Mental health nursing and the theory-practice gap: civil war and intellectual self-injury.

WARRENDER, D.

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Title:
Mental health nursing and the theory-practice gap: civil war and intellectual self-injury

Abstract:
Mental health nursing students experience education from both academic institutions and on clinical placements, yet there often remains a divide in understandings and attitudes between the two. This editorial provides personal and professional comment on this issue, and identifies it as something which must be addressed in order that we promote rather than hinder the development of our profession.

Relevance statement:
Mental health nursing students receive teaching from academics and clinicians, yet these are sometimes at odds. The theory-practice gap may mean that students theoretical underpinnings are lost due to the power of social groups within mental health nursing practice. This urgently needs addressed, otherwise we will continue to sabotage our own potential.

Data Availability Statement:
Data sharing not applicable to this article as no datasets were generated or analysed during the current study

Main text:
I was perhaps naïve when I moved from staff nurse to lecturer in mental health nursing. I really believed that I could make a difference, and I went where I felt I could do the most good. Fishing upstream, and providing education to help students become the best mental health nurses they could be, felt like the right thing to do with my life. Over the years however, I have arrived at the uncomfortable realisation that nurses do indeed eat their young, and new ideas and enthusiasm can be quickly consumed. I feel disillusioned, and have to ask, does what I do matter at all?

I recall being told by a senior academic years ago, that mental health nursing was *recruiting* rather than *selecting* candidates. We have lower entry requirements than our related professions of psychology and psychiatry, and this may reflect the necessity for huge quantities of mental health nurses, perhaps viewed by society as the 'worker bees' of the mental health care system. Thus, far from selecting the best of the best, recruitment is a desperate attempt to accrue the number of students to meet government and university targets. Interview processes dare not be too demanding lest they become counterproductive to the cause. Unashamedly, this focus on quantity may be cushioned by the assumption that the system will then shape them to fit its needs, with quality the afterthought. I am certainly a believer that there is much more to a person than their academic profile, and many people can shine if given appropriate encouragement and support to develop. However, if we do have entry requirements which give most people a chance, what we do with people in nurse education becomes all the more important. We cannot afford to injure our own potential.

The seminal paper from Meissner, 'Nurses: are we eating our young?' (1986), argues that new nurses are often dismissed as idealistic without attempts to actually try their ideas, and pushed to conform with rituals of the working environment. Whilst this could be seen as a form of horizontal violence, where harm is carried out by nurses towards nurses through either attitudes or behaviours (Thobaben 2007), the word 'horizontal' may imply an equality in terms of power balance. This provocative metaphor of 'eating our young' captures the process through which new nurses, with little interpersonal power, have their differences in thinking and attitude consumed by the dominant narrative. Ideas and enthusiasm may be eaten, as new nurses are pushed into conformity with the existing system. Examples may be subtle or overt. Student mental health nurses with a real curiosity into patients life histories and mental states are told they "should have done psychology". Newly qualified nurses keen to reflect on the care they provide are asked "why bother" with clinical supervision. Finally, in the most explicit phrase of nursing cannibalism I have ever heard, a student was sat down by a mental health nurse, and told to "stop trying to do a Dan Warrender with every patient". When I asked the student what they were trying to do, they said they had approached patients with hope. This is an inescapable challenge for nurse education. There is a 50/50 split between learning in academia and clinical placement, and one half is actively resisting the other.

The further challenge for mental health nursing in particular, is that under increasingly generic NMC standards for education, the mental health teaching within many academic programmes may become a fraction of the 50% allocated to academia. It has been argued that the NMC have chosen to maintain their emphasis on physical healthcare procedures, and have not considered the way mental health nursing is delivered (Felton, 2018). This makes mental health specific content feel all the more precious, and all the more devastating if it is so quickly dismissed. Worrying also is the NMC's insistence on students in the UK completing a hefty 2300 practice hours, with finding student placements again a quest for quantity. Whether due to systems, resources or attitudes of nurses, not all of these clinical areas are able to provide quality learning experiences. Regardless, due to need, often these placements are still used. They harbour more time with students, and significant power in shaping future nursing practice.

