



MIDLAND HEALTH BOARD

# **Report on the Education and Training Needs of Psychiatric Nurses in the Midland Health Board**

*THE MIDLAND HEALTH BOARD  
&  
ROYAL COLLEGE OF SURGEONS IN IRELAND*

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## **GLOSSARY OF ABBREVIATIONS AND TERMS**

### **Abbreviations**

A.B.A	An Bord Altranais
A.C.N.O	Assistant Chief Nursing Officer
C.N.M 2	Clinical Nurse Manager 2
C.N.M 3	Clinical Nurse Manager 3
C.N.O	Chief Nursing Officer
C.N.S	Clinical Nurse Specialist
C.P.R	Cardiopulmonary Resuscitation
C.S.A	Child Sexual Abuse
Dual Qual Nurse	Dual Qualified Nurse
E.N.B	English National Board for Nursing and Midwifery
M.D.T	Multi Disciplinary Team
Nurse Off	Nursing Officer
Nurse Psych	Psychiatric Nurse
PREP	Post Registration Education and Practice
RGN	Registered General Nurse
RPN	Registered Psychiatric Nurse
RMHN	Registered Mental Handicap Nurse
RSCN	Registered Sick Children's Nurse
SNR S/N DQ Psych	Senior Staff Nurse Dual Qualified Psychiatry
SNR S/N Psych	Senior Staff Nurse Psychiatry

### **An Bord Altranais**

The statutory regulatory body for nursing and midwifery established under the Nurses Act, 1985.

### **Continuing Education**

Continuing education is a life long professional development process which takes place after the completion of the pre – registration nurse education programme. It consists of planned learning experiences which are designed to augment the knowledge, skills and

attitudes of registered nurses for the enhancement of nursing practice, patient/ client care, education, administration and research.

### **Department of Health**

Title changed to Department of Health and Children on 12 July 1997.

### **Nurse**

This term indicates a man or woman whose name is entered on the register and includes a midwife.

### **Psychiatric Nurse**

Indicates a nurse who is maintained on the psychiatric nurse division of the register.

### **Student Nurse**

Indicates a person who is undertaking pre – registration nurse education training program.

### **The Register**

The register refers to the register of nurses maintained by An Bord Altranais under section 27 of the Nurses Act 1985.

## FOREWORD

I am pleased to launch this substantial research report into the postgraduate education and development needs of psychiatric nurses working in the Midland Health Board. The need for this study was identified at the Mental Health Services Annual General Meeting in 1999. The allocation of funding by the Nursing Policy Division of the Department of Health and Children to conduct the research reflects the level of national interest in both the study and the needs of psychiatric nurses.

Mental health services depend largely upon the existence of a skilled, knowledgeable and committed workforce. The changing pattern of service delivery and development in the mental health services in Ireland provides nurses with exciting challenges and opportunities. The broad knowledge and experience that the profession has in relation to many aspects of the service is also a very valuable resource, which must be harnessed in the delivery of high quality services for the future. A keen sense of dedication, mission and purpose, skills and attitudes ensure that psychiatric nurses are one of the central drivers of quality in service provision. Education and training, supported by evidence based research, is essential to the delivery of best practice and the creation of a climate of clinical inquiry and critical thinking.

Education and training, both basic and postgraduate is essential to maximise skills and effectiveness. It also gives staff the confidence to change how they do their work for the overall benefit of the patient. This research identifies core education and learning programmes which will be put in place in order to support the clinical and management learning needs of nurses working in mental health service settings.

Signed: \_\_\_\_\_  
Pat Gaughan  
**Chief Executive Officer**

Date: \_\_\_\_\_

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Royal College of Surgeons in Ireland

## **INTRODUCTION AND BACKGROUND TO THE STUDY**

In April 2000 a project team was established to set terms of reference for the assessment of education and training needs of psychiatric nurses in the Midland Health Board within the context of recent reports and developments in nursing. The Royal College of Surgeons in Ireland successfully tendered for the project and the study commenced in October 2000.

This study on the Education and Training Needs of Psychiatric Nurses was undertaken by Professor Seamus Cowman RCSI and Nessa Gill in consultation with a steering committee in the Midland Health Board. The study was commenced by the Midland Health Board in recognition of the rapidly changing mental health plans and the need to ensure a relevant and appropriate system of psychiatric nurse education in order to keep pace with these developments.

The case for a structured approach to continuing education and training for psychiatric nurses is strengthened by the significant changes of health care policy directions that have occurred in the last number of years. Social and demographic changes taking place will also influence psychiatric nursing practice and implications such as the increasing proportion of elderly in the population will give rise to an increased demand for supports and services.

Historically the Midland Health Board has been involved in the education of Psychiatric Nurses at pre registration level. Two schools of Nursing operated, one in St Lomans Hospital Mullingar and the other at St Fintans Hospital Portlaoise. These Schools of Nursing commenced in the mid 1960's and they closed in 1982 and 1984 respectively. At their height the schools of nursing were educating an average of 60 psychiatric nursing students annually. A system of continuing nurse education also existed through a regional education officer, initially under the auspices of the Faculty of Nursing Royal College of Surgeons in Ireland with Mr John Clarke acting as education co ordinator for many years. The departure of the Education Co- Ordinator in 1999 signalled a decline in the number of post registration courses for psychiatric nurses and since then the provision of post registration education has been on an ad- hoc basis with individual nurses pursuing education and training in a less structured environment.

Through the introduction of a Diploma General Nurse Education in The Midland Health Board academic links have been forged with Athlone Institute of Technology (A.I.T). A.I.T has recently introduced post registration courses of which psychiatric nurses can avail. Courses available include National Diploma in Nursing (Access Programme),

Bachelor of Science in Nursing and the National Diploma in Gerontological Nursing. On November 1<sup>st</sup> 2001 the Minister for Health Mr Michael Martin TD announced that from 2002 pre registration education in psychiatric nursing will be offered by Athlone Institute of Technology in association with the Midland Health Board. Eighteen to twenty students of the annual intake of sixty students will undertake the psychiatric nursing degree programme. (<http://www.mhb.ie>, 2001).

The need for a system of continuing professional development within the Health Boards has received considerable attention in recent years. The introduction of the four-year degree based nurse education program in psychiatric nursing will strengthen the position of mental health nursing in the realms of health care. The recommendations of The Report on the Commission on Nursing (1998) also serve to highlight the need for solid educational structures to be in place to foster an educational climate, which will encourage life long professional education.

The setting up of The National Council for Nursing and Midwifery in 2000 has as its aim to develop the role of the nurse with regard to advancing practice based on the recommendations of the Commission on Nursing. The appointment of a Director of Nurse Planning and Development in the Midland Health Board also serves to highlight the importance of nursing in the development of the health services.

In recent years mental health services have moved from an institutional base towards a community model of care (Owen and Sweeney, 1995). The many therapeutic interventions applied in mental illness have multiplied leading to the requirement for increased specialisation in Mental Health Nursing. The changing client profile and the move away from a medical model of care all impact on Psychiatric Nursing and influence its development and direction.

In the context of such change this study identifies The Education and Training Needs of Psychiatric Nurses employed in The Midland Health Board with the view to ensuring that



education for practice is relevant both professionally and academically to psychiatric nurses.

### **Objectives of the Study**

The objectives of the study were to:

- a). Identify the demographic characteristics including age and qualifications of post registration psychiatric nurses working in the community and in the hospitals.
- b). Explore the educational and training needs of psychiatric nurses from the perspective of nurses, service managers and other key informants as determined by the steering committee.
- c). Identify the current provision of post registration education and training and the adequacy and suitability of these programmes to mental health care provision.
- d). Make recommendations in relation to the development of educational programs at post registration levels for psychiatric nurses.

### **Overview of Report and Methodology:**

A mixed methods approach to the study was adopted and the results were then triangulated. Both qualitative and quantitative methodologies were employed. The use of a qualitative approach with the use of focus group methodology and semi structured interviews enriched the findings and served as a basis for questionnaire construction. Quantitative methodology with a questionnaire approach to data collection was used to profile psychiatric nurses currently employed in the Midland Health Board and to provide a database of educational programs available to these nurses.

This report is presented in eleven sections.

Section 1, Mental Health Services within the context of Psychiatric Nurse Education along with a profile of the Midland Health Board.

Section 2, Literature review details the relevant documents writings and research that impact on psychiatric nurse education and training.

Section 3, Study Design, outlines the research methodology employed in the study

Section 4, Data Analysis, outlines the procedures of data analysis

Section 5, Demographic profile of psychiatric nurses in the Midland Health Board and a demographic profile of questionnaire respondents.

Section 6, Information Needs, deals with the information needs of psychiatric nurses that impact on education and training.

Section 7, Communication Needs, detailing the communication factors that impact on education and training

Section 8, Education Planning and Development issues, consists of factors affecting participation in education and training from a planning and development perspective.

Section 9, Motivational Issues, deals with motivating factors that pertain to educational and training participation.

Section 10, Discussion, provides an analysis of the results.

Section 11, Recommendations, this section includes recommendations for the development of a framework for continuing education and training within the Midland Health Board.

## **STEERING COMMITTEE**

This project was carried out in a collaborative manner with a steering group comprised of members of the Midland Health Board. An inclusive approach to the study was ensured by the composition of the Steering Committee, which included representatives of the executive of the Health Board, the PNA and SIPTU nursing unions. The steering group

provided support and direction throughout the project. A total of six meetings of the group took place.

The membership of the committee is as follows:

Richard Walsh	General Manager Mental Health Services Midland Health Board
Larry Bane	Director of Professional Standards and External Relations Midland Health Board
Sean Melia	Regional Representative Psychiatric Nurses Association
Barney Reynolds	S.I.P.T.U Nursing Official
Vincent MacNamara	Assistant Director of Nursing St Fintans Hospital Portlaoise Co. Laois
Michael McConnell	Assistant Director of Nursing Longford Westmeath Mental Health Services
Patrick Glacken	Director of Nursing and Midwifery Planning and Development Midland Health Board
Seamus Cowman	Professor and Head of Nursing Royal College of Surgeons in Ireland

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## **SECTION 1: MENTAL HEALTH SERVICES**

### **1.1 Overview of Mental Health Services in the Midland Health Board**

The Midland Health Board has a commitment to health, social gain and service developments through its mission statement. The mission statement for mental health is;

To secure and maximise health and social gain for people with a mental illness, their carers and families the board will

- promote positive mental health
- treat acute mental illness promptly and appropriately
- provide care and support for those suffering from a long-term mental illness.

Covering the counties of Longford, Westmeath, Laois and Offaly the Midland Health Board has a population of 205,542 (1996 census figures).

Psychiatric services are organised on the basis of two catchment areas and each catchment area is further split into sectors. The catchment areas and sectors for the Midland Health Board are outlined in Tables 1 and 2.

**Table 1: Population and catchment area Laois / Offaly**

<i>Catchment Area</i>	<i>Population</i>
<i>Laois Offaly</i>	112,000
<i>Sectors</i>	
<i>Birr</i>	33,755
<i>Tullamore</i>	39,789
<i>Portlaoise</i>	38,334

**Table 2: Population and catchment area Longford / Westmeath**

<i>Catchment Area</i>	<i>Population</i>
<i>Longford Westmeath</i>	94,200
<i>Sectors</i>	
<i>Athlone</i>	23,936
<i>Longford</i>	30,138
<i>Mullingar</i>	40,126

(Midland Health Board, 2000(b))

Sectors are based on geographical area and services are provided by a multi disciplinary team with a consultant psychiatrist and team with responsibility for both in-patient and out patient treatments.

The multi disciplinary team consists of medical, nursing, paramedical and administrative staff working together.

A senior nurse is assigned at Assistant Director of Nursing level to each sector and plays a key role in the management and co ordination of service delivery to the sector population.

Services provided in each area include:

- day hospitals
- day centres
- psychological services
- substance abuse therapy
- out patient clinics
- staffed hostels; high medium and low support
- group homes
- community nursing services
- activation and recreation services
- access to sheltered workshops
- access to employment programs

Inpatient treatment is provided in two settings St Lomans Hospital Mullingar and St Fintans Hospital Portlaoise. Inpatient services and specialities include:

- Admission / Assessment units

- Activation and recreational therapy
- Paramedical services
- Rehabilitation
- Long stay residential services

(Midland Health Board, 2000(a))

The voluntary sector is also very active within the Midland Health Board and a number of nurses are involved in various organisations including GROW, Schizophrenia Ireland, Aware and The Mental Health Association.

### 1.2 Psychiatric Nursing in the Midland Health Board

A total of 442 registered psychiatric nurses are employed by the Midland Health Board working in different areas and specialities in the Boards area. Psychiatric nurses are employed in both the acute hospital settings and in community along with a significant proportion of psychiatric nurses working in learning disability. The numbers and grades and gender of staff are given in Table 3.

**Table 3: Numbers and Grades of Psychiatric Nursing Staff in the Midland Health Board**

	<b>Grade</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Learning Disability</b>	Snr S/N Psych	6	19	25
	Nurse Psych	3	38	41
	Nurse Off	4	4	8
	Dual Qual Nurse	0	2	2
	CNO	1	0	1
	ACNO	1	0	1
<b>Sub Total</b>		<b>15</b>	<b>63</b>	<b>78</b>



<b>Community</b>	CNM11	9	11	20
	Ward Sister	1	8	9
	Ward Sister Jnr	3	7	10
	Snr S/N Psych	13	12	25
	Snr S/N DQ Psych	1	4	5
	Nurse Psych	8	31	39
	Nurse Off			
	Dual Qual Nurse	1	8	9
	ANCO	1	1	2
<b>Sub Total</b>		<b>37</b>	<b>82</b>	<b>119</b>
<b>Acute Hospitals</b>	CNS	0	1	0
	CNM11	3	3	6
	CNM 3	0	2	2
	Ward Sister	4	6	10
	Ward Sister Jnr	13	12	25
	Snr S/N Psych	40	47	87
	Snr S/N DQ Psych	1	4	5
	Nurse Psych	17	57	74
	Nurse Off			
	Dual Qual Nurse	2	13	15
	CNO	2	0	2
	ACNO	4	0	4
<b>Unknown Grade</b>				15
<b>Sub Total</b>		<b>86</b>	<b>145</b>	<b>244</b>
<b>Total</b>		<b>138</b>	<b>290</b>	<b>442</b>

(SAPS Human Resources Database)

## SECTION 2: LITERATURE REVIEW

A literature review was carried out to identify the range of previous research and to examine trends and directions in continuing psychiatric nursing education. Relevant policy documents, previous research reports and published articles were examined.

Mental health services in Ireland have made considerable advances beyond the traditional large asylum and custodial models of care towards a more community orientated model

of care. The range and number of therapeutic interventions have multiplied leading to increased specialisation in mental health nursing (Owen and Sweeney, 1995). There is now an emphasis on health promotion, early intervention and community development with mental health care being provided closer to where people live and work. The emerging picture of change in health care delivery is reiterated by WHO (1999) which identifies a number of driving forces including

- Population changes – relating to ethnicity, culture and expectation
- Changing health problems and disease, work patterns, lifestyle and environment.
- Our understanding of what causes good and poor health
- Advances in knowledge
- Research improving our insight into effective care.

Health statistics from the Department of Health and Children indicate a decrease in the number of inpatients within the psychiatric services from 6,197 at the end of December 1994 to 5,575 at the end of December 1996. In contrast the number of day facilities for the mentally ill has risen from 55 in 1986 to 180 in 1996 indicating the community-based focus of the psychiatric services. (Dept of Health and Children, 1999).

### **2.1 Developments in Psychiatric Services in Ireland**

In the beginning of the 19<sup>th</sup> Century the treatment of the mentally ill was poorly developed. Mentally ill patients were classified as idiots or lunatics and the prevailing thinking was that mental illness was caused by some sort of moral weakness. Because of this harsh measures needed to be in place to control and treat the mentally infirm.

The trend towards thinking of mental illness as a disease rather than an affliction started in the early 19<sup>th</sup> century with the first hospital for the insane opening in St Patricks Hospital in Dublin in 1757. This was a private hospital although some money was made available from Church funds. There were no state asylums for the insane in Ireland until the opening of the Richmond Asylum in Dublin in 1815 due to the passing of legislation for the provision of the establishment of lunatic asylums. (Hensey, 1988). There followed

the establishment of district asylums in the whole country. By the end of the 19<sup>th</sup> century isolation and safe custody had taken over from moral treatment (Robins, 1986 cited in Hensey, 1988 p 6). However the stigma associated with mental illness left the mentally ill confined within the walls of institutions and little had been done in real terms to change the way of societies thinking towards the mentally ill.

In the mid 19<sup>th</sup> century legislation was enacted that provided for the administration of the lunatic asylums. The Poor Relief (Ireland) Act 1838 and the Local Government (Ireland) Act, 1898 empowered local county councils to take over the administration of district Lunatic asylums.

The establishment of the General Nursing Council of Ireland required that nurses be registered from 1919 onwards. This had a positive impact on the standards of care in the asylums in that better training schemes were required for nurses in order for Psychiatric Nurses to be registered. Facilities however were left unchanged with little money going to the capital development of the mental health services (Hensey, 1988).

Prior to 1945 patients were committed to asylums on warrants signed by Peace Commissioners with nothing between committal and discharge except 'trial discharge' which did not tend to happen in practice. The 1945 Mental Treatment Act recognised the limitations of the previous structure and provided for voluntary and temporary admissions, this helped to progress the care of the mentally ill. Coupled with the development of psychotropic drugs especially in the area of anti depressant therapy the stage was set for developments in psychiatry and psychiatric nursing that would lead to more psychiatric patients being nursed in the community.

The Commission of Inquiry on Mental Illness (1966) recommended improved measures for prevention, research and for education of professional staff and others in relation to psychiatry. The development of a community model of care for psychiatric patients grew from these recommendations and the document Planning for the Future surveyed the incidence of psychiatric illness and treatments and recommended that

there must be a decided shift in the pattern of care from an institutional setting with close links between psychiatry and other community services. (Dept of Health, 1984).

There was a strong focus on the psychiatric institution as the centre of mental health care with hospitals designed to isolate the mentally ill. This isolation still persisted and so it was recommended that a community model of care be adopted in order for the mentally ill to be treated in their own homes. Following on from this, support structures for the families of the mentally are also needed to be in place.

The emphasis on care in the community included the setting up of a sectorised structure based on population size with a multi disciplinary team serving the mental health needs of that target population. The Consultant psychiatrist was specified as being the team leader. Nurses were faced with the challenge of moving from an institution towards the community and needed education in order to cope with the new demands facing them.

The 1972 Report of the Working Party on Psychiatric Nursing Services of Health Boards noted that the “arrangements for post registration education and training of nursing staff of all grades is not adequate and noted that this is especially true in training in the work situation” (Report of the Working Party, 1972 p24) and noted that there was apathy amongst qualified staff regarding post registration education and training. The Report also advocated inservice training as a means of giving staff a greater sense of belonging and having a motivating influence on psychiatric nursing staff.

## **2.2 Mental Health Policy and Documents**

Health policy documents in recent years have given strong support for continuing changes in mental health services (Department of Health 1984 and 1994). The 1984 review document *Planning for the Future* began the change from the institutional model of care towards care in the community. The 1994 strategy document, *Shaping a Healthier Future* places a clear emphasis on:

- Critical evaluation of outcome of services through clinical audit
- Establishing responsibility and accountability
- Attention to variations of health status of differing groups within our society.

