The clinical experiences of mature mental health nursing students in Ireland

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Summary Mental health nursing has traditionally attracted a high level of mature applicants and this trend has not altered since the introduction of the Bachelor in Science in Nursing programme. The literature suggests that for many mature students, entering into nurse education is the fulfilment of a lifelong ambition. However, in reality they face many challenges not always shared by their younger classmates. The aim of this paper is to explore the clinical experiences of mature students in the field of mental health nursing. A qualitative descriptive method was utilised to guide the research with a focus group being the method of data collection. Current mental health mature nursing students in one urban university were invited to participate. Data were analysed using content analysis. Findings revealed that overall the students in this study found their clinical experiences invaluable. However, sometimes mature students were given roles and responsibilities beyond their scope of practice because of their age and apparent experience. This often conflicted with their supernumerary status and compounded the differences between them and their traditional counterparts. This was not perceived as negative by the students themselves as it contributed to a wider range of learning experiences.

Introduction

Psychiatric nursing concerns itself with the promotion of mental health and the maximum development of the person with mental health problems (An Bord Altranais, 2005). As a profession it has traditionally attracted a high level of mature applicants in Ireland and this trend has not altered since the introduction of the pre-registration honours degree in nursing programme in 2002. A mature student according to An Bord Altranais (2005), the Irish Nursing Board, is any student who has reached the age of 23 or above on the first of January of the year they intend to commence their nursing course. Students who apply under the mature student's code are considered, based on their age and not any examination results that they may have (An Bord Altranais, 2005).

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Consequently, these students are subject to a rigorous screening of their suitability for the course through aptitude testing and interview. Although 23 is relatively young, the reality is that the majority of mature students are in fact much older than this. A number of places are reserved for mature students and although this quota is fluid, it is loosely set at about 35% of the total number of places offered for psychiatric nursing. In real terms this is approximately 120 of the total 343 places available in Ireland. For many mature students, entering into nurse education is seen as fulfilling a lifelong ambition. However, in reality they face many challenges not always shared by their younger classmates. These problems have been researched in relation to other education programmes but have not been widely researched in pre-registration nurse education programmes.

Aim of the study

The aim of this study was to examine the experiences of a group of mature psychiatric nursing students at one urban university in Ireland, as to date no such study has been carried out in the psychiatric discipline in Ireland. It was not the intention of this research to generalise the findings but rather to explore and illuminate the experiences of this particular group of mature psychiatric students. This paper presents one aspect of the findings which focuses on their clinical experiences.

Background/literature

Nurse education in Ireland has undergone radical change in the last number of years. These changes have culminated with the assimilation of nurse education into the academy in 2002. Although this transition is welcomed it does alter the way nurses are educated for practice with a current emphasis on research and evidence based practice, critical thinking and reflection. Traditionally mature students have been well received in nursing as they bring diverse portfolios of educational and occupational experiences, which make them an important asset in nursing today. This trend has not altered with the introduction of the pre-registration nursing degree and in 2002, fifty two per cent of the total number of students (n = 1704) entered under the mature students code (An Bord Altranais, 2002). Despite the high number of mature students in nurse education programmes, many may have a more demanding and difficult learning experience, making them more vulnerable to attrition. Lauder

and Cuthbertson (1998) concluded that the majority of mature students who took part in their study experienced financial, domestic and family problems as a consequence of participating in a basic nurse education programme. These findings are iterated in a comparative study completed by Cuthbertson et al. (2004), when they examined course related family and financial problems of mature nursing students in Scotland and Australia. They concluded that although they did not examine attrition rates in the two countries, many mature students felt that they often or very often felt like leaving the course. Steel et al. (2005) suggests that mature students must juggle a number of roles and that the interplay between these roles is the basis of how we understand their diverse experiences. In their study, financial and academic problems were prevalent with many students commenting on their uneasy passage into higher education, which presented itself as a fear of the unknown in terms of their own ability and what was expected from them (Steel et al., 2005). Although mature students often have fewer qualifications at the commencement of their course, this is generally compensated by their higher levels of motivation and ardency whilst on the course (Gosby, 1989). This is echoed by Meachin and Webb (1996):187 who stated that the students in their study showed a high level of 'determination, commitment, maturity, intelligence and self sacrifice'. Little in the research literature exclusively examines the clinical experiences of mature psychiatric student nurses during their pre-registration education programme. This coupled with the evidence to suggest that psychiatric nursing students face strong emotional demands during their clinical experiences (Tully, 2004) arguably makes the psychiatric nursing strand of the pre-registration programme a challenging experience for mature students.

