THE EDUCATION OF AUSTRALIA'S PSYCHIATRIC NURSES:
UNCERTAINTIES AND POSSIBILITIES

By

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The members of the committee appointed to examine the ICN research requirements and manuscript of Laurie D. Dupar find it satisfactory and recommend that it be accepted.

Chair

[Signatures]
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Washington State University, Vancouver

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ABSTRACT

Chair: Elizabeth LeCuyer-Maus

In the past two decades, significant changes have occurred for psychiatric nurses in Australia. Among these has been the transfer of nursing education to the university setting. Since this transition, many articles have been published expressing apprehension about the general state of psychiatric nursing and the undetermined ability of the current educational system to prepare nurses for the contemporary treatment of the Australian mentally ill population. Nursing research has examined various aspects of the dilemma, including the differences between the graduates of the hospital-based verses the university-based curriculums, the decrease in the number of students choosing to work in psychiatric nursing, the negative attitudes and misconceptions about mental illness, and the adequacy of theoretical and clinical experience. By examining and reevaluating the educational process to meet the needs of students, educational institutions, health care facilities, and community, the needs of the mentally ill will be better served. Reviewing the available research literature, a clearer picture may be drawn about the education of psychiatric nurses in Australia, and proposals made for further research needs.
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Introduction

The recent National Survey of Mental Health and Well-being of Australians (Andrews, Hall, Teesson & Henderson, 1999) reported that close to 1 in 5 of adult Australians have a mental disorder. Considering these figures, there are many Australians who would benefit from mental health services staffed with adequately trained mental health professionals. As one of the largest professional groups within the Australian mental health service system, psychiatric nurses need to be adequately prepared with the theoretical knowledge and practical skills to meet the challenges of nearly 20% of the population (Brown, 1997; Happell, 1997). Unfortunately, concern has been expressed by all of the Australian states, territories and various health departments regarding the immediate and future retention, recruitment and education of psychiatric nurses in order to meet the needs of the mentally ill (Andrews et al., 1999; Burdekin, 1993; Clinton, 1995b; Clinton & Hazelton, 2000; Farrell & Carr, 1996; Commonwealth Department of Human Services and Health, 1998; Happell, 1997; Happell, 1998b; Happell, 1999a; Happell, 1999b; NRNE, 1994).

Concerns have been raised about the competency and capacity of graduating psychiatric nurses in Australia. Without standardization, psychiatric nursing curriculums have emerged with questionable theoretical and clinical content and may not be preparing nurses adequately to meet the treatment needs of the deinstitutionalized mentally ill (Brown, 1997; Farrell & Carr, 1996; Wilson & Dunn, 1996). Evidence of preconceived negative attitudes about mental illness and the mental health nursing setting are prevalent and have resulted in fewer graduates choosing psychiatric nursing as a specialty and career choice (Bell, Horsfall & Goodin, 1998; Hafner & Proctor, 1993; Happell, 1999; Lam, McMaster & Troup, 1993; Kersaitis, 1997; Stevens & Dulhunty, 1992). And finally, there is concern about the lack of post-graduate education to address the deficiencies once students graduate (Brown, 1997; Clinton, 1995b; Crowe, 1998).
As this century commences, adequately preparing the Australian psychiatric nurses to provide quality care to Australia’s mentally ill is vital. Considering the obvious needs of the Australian mental health community, the research question then becomes: Is the current Australian psychiatric nurse educational system adequately preparing their graduate nurses for the current challenges and future opportunities that lie ahead?

Brief history of mental health/psychiatric nurse education in Australia

The consumers, providers and services within the Australian mental health system have changed dramatically in the past 20 years (Benson, 1994; Duckett, 1998; Hudson-Rodd & Farrell, 1998). Historically, nursing education in Australia has been based on an apprentice-type, hospital-based model. Up until the mid 1980’s, when Australia deinsititutionalized their mentally ill, apprentice psychiatric nurses learned about specialty treatment of the mentally ill while working in the hospitals or institutions (Benson, 1994; Wilson & Dunn, 1996). In 1984, the nursing profession in Australia was advanced when registered nurse education moved out of the hospitals and gradually into universities and adopted a comprehensive curriculum.