In recent years there has been a reorientation of the health service towards promoting health and social gain for consumers of the service. This focus is strengthened by the National task force on suicide and alcohol policy documents (Department of Health and Children, 1996).

The 1994 policy document places and emphasis on accountability and responsibility in health care.

The Mental Health Act 2001 is significant legislation with a two fold purpose. Firstly it will provide a modern framework within which people who are mentally disordered and who need treatment or protection can be cared for and treated. The Act will bring Irish mental health law into line with the European Convention for the Protection of Human Rights and Fundamental Freedoms.

The second purpose of the Act is to put in place mechanisms by which the standards of care and treatment in mental health services can be monitored, inspected and regulated. The Act includes the establishment of a Mental Health Commission whose main function will be to promote and foster high standards and practices in the delivery of mental health services including those relating to seclusion and restraint.

The Commission will appoint an Inspector of Mental Health Service, which will replace the existing office of the Inspector of Mental Hospitals. Both the commission and inspector will operate independently of the Minister for Health and Children and of the Department. This independent status will be crucial in driving the agenda for change and modernisation in the mental health services in the coming years.

The Health Strategy, 2001 is a significant document focusing on four principles, equity, people centredness, quality and accountability. The Strategy recognises the need for continuing investment in mental health services and development of community mental health services and to develop services in areas where gaps have been identified. (Dept of Health, 2001).

### **2.3 Nursing Legislation**

The Nurses Act (1985) regulates the nursing profession including the education and training of Nurses in Ireland. The act specifically states as advocate for continuing education in Ireland An Bord Altranais shall

‘From time to time as the occasion may require....satisfy itself as to the adequacy and suitability of post registration training courses for nurses provided by bodies recognised by the Board for that purpose’.<sup>a</sup>

<sup>a</sup>the Nurses Act 1985 Part IV s36 ss40(d).

Adequacy and suitability are key words in nursing legislation and the extent to which this has been achieved has varied throughout the country and the profession of nursing. One of the objectives of this study is to assess the adequacy and suitability of the educational programs provided by the Midland Health Board.

### **2.4 Evolving Role of the nurse**

The scope of nursing and midwifery practice is defined as:

“The range of roles, functions, responsibilities and activities which a registered nurse or midwife is educated, competent and has authority to perform in the context of a definition of nursing/midwifery.”(An Bord Altranais, 2000 p29)

The scope of practice of nursing and midwifery identifies continuing professional development as essential for nurses and midwives to enable them to practice effectively in a changing health care system. Responsibility is placed on the individual nurse to pursue continuing education to heighten their personal and professional development.

Support systems also need to be in place to facilitate the nurse to develop and realise his or her potential. Managerial supports, policy guidelines and protocols and a review of the

existing legislation are issues that need to be addressed so that the professional competencies of the nurse can be maximised.

A study into the role and function of the psychiatric nurse by Cowman et al (1997) highlighted key roles of the psychiatric nurse in addition to the co ordination of patient care, psychiatric nurses were participating in specialist activities such as bereavement therapy, family therapy and utilising counselling skills. The development of the specialist role of the psychiatric nurse requires new programmes of specialist education. Cowman et al (1997) identified the high level of “skill and cognitive functioning required for psychiatric nursing practice” and suggested that the interdependent role of the psychiatric nurse requires “innovative and creative approaches towards the provision of multi-disciplinary patterns of education and shared learning at post registration level.”(Cowman et al 1997 p56)

The Report of the Commission on Nursing (1998) has made over two hundred recommendations in regard to nursing in Ireland and is considered to be the most comprehensive account of nursing in Ireland. The Commission places special emphasis on education as a means of advancing practice and recommends that three main areas of professional development be further developed, these areas being:

- Inservice training
- Continuing education
- Specialist training

The Commission also provides for a clinical career pathway, which notes the increased specialisation of nurses and sets out a career structure for advanced nurse practitioners and clinical nurse specialists. These specialists are considered to have a vital role in psychiatric nursing and need to be educationally developed in the future.

The newly established statutory body known as the National Council for the Professional Development of Nursing and Midwifery has responsibility for the post registration professional development of nursing and midwifery. The Council provides pathways for

the establishment of various advanced roles as well as educational frameworks for the development of these roles.

## **2.5 International Perspective**

The English National Board for Nursing and Midwifery carried out a comprehensive study into the changing education needs of mental health and learning disability nurses (ENB, 1996). This study followed a process of empirical enquiry to discover the views of stakeholders. The design took an embedded multiple case approach. The findings of the study were grouped into two main headings:

- Requirements for skilled practice
- Implications for education

Several themes within these findings were identified as:

- Working with others
- Clinical practice
- Learning formats
- User enablement and empowerment
- Responding to market and service priorities
- Values
- Impact of new models of care

## **2.6 Education and Training Needs Analysis**

Training needs analysis has been defined by Pedder (1998 p50) as

“A formal term used to describe part of the overall training strategy process or cycle. It consists of a systematic consultation and identification of the learning of the key people involved, subsequent education or training needs for these groups and suggests how the gaps found should be met within a given set of circumstances.”



Learning needs analysis is that part of training needs analysis which identifies and assesses individuals' needs and addresses personal knowledge, attitudes, experience and the information necessary to underpin decision making in professional practice. It is recommended that both processes be used in a systematic and regular manner.

There have been clear benefits of using training needs analysis as a tool for assessing the educational needs of nurses (Pedder, 1998 Thompson and Kahli, 1997 Hicks and Hennessy,1997). These benefits include, improvements seen in staff knowledge, resources are targeted towards the area of need, the evidence for clinical updating is evidenced, realistic objectives set within a timescale.

On the other hand training needs analysis is a time consuming method of data collection and there needs to be strong communication structures in place as well as a multidisciplinary approach (Pedder,1996).

Thompson and Kahli (1997) consider training needs analysis to be essential to professional and organisational development and should be an ongoing feature of professional education. In their study they also include cognitive and motivational factors in assessing nurses educational needs for health promotion.

The concept is further developed by Dunmore and Wells (1999) who pointed out that training teaches the employee the how of the job whereas education teaches the why. It would seem therefore that both education and training are an integral part of the development of further strategies in development needs. Dumore and Wells (1999) also raised the question of organisational needs versus employee wants and highlights the importance of training and education programmes and approaches in meeting the needs of the service.

Simpson (1999) conducted a study using responsive evaluation methodology with a sample of fifty service users and noted that the viewpoints of service users have a role in determining patterns of continuing nurse education.

Using the Delphi technique Gibson (1998) identified the content and context of nurses continuing professional needs. Fyffe and Fleck (1998) suggest that a systematic approach to training needs analysis prior to implementing a major change is needed and is central to the management of change.

Motivational issues have been highlighted by a number of authors and that employees must feel valued and at the same time be able to express themselves within the organisation. (Sheperd, 1995 Furze and Pearcey, 1999, Gibson, 1997). The relatedness of the course to the individuals and the learning style of the course all contribute to how willing staff are to participate in continuing educational programs.

### **2.7 Continuing Professional Education and Professional Development.**

Continuing professional development is a life long professional development process, which takes place after completion of the pre registration nurse education program. It consists of planned learning experiences, which are designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of practice.(An Bord Altranais, 1997).

The *Report on the Continuing Professional Education for Nurses in Ireland (1997)* addresses the issues in nurse education and makes recommendations for the future of post registration education in Ireland. These recommendations include:

- That a continuing education plan be established in each health board
- A wide range of courses be made available
- Information and library services be made available
- Nurses prior learning experiences be accredited
- Encouragement and support from management.

These recommendations are re iterated in the Report of the Commission on Nursing (1998).

Hurst (2000) describes nurse education as being at the forefront of best mental health practice. The post-basic education that nurses undertake should reflect the area in which they work.

The introduction of the post registration education and practice (PREP) in the U.K with each nurse required to take five study days in three years in order to re register has resulted in more nurses participating in continuing education. This mandatory participation in continuing education has received some criticism as well as accolade. In the UK and the USA continuing participation in education is a mandatory requirement for re registration and has been found to be beneficial to the nurse the organisation and the patient (Furze and Pearcey, 1999).

## **2.8 Summary of main issues**

Trends in health care recent policy developments in nursing have served to highlight the importance of post registration nursing education and training in contributing to a quality health care environment. The changing service and professional needs all evidence the need for nurses to keep pace with change and this must take place within a structured framework where educational need is assessed and addressed in a comprehensive manner.

Training needs analysis is a necessary part of the information gathering prior to the development of educational frameworks and hence this study comes at a most opportune time for mental health services generally and in particular for psychiatric nurses in the Midland Health Board.

### **SECTION 3: STUDY DESIGN**

A descriptive research design was used in this study. Both qualitative and quantitative methods of data collection were employed. Quantitative methodology was used to profile psychiatric nurses currently employed in the Midland Health Board and to ascertain the views of nurses on current arrangements and further requirements in nursing education. Data triangulation of the results of each method was then employed in order to gain the most comprehensive results from the data. The advantages of using a multi methods

triangulation approach has been well documented in the literature (Cowman, 1993, Begley, 1995). By employing both qualitative and quantitative research methods comprehensive insights were obtained.

Three different but complimentary methods of data collection were utilised including focus group interviews, questionnaire, semi-structured interviews. Data collection followed an organised and sequential route with each stage of data collection complementing and enhancing the data previously collected. The first phase of data collection involved focus group interviews using schedule (Appendix1). Data collected from these focus group interviews was used to formulate the questionnaire (Appendix 2). The results of the questionnaire were then used to design the format for the semi structured interviews (Appendix 3).

The research study therefore followed four phases of enquiry:

- Focus group interviews
- Postal questionnaire
- Semi structured interviews with key stakeholders
- Documentary analysis and records

### **3.1 Phase One: Focus Group Interviews**

A focus group is a ‘research technique that collects data, through group interaction on a topic determined by the researcher’ (Kreuger 1994 , p10). The focus group interviews were used in the early stages of the research process as a tool to develop lines of enquiry and to generate themes for questionnaire design.

Focus groups as a research methodology were selected for a number of factors. These included the practical nature of focus groups in that they provide a relatively cheap and quick way to obtain research data.

Four focus groups were held in different geographical locations across the Midland Health Board. A list of questions were formulated that were to be asked during the course of the interview. The same format was followed in each of the four focus groups to aid continuity. The questions were designed to logically progress from the general to the specific whilst leaving room for more probing questions to be asked should the need arise. (Appendix 1).

At the beginning of each focus group participants were asked to complete a short questionnaire regarding demographic characteristics which was used to build a profile of the participants attending the focus groups. (Appendix 4)

### **3.1.1 Sample**

The sample was obtained utilising a purposeful sampling framework as recommended by the literature. . Purposeful sampling is a method of sampling which aims to sample a group of people or settings with a particular characteristic, usually in qualitative research designs. It is also used to pilot questionnaires or generate hypothesis for further study. (Bowling, 2000). Ten participants attended the focus groups as the optimum number of participants is given in the literature as six to twelve (MacDoughall, 1999). A reserve sample was also obtained utilising the same technique of purposeful sampling.

The samples were obtained from the duty rosters of the various institutions where the focus groups were to be held. The payroll was also utilised as a means for locating the area of work of the participants. It was envisaged that the sample would consist of staff from each area of the Midland Health Boards psychiatric services and as far as possible this was achieved.

The focus group interviews were audio recorded with the permission of the participants. Field notes were also taken by the researcher to compliment the audio tapes. Participants were assured of the confidential nature of the data and anonymity of participants ensured.

### **3.1.2 Location for Focus Groups**

Four focus group interviews were held at various locations in the Midland Health Board, which were chosen in consultation with the steering group. The informants were selected using purposeful sampling. Accessibility was considered to be the most important aspect for site selection. Nursing Administration were requested to give staff time to attend as part of the working day in order to further enhance attendance. Nursing administration co-operated in facilitating staff availability.

Focus Group interviews were held in four areas of the Midland Health Board. These sites were:

- Portlaoise
- Mullingar
- Longford
- Athlone

### **3.2 Phase Two: Postal Questionnaire**

The second phase of the research study consisted of the formulation and distribution of a postal questionnaire specifically designed to address the educational needs of psychiatric nurses in the Midland Health Board (Appendix 2).

The themes generated in the focus groups provided the seven sections for the questionnaires construction.

The seven sections of the questionnaire included forty one questions.

Section A comprised of seven questions detailing demographic data of psychiatric nurses. Educational information in the form of courses attended and qualifications obtained was requested.

Section B contained six questions regarding areas of advanced practice relating to psychiatric nursing.

Section C contained three questions dealing with educational provision in the Midland Health Board and methods that the Midland Health Board could employ in the improvement of these facilities.

Section D contained nine questions and asked about library and information technology facilities available and the use by psychiatric nurses of same.

Section E contained three questions regarding communication needs of psychiatric nurses and management structures that facilitate education and training development in the Midland Health Board.

Section F contained five questions looking at motivational issues that pertain to educational development.

Section G contained eight questions relating to service and management issues including funding and promotional issues that impact upon nurse education and training.

In order to ensure the validity and reliability of the questionnaire a pilot test was carried out with a sample of fifteen respondents. The selected pilot site was one of the sector



areas that had various grades of psychiatric nursing staff employed. The respondents were requested to fill in the questionnaire and to note any changes they would like to be made. The time taken to complete the questionnaire as well as the readability and general appearance were all commented on. As a result of the pilot study amendments were made including clarification of questions and the insertion of space for comment. Overall the pilot study revealed positive feedback on the structure and content of the questionnaire.

### **3.2.1 Questionnaire Analysis**

Analysis of the questionnaire was carried out using SPSS (Statistical Package for Social Sciences version 10.0). This software package enables the user to manipulate large amounts of data and carry out comprehensive statistical analysis in a relatively simple manner. A coding framework was devised and coding tables were set up in SPSS.

### **3.3 Phase Three: Semi structured interviews with key stakeholders.**

Phase three was conducted following questionnaire analysis and involved semi structured interviews with key stakeholders in the area of mental health in the Midland Health Board. These stakeholders were selected on the advice of the steering group. Stakeholders consisted of medical and paramedical personnel, representatives of voluntary bodies and academic personnel (Appendix 5). Student Nurses were also interviewed. A total number of twelve key stakeholders were included in the semi structured interviews.

The results of the questionnaire analysis provided a basis for constructing the interview schedule with key stakeholders (Appendix 3). Five areas were addressed. These areas consisted of

- Advanced practice and psychiatric nursing
- The role of the psychiatric nurse in the multi disciplinary team
- The role of other disciplines in continuing education for psychiatric nurses
- Research utilisation in psychiatric nursing
- The integration of the professions in educational issues.

## **SECTION FOUR: DATA ANALYSIS**

The content analysis of the focus group interviews and the interviews with the key stakeholders and the results of the questionnaire analysis were triangulated in order to ensure the most complete and comprehensive results.

## **4.1 Triangulation**

Triangulation as a research methodology leads to a more complete picture of the data collected as well as reducing the potential for bias. The type of triangulation employed in this study involved methodological triangulation of data. Triangulation of methods is defined as the use of two or more research methods in one study and may occur at the level of data collection or design (Begley, 1995). Sequential triangulation which involves using one method prior to the other with the first step being necessary to lead on to the second method was used in this study.

## **4.2 Data Analysis**

### **4.2.1 Qualitative data analysis**

Qualitative data from the focus group interviews and interviews with Key Stakeholders was analysed using *Colaizzi's framework for analysing qualitative data* (Colaizzi, 1978). This stages of the framework for analysing data is intended to produce a descriptive analysis and so was deemed suitable for use in this particular research study. Colaizzi's framework includes the following:

1. read the text in order to understand it
2. extract significant statements about the phenomenon being studied
3. formulate meanings for each significant statement
4. arrange the formulated statements into clusters of themes
5. integrate all the ideas into an exhaustive description of the phenomenon
6. reduce the exhaustive description to an unequivocal/ unambiguous statement of the fundamental structure of the phenomenon

Analysis of the focus group stage of the interview consisted of analysing the transcripts for key themes. Data was collected and coded by theme and category and then finally coded data was analysed and presented. Manual categorisation was carried out as the amount of data was relatively small. The first stage consisted of identifying the categories that emerged and the responses were then inter-linked as appropriate. Changes were

made to the categories as the understanding of emergent themes grew. The themes were then sorted into related categories and the process was then repeated to ensure completeness.

#### **4.2.2 Questionnaire Analysis**

A total of 414 questionnaires were distributed to psychiatric nursing staff employed in the Midland Health Board. Names and addresses were obtained from the payroll list made available by the Finance Department. Although the total number of registered psychiatric nurses in the Midland Health Board is 442 only 414 questionnaires were distributed due to difficulty in obtaining names and addresses of the remaining 28 psychiatric nurses. The questionnaires were distributed in closed personally addressed envelopes via the internal mail system of the Midland Health Board. Where it was not possible to use the internal mail system the questionnaires were distributed by the researcher to a central location and local administrative staff ensured that staff received questionnaires.

The questionnaire was distributed from April - May 2001. The response rate to the questionnaire was 28%. The within method of triangulation was used to analyse the questionnaire due to the fact that both open and closed questions were included in the questionnaire. Data was coded and the coded data then entered into SPSS (Statistical Package for Social Sciences version 10.0), from this statistical analysis was carried out.

Each questionnaire was distributed in a sealed envelope which also included a cover letter (Appendix 8), a pre addressed post card and with a pre addressed envelope for receipt of completed questionnaire. The purpose of the post card was to ensure confidentiality and anonymity of all returned questionnaires. Respondents were asked to complete and return post cards separately in order to keep a confidential record of questionnaires and to facilitate sending out reminder letters (Appendix 7 and 8).

## **RESULTS**

### **Introduction**

Data analysis included both statistical analysis of quantitative data and content analysis of qualitative data. Data was then triangulated and this ensured comprehensiveness of results. This ensured comprehensiveness of results and completeness of data collection. From the resulting analysis six key themes emerged. The results will be presented under

five key themes as further sections of the report. The results section is divided into six parts each part addressing a different area of educational need. These sections are:

1. Demographic profile of psychiatric nurses.
2. Demographic profile of respondent psychiatric nurses
3. Information needs of psychiatric nurses
4. Communication needs of psychiatric nurses
5. Education planning and development issues
6. Motivational needs of psychiatric nurses

## **SECTION 5: DEMOGRAPHIC PROFILE OF PSYCHIATRIC NURSES AND RESPONDENTS IN THE MIDLAND HEALTH BOARD**

### **5.1 Demographic profile of Psychiatric Nursing Staff in the Midland Health Board.**

A demographic profile of all psychiatric nurses working in the Midland Health Board was constructed. The data was gathered from the SAPS Human Resources database as well as from the payroll of psychiatric nurses in the Midland Health Board. The

demographic profile included an age profile of psychiatric nurses, the gender distribution of psychiatric nurses and area of work.

The Midland Health Board employs a total of four hundred and forty two psychiatric nurses who provide psychiatric nursing services across various areas of the Boards mental health services including inpatient, community and learning disability services. There are 346 whole time equivalents with 45 psychiatric nurses job sharing, 28 part time and 2 temporary part time. A more detailed breakdown of psychiatric nursing staff is provided in Table 4.

**Table 4: Distribution of Psychiatric Nurses in the Midland Health Board**

<b>Area</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Learning Disability</b>	15	63	78
<b>Community Services</b>	37	82	119
<b>Inpatient Hospitals</b>	86	145	230
<b>Other Areas</b>	10	5	15
<b>Total</b>	148	295	442

As can be clearly seen the majority of staff work in Inpatient services (230), which includes both acute and long term, care services. Community services including day hospitals and community residences account for 119 psychiatric nurses while learning disability services employ 78 psychiatric nurses.