As an educator it can feel like university is a factory, with students rushing through their academic modules on a conveyer belt. I have very limited time, and try and make it matter. Whilst I would never claim that the theory and academic component to nurse education is perfect (it is far from perfect), the problem is that regardless of what I teach, with one sentence from any nurse in practice, it can be dismissed as idealism. Users of mental health services have argued that traditional approaches to care are "stale, outdated, and inconsistent with contemporary thinking" and "old ideas have to be thrown out" (Wand et al 2021, p.4). This is a challenge when new ideas are not welcome. Academia attempts to present practice with a gift, which may unfortunately be received as a threat. There are huge elephants in the room. Though 50% of students

teaching comes in clinical practice, some of these placements may not be good learning experiences, some nurses may not be good teachers, and perhaps not even good nurses. Some of my pessimism in writing this, is that the people I really want to reach may not read it.

The resistance to new ideas may be explained through reflection on Menzies-Lyth's (1960) work around social systems. She argued that as an unconscious self-defence mechanism against their own anxieties, nurses may deny the importance of any education other than essential tasks and techniques, overlooking reflection on relationships with patients and awareness of their own emotional states. Moreover, as change inevitably creates some uncertainty, nursing teams were argued to avoid it wherever possible. The theory-practice gap as it is often referred to, may be more accurately the gap between thinking and ritual. Students or newly qualified mental health nurses may find it impossible to create significant change, and may even struggle to maintain their sense of self and values. Granovetter's (1978) threshold model of collective behaviour explores reasons that individuals may adopt behaviour which goes against their values for social reasons. Individual thresholds may vary, and are defined as the number of people behaving in a particular way before the individual would join them. Whilst individuals have different thresholds, students and newly qualified nurses are clearly outnumbered. Benefits thus have to be weighted against costs. To go against collective behaviour there is an inevitable social cost, with reports of bullying not uncommon across nursing. For many, this cost is too high a price to pay. It is likely that I too will pay a social cost for writing this.

I sit uncomfortably with any celebration of mental health nursing, fearing we are overlooking some hard truths about the profession. Our identity crisis is prefixed by the increasingly generic nature of nurse education (Warrender 2021). Further fuel comes from arguments that mental health nursing is becoming a 'zombie category', lacking leadership, and our role blurred by the rise of allied health professions, and the continued dominance of medicine (Lakeman and Molloy 2018). We make up most of the numbers of staff, but still exist as sidekicks. As a colleague reminded me recently, "mental health care is sold as multidisciplinary, but psychiatry is still king".

We undoubtedly have some truly exceptional mental health nurses and the promising development of advanced roles. All the same, we cannot ignore that some nurses eat our young, and whilst we should make our best nurses better, it may be more prudent to make our worst better. Rather than hide from these issues, we need to face them. I don't believe that people suddenly decide to revolt against academia or carry poor attitudes and therapeutic pessimism. It is a very hard job, and there are very human responses to that.

I want to approach this with empathy and make a difference, though this is a challenge from a distance. When I moved to academia I was initially offered full or part time hours, yet my NHS manager said it was easier if I left, so they could fill a full-time post. This pushed me away. I always wanted to be closer. For academia to have a real impact on practice, it

needs to reach in, rather than existing separately on the outside. We need bridges rather than walls, and this adds fuel to the argument that good clinical academic roles are an absolute necessity.

Whether working on wards, in the community, or in academia, across a wide spectrum of roles, we are all mental health nurses. We all need to be good educators. We need to work together as the threats to our profession are vast, and civil war and intellectual self-injury serves no-one. If we let them, our students won't gain registration and do a Dan Warrender. They will do much better than that.

1500 words

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