TRAINING NEEDS OF EUROPEAN PSYCHIATRIC MENTAL HEALTH NURSES TO COMPLY WITH TURKU DECLARATION

by

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Substantial changes to the roles and responsibilities of psychiatric mental health nurses due to the reform in European mental health services - traditional institutional vs community care

Has psychiatric mental health nursing has been able to rise up to the new challenges?

Turku Declaration - a set of professional guidelines attempting to harmonise the contemporary role of PMHN across Europe

Aim - to explore the training needs of European psychiatric mental health nurses to be able to comply with the Turku Declaration
OBJECTIVES

- Establish an evidence-based training needs analysis (TNA) model for use in this study
- Explore European psychiatric nurses’ views regarding any training needed to comply with the Turku Declaration (TD)
- Comparison of views: HORATIO European Experts vs senior PMHNs’
- Comparison of European region-specific training needs
- Identify the gap between the current and desired competencies
Psychiatric nursing practice

- Reviewed psychiatric mental health nursing literature confirmed the TD as a suitable reference point against which to evaluate current practice

Needs

- Bradshaw’s (1972) Taxonomy of Needs - Felt and expressed (subjective) needs vs. Normative and comparative (objective) needs

Training needs

- Organisation (goals / objectives) – Task (KSAs) – Person (appraisals) model (McGehee & Thayer, 1961)
- Performance analysis model – actual vs. standard-setting performance levels (Mager & Pipe, 1984)
**HOLISTIC THEORETICAL FRAMEWORK**

**Organisation** – organisational goals and objectives defined through interviews with expert panel as *originators of the guidelines* (objective, normative needs)

**Task** – exemplary performance defined by *analysis* of the guideline document (Turku Declaration) and comparison with literature

**Task / person** – opinions from practitioners (guideline users) to establish task practicality and the *knowledge, skills, and abilities* needed to achieve guideline *objectives* (subjective felt and expressed needs questionnaires)

Model of TNA adapted from McGehee and Thayer (1961) and Mager and Pipe (1984)
METHODS

- Mixed method descriptive exploratory design - followed identified TNA model
- Mainly qualitative with quantitative confirmation to enhance validity and ‘completeness’ of findings (Halcomb & Davidson, 2006; Tashakkori & Teddlie, 1998).
- Phase one (overall European training needs) compared qualitative data from semi-structured (Skype®) interviews with Horatio expert panel to results from the questionnaires
- Phase two focused more on diversity at European regional level through the analysis of the (questionnaire) open questions comments
- Use the findings from both phases to identify the gap between the current and desired competencies
INCLUSION / EXCLUSION CRITERIA

Study inclusion / exclusion criteria for questionnaire participants

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
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</thead>
<tbody>
<tr>
<td>• Senior members of the PMHN community in the respective country</td>
<td>• Nurses not working as or managing PMHNs</td>
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<tr>
<td>• Have either a role in nurse education and / or practice development within their country</td>
<td>• Do not have a significant role in their own representative organization</td>
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<tr>
<td>• Familiar with the Turku Declaration</td>
<td>• Unfamiliar with the Turku Declaration</td>
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<tr>
<td>• Can respond to a questionnaire in English</td>
<td>• Cannot respond to a questionnaire in English</td>
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Summary of questionnaire sections - validated (Hennessy & Hicks, 1998) and piloted

<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic data</td>
<td>Age, gender, area of practice, experience in general and in the present role</td>
</tr>
<tr>
<td>Section 1 - Training needs (main section)</td>
<td>Four questions (columns A to D) were asked for each of 30 statements (items), rating of each statement on a Likert scale of 1(lowest) to 7 (highest).</td>
</tr>
<tr>
<td></td>
<td>Question A – rating the relevance of the stated task to their role.</td>
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<td></td>
<td>Question B – current performance level for the respective task.</td>
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<td></td>
<td>Question C – rating the importance of training in improving current performance.</td>
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<td></td>
<td>Question D – rating the importance of work circumstances and environment in improving performance.</td>
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<tr>
<td>Section 2 – Specific training needs</td>
<td>Asked respondents to rank in order of importance any areas within their post in mental health nursing and their job (if different) in which they needed further training or instruction.</td>
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<tr>
<td>Section 3 – Performance improvement</td>
<td>Asked respondents to rank in order of importance any changes in work circumstances which would allow improved performance.</td>
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Findings mostly indicated agreement between the experts and questionnaire participants (in most cases also with other literature)

Participants felt TD guidelines were highly relevant to PMHN

Consensus on items of a clinical nature being the most salient aspects of the role of PMHNs, with the highest prioritized training needs across Europe

Eastern, Northern and Southern regions management and development training needs classified second with research-related training needs third - reversed in the case of Western Europe (HIS predominant)

