What education and training do mental health nurses want?

A survey of qualified mental health nurses working in acute inpatient psychiatric settings in the UK

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Acknowledgements

Executive summary

This report presents the findings of a research study that has investigated the post-registration education and training needs of qualified mental health nurses working in acute inpatient psychiatric settings in the UK.

Scope of the study

This study has been guided by three key research questions:

1. What type of post-registration education and training do mental health nurses need to do their jobs more effectively?

2. How do mental health nurses want education and training delivered?

3. What sort of qualification and/or accreditation do mental health nurses want from the education and training they receive?

Method

The study was conducted between October 2000 and February 2001. The research consisted of two main methods: focus groups and a questionnaire survey. Four focus groups were conducted with mental health nurses working in acute inpatient psychiatric settings in four different NHS trusts. This involved a total of 24 mental health nurses of varying nursing grades. The data from the focus groups was then used to inform the design and content of a questionnaire. In all, 2000 questionnaires were posted to a random sample of mental health nurses, all of whom were members of the Royal College of Nursing. In total 874 questionnaires were returned. Of these, 235, representing 27% of those returned, were completed by mental health nurses working in acute inpatient psychiatric settings. These responses represent the target group of the study. The results of the questionnaire survey presented in this report represent the findings from the analysis of those 235 questionnaires.

Key findings

*   Mental health nurses want the opportunity to receive post-registration education and training specific to acute psychiatric nursing.

*   Any education and training must be highly relevant to mental health nurses' practice.

*   The eight most important areas for education and training are:

    *   risk assessment

    *   working with people with personality disorders

    *   management of violence and aggression

    *   psychosocial interventions

    *   working with people with a dual diagnosis (drugs and alcohol)

    *   working with people with psychosis

    *   policy issues

    *   clinical leadership skills.

*   Nurses who have recently qualified, compared to more experienced nurses, may require different types of education, training and support.

*   Education and training packages need to address the different types of learning required by nurses, and this needs to include how to translate any new knowledge or techniques into practice.

*   The delivery of education and training needs to match the type of learning.

*   The three preferred forms of education and training delivery are:

    *   short courses

    *   teaching seminars

    *   practical teaching sessions.

*   It is very important to mental health nurses that any education and/or training they undertake will lead to a qualification or accreditation that is recognised by their employers (present and future) and other organisations.

*   The preferred course structure is modular, that is, one that is flexible and can be built on over time.

◆ The most important reasons for mental health nurses to undertake education and/or training are to improve their practice and for their professional development.

Recommendations

Recommendation 1: A well-educated and skilled nursing workforce is crucial to the delivery of safe and effective acute inpatient care.
It is a major challenge to mental health services in the UK to ensure that mental health nurses working in acute inpatient settings are equipped with the right knowledge, skills and experience to deliver high-quality mental health care, as defined by the National Service Framework and NHS Plan.

Recommendation 2: Student nurses require better preparation at the pre-registration education level.
A key finding of the research is that newly qualified mental health nurses consider that they lack practical nursing skills. This finding reflects upon the problems associated with pre-registration training in the UK at present – it has become widely accepted that the current structure of pre-registration programmes is failing to facilitate the development of adequate practice knowledge and skills. This situation requires urgent attention.

Recommendation 3: Qualified nurses require specialist post-registration education and training to work with people with acute mental health problems.
This research demonstrates that nurses require post-registration education and training in key specialist areas for working in acute inpatient settings, in particular: risk assessment, management of violence and aggression, psychosocial interventions and skills to work with some of the most challenging clients when they are acutely unwell.

Recommendation 4: The role of experienced practitioners in supervising and supporting less experienced staff is crucial.
In the focus groups many nurses talked about the value of having the support of skilled and experienced practitioners to provide ongoing training, supervision and mentorship. The importance of such support and clinical leadership cannot be underestimated.

Recommendation 5: The barriers to receiving education and training must be overcome.

The barriers experienced by nurses in accessing education and training after qualification place a huge constraint on their personal and professional development. Specific barriers include a lack of relevant local courses and a lack of resources, in terms of time and funding, provided by employers to enable nurses to undertake education and training. This issue needs urgent attention by local NHS trusts, who need to work creatively within the acknowledged contextual difficulties to ensure that nurses are given the opportunities to access relevant education and training.

1. Introduction

There is a serious shortage of well-trained mental health nurses in the NHS, and this situation is creating severe difficulties in the delivery of high-quality mental health care. This problem is particularly severe in acute inpatient settings, as highlighted by recent research (Sainsbury Centre for Mental Health 1998), and particularly in inner-city services (Ward et al. 1998). The report *Addressing Acute Concerns* (Department of Health 1999a), produced by the Standing Nursing and Midwifery Advisory Committee (SNMAC), highlights specific gaps in the knowledge and skills of mental health nurses who work in acute inpatient settings that are not addressed by current educational and training provision. This report recommends the development of post-registration and postgraduate courses in the nursing of mentally ill patients in the acute phase of their illness. The report suggests that such courses should include: formal assessment; risk assessment and management; working with users and carers; and using evidence-based interventions in practice (Department of Health 1999a). In conclusion, the report calls for urgent action to develop practice-based, post-registration training, as well as a career structure, for mental health nurses working in acute inpatient psychiatric settings.

One of the five programmes set up to address meeting the National Service Framework's standards (Department of Health 1999b) and implementing the NHS Plan (Department of Health 2000) has focused on workforce planning, education and training issues for all mental health professionals working in adult mental health services. The final report of this programme's Workforce Action Team (WAT) has recently been published (Department of Health 2001). This is a wide-ranging report, which sets out some potential solutions to ten key areas identified by the WAT.

This research study addresses a key problem identified by the SNMAC report (Department of Health 1999a) and also the WAT report (Department of Health 2001), i.e., the education and training needs of mental health nurses who work in acute adult inpatient psychiatric settings in the UK. There are currently no studies in the nursing literature that actually ask nurses working in these settings about their education and training expectations, priorities and needs. The views and perceived needs of such nurses is the focus of this study.

1.1 Aim of the study

The aim of this study is to identify the training needs of qualified mental health nurses working in acute inpatient psychiatric settings in the UK. The study has three main research questions:

✦ What type of post-qualification education and training do mental health nurses need to do their jobs more effectively?

✦ How do mental health nurses want education and training delivered?

✦ What sort of qualification and/or accreditation do mental health nurses want from the education and training they receive?

1.2 Method

The study was conducted between October 2000 and February 2001. The research consisted of two main methods: focus groups and a questionnaire survey. The purpose of this mixed-method approach was to begin the research inductively, exploring the main issues with mental health nurses within a focus group setting, and then to use the focus group data to design a questionnaire to survey a larger sample of mental health nurses.