The majority of psychiatric nurses are female (68%) with 32% male.

**Table 5: Grades of Psychiatric Nursing Staff in the Midland Health Board**

<b>Grade</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Assistant Director Of Nursing</b>	6	1	7
<b>Clinical Nurse Manager 3</b>	0	2	2
<b>Clinical Nurse Manager 2</b>	12	14	26
<b>Director of Nursing</b>	3	0	3
<b>Clinical Nurse Specialist</b>	0	1	1
<b>Dual Qualified Nurse</b>	3	23	26
<b>Nursing Officer</b>	4	4	8
<b>Psychiatric Staff Nurse</b>	28	126	154

<b>Senior Staff Nurse Psychiatry</b>	59	78	137
<b>Senior Dual Qualified Psychiatric Staff Nurse</b>	2	8	10
<b>Ward Sister</b>	5	14	19
<b>Ward Sister Jnr</b>	16	19	35
<b>Non Specified Grades</b>	6	8	14
<b>Total</b>	144	298	442

A profile of psychiatric nursing staff by grade and gender is outlined in Table 5. It is significant to note that from the total of 442 nurses employed in the Midland Health Board 68% are female and 32% male. The largest percent of psychiatric nurses are employed at staff nurse grade (35%). A noteworthy finding is that the majority of senior administrative posts are occupied by males, which is disproportionate to the overall number of males. For example in the Assistant Chief Nursing Officer grade 84% of positions are occupied by males. There are no female Directors of Nursing in Psychiatry in the Midland Health Board.

**Table 6: Age profile of psychiatric nurses in the Midland Health Board viewed against the population of psychiatric nurses on the register of An Bord Altranais.**

*Age in An Bord Percentage Midland Health Percentage*



<i>Years</i>	<i>Altrainais</i>		<i>Board</i>	
<i>21 - 25</i>	165	2%	0	0%
<i>26 - 30</i>	412	5%	7	2%
<i>31 - 35</i>	989	11%	8	2%
<i>36 - 40</i>	1815	21%	61	14%
<i>41 - 45</i>	1682	19%	117	27%
<i>46 - 50</i>	1388	16%	93	21%
<i>51 - 55</i>	1000	11%	94	21%
<i>56 - 60</i>	579	7%	39	9%
<i>61 - 65</i>	383	4%	19	4%
<i>over 65</i>	215	2%	2	0.5%
<i>unknown</i>	247	3%	2	0.5%
<i>Total</i>	8875	100%	442	100%

(Source An Bord Altranais Registration 1999, MHB SAPS Human Resources.)

The age profile of psychiatric nurses in the Midland Health Board is outlined in Table 6. Additionally the age profile of the population of psychiatric nurses nationally is presented in the table. Clearly psychiatric nurses in the Midland Health Board have an older age profile when compared with the population of psychiatric nurses in Ireland.

The majority of psychiatric nurses in the Midland Health Board are aged between 41 and 55 (69%) with a tendency towards the upper age limit whereas Bord Altranais figures show a concentration in the 36 to 50 age brackets (55%). However when one looks at the upper and lower limits a discrepancy becomes more obvious. In the Midland Health Board the majority of nurses are in the age groups 41 – 45 whereas in the national figures the majority are in the age group 36 – 40.

The trend towards the upper age limit for the Midland Health Board impacts upon both service and educational provision with approximately 13% of psychiatric nursing staff in the Midland Health Board aged 55 and over. This translates into a large proportion of psychiatric nursing staff who if willing have the option of retiring. While at the other end

of the age spectrum only 3% of psychiatric nurses in the Midland Health Board are in the 21 to 35 age bracket compared with the national registration figure of 18%. These figures have important implications for future nurse manpower planning in the Midland Health Board.

## 5.2 Demographic Profile of Questionnaire Respondents

A total of 118 completed questionnaires were returned representing 28% of the psychiatric nurse population in the Midland Health Board. From the questionnaires, a demographic profile of respondents was compiled. The respondents age profile is generally representative of the overall age profile of psychiatric nurses in the Midland Health Board thus ensuring a level of reliability in data collected and results.

**Table 7: Age distribution of respondents**

<i>Age Distribution of Respondents</i>		
<i>Age Group</i>	Frequency	Percent
<i>Over 20 up to 30</i>	2	2%
<i>Over 30 up to 40</i>	28	24%
<i>Over 40 up to 50</i>	63	53%
<i>Over 50 up to 60</i>	22	19%
<i>Over 60</i>	1	1%
<i>Missing</i>	2	2%
<i>Total</i>	118	100%

As is clearly evident from Table 7 the majority of respondents are in the over 40 and up to 50 age bracket (53%). This correlates positively with the age bracket in which the psychiatric nurses in the Midland Health Board are found. (Table 7)

## Gender of Respondents

Females accounted for 65% of respondents with only 31% of respondents being male. Again, the gender profile of respondents is very representative of the overall cohort of psychiatric nurses in the Midland Health Board (Table 8).

**Table 8: Gender profile of respondents against Midland Health Board Cohort**

<i>Cohort</i>	<i>Male</i>	<i>Female</i>
<i>Respondents</i>	31%	65%
<i>Midland Health Board</i>	32%	68%

Most of the respondents are qualified more than 20 years (69%) thus relating directly to the age profile of respondents.

**Table 9: Registration Qualifications of Respondents**

<i>Respondent Registration Qualifications</i>		
<i>Qualification</i>	Frequency	Percent
<i>RGN</i>	2	2%
<i>RPN</i>	85	72 %
<i>RMHN</i>	1	1%
<i>RSCN</i>	1	1%
<i>RGN + RPN</i>	25	21%
<i>Other</i>	1	1%
<i>Missing</i>	3	3%
<i>Total</i>	118	100%

The majority of respondents hold the Registered Psychiatric Nurse Qualification (RPN) (72%). There are also a significant number of respondents who are dual qualified (21%).

**Table 10: Area of Work of Respondents**

<i>Respondents Area of Work</i>
---------------------------------

<i>Area</i>	Frequency	Percent
<i>Acute In Patient</i>	18	15%
<i>Long Term In Patient</i>	20	17%
<i>Day Hospital</i>	15	13%
<i>Community Psychiatric Nurse</i>	9	8%
<i>Hostel</i>	17	14%
<i>Alcohol / Substance abuse</i>	6	5%
<i>Psychiatry for later life</i>	8	7%
<i>Administration</i>	7	6%
<i>Learning Disability</i>	12	10%
<i>Other</i>	4	3%
<i>Missing</i>	1	1%
<i>Total</i>	118	100%

The area of work of the respondents is outlined in Table 10. The majority of respondents are employed in the long term and acute inpatient mental health services. It is noteworthy to compare the questionnaire response rate with the breakdown of figures for the distribution of psychiatric nurses in the Midland Health Board. Learning Disability had a response rate of 15%, Community Services response rate to the questionnaire was 40% whilst Inpatient services accounted for just 21%.

**Table 11: Respondents Age Group and Additional Qualification in the last five years**

<i>Age Group/ Additional Qualifications obtained in the last five years</i>				
<i>Age</i>	<i>Additional Qualifications</i>			
	<i>Yes</i>	<i>No</i>	<i>Missing</i>	<i>Total</i>

<b>Over 20 up to 30</b>	2	0	0	2
<b>Over 30 up to 40</b>	25	2	1	28
<b>Over 40 up to 50</b>	54	5	4	63
<b>Over 50 up to 60</b>	16	6	0	22
<b>Over 60</b>	0	1	0	1
<b>Total</b>	97	14	5	116

Many nurses have participated in educational programs at post registration level and it is clear that participation in and uptake of education and training occurs across all age profiles (Table 11).

Additional qualifications that psychiatric nurses have obtained include Masters, Degree, Diploma and Certificate courses as well as In Service training. Tables 12, 13 and 14 outline the most common diploma certificate and in service courses completed by psychiatric nursing staff. A full list of courses psychiatric nurses have completed are given in tables 30, 31, 32 and 33 (Appendix 9).

**Table 12: Most common Diploma courses undertaken by Psychiatric Nursing staff.**

<b>Name of Diploma Course</b>	<b>Total</b>
<b>Communications</b>	6
<b>Child and Family Health</b>	4
<b>Social Care</b>	4
<b>Healthcare Management</b>	3
<b>Counselling</b>	3
<b>Nursing</b>	2

**Table 13: Most common Certificate courses undertaken by Psychiatric Nursing staff**

<b>Type of Certificate</b>	<b>Total</b>
<b>Counselling for Nurses</b>	7
<b>Management</b>	7

<i>Suicide and Bereavement</i>	3
<i>Addiction Studies</i>	2
<i>Alcohol Therapist</i>	2
<i>Behavioural Therapy</i>	2
<i>C.P.R</i>	2
<i>Community Care and Preventative Medicine</i>	2
<i>Geriatrics</i>	2
<i>Nursing in the Community</i>	2

**Table 14: Most common In Service training courses undertaken by Psychiatric Nursing staff**

<b>Course</b>	<b>Total</b>
<i>C.P.R</i>	14
<i>Child Sexual Abuse</i>	11
<i>Child Care</i>	8
<i>Manual Handling</i>	8
<i>Children First</i>	7
<i>Legal Issues</i>	7
<i>Violence Against Women</i>	7
<i>Challenging Behaviour Course</i>	6
<i>Counselling</i>	6
<i>Stress Management</i>	6
<i>Domestic Violence</i>	5
<i>Oncology for Nurses</i>	5
<i>Psychiatric Nursing Where to from here</i>	5
<i>Schizophrenics Facilitators Course</i>	5

The most common courses undertaken by psychiatric nurses at diploma level is Communications, at certificate level, counselling and management whilst Inservice training is C.P.R and Child Sexual Abuse. Such courses are deemed to be very relevant to the practice of psychiatric nursing today.

## **SECTION 6: INFORMATION NEEDS OF PSYCHIATRIC NURSES IN THE MIDLAND HEALTH BOARD**

Throughout the data collection process of this research study it became evident that information or lack of it impacted on nurses awareness and uptake of education

programs. Following data analysis the information needs of psychiatric nurses in the Midland Health Board can be classified in the following way:

1. Areas of educational need.
2. Library and information facilities in the Midland Health Board
3. Hospital versus community information needs
4. Educational courses and their relevancy to psychiatric nurses
5. Extended and expanded roles of the psychiatric nurse

### **6.1 Areas of educational need**

Within psychiatric nursing several areas of education and training needs were reported on. The changing client profile and changes in nursing and nurse education have impacted heavily on information needs. Psychiatric nurses now need to be equipped with a broad knowledge base in order to care adequately for the patients and clients that they come into contact with. A number of issues have arisen in the past few years such as the increasing focus on the legal aspects of care with the new mental health legislation. The Report on the Commission on Nursing (1998) and the Review of Scope of Practice for Nursing and Midwifery (2000) highlight the need for nurses to be both accountable and responsible in their practice. Such documentation has also identified the need for nurses to be more aware of their profession and be knowledgeable and able practitioners willing and able to take on advanced roles within the developing framework of health care.

Several areas have been cited by psychiatric nurses as being in need of development through education and training programs. The most requested areas that nurses would like to see developed are outlined in Table 15. Community psychiatric nursing programmes, patient advocacy and health promotion were the most common identified as being in need of educational developments.

**Table 15 Areas that psychiatric nurses have identified as being in need of development**

<b>Course</b>	<b>Total</b>
<b>Community Psychiatric Nurse Course</b>	29
<b>Patient Advocacy</b>	22

<b>Health Promotion</b>	20
<b>Assertiveness</b>	14
<b>Degree in Psychiatric Nursing</b>	14
<b>Eating Disorders</b>	12
<b>Communications</b>	11
<b>Report Writing</b>	10
<b>Behavioural Therapy</b>	8
<b>Care Delivery Systems</b>	7
<b>Challenging Behaviour</b>	7

A full list of courses that psychiatric nurses would like to see developed is given in Appendix 9 (Table 26).

Respondents expressed an urgent need for nursing education in the area of drug and alcohol abuse. Psychiatric Nursing staff are meeting clients who misuse a variety of drugs and are not familiar with the effects and specialist care requirements of those clients. There is as one respondent says;

“ No specific training or updating provided which addresses the needs of those with mental illness who misuse alcohol and drugs or gamble. A need for more information on providing a service that meets the needs of dual diagnosis.”

(Questionnaire Respondent)

The topic of pharmacology and psychotropic medications have been highlighted as an important area where nurses would like to see training being developed, as there is an increased number of new medications being used in patient care.

Educational preparation in Counselling and the different types of therapy such as family therapy and behavioural therapy are requested due to the increased demand for these services from the public.

The nature of the course on offer was also highlighted by respondents as being in need of attention. Courses that are applicable to practice and not overly theoretical in nature are requested. Psychiatric nurses reported that the content of the course often determines



whether they attend or not. Some courses put on by the Midland Health Board were found to be unsuitable to the needs of psychiatric nurses and as one nurse notes there is a need for:

‘More practical sessions as theory is ineffective without practical experience.’

(Focus Group Interview 2)

The emphasis on theoretical rather than the practical nature of educational courses was criticised with nurses feeling that they need information relating to the practical aspects of care rather than having the focus of training based entirely on the theoretical.

Psychiatric Nurses would also like education and training in relation to research awareness and utilisation in practice. They have stressed however that prior to providing them with research appreciation, training in critical reading skills are necessary in order for the optimum benefit to be obtained.

“Prior to sending us articles we should have one or two sessions on critical reading and analysis.”

(Focus Group Interview 2)

## **6.2 Library and Information Facilities in the Midland Health Board**

The Midland Health Board has substantial library facilities located in various centres across the geographical area. These facilities are located in five centres in Tullamore General Hospital, Library and Information Centre Mullingar, Medical Library St Lomans Mullingar, Medical and Nursing Library St Fintans Portlaoise, Library and Information Centre General Hospital Portlaoise.

Books are available on loan for a period of two weeks and are also posted on request to outlying locations. A substantial collection of Journals are also available covering both medical and nursing as well as allied health. These journals are available for self-service photocopying. The library staff also offer an inter library loan service for those journal

articles not held by the Midland Health Board. Databases: Medline, CINAHL, Epsyche, Amed and Healthstar are available as well as Ebscoemed from the computers in the libraries. The library also holds a number of CD ROMS and these CD's can be accessed from any of the computers in the library. A video conferencing facility is available to allow staff to part take in lectures, conferences and interviews from remote sites outside of the hospital.

Laptop / Overhead Projector are also available on loan from the library / lecture theatre for presentations or lectures. Information technology resources: PC's are available for use in three of the five libraries. Internet access is available for use by the staff. Word Processing Excel and PowerPoint are available on these machines.

### 6.2.1 Library Usage by Psychiatric Nursing Staff

29% of respondents are not aware of library facilities available to them. However library usage by psychiatric nursing staff is quite poor as demonstrated in Table 17.

**Table 16: Library Usage by Psychiatric Nurses**

<b>Usage of Library Facilities</b>		
	Frequency	Percentage
<b>Yes</b>	60	51%
<b>No</b>	55	47%
<b>Total</b>	110	98%

It is significant to note that 47% of psychiatric nurses do not make use of the library and information facilities available to them. Psychiatric Nurses reported that they are inclined to make use of library facilities when they are participating in educational programs and when they have assignments to complete. It was reported that there is poor usage of the library facilities by psychiatric nursing staff on a day to day basis for information on psychiatric conditions and current practice.

**Table 17: Availability of library facilities to psychiatric nurses**

<b>Are library facilities available in the workplace</b>		
	Frequency	Percent
<b>Yes</b>	78	67%
<b>No</b>	34	29%

<b><i>Don't Know</i></b>	4	3%
<b><i>Total</i></b>	117	100

In spite of the excellent library facilities available, psychiatric nurses are generally unaware of library resources, some 29% of respondents reported that library facilities are not available in the workplace. (Table 16)

### **6.2.2 Familiarity with Information Technology Resources**

Most Psychiatric Nurses 62% are not familiar with CINAHL (Cumulative Index of Nursing and Allied Health Literature) the database most frequently employed by nurses in searching for information. However 23% of psychiatric nurses reported that they were unable to search the literature for information.

A significant number of Psychiatric Nurses do not have access to a computer in their place of work (56%). The majority of nurses have

“Never had a chance to turn on a computer”.

(Focus Group Interview 2).

This is especially true with regard to nurses working in the hospital setting with little or no computer access available to them. It is noteworthy that 72% of nurses do not have Internet access and so cannot access the database EbscoMed available from the Library facility in an outreach capacity. As regards the Internet 54% of nurses reported that they are familiar with using the Internet.

Overall it is noted that staff are not proficient in the use of information technology resources. There is willingness on the part of the library staff to provide training in this area to any staff who wishes to avail of the facilities but to date the uptake has been poor. It was noted by the library staff that it would be a great advantage to staff if they were to become familiar with literature searching and the information databases as it is recognised that staff who are familiar with searching the literature are more inclined to use the facilities offered to them.

### **6.2.3 Nursing Journals**

While a large percentage of respondents read Nursing Journals (82%) the journals read are the popular nursing magazines which are circulated to their home for example, An Bord Altranais News. It is noteworthy that Journals that are widely read including Nursing Times, Irish Nurse and An Bord Altranais News are those journals that are widely available to nurses. There are a minimum number of refereed academic nursing journals being read by respondents, it is the more academic journals that are essential for educational participation for example The Journal of Advanced Nursing. It is also interesting to note the number of specialist journals being read by those working in a specialist area including Eisteach, Sexual and Relationship Therapy and the Journal of Gambling Studies. These are journals not available in the Nursing Libraries with some nurses maintaining private subscriptions to these journals. A full list of Nursing Journals being read by Psychiatric Nurses is given in Appendix 9 (Table 27).

### **6.2.4 Accessibility to Library Facilities**

Accessibility to libraries was given as a factor in the lack of use of these resources by psychiatric nursing staff. There are however libraries located in both of the Psychiatric Hospitals with a comprehensive list of journals relating to psychiatry and psychiatric nursing as outlined earlier (Section 6.2) there are very good library facilities available.

The librarians recognise that there is a problem with access to the facilities in that opening hours of the library tend to clash with the working hours of the staff. It is also noted that staff have difficulty in finding the time to attend the library due to staff shortages.

It is recognised by the library staff that student use of the library is of the utmost importance in that if students are taught to use facilities at an early stage in their training and development they will adopt more self directed learning patterns.

It is recognised that computer accessibility and the development of information technology resources are the way forward in encouraging all staff and not just psychiatric

nurses to avail of library and information facilities in The Midland Health Board. Respondents have suggested that Internet access should be considered a priority to all sectors, as this will enable access to databases. Networking of the systems should also be considered in order to make the facilities more accessible to the staff. The Midland Health Board are currently uploading the library catalogue and it is hoped that by networking the system the staff will be able to view the publications available and have greater online access to electronic journals. Information technology is the cheapest and most efficient way of making the library accessible to all.

Staff clearly identified the need for improved communication to them from the library. Respondents have noted that there is no system in place that communicates with them from the library and while the library staff when contacted are most helpful, generally nursing staff are unaware of this facility, its potential and how to use it.