This resulted both for nursing-related training needs as well as job-related training needs (where different)

The possible role of environmental modification was also considered as a non-training solution aimed at improving performance, especially with respect to different European regions
FINDINGS (TECHNICAL)

- A therapeutic relationship based on mutual respect - Regular verbal and non-verbal communication training to enhance therapeutic use of self
- Ongoing, holistic bio-psycho-social nursing assessment - Hands-on practical skills training on wide foundation knowledge and skill base, of which physical health assessment should be part
- Paradigm shift from (institutional) mono-nursing activity model to increasing training required for (community) adaptation of roles associated with other multidisciplinary team members ex. brief solution therapy (crisis teams), motivational interviewing (rehabilitation), limited prescription roles
- Role in practice development to bridge the theory-practice gap - mandatory CPD and participation in research activity (not necessarily leading such projects)
FINDINGS (REGIONAL)

- Mostly related to work circumstances / environment
- Participants from all regions felt that improved ‘human resources and organization’ and ‘professional development resources’ could yield performance and efficiency gains
- Evidence based practice - workplace access to educational resources (E, S, W Europe) and protected study time (N Europe)
- Space (time) for reflective practice (S Europe)
- Material and financial resources (S, E Europe)
- Premises’ safety improvements (S Europe)
- Less administrative (ex. data inputting / paperwork) to free up more time for patient contact (W Europe)
- Staff-management communication between and working in clinical areas (E, N, S Europe)
- Changes to applicable mental health legislation (S, E Europe)
DEMOGRAPHIC

Gender
M - 48.4%, F - 51.6%

Ages
3.1% >25
57.8% 26 – 45
39.1% 46 - 65

Experience
min 2y
max 36y
mean 16.81yrs
## ROLES

<table>
<thead>
<tr>
<th>Area of practice</th>
<th>%</th>
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<tbody>
<tr>
<td>Inpatient</td>
<td>54.4%</td>
</tr>
<tr>
<td>Outpatient / community</td>
<td>28.4%</td>
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<tr>
<td>Education</td>
<td>25.4%</td>
</tr>
<tr>
<td>Research</td>
<td>4.0%</td>
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<tr>
<td>Management</td>
<td>4.0%</td>
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</tbody>
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<tr>
<th>Concurrent roles</th>
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<tbody>
<tr>
<td>Inpatient / Education</td>
<td>6</td>
</tr>
<tr>
<td>Outpatient / Education</td>
<td>1</td>
</tr>
<tr>
<td>Education / Research</td>
<td>2</td>
</tr>
</tbody>
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OVERALL TRAINING NEEDS BY CATEGORY
MAJOR TRAINING NEEDS BY GENDER
EUROPEAN REGIONS - UNITED NATIONS’ STANDARD COUNTRY CODES FOR STATISTICAL USE
ROLE-RELATED TRAINING NEEDS (BY REGION)

Eastern European Region - Role
- Clinical
- Management & development
- Research

Southern European Region - Role
- Clinical
- Management & development
- Research

Northern European Region - Role
- Clinical
- Management & development
- Research

Western European Region - Role
- Clinical
- Management & development
- Research
JOB-RELATED TRAINING NEEDS (BY REGION)

Eastern European Region - Job

- Clinical
- Management & development
- Research

Southern European Region - Job

- Clinical
- Management & development
- Research

Northern European Region - Job

- Clinical
- Management & development
- Research

Western European Region - Job

- Clinical
- Management & development
- Research
RECOMMENDATIONS

- While the TD emerged as a highly relevant guideline, a summary (possibly hyperlinked to the main document) was suggested by participants.
- Topics of a clinical nature took a clear priority over other activities, with participants clearly demonstrating enthusiasm for core activities such as communication skills, therapeutic relationship, holistic bio-psycho-social nursing assessment and adapted roles.
- Encouraging participation in research and dissemination in ways that are meaningful to practitioners.
- Encouraging collaboration among educational institutions, nursing associations and mental health providers.
- Work with relevant stakeholders at both European and national levels to improve work circumstances which may be preventing practitioners from reaching full potential - particularly in relation to work resources and work organization as well as intra organisational developments.
STRENGTHS / LIMITATIONS

- First exploratory European level study since TD launch
- Regional considerations
- Mainly qualitative approach - cannot represent the behaviours, views or characteristics of other groups
- Language barrier
- Unavoidable loss of anonymity associated with interviews (total confidentiality, topics discussed freely)
- In theory all HORATIO nurses fitting the questionnaire inclusion criteria had an equal opportunity to participate - researcher had no direct control over the recruitment process – assumed convenience sample
- Questionnaire participants asked to describe own behaviour - potential for apprehension bias
THANK YOU FOR LISTENING

Any questions?