1.2.1 The focus groups

Four focus groups were conducted with mental health nurses working in acute inpatient psychiatric settings in four different NHS trusts, based in the South of England and the Midlands. A convenience sample of trusts was selected, mainly due to time constraints. The sample comprised one specialist mental health care trust, two community trusts and one healthcare trust (specialising in the care of the elderly, those with mental health problems and those with learning difficulties). We accept that this sample is not representative of all the acute inpatient settings where mental health nurses work, but believe the sampling strategy was adequate for the purposes of this study.

The four focus groups were all conducted within a four-week period in October and November 2000. Each group consisted of between five and seven nurses, with

a mixture of nursing grades in each group, from newly qualified D-grade nurses to experienced G-grade nurses. A total of 24 mental health nurses participated in the focus group component of the research. The focus groups were facilitated by two researchers; one researcher led the discussion while the second took brief notes and operated the tape recorder. The group discussion was guided by five questions, which are detailed in the interview schedule in Appendix 1. Each focus group lasted approximately 45 minutes, and the interviews were all tape-recorded with the permission of the participants. The taped interviews were then transcribed in full and analysed using a content analysis procedure (Patton 1990). The data from the focus groups were then used to inform the design and content of the questionnaire.

1.2.2 The questionnaire survey

The questionnaire developed for the survey is detailed in Appendix 2. At the beginning of January 2001 the questionnaire was posted to 2000 mental health nurses, all members of the Royal College of Nursing. Each questionnaire was sent out with a self-addressed envelope. Respondents were asked to reply within a three-week period. We did not send follow-up reminders due to time and resource constraints.

1.2.2.1 Sample

The RCN membership database was used as the sampling frame from which to select the 2000 nurses. There are approximately 15,000 mental health nurses who are RCN members, and a random sample of 2000 mental health nurses was selected from this group. There is no way of identifying the work setting of RCN members (i.e. whether they work in acute inpatient settings or in the community, etc.). From the database we can identify only that they a) work in mental health care and b) are members of an RCN Forum in the mental health field of practice. We therefore we sent out 2000 questionnaires hoping to reach a significant number of mental health nurses working in acute inpatient psychiatric settings.

1.2.2.2 Response rate

A total of 874 questionnaires were returned, which represents a response rate of 44%. Of these questionnaires, 235 questionnaires were returned and completed by mental health nurses who work in acute inpatient psychiatric settings. This represents 27% of the returned sample. Of the questionnaires returned that were not our target group, the majority were from nurses who work solely in the community (31%) and nurses who work with a non-adult client group (24%).

1.2.2.3 Analysis

All the questionnaire data were entered into EXCEL, and then the data were transferred into SPSS and explored using descriptive statistical analysis.

2. Results: the focus groups

The focus groups generated rich data around the three main research questions. The key findings from the focus groups are reported in this section.

2.1 What type of post-registration education and training do mental health nurses want?

The mental health nurses interviewed were very clear that they did both need and want post-registration education and training, specific to acute psychiatric nursing. However, they stressed that any education and training has to be highly relevant to their day-to-day work in acute psychiatric settings. As one nurse put it:

> … time is precious, the training has to be of value.
>
> (G grade)

The discussions within the different groups highlighted the fact that different nurses require different types of education and training to suit both their individual needs at different stages of their nursing careers and also to match the needs of working within different nursing teams and with different client groups. This issue is therefore complex and any education and training package needs to be tailored closely to the needs of individual nurses. These issues will now be considered in more detail.

2.1.1 What type of skills?

The mental health nurses discussed many different areas of education and training that they felt they required, and all of those mentioned were listed in the questionnaire. The areas of need mentioned frequently and stated to be very important included: risk assessment; managing violence and aggression; psychosocial interventions; working with people with a dual diagnosis; working with people with personality disorders; IT and computer skills; leadership skills.

2.1.2 Transferring knowledge into practice

An important theme from the focus groups was the issue of knowing the theory, but not knowing how to put it into practice. This problem was discussed particularly by newly qualified nurses, who felt that their pre-registration training did not equip them with adequate practical nursing skills, as shown by the following quotation:

> The nursing course [pre-registration] as it stands is so overwhelmingly theoretical and academic it's not appropriate because you can't nurse, it doesn't actually prepare you […] because the overwhelming thing is on academia. That's not nursing, writing an essay doesn't make you a good nurse.
>
> (D grade)

The problem of newly qualified nurses lacking practical nursing skills is already well recognised in the literature (see, for example: White 1995; Luker et al. 1996). However, these comments highlight the fact that newly qualified nurses may need different types of training and support than qualified nurses with more experience. Newly qualified nurses may have nursing theory and up-to-date knowledge at their fingertips, but they require support to apply that knowledge in practice. This is acknowledged by the UKCC in their report *Fitness for Practice* (1999), which recommends a formal period of consolidation of practice for students nurses prior to registration, followed by a properly supported period of induction when they begin employment (Recommendations 20 and 21).

More experienced nurses expressed the view that they require training particularly to update their knowledge or to cover specialist areas. The following view was expressed by a nurse who qualified 17 years ago:

> There was very little research 17 years ago when I first trained, and things change. I need to be updated, and I also need to know about available resources, how to find out about the research, I need to learn more about doing literature reviews, searching electronic databases, and so on.
>
> (F grade)

This quotation also highlights the difficulty for practising nurses in keeping up with new research evidence. This is increasingly difficult at a time when

there is also a great expectation that nurses play their role in delivering high-quality treatment and care (Department of Health 1999b). Nurses also face a situation of 'electronic information overload', since many nurses do not have the training or resources to access or make sense of the vast amount of electronic information available to them.

It is important to stress that the nurses interviewed considered they needed training in theory and practice in combination, and that these two things could not be separated, as the following quotations illustrate:

> It's about having all the theory, but knowing how to put that into practice and implementing it on a day-to-day basis. Because you could know every theory under the sun about personality disorders and how they arise and whatever, but actually knowing how to work with people and how to improve their situation is different.
>
> (D grade)

> You've got to have the ongoing update of theoretical knowledge to inform your practice. You've got to have it side by side.
>
> (E grade)

To summarise the nurses' views regarding the content of education and training, it is evident that the nurses interviewed want to receive education and training that is highly relevant to their day-to-day work. An important theme to emerge is that the gap between knowledge and practice is still considerable, and that nurses require support and additional post-registration training to transfer knowledge into their practice, and to continue developing their practical nursing skills. This is particularly pertinent for newly qualified nurses, whereas nurses who have been qualified for a longer time have a greater need for information updates. The fact that some newly qualified nurses feel 'unequipped' in terms of their practical nursing skills also highlights the need for better pre-registration training for mental health nurses.

2.2 The delivery of education and training

The mental health nurses interviewed discussed the fact that the delivery of education and training needs to match the type of skills being taught. The following extract comes from a discussion from one of the groups about distance learning, where a number of nurses are talking one after another, demonstrating how ideas are generated and debated within the focus group setting:

Researcher: What do you think about distance learning?