For the purposes of this paper, “comprehensive curriculum” refers broadly to the three or four year university-based education nursing course that provides theoretical content and clinical practical experiences by integrating three previously separate nursing areas. These disciplines include general, developmental disability and psychiatric nursing (O’Brien, 1994). It was assumed that the comprehensive contemporary registered nurse education in the university setting would provide a broad curriculum with adequate clinical experience and nursing theory, in order to prepare graduates for employment within a diverse range of settings and nursing specialties. Unfortunately in Australia, for the specialty of psychiatric nursing, this may not have occurred.
Literature Review

Hospital-based verses university-based preparation

Although nursing education at the university level is now in its second decade, the debate continues as to whether the university-based educational system is meeting the needs of students and the mental health community any more adequately than the previous hospital-based system. Happell (1996) conducted a comparative study to discover the differences in preparedness and clinical performance between hospital verses university educated students. This qualitative study interviewed four supervisory staff nurses to ascertain their opinions about the differences in clinical competence, theoretical knowledge, attitudes, approaches to work or other distinguishing characteristics between the two groups of graduates. Following the interviews, transcripts were examined and coded for major themes. Although the sample size was limited, the results of this study suggested that there were discernible differences perceived between the two groups. Although it was reported that university educated nurses have some initial hesitancy in adjusting to the hospital environment and seemed less confident in their clinical skills, their characteristic flexibility, enthusiasm and broader theoretical basis for practice had prepared them quickly to attain a level of clinical competence. An additional observation made by the supervisory nurses pertinent to the current climate of psychiatric care in Australia, was the report that identified university graduates appearing to be more comfortable in the community settings.

In a second qualitative study by Happell (1998b), the theme of university-based verses hospital-based educational preparation was again explored, this time from the perspective of psychiatric nursing graduates themselves. Eighteen students (five hospital-educated and thirteen university-based) were interviewed in a reflective focus group format about their perceptions of their preparedness for work as it related to their educational experience. The findings were
related to those from Happell’s (1996) previous study. Hospital based graduates reported feeling very confident in assuming their new roles, while university graduates expressed more initial and transitional apprehension. Each group expressed feeling adequately prepared for their role as a registered psychiatric nurse, but for different reasons. The university graduates’ reasons emphasized their broad knowledge base in psychiatry and nursing theory. The hospital-based graduates’ confidence related more to their opportunity to actually experience the role of the nurse in their training. Negative comments from the university graduates regarding their program were related to the feeling that they did not have the opportunity to master certain skills, but had appreciated the opportunity to experience varied clinical environments, including the community setting.

**Community preparedness**

The mainstreaming of the mentally ill since 1984 has created a need for community treatment which requires skills and a knowledge base heretofore not available in the hospital-based education system. Harris & Happell (1999b) studied the relevance of hospital-based experience in preparing psychiatric nurses for a community-based practice. This study challenged the previously held opinion in Australia that hospital-based experience is essential for psychiatric nurses to work successfully in the community setting. Six practicing community psychiatric nurses participated in the study. Each had worked between one and six years in hospital-based facilities prior to accepting positions in the community. Using an exploratory qualitative design, interviews were done with open-ended questions to encourage an in-depth discussion. The interviews were audio-taped, transcribed and analyzed for major themes. A review was performed by an external auditor to assure accuracy. The results of the interviews did not support the previously held notion that hospital-based experience was necessary to practice in the
community psychiatric setting. Instead, the participants who were currently employed in community settings, perceived their hospital experience as having hindered their transition to the community environment. Essential skills for community psychiatric nursing, such as autonomy, responsibility, and awareness of community and family systems, were reported to be inadequately experienced by the nurses in the hospital-based setting.

**Competency**

Competency standards as outcome measures for professional practice have become increasingly important in gauging the adequacy of the educational preparation of students. Although Happell’s (1996) study elicited the reflective opinion of higher level nurses about the differences in competencies between hospital and university-educated nurses, only one study was found that directly researched the competency standards for psychiatric/mental health nurses in Australia (Rudge and Gerschwitz, 1995). In this qualitative ethnographic study, the researchers used a modified Delphi technique, to develop competency standards encompassing the context of the Australian mental health setting. These standards were then used to observe seventeen psychiatric university-based graduate nurses in their first year of practice. For a total of eight hours, the graduate nurses were observed by volunteer trained clinical staff in their hospital-based work environment. Following this observational period, a one hour in-depth interview was performed to ascertain more qualitative information regarding their knowledge, attitudes and beliefs about psychiatric/mental health nursing practice. Competent psychiatric nursing behavior was identified by comparing the observed data, subjective report and written case reports when necessary, with the previously developed competency standards. Considering the complexity in validating the competencies from the multiple sources of data, some worthwhile findings were made from the study. Competencies consistently met and enacted by the university-based
graduates were in the area of problem identification and follow up solutions. However, other standards were not validated. Competencies expected but not observed included: the ability to reflect on the therapeutic use of self in their practice, difficulty in delegation of care, and unfamiliarity with the concepts of interdisciplinary team, ethical or professional practice.