### **6.3 Hospital Nurses versus Community Nurses information needs**

Traditionally psychiatric nursing education prepared nurses to provide care in large institutional settings. The age profile of psychiatric nurses in the Midland Health Board would suggest that many nurses were educated and trained in the traditional way. New environments of care have been established in recent years including day care, hostel and the home. Generally psychiatric nurses reported that education and training for registered nursing staff has not kept up with the pace and extent of change in mental health services.

“There has been a supposed shift from the institutional model of care towards care in the community. About ten years ago nurses were taken from the hospital and placed in the community and told to work as community nurses. Little regard was given to training these nurses in the different roles that they face in the community. There was supposed to be training given to them but as far as I could see they only received training on an in service basis which did not equip them to their new roles.”

(Focus Group Interview 3)

“There has been very much the case of make and do in community psychiatry with nurses making the best of what little training they have had”.

(Focus Group Interview 3)

“I work in the community and it is many years ago since I have started things have changed dramatically”... “I suppose an awful lot of counselling is required and I would never have trained in counselling except what I learned myself”

(Focus Group Interview 2)

#### **6.4 Educational courses and the relevancy of those courses to psychiatric nursing**

The Midland Health Board has been praised in its efforts to provide education and training for psychiatric nurses. However, the relevancy of some courses to psychiatric nurses had at times been questioned. Another concern identified was the need to develop courses which are meeting clinical nurses needs.

“Ongoing education of current and relevant issues is lacking particularly in the area of current issues and practices”

(Questionnaire Respondent)

There also appears to be a gap between educational courses and practice with one interviewee noting

“We are sent on courses not really relevant to what we are doing on the ground”

(Focus Group Interview 2)

The educational courses that have been developed for psychiatric nurses have received praise as well as the amount of educational courses being put on with

“There are good courses available but it’s the relevant one that you are looking for. Some are quite good but to find one relevant to your area is a problem”.

(Focus Group Interview 3)

The level at which the course is pitched is also seen as important in relation to the relevancy of the course for psychiatric nurses. Various reasons have been cited including calibre of lecturer, some courses are too theoretical in nature. Courses need to be pitched at a practical level in response to the specific local needs of psychiatric nurses in the Midland Health Board

“we need a more proactive development of practice areas particularly extended role areas like counselling which have developed in an ad hoc manner with no uniform way”.

(Questionnaire Respondent)

Relevancy of the course was cited as a major influencing factor on participation in education with 49% of respondents citing relevancy as being the most important reason for participation education and training need

**Table 18: Rating of importance of relevancy of educational courses to psychiatric nurse participation in educational courses**

<b><i>Rating of Importance of Relevancy of Courses</i></b>		
<b><i>Rating</i></b>	<b>Frequency</b>	<b>Percent</b>
<b><i>Most Important</i></b>	58	49%
<b><i>Very Important</i></b>	26	22%

<i>Fairly Important</i>	10	9%
<i>Important</i>	15	13%
<i>Not Very Important</i>	5	4%
<i>Least Important</i>	1	1%
<i>Missing</i>	3	3%
<i>Total</i>	118	100%

Psychiatric nurses in the Midland Health Board have been found to be very discerning when it comes to participating in education and training programs. They are on the whole unwilling to participate in educational courses that are not accredited by An Bord Altranais and a third level educational institution and do not include credit accumulation and progression.

“Where will these courses lead to and can staff who have completed these courses lead on from them with other courses.”

(Questionnaire Respondent.)

There has been a reliance on voluntary organisations to provide education and training to psychiatric nurses. While the courses offered especially in terms of inservice training may be beneficial they are not in the main academically accredited courses.

“Tend to rely on the voluntary agencies to fulfil their needs”

(Questionnaire Respondent)

Focus group interviewees note that some courses while being relevant may lack a psychiatric focus. The interviewee described a situation where the course she attended addressed the specific needs of a client group that she was working with but the course was advertised for public health nurses. There does not appear to be an overall framework or structure by which educational programmes are determined and offered based on the needs of the services and clients. There is a need to address specific courses to staff who are working in particular areas and to provide education based on client need as opposed to courses specifically geared towards different professional groups.



“ I did the nutrition and obesity course recently and it was pitched towards Public Health Nurses. I did it with something in mind because I wanted to run a weight loss program.”

(Focus Group Interview 3)

The importance of targeting specialist areas of psychiatry have been identified.

“I have only worked for the Midland Health Board for approx. 6 months and there appears to be fairly frequent training opportunities but I would prefer to have the opportunity to be sponsored to do a course in a specialist area e.g. family therapy CBT”

(Focus Group Interview 1)

### **6.5 The Extended and Expanded Role of the Psychiatric Nurse**

Education plays a pivotal role in both extending and expanding the role and function of the psychiatric nurse and through education nurses can expand their roles as health care professionals in a responsible and accountable manner, in a changing healthcare environment. One Key Stakeholder has the following comments on the development of advanced practice roles,

“The development of advanced practice nursing roles is an essential one in mental health care, in the community the areas where advanced nurse practitioners would be of benefit include family and Behavioural therapy”... “ Psychotherapeutic interventions are grossly underdeveloped in nursing and I would like to see them having a bigger role to play.”

(Key Stakeholder Interview 4).

The development of advanced practice roles in psychiatric nursing has received considerable attention in recent years due to the publication of reports such as the *Report of the Commission on Nursing*, (1998) which supports the development of advanced practice roles in nursing. There is a definite need for the expansion of the role of the

psychiatric nurse in response to changes in the mental health care system and changing client needs. There is also the need for nurses who are currently acting in an advanced and specialist manner to gain recognition for their role

In order to develop the concept of advanced practice within the Midland Health Board there needs to be in place frameworks and structures that would help the development of such roles.

Overall psychiatric nursing staff in the Midland Health Board are aware of the need for the development of the nurse as an advanced practitioner and they support the development of such roles. The key concepts that accompany advanced practice roles include responsibility and accountability and these are recognised to be of importance when addressing the role of the advanced practitioner;

“Responsibility in the absence of decision making powers. What is the point in having the skill if you cannot apply those powers.”

(Focus Group interview 2).

“The Advanced Nurse Practitioner (ANP) role is different from the Clinical Nurse Specialist role in that a lot of people don’t really appreciate what the ANP is about. It is very much an advanced specialist role for nurses that can only be acquired after very extensive education and training.”... “ Within mental health there are a number of areas where this would come about or that this could happen. Areas such as acute and community psychiatry. There is a whole range of opportunities that could be there for nurses to evolve out of the traditional role into a much more enhanced community role.”

(Key Stakeholder Interview 7)

When asked if there is a role for specialist and advanced practitioners in psychiatry 93% of respondents said that they felt that there was a role for the clinical nurse specialist.

88% of respondent psychiatric nurses support the development of advanced nurse practitioners in psychiatry.

The areas that might benefit greatest from specialist and advanced nurse practitioner roles include:

Admission Units

Assessment

Behaviour Modification

Community Care

Cognitive Behaviour Psychotherapy

Counselling

Child and Adolescent Psychiatry

Drug and Alcohol Services

Older Adults

Family Therapy

Pharmacology

Rehabilitation

A complete list of courses that have been identified as being required for the development of advanced practice roles are identified in Appendix 9 (Table 28).

Some healthcare disciplines other than nursing are somewhat confused as to the development of the advanced role of the psychiatric nurse and are somewhat reluctant to advocate a role that may mean sharing skills that were traditionally thought of as the domain of other health care professionals. However overall strong support was expressed for further developments in the psychiatric nursing role.

“There is a role for the advanced nurse practitioner in behavioural psychology and in the long term care of children. The nurses coming into contact with these

children are ideally placed in that they have long term contact with these children and can have a much more positive impact.”

(Key Stakeholder Interview 5)

Both community and inpatient settings would benefit from the development of advanced practice roles.

### **6.5.1 Community Specialist / Advanced Nurse Practitioner Roles**

It is noted that there are many community based psychiatric nurses whose roles have expanded and become specialist for example in areas of drug and alcohol therapy. There is a need for these roles to be developed and for the nurses working in such positions to avail of appropriate educational courses to fulfil the criteria to be considered formally for specialist and advanced roles.

### **6.5.2 Inpatient Specialist / Advanced Nurse Practitioner Roles**

Respondents have noted the need for the development of specialist and advanced nursing roles within the inpatient setting.

“The inpatient situation is very badly served in that there is little therapeutic work done with patients by nurses. Patients when they get admitted don’t get psychotherapeutic / group interventions. Anxiety management is another area where nurses have a huge role to play.”

(Key Stakeholder Interview 4)

“There is the need for the advanced practitioner in the assessment area of the inpatient setting as well as in rehabilitation. The whole rehabilitation area is very badly serviced and patients need social skills training. Nurses have a huge role to play in this.”

(Key Stakeholders Interview 4).

“There is a need for the development of the role of the advanced nurse practitioner in the area of rehabilitation. The revolving door syndrome tends to

occur in psychiatry. Patients and services would benefit hugely from an advanced practitioner in the area of social skills training and in the rehabilitation of long stay patients”

(Key Stakeholder Interview 6).

### **6.5.3 Nurse Prescribing**

The issue of nurse prescribing has received much attention with the regulatory nursing body setting out conditions for nurse prescribing and adjusting medications within agreed protocols. The development of advanced nurse practitioner roles in other countries in particular the United Kingdom do support limited prescribing by psychiatric nurses within strict agreed protocols. There is also a recognised need for all health professionals to engage in debate about advanced nursing roles and prescribing.

As one key stakeholder states,

“Psychiatrists would be reluctant to endorse the issue of nurse prescribing in the light of recent demonstrations regarding the over prescribing of psychotropic medications. While there is always leeway with PRN medications it would be dangerous to endorse nurse prescribing especially in psychiatry. In general nursing it is a different matter and areas such as palliative care and emergency nursing have a need for nurse prescribers. The prescription of psychiatric medications needs to be taken as a separate issue when looking at nurse prescribing because of the implications for psychiatry.”

(Key Stakeholder Interview 4)

Psychiatric nurses however perceive a need for the development of a role whereby psychiatric nurses are empowered to medicate patients especially in the area of alcohol detoxification.

“As regards the patient who comes in for alcohol detoxification”... “ A nurse should be able to prescribe because some patients need a lot more than others and the doctor may not know the patient whilst the nurse may have seen the patient on ten or twelve admissions and knows his behaviour and treatment response for example Delirium Tremens. I think we should be capable of prescribing given the necessary education and support”

(Focus Group Interviewee 2)

## **SECTION 7: COMMUNICATION NEEDS OF PSYCHIATRIC NURSES IN THE MIDLAND HEALTH BOARD**

Communication emerged as a key theme in the data collection process of this report. The levels of communication structures both within the workplace and from Board level were identified as being in need of attention. This section on communication is examined in five key areas, which emerged from the data. The areas are:

1. Communications between nursing and other disciplines
2. Communications within nursing
3. Communications with management
4. Communications structures within the Midland Health Board
5. Methods of improving communication within the Midland Health Board

### **7.1 Communication between Nursing and other disciplines**

The psychiatric nurse interacts with a variety of health professionals and others on a daily basis in the provision of care to the mentally ill. These health care professionals include Psychiatrists, General Practitioners, Psychologists, Social Workers, and Occupational Therapists amongst others. Psychiatric Nurses also interact with members of voluntary organisations the Gardai and other non health care professionals. In a study by Fakhoury and Wright (2000, p877), it was found that

‘Effective communication with other professionals may lead to a faster provision of care and services to patients, a successful co-ordination of services and a higher quality of care and services delivered’.

Regarding education and training, each health care professional is in possession of a body of knowledge unique to his or her profession and the sharing of this information leads to educational growth of the psychiatric nurse as well as other professionals.

There appears to be a lack of clarity regarding what each member of the Multi Disciplinary Team (MDT) actually does. Respondents identified a lack of time to interact

with each other outside of meetings and a lack of multi disciplinary educational approaches. This is evidenced in training days on areas that cross the professional divide but are only available to one profession.

“There is a lack of knowledge about what each other actually does and how the roles in the multi disciplinary team actually complement each other.”

(Key Stakeholders Interview 6)

The role of the nurse in the MDT is seen by all professions as being central to patient care and it is noted that other professionals perceive the nurse as being at the coal face of care and so is equipped to know what is going on. This is especially true in the case of the Community Psychiatric Nurse who will have assessed the patient in his or her own environment. However there is the feeling that nurses are not marginalised by other professions but that they lack the confidence to play a more proactive part in the MDT. As noted by one Key Stakeholder,

‘Within the multidisciplinary team the nurse does not always have the confidence to fulfil the potential roles that they may take on. Nurses tend to lack confidence and need to value themselves’

(Key Stakeholder Interview 8)

Education is a key element in building the nurse’s confidence within the MDT and poor structures for continuing education and training are also perceived to be a barrier to the development of the nurse’s role in the MDT.

Poor resources impact on the amount of work the MDT can do and the effectiveness of the interventions for the patient. Lack of staff and funding results in staff being unable to attend education and training programs due to an inability to have staff released from the workplace.



Frequently the psychiatrist occupies a pivotal and central role in the development and management of services for the mentally ill and the Consultant acts as team leader. Respondents believe that nurses should be provided with opportunities to act as team leader.

‘The idea of the psychiatrist as the team leader is just there. You need a good team leader and it is leadership that is important not who is in charge.’

(Key Stakeholder Interview 6)

As well as education a multi disciplinary approach to research is supported by the vast majority of interviewees in the belief that it will lead to comprehensiveness of research and a more rigorous approach to answering research questions. However there has so far been no serious effort to encourage nursing research or a collaborative research approach. There is little knowledge of nursing research and it is thought that this is due a lack of formal structures for communicating the findings of research to other nurses. If evidence based practice is to evolve in accordance with current trends, research teaching and the communication of research findings to the MDT is essential.

With regard to research studies carried out by health care professionals, each discipline tends to carry out research into a given area within their own field. The need for a collaborative approach to research was clearly supported.

‘There is a definite need for a collaborative approach to research within the multi disciplinary team. Each area complements each other and as such may lead to more complete research studies.’

(Key Stakeholder Interview 7)

In particular the psychiatric nurse working in the community comes into contact with voluntary organisations and the general public on a daily basis. Psychiatric nurses are involved in the running of voluntary groups such as Aware, GROW and Schizophrenia Ireland. There is therefore a recognised need for psychiatric nurses to extend and develop

their roles as well as publicising what they actually do and the services they provide. Psychiatric Nurses provide information to the general public in the form of talks and information presentations. There should be further training and developments given to nurses with regard to the development of a health promotion role within the community.

“We should be trained to give talks to other agencies to promote ourselves and to develop our roles in the communities we serve.”

(Focus Group Interview 3)

## **7.2 Communication within Nursing.**

Through communication with each other nurses share ideas and generate interest in educational and training issues. As well as educating each other in informal ways, communication within the profession of nursing enables the passing of essential information that may not be available to all nurses. An example of this is where one member of staff attends a course and reports back whether formally in the guise of a lecture / seminar given to staff or informally at coffee break. This sharing of information is of vital importance and through such networking both within and outside of the organisation leads to a heightened educational interest and possibly serves to motivate psychiatric nursing staff. Respondents believe that there should be a system and requirement for nurses who attend courses to report back to other colleagues.

“There is no structure in place whereby nurses report back to each other on courses attended. This is a simple method of education and enables the spreading of education to others.”

(Focus Group Interview 3)

Nurses moving throughout the system are ideally placed to identify what works in one area and which may inform practice in another area. In the Midland Health Board nurses tend to

“Move about the system and go wherever a vacancy arises”.

(Questionnaire Respondent)

The constant movement of nurses requires the establishment of a formal structure for communication in terms of general information flow as well as specific patient care plans.

It was reported by respondents that there is a tendency in the Midland Health Board as in other organisations to ascribe to anecdotal evidence in the care of the patient. This tends to occur when nurses are not exposed to developments in practice and where they have not had the opportunity to participate in educational courses.

“Nurses traditionally believe that what they are doing is the right thing and the best thing. Yet when you ask them to question how do they know that they are not necessarily able to answer, they do it on the basis of anecdotal evidence of working elsewhere.”

(Key Stakeholder Interview 5)

It has been highlighted in the course of this study that

“The vast majority of nurses are happy and don’t want to change anything.”

(Key Stakeholder Interview 5)

There are also individuals who when given the opportunity are dynamic in their practice and aspire to evidence based nursing care. Communication networks and information play a vital role in giving these individuals a means of improving practice.

One Key Stakeholder has the following comments:

“I personally think that people can benefit from looking at what best practice might be. The only way in which you are going to really learn that is for nurses to look around them to look beyond the walls of their own hospital and look at what is going on elsewhere.”

(Key Stakeholder Interview 5)

Enhanced communication between psychiatric nurses in various locations is considered to be essential to developing high quality patterns of care. This is summed up very well by a respondent.

“We are meeting the young mostly male psychotic patient and in the old days of working in the hospital they would have come in and we would have set up a programme for them, now they are in the community and we have very little backup. There is a great need for nurses who are working in this area to meet up with other nurses in the health board and to have a group session and to have a shared approach to generate new ideas.”

(Focus Group Interview 3)

Since the introduction in 1999 of the Diploma for General Nursing and the four year degree program in 2002 which will include for the first time since 1987 psychiatric nurses being trained in the Midland Health Board registered psychiatric nurses are coming into contact with student nurses. The need for effective communication between staff nurse and student has been identified as a priority. Student nurses on psychiatric placement have noted that

“Staff are very good about showing them the ropes”

(Key Stakeholder Interview 3)

and in general making them feel welcome and involved in the care of psychiatric patients. There is however a lack of continuity in the supervision of student nurses and a lack of communication on elements of clinical teaching. It is noted that the uptake by psychiatric nurses on the Teaching and Assessing course is quite poor and the reasons for this remain unclear. It is believed that an increased participation by psychiatric nursing staff in this course will lead to improving communication between student nurses and registered psychiatric nurses and higher quality of learning in the clinical areas.

A gap in communication was identified in relation to interviewing clients and students would like to be more involved in talking to clients and have patients diagnosis communicated to them.

Some students have expressed a level of anxiety when commencing psychiatric placements due to a lack of familiarity with the client profiles and in particular coming from a background of general nurse training. Students feel that better communication would help to alleviate some of this anxiety.

Communication is a two way process and communication from student and from nurse teachers to staff nurse also needs to be considered in the development of improved communication.

### **7.3 Communication with Nursing Management**

A significant number of psychiatric nurses (41%) are unaware of the education and training courses that are available. This lack of awareness of courses may be linked to communication between management and staff at ward or community level as courses tend to be advertised primarily to nursing administration first, it is then up to nursing administration to further circulate notice to nursing staff at ward level.

The reasons for the breakdown in communication remain unclear and the data from this research does not give the reasons why such a breakdown of communications occurs.

“The last study day I completed was in April 1999, since then I have not been informed of any study days or courses for staff nurses run by the Health Board”

(Focus Group Interview 4)

Listening to staff needs was listed as being of importance when looking at issues of communication. Communication with nursing administration was highlighted as being an issue for psychiatric nurses on the ground. Respondents identified the need for improved

communication regarding courses available as well as nursing developments. It was generally reported that the communication of information from nursing administration to ward or community level sometimes resulted in courses being completed or closing dates having passed prior to information being made available.