> Well it's fine in its way isn't it, but I mean you've got to be very motivated.
>
> (D grade 1)

> You've got to be motivated [agreeing].
>
> (E grade)

> And again it depends on the appropriateness of what you're learning, and the intensity of support you need there.
>
> (D grade 2)

> If you were talking about something therapeutic or of interaction stuff, then you would need close, you know role playing, case studies, supervision, you would need quite close ties [to trainer].
>
> (D grade 3)

> Yes, but for practical skills its different, I mean it's [distance learning] OK for just picking up the theory but to be able to practice it you really need face-to-face [training].
>
> (D grade 1)

From these comments it is clear that the respondents feel that training delivered by distance learning is not appropriate to provide practical skills. The discussions about the delivery of training highlighted the fact that the nurses would value having an experienced and skilled individual in a role of trainer or mentor, who would be available to provide not only training but also the ongoing support to follow up. This is further illustrated by the following extracts:

> I always think it's dangerous to just have someone coming in, because it sounds like you have the '2 to 3' on a Wednesday, and that someone has come in and done that session, but then what happens after that? It's about having that provision, that resource accessible, and if that is a person coming in, what resources are available once that person's left at 3, and you've got this wealth of information from some fantastic presentation, and maybe some role-play, but then what then? What happens at the time when you've got the psychotic patient that didn't respond the same way that your tutor did when they sat and talked to you and did that. I

mean, we need to have that ongoing support.

(D grade)

Something we desperately need is a grade of nurse, like a nurse specialist, that isn't just going to be a title and someone who does lots of paperwork and obviously you never see them, but actually on the wards, so that people will have someone who can offer support and be there for people to turn to. And their job would be to provide training in how to put the theory into practice, and those people obviously need to be trained to do that sort of thing. It would be a nurse specialist role to actually develop practice on the ward, but that is not managerial.

(G grade)

These quotations highlight the importance of having experienced staff on the wards to provide support and guidance. This role is being met in some trusts with the introduction of consultant nurses, in an attempt to provide clinical leadership and better 'role-modelling' for practising nurses. However, at the present time there is only a handful of consultant nurses in the mental health field.

The nurses interviewed also stated that they wanted flexible education and training courses that suited both their professional needs and their work and family commitments. A number of nurses talked about courses that could be built on over time, as the following quotations illustrate:

The training should be flexible to build upon, a bit like building blocks, with different modules that you don't have to do all at once, but can do a bit at a time.

(D grade)

I like the idea of working at your own pace, 'cos things can change, you might set time aside to try and do something but you have the pressure of having to work extra shifts or when you get home you are often too tired to even consider doing stuff. So it is better to be able to do things at your own pace.

(G grade)

It is evident from the focus groups that mental health nurses require a choice of flexible education and training options, delivered in different formats, in order to provide the most appropriate form of training to meet their needs. The role of an experienced nurse on

the wards, able to spend time with nurses to provide support and guidance, is also considered important. This argument is supported by evidence that there is a lack of clinical leadership in acute inpatient units at the present time (Department of Health 1999a).

2.3 Barriers to education and training

The nurses interviewed talked about a number of different problems that they have either encountered or else perceive as barriers to receiving education and training. There seem to be two main issues. First, that training is not always available, either because a course does not exist locally or because funding is unavailable in the trust for nurses to attend training courses. Second, that training may be available but nurses have difficulty in gaining access to it due to such problems as staffing shortages. These problems are illustrated in the following extracts.

One nurse talked about how s/he asked to attend a training course but was told that there was no available funding:

I actually asked about going on a very short course, and I was told that there would not be the funding available for it, so to ask for anything … I mean I know that it is just going to be 'NO' and then to want time off as well to do it, it's just an even bigger 'NO'.

(F grade)

A lack of funding for training is a nation-wide problem across the NHS, as highlighted by the recent Audit Commission report on the education, training and development of healthcare staff in the NHS (Audit Commission 2001). This report has also highlighted huge variations between different trusts in the resources made available for staff training. The quotation here indicates the potential for staff to feel unvalued when training is denied to them, which can contribute to low morale.

Even when training is available for staff, due to the nature of acute inpatient work and the problem of staffing shortages, many nurses feel that these working conditions act as constraints to accessing training, as the following quotation demonstrates:

There is a problem in the delivery [of training] or

maybe our ability to accept it because the staffing levels are so poor. There are so many things coming at you that you can't get on it [training course] 'cos there's no staff, there's no this, there's no that and all sorts of things.

(E grade)

The following comment was made by a nurse who talked about the difficulties in running teaching sessions during working hours with outside speakers:

That [teaching sessions] was one of the objectives here, but it was always very difficult. Actually getting an outside speaker in to do something and then there is a crisis on the ward and staffing levels … that poor speaker has a session with only two people attending.

(F grade)

The barriers to training discussed by the focus group participants are clearly not unique to acute inpatient psychiatric settings, as highlighted by the recent Audit Commission report (Audit Commission 2001). However, these constraints to gaining access to training clearly need to be addressed by the NHS nationally, and individual trusts locally, to ensure that mental health nurses are adequately supported and enabled to gain the skills required to deliver high-quality mental health care.

2.4 What type of qualifications do mental health nurses want?

The mental health nurses who participated in the focus groups expressed the overwhelming view that they wanted any training they undertook to be of value and to be recognised by their employers and other organisations. But different people want to achieve different levels of qualification, and the following quotations illustrate this point:

Some people like to get the credits so that they can add it to a degree […] but I came into nursing with a degree so anything that I want would probably I think be a Masters. That's my personal preference. But I know that people do like to do courses to get credits for degrees and things.

(E grade)

I would much prefer, myself, to progress to a degree level. Now I want a practical skills degree, not to go

back to college and do lots of essays and writing again. I want practical rewarding courses that actually benefit me. Rather than just saying I've done a two-day thing in that, if it counted for something I think I would be far more willing to be pushing for it.

(D grade)

Any education and training provision must offer the flexibility to meet different needs and preferences. However, any education and training undertaken should be recognised and valued at a national level, as this quotation highlights:

I think whatever it is, or whatever level, it should be recognised by someone, across the country. Otherwise you end up just doing a course which nobody else sees as being important.

(D grade)

Researcher: So recognised by who? By nursing organisations?

By nurses, by outside organisations, by the trust. You were talking about setting up a course just in [city 1], it would have to be comparable to something in [city 2] or somewhere else, otherwise it means you can't really move around.

(D grade)

The nurses talked about a number of different reasons for wanting to undertake education and training, but the main reasons given were to improve their practice, improve patient care and develop their careers. These reasons were explored further in the questionnaire survey.

In summary to this section, the mental health nurses who participated in the focus groups shared a view that any education and training that they undertake should be of value, not only to themselves but also to their employers and other outside organisations. It is also clear that any training that nurses undertake must be recognised at a national level, to allow nurses to move to a new job in another city, region or even another country secure in the knowledge that the training they have undertaken will be recognised.

