

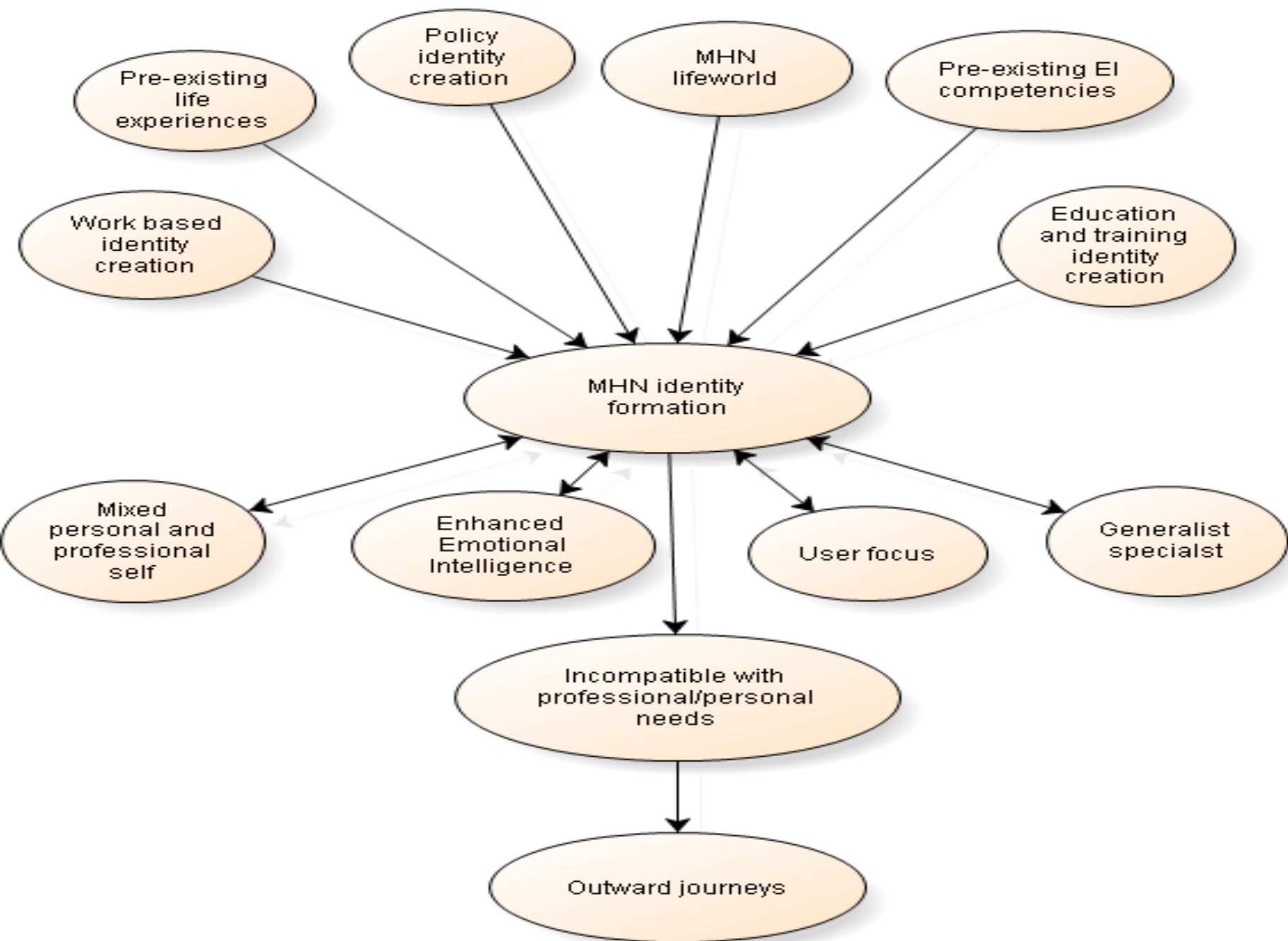
PSYCHOLOGICAL THERAPIES: NATURAL TRANSITIONS AND 'ESCAPING' FROM NURSING

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MHNs and psychological therapies

- Delivered to a more seriously ill user group than had traditionally occurred
- Incorporated it into the generic specialist practice of a MHN
- Have taken therapy out of the therapy room with pre-set appointments and into a range of social settings and opportunistic timings
- **Changes the identity of the MHN.**





The study

- Explored MHN identity in the Scotland and England focussing on nurses undertaking roles within talk based therapies.
- Phenomenological study using semi- structured interviews and thematic analysis with Nvivo software within a framework of social constructionism.