**Table 19: Responses to “How information on education and training is made available to you”**

<i>Means of Communication</i>	<i>Frequency</i>	<i>Percent</i>
<i>Notice Boards</i>	24	20%
<i>Nursing Administration</i>	10	9%
<i>Colleagues</i>	6	5%
<i>Publications</i>	2	2%
<i>Other</i>	2	2%
<i>Two or more</i>	65	55%
<i>Missing</i>	9	8%
<i>Total</i>	118	100%

Information on educational courses is circulated from nursing administration to psychiatric nurses in a variety of ways (Table 19). The most common way of it coming to nurse’s attention is via notice boards (20%). There has been identified a problem in relation to the circulation of these notices and at times a breakdown in communication has occurred. One psychiatric nurse noted that;

Notices come from

“ The nursing administration office but then they might never appear on the unit. The course might have started before you get the notice.”

(Focus Group Interview 2)

#### **7.4 Communication structures within the Midland Health Board**

A number of communication systems are in place in the Midland Health Board. These include

1. e mail and information technology resources
2. The Midland Health Board News
3. Communications Officer
4. The Midland Health Board Web Site ([www.mhb.ie](http://www.mhb.ie) )

The Midland Health Board News is published quarterly and contains information on all areas of the Health Board as well as all ongoing issues of interest to staff. Upcoming events are published in this magazine and copies of the magazine are circulated to all staff. The Communications Officer deals with all aspects of communications and matters pertaining to communications in the Midland Health Board. The Midland Health Board web site contains information on organisational structures as well as a section on recruitment and developments within the board. Again computer and Internet access may prove to be a problem with this particular means of communication.

The Midland Health Board is currently developing a communications strategy, which will be available towards the end of the year.

### **7.5 Methods of Improving Communication within the Midland Health Board**

Various means of improving communication structures within the Midland Health Board with regard to education and training were offered by respondents. A key theme that emerged is the centralisation of information resources regarding education and training. Previously there was in place an education officer in Longford Westmeath but this post is now vacant. There is now an education officer in the Laois Offaly area.

The way in which the Midland Health Board can improve communication as recommended by respondents,

“By issuing an educational prospectus each year covering all education and training courses that are on offer within the Midland Health Board as well as accredited courses available outside the health board in the various academic institutions.”

(Questionnaire Respondent)

It has been noted that

“there is no one particular base where one can ring up to find out what courses are particularly assigned to psychiatric nurses, what’s on offer and where can I go”.

(Questionnaire Respondent)

Information regarding application procedures and details of fees as well as application procedures for the payment of those fees should also be included. This educational prospectus should cover the three areas as specified by the Report on the Commission on Nursing and Midwifery (1998) which are

- Inservice Training
- Continuing Education
- Specialist Training

The development of formalised links between academic institutions and the Midland Health Board serves to foster a climate of education and learning as well as providing opportunities for research to be carried out. The Midland Health Board through its established links with Athlone Institute of Technology has the potential to further develop suitable programmes of education for psychiatric nurses.

As services continue to evolve the educational needs of nurses will change. There needs to be formal structures established which will ensure a two way process of communication between nurses and the Health Board, so as to maintain ongoing relevant programs of continuing nurse education. One respondent suggested

“Perhaps the simplest method the Midland Health Board can employ is simply listening to staff needs and ensuring open communication between line management and staff nurses on the ground. By listening to staff needs the staff will in turn feel more valued”

(Questionnaire Respondent).



## SECTION 8: EDUCATION PLANNING AND DEVELOPMENT ISSUES

As in all areas of health service activity planning is essential in ensuring high standards of education for psychiatric nurses. Respondents raised a number of very important issues that must be considered.

### 8.1 Funding

Overall there was a lack of clarity among respondents on available funding for continuing education of psychiatric nurses. Over 54% of respondents rated funding as important to most important to their participation in education and training (Table 20)

“Time and money are important, we all have to live outside our jobs and to have to pay for training is ridiculous what other job do you have to do that”.

(Focus Group 3 Interviewee)

**Table 20: The Importance of Funding to Psychiatric Nurses participation in education and training**

<b><i>Rating of Importance of Funding</i></b>		
<b><i>Rating</i></b>	<b>Frequency</b>	<b>Percent</b>
<b><i>Most Important</i></b>	12	10%
<b><i>Very Important</i></b>	11	9%
<b><i>Fairly Important</i></b>	18	15%
<b><i>Important</i></b>	24	20%
<b><i>Not Very Important</i></b>	25	21%
<b><i>Least Important</i></b>	20	17%
<b><i>Missing</i></b>	8	7%
<b><i>Total</i></b>	118	100%

### 8.2 Time Off and Study Leave

Time off and study leave were identified as significantly important factors influencing participation in education and training.

Time off was rated from important to most important by over 73% of respondents in relation to participation in education and training. (Table 21). It should be noted that over

69% of respondents indicated that they do receive time off to attend courses and the reasons given by respondents for not receiving time off include lack of staff cover for those attending courses as well as the time of day the course is provided. It was noted that approximately 47% of respondents said that there was no staff cover available for those attending courses. Respondents would like to see courses planned within the work schedule so that a greater number of nurses have an opportunity to attend.

“Ensure time off is forthcoming without compliment”.

(Questionnaire Respondent)

Staff shortages have been given as a reason as to why staff cannot get time off to attend educational courses. Staff may get the time to attend courses but do not get study leave. Staff also find difficulty in accessing the library facilities due to the opening hours. One key stakeholder summarises,

“The most important thing that is needed is support and this support includes time off both to attend courses and to study”.

(Key Stakeholder 9)

**Table 21: The importance of time off to psychiatric nurse participation in education and training**

<b><i>Rating of Importance of Time Off</i></b>		
<b><i>Rating</i></b>	<b>Frequency</b>	<b>Percent</b>
<b><i>Most Important</i></b>	17	14%
<b><i>Very Important</i></b>	20	17%
<b><i>Fairly Important</i></b>	20	17%
<b><i>Important</i></b>	29	25%
<b><i>Not Very Important</i></b>	15	13%
<b><i>Least Important</i></b>	10	9%
<b><i>Missing</i></b>	7	6%

Time off is rated from important to most important by 73% of respondent psychiatric nurses in influencing participation in education and training.

### **8.3 Travel Expenses**

Due to the fact that most educational courses are outside of the Midland Health Board travel expenses are considered an important factor in determining participation in education. Staff are generally not aware of any regularised procedures pertaining to travel expenses and this was causing them concern. On the whole psychiatric nurses attending courses do receive travel expenses albeit at a reduced rate.

“If travel is involved full rate should be paid”.

(Focus Group Interview 3)

However it must be noted that 30% of respondents said that they do not receive travel expenses to attend courses.

### **8.4 Accreditation of Courses**

There needs to be structured linkages between academic institutions providing courses and the Midland Health Board,

“There needs to be greater liaison between wards and colleges”.

(Questionnaire Respondent)

“Link with neighbouring institutions/ABA re development of educational/programs relating to psychiatry”.

(Questionnaire Respondent)

Most staff are unwilling to take part in courses that are not recognised with some level of professional accreditation,

“For me it would be important that they are worthwhile at least at diploma level”.

(Focus Group Interview 4)

It would appear that a lot of

“Courses are all done by voluntary organisations.”

(Focus Group Interview 3)

“I don’t think it is up to the voluntary organisations to give us courses, if the willingness is there by management to give us the time and cost to go on these courses that’s the kind of thing we should be looking at for our own professional development”.

(Focus Group Interview 3)

The general consensus on the need for a course accreditation requires the development of an educational framework within the health board and the associated third level educational institutions, which incorporates educational credit accumulation and progression towards academic awards for courses taken.

“Improved courses with recognised certification”.

(Questionnaire Respondent)

### **8.5 Service Needs and Educational Requirements**

In 1999 there were 25,062 admissions to Irish Psychiatric hospitals a rate of 930.0 per 100,000 population aged 16 years and over. Males represented over half (55%) of all admissions with more single persons (55%) admitted than either married (28%) or widowed (6%). The Midland Health Board had the highest rate of admission (1,080 per 100,000 population). Three main diagnoses accounted for two thirds of all admissions in the Midland Health Board. Depressive Disorders (30%), Schizophrenia (19%), Alcoholic Disorders (19%). The Midland Health Board has the highest rate of all admissions for males with 1244.9 per 100,000 population. The highest rate of all admission was in St. Loman’s Hospital Mullingar with 1,187.8 per 100,000. (Health Research Board, 1999). Such statistics provide an insightful picture of the client being treated in mental health services. This provides a basis from which educational courses may be developed. It is noted that approximately 70% of respondents rated meeting clients needs as being most

important to important when considering participation in education and training programmes. (Table 24)

**Table 22: Respondents rating of meeting client’s needs as impacting on participation in education and training**

<b>Rating of Importance of meeting clients needs</b>		
<b>Rating</b>	<b>Frequency</b>	<b>Percentage</b>
<i>Most Important</i>	19	16%
<i>Very Important</i>	29	25%
<i>Fairly Important</i>	22	19%
<i>Important</i>	12	10%
<i>Not Very Important</i>	12	10%
<i>Least Important</i>	6	5%
<i>Missing</i>	4	3%
<b>Total</b>	118	100%

Client changes have been identified frequently during the course of this research as impacting heavily on uptake of education programs. Psychiatric nurses have noted that

“There is a whole new breed of referral coming along. The client profile is a lot younger and there are a lot of court reports.”

(Focus Group Interview 2)

The different types of clients and their needs are also highlighted in community settings

“We are meeting with mostly young male psychotic patients, in the old days working in the hospital they would have come in and we would have set up a programme for them. Now they are in the community and we have very little back up and very few groups. There is a great need for nurses who are working in this area to meet up with nurses in the health board to generate a shared approach and get new ideas”.

(Focus Group Interview 3)

In an inpatient setting difficulties are also voiced.

“There is a nothing specific being put on for psychiatric nurses in the admission units. We have a lot of drug addicts coming in, that area has changed dramatically. Long term care hasn’t changed that much but the acute units have”.

(Focus Group Interview 2)

The Freedom of Information Act (1997) has impacted on the delivery of psychiatric nursing care with the

“General public has a greater expectation of us as nurses both within the psychiatric institution and in the community mainly due to the developments in the legal framework in the last couple of years particularly in relation to the Freedom of Information Act (1997).”

(Focus Group Interview 1)

### **8.6 Staff selection and attendance at courses.**

The way staff are selected to attend courses and the process of application was raised by respondents. Currently staff wishing to attend educational courses must submit a request to the Director of Nursing via their line management. The Director of Nursing may then make recommendation as to whether the person may or may not attend the course. The Director of Nursing may in some instances refer the application to the Personnel Department who may make the decision.

Respondents generally reported that they were encouraged to participate in education and training courses with 54% of respondents indicating such encouragement.

**Table 23: List of those who encourage psychiatric nursing staff to participate in education and training.**

<b>Position</b>	<b>Frequency</b>	<b>Percentage</b>
<i>Director of Nursing</i>	48	41%
<i>Assistant Director of Nursing</i>	25	21%
<i>Ward Manager</i>	3	3%
<i>Colleagues</i>	11	9%
<i>No One</i>	13	11%
<b>Total</b>	<b>118</b>	<b>100%</b>

The Director of Nursing was identified as the person most often encouraging nursing staff to participate in education and training (Table 25). It is worth noting that 11% of respondents failed to identify any person encouraging them to participate in education and training. The appropriateness of the Human Resources Department in making specific decisions as to who should attend what course and when was raised as a cause for concern by respondents. The need to have transparency in decision making about course attendance was raised by respondents.

“Who evaluates that decision and what value the course is to nurses in relation to patient care”.

(Questionnaire Respondent)

### **8.7 The work environment**

The impact of the work environment on psychiatric nursing care, morale and education has been highlighted in the data received from respondents. The change from an institutional model of care towards a community based one has led to nurses moving from hospital settings to working in the community. With this comes the educational requirement to equip nurses who make the transition to community based service. One respondent provides the following comments.

“There has been little preparation in training psychiatric nurses to work in the community.”

(Key Stakeholder Interview 6)

The large institutions for the most part remain unchanged and have been criticised by the Report of the Inspector for Mental Hospitals. This criticism has led to nurses feeling demotivated as they feel that they cannot control many of the environmental issues of décor and structure raised in the Report of the Inspector for Mental Hospitals. One respondent states

“The Inspector would come along and write a damning report and we would be doing our best”.

(Focus Group Interview 2)

There also appears to be the policy of having a mixed patient group in wards for example in the admissions ward

“The drug addicts are mixed in with dementia and schizophrenia. There is no policy and we don’t know where we are going”.

(Focus Group Interview 2)

To look at this further it would appear that there is also a mix of age groups in admissions units with one respondent stating

“Drug addicts and child care are all in together in the admissions unit and that is not good. You could have a child of 16 and an 80-year-old in together. The service itself is not adequate and we are not equipped to deal with them at that level”.

(Focus Group Interview 2)

This mixing of patient groups is unsatisfactory in terms of meeting the care demands that each specific client presents. There is a need therefore for a more structured and streamlined policy to be formulated in regard to the admissions unit. Such an approach would facilitate planning of educational needs on a basis of matching educational requirements with health service need and professional roles.

## **8.8 Staffing Needs**

The national shortage of nurses is impacting on the Midland Health Board. This shortage of nurses impacts upon education in that staff replacement for those attending courses may be at times difficult to maintain. It has been found that when staff are attending courses it is often the goodwill of colleagues that enables them to attend. It should be noted that approximately 47% of respondents reported that staff replacement was not available for nurses attending courses. This issue must be considered in any future strategy for nurse education.



### **8.9 Accessibility of Courses**

The Midland Health Board covers a wide geographical area from North Longford to South Laois. Accessibility to courses proves to be a logistical problem. While in service courses are provided at local level more structured courses are on offer in Athlone I.T. and Dublin necessitating the need for nurses to travel. Respondents have highlighted the need for courses to be localised and it is felt that by localising courses more nurses would avail of education and training.

### **8.10 Career and Personal Development Planning**

Within the Midland Health Board there is no formal system of career development and planning available for psychiatric nurses. One respondent comments that

“There is huge value in asking people what they want and matching the right person to the course. You will have people who may do a management course and they are not suitable for this but they would be better in another area.”

(Key Stakeholder Interview 14).

A need also exists for the development of structures whereby psychiatric nursing staff have a person that they can discuss career development issues with. One interviewee says

“Before I came here I worked in an area where there was a system of staff appraisal.... goals were set for people and people were praised and rewarded for good work and kept well informed about everything. Everyone had a formal supervisor and they would meet up and identify their needs. I found it to be quite an effective way. There was great teamwork and it was very non threatening.”

(Focus Group Interviewee 1)

Psychiatric nurses in the Midland Health Board would like to see a system in place whereby the strengths and interests of individuals are assessed and facilitated.

“Assess the strengths of staff and assess the gaps in the service. Allocate the staff and train them in areas of interest to them where they can develop their own section and take pride in it.”

(Questionnaire Respondent)

Overall the respondents are expressing the desire for a system of clinical supervision which is a system that is now well established in nursing. The merits of such a system for psychiatric nursing should be examined.

A very important part of participation in education and training is the notion that educational achievement will lead to increased promotional opportunities. However, 50% of respondents rated promotional opportunities as being least important when it comes to factors affecting participation in education and training.

It is significant to note that 45% of respondents said that there were no increased promotional opportunities available to them as a result of participating in educational programs (Table 22).

**Table 24: Response to “Are there increased promotional opportunities available to staff who have participated in education and training.**

<b>Promotional Opportunities</b>		
	Frequency	Percentage
<b>Yes</b>	53	45%
<b>No</b>	52	45%
<b>Missing</b>	12	10%
<b>Total</b>	117	100%

The level of recognition given to individuals who satisfactorily complete courses related to their nursing role is important in terms of promotional opportunities.

“...I did a course a few years ago and I feel it is backwards I went...”

I think it was a retrograde step. In recent years there has been no reward for doing course.”

(Focus Group Interview 2)

**Table 25: Respondents area of work and are there increased promotional opportunities available**

<b>Promotional Opportunities and Area of Work</b>		
<b>Area of Work</b>	<b>Yes</b>	<b>No</b>
<b>Acute Inpatient</b>	50%	50%
<b>Long Term Inpatient</b>	63%	38%
<b>Learning Disability</b>	73%	27%
<b>Day Hospital</b>	57%	43%
<b>Community Psychiatric Nurse</b>	50%	50%
<b>Hostel</b>	27%	73%
<b>Substance Abuse Therapist</b>	33%	67%
<b>Psychiatry for Later Life</b>	43%	57%
<b>Administration</b>	50%	50%
<b>Other</b>	50%	50%

It is significant to note how that respondents in different areas of work viewed increased promotional opportunities as a result of participation in continuing education and training. 73% of psychiatric nurses working in Community Hostels and 67% of nurses engaged in substance abuse therapy do not perceive themselves as having increased promotional opportunities available to them as a result of participation in education and training. The relationship between engagement in continuing education, area of work and career opportunities is an issue requiring further consideration in the interest of recruitment and retention in psychiatric nursing.

## **SECTION 9: MOTIVATIONAL ISSUES**

The relationship between motivation and participation in continuing education has emerged as a key issue in this study. In order for educational structures to be developed and to ensure that psychiatric nurses to avail of education and training motivational issues need to be addressed. This section of the report shall look at;

- Motivating factors
- Burnout
- Support Structures
- Education as a motivating force
- Staff morale in the Midland Health Board.

### **9.1 Motivating Factors**

Both personal and professional motivating factors impact on psychiatric nurses' participation in education programs. A full list of factors that influence nurses participation in education and training is given in Appendix 9 (Table 29). The most significant motivating factors are personal interest, colleague support and interaction, and personal interest.

#### **9.1.1 Personal motivating factors**

Respondents generally perceive participation in education and training as a means of increasing self-confidence amongst psychiatric nurses. Psychiatric nurses who have availed of education and training in the past, report increased self -confidence stemming from participation in education. This increased self - confidence leads to psychiatric nurses having a more questioning approach, which enhances patient care.

An interesting theme emerging from respondents was participation in education for the pure enjoyment. Psychiatric nurses have attended courses that they simply enjoy. This is an important factor and should be considered when developing educational courses for psychiatric nurses.

Personal interest may be increased by the type of course on offer, the course provider and the calibre of the lecturer as well as the psychiatric nurse's familiarity with the work and reputation of the person delivering the course. This is especially true in terms of inservice training and seminars.

A large majority of psychiatric nurses interviewed formally in the focus groups or informally throughout the course of this research study cited personal issues including family commitments as a major determinant in their deciding whether or not to pursue education programs.

“Education programs should be run during the day. We all have to live outside our jobs.”

(Focus Group Interview 2)

“Courses should be family friendly i.e. run during the day”

(Questionnaire Respondent)

### **9.1.2 Professional motivating factors**

Professional motivating factors that either encourage or discourage participation in education and training include career development, colleague interaction, enhanced professionalisation, job enrichment and the ability to share learning.

Participation in education and training programs is perceived by many nurses to increase professionalisation. Due to increased awareness of the need for continuing professional development psychiatric nurses along with the educational requirements for clinical nurse specialist and advanced nurse practitioner posts, psychiatric nurses are now able to make the link with continuing education and career advancement.

Participation in education has been found to lead to job enrichment. Education brings with it a deeper understanding of practice issues and has been noted in this research that a greater understanding of the processes involved in psychiatric nursing leads to a greater appreciation of the work psychiatric nurses do. Psychiatric nurses have noted that they

gain greater satisfaction from their work on completion of courses and when they put knowledge learned into practice. This job enrichment leads to staff feeling happy about their work and so has a powerful impact on the organisation.