3. Results: the questionnaire survey

This section presents the findings from the 235 questionnaires that were returned by mental health nurses who work in acute psychiatric inpatient settings across the UK. This section should be read in conjunction with Appendix 2.

3.1 Demographic characteristics of the respondents

Three-quarters of the respondents were women (75%). This gender breakdown reflects the higher number of men working in mental health compared to nursing as a whole, with 10% of men on the effective UKCC register of those eligible to practice as registered nurses (UKCC

2000). The majority of respondents were qualified Mental Health Nurses (RMNs), (94%) with the remaining 6% (n=14) holding other nursing qualifications. These nurses were mainly State Enrolled Nurses (SENs), State Registered Nurses (SRNs) and Registered General Nurses (RGNs). The average length of time the nurses have been qualified was 12 years, and ranged from six months to nurses qualified for 45 years. The average number of years the nurses have worked in acute inpatient psychiatric settings was 9.5 years, with a range from three months to 37 years.

The age breakdown of the respondents was representative of nurses in the UK as a whole, as shown in Table 3.1. (The data regarding UKCC registered practitioners has been obtained from the UKCC 2000.)

There was a greater representation of nurses from the four countries in the UK in our sample, compared to the UKCC breakdown, as illustrated in Table 3.2.

The nursing grade breakdown of the respondents is shown in Table 3.3.

The final table in this section, Table 3.4, shows the type of trust that the nurses work in, with specialist mental health care trusts and community trusts the biggest employers.

Table 3.1 – Age groups

Age groups	Survey respondents (%)	UKCC practitioners (at 31 March 2000) (%)
18–29	13	13
30–39	35	34
40–49	33	29
50–59	17	19
60+	2	5

Table 3.2 – Country nurses work in

Country	Survey respondents (%)	UKCC practitioners (at 31 March 2000) (%)
England	70	76
Scotland	15	10
Wales	7	5
N. Ireland	7	3
Other	1 (Channel Isles, Isle of Man)	6 (nurses working overseas or with no permanent address)

Table 3.3 – Nursing grade

Grade	Survey respondents (%)
D	14
E	45
F	18
G	13
H	4
I	4
Other	2

Table 3.4 – Type of trust

Type of trust	Survey respondents (%)
Specialist mental healthcare NHS trust	32
Community NHS trust	24
Primary care NHS trust	19
Acute NHS trust	15
Other (including non-NHS settings)	10

3.2 What type of post-registration education and training do mental health nurses want?

In all, 89% of respondents said that they would like the opportunity to undertake post-registration training that focuses specifically on acute mental health nursing skills. Respondents were then asked what they would like to gain from training, and were given three options:

- ◆ new knowledge (for example about nursing theory or philosophy);

- ◆ information updates (for example about the efficacy of a particular type of medication from new research);

- ◆ training in practical nursing skills (for example putting theory into practice, such as how to work effectively with people with psychosis).

The majority of respondents gave positive responses to all three options, as shown in Table 3.5.

Table 3.5 – What nurses want to gain from post-registration training

Type of learning	'Yes' response (%)
New knowledge	87
Information updates	96
Practical nursing skills	93

Respondents were then asked to think about which of these three different types of learning would be the most useful to them. The responses to this question were quite similar, as shown in Table 3.6.

However, when one examines this data more closely there is a significant difference between nurses with different lengths of experience and their preferred option of training. This finding is highlighted by Table 3.7, which shows that almost half of those nurses who have been qualified for four years or less would most favour training in practical nursing skills. But for more experienced nurses, in this case those who have been qualified for four years or more, the preferred type of

learning is information updates. The difference between these different 'length of time since qualification' groups is statistically significant. This result was found by using the Pearson Chi-square test, with a significance level of .022 (two-sided). This result reflects the findings from the focus groups that there is a difference in the type of training required by nurses who have been qualified for different lengths of time. More newly qualified nurses feel they need training particularly to equip them with more advanced practical nursing skills, whereas longer-qualified nurses feel that they need training focused particularly on updating their knowledge.

Table 3.6 – What type of training do nurses view as most useful

Type of learning most useful	Total (%)
New knowledge	30
Information updates	37
Practical nursing skills	33

Table 3.7 – Type of learning and length of time since qualification (breakdown of responses in percentages for each 'length of time since qualification' group)

Type of learning most useful (total of responses)	Length of time since qualification (in months)		
	≤ 24 months	25–48 months	≥ 48 months
New knowledge (30%)	19	32	32
Information updates (37%)	36	19	41
Practical nursing skills (33%)	45	49	27
	100	100	100

Table 3.8 presents the results from question 14 of the questionnaire, which asked respondents to select the six most important areas of training according to their needs. A total of 22 options were given (see Appendix 2). In Table 3.8 the areas of training are presented in order of frequency, with the number of nurses who selected the option as one of their six most important areas shown, as well as the percentage of nurses who chose this option.

As Table 3.8 shows, the training needs considered to be the most important by the respondents are key components of acute care work – risk assessment, management of violence and aggression, and psychosocial interventions. Respondents also saw as important training in the skills needed to work effectively with some of the most challenging client groups in acute settings – people with personality disorders, people with a dual diagnosis (drugs and alcohol) and people with psychosis. Knowledge and understanding of mental health policy was also considered important – an unsurprising finding in the current context of great policy change in health and social care.

Table 3.8 – Most important training needs

Order	Type of training	No. of nurses	% of total sample
1	Risk assessment	138	59
2	Working with people with personality disorders	106	45
3	Management of violence and aggression	103	44
4	Psychosocial interventions	99	42
5	Working with people with a dual diagnosis (drugs and alcohol)	98	42
6	Working with people with psychosis	88	37
7	Policy issues	87	37
8	Clinical leadership skills	82	35
9	Assessment skills	76	32
10	Working with suicidal patients	74	31
11	Medication management	62	26
12	Word processing and computer skills	45	19
13	User and carer involvement	43	18
14	Gender, ethnicity and cultural issues	38	16
15	Multi-agency working	34	14
16	Discharge planning	33	14
17	Care planning	33	14
18	Critically reviewing research literature	31	13
19	Communication skills	29	12
20	Using the internet	26	11
21	CPA	24	10
22	Multidisciplinary working	22	9

3.3 Preferred method of training delivery

In questions 16 to 23, respondents were asked about their preferred method of training delivery, and were asked to respond either 'yes' or 'no' to eight different options according to whether they would suit their training needs, as well as their work and home lives. The results to these questions are shown in Figure 3.1. and Table 3.9.

