, 2013); and the underrepresentation of mental health content in comparison to other areas of nursing practice, most notably medical-surgical nursing (Birks, Al-Motlaq, & Mills, 2010; Happell & Gaskin, 2013; Happell, 2010; McCann, Moxham, Usher, Crookes, & Farrell, 2009; Moxham, McCann, Usher, Farrell, & Crookes, 2011; Warelou & Edward, 2009; Wynaden, 2012).

Recognition of these problems has led to renewed support for a return to specialisation in mental health nursing at undergraduate level (Crowther & Ragusa, 2011; Happell & Cutcliffe, 2011; McKenna, Thom, & O'Brien, 2008; Stevens et al., 2013; Stuhlmiller, 2005; Warelou & Edward, 2009). This approach, often referred to as 'direct entry', historically occurred within hospital based programmes. Victoria was the only Australian jurisdiction to introduce these programmes into the Higher Education Sector (Happell, 2009).

Support for direct entry programmes is generally based on the failure of the current comprehensive approach to the educational preparation for nursing practice rather than on strong research evidence (Happell & Cutcliffe, 2011; Stevens et al., 2013; Stuhlmiller, 2005; Warelou & Edward, 2009). Even so, evidence for the inadequacy of comprehensive education to facilitate quality mental health nursing education is strong (Happell & Cutcliffe, 2011; Happell, 2010; McCann et al., 2009; Mental Health Nurse Education Taskforce, 2008; Moxham et al., 2011; Warelou & Edward, 2009; Wynaden, 2012). It is imperative that new solutions be found for the development of a viable nursing workforce for mental health services.

The accreditation of undergraduate nursing programmes is regulated by the Australian Nursing and Midwifery Accreditation Council (ANMAC) (The Australian Nursing & Midwifery Accreditation Council, 2012). All undergraduate nursing programmes must meet the criteria for accreditation or

reaccreditation set by ANMAC on at least a three yearly basis. The current criteria are based on the achievement of comprehensive nursing skills, which are frequently interpreted as acute, hospital-based medical and surgical care.

The importance of mental health skills for nursing graduates is evidenced by the prevalence and impact of mental health conditions in the Australian population in general and within the health care system in particular. The National Survey of Mental Health and Wellbeing undertaken in 2007, presents the estimation that 20% of Australians experienced a mental health condition within the previous 12 month period and that mental health conditions are the major cause of disability in Australia (Slade et al., 2009). People with mental health conditions frequently access the health care system, and not exclusively mental health services, demonstrating the importance of mental health skills for all nursing graduates irrespective of their chosen area of practice (Brunero, Jeon, & Foster, 2012). At the same time the demand for nurses in mental health services is estimated to increase steadily (Australian Institute of Health & Welfare, 2012; Health Workforce Australia, 2012) and with supply estimated to remain relatively static, a significant shortfall in the mental health nursing workforce is anticipated.

The return to direct entry programmes in Australia as a potential solution to workforce issues would certainly receive support from some quarters (Crowther & Ragusa, 2011; Happell & Cutcliffe, 2011; McKenna et al., 2008; Stevens et al., 2013; Stuhlmiller, 2005; Warelou & Edward, 2009), however under current regulation of nursing education direct entry programmes would not meet accreditation guidelines (The Australian Nursing & Midwifery Accreditation Council, 2012).

With an urgent need to address workforce shortages in mental health nursing, the State of Queensland, Australia is exploring the capacity for universities to introduce a specialist stream in mental health nursing for undergraduate nursing students. In this context a specialist stream is one that enables students to undertake additional theoretical and clinical components in mental health nursing to the core components of the curriculum, while still meeting the requirements for registration as a nurse under the current ANMAC guidelines (Happell, Moxham, & Clarke, 2011).

These streams are sometimes referred to as a major in mental health nursing, with 14 programmes previously implemented, most with the support of State or Commonwealth funding (Happell et al., 2011). To date there is limited evidence describing outcomes of these programmes. However, a scoping study of the programmes suggests a significant variation in the additional theory and practice, and inconsistency in structure and content (Happell et al., 2011).

The perceived advantages of undergraduate specialisation in mental health included the opportunity for interested students with an interest to gain additional skill and

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