**Theoretical knowledge and practical experience**

The Rudge and Gerschwitz (1995) study identified several areas where nurses were not meeting the expected competency standards of Australian psychiatric nurses. The inability of psychiatric/mental health nursing students to demonstrate certain professional competencies, may be related to the amount of clinical practice and theoretical knowledge provided in Australia’s current comprehensive nursing educational system. Farrell and Carr (1996) provide the clearest depiction of the inconsistencies in the Australian psychiatric/mental health nursing curricula. In their cross-sectional qualitative research, all university nursing heads in Australia were provided a survey questionnaire in order to ascertain the amount of hours their programs devoted to “mental illness focus”, including theoretical and practicum hours. Twenty-six out of a possible thirty-six university-based nursing schools returned the questionnaire. A descriptive statistical approach was used to analyze the data. Findings revealed curriculums with gross inconsistencies. Whereas one school reported offering 225 hours of “mental illness” theory and 200 hours in “mental illness” practicum experience to students, another school reported offering as little as 30 hours of theory and no practice hours. For nurses converting from a diploma to graduate degree, theoretical instruction ranged from 36 to 208 hours, with a practice component ranging from 0 to 520 hours. Masters courses were offered in seven schools, but no significant data were documented.
To make clear the significance of Farrell & Carr’s (1996) findings, Lo & Brown (1999) and Bell, Horsfall & Goodin (1998) explored the importance of adequate theoretical knowledge and practicum experience on student’s clinical practice and future work as psychiatric nurses. Lo & Brown emphasized the need for adequate theoretical curriculum to enhance the psychiatric nursing students’ practicum experience. Bell, Horsfall & Goodin, took this one step further, and examined how mental health nursing curriculum affected psychiatric student nurses’ clinical confidence and their interest in psychiatric nursing as a profession.

In the pilot study by Lo & Brown (1999), 65 rural nursing students, half-way through their university nursing courses, completed a likert scale survey tool designed to evaluate whether or not a previous 150 hours of psychiatric theory had adequately enhanced learning in the clinic practicum. The open-ended questionnaire also elicited the perceptions of the students regarding the best aspects of their practicum and possible areas of improvement. The survey was distributed following the student’s theoretical and clinical experience. The research data revealed that the psychiatric nursing theory received prior to the clinical experience did enhance the practicum. Nearly 90% of the students indicated that the clinical psychiatric practicum helped them develop practical skills and provided continuity. In response to the ‘best’ aspects of their clinical practicum, the majority of students valued the interaction with the clients, the improved knowledge and understanding of mental health, and the dispelling of myths about the mentally ill. The need for more practical experience was the main suggestion for changes in the clinical placement.

In the longitudinal study by Bell, Horsfall & Goodin (1998), an expert reference group was utilized to develop a 20 statement scale to measure psychiatric clinical confidence and preparedness in such areas as assessment, communication, education, medication knowledge, self-
management and team work. The resulting Mental Health Nursing Clinical Confidence Scale (MHNCCS) was then administered pre and postclinical to 212 undergraduate nursing students from four major metropolitan universities. T-test values revealed significant changes in student confidence levels following their mental health clinical placement. Specifically, after completing their psychiatric practicum, students felt more confident and adequately prepared in their ability to interact with psychiatric clients. Critical to the current climate of psychiatric nursing in Australia, this study by Bell, Horsfall & Goodin, also discovered that a higher perceived level of confidence was associated with a stronger desire to work in the area of mental health following graduation.

An essential perspective of whether Australian psychiatric nurses are being adequately prepared in their theoretical or practical experiences, comes from the viewpoint of nurses previously educated in the Australian university-based system, but currently employed in the Australian psychiatric/mental health care settings. O’Brien’s (1994) pilot project involved the construction of an instrument designed to elicit registered psychiatric nurses opinions of their educational preparation. In this broader study, one hundred seventy-five nurses currently working in large psychiatric hospitals or general psychiatric units, voluntarily completed demographic and open-ended questions. The participants were asked to disclose their most valuable educational experience, their least valuable educational experience and their most valuable clinical experience. The data were clustered and frequencies, distributions and percentages were calculated. Upon reflection, psychiatric nurses cited as their most valuable educational experience: opportunities for group work, hands on learning, case studies, and lectures taught by experienced and competent staff or instructors. The least valued experience was negative attitudes toward students by staff or instructors. The importance of having adequate clinical and theoretical experience with psychiatric clients and the mental health environments was emphasized as the
single most valued clinical experience. Considering the results from Farrell and Carr (1996) which highlighted the gross inconsistencies in nursing curriculum, if Australian universities are not providing adequate clinical and theoretical opportunities for students to encounter these learning experiences, the value and adequacy of the educational system is questionable.