The three most favoured methods of training delivery were: short courses, teaching seminars and practical teaching seminars. Academic courses and distance learning were the least popular. However, to gain new knowledge and receive information updates respondents stated that the method of training delivery

Figure 3.1 – Preferred method of training delivery
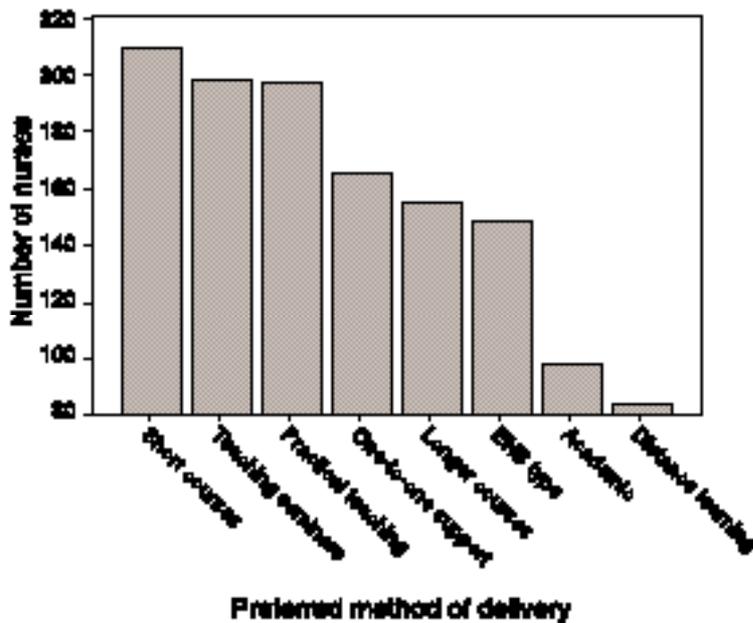
Table 3.9 – Preferred method of training delivery

Method of training	Total of 'yes' responses (%)
Short courses (1–2 days)	97
Teaching seminars (1–2 hours)	91
Practical teaching sessions (1–2 hours)	91
One-to-one support (from experienced practitioner)	77
Longer courses (1–2 weeks)	72
ENB type course (6–12 months)	68
Academic (diploma, degree, Masters etc.)	45
Distance learning	40

they would prefer would be teaching seminars. But for training in practical nursing skills, practical teaching sessions was the preferred option. Tables 3.10, 3.11 and 3.12 show the top three preferred options for these three different types of learning.

Table 3.10 – Preferred method of training delivery to acquire new knowledge

Method of training	Total responses (%)
Teaching seminars (1–2 hours)	33
Short courses (1–2 days)	29
Practical teaching sessions (1–2 hours)	14

Table 3.11 – Preferred method of training delivery for information updates

Method of training	Total responses (%)
Teaching seminars (1–2 hours)	57
Short courses (1–2 days)	25
Practical teaching sessions (1–2 hours)	14

Table 3.12 – Preferred method of training delivery to learn practical nursing skills

Method of training	Total responses (%)
Practical teaching sessions (1–2 hours)	47
Short courses (1–2 days)	17
An ENB-type course	10

3.4 What type of accreditation/qualification do mental health nurses want?

For 85% of the respondents, it is important (responses of very important and quite important) to have accreditation or a qualification that is recognised by employers and other organisations. Clearly, therefore, any post-registration training must have the option of accreditation or a qualification in order to reflect the value of the training and the knowledge and skills obtained by the nurses. The exact responses to this question (question 27) are shown in Table 3.13.

Regarding the type of accreditation or qualification, there was no great preference for either an academic or professional qualification, as shown in Table 3.14.

The preferred course structure is a modular course, with each module representing a building block towards a particular qualification such as a diploma or degree. Discrete courses, such as an ENB or degree course, were less popular. These responses are detailed in Table 3.15.

The final question asked the nurses the most important reason for undertaking post-registration training. The two main reasons stated by respondents were to improve their practice (54%) and for their professional development (41%).

Table 3.13 – How important is it to gain a recognised qualification and/or accreditation for training?

How important?	Total responses (%)
Very important	54
Quite important	31
Makes no difference	7
Not at all important	8

Table 3.14 – What type of qualification and/or accreditation?

Type of qualification	Total responses (%)
Professional qualification	30
Academic qualification	26
No preference	44

Table 3.15 – What type of course structure?

Type of course structure	Total responses (%)
Modular course	50
Discrete or stand-alone course	21
No preference	29

4. Discussion of findings

This research demonstrates that mental health nurses want the opportunity to receive post-registration education and training specific to acute inpatient psychiatric nursing. However, any education and training that is provided must be highly relevant to mental health nurses' practice. The main findings of the study will now be summarised, addressing each of the three key research questions.

4.1 What type of post-registration education and training do mental health nurses need to do their jobs more effectively?

The nurses who participated in this study indicated that they want post-registration education and training in core components of acute nursing care. The eight most important areas that mental health nurses want training in are:

- risk assessment
- working with people with personality disorders
- management of violence and aggression
- psychosocial interventions
- working with people with a dual diagnosis (drugs and alcohol)
- working with people with psychosis
- policy issues
- clinical leadership skills.

As detailed in Table 3.8, more than a third of the nurses surveyed considered these areas to constitute important education and training needs. However, we should not overlook the other areas considered to be important, and should also note those which were not considered so relevant. For example, only 10% of the respondents considered training in the care programme approach (CPA) to be important. It may be simply that the nurses considered other areas more important and/or that they know enough about CPA. However, recent studies on care provision in acute psychiatric inpatient units suggest that use of the CPA is often variable and that it is not yet applied in all settings (Sainsbury Centre for Mental Health 1998; Department of Health 1999a; Higgins, Hurst and Wistow 1999).

The most requested area for post-registration training from the questionnaire respondents was risk assessment, with 59% of the respondents stating it as one of the six most important training needs. This is perhaps no surprise, as risk assessment and risk management underpin the care of people with acute mental health problems, particularly those who are at risk of harming themselves or others. However, this high response could also be due to the fact that many nurses are experiencing a growing emphasis on defensive practice and the need to 'cover their backs' when making decisions about patient care (Higgins, Hurst and Wistow 1999). We cannot know from this present survey the different reasons for so many nurses requesting training in risk assessment, but this issue is certainly worthy of further exploration.

It is evident from both the focus groups and questionnaire data that nurses who have recently qualified, compared to more experienced nurses, require different types of training and support. Newly qualified nurses require support and supervision to transfer their knowledge into practice and perceive a greater need for practical nursing skills training, whereas more experienced nurses feel they require training that is focused more on updating their knowledge. It has already been mentioned that the UKCC (1999) recognises that newly qualified nurses may lack confidence and skills in some areas and recommends greater support and supervision for newly qualified nurses, and that this should be provided by specifically prepared senior nurses. It is worth highlighting the fact that 59% of the questionnaire respondents were D (14%) and E (45%) grade nurses. If we do not train, support and retain these nurses in particular within the healthcare system, then the present problems associated with a shortage of skilled mental health nurses will only be exacerbated (Allen 2001).

