



Masters at work: A narrative inquiry into the experiences of mental health nurses qualifying with an undergraduate Masters degree

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SUMMARY

The University of Nottingham provides a unique course in the UK that enables undergraduate students to obtain a Masters degree and registration with the Nursing and Midwifery Council (NMC). The curriculum equips graduates with the skills to practice nursing with an analytical attitude and adopt both professional and humanistic values. This research aims to explore significant experiences of graduates, from the undergraduate Masters course, relating to their education and nursing practice in mental health care. A narrative approach to data collection was employed using unstructured individual interviews.

Participants worked through a process of *contemplation*. Their commitment to working with people in a relational manner and studying at graduate level were of high importance. The process continued with *assimilation* to a philosophy which was intrinsic to the course, including developing therapeutic relationships, self awareness and critical thinking. Participants encountered *conflict* relating to a perceived dissonance between this philosophy and nursing practice. As a consequence, participants questioned mental health nursing and their abilities as nurses. *Resolution* occurred when participants were able to work within the constraints of the system whilst effectively realising their philosophy. The findings demonstrate the importance of supportive networks to maintain values and criticality.

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Background

The University of Nottingham provides a unique course in the UK that enables undergraduate students to obtain a Masters degree and registration with the UK's nursing and midwifery governing body, the Nursing and Midwifery Council (NMC). This pioneering curriculum equips graduates with the skills to practice with an enquiring, analytical attitude and develop professional and humanistic values.

During the last 20 years there have been a number of reforms in pre-registration nurse education in Britain which have led to the integration of nurse training into the higher education sector. Consequently a diploma is currently the minimum educational level for registration (United Kingdom Central Council, 1986). This has acted to improve the status of nurse training and provide strength to the argument for a graduate led nursing profession in the UK (Harrison, 2004). As a result of these developments the NMC have recently stipulated raising the minimum level of entry to the register to graduate level (NMC, 2008).

The need for continued improvement in the quality and standard of pre-registration nurse education is of international importance (Davies, 2008). An all graduate profession has been

successfully established in many countries. In light of the benefits which have arisen from these developments, regarding quality of care and retention (Maben and Griffiths, 2008) the European Union have recommended the development of a graduate level circular that is comparable across the European community (Davies, 2008). In the UK these developments have also influenced post-registration training with the development of post-graduate Masters level courses to support the expansion of nurses' roles and responsibilities (NMC, 2002). However, the undergraduate Masters course at the University of Nottingham remains unique in the UK.

Numerous studies explore the professional impact of post-graduate Masters degrees in nursing as part of an ongoing debate on the position of nurse education within the academic arena in the UK (Whyte et al., 2000; Gerrish et al., 2000, 2001, 2002). Whyte et al. (2000) stated post-graduate Masters level education leads to improvements in the integration of academic with clinical skills, increased confidence and commitment to nursing. Spenser (2006) examined the perceptions qualified nurses held of the impact of higher education on professional practice. There was a strong view that higher education had a positive effect, but a significant number of factors including time and support seemed to inhibit the possible benefits. Gerrish et al. (2002) identified how the possession of post-graduate Masters degrees influenced the professionalisation of the nursing role. It appears nurse lecturers perceive this educational achievement as holding the power to legitimise the

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nurses' position in relation to established professional groups such as medicine.

Davis and Burnard (1992) identified the key attributes of post-graduate Masters courses as promoting deeper learning, enhancing creative approaches to practice based on specialist knowledge, a teaching role and an ability to undertake and implement research. This is supported by Whyte et al. (2000) who assessed the professional development of graduates of post-graduate Masters courses and found significant improvement in student's ability to demonstrate aspects of critical thought. A further dilemma is the potential to encourage graduates to act as change agents within their practice area. This represented a problem when individuals experienced conflict with their seniors as they no longer fit comfortably within the organisational culture due to their critical approach. It is apparent not all organisations are able to fully utilise the expertise that a Masters graduate might bring to the workplace which may act to alienate the practitioner (Gerrish et al., 2000). Brookfield (1993) referred to the term 'cultural suicide' in suggesting that practitioners who choose to take a critical stance towards conventional assumptions and accepted ways of working face the prospect of finding themselves excluded from the nursing culture. For this reason it was identified that recruits to Masters level study needed to be in a position within their organisation in which they could orchestrate change before they could properly benefit from the course and this was equated with senior clinical grades (Gerrish et al., 2000).