**Educational preparation and career choice**

Since the transfer of Australian nursing education to the universities, several studies have linked the comprehensive educational system to the declining number of Australian nursing students choosing psychiatric nursing as a profession. Studies have suggested that the decline is a symptom of the current educational system’s failure to address the negative attitudes towards the profession and the mentally ill in the nursing curricula (Hafner & Proctor, 1993; Happell, 1999b; Stevens & Dulhunty, 1992; Lam, McMaster & Troup, 1993; Rushworth & Happell, 1998). Put simply, negative views towards the mentally ill and preconceived ideas about the mental health working environment negatively affect students’ choices towards the psychiatric nursing specialty.

Although not entirely an academic problem, the current lack of attention devoted to psychiatric nursing within undergraduate curricula in some universities, as described by Farrell & Carr (1996), may be contributing to the difficulty in attracting and adequately preparing graduates to enter into a career of psychiatric nursing.

In an effort to explore the correlation between an interest in psychiatric nursing as a career choice and adequate psychiatric/mental health clinical experience several studies were found in the literature. Lam, McMaster & Troup (1993) explored this declining interest in psychiatric nursing, by examining the extent to which education and clinical experience influences student’s attitudes towards psychiatric illness and student’s interest in working in the specialty of psychiatric nursing. One hundred and fifteen second year nursing students enrolled in a compulsory course in
psychiatric nursing participated in the research. In this qualitative, longitudinal study, an initial brief open-ended questionnaire was administered to identify the student’s level of concern prior to clinical placement. The results of this pre-clinical questionnaire were used for the development of a 20-item likert format tool, that was administered as an assessment of concern following clinical placement. In addition, The Attitudes towards Mental Illness Questionnaire (AMI), was administered pre and post clinical placement. The authors hypothesized that with a positive attitude towards mental illness brought about by clinical placement in a mental health setting, more students would be interested in psychiatric nursing as a career choice.

Chi-square procedures, analysis of variance, and correlational analysis together revealed that a more positive attitude towards mental illness during the post clinical phase was associated with a decline in student concern. In the post clinical phase, the student’s level of concern had decreased, their positive attitudes increased, and interest in working in the mental health area had increased approximately 5%. Crucial to the current educational preparation of Australia’s psychiatric nurses, the results of the study underlie the importance of adequate clinical experience.

Two other studies addressing the impact of theoretical and clinical education on the ability to prepare sufficient numbers of Australian nurses to the psychiatric specialty, was conducted by Rushworth & Happell (1998) and Happell (1999b). Using attitude or career choice changes as the dependent variable, and theoretical and clinical exposure in their nursing education as the independent variable, Rushworth and Happen designed a longitudinal quasi-experimental study. Happell (1999b), recognizing the dwindling number of psychiatric nurses graduating from the universities, surveyed 793 undergraduate nursing students from Victoria about their career preferences and reasons for these choices. Both studies utilized a modified likert scale questionnaire based on the instrument previously developed by Stevens & Dulhunty (1992) in
which the students ranked nine areas of nursing specialty in order of preference. In both studies, an open-ended question offered the students the opportunity to explain the reasons for their choices.

In the study by Rushworth and Happell (1998), the likert scale was administered during the first week of the student’s nursing program and again 18 months later when approximately half of the 57 participants would have completed a unit on psychiatric nursing. A Wilcoxon matched pairs signed rank test was used to identify the significance of any changes over the 18 month period, and themes were identified from answers to open-ended questions.

In Happen’s (1999b) research, student preferences and frequency of information from the responses to the open-ended questions were calculated using SPSS-X. The results of Happen’s and Rushworth and Happell’s (1998) studies, supported Steven’s & Dulhunty’s (1992) previous finding that psychiatric nursing continues to be unpopular among nursing students, ranking on average among the last three specialty choices. After coding for commonalities, the open-ended responses in Happen’s study identified some major themes repetitious of Rushworth and Happell’s study. Several reasons were reported as explanations for nursing students’ lack of interest in psychiatric nursing prior to theoretical or clinical exposure. These reasons included: insufficient clinical experience or knowledge of psychiatric nursing in their undergraduate nursing programs, a strong interest in other areas of nursing, and generalized negative attitudes towards the mentally ill and the mental health environment. Of importance, the post-test data from the experimental group in Rushworth and Happell who did receive adequate psychiatric theoretical and clinical exposure, showed a more positive view towards psychiatric nursing as a career option.
Post graduate education

After graduation, there appears to be little offered in the way of formalized education and advancement training programs for psychiatric nurses in Australia (Clinton & Hazleton, 2000; Farrell & Carr, 1996). Even still, the qualitative research study by Brown (1997), sought to identify future educational needs for post graduate nurses working in various capacities in psychiatric/mental health nursing. In Brown’s study, a convenience sample of fifteen nurses employed in rural psychiatric units or corrective institutions in the Australian state of New South Wales, were mailed a questionnaire in order to elicit their opinion about how they perceived the educational needs of graduate and upper level psychiatric nurses.