The fact that newly qualified mental health nurses consider that they lack practical nursing skills also reflects upon the problems associated with pre-registration training in the UK at present. It has become

widely accepted that the current structure of pre-registration programmes is failing to facilitate the development of adequate practice knowledge and skills (UKCC 1999). This situation was certainly reflected in the comments from nurses in the focus groups and the responses to the questionnaire survey. The comment from a D grade nurse about the pre-registration nursing course being too theoretical and not preparing students to nurse (p. 7) is in tune with the findings of the UKCC attitudinal survey conducted with recent nurse registrants (UKCC 1999). The UKCC (1999) recommends a more appropriate balance between theory and practice in pre-registration programmes, to promote an integration of knowledge, attitudes and skills (Recommendation 16). As new pre-registration programmes are piloted in the future, it will be important to evaluate any changes in the knowledge and skills base of newly qualified nurses. In the meantime it is apparent from this study that greater attention needs to be given to the provision of clinical supervision, support and preceptorship for newly qualified mental health nurses working in acute inpatient psychiatric settings.

4.2 How do mental health nurses want education and training delivered?

The findings from the focus groups and questionnaire survey suggest that education and training provision need to address the different types of learning required by nurses. From the findings of the questionnaire survey, the three most popular types of training delivery are:

◆ short courses

◆ teaching seminars

◆ practical teaching sessions.

However, it is clear that the delivery of training must match the type of training. For training to impart new knowledge or to deliver information updates the most favoured method is teaching seminars. But for training in practical nursing skills, the most popular method of delivery is practical teaching sessions. The preferred training course structure is a modular course, i.e., one that is flexible and can be built on over time. Respondents in the focus groups discussed that fact that

they preferred a more flexible structure that they could fit around their work, family and personal commitments. It needs to be acknowledged that nurses undertaking post-registration training already have demanding full-time jobs, and that any courses that require studying or preparation outside course time need to have that time built in to the programme. It is interesting that discrete courses, such as degrees or ENB-type courses are less popular, as is distance learning, which only 40% of the questionnaire respondents said they would consider.

From the focus groups in particular, nurses talked about the value of having the support of a skilled and experienced practitioner, who could provide training and ongoing support for nurses. This expressed 'need' for experienced mental health nurses on the wards, to provide support and guidance, reflects a national recognition of a lack of clinical leadership in acute inpatient areas at present (Department of Health 1999a, 2001). This role is now being met in some trusts with the introduction of consultant nurses, in an attempt to provide clinical leadership and better 'role-modelling' for practising nurses. However, currently there is only a handful of consultant nurses in the mental health field (approximately 55 to date).

The report *Making a Difference* (Department of Health 1999c) emphasised the need to provide a range of flexible approaches to education and training, to include formal educational methods but also clinical supervision, reflective practice and work-based learning. In addition to the consultant nurses, the lecturer practitioner role also meets this requirement. The purpose of the lecturer practitioner role is to improve the relationship between education and service providers and to utilise existing nursing expertise to facilitate the application of theory into practice through a variety of different approaches and methods (NHS Executive 1997). The importance of the lecturer practitioner role is also acknowledged in the *Addressing Acute Concerns* report (Department of Health 1999a), in particular for the potential for these professionals to provide work-based training for all staff at all levels.

There is great scope for the involvement of experienced staff in supporting work-based practice development projects. Examples of practice development initiatives can be found in partnership arrangements with the RCN Mental Health Programme, local universities and NHS trusts. Such initiatives provide external facilitation

from RCN Institute and university staff and internal facilitation through trust staff. The explicit aim of practice development is to improve the 'service user' experience of care through the development of nurses and nursing. This approach uses the skills of experienced nurses supporting the development of others, with a learning process that is of immediate value and relevance to nurses working day-to-day in practice settings. The key to successful practice development work is to ensure that the practice development process is 'systematic, supportive and meaningful for the staff involved' (Jackson et al. 1999: 21). But it is important to stress that the success of practice development, particularly in over-stretched services such as acute areas, is highly dependent upon local management support to enable the necessary time and resources for nurses to participate. Without this commitment from the organisation concerned, such initiatives are likely to fail.

4.3 What type of accreditation/qualification do mental health nurses want from the training they receive?

The importance of recognition for any education and/or training undertaken is clear from this study. For 85% of the questionnaire respondents it is important (responses of very important and quite important) to have accreditation or a qualification that is recognised by employers and other organisations. Clearly, therefore, any post-registration training must have the option of accreditation or a qualification, to reflect the value of the training and the knowledge and skills obtained by the nurses. However, regarding the type of accreditation or qualification, there was no great preference for either an academic or professional qualification, as shown in Table 3.14. This suggests that it is the recognition itself, rather than the type of qualification, which is most important.

4.4 Barriers to receiving education and training

The nurses involved in the focus groups discussed a number of different problems that they have either encountered or else perceive as barriers to receiving post-registration education and training. To summarise, there seem to be two main issues. First, training is not always available, either because a course does not exist locally or because funding is unavailable in the trust for nurses to attend training courses. Second, training may be available but nurses have difficulty in gaining access to it due to such problems as staffing shortages at their place of work.

Regarding the availability of relevant courses, we already know that many specialist post-registration courses, such as evidence-based training for psychosocial interventions, are not available in all regions in the UK, with large gaps in provision in some parts of the country (Brooker 2001). This geographical variation in training availability, with some regions having no access to specialist courses unless practitioners are prepared (and funded) to travel long distances for the training, requires urgent attention. This is currently being addressed within the remit of the Workforce Action Team, with a mapping exercise of all education and training provision in the catchment area of each NHS and social care regional office. It is hoped that this exercise will identify the current gaps in provision, which can then be acted upon (Department of Health 2001).

A lack of funding for training per se is a nation-wide problem across the NHS, as highlighted by the recent Audit Commission report on the education, training and development of healthcare staff in the NHS (Audit Commission 2001). This report has also brought attention to the huge variations between different trusts in the resources made available for staff training, with some NHS trusts in England and Wales spending up to five times more than others on staff development and training. Such a situation has created, in effect, a 'postcode lottery' whereby training opportunities for NHS staff are determined more by the priorities of local trust management than by the amount of funding that is actually available (Audit Commission 2001).

However, even when education and training opportunities are available for staff, due to the nature of acute inpatient work and the problem of staffing shortages, many nurses feel that these working conditions act as a huge constraint to undertaking any education or training. The lack of time and opportunity to undertake education and training is recognised by the Workforce Action Team report (see p. 5). But this problem is a real 'catch-22' situation: there are severe staff shortages in acute inpatient settings, and thus the

release of staff to undertake education and training, or even 'time-out' to receive supervision, is problematic. But if nurses are not provided with this opportunity, then they will increasingly feel unvalued, become demoralised and may ultimately leave, which will only contribute further to the existing problem of nurse retention. Furthermore, if staff do not undertake post-registration education and training, it is questionable whether the NSF standards, and the implementation of the NHS Plan, will be realised.