“Psychiatric nurses bring an energising factor to education and by developing an awareness of education they find that they have an opportunity to grow.”

(Key Stakeholder Interview 8).

## **9.2 Burnout**

Burnout is the popular term used to describe the loss of physical, emotional and mental energy. Burnout may occur when stressors become too much and the person becomes over burdened. In psychiatric nursing the stressors are many and varied. The chronic nature of many psychiatric illnesses and the fact that often little improvement is seen often leads to nurses becoming disheartened and feeling “burned out”. The concept of burnout amongst psychiatric nurses has received considerable attention in the course of this research study. Psychiatric nurses have specified that they feel burned out due to the pressures that they are faced with on a daily basis. Psychiatric nurses have however identified education as a means of coping with burnout. It has been established in the literature that the nature of psychiatric nursing may at times lead to psychiatric nurses experiencing burnout. One interviewee places the idea of burnout in context by saying

“We work with a very chronic group of patients and I know that they are not going to improve that much, if I was in general nursing you would see someone with an appendix and they would be gone home in a few days; psychiatry is not like that.”

(Focus Group Interview 3)

When asked what the Midland Health Board could do to improve the participation in education and training a number of respondents identified the area of burnout as an area that needed to be addressed. The first stage of dealing with burnout is to recognise the existence of burnout and staff who are at risk of becoming burned out.

### **9.3 Support Structures**

Support for those participating in education and training programs is a very necessary and determining part of whether the person will (a) participate in the course and (b) get the greatest benefit from participating in educational and training programs. Two support structures are necessary to achieve optimum levels of participation and benefit from education. These are personal support in the form of peer and family support and professional support and from within the organisation. The Midland Health Board in its Human Resource Strategy, 2000 recognised this need for support to be given to those participating in education and recommended that support structures be in place to support those staff engaged in professional development (Midland Health Board, 2000,c). One of the Key Stakeholders interviewed states:

“Education brings with it a whole support system that needs to be in place. You need support from without and within. Family support and personal issues are important but you also need support from management and good leadership within the workplace.”

(Key Stakeholder Interview 10)

Peer support has been identified as being very important and facilitates participation in education. Respondents have identified the support they receive from their colleagues as being a primary motivating force in their pursuance of education. Peer support is also necessary in practical terms with regard to assignment writing and in the facilitation of time off and study leave to attend courses. Colleagues also provide psychological support to those attending courses and this psychological support has a vital part to play in motivating staff.

“Nurses need psychological support and it is very important to recognise this. It is essential that nurses receive this psychological support from the people they work with. Leadership support is also important.”

(Key Stakeholder Interview 9)

#### **9.4 Education as a Motivating Force**

Education provides the key to professional development and through staff participation in education staff are expected to gain a greater understanding of their work. The Midland Health Board can help to use education as a motivating force by

“Instilling in the staff the thought that we need to learn much before we can possibly realise what we do not know, hence motivating staff towards education.”

(Questionnaire Respondent)

This is the basis for the formulation of a successful programme for professional development within an organisation. Prior to the implementation of a structured educational framework a level of groundwork is required. This groundwork should consist of motivating staff towards viewing education as a means of developing both personally and professionally.

There appears to be an

“Inherent lack of confidence amongst psychiatric nurses working in the Midland Health Board.”

(Focus Group Interview 1)

And one respondent attributes this to

“Being traced back historically to the medical model of care where the nurse was subservient to the Doctor. Nurses trained in the old apprentice model of care where the hierarchy of nursing was the prevailing way, and find it difficult to articulate their views and make changes to practice as advances dictate.”

(Questionnaire Respondent)

There remains a reliance on the medical model of care that may be attributed to nurses not having the confidence to put into practice ideas that they may have developed through education.



“I think the difficulty for psychiatric nurses particularly those who are based in institutions is one of the forgotten people and to reignite the embers that are there is going to be a major challenge.”

(Focus Group Interview 2).

The traditional hierarchical structure in nursing is changing with the developments in nursing and nurses are beginning to realise this. Psychiatric nurses in the Midland Health Board are beginning to view education as a means of motivating them to realise their full potential. Looking at the medical model of care and its dominance over nursing it must be said that in some cases psychiatric nurses welcomed the security of the medical model and were happy with the status quo. It has been noted in the course of this research that

“There is great safety in working under the old medical model.”

(Focus Group Interview 1)

Psychiatric nurses have looked to the medical model for security and used it as an excuse, as one respondent stated

“Nurses in my experience have never been held back by doctors they have been held back by themselves.”

(Focus Group Interview 2)

And another respondent

“I think that we are our own worst enemy”...”there is a lot of unnecessary power handed over to the consultant. We need to get out there as practitioners with our own autonomy.”

(Focus Group Interview 1)

Although psychiatric nurses recognise the need to break away from the medical model of care there is also uncertainty as to how to do this. However with the developments in nursing and an increasing awareness amongst respondents of the developing roles in psychiatric nursing nurses now realise that

“There is a place for the medical model and there is a place for the nursing model.”

(Focus Group Interview 1)

## **SECTION 10: DISCUSSION**

This study was conceived against the backdrop of developments in psychiatric nursing and the changing face of the healthcare environment. The study set out to establish a profile of psychiatric nursing within the Midland Health Board, the educational needs and related issues of those psychiatric nurses working within the organisation

A detailed comprehensive study was designed using a multi methods approach of data collection and analysis in order to address these objectives and to determine other factors which impact upon the provision and the participation in education and training programs. Thus, as well as meeting the objectives of the study the level of educational need in the different areas of specialty in mental health were also identified. This information has been compiled in this report to produce a comprehensive account of the current educational situation within the Midland Health Board. A series of recommendations arising directly from the results is presented in section eleven and it is hoped that these recommendations will be helpful in planning the future development of education for psychiatric nursing in the Midland Health Board.

### **10.1 Demographic Profiles**

A primary aim of this study was to provide a detailed demographic profile of psychiatric nurses working in all areas of the Midland Health Board. There are currently 442 registered psychiatric nurses working in the Midland Health Board representing approximately 9% of the total staff employed in the Midland Health Board. These psychiatric nurses work in all areas and specialities within mental health and learning disability in the Midland Health Board. The majority of nursing staff work in inpatient settings (230), community nurses account for 119 psychiatric nurses and learning disability 78 nurses. The majority of staff are employed at grades Staff Nurse Psychiatry (35%) and Senior Psychiatric Nurse (32%) giving an experienced workforce.

The age profile of psychiatric nurses in the Midland Health Board is in line with the population of psychiatric nurses. It is significant to note that approximately 35% of

psychiatric nurses employed are aged 51 and over leading to large numbers of the workforce having the option if, they so wish of retiring at age 55. This has implications for manpower planning and is an issue that needs to be addressed in order to avoid a shortage of psychiatric nursing staff in the Midland Health Board in the coming years.

The majority of psychiatric nurses in the Midland Health Board are female (68%) which is in line with the national cohort. It is interesting to note however that the high number of senior administrative nursing posts are occupied by males which is disproportionate to the overall number of male nurses in the Midland Health Board

The demographic profile of respondents in this project was in line with the demographic profile of the cohort of psychiatric nurses in the Midland Health Board. This was a welcome finding as it enhanced the generalisability of the report. It was also clear that uptake of education and training is not limited to any one group in psychiatry and that the uptake is a reasonable constant across the spectrum.

## **10.2 Educational and Training Needs of Psychiatric Nurses**

Changes and developments in mental health services and psychiatric nursing have impacted upon the education and training needs of psychiatric nurses. The changing client profile has necessitated the need for psychiatric nurses to be educated in the treatment of drug and alcohol addiction as well as facing an increasingly younger client population. An increased awareness by the public of issues as well as an increased demand for counselling services leads to emerging areas of educational need. Developments in psychotropic medications and an increasingly discerning public highlight the need for nurses to receive continuing education in pharmacological developments and treatments. Family and Behavioural therapy is now central to the treatment of psychiatric patients and nurses need to keep pace with such treatment modalities.

The incorporation of information technology resources into health care is now entering psychiatry especially in the area of information gathering. Psychiatric nurses are

generally not familiar with the use of information technology resources and their potential and this is a definite area of educational need that must be addressed.

The needs of psychiatric nurses working in community settings differ somewhat from psychiatric nurses in hospital environments. The transition from hospital based care towards a model of community care has brought with it areas of educational need. To date psychiatric nurses moving from hospital to community have received inadequate training to equip them for their new roles and belatedly this must now be addressed.

The issue of relevance of courses to psychiatric nurses has arisen in this study. Often psychiatric nurses have found that educational courses are not adequate in meeting their needs because of a lack of relevancy to psychiatric nursing practice. The relevancy of courses therefore needs to be addressed in order for psychiatric nurses to gain maximum benefit from courses and to develop the mental health service in an organised fashion. This may be done by utilising the findings of this study and also by conducting formalised needs analysis of patient groups prior to the development of educational courses.

The development of specialist and advanced roles in nursing is impacting on psychiatric nursing. Respondents are aware of the potential for the development of these roles in mental health. Areas that would benefit from the development of advanced nurse roles include Admission Units, Community, Counselling, Drug and Alcohol Services. Respondents are also aware of the part that education plays in the development of these roles. In order to keep pace with national developments the Midland Health Board, the Nurse Planning and Development Unit needs to assess how these roles may be developed within psychiatric nursing. The development of a multi disciplinary understanding of the potential benefits of specialist and advanced nurse practitioner roles is essential.

### **10.3 Current Provision of Education and Training and the adequacy and suitability of these programs to mental health care provision.**

Education and training in the Midland Health Board has in the past number of years been mainly on an ad hoc basis with nurses pursuing educational courses in a less formalised manner. There is currently no formalised educational frameworks or structures in place within the mental health services at board level. At local level there are educational committees in place and these committees have been instrumental in setting up in service training. However an overall nursing educational strategy must be developed and implemented for psychiatric nurses in the Midland Health Board.

### **10.4 Communication**

The importance of good communication emerged as a key theme in this study. Respondents recognised the need for clear communication structures to be in place to facilitate participation in education and training. Communication within nursing, with other disciplines and with management and health board administration were identified as impacting on education and training. The importance of the psychiatric nurse as a member of the multi disciplinary team was highlighted and ways in which psychiatric nurses could develop their roles within the MDT through education were expressed.

### **10.5 Education Planning and Development Needs**

Numerous factors were cited as being fundamental to education planning and development needs. Addressing these factors as part of an educational framework for psychiatric nurses is essential to ensuring maximum participation by psychiatric nurses in continuing education.

Funding of courses was raised in all of the focus group interviews as well as receiving considerable comment in questionnaires returned with lack of funding a major reason for non-participation in educational courses. It was noted during the focus group interviews that while some staff were aware of the procedures for applying for funding many staff did not know how to access funding for courses.

The time of the day that the course is run also impacts on participation. Respondents have commitments outside working hours and as such, it is not convenient to attend courses that are run at night. Courses need to be structured in such a way as to cater for nurses who are unable to attend outside of normal working hours. Study leave is available to those pursuing educational courses but again respondents are not entirely familiar with the procedures of application. It was also noted that staff replacement is often difficult to arrange, however staff overall have been seen to be very accommodating to their colleagues attending courses of study.

The link between participation in continuing education and career promotion was also raised with approximately 55% of respondents reporting that there is no link between continuing education and promotion.

### **10.6 Motivational Issues**

Motivation of staff leads to increased participation in education and training. In turn education, itself acts as a motivating force enabling the nurse to gain greater self-confidence and awareness of the role in mental health care. Both personal and professional motivating factors are relevant to respondents in determining the level of participation in education and training. Support for nursing staff is vital in maintaining the motivation and interest in education and in developing the role of the psychiatric nurse.

### **10.7 Summary of main issues.**

- There are currently 442 psychiatric nurses employed in the Midland Health Board representing approximately 9% of the total staff employed in the Midland Health Board. Psychiatric nurses work in all specialties within the mental health and learning disability services in the Midland Health Board. The majority of nurses work in inpatient services, with 220 nurses in the inpatient services, 119 community nurses and 78 learning disability nurses.
- There is a highly experienced psychiatric nursing workforce in the Midland Health Board with 37% of respondent psychiatric nurses qualified 25 or more years.

- While there is not a crisis in psychiatric nurses staffing levels in the Midland Health Board, approximately 35% of psychiatric nurses have the option of retiring in the next five years.
- Although there is approximately a 2:1 ratio of females to male psychiatric nurses employed in the Midland Health Board, there are a disproportionate number of males at senior administrative level.
- The majority of respondents have participated in educational courses in the last five with no distinct patterns across the age spectrum.
- The immediate and main areas of educational need as identified by respondents are counselling, drug and alcohol misuse, pharmacology, and different therapies including family and behavioural therapy.
- Although the library and information facilities in the Midland Health Board are very good, respondents are not familiar with them and their resources. Respondents are in the main not proficient in the use of information technology. Utilisation of library facilities by psychiatric nurses is poor.
- Most respondents read nursing journals although the journals most likely to be read are the popular nursing press. Respondents are less inclined to read peer reviewed journals. Availability is a factor in increasing the journal reading levels of psychiatric nurses.
- The shift from an institutional model of care towards a community model has resulted in psychiatric nurses working in the community having received little or no training to equip them for their new roles outside of the psychiatric hospital.
- The relevancy of educational courses for psychiatric nurses has been questioned. To enable better participation in education and training the relevance of the course and its benefit to psychiatric nurses must be addressed prior to the course being approved and offered.
- The development of Advanced Practitioner roles in nursing has received considerable attention nationally and the Midland Health Board needs to ensure such developments in psychiatric nursing. Roles proposed for such developments include community psychiatry, admission units, drug and alcohol services, family and behaviour therapy.



- Advanced practice carries with it the notion of the nurse as a prescriber of medications within strict agreed protocols. Respondents recognise the need for nurses to be able to prescribe medications especially in the area of alcohol detoxification, The support of professions other than nursing for such developments must be assured.
- Psychiatric nurses interact with different disciplines and have a central role to play in the multi disciplinary team. Respondents however in some instances are not fulfilling their full potential within the MDT due to several factors including a lack of confidence in their role, lack of education and a lack of knowledge about what the different disciplines actually do.
- There is a need to develop and encourage nursing research. There is also a need for a collaborative approach to research in mental health services, which recognises the pivotal role of nurses in such developments.
- There is no system in place whereby nurses on completion of educational courses report to their peers on the course content. This may take place formally in the guise of a lecture given to staff or informally over coffee and the Midland Health Board needs to put in place a system whereby nurses are required to evaluate courses attended.
- There is limited use of structured individualised care planning programs in mental health services. The use of models of care needs to be developed further to provide holistic individualised care to all clients. Care planning systems are being implemented in the Midland Health Board but these need to be developed further to ensure that they meet the needs of the clients and are firmly rooted in evidence based practice.
- Due to the geographical area of the Midland Health Board, respondents are at times isolated from their peers and access to information. There is a need to ensure a forum for communication including a system of networking of staff to share information.
- The introduction of the Diploma in General Nursing in association with Athlone Institute of Technology results in students being on psychiatric placement. While psychiatric nurses have been found to be very helpful to students and there is a need

for greater communication between students and staff. A greater encouragement to staff to attend courses, which support their teaching roles, is important.

- Communication with nursing management on educational issues was raised as an issue by respondents in that respondents reported that at times there is a breakdown in communication regarding educational courses available, closing dates for application and information on courses.
- There are a number of potential communication processes in place in the Midland Health Board, including electronic means (Health Board website and e-mail). However in most cases Internet access is unavailable to staff.
- There is a need for a centralised application procedure for access to educational courses.
- Whether or not the educational course is funded has a marked effect on staff interest and attendance at courses. Respondents cited lack of funding as a major reason for non-participation.
- The availability of time off and study leave for respondents attending courses are a significant factor in determining participation in education and training. Colleagues have been highly praised by respondents for covering the time that they need to attend courses although 47% of respondents reported that staff cover was not available for those attending courses.
- There needs to be a formalised system in place whereby courses are accredited prior to their implementation. The incorporating of a system of educational credit accumulation and progression should be aspired to. This will ensure that educational courses taken by nurses will eventually lead to an academic award.
- Nurses recognise that educational participation can increase promotional opportunities. However there needs to be a more obvious and transparent system which rewards staff who continue to keep up to date.
- Senior nursing administration has been recognised as being very supportive of staff in encouraging them to participate in education and training however a more formalised approach must be ensured.

- Respondents noted the work environment as having a negative impact on morale. Criticism at a national level through the Report of the Inspector for Mental Hospitals serves to decrease morale.
- Respondents have expressed the desire for a system of clinical supervision whereby staff have a named mentor who will assist with career and educational development planning.
- Motivational factors impact on nurse's participation in education both positively and negatively. Both personal and professional factors have been highlighted by respondents as affecting the level of participation in post registration educational programs.
- The issue of burnout needs to be addressed and respondents have identified education as a means of combating burnout.

## **SECTION 11: RECOMMENDATIONS**

Over the years, continuing education in psychiatric nursing has developed in an ad hoc manner. Therefore, governance structures are essential features in ensuring high standards of education. A framework for continuing nurse education in psychiatric nursing should be agreed by the Midland Health Board. Such plans should present details in accordance with the Commission on Nursing Report (1998) structured as

- Inservice Training
- Continuing Education
- Specialist and Advanced Practitioners Roles

This report describes existing and preferred future scenarios in the continuing education and training of psychiatric nurses. A wide range of data was collected which resulted in key recommendations. It is recommended that

A wide range of data were collected which when analysed provided a number of key recommendations.

### **Governing Recommendation**

**11.1** A framework for continuing nurse education in psychiatric nursing including a budget should be agreed by the Midland Health Board. Such plans should present details in accordance with the Commission on Nursing Report (1998) structured as

- In-service Training
- Continuing Education
- Specialist and Advanced Practitioners Roles

### **Manpower**

**11.2** Given the age profile of psychiatric nurses in the Midland Health Board manpower plans should be devised so as to avoid a shortage of psychiatric nurses in the coming years.

- 11.3** Every effort should be made to ensure a greater gender balance in senior nursing administrative positions.
- 11.4** Further developments should take place to ensure a greater inclusion and recognition for the role of the psychiatric nurse as a member of the multi disciplinary team.
- 11.5** A database should be compiled of psychiatric nurse's individual educational profiles and the database be used to assist with the appropriate allocation of staff to clinical areas and in planning resources. This database may be tagged onto the existing SAPS system. Psychiatric nursing staff themselves should be accountable for holding a personal educational profile and career plan and updating it accordingly.
- 11.6** Patterns of attendance at programmes of continuing nurse education should be a significant factor in career promotion opportunities. Interview boards should maximise the points weighting for recent educational courses taken by interviewees.

### **Library and Information Technology**

- 11.7** All psychiatric nurses should receive as a minimum a basic level of training in the use of computers and in information technology resources. This training should include word-processing, effective use of the Internet and information search tools. Training should also be given in the use of CINAHL and other databases.
- 11.8** Information technology resources should be accessible in all sectors and this should include Internet access.

**11.9** Peer reviewed nursing journals including specialist psychiatric nursing journals should be made available at a local level to psychiatric nursing staff.

**11.10** Journal clubs should be formed in each sector and sessions in critical reading and analysis should be facilitated for nurses initially to support such a development.

### **Organisation and Control of Continuing Education**

**11.11** A new policy and criteria on approval and attendance for psychiatric nurses at educational courses should be devised.