The questionnaire sought the nurses’ opinions about the educational requirements, knowledge, skills and experiences required of graduate and advanced levels of nursing practice. The participants in Brown’s (1997) study were asked to rank order their responses from highest to lowest as to how they perceived the skills, knowledge and practice needed for various levels of mental health nurses. The distribution of the survey data were scored mathematically and percentages identified.

Participants in the study ranked the highest priority for graduating psychiatric mental health nurses as “knowledge”. Having knowledge in such areas as: mental illness, psychopharmacology, legal and ethical issues, communication and counseling skills, nursing process and diagnosis. Educational priorities predicted for higher level advanced practice nurses were: knowledge of current nursing issues, therapies and policies, legal and ethical practice, experience with rehabilitation of the chronically mentally ill and the confused elderly. The results from this and previous studies are of value to educational specialists in assessing the educational needs and priorities of psychiatric mental health nurses.
Critique of Existing Research

Many of the studies in this review rely on qualitative methods. Qualitative research by its nature, is designed to provide in-depth information about the subjective meaning of phenomena and human experiences. Qualitative research, as was found in the majority of these studies, is often designed with a limited number of subjects, and raises questions about the generalizability of the sample population. Ideally, larger samples are more representative of the population, but Polit & Hungler (1983) point out that the main consideration in assessing the representativeness of a sample and transferability of a study is that it's main characteristics closely approximate those of the general population (Polit & Hungler, 1983. P. 411). These studies reviewed here are judged by the author to have collected appropriate samples for each of their areas of inquiry.

The strength of these qualitative research studies is seen in their thorough treatment of the data, such as in-depth interviews, saturation of themes, and similarities across the results. The quasi-experimental studies reviewed here (Bell, Horsfall & Goodin, 1998; Happell 199b; Lam, McMaster & Troup, 1993; O'Brien, 1994), utilizing larger sample sizes and quantitative statistical designs analysis, provided more diverse results which reinforced the themes of the qualitative studies. Essential elements of qualitative research such as credibility through prolonged engagement and peer debriefings, were also well documented in the studies. The design and use of adjunctive tools or questionnaires was well explained. There is concern however, in two of the studies (Happell, 1996; Happell, 1999b) where the researcher may not have received unbiased data considering her dual role as an educator. In another study there is the potential of a conflict of interest and confidentiality considering the observers either worked with or supervised some of the subjects (Rudge and Gerschwitz, 1995).
Together, these studies have provided the initial data towards a better understanding of the educational preparedness of the Australian psychiatric nurse. Future studies are needed to go beyond the attitudes, perceptions and experiences of teachers, students and nurses, important as these are, in order to focus on consumer outcomes. There needs to be more understanding of the needs of the mentally ill so that appropriate curriculum can be designed. This is not to ignore the significance of the learning needs of students, but rather direct the focus on the relationship between what happens in the university curriculum and the benefits to the consumers.

**Summary/Discussion**

During the past two decades, the Australian nursing educational system has gone through the transformation from apprentice style hospital-based educational system, to a more comprehensive university-based educational system and it may be that the transfer is not yet complete. Amidst these growing pains, vested researchers have explored the adequacy of the comprehensive university-based educational system in preparing psychiatric nurses.

Lingering in many of the studies, is the legacy of the hospital based-educational system. Whether or not nursing students are better prepared in the hospital or university system has been examined from a multitude of angles and may never be resolved. Rather, the value of these studies may be in the recognition of the emerging skills of the university-based educated nurse. These characteristics include: a broader knowledge base, flexibility, willingness to work in the community settings, enthusiasm, motivation and a commitment to the psychiatric nursing profession. For those in the profession reluctant to adopt the university-based system, these advancements may have gotten buried beneath the old debate.

Few studies addressed the need for professional outcome measures in order to provide credibility to psychiatric nursing practice. Rudge & Gerschwitz (1995), however, explored the
competency of Australian nurses as it related to their educational preparation. Although limited in perspective, and perhaps biased in its findings due to the unspecified credentials of the participants, the study provided encouragement that changes in nurse practice roles are starting to be recognized and standards for quality care beginning to emerge. Perhaps introducing the results of the study to the educational community may enable them to address the unmet competencies identified by the study, such as; professional and ethical awareness, therapeutic use of self, and critical thinking skills. Future studies are needed to explore psychiatric nursing outcome measures in order to help guide the quality of care, professional development, and possible standardization of educational curriculums.

