

The construction of competence in mental health nurse prescribing

Background

I qualified as an independent prescriber in 2005 but was unable to practice on return to my post as community psychiatric nurse with older adults. This was due to the lack of supporting infrastructure. On closer investigation, these governance issues appeared to be embedded in a wider disquiet over the scope and purpose of prescribing within mental health nursing.

At the time the literature was not wholly supportive of nurse prescribing in general (Day, 2005). Leading commentators suggested mental health nurses should instead focus on talking therapies (Barker, 2006) in order to best apply the principles of recovery inherent in contemporary mental health nursing policy (Department of Health, 2006; Scottish Government, 2006). Some of my mental health nurse prescribing (MHNP) colleagues gave up trying to use their new qualification. Others, including myself eventually succeeded. Meanwhile, colleagues prescribing within adult nursing appeared to be better supported compared to MHNPs. The original aim of the PhD was therefore to establish how, where and when MHNPs integrated prescribing into their practice. It was hoped that by understanding successful MHNPs, resources could be better targeted towards appropriate support.

Method

Initial questions were focused on ascertaining similarities and differences between practicing nurse prescribers. The investigation subsequently evolved as a function of these findings. There were three discrete phases.

1. In 2006, 664 nurse prescribers completed a validated questionnaire on their practice and perceptions of nurse prescribing. The data were analysed utilising standard statistical procedures.

2. In 2007-8 a constructivist grounded theory methodology was used to expand on the findings of phase 1. Thirteen in-depth interviews with practicing mental health nurse prescribers and other close stakeholders were conducted. Narrative and descriptive data were also collected systematically from 20 original studies of MHNP in practice. These data were analysed concurrently.

3. The resulting theory, illuminating the process of becoming competent in MHNP was verified in winter 2008. Thirty two practicing mental health nurse prescribers completed a questionnaire regarding the coherence of the theory.

Results

A return of 365 (55%) questionnaires showed that MHNPs (n=11) were younger, more likely to be male, less experienced as nurses and more likely to work in diverse settings than their adult colleagues (n=354). Additionally, they were more likely to look up drug reactions and interactions and have a different perspective on the value of the therapeutic relationship. All nurses viewed prescribing duties as largely positive and believed it saved patients time, improved clinical skills and increased their autonomy.

Phase 2 found that mental health nurses became competent prescribers through an interrelated process of:

- demonstrably improving life for patients through better medicine management;
- developing an increased understanding of medicine;
- practicing the principles of concordance;
- successfully negotiating the potential conflict in role that prescribing within a therapeutic relationship brings.

The theory was strongly endorsed in phase 3 as being consistent with all 32 practicing mental health nurse prescribers' experience of integrating prescribing into practice.

Discussion

This mixed methods research first illustrated that there were quantitative differences between prescriber types. The qualitative exploration of MHNPs then articulated the process of becoming a competent prescriber. This exploration utilised a new methodology developed from an original philosophical analysis of the place and purpose of the literature within grounded theory. In brief, the methodology facilitated analysis of the literature simultaneously with the interviews. This technique was called Concurrent Analysis and the theory it generated was verified by all 32 practicing MHNPs.

In this instance Concurrent Analysis generated a predictive model of competence development. Prediction infers generalisability, a concept largely held to be incongruent with qualitative data. The major contributions of this thesis were therefore twofold:

1. The justification for the development of Concurrent Analysis as a predictive qualitative methodology
2. The clinical implications that follow from reflection on the process of becoming competent in MHNP.

With regard to the first contribution, the thesis examined the philosophical coherence of generalisability within qualitative research. It situates this discussion within the context of current research hierarchies that underpin the formulation of clinical guidelines. Integrating these issues the thesis concludes that if the purpose of research is to inform clinical practice, then improving the predictive nature of qualitative research is coherent, feasible and necessary. The strengths and weaknesses of this claim are discussed in detail.

The second contribution articulates how becoming competent in MHNP facilitated person-centred care; a counterintuitive claim in light of the anxieties of the original detractors of MHNP. It also became clear that MHNP's understanding of psychotropic medication management was more limited than they were aware of before they began the prescribing course. This has the potential to impact detrimentally given that 90% mental health service users take psychotropic medication (Healthcare Commission, 2007) and look to nurses for guidance. The thesis generated the practical solution discussed below.

Conclusion and contribution to innovation, scholarship and practice

Practice

The thesis concluded that a tiered approach should be taken to medicine management in MHN. A degree level module has subsequently been developed and delivered to undergraduate and graduate MHNs by the author, in partnership with fellow MHNPs and colleagues from medicine, biology and policy development. The module integrates the skills and knowledge required for safe administration of medicines in mental health within the principles of recovery. The learning outcomes are based directly on the themes emerging from this thesis, and are being evaluated in a systematic manner.

Scholarship

The PhD directly generated 11 peer reviewed journal publications, 6 conference presentations, 2 book chapters and a text book on medicine management in mental health. These in turn generated invitations onto various editorial boards and peer review bodies.

Innovation

The thesis developed a new methodology by extending the pragmatic underpinnings of constructivism. This methodology has subsequently been utilised within a study of choice and control in childbirth, and is currently being explored as an option by various research peers and students within nursing and medicine. This illustrates the transferability, utility and enthusiasm for the method. Further studies are planned.

References

Barker, P. (2006) Mental health nursing: The craft of the impossible? *Journal of Psychiatric and Mental Health Nursing* 13(4): 385-387

Day, M. (2005) UK doctors protest at extension to nurses' prescribing powers. *BMJ*, 331(7526): 1159

Department of Health (2006) *From Values to Action: The Chief Nursing Officer's review of mental health nursing*. London, Stationery Office

Healthcare Commission (2007) *Talking about Medicines: The management of medicines in trusts providing mental health services*, London: Commission for Healthcare Audit and Inspection

Scottish Executive (2006) *Rights, Relationships and Recovery The Report of the National Review of Mental Health Nursing in Scotland* Available at:

<http://www.scotland.gov.uk/Resource/Doc/112046/0027278.pdf> [last accessed 14th October 2010]