Participants

• Experience	0-10 years	5	
	10-20 years	10	
	20+ years		9
• Gender	Female	13	
	Male	11	
• Site	England based	7	
	Scotland based A	9	
	Scotland based B	8	
• Academic	Diploma	4	
	Degree	10	
	Masters	10	
• Therapy	None	4	
	Short course	11	
	Formal qualification	9	
• Core role	Academic	4	
	Managerial	3	
	Clinical	17	

Why do the study: Multiple identity tension points for MHNs

- New roles offer professional enhancement **or** exit from the profession (corpus or otherwise)
- MHN specialist V Generic constructions of mental health nursing
- MHN therapist V Psychologist assistant
- MHN therapist V CBT therapist.

Constructed themes

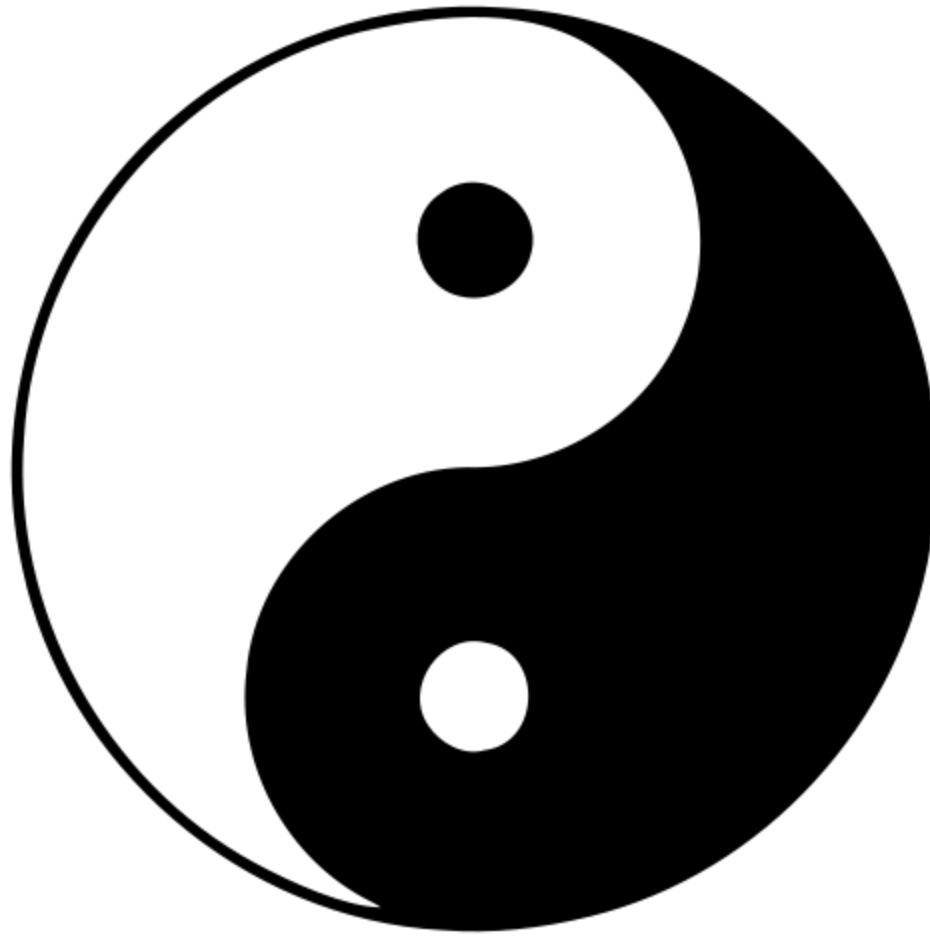
- Identity journeys through direct and vicarious service user work based experiences
- Identity journeys through non-work based education and training
- identity journeys through assuming new job titles and roles
- Exit journeys.