The current evidence base is solely focused on the experiences of nurses who have a post-graduate Masters qualification. The findings of this research suggest that graduates of the undergraduate Masters programme at the University of Nottingham may face additional complexities. This may be due to the distance between their level of academic attainment and their newly qualified status. However, no qualitative studies have been conducted to explore this phenomenon.

This research aims to explore significant experiences of graduates, from the undergraduate Masters course, relating to their education and nursing practice in mental health care. A narrative inquiry was conducted to enable the exploration of challenges and benefits graduates encountered throughout their journeys whilst on the course and post-registration. The findings of this study has implication for the international context of nurse education as it illuminates issues surrounding the barriers to academic development in nursing.

Method

Design

The research employed a narrative approach to data collection through the use of unstructured one-to-one interviews. Denzin (1989) refers to the narrative as a story that tells a sequence of events. It has an internal logic that makes sense to the narrator and relates events in a temporal, causal sequence. These events are significant to the narrator and their audience. Narrative inquiry is the researcher's attempt to understand how people think through events and what they value. It looks closely at the story constructed by the story teller; the information and meaning they portray (Chase, 2005).

Participants

All nurses graduating from the mental health branch of the undergraduate Masters course who were working within one local trust were invited to take part in the study. Participants who were eligible were registered mental health nurses and had been

awarded an undergraduate Masters qualification. This represents a purposive sampling approach. A maximum of 14 people met these criteria, of which eight took part in face to face interviews, after approaching them in accordance with ethical stipulation. The participants had between two and five years experience of post-registration mental health nursing practice.

Data collection

The unstructured interview is normally used in a study of this nature as the format allows participants to give freer responses (Mishler, 1986). Within the interview the researcher aimed to transform the interviewer–interviewee relationship into one of narrator and listener. The opening question asked participants to tell the researcher about significant experiences in their education and nursing practice during and since qualifying from the course. Follow up prompts were guided by participants responses to this initial question. This approach was initially piloted and allowed for the detailed exploration of individual experiences, providing an appropriate forum for in-depth exploration. Interviews lasted between one and two hours and took place in a location that was mutually convenient whilst ensuring privacy and minimal interruptions. Written consent was obtained from all participants who were involved in the research and interviews were digitally recorded.

Ethical issues

The research required participants to identify and explore in-depth, significant experiences. This could have potentially raised emotive or sensitive memories. This was addressed through the open nature of the interview design which aimed to enable a more collaborative approach to data collection to support participants to exercise their agency in the discussion. Furthermore, additional follow up support was offered by the research team. Any identifiable features of events such as names of staff or service users were removed from the transcripts to ensure confidentiality. Ethics approval for this study was granted by a NHS Research Ethics Committee.

Analysis

Each interview was transcribed verbatim. Following established principle in narrative inquiry, a collaborative thematic narrative analysis was employed. This was informed by an integrated inductive and deductive approach (Bradley et al., 2007) which firstly involved deductively developing a framework of preliminary codes (Anderson, 1995). This framework consisted of temporal categories; pre-branch, experience of branch, post qualification experiences and the consequence of experiences. This was followed by a line by line review of the data in which commonalities relating to the framework emerge. This process involved the independent identification of themes by three members of the research team which were validated through collaborative discussion.

Results

The themes identified from analytical process were; contemplation, assimilation, conflict and resolution. These themes represent a process which each of the participants appeared to experience. The following extracts from the data represent the common experiences narrated within the participant's stories. Pseudo names have been attributed to the quotes to maintain anonymity.

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