Of great importance is the study on theoretical and practice hours by Farrell & Carr (1996). The inconsistencies, gross variation and lack of minimum standards for clinical and theoretical hours in "mental health focus" in the Australian nursing educational systems, seem unacceptable. The possibility that the term "mental illness focus", was misinterpreted in the original study, calls for subsequent research to validate the results.

The benefits of adequate practicum and theoretical preparation in the nursing educational system have been well studied by Bell, Horsfall & Goodin (1998), Happell (1999), Lam, McMaster & Troup (1993), Lo & Brown (1999), O’Brien (1994) and Rushworth & Happell (1998). The advantages include better preparation for the role as a psychiatric nurse, dispelling of myths surrounding psychiatric illness and mental health nursing, increased confidence in working with the mentally ill, and increased interest in psychiatric nursing as a profession. Considering the lack of opportunities for advanced psychiatric nursing education and experience in Australia (Brown, 1997), it is imperative that university-based nursing curriculum address these inconsistencies so that nursing students receive adequate experience and knowledge base in
psychiatric/mental health preparation before graduation. Without sufficient research to support the need of psychiatric/mental health theory and practicums, there is the risk that psychiatric-mental health education may become even more diluted.

The psychiatric nursing deficit has roused the educational system out of its complacency into acknowledging its role in attracting students to this specialty area. The urgency created by fewer nurses entering the field of psychiatric nursing has inspired many authors to examine this trend (Lam, McMaster & Troup, 1993; Happell, 1999; Rushworth & Happell, 1998). Along with validating the dwindling numbers of students choosing psychiatric nursing as a career, this research has highlighted other areas the educational system will need to address in its curriculum including negative attitudes towards the mentally ill and student confidence levels in practicum experiences.

Without sufficient numbers of nursing graduate students entering the field of psychiatric nursing it is not possible to assert that Australia is adequately preparing its nurses to meet the needs of its mentally ill population. This being said, the reasons for this trend may not lie solely within the walls of the academic institutions. Future research is needed to examine the influence of Australia's cultural temperament which no longer accepts the traditional nursing subservient role. Until this aspect is further explored, the reasons for the lack of interest in psychiatric nursing as a profession in Australia will not be complete.

Amidst all the voices of the nursing students, administrators, educators and employed psychiatric nurses that have been heard in the literature, one is silent. The voice or perspective of the mentally ill consumer. Absent is a study that incorporates the mentally ill individual, family or community into a discussion about adequate preparedness of psychiatric nurses. Considering that
the mentally ill are the recipients of mental health services, provided in large part by psychiatric nurses, it seems a perspective in need of being explored.

Considering the mainstreaming of the mentally ill into the community over the past twenty years in Australia, only one study was found (Harris & Happell, 1999) that addressed the preparation of Australian psychiatric nurses for this emerging role. It is time in Australia for the educational system to collaborate with the mentally ill population and the community mental health system. By going beyond the hospitals and universities to the mentally ill in the community, a better appreciation of the service needs can be gained and nursing curriculum developed.

**Conclusion**

The comprehensive university-based curriculum for Australia’s psychiatric nurses presents an opportunity to provide the theoretical knowledge, practical experience and professional recognition beyond the previously limited apprentice style hospital-based educational system. With continual examination and refinement of educational curricula, deficiencies can be addressed for the Australian psychiatric nursing student and the psychiatric/mental health system. It is certain that the psychiatric nurses of the future will need to be better educated than any of their predecessors in order to adequately meet the changing needs of the mentally ill population. Both in Australia, and overseas, educational systems aim to provide optimum preparation for psychiatric nurses so that they in turn can provide quality care to the vulnerable mentally ill population that they serve.
References