Research Participant 12 (RP12): I think things like role modeling and coaching, exposure to good clinicians, getting a chance to hear these good clinicians talk out loud about what they do, why they did it and what skills they tapped into. It's probably led from people being with inpatients 24 hours a day.



(RP8) The big thing about the training (psychological therapies) was not only did it equip me with psychological techniques, but it also enabled me to understand the world in which my patients lived, and what you needed to do in order to transact politically.



(RP17) I'm not really too sure about that (their professional identity) at the moment, because my title here is CBT therapist. I'm not a nurse therapist; I'm a CBT therapist ... and in some way I know I'm still a registered mental health nurse.



(RP8) They're (MHNs) leaving the profession and they are aligning themselves elsewhere. Almost as if they ... at some subconscious level have hit at an idea that they need to latch onto a different profession because this one is going, and the others [professions] have got more clout.

Why are you leaving me

- As MHNs receive higher level academic training that also specialises in therapeutic roles there is a heightened risk that the MHN will leave the profession, despite being precisely the profile of MHN the profession arguably most needs.

Why are you leaving me

- **Reason 1. You don't love or respect me.** MHNs who undertook formal training often received no additional expressed organisational worth or advancement. Consequently they seek new positions that reward their expanded capabilities.
- **Reason 2 We have grown apart.** For the participants who had undertaken education or training in talk based therapies there was a sense that they had outgrown their role, or that they were not accepted by other MHNs as belonging to the profession any longer.

Why are you leaving me

- **Reason 3. I want more than you can give me.** This is a journey of escape from perceived a career attracting comparatively low regard and progression opportunities toward an identity of greater influence.
- **Reason 4. I want to do more with my life.** For this category of participants they experienced greater capability to offer meaningful interventions to service users and consequently generated a greater sense of professional worth from these therapeutic encounters.

THE DUKE MIGHT BE DEAD, CLINT'S AN OLD MAN, SHARON'S THE NEW GUN IN TOWN BUT SOMEONE ELSE STILL NEEDS TO KNOW HOW TO DO THE WALK & THE TALK !

Encouraging mental health nurses to develop qualifications & skill in psychological therapies

Nursing Workforce Issues

- Aging experienced workforce
- Need to increase younger nursing recruitment/retention or risk reverting back to custodial type care or medical model approaches alone
- Increasing technology demand for IT data input reducing clinical time
- Multi skilling required across sub specialty areas.

Nurse leaders role

- Consult regarding staff development needs and identify staff with special interest/skills and areas of service need
- Active connections with professional bodies and HEI on delivering specific psychological therapies -: Client centred, CBT, family therapy
- Active pursuit in collaboration with HEI to identify funding or scholarship opportunities
- Improve student placement & graduate transition programs
- Generate standing staff development items on staff and service committees /meetings.

The DONs not so cheap lunch

- Sincere investment of time to enlist support from Exec, and other health disciplines
- Utilise statistics, activity to argue potential benefits
- Linkage with clinical supervision process
- Selection process.
- Give due credit to staff involved
- Establishment of expert group to deliver psychological therapies may assist in retention and be an attraction with recruitment.

Risk of doing nothing

- Increase possible dissatisfaction & burnout
- Expected rate of loss of current experienced MH nurses who have these and/or other counselling/group skills
- Mental health nurses are becoming an endangered species if attrition continues to outpace recruitment.

Risk of doing nothing

- Unless increase in recruitment/development of skilled staff the erosion of scope of practice of mental health nurses to medication & custodial care model will continue.
- Increase in generic role nurses without specific mental health skills in the workplace will create a higher need for psychological therapy and counselling skills.

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