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An ethnographic study of the new graduate nurse's experience when encountering the culture of acute mental health services

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“And what is the use of a book,” thought Alice,

“without pictures or conversations?”

Lewis Carroll

Statement of originality

I hereby certify that the work embodied in the thesis is my own work, conducted under normal supervision. The thesis contains no material which has been accepted, or is being examined, for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968 and any approved embargo.

Mary-Ellen Hooper

Acknowledgement of Authorship

I hereby certify that the work embodied in this thesis contains published paper/s/scholarly work of which I am a joint author. I have included as part of the thesis a written declaration endorsed in writing by my supervisor, attesting to my contribution to the joint publication/s/scholarly work. By signing below I confirm that Mary-Ellen Hooper contributed by way of conducting the article reviews, creating the framework of the paper including the bulk of the content included within the paper, and drafting and critical revision of the paper so as to contribute significantly to the final output, to the paper/publication entitled: Hooper, M. E., Browne, G. & O'Brien, A. P. (2016). Graduate nurses' experiences of mental health services in their first year of practice: an integrative review. *International Journal of Mental Health Nursing*, 25, 256-298. This contribution involved

Associate Professor Graeme Browne

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Publications and presentations from this research

Special Issue: ACMHN's 44th International Mental Health Nursing Conference Mental Health is a Human Right – Hooper, M. E., Browne, G. & O'Brien, A. P. (2018). Organisational culture and the mental health nurse: understanding the subculture of the new graduate nurse. *International Journal of Mental Health Nursing, 27* (S1). Lead author and presenter

Hooper, M. E., Browne, G. & O'Brien, A. P. (2016). Graduate nurses' experiences of mental health services in their first year of practice: an integrative review. *International Journal of Mental Health Nursing*, 25, 256-298

Abstract

There is a global shortage of mental health nurses at a time of growing demand for mental health care. Several factors explain this shortage including low numbers of nurses entering the discipline, the ageing of the mental health nursing (MHN) workforce and the loss of nurses to early retirement. Research demonstrates that nurses who choose to enter MHN after graduation frequently abandon the discipline after reporting negative clinical experiences and inhospitable work cultures.

The purpose of this thesis was to contribute to new knowledge through a review of the literature and an ethnographic exploration of the experiences of nurses new to MHN to ascertain how these experiences related to their attraction to, and intention to remain in, the field. Schein's (2010) model of organisational culture provided the theoretical framework to explore the new nurses' experiences.

An integrative review of the literature concerning the experiences of new graduate nurses entering mental health nursing was carried out and published in 2016 and the literature was reviewed again in 2020-2021. Results from the literature reviews and the ethnographic study comprise this thesis. For this study, a purposive homogeneous sample was recruited. Participants were the researcher; and 14 newly graduated nurses (NGs) and 12 recent graduate nurses (RGs), working in six mental health units in three metropolitan hospitals in New South Wales, who had graduated from one of 10 Australian universities.

Data were collected using non-participant field observation, semi-structured interviews, and the use of reflexive and field notes. Reflexive thematic content analysis (Braun & Clarke, 2006) was used to determine patterns in the data. Four base themes emerged from the data revealing what can influence new nurses to enter, and remain in, MHN. These were: attraction, transition, entering practice, and assimilation into the culture of MHN. Subthemes associated with attraction to MHN included the amount and quality of undergraduate exposure, with greater exposure and positive clinical experiences more likely to attract nurses to MHN. Other attributes of MHN considered attractive were being able to help people, the holistic, less-task oriented nature of mental health care, and the unpredictability, complexity, and flexibility of MHN which was considered exciting. Conversely, the social stigma associated with mental health consumers, and those who chose this field of nursing, made MHN less attractive.

In respect to transition, the imperfect nature of the new graduate programs (NGPs) was emphasised with some nurses finding NGPs useful in offering opportunities for debriefing and ongoing learning, while others found them to be a waste of time and irrelevant in that they repeated too much of the undergraduate curricula and did not acknowledge new nurses' individual differences in knowledge and experience. Progress through the NGPs was reported to be stressful, apropos to managing NGP requirements at the same time as transitioning into MHN practice and uncertainty related to gaining ongoing employment.

As they transitioned into clinical practice, new nurses described experiencing transition stress. Lack of support during this period was emphasised. While new nurses enjoyed learning new skills and forming both professional and social relationships with other staff and therapeutic relationships with mental health consumers, discord between their expectations and the realities of MHN clinical practice was experienced. Emphasis was placed on how the historically derived role of gatekeeper jarred with the concept of consumer-centred holistic care. Difficulties in defining the role of the mental health nurse and understanding their place in the multidisciplinary team were also experienced by the participants. Communication among cultural members was viewed as an important component of MHN.

New nurse's experiences of assimilating into the culture of MHN centred on moving from the position of outsider to insider. Viewing the experiences of new nurses through the conceptual lens of culture, as found in Schein's model, revealed how the artefacts, values, and assumptions inherent in the MHN culture affect new nurses' assimilation. It was observed and reported that the prevailing culture determined the new member's 'goodness of fit' and rejected those who are not deemed to hold the 'right' values and beliefs. 'Fitting in' was seen as a way to secure ongoing employment, while exclusion from the culture could result in unemployment or the need to 'start again' and train in another field.

This thesis provides, for the first time, the use of ethnography as a novel approach to exploring the experiences of nurses entering the culture of MHN. The findings have implications for the recruitment, training, and maintenance of the MHN workforce. They do this by highlighting the importance of undergraduate exposure to MHN. They outline deficiencies in the ways new nurses currently transition into MHN which can be used to modify existing NGPs and arrangements for the support of new nurses in mental health units. Findings highlighted the discord, experienced by new nurses in many fields, between their ideals of practice and the reality of current philosophies of care which can give rise to transition shock. The cultural characteristics of the organisation were important determinants of new nurses' assimilation into the culture of MHN. Adoption of the recommendations made at the conclusion of this thesis could benefit MHN and mental health care now and into the future, by increasing attraction to, and retention in the field.

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Abbreviations

ADL – Activities of Daily Living

AIN – Assistant in Nursing

AWOL – Absent Without Leave

CNC – Clinical Nurse Consultant

CTO – Community Treatment Order

ECG – Electrocardiographs

ECT – Electroconvulsive Therapy

EEN – Endorsed Enrolled Nurse

EMR – Electronic Medical Record

GP – General Practitioner

HASA – Health and Safety Assistant

HETI – Health Education Training Institute

IMI – Intramuscular Injection

IPU – Inpatient Unit

ISBAR – Identity, Situation, Background, Assessment, and Recommendation

MHICU – Mental Health Intensive Care Unit

MHIPU – Mental Health Inpatient Unit

MHN – Mental Health Nursing

MHPOD – Mental Health Professional Online Development

MDT – Multi-Disciplinary Team

NIC – Nurse in Charge

NG – New Graduate Nurse

NGP – New Graduate Program

NUM – Nurse Unit Manager

OOA – Out of Area

OPMHU – Older Persons Mental Health Unit

PECC – Psychiatric Emergency Care Centre

PRN – Pro Re Nata

RG – Recently Graduated Nurse

RN – Registered Nurse