The barriers to training discussed by the focus group participants are certainly not unique to acute inpatient psychiatric settings, as highlighted by the Audit Commission report (Audit Commission 2001). However, these constraints clearly need to be addressed by the NHS nationally, and individual trusts locally, to ensure that mental health nurses are adequately supported and enabled to gain the skills required to deliver high-quality mental health care in acute settings.

4.5 Limitations of the study

It is important to recognise the limitations of this study. First, there is the limitation associated with the postal questionnaire method, in that no information is supplied regarding the characteristics and views of the non-responders, which may differ from those of the responders. Second, it is acknowledged that this was a relatively small study that surveyed the views of only 259 nurses (24 in the focus groups, 235 in the survey). This was largely due to time and funding constraints, since there were inadequate resources to undertake a larger survey. Third, the using of the RCN membership database as a sampling frame has meant that this survey represents only the views of RCN members. However, as the RCN membership is UK-wide, we were able to survey nurses working in acute inpatient psychiatric settings across the UK. We were therefore successful in our sampling strategy to access our target population, i.e., nurses working in acute inpatient psychiatric settings.

5. Conclusion

In this report we have presented the key findings from research that has focused on the education and training needs of qualified mental health nurses working in acute inpatient psychiatric settings. The Workforce Action Team report acknowledges that that the NHS workforce is the 'most important asset, and [they] need to be supported and nurtured and given the right education and training' (Department of Health 2001: 8). The challenge lies in ensuring that this statement is followed through, with implementation from national to local level, so that there is a tangible difference to the working lives of mental health nurses, at all stages of their career. For education and training providers, the challenge is also clear – to provide new approaches to learning that will equip staff not just with competencies but also with capabilities (Sainsbury Centre for Mental Health 2000). This demand will see a real change in the way that education and training is delivered, and this is certainly to be welcomed.

5.1 Key recommendations of the study

From the findings of the research we suggest the following recommendations:

Recommendation 1: A well-educated and skilled nursing workforce is crucial to the delivery of safe and effective acute inpatient care.
It is a major challenge to mental health services in the UK to ensure that mental health nurses working in acute inpatient settings are equipped with the right knowledge, skills and experience to deliver high-quality care, as defined by the National Service Framework and NHS Plan

Recommendation 2: Student nurses require better preparation at the pre-registration education level .
A key finding of the research is that newly qualified mental health nurses consider that they lack practical nursing skills. This finding reflects upon the problems associated with pre-registration training in the UK at present – it has become widely accepted that the current structure of pre-registration programmes is failing to facilitate the development of adequate practice knowledge and skills. This situation requires urgent attention.

Recommendation 3: Qualified nurses require specialist post-registration education and training to work with people with acute mental health problems.

This research demonstrates that nurses require post-registration education and training in key specialist areas for working in acute inpatient settings, in particular: risk assessment, management of violence and aggression, psychosocial interventions and skills to work with some of the most challenging clients when they are acutely unwell.

Recommendation 4: The role of experienced practitioners in supervising and supporting less experienced staff is crucial.

In the focus groups many nurses talked about the value of having the support of skilled and experienced practitioners to provide ongoing training, supervision and mentorship. The importance of such support and clinical leadership cannot be underestimated.

Recommendation 5: The barriers to receiving education and training must be overcome.

The barriers experienced by nurses in accessing education and training after qualification represent a huge constraint to their personal and professional development. Particular barriers experienced include a lack of relevant local courses and a lack of resources, in terms of time and funding, provided by employers to enable nurses to undertake education and training. This issue needs urgent attention by local NHS trusts, who need to work creatively within the acknowledged contextual difficulties to ensure that nurses are given the opportunities to access relevant education and training.

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Appendix 1

Focus group interview schedule

Question 1 *(very open)*

What do you think you need, in terms of education and training, to do your job more effectively and with greater confidence?

Question 2 *(education, training or both?)*

In terms of what we have talked about, do you think you need additional education in these things (e.g. new knowledge, a greater theoretical understanding) or training (a practical, 'how-to' approach tailored to your job)?

Do you think there is a difference between these different ways of learning?

Question 3 *(how is training best delivered?)*

If a training programme was developed for mental health nurses working in acute settings, how would you like to receive such training?

Question 4 *(qualification)*

What sort of qualification/certificate would you like to receive on completion of a course?

Question 5 *(transfer into practice)*

Can you think of ways in which this learning will be put into your practice, how it will make a difference?

Appendix 2

The questionnaire

Section 1 Where you work

Q1   Where do you work currently?

Please tick only one box as appropriate:

☐   Adult acute inpatient psychiatric care setting

☐   Both adult acute inpatient and community settings

☐   Only in the community

☐   Forensic setting

☐   A non-adult client group setting (e.g. older people, child and adolescent)

☐   Education/research (not currently in practice)

If you have ticked 'an adult acute inpatient psychiatric care setting' or 'both adult acute inpatient and community setting', please continue with this questionnaire.

If you have ticked 'only in the community', 'forensic setting', 'a non-adult client group setting' or 'education/research' and you do not presently work in an adult acute inpatient psychiatric care setting, please now return this questionnaire in the envelope provided. Thank You.

Section 2 Demographic information

The information you provide in this section will give us the demographic profile of our sample. This information will remain completely confidential and anonymous.

For Questions 2-5, please tick the relevant boxes as appropriate:

Q2 What is your gender?

☐ Male ☐ Female

Q3 What is your age group?

☐ 18–29 ☐ 30–39

☐ 40–49 ☐ 50–59

☐ 60+

Q4 What is your nursing grade?

☐ D grade ☐ E grade

☐ F grade ☐ G grade

☐ H grade ☐ I Grade

☐ Other (please specify) ………………………

Q5 Do you have the RMN qualification?

☐ Yes ☐ No

If you answered yes, go to question 6. If you answered no, go to question 7.

Q6 If you answered 'yes' to Q5, and you are a RMN, please tell us for many years have you been a qualified RMN? …………………… years

Q7 If you answered 'no' to Q 5, and you are not an RMN, please write down your qualification
………………………………………………………
………………………………………………………
For how many years have you held this qualification?
………………………………………………………

Q8 How many years have you been working in adult acute inpatient psychiatric settings (total no. of years)? …………… years

Q9 What is the type of trust that you work in? *Please tick just one box that best describes the type of trust that you work most of your time in:*

☐ Specialist mental healthcare trust

☐ Acute care NHS trust

☐ Community NHS trust

☐ Primary care trust

☐ Other (please specify)
………………………………………………………

Q10 In which country in the UK do you currently work? Please tick one box only.