Methods

A qualitative, descriptive approach as described by Sandelowski (2000) underpinned the methodological approach to this study. This approach was deemed the most appropriate for this study as according to Sandelowski (2000):39 ''it is the method of choice when straight descriptions of phenomena are required''. Data were collected using a focus group interview. They can be defined as a group session, which uses a semi-structured approach to collect data on a topic that is familiar to a homogeneous group of individuals (Carey, 1994). The groups are facilitated by a group leader or moderator who has the responsibility to gener-

ate discussion about the topic under examination (Morgan, 1996). The focus group method as reported by Krueger (1988) was adhered to during this study.

Ethical considerations

Ethical approval was sought and obtained from the university where the research was completed. An independent gatekeeper informed the students about the study as it was considered that students may have felt compelled to participate if contacted by the researchers themselves. Students were informed that there was no penalty associated with non-participation or withdrawal from the study. Ethical issues in relation to human research were upheld. The principles of non-malefecience, privacy, informed consent, confidentiality and justice were adhered to.

Sample

A non-probability sampling strategy was used and all students who were in years two, three and four (*n* = 36) of the psychiatric nursing strand of the course and who had entered the course under the mature student code were invited to participate. Mature students in first year were excluded from the research, as at the time they had no clinical experience. The gatekeeper, an administrative member of staff, distributed via email, an invitation to participate in the research as well as information about the study, so that the students could make an informed choice as to whether to participate or not. Students who were interested in participating in the research were instructed to contact the primary researcher and a suitable time to complete the focus group was organised. Due to the nature of the nursing course, only those students who were under theoretical instruction at that time agreed to participate in the research. All other mature students were on clinical practice at that time which may have influenced their decision not to participate. Whilst every effort was in place to facilitate all students taking part, participation was voluntary consequently impacting on the ultimate sample size.

One focus group was completed and a total of eight students (three males and five females) took part. Ages ranged from 28—45 with the average age being 34. Two of the males and two of the female participants were in relationships although only two of the male participants had children. The remaining participants were single with no children.

Data collection and analysis

Three researchers were involved in the study design. However, it was decided that only two of the researchers would carry out the focus group interview in order to minimise the power balance and bias. Ground rules were set at the commencement of the focus group and issues such as freedom of speech, confidentiality, dignity and mutual respect were discussed and unanimously agreed. The group session opened with a global question as suggested by Morse and Field (2002) which was ''Can you tell me what it is like to be a mature student?'' This was followed by prompts which attempted to clarify the experiences of the students with examples from theoretical and clinical practice. The interview was recorded with consent and transcribed verbatim. It lasted 70 min. Notes were taken by an observer who synopsized the information yielded at the end of the interview and sought verification from the participants. This helped in establishing the credibility of the study. Burnard's (1991) framework consisting of a system of coding and categorisation was used to analyse the data. This provided a tried and tested structure that guided the analytical process.

The interview transcripts were read and re-read by one of the researchers which helped them to become familiar with the data and to develop key phrases which described the experiences of the mature students in the study. This process was repeated by another researcher, which assisted in the verification of the categories.

Data/results

Data analysis culminated in the generation of four categories; scraping by financially, balancing family work and study, theoretical experiences and clinical practice experiences. The latter category is the focus of this article and consists of four sub-categories which describe the overall experience and are presented below.