*Australian Nursing Journal, 3*, 36-38.
## Appendix

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<td>Sample Size</td>
<td>4</td>
<td>18 (5 hospital-based; 13 university-based)</td>
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<td>17 (out of possible 120 asked to participate)</td>
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<td>Sample</td>
<td>Voluntary; supervisory psychiatric nurses with unspecified educational background. Victoria, Aus.</td>
<td>Two voluntary cohorts of one year post graduate nurses. One group university-based, one hospital-based. Victoria, Aus.</td>
<td>Voluntary; currently employed community psychiatric nurses in Victoria, Aus.</td>
<td>Voluntary; one year post-registration psych nursing graduates in South Australia were contacted by letter.</td>
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<td>Goal of Study</td>
<td>Ascertain the perceived differences between university and hospital-based nursing graduates</td>
<td>Examine differences between the two groups with regard to experiences in transferring to work after completion of degree</td>
<td>Explore the relevance of hospital-based experience in preparing psychiatric nurses for community practice.</td>
<td>Assess the competencies of graduate psych nurse in hospital setting and develop set of competency statements.</td>
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<td>Design</td>
<td>Comparative, qualitative in-depth interviews</td>
<td>Comparative, qualitative in-depth study with two focus-groups of prolonged engagement</td>
<td>Exploratory qualitative in-depth interviews with open-ended questions, conducted at locations convenient to the participants</td>
<td>Modified Delphi to establish competency standards for psych nursing grads. Naturalistic 8 hour ethnographic observation, followed by 1 ½ hrs of formal interview.</td>
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<td>Analysis</td>
<td>Interviews were taped and transcribed for identification of major themes with external audit to check for validity</td>
<td>Interviews in the focus groups were taped and transcribed for major themes</td>
<td>Interviews were taped and transcribed for major themes. Rephrasing during the interview, participant verification of transcript and use of an external auditor, was used to assure accuracy of data.</td>
<td>Competencies were compared to observations and subjective report of nurses. Data was coded for frequency and analyzed with the SPSS-X to determine frequency and mean observed value for each competency.</td>
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<td>Results</td>
<td>University graduates not found to have initial degree of clinical competence, but quickly adjust. Univ. grads have broader theoretical knowledge, flexibility, motivation, more reflective ability and express more interest uncertainties of</td>
<td>Both groups equally employable. Both felt equally prepared; hospital-based due to skill mastery and familiarity of hospital environment. Univ-based grads. were confident due to resourcefulness, flexibility, broad knowledge base and stronger commitment to</td>
<td>Hospital experience had not prepared nurses for community setting. Nurses reported needing experience in responsibility, autonomy, interaction with family and community services not provided within hospital experiences.</td>
<td>Some expected but not met competencies included therapeutic use of self, professional and ethical awareness, delegation of care, interdisciplinary team. Areas met included problem framing and solving.</td>
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<tr>
<td>Sample Size</td>
<td>26 (represents 84% response rate)</td>
<td>65</td>
<td>212</td>
<td>175 (represents 70% response rate)</td>
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<tr>
<td>Sample</td>
<td>University Heads of Schools for nursing in all of Australia</td>
<td>Convenience sample of second year undergraduate nursing students enrolled in a rural university in New South Wales, Australia</td>
<td>Convenience sample of currently enrolled undergraduate nursing students from 4 major metropolitan universities, representing 4 different states. (NSW, Q, V, SA)</td>
<td>Convenience sample of registered nurses employed in general psychiatric units in New South Wales and Queensland, Australia.</td>
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<td>Goal of Study</td>
<td>To determine “mental illness focus” importance of theory in mental health nursing theoretical and psychiatric curriculum and clinical opinions of their practice hours offered in undergraduate and post graduate nursing curriculum</td>
<td>To evaluate the importance of theory in student nurses psychiatric practicum in order to improve student nurses’ psychiatric practicum.</td>
<td>Investigate the impact of mental health nursing curriculum and clinical experience on student skills and clinical confidence.</td>
<td>To describe registered nurses’ opinions of their educational preparation as to most and least valuable aspects.</td>
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<tr>
<td>Design</td>
<td>Cross-sectional qualitative, survey sent to Nursing Heads of all university-based nursing schools in Australia.</td>
<td>Qualitative pilot study using both a likert scale questionnaire and open-ended questions to record student perceptions of their best and needed areas of the clinical experience following 150 hours of psychiatric theory.</td>
<td>Qualitative, pre and post questionnaire using a 20 item scale; The Mental Health Nursing Clinical Confidence Scale (MHNCCS) developed by a reference group to assess skills and attributes of undergraduate nursing students in six areas; assessment, communication, education, medication knowledge, self-management and team work.</td>
<td>Qualitative pilot project questionnaire designed through use of reference group and trialed for meaningfulness. Responses to three open-ended questions were discussed in this report.</td>
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<tr>
<td>Analysis</td>
<td>To summarize results, descriptive statistics were used in a graph format.</td>
<td>Data was analysed using SPSS package for frequency.</td>
<td>Pre-test MHNCCS was subjected to principal component analysis resulting in a single questionnaire. Internal consistency was checked using a Chronbach’s alpha. Test-re-test reliability was conducted. Mean values pre and post were factored, along with t-test values.</td>
<td>Responses were clustered for frequency and percentages.</td>
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<tr>
<td>Results</td>
<td>Wide range of theoretical and practicum helped with</td>
<td>83% of students indicated practicum helped with</td>
<td>Significant differences were found for all 20</td>
<td>“Experience” most highly valued.</td>
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<td>Sample Size</td>
<td>115 (out of possible 138)</td>
<td>793</td>
<td>57 (represents 40% of possible participants)</td>
<td>15 (represents 30% response)</td>
</tr>
<tr>
<td>Sample</td>
<td>Convenience sample of second year nursing students enrolled in compulsory course in psychiatric nursing in Australia.</td>
<td>Convenience sample of undergraduate nursing students beginning their studies in Victoria, Australia.</td>
<td>Voluntary convenience sample of first year nursing students enrolled in an undergraduate program in Victoria, Aus.</td>
<td>Voluntary; psychiatric registered nurses employed in 3 small psychiatric units and one large corrective institution on Far North Coast of NSW, Australia.</td>
</tr>
<tr>
<td>Goal of Study</td>
<td>Explore factors contributing to nursing student's interest in entering the mental health field.</td>
<td>Examine attitudes of beginning undergraduate nursing students towards psychiatric nursing as a career choice.</td>
<td>To determine the impact of education in augmenting an interest in a career in psychiatric nursing.</td>
<td>Identify educational needs for graduate and post graduate psychiatric nurses perceived by currently employed psychiatric nurses.</td>
</tr>
<tr>
<td>Design</td>
<td>Longitudinal, qualitative study. Initial open-ended questionnaire used to assess concerns and interest in psychiatric nursing as a career preclinical. Results were used to develop a Likert questionnaire which was administered post clinical placement. Attitudinal changes were measured using The Attitudes</td>
<td>First phase of a qualitative, longitudinal study using modified questionnaire by Stevens and Dulhunty (1992) to elicit demographic data, ranking of preferred career choices and explanation of responses. Initial letters to the Head Nursing Departments in Victorian to obtain permission to administer a questionnaire in first year of nursing program during class time.</td>
<td>Quasi-experimental longitudinal non-random study administered during the first week and 16th month of nursing program when approx. half of the students had completed a semester in psychiatric nursing. Clinical and theoretical exposure were independent variable. Desirability to work in psychiatric nursing the dependent variable. Rank preference tool</td>
<td>Qualitative questionnaire about educational requirements in such areas as: knowledge, basic and specialty areas. Respondents ranked their choices of perceived needs. Open-ended section elicited their opinion about further educational needs for various levels of nurses.</td>
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</table>
Towards Mental Illness Questionnaire (AMI) pre and post clinical.

