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Student nurse perception of their ability to attain core mental health nursing care competencies in different clinical learning environments and models

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BACKGROUND: Clinical education on an acute mental health hospital unit is hypothesized to be the best learning environment for students apply psychiatric mental health (PMH) nursing theory to practice, but this hypothesis is untested. One school of nursing developed an innovative, integrated acute care, mental health clinical in long term care where students applied both acute care and mental health theory to practice over 96 hours in 12 weeks. The traditional mental health clinical at this school is 32 clinical hours in 4 weeks on inpatient mental health units. A modified version of a tool designed to measure the core mental health nursing competencies of registered nurses was used with a new population of student nurses.

RESEARCH QUESTIONS:

- Are there any significant differences in the perceived psychiatric mental health nursing competencies of BSN nursing students who attend mental health clinical on an inpatient mental health unit versus in a long term care facility?
- Do students develop greater mental health nursing competencies in 96 hour integrated clinical models versus 32 hours mental health only?
- Is classroom instruction of mental health concepts sufficient for student nurses to be able to apply mental health nursing concepts to clinical practice in any setting?
- How can nurse educators measure core mental health nursing competencies in pre-licensure students?

WHY IS THIS STUDY IMPORTANT?

Clinical education is an essential component of nursing education. However, much of what is done in clinical education is based on tradition, not evidence (Niederhauser et al, 2012). Inpatient mental health clinical sites and specialty mental health faculty are often difficult for programs of nursing education to secure. Nurse educators need to be able to identify and measure essential psychiatric mental health nursing competencies needed by all nurses, so they can develop innovative new clinical models and partnerships that allow nursing students to achieve essential PHM competencies because mental illnesses impact 1 in five persons globally (World Health Organization, 2011)

RESEARCH GROUPS
PARTICIPANTS: Convenience sample of 36 second semester BSN students in a private, faith-based, liberal arts university in the Midwest.

Setting	16 Hours Classroom Instruction in Psychiatric Mental Health Nursing Theory	# of CLINICAL HOURS and MODEL	CLINICAL SUPERVISION	Mean Score on the BHCC* (DV)
1.Acute Mental Health Inpatient Unit (IV)	YES	32 hours over eight weeks, with focused application of psychiatric mental health nursing competencies	One experienced mental health faculty clinical instructor per 6 students	85.82
2.Long term Care Facility for Veterans (IV)	YES	96 hours over 12 weeks, with integrated application of physical and mental health nursing competencies between two units	One experienced faculty acute care instructor and one experienced faculty mental health clinical instructor per 13 students	82.85
3.Community Public Health clinical in a homeless shelter or elementary school (Control)	YES	32 hours over eight weeks with focused application of community/public health nursing competencies	One experienced community public health faculty clinical instructor or one experienced community/ public health and mental health clinical instructor per six students.	82.5

* Higher scores on the BHCC are associated with greater levels of perceived PMH care competency. The highest possible score of the BHCC using the modified scale would be 110.

METHODS: This is a quasi-experimental, post-test only research design. Nursing students voluntarily completed the modified Behavioral Health Care Competency (BHCC) scale after completing 16 hours of mental health classroom theory instruction and different total hours in different clinical models and settings. The community/public health nursing control group did not attend mental health clinical this semester. Research participants also answered several demographic questions regarding prior experience in mental health, the site of clinical instruction, and student recommendations for other competencies that should be added to or deleted from the survey.

DATA ANALYSIS: Data was entered into SPSS (Version 23 IBM Corporation, Armonk, NY, USA). Descriptive statistics were run and histogram charts were created. One-way ANOVA

with Boneferroni post ad hoc tests and the Kruskal-Wallis nonparametric tests were conducted to evaluate the differences between the means and distribution of values of the three quasi-experimental groups. To evaluate reliability and validity of BHCC when used with a sample of student nurses, versus experienced hospital nurses, Cronbach’s alpha was analyzed for each subscale. To analyze if any significant differences occurred in the BHCC scores occurred as a result of prior mental health experience or English as a Learned Language, one way ANOVAs were conducted using these variables as factors and the BHCC total score as the dependent variable.

RESULTS:

Cronbach’s alpha coefficients for the modified subscales were Assessment 0.724. (9 items), Practice/Intervention 0.843 (9 items), and Resource Adequacy 0.91 (4 items), which shows adequate reliability given a Cronbach’s alpha above 0.7 for all subscales, and excellent reliability for two subscales (Remler & Van Ryzin, 2015).

ANOVA results show that the clinical setting, prior mental health experience, and ELL were not significant factors in how students perceived their mental health nursing competencies at the end of their clinical rotation.

Variable	ONE-WAY ANOVA F value	Significance (alpha = 0.05)
Clinical group (1,2,3)	.394	.677
Prior mental health experience (N= 4)	Will add	Will add
English as a Learned Language Student (N = 12)	Will add	Will add

The Kruskal-Wallis nonparametric test was also conducted. No significant differences existed between how nursing students in three different clinical groups rated their perceived level of mental health care nursing competency using the BHCC Likert scale at $p \geq 0.717$ (alpha =0.05).

DISCUSSION

BSN students strongly objected to the idea of developing acute care nursing skills in A LTC clinical setting and feared they would “get behind” peers who attended acute care in hospitals.

BSN students reported that LTC is a good clinical environment to develop essential mental health nursing competencies.

CONCLUSIONS:

Students perceived similar mental health nursing competency attainment across all clinical models, with an average score of 83.7 out of 110 possible points (76%). How can we do even better?

Students perceive the LTC environment is well suited to developing core mental health nursing competencies.

The modified Behavioral Health Care Competency Tool showed adequate validity when used with this population of student nurses.

LIMITATIONS

The study is limited by a small sample, conducted within one BSN nursing program, with a relatively homogenous sample.

More research is needed about:

- The effect of classroom mental health theory hours – how many?
- Further validation of the BHCC with nursing students.
- Long term care as clinical learning environments to develop mental health nursing competencies

References

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