Clinical practice experiences

The age factor
Clinical placements make up a substantial component of the pre-registration nursing degree and students are exposed to the clinical area from an early stage. In this study there was an overwhelming sense that students' valued these experiences because they felt that they were '*doing what they came into nursing to do*'. However, their age did

impact on their treatment from qualified staff and patients. In this study they felt that they were relied on more and given more responsibility by qualified nursing staff during clinical placements because they were mature students. There was a strong feeling that qualified nursing staff often assumed that mature students were more capable and were better able to cope during clinical situations than their younger classmates. This presented as a difficulty for the mature students particularly during the first year of the course when they were relatively inexperienced. For example, one student stated that she had been given additional responsibility purely because she was older than the other two students on the ward:

'I was left with two other student nurses and they were both younger than me, I was told I was in charge of the ward even though one was a year ahead of me. But because they were younger I felt that is why I was left in charge of the ward' [Female student 2 year 2]

The dilemmas of supernumerary status
Because mature psychiatric students were given more responsibility, this often conflicted with their supernumerary status. This also caused confusion for patients who frequently presumed that 'older' students were actually qualified members of staff. The mature students in this study were unsure of what supernumerary status meant and actually equated it with observing clinical practice as opposed to actually engaging in it. Staff nurses often called on these students to complete tasks that were maybe beyond their scope of practice given their supernumerary status, which implied that different levels of supernumerary status existed for different students. One of the participants recalled a scenario whereby a younger student nurse just sat reading for about 6 h and was not called upon to do anything because she was supernumerary. The implication for this mature student, when he challenged this was that he was 'more qualified and should know his role' even though they were classmates in the same year. This is best summed up in the words of one of the students in this study:

'Supernumerary nearly contradicts mature student.....because they look at you, they see past experience there and they say yes you've able to deal with that situation' {Male student 1 year2)

On the other hand, being that little older afforded the students different experiences than their younger classmates:

'In favour of the mature students I would say you do get to do more things I think because people's

expectations are different. I am glad to be able to do that. For example I took half of a group in a depression programme and you know I realised that as a psychiatric nurse I need to be able to stand up in front of people and be able to talk and to be able to talk confidently, when I was younger it used to scare the crap out of me, now its great, I don't mind as much.' [Male student 3 year 2]

Experiences of preceptorship
The mature psychiatric students in this study suggested that their allocated preceptors found their role to be challenging. This they believed was due to the increased complexity of the students assessment documentation coupled with increased workload issues for staff nurses. Preceptors who took an interest in their allocated students and participated in teaching the student were highly thought of; however, this was generally hit and miss and dependent on 'who you get'. Another issue that the students spoke about in this study was the lack of continuity of preceptor during clinical placements which resulted in a fragmented experience for the student. The participants of this study also suggested that preceptors are sometimes inadequately prepared to complete their role as a preceptor resulting in poorly completed documentation and negative perceptions of students undertaking the pre-registration degree in nursing:

'But the preceptorship isn't working as far as I can see, you're going in, you are with one preceptor one day, another one the next day, then you don't see them for two weeks, your chasing your tail all the time, following these people around. You feel like your annoying them all the time' [Female student 1 Year 2]

The financial strain
Many of the participants were in full time employment prior to returning to complete the nursing degree. Giving up their primary source of income for most was a difficult sacrifice as many of the financial commitments they had prior to commencing the course remained. Students spoke about 'scraping by financially' and 'for a whole year we do not buy anything, we do not do anything....' Most of the participants worked outside the course with some of the participants having two jobs. This was mostly bar work and care work in nursing homes and hospitals.

'I work from 11 o'clock Saturday morning to 11 o'clock Saturday night and then straight onto nights in the hospital. Then back into the pub at 4 Sunday afternoon till 3 in the morning on

Monday. So it's hard to juggle the whole lot, but you want it so bad you have to, you know.' [Female 5 year 2]

Students commented on the benefit of shift work versus regular hours during clinical placements from a time management perspective. As they regularly worked three long days per week, the time off allowed them to pursue paid employment which was a necessity in order for them to remain on the course and survive financially. However, this impacted negatively on their ability to complete assignments during practice placement and to undertake the additional work required at this level of education. This often left the students feeling '*tired*' and '*drained*'.

Discussion

The findings of this small piece of qualitative research generally concur with other literature focusing on the experiences of mature students completing pre-registration degree programme, although none specifically look at the experiences of psychiatric nursing students. Considering the high number of places allocated to mature students in the psychiatric nursing strand it is surprising that this area has not been specifically researched before.