**Analysis**

Comparison of student concern before and after clinical and student interest in mental health nursing was done using a Pearson Chi-square. Analysis of variance was used to explore relationship between attitude and concern pre and post clinical setting. Following a significant ANOVA the Scheffe method further analyzed the significance between the groups.

SPSS was used to analyze data for mean, median and mode. Open-ended data categorized and coded for themes. Wilcoxon matched pairs rank test to examine changes in pre and posttest and matched par measures. Cramer’s V test examined magnitude of relationships between demographic variables.

Scored mathematically for percentages.

**Results**

Concern about working in psych setting lessened after clinical placement from 12% to 7.1%. Attitude towards psychiatric illness increased as concern decreased. Approx. a 3% increase in the interest in mental health nursing was found post clinical. Students with strong interest in mental health had higher attitude scores.

Spearman’s correlation found no relationship between ranking and demographic data. 37.9% ranked psych nursing as least popular. 54.7% placed it least or second least preferred. 13.4% ranked it as first choice. Why it was unpopular: 1) insufficient experience with psychiatric nursing 2) negative perception of mentally ill 3) belief that the psychiatric environment would be unpleasant or depressing 4) fear of the mentally ill.

Pretest: exp group, psych nursing ranked seventh; m=6.28. Control group it ranked 8th; m=7.19 Posttest: exp group m=5.67, shows an increase in popularity of psych nursing.

No relationship between demographics and career preference. Open-ended responses revealed negative attitudes towards mentally ill. Psych nursing is unpredictable, disturbing, life-threatening. MH setting is boring, difficult, depressing, unchallenging.

Predicted grad nurse knowledge: mental illnesses, nursing diagnosis and process, basic psycho-pharmacology, legal and ethical issues, able to work with schizophrenics, mood disorders, good communication/counseling skills. Higher level nurses: need advanced knowledge in contemporary policies, legal and ethical issues, rehabilitation of chronically mentally ill and the confused elderly.