☐ England ☐ Scotland

☐ Wales ☐ N. Ireland

☐ Other (please specify) ……………………………

Section 3 What type of post-registration training do you need?

This section focuses upon the type of training you think you need to support your practice.

Q11 Would you like the opportunity to undertake post registration training that focuses specifically on acute mental health nursing skills?

☐ Yes ☐ No

Q12 Would you like the opportunity to gain the following from training?

Please circle either the 'yes' or 'no' responses for the following three options:

a) New knowledge (for example about nursing theory or philosophy) Yes/No

b) Information updates (for example about the efficacy of a particular type of medication from new research) Yes/No

c) Training in practical nursing skills (for example putting theory into practice, such as how to work effectively with people with psychosis) Yes/No

Q13 Thinking about your own training needs, which of the three options in Q12 do you think would be the *most* useful to you? *Please tick one box only.*

☐ New knowledge

☐ Information updates

☐ Training in practical nursing skills

Q14 Below is a list of different training needs that psychiatric nurses from the focus groups identified as being important. Thinking about your training needs, please select the *six most important* areas that you would like to receive training in.

Please only tick six boxes:

☐ Assessment skills

☐ Risk assessment

☐ Communication skills

☐ Psychosocial interventions

☐ Clinical leadership skills

☐ Medication management

☐ Management of violence and aggression

☐ CPA

☐ Care planning

☐ Policy issues, e.g. MHA, National Service Framework, etc.

☐ User and carer involvement

☐ Working with suicidal patients

☐ Working with people with personality disorders

☐ Working with people with a dual diagnosis (drugs and alcohol)

☐ Working with people with psychosis

☐ Discharge planning

☐ Multidisciplinary working

☐ Multi agency working

☐ Gender, ethnicity and cultural issues

☐ Word processing and general computer skills

☐ Using the internet

☐ Critically reviewing research literature

Q15 Are there other areas that you think are important and not listed in Question 14? Or any other comments you wish to make regarding the issues addressed in Section 3? *Please write below:*

……………………………………………………

……………………………………………………

……………………………………………………

Section 4 How the training is delivered?

There are many different ways that training can be delivered. Please consider the following delivery methods and think about whether the following options, in principle, would suit your training needs, as well as your work and home life.

For the following questions, Q16 to Q23, please circle either the 'yes' or 'no' responses as appropriate.

Q16 *Teaching seminars* (lasting 1– hours) which focus on new knowledge or information updates. For example: an outside speaker coming in to the workplace to talk about new research on a particular type of medication.

Would this method of training suit you?   Yes/No

Q17 *Practical teaching sessions* (lasting 1–2 hours) which focus on particular nursing skills. For example: how to implement a particular therapeutic intervention.

Would this method of training suit you?   Yes/No

Q18 *Short courses* (1–2 days) on a specialist area. For example: risk assessment.

Would this method of training suit you?   Yes/No

Q19 *Longer intense courses* (12 weeks) on a specialist area. For example: the management of violence and aggression.

Would this method of training suit you?   Yes/No

Q20 *An ENB type course* generally taking 6-12 months to complete, involving day-release from work for face-to-face teaching at a higher education institution, and personal study.

Would this method of training suit you?   Yes/No

Q21 *An academic course* such as a diploma, degree or masters, which will may take 1–4 years and will entail day-release from work for face-to-face teaching at a higher education institution and personal study.

Would this method of training suit you?   Yes/No

Q22 *Distance learning* which could be for a professional or academic qualification, which would involve working at your own pace through a written teaching programme, with occasional tutorial support and summer schools (like Open University).

Would this method of training suit you?   Yes/No

Q23 *One-to-one support* from a nurse specialist/link tutor type member of staff, who has a primary role to support and supervise nurses in their practice, providing practice-based training in the workplace and follow-up support.

Would this method of training suit you?   Yes/No

Thinking about these different ways of receiving training, we would now like to ask you which of these methods of training you would prefer, in order to learn different types of knowledge and skills.

For Questions 24–26, please think again about the following three different types of learning from Question 12 and the best way to receive training in your opinion.

Please tick one box only for each question:

Q24 Which method of training would you prefer to learn *new knowledge*, for example about nursing theory or philosophies?

☐ Teaching seminars   ☐ Practical teaching sessions
☐ Short courses   ☐ Longer intense courses
☐ An ENB type course   ☐ An academic course
☐ Distance learning   ☐ One-to-one support

Q25 Which method of training would you prefer to receive *information updates*, for example about the efficacy of a particular type of medication from new research?

☐ Teaching seminars   ☐ Practical teaching sessions
☐ Short courses   ☐ Longer intense courses
☐ An ENB type course   ☐ An academic course
☐ Distance learning   ☐ One-to-one support

Q26 Which method of training would you prefer to receive *training in practical nursing skills*, for example putting theory into practice, such as how to work effectively with people with psychosis?

☐ Teaching seminars   ☐ Practical teaching sessions
☐ Short courses   ☐ Longer intense courses
☐ An ENB type course   ☐ An academic course
☐ Distance learning   ☐ One-to-one support

Section 5 What type of qualification and/or accreditation?

Q27 How important to you is it to gain a qualification and/or accreditation for the training that you undertake, that is recognised by your employers and other organisations?

Please tick one box only:

☐ Very important   ☐ Quite important

☐ Makes no difference ☐ Not at all important

Q28 If you undertook a training course that receives accreditation or a qualification, what would be the most important type of accreditation to you?

Please tick one box only:

☐ An academic qualification (e.g. from a University)

☐ A professional qualification (e.g. from the ENB or RCN)

☐ No preference

Q29 What type of training course structure would you prefer to undertake?

Please tick one box only:

☐ A discrete, stand-alone course, such as an ENB course or degree course.

☐ A modular course, with each module representing a 'building block' that can build up towards a particular qualification such as a diploma or degree.

☐ No preference

Q30 What would be the *most important* reason for you to undertake additional post-registration training?

Please tick one box only:

☐ To improve your practice

☐ For your personal development

☐ To improve your CV

☐ To get promoted and gain a salary increase

☐ Other (please specify)

……………………………………………………

……………………………………………………

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

PLEASE ENSURE YOU HAVE ANSWERED ALL THE QUESTIONS.

PLEASE FOLD THE QUESTIONNAIRE, PUT IT INSIDE THE ENVELOPE PROVIDED, AND POST TO THE RCN INSTITUTE, TO BE RECEIVED BY WEDNESDAY 24 JANUARY 2001.

If you would like to be informed of the findings of this research, and about any future training developments for acute mental health nursing, please complete your contact details in the following section. If you wish to send your contact details separately from the questionnaire, please detach and send separately to:

Mrs Annelie Guard
NPNR Administrator
RCN Institute
Radcliffe Infirmary
Woodstock Road
Oxford OX2 6HE

_____

Please inform me of the findings of this survey and about any future training developments for acute mental health nursing.

Name:

Address:

Post code