The experience of mature students during clinical placements does not appear to come under the same scrutiny as their experiences of the theoretical component of the course. Recent research by Henderson et al. (2007) suggest that clinical placements are important to enable students to acquire the appropriate skills, knowledge and attitudes necessary to engage with people with mental health problems. However, negative experiences during clinical placements may, according to Mullen and Murray (2002), perpetuate adverse beliefs about people with mental illness and contribute to a decline in individuals choosing psychiatric nursing as a career. Lauder and Cuthbertson's (1998) study suggest that placements that are remote and involve substantial travelling are a major precipitating factor in financial and family stress for the mature students in their study. This situation was echoed in Cuthbertson et al. (2004) study which found that the Australian mature nursing students involved in that study also reported that expenses incurred during external clinical placements caused financial difficulty. However, their actual learning experience during clinical experiences is not always mentioned. Henderson et al. (2007) suggest that clinicians and educators should be cognizant as to how practice placements can impact on nursing students learning. Furthermore Cleary and Happell (2005) contend that a positive clinical experience may produce a more encouraging attitude to psychiatric nursing.

Supernumerary status was introduced into the Irish nurse education system in 1996 and although welcomed by educational staff, it was met with confusion and misunderstanding which perpetuated the myth that supernumerary status meant that the student nurse was not there to work (Lankshear et al., 1995). Mature students in this study reported that they were sometimes called on to do work that may be outside their scope of practice and their level of education because of their age. Given the responsibility that these students are afforded, it is evident from their comments that they are welcomed by the staff as part of the ward team. However, it is worrying that they are sometimes given too much responsibility which conflicts with their educational requirements. There is much in the literature to suggest that students need to fit into the clinical and social environment during their practice placements and these psychiatric students are no different (Dunn and Burnett, 1995; Dunn and Hansford, 1997). O'Flanagan and Dajee (2000) suggest that a student friendly area is one where the nursing staff are perceived as being approachable, friendly, willing to teach and make time for students. The teaching orientation and the attitude of qualified staff towards student nurses can influence the students' perception of the clinical environment. In discussing the clinical learning environment, the factors that influence student learning are multidimensional; however, the students' allocated preceptor plays a central role. The literature is abundant with data pertaining to the complex role of the mentor/preceptor and there is no real clear consensus on their role or their underpinning philosophy. What is clear is that staff nurses should be prepared for this role. The mature students in this study felt that their respective preceptors may not be adequately prepared for their role. Since the introduction of the pre-registration degree programme, clinical education is assessed through portfolio and clinical competency documents which are sometimes complex and time consuming, further highlighting the need for adequate role preparation. Given the well documented increase in the acuity of patients in mental health wards and departments, perhaps a rethink of competency assessment is timely.

Limitations

As only psychiatric nursing students in one particular year of their course participated in the study it is difficult to generalise the results to all nursing students across the four years of the nursing pro-

gramme. In Ireland the psychiatric, general and intellectual programmes are so diverse it was considered that the psychiatric mature students' experiences were not comparable in terms of theoretical and clinical experiences.

Conclusion

The findings of this study revealed that the mature students enjoyed and valued their clinical exposure. Although they were treated differently by registered nurses, this was not always perceived negatively as it often afforded them the opportunity for greater learning at an earlier stage of the course. Whilst this is encouraging, caution must be exercised in delegating tasks to mature students that may be beyond the students' scope of practice. The mature students in this study regarded the course as their last opportunity to fulfil their life long ambition to become psychiatric nurses. This increased their motivation to succeed and to remain in the profession once qualified. Consequently, current and future mature students provide a sustainable solution to qualified nursing staff shortages and they should be actively recruited into psychiatric nursing programmes. Even though this study is relatively small, it does highlight the importance of clinical placements in pre-registration nursing programmes. The following recommendations are suggested.

- Regular in-service training and education for registered nurses regarding mature psychiatric student placements.
- Clearer guidelines on the implementation of supernumerary status and student supervision.
- Incorporate the role of preceptor into staff nurses' workload.
- Explore the feasibility of means tested student bursaries.
- Further research is advocated using larger samples and mature students from other disciplines.

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