**11.12** A central applications system should be established for psychiatric nurses applying to attend courses. The central application office should hold the responsibility for facilitating individuals to attend courses in accordance with policy and criteria and should operate in a transparent, fair and equitable manner.

**11.13** Continuing education policy directions must ensure appropriate educational courses being developed for psychiatric nursing staff. The system of processing should ensure that nurses are participating in courses of relevance to their practice area.

**11.14** A formal system of evaluation should be established for nurses who have attended education and training. Nurses should be required to (a) submit a written evaluation to their supervisors and (b) provide a short lecture/seminar presentation to colleagues who have not attended.

**11.15** A specific needs analysis from a service perspective should be undertaken regularly to ensure that education and training continues to equip nurses to meet the needs of the clients and of the mental health service.

## **Educational Developments in Psychiatric Nursing**

- 11.16** An educational prospectus should be published yearly in the Midland Health Board detailing accredited approved courses, means of application and course attendance and times
- 11.17** The educational courses, which should be developed as a priority, include Counselling, Drug and Alcohol Addiction, Family Therapy, Behavioural Therapy, and Community Nursing.
- 11.18** Service providers should determine priority areas for the development of specialist and advanced practice roles in psychiatric nursing. The Nursing and Midwifery Planning and Development Unit should lead this initiative.
- 11.19** Education programmes to prepare nurses for specialist and advanced practice roles should be developed. Based on this report suggested areas for the development of advanced nursing practice roles include community nursing, drug and alcohol services, family and behavioural therapies and in admission units with a remit to prescribe and adjust medications.
- 11.20** Educational courses in nursing research should be offered to support the trend and requirement for evidence based practice.
- 11.21** Collaborative approaches to research should be encouraged within the Midland Health Board. This research should include all disciplines within the multi disciplinary team and be used as a means of improving patient and client care in a holistic manner.
- 11.22** Appropriate models for individualised care planning should be introduced and evaluated. Education and training for nurses in the use of care plans prior to the implementation of nursing models should be introduced.

**11.23** Psychiatric nursing staff should be afforded the opportunity to be seconded to areas of clinical excellence in mental health care.

**Communications, Staff Support and Welfare**

**11.24** Local networks including IT, for example Intranet and e-mail, which enable psychiatric nurses from the different areas in the Midland Health Board to share views on a regular basis, should be initiated.

**11.25** Psychiatric nurses should be supported in their professional development from within the health board including fee payment, time off and travel allowances to attend courses. Staff replacement is also important.

**11.26** A system of clinical supervision as well as a programme of coaching and mentoring for psychiatric nurses should be introduced.

**11.27** The impact of the environment of care on the physical and psychological well being of psychiatric nurses should be examined.

**11.28** The Health Promotion department should work in consultation with psychiatric nurses in reducing the potential for burnout amongst psychiatric nurses.

**11.29** Family and other commitments outside of work should be taken into account when decisions on time of day attendance at courses are determined.



**11.30** The Midland Health Board should facilitate and promote team-building exercises.

**11.31** The views of psychiatric nursing staff should be ascertained and considered in determining developments in the mental health services for example in the building and planning of new units.

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## **SECTION 13: APPENDICES**

### **Appendix 1: Schedule of questions for focus group interviews**

1. What can you identify as the most significant education and training need in your area?
2. Tell us about the availability of training courses and who gets selected to attend these courses
3. Are the courses that people go on related to their area of work
4. Are people encouraged to attend courses
5. What learning format best suits your training needs
6. What are the advantages in attending further education programs
7. Is recognition given to those courses that people have attended
8. Are courses attended selected in response to service needs
9. Who decides this
10. Has the impact of new models of care been reflected in the provision of education
  
11. Are staff given training on moving into a new area of care
12. Are staff allocated to particular areas on the basis of post registration and training
13. Are the changing needs of the client addressed in educational programs
14. Are further education and training programs given a high priority in your area.
15. If not why
16. What stops psychiatric nurses attending further education
17. What value do staff put on continuing education
18. Does the current provision of educational and training courses adequately address the needs of psychiatric nurses
19. Do educational needs meet service needs
20. What gaps in educational needs can you identify

21. What do you feel can be done to address these gaps

**Appendix 2: Questionnaire**

**QUESTIONNAIRE**

**PLEASE TICK THE BOX THAT CORRESPONDS TO YOUR ANSWER. ALL ANSWERS ARE CONFIDENTIAL AND ANONYMITY IS ASSURED.**

**SECTION A:**

1. What age group are you in?      Over 20 up to 30 [ ]  
   Over 30 up to 40 [ ]  
   Over 40 up to 50 [ ]  
   Over 50 up to 60 [ ]  
   Over 60                [ ]

2. How many years qualified are you?    1 – 5                    [ ]  
   5 – 10                   [ ]  
   10 – 15                [ ]  
   15 – 20                [ ]  
   20 – 25                [ ]  
   25 or more            [ ]



3. Sex
- |        |                          |
|--------|--------------------------|
| Male   | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |

4. Please tick your current area of work
- |                             |                          |
|-----------------------------|--------------------------|
| Acute In-Patient            | <input type="checkbox"/> |
| Long Term In-Patient        | <input type="checkbox"/> |
| Learning Disability         | <input type="checkbox"/> |
| Day Hospital                | <input type="checkbox"/> |
| Community Psychiatric Nurse | <input type="checkbox"/> |
| Hostel                      | <input type="checkbox"/> |
| Alcohol Counsellor          | <input type="checkbox"/> |
| Psychiatry for Later Life   | <input type="checkbox"/> |
| Administration              | <input type="checkbox"/> |
| Other (Please Specify)      | <input type="checkbox"/> |

5. Please tick your registration qualifications.

- |         |                          |
|---------|--------------------------|
| R.G.N   | <input type="checkbox"/> |
| R.P.N   | <input type="checkbox"/> |
| R.M.H.N | <input type="checkbox"/> |
| R.M     | <input type="checkbox"/> |
| R.S.C.N | <input type="checkbox"/> |
| R.P.H.N | <input type="checkbox"/> |

6. Please identify any additional qualifications you may have undertaken.

Qualification	Year	Subject Area
Certificate in		
Diploma in		
Degree in		

7. Did you attend any educational courses for example study day seminar in the last five years?

Yes [ ]

No [ ]

If yes please list:

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**SECTION B:**

8. Are you familiar with the contents and recommendations of The Report of The Commission on Nursing (1998)?
- Yes [ ]
- No [ ]

The Commission on Nursing (1998) recommends the development of Specialist and Advanced Practitioners of Nursing.

*A Clinical Nurse Specialist is a nurse prepared beyond the level of a generalist having extensive experience in the relevant specialist area of nursing or midwifery who has undertaken a formally recognised relevant specialist post registration course of study. The Clinical Nurse Specialist will work as part of the multi disciplinary team and who may make variations in prescribed clinical options, within agreed protocols.*

9. Do you see Clinical Nurse Specialists as having a role in psychiatric nursing?
- Yes [ ]
- No [ ]

*An Advanced Nurse Practitioner shall be an autonomous practitioner working in a specialist area within agreed protocols as a member of the multi- disciplinary team.*

10. Do you see Advanced Nurse Practitioners as having a role in psychiatric nursing?

Yes [ ]

No [ ]

11. In what areas of psychiatric nursing could Specialist Nurses / Advanced Nurse Practitioners have a role?

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12. Have you read The Scope of Practice Document from An Bord Altranais?

Yes [ ]

No [ ]

13. Do you envisage changes in Nursing Practice as a result of this document?

Yes [ ]

No [ ]

Don't know [ ]

**SECTION C:**

**14. In your area of work, is the provision of education and training for psychiatric nurses in the Midland Health Board adequate?**

Yes [ ]

No [ ]

Don't know [ ]

Please give reasons for your answer.

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15. In what ways could the Midland Health Board improve the provision of education and training for psychiatric nurses?

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16. Please list four important educational courses that you would like to be developed for psychiatric nurses.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**SECTION D:**

17. In your area of work are Library facilities available to you?

Yes

No

Don't know

18. Do you use any Library facilities in the Midland Health Board?

Yes

No

19. Are you familiar with The Cumulative Index of Nursing and Allied Health Literature (CINAHL)?

Yes

No

20. Are you able to search available literature for information? Yes

No

21. Do you have access to a computer in your area of work? Yes   
No

22. Do you have access to the Internet? Yes   
No

23. Can you use the Internet? Yes   
No

24. Are Nursing / Health related journals available to you in your area of work?  
Yes   
No

25. Do you read Nursing/ Health related journals? Yes   
No

26. Please list Nursing / Health related journals that you read.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_





- Selected by others
- Selected in response to service needs
- Other (Please Specify)

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**SECTION F:**

30. What are the factors, which influence your participation in educational and training courses?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

31. Which of the following is most important in encouraging you to take part in education and training courses? Please rate as 1,2,3,4,5,6 in order of importance to you. ( 1= most important, 6= least important).

a. Funding of Course

- b. Accessibility of Course
- c. Time off to attend Course
- d. Relevancy of Course
- e. Promotional opportunities
- f. Meeting client needs

32. Which of the following would discourage you from participating in educational and training courses? Please rate as 1,2,3,4,5,6,7 in order of importance to you. (1=most important, 7=least important).

- a. Lack of funding
- b. Inaccessibility of courses
- c. Lack of time off
- d. Staff shortages
- e. Courses not relevant to your area of work
- f. Lack of available courses
- g. Other (Please Specify)

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33. Are you encouraged to take part in education and training programs?

Yes

No

If your answer is 'yes' who encouraged you?



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39. Are there increased promotional opportunities available to those who participate in education and training? Yes

No

40. Generally do you believe that staff are working in areas that they have further education and training in? Yes

No

41. Are staff allocated to areas of work on the basis of their educational background?

Yes

No

**End of Questionnaire**

**THANK YOU FOR YOUR PARTICIPATION.**

### **Appendix 3: Schedule of Questions for Semi Structured Interviews with Key Stakeholders**

1. Awareness of the roles of the Clinical Nurse Specialist and Advanced Nurse Practitioner. Areas where these roles could be developed.
2. Areas of educational need within the Midland Health Board
3. What educational input is required for psychiatric nurses to facilitate more integration into the multi disciplinary team?
4. How may the skills and knowledge of the psychiatric nurse be used more effectively?
5. The use of nursing research by other disciplines and how research use can be developed in the Midland Health Board.

#### Appendix 4: Profile of Focus Group Respondents

<i>Age bracket</i>	<i>20 – 30</i>	<i>0</i>
	30 – 40	6
	40 – 50	17
	50 – 60	3
	Over 60	1
	Missing	2
<i>Area of Work</i>	Acute Inpatient	4
	Long Term Inpatient	4
	Community Psychiatric Nurse	8
	Community (other area)	10
	Administration	2
	Other	2
	Missing	4
<i>Years Qualified</i>	1-5	0
	5-10	1
	10-15	3
	15 – 20	6
	20 or more	17
	Missing	3

<b><i>Registration Qualifications</i></b>	RGN	4
	RPN	27
	Dual Qualified	0
	Missing	3
<b><i>Other Qualifications since registration</i></b>	Certificate	15*
	Diploma	13**
	Degree	0
	Higher Degree	0
<b><i>Courses taken in last five years</i></b>	Inservice Training	6
	Certificate	6
	Diploma	5
	Degree	0

\*Some respondents have undertaken more than one certificate

\*\*More than one diploma may have been undertaken by respondent.



## **Appendix 5: List of Key Stakeholders**

*Key Stakeholders in Mental Health Service Provision as identified by Steering Committee. Various other members of the health board were interviewed informally in the key stakeholder process.*

Consultant Psychiatrist (2)

Principal Psychologist

Senior Psychologists Community Care (3)

Director of Nursing St Lomans Hospital

Director of Nursing St Fintans Hospital

Second Year Student Nurse (2)

Library Staff

Head of Department of Nursing, Athlone Institute of Technology.

Clinical Placement Co Ordinator.

## **Appendix 6: Cover Letter**

### **MIDLAND HEALTH BOARD**

08 March 2001

Dear Colleague,

The Midland Health Board with The Royal College of Surgeons in Ireland is currently undertaking a research study entitled 'Education and Training Needs of Psychiatric Nurses in The Midland Health Board'. The aim of this study is to explore the education and training needs of psychiatric nurses as well as to assess the current provision of education and training in The Midland Health Board. The recommendations arising from this report will provide an important basis for further development in post registration education for psychiatric nurses.

As part of this study we are asking you to fill out the enclosed questionnaire. The questionnaire comprises of seven sections relating to different issues in psychiatric nurse education and should take approximately twenty minutes to complete. Of course participation in this questionnaire is voluntary but the more completed questionnaires we receive the more enhanced our results will be.

The questionnaire is anonymous and confidential and no reference is to be made to the respondent at any point in the questionnaire. A pre-addressed post card has been included and I would be grateful if you would return this to me when you have completed the questionnaire. This post card should be sent separately from the questionnaire via internal mail. The reason for the post card is for follow up contact to be made and to ensure the anonymity of the questionnaire. The

completed questionnaire should be returned via internal mail in the pre addressed envelope provided as soon as possible.

Once the study and report has been completed we shall provide seminars to explain our findings and allow for discussion of our work.

I would like to thank you for taking the time to complete this questionnaire and would also like to thank you for your support in this project so far.

Yours sincerely

---

Nessa Gill  
**Nurse Researcher**

**Appendix 7: Reminder Letter 1**

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**MIDLAND HEALTH BOARD**

May 21, 2001

Dear Colleague,

By now you should all have received a copy of the research questionnaire on 'The Education and Training Needs of Psychiatric Nurses in the Midland Health Board'. Participation in this project is of course voluntary but we are asking you to return the questionnaire, as full participation in this project will serve to enhance the results.

Enclosed is the original cover letter explaining this phase of the data collection process.

Thank you for you co-operation.

Yours sincerely,

---

Nessa Gill.  
**Nurse Researcher**

**Appendix 8: Reminder Letter 2**

**MIDLAND HEALTH BOARD.**

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18/06/01

Dear Colleague,

In early May, you received a request to fill out a questionnaire in relation to the Education and Training Needs of Psychiatric Nurses in the Midland Health Board. Of course participation in this research study is entirely voluntary, but we are asking you to return completed questionnaires as soon as possible as full participation in this project will serve to enhance the results.

Enclosed is the original cover letter explaining this phase of the data collection process.

Thank you for your co – operation with this project so far.

Yours Sincerely

---

Nessa Gill  
**Nurse Researcher.**

## Appendix 9: Questionnaire analysis Tables 26 – 33

Table 26: Courses that respondents would like to see developed.

<b>Course</b>	<b>Total</b>		
<b>Community Psychiatric Nurse Course</b>	29	<b>Care of the Elderly</b>	2
<b>Patient Advocacy</b>	22	<b>Child and Adolescent</b>	1
<b>Health Promotion</b>	20	<b>Dual Diagnosis</b>	1
<b>Assertiveness</b>	14	<b>Missing</b>	1
<b>Degree in Psychiatric nursing</b>	14	<b>New Treatments</b>	1
<b>Eating Disorders</b>	12	<b>Physical Illnesses</b>	1
<b>Communications</b>	11	<b>Teaching and Assessing</b>	1
<b>Report Writing</b>	10	<b>Social Policy</b>	1
<b>Behavioural Therapy</b>	8	<b>Person Centered Eclecticism</b>	1
<b>Care Delivery Systems</b>	7	<b>Sociology</b>	1
<b>Challenging Behaviour</b>	7	<b>Quality Improvement</b>	1
<b>Clinical Practice</b>	6	<b>Social Skills Course</b>	1
<b>Legal Issues</b>	6	<b>Control and Restraint</b>	1
<b>Management Courses</b>	6	<b>Cognitive Therapy</b>	1
<b>Grief Counselling</b>	5	<b>Stress Management</b>	1
<b>C.P.R</b>	4	<b>Commission on Nursing</b>	1
<b>Drug and Alcohol</b>	4	<b>Art Therapy</b>	1
<b>New Mental Health Bill</b>	4		
<b>Refresher Courses</b>	4		
<b>Alternative Medicine</b>	3		
<b>Phlebotomy Course</b>	3		
<b>Preventative Psychiatry</b>	3		
<b>Rehabilitation</b>	3		
<b>Relaxation Therapy</b>	3		
<b>Oncology for Nurses</b>	3		
<b>Anxiety and Anger Management</b>	2		
<b>Care for the Elderly</b>	2		
<b>Care of psychiatric terminal patients</b>	2		
<b>Counselling</b>	2		
<b>Drug Awareness</b>	2		
<b>Family Therapy</b>	2		
<b>Forensic psychiatry</b>	2		
<b>Pharmacology</b>	2		
<b>Physiotherapy</b>	2		
<b>Psychotherapy</b>	2		
<b>Research Development Courses</b>	2		
<b>Schizophrenia</b>	2		
<b>Self Defense</b>	2		
<b>Social Care for the Mentally ill</b>	2		
<b>Interdisciplinary Teamwork skills</b>	2		
<b>Brief Intervention Therapy</b>	2		

Table 27: Nursing Journals read be respondents

<b>Journal Name</b>	<b>Total</b>
<i>Nursing Times</i>	63
<i>Irish Nurse</i>	43
<i>Bord Altranais News</i>	31
<i>Midland Health Board News</i>	13
<i>Journal of Advanced Nursing</i>	7
<i>None</i>	6
<i>Addiction</i>	6
<i>Journal of Psychiatric and Mental Health Nursing</i>	5
<i>British Medical Journal</i>	4
<i>Sexual and Relationship Therapy</i>	3
<i>Nursing Mirror</i>	3
<i>Nursing Management</i>	3
<i>Journal of Gambling Studies</i>	3
<i>Insight</i>	3
<i>Health Gain</i>	3
<i>British Journal of Psychiatry</i>	3
<i>Aware Magazine</i>	3
<i>Mental Health Nursing</i>	2
<i>Journal of Health Gain</i>	2
<i>Irish Times Health Supplement</i>	2
<i>Irish Medical Times</i>	2
<i>American Journal of Psychiatry</i>	2
<i>All Ireland Journal of Nursing and Midwifery</i>	2
<i>World of Irish Nursing</i>	1
<i>The Nursing Journal</i>	1
<i>S.I Newsletter</i>	1
<i>Psychosocial Nursing</i>	1
<i>Professional Nurse</i>	1
<i>Nursing Standard</i>	1
<i>Nursing Economics</i>	1
<i>Mental Health Care</i>	1
<i>Journal of Substance Abuse Treatment</i>	1
<i>Journal of Family Therapy</i>	1
<i>Health Care Magazine</i>	1
<i>Health Management</i>	1
<i>Health Education Research</i>	1
<i>Frontline</i>	1
<i>Findings</i>	1
<i>Feedback</i>	1
<i>Eisteach</i>	1
<i>Drug Net Ireland</i>	1
<i>Dementia Care</i>	1

**Table 28: Advanced Nurse Practitioner Roles as recommended by respondents**

<b>Role</b>	<b>Total</b>
<i>Drug and Alcohol Addiction</i>	18
<i>Behavioural Therapy</i>	15
<i>Community Care</i>	12
<i>Counselling</i>	12
<i>Family Therapy</i>	9
<i>Elderly</i>	8
<i>Admission Units</i>	7
<i>Adolescent and Child Psychiatry</i>	7
<i>Rehabilitation</i>	6
<i>Pharmacology</i>	5
<i>Assessment</i>	4
<i>Education</i>	4
<i>C.S.A</i>	3
<i>Crisis Intervention</i>	3
<i>Eating Disorders</i>	3
<i>Health Promotion</i>	3
<i>Liaison Psychiatric Nurse</i>	3
<i>Behaviour Modification</i>	2
<i>Forensic Mental Health</i>	2
<i>Gender Disorders</i>	2
<i>GP Surgery</i>	2
<i>Psychosis</i>	2
<i>Research</i>	2
<i>Supportive Living</i>	2
<i>Bereavement Counselling</i>	1
<i>Missing</i>	1
<i>Nurse led clinics in outreach areas</i>	1
<i>Paedophilia</i>	1
<i>Prevention and relief intervention</i>	1
<i>Suicide Prevention</i>	1
<i>Wound Care</i>	1
<i>Depression</i>	1
<i>Activation</i>	1
<i>Obsessive Compulsive Disorder</i>	1



**Table 29: Factors that influence participation in education and training**

<b>Factors</b>	<b>total</b>
<i>Relevance of Course</i>	36
<i>Personal Interest</i>	28
<i>Accessibility of Course</i>	19
<i>Time off</i>	18
<i>Cost/ Funding</i>	17
<i>Improve Knowledge</i>	16
<i>Client Needs</i>	9
<i>Location</i>	7
<i>Missing</i>	7
<i>Promotional Incentive</i>	7
<i>Course Speakers and providers</i>	6
<i>Service Needs</i>	6
<i>Improve Patient Care</i>	5
<i>Colleague Support</i>	4
<i>Duration of Course</i>	4
<i>Enhance Professionalism</i>	4
<i>Enjoyment</i>	4
<i>Job Enrichment</i>	4
<i>Learn New Skills</i>	4
<i>Motivation</i>	4
<i>Adequate Notice</i>	3
<i>Availability</i>	3
<i>Colleague Interaction</i>	3
<i>Enjoys the interaction with other Students</i>	3
<i>Personal issues</i>	3
<i>Recognition and accreditation of course</i>	3
<i>Staff Cover</i>	3
<i>Time of the Day</i>	3
<i>Career Development</i>	2
<i>Challenge of Change</i>	2
<i>Creative Environment</i>	2
<i>Encouragement from Management</i>	2
<i>Life long learning</i>	2
<i>Improve Service</i>	2
<i>Age of Staff</i>	1
<i>Changing Society</i>	1
<i>Increases Self Confidence</i>	1
<i>Organisational Objectives</i>	1
<i>Positive Mental Attitude</i>	1
<i>Role Adequacy</i>	1
<i>Role Legitimacy</i>	1
<i>Selection by C.N.O</i>	1
<i>Self Actualization</i>	1
<i>Self Confidence</i>	1
<i>Ability to share learning in the workplace</i>	1
<i>Legal Issues</i>	1
<i>Student Placements</i>	1
<i>Funding</i>	1
<i>Course Content</i>	1

**Table 30:Certificate Course undertaken by respondent Psychiatric Nurses.**

<b>Type of Certificate</b>	<b>Total</b>
<i>Counselling for Nurses</i>	7
<i>Management</i>	7
<i>Suicide and Bereavement</i>	3
<i>Addiction Studies</i>	2
<i>Alcohol Therapist</i>	2
<i>Behavioural Therapy</i>	2
<i>C.P.R</i>	2
<i>Community Care and Preventative Medicine</i>	2
<i>Geriatrics</i>	2
<i>Nursing in the Community</i>	2
<i>Addiction Counselling</i>	1
<i>Aromatherapy</i>	1
<i>Behaviour Modification</i>	1
<i>Business Studies</i>	1
<i>Care of the Dying</i>	1
<i>Communications</i>	1
<i>Continence</i>	1
<i>ENB Teaching and Assessing</i>	1
<i>Family Therapy</i>	1
<i>Health and Safety</i>	1
<i>Lamh Sign Language</i>	1
<i>Rehabilitation</i>	1
<i>Reiki</i>	1
<i>Social Care in Mental Health</i>	1
<i>Teaching and Assessing of Student Nurses</i>	1

**Table 31: Diploma Courses undertaken by respondent Psychiatric Nurses.**

<b>Name of Diploma Course</b>	<b>Total</b>
<i>Communications</i>	6
<i>Child and Family Health</i>	4
<i>Social Care</i>	4
<i>healthcare management</i>	3
<i>Counselling</i>	3
<i>Nursing</i>	2
<i>Anatomy and Physiology</i>	1
<i>Community Health and Preventative Medicine</i>	1
<i>Community Mental Health</i>	1
<i>Forensic Mental Health</i>	1
<i>Gerontology</i>	1
<i>Industrial Relations and Trade Union Studies</i>	1
<i>Nurse Tutor Diploma</i>	1
<i>Pharmacology</i>	1
<i>Psychology</i>	1
<i>Education</i>	1
<i>Montessori</i>	1
<i>Learning Disability</i>	1
<i>Medical Ethics</i>	1
<i>Behavioural Psychotherapy</i>	1
<i>Addiction Studies</i>	1
<i>Diploma in Systematic Instruction</i>	1
<i>Mental Health</i>	1
<i>Social Science</i>	1

**Table 32: Degree Courses undertaken by respondent Psychiatric Nurses.**

<b>Degree</b>	<b>Total</b>
Community Mental Health	1
Nursing Studies	1
Masters Degree in Education	1
Healthcare Management	1
unfinished Nursing Studies	1
FFNMRCIS	2
Cognitive Behavioural Therapy	1
Health Administration	1

**Table 33: In Service training courses undertaken by respondent Psychiatric Nurses.**

<b>Course</b>	<b>Total</b>
<i>C.P.R</i>	14
<i>Child Sexual Abuse</i>	11
<i>Child Care</i>	8
<i>Manual Handling</i>	8
<i>Children First</i>	7
<i>Legal Issues</i>	7
<i>Violence Against Women</i>	7
<i>Challenging Behaviour Course</i>	6
<i>Counselling</i>	6
<i>Stress Management</i>	6
<i>Domestic Violence</i>	5
<i>Oncology for Nurses</i>	5
<i>Psychiatric Nursing Where to from here</i>	5
<i>Schizophrenics Facilitators Course</i>	5
<i>Brief Intervention Therapy</i>	4
<i>Old Age Psychiatry</i>	4
<i>Suicide Seminar</i>	4
<i>Abuse Matters</i>	3
<i>Drug Education</i>	3
<i>Quality Assurance</i>	3
<i>Teaching and Assessing</i>	3
<i>Autism</i>	2
<i>Leadership for Nurses</i>	2
<i>Management</i>	2
<i>Moving and Handling</i>	2
<i>Student Nurse diploma inservice</i>	2
<i>Wound Care</i>	2
<i>A.E.D Instructors Course</i>	1
<i>Activity Networking Conference</i>	1
<i>Affective Disorders</i>	1
<i>Anti Smoking</i>	1
<i>Behavioural Therapy</i>	1
<i>bereavement</i>	1
<i>Change Management</i>	1
<i>Child Protection</i>	1
<i>Communication</i>	1
<i>Community Development of Services</i>	1
<i>Continence Care</i>	1
<i>Control and Restraint</i>	1
<i>Dementia Care</i>	1
<i>depression</i>	1
<i>Fire Safety</i>	1
<i>Freedom of Information</i>	1
<i>Health and Safety</i>	1
<i>Incontinence</i>	1
<i>Individual Planning Program</i>	1
<i>Infection Control</i>	1
<i>Integrated Care Pathways</i>	1

<b><i>Introduction to Group Work</i></b>	<b>1</b>
<b><i>LAMH</i></b>	<b>1</b>
<b><i>Managing aggression in LD</i></b>	<b>1</b>
<b><i>Mental Health Conferences</i></b>	<b>1</b>
<b><i>Missing</i></b>	<b>1</b>
<b><i>Motivational Interviewing</i></b>	<b>1</b>
<b><i>Obesity</i></b>	<b>1</b>
<b><i>Personal Planning Programs</i></b>	<b>1</b>
<b><i>Psychiatric Nursing for Later Life</i></b>	<b>1</b>
<b><i>Respite Care</i></b>	<b>1</b>

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**SECTION 14: STATISTICAL ADDENDUM**

**Table 34: Age Group of Respondents**

**age group**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	over 20 up to 30	2	1.7	1.7	1.7
	over 30 up to 40	28	23.7	24.1	25.9
	over 40 up to 50	63	53.4	54.3	80.2
	over 50 up to 60	22	18.6	19.0	99.1
	over 60	1	.8	.9	100.0
	Total	116	98.3	100.0	
Missing	missing	1	.8		
	System	1	.8		
	Total	2	1.7		
Total		118	100.0		

**Table 35 Gender Profile of Respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missin				
	mal	36	30.5	30.8	34.2
	femal	77	65.3	65.8	100.0
	Total	117	99.2	100.0	
Missin	System	1	.8		
Total		118	100.0		

**Table 36: Respondents area of work/ type of additional qualification crosstabulation**

**Area of Work \* Type of Additional Qualification Crosstabulation**

Count		Type of Additional Qualification							Total	
		missing	Certificate	Diploma	Degree	Masters	Fellowship	Inservice Training		More than one
Area of Work	missing	1								1
	Acute Inpatient	3		1	2			4	8	18
	long term Inpatient	8	1	3				4	4	20
	learning disability	4		1	1			3	3	12
	Day Hospital	2	1	2				2	8	15
	Community Psychiatric Nurse	1	1	3	1			2	1	9
	Hostel	3	1	2	2			6	3	17
	Alcohol Counsellor	1		1		1			3	6
	Psychiatry for later life	1	1	1	1			2	2	8
	Administration	1		2		1			3	7
	Other			1			1		2	4
Total		25	5	17	7	2	1	23	37	117

**Table 37: Reported familiarity with the Report of the Commission on Nursing (1998)**

**Familiarity with the Commission on Nursing**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	3	2.5	2.6	2.6
	yes	102	86.4	87.2	89.7
	no	12	10.2	10.3	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 38: Respondents awareness of educational and training courses available**

**are you aware of education and training courses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	6	5.1	5.1	5.1
	yes	63	53.4	53.8	59.0
	no	48	40.7	41.0	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 39: How is information on education and training made available to Psychiatric Nurses**

**How is information on education and training made available to you**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	8	6.8	6.8	6.8
	Notice Boards	24	20.3	20.5	27.4
	Nursing Administration	10	8.5	8.5	35.9
	Other Publications	2	1.7	1.7	37.6
	Other	2	1.7	1.7	39.3
	Colleagues	6	5.1	5.1	44.4
	two or more	65	55.1	55.6	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 40: Respondents rating of the importance of funding to participation in education and training.**

**most important rating of funding**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	7	5.9	6.0	6.0
	most important	12	10.2	10.3	16.2
	very important	11	9.3	9.4	25.6
	fairly important	18	15.3	15.4	41.0
	important	24	20.3	20.5	61.5
	not very important	25	21.2	21.4	82.9
	least important	20	16.9	17.1	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		



**Table 41: Respondents rating of time off as impacting on participation in education and training.**

**Rating of Time Off**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	6	5.1	5.1	5.1
	most important	17	14.4	14.5	19.7
	Very Important	20	16.9	17.1	36.8
	Fairly Important	20	16.9	17.1	53.8
	Important	29	24.6	24.8	78.6
	Not very Important	15	12.7	12.8	91.5
	Least Important	10	8.5	8.5	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 42: Respondents rating of relevancy of course to participation in education and training.**

**Rating of Relevancy of Course**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	2	1.7	1.7	1.7
	most important	58	49.2	49.6	51.3
	Very Important	26	22.0	22.2	73.5
	Fairly Important	10	8.5	8.5	82.1
	Important	15	12.7	12.8	94.9
	Not Very Important	5	4.2	4.3	99.1
	Least Important	1	.8	.9	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 43: Respondents rating of promotional opportunities as impacting on participation in education and training.**

**Rating of Promotional Opportunities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	7	5.9	6.0	6.0
	most important	4	3.4	3.4	9.4
	very important	7	5.9	6.0	15.4
	Fairly important	8	6.8	6.8	22.2
	important	9	7.6	7.7	29.9
	not very important	23	19.5	19.7	49.6
	least important	59	50.0	50.4	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 44: Rating of meeting client's needs by respondents affecting participation in education and training.**

**Rating of meeting client needs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	4	3.4	3.4	3.4
	most important	19	16.1	16.2	19.7
	very important	29	24.6	24.8	44.4
	fiarly important	22	18.6	18.8	63.2
	important	12	10.2	10.3	73.5
	not very important	25	21.2	21.4	94.9
	Least important	6	5.1	5.1	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 45: Rating by respondents of lack of funding as a factor in influencing participation in education and training.**

**Rating of lack of funding**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	10	8.5	8.5	8.5
	most important	7	5.9	6.0	14.5
	very important	12	10.2	10.3	24.8
	fairly important	21	17.8	17.9	42.7
	important	25	21.2	21.4	64.1
	not very important	19	16.1	16.2	80.3
	not important	19	16.1	16.2	96.6
	least important	4	3.4	3.4	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 46: Respondents rating of inaccessibility to courses relating to participation in education and training.**

**Rating of inaccessibility**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	7	5.9	6.0	6.0
	most important	18	15.3	15.4	21.4
	very important	21	17.8	17.9	39.3
	fairly important	26	22.0	22.2	61.5
	important	17	14.4	14.5	76.1
	not very important	17	14.4	14.5	90.6
	not important	11	9.3	9.4	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 47: Respondents rating of lack of time off as a factor impacting on participation in education and training programs**

**Rating of lack of time off**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	7	5.9	6.0	6.0
	most important	21	17.8	17.9	23.9
	very important	23	19.5	19.7	43.6
	fairly important	20	16.9	17.1	60.7
	important	20	16.9	17.1	77.8
	not very important	15	12.7	12.8	90.6
	not important	10	8.5	8.5	99.1
	least important	1	.8	.9	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 48: Respondents rating of irrelevancy of course relating to participation in education and training.**

**Rating of irrelevancy of courses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	6	5.1	5.1	5.1
	most important	49	41.5	41.9	47.0
	very important	22	18.6	18.8	65.8
	fairly important	7	5.9	6.0	71.8
	important	14	11.9	12.0	83.8
	not very important	11	9.3	9.4	93.2
	not important	7	5.9	6.0	99.1
	least important	1	.8	.9	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 49: Responses to “Are you encouraged to take part in education and training?”**

**Are you encouraged to take part in education and training**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	7	5.9	6.0	6.0
	yes	64	54.2	54.7	60.7
	no	45	38.1	38.5	99.1
	3	1	.8	.9	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 50: Individuals who encourage staff to participate in educational courses.**

**Who are encourages staff**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	48	40.7	41.0	41.0
	Director of Nursing	25	21.2	21.4	62.4
	Assistant Director of Nursing	15	12.7	12.8	75.2
	Manager	3	2.5	2.6	77.8
	No one	13	11.0	11.1	88.9
	Colleagues	11	9.3	9.4	98.3
	other	2	1.7	1.7	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 51: Response to “Do you receive time off to attend courses?”**

**do you receive time off to attend courses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	11	9.3	9.4	9.4
	yes	81	68.6	69.2	78.6
	no	25	21.2	21.4	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 52: Response to “Do you receive travel expenses when attending courses?”**

**Do you receive travel expenses to attend courses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	18	15.3	15.4	15.4
	yes	64	54.2	54.7	70.1
	no	35	29.7	29.9	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 53: Response to “Is staff cover available for those attending courses?”**

**staff cover for those attending courses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	11	9.3	9.4	9.4
	yes	50	42.4	42.7	52.1
	no	55	46.6	47.0	99.1
	3	1	.8	.9	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 54: Promotional Opportunities as a result of participation in education and training.**

**are there increased promotional opportunities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	11	9.3	9.4	9.4
	yes	53	44.9	45.3	54.7
	no	52	44.1	44.4	99.1
	3	1	.8	.9	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 55: How are staff selected to attend courses**

**How are staff selected to attend courses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	7	5.9	6.0	6.0
	Self Selection	31	26.3	26.5	32.5
	Interview	1	.8	.9	33.3
	Selected by others	34	28.8	29.1	62.4
	Selected in response to service needs	8	6.8	6.8	69.2
	Other	3	2.5	2.6	71.8
	more than one	1	.8	.9	72.6
	7	32	27.1	27.4	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 56: Respondents awareness of education and training courses.**

**are you aware of education and training courses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	6	5.1	5.1	5.1
	yes	63	53.4	53.8	59.0
	no	48	40.7	41.0	100.0
	Total	117	99.2	100.0	
Missing	System	1	.8		
Total		118	100.0		

**Table 57: Availability of library facilities**

**Are library facilities available in workplace**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	missing	1	.9	.9	.9
	yes	78	66.7	66.7	67.5
	no	34	29.1	29.1	96.6
	dont know	4	3.4	3.4	100.0
	Total	117	100.0	100.0	

**Table 58: Library usage by psychiatric nursing staff**

**do you use library facilities in MHB**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	2	1.7	1.7	1.7
yes	60	51.3	51.3	53.0
no	55	47.0	47.0	100.0
Total	117	100.0	100.0	

**Table 59: Respondents familiarity with CINAHL**

**Are you familiar with CINAHL**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	3	2.6	2.6	2.6
yes	40	34.2	34.2	36.8
no	73	62.4	62.4	99.1
11	1	.9	.9	100.0
Total	117	100.0	100.0	

**Table 60: Respondents ability to perform literature searches**

**are you able to search the literature for information**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	13	11.1	11.1	11.1
yes	77	65.8	65.8	76.9
no	27	23.1	23.1	100.0
Total	117	100.0	100.0	



**Table 61: Accessibility to information technology resources.**

**do you have access to a computer in work**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	2	1.7	1.7	1.7
yes	48	41.0	41.0	42.7
no	66	56.4	56.4	99.1
3	1	.9	.9	100.0
Total	117	100.0	100.0	

**Table 62: Internet access available to respondent psychiatric nurses**

**do you have access to the internet**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	2	1.7	1.7	1.7
yes	29	24.8	24.8	26.5
no	85	72.6	72.6	99.1
3	1	.9	.9	100.0
Total	117	100.0	100.0	

**Table 63: Ability of respondents to use the Internet**

**can you use the internet**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	2	1.7	1.7	1.7
yes	64	54.7	54.7	56.4
no	51	43.6	43.6	100.0
Total	117	100.0	100.0	

**Table 64: Availability of Nursing and Health related journals to respondent psychiatric nurses**

**Are Nursing/ Health related journals available to you in work**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	5	4.3	4.3	4.3
yes	90	76.9	76.9	81.2
no	21	17.9	17.9	99.1
3	1	.9	.9	100.0
Total	117	100.0	100.0	

**Table 65: Response to “Do staff work in areas they have education and training in?”**  
do staff work in areas they have education and training in

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	9	7.7	7.7	7.7
yes	40	34.2	34.2	41.9
no	67	57.3	57.3	99.1
3	1	.9	.9	100.0
Total	117	100.0	100.0	

**Table 66: Response to “Are psychiatric nursing staff allocated to areas they have education and training in?”**

are staff allocated to areas they have training in

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid missing	7	6.0	6.0	6.0
yes	23	19.7	19.7	25.6
no	86	73.5	73.5	99.1
3	1	.9	.9	100.0
Total	117	100.0	100.0	

