Article 16

Hospital-Based Psychiatric Experience Before Community-Based Practice for Nurses: Imperative or Dispensable?

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ABSTRACT. This article describes an Australian research project that explored the relevance of hospital-based experience in preparing psychiatric nurses for community-based practice. A qualitative design was selected to obtain in-depth information in an area in which no formal research has been undertaken. In-depth interviews were conducted with 6 psychiatric nurses currently engaged in community-based practice. The interviews were audiotaped, and the transcribed data were analyzed for major themes. The results indicated that the participants did not believe their hospital experience had prepared them to function effectively in the community. In some respects hospital experience was perceived as having hindered their transition into the community environment. This exploratory study indicates the need for further research and the exploration of alternative methods to prepare psychiatric nurses for community-based practice.


There has been a prevailing assumption within the psychiatric nursing profession that experience in an institutionally based psychiatric setting is a necessary prerequisite for nurses undertaking practice as community psychiatric nurses. The experience they gain through this process is believed to stand them in good stead for a future role in the community. This presumption has remained strong, despite the lack of empirical testing. In view of the magnitude of the changes occurring within psychiatric services, this is an opportune time to explore the validity of such a view.

Advances in psychiatric medicine have significantly influenced the practice of psychiatric nursing. A decrease in the number of inpatient beds and the subsequent increase in community mental health programs have increased the demand for nurses who work in community settings (Whiteford, 1993; Wilson & Dunn, 1996). The process of deinstitutionalization, however, is far from complete, and the change in the focus of health care is expected to be an ongoing process. The National Mental Health Policy of Australia (Commonwealth of Australia, 1992) outlined the philosophy of community mental health as the provision of health care in the least restrictive environment. The success of this policy depends, in no small part, on the availability of staff who are suitably qualified to provide health care to mentally ill people, avoiding unnecessary hospitalization while enhancing the safety of individuals and of society. Community psychiatric nurses, as the largest group of mental health professionals, must make a significant contribution to the execution of this policy. To do so, however, they must possess an adequate level of expertise for community-based practice.

The significant increase in the number of psychiatric nurses working in the community has not been accompanied by the development and implementation of specialist education in community psychiatry to meet their needs. As a consequence, “Community psychiatric nursing has remained on a casual, disorganized basis with no consistent pattern emerging” (Buchan & Smith, 1989, p. 5). It would appear, therefore, that the current practice of requiring institutionally based experience prior to employment within the community is not sufficiently preparing psychiatric nurses for this role.

Despite the significance of this problem, no literature addressing these issues could be located. Indeed, the main themes from the literature in relation to community psychiatric nursing tend to shed doubt on the degree to which institutionally based experience prepares nurses for community practice. Several writers have emphasized that a different skill base is required of community psychiatric nurses (Buchan & Smith, 1989; Savage, 1992; Simmons & Brooker, 1987; Wilson & Dunn, 1996).

The literature is less informative regarding the nature of the different skills required for community nursing practice. These skills are only alluded to in discussions of the different role of the nurse in the community environment. Community-based clients often do not request a visit from the community psy-
chiastic nurse and are often opposed to the idea. In this situation, the nurse requires a high level of engagement skills to facilitate access to the client's home. In contrast, within the hospital environment the nurse generally has automatic entree to the client's environment and can therefore apply appropriate nursing interventions even against the client's wishes, if necessary. Engagement skills, therefore, although still important to the nurse in the hospital, are not as crucial to the implementation of treatment as they are in the community (Harris, 1987).

Once the community nurse has entered the client's home, subsequent interactions will differ markedly from those inside the hospital. The nature of the interaction itself is distinctly different. The client is in a more powerful position, meaning that the nurse must depend more heavily on skills of persuasion and negotiation (Bowers, 1992).

Within the hospital environment, the psychiatric nurse is readily able to access other members of the multidisciplinary team for support and guidance. This team approach is often heavily relied on in determining and delivering the client's treatment. In the community environment the nurse is more likely to work in isolation or as part of a small team. In the community situation the nurse must become more self-reliant on his or her knowledge base and the skills of assessment and observation (Bowers, 1992; Harris, 1987).

The paucity of research on the extent to which hospital-based experience prepares the psychiatric nurse for practice in the community prompted Derith Harris to pose the following research question: How useful have practicing community psychiatric nurses found hospital-based experience in preparing them for their current role?

Method

Research Design

We chose a qualitative design to explore the degree to which hospital-based experience has been useful in preparing psychiatric nurses for community practice. Designing a questionnaire format or attitude scale would prove problematic in the absence of existing literature and research findings to guide the process. A questionnaire format with subsequent statistical analysis would not have provided the same detailed data as could be achieved through in-depth interviewing (Lincoln & Guba, 1985; Mariano, 1991).

Participants

Six community psychiatric nurses, engaged in current practice, constituted the sample for this study. They were recruited through the newsletter of the Community Psychiatric Nurses Association of Victoria, Australia. Three men and 3 women, ages 22–45, agreed to participate. Their levels of community experience varied from 3 months to 12 years. All participants had been employed in psychiatric hospitals for periods of between 1 year and 6 years before accepting positions in the community.

The Interviews

A semistructured interview design was used. This enabled us to obtain information that we considered important while allowing the participants to raise the issues they considered most relevant to their current practice. The questions were open-ended so as to promote in-depth discussion of pertinent issues (Patton, 1987). The interviews were conducted at locations convenient to the participants.

Data Analysis

All interviews were audiotaped and transcribed. Data analysis commenced with the transcription and review of the tapes (Patton, 1987). The transcribed data were then further analyzed, to allow for the identification and coding of the relevant themes. Once we identified the themes, we cross-referenced them with the responses of other participants to detect similarities and differences. The principles of Lincoln and Guba (1985) were strictly observed to guarantee the trustworthiness of the data. Credibility was maintained through prolonged engagement, peer debriefing, and member checking. We achieved prolonged engagement by establishing rapport and creating a conversational atmosphere in which participants felt comfortable discussing their opinions. Time constraints were not imposed, and follow-up interviews were agreed to if necessary. A peer debriefing process was implemented to enhance the objectivity of the study. The research was regularly discussed with a colleague, who provided a fresh and unbiased approach that kept us focused on the data, as well as being a source of support and guidance.

To ensure that our interpretation of the participants' views was accurate, we implemented a twofold process of member checking. During the interviews, the interviewer would frequently rephrase the participants' statements to safeguard against misinterpretation. Second, a transcript of the interview was sent to the participant for verification that his or her meanings and intentions had been fairly represented (Lincoln & Guba, 1985). Finally, an experienced qualitative researcher conducted an external audit. The auditor randomly checked sections of the tapes to ensure the accuracy of the transcribed data. The auditor confirmed the accuracy of the transcribed data.

Results

The views of the participants clearly contradicted the notion that hospital-based experience is a necessary prerequisite for practice in a community setting. The differences between the two settings require that a completely different approach be adopted. Although the skills required for patient care might be also important to nurses within the hospital environment, participants considered adapting to the context in which care is delivered the most crucial aspect of the role of
the community psychiatric nurse. None of the partici-
pants could identify the manner through which hospi-
tal-based experience had assisted them in the fulfill-
ment of this distinct role.

Interpersonal skills, considered necessary for psy-
nchiatric nurses in any environment, were seen as re-
quiring a different approach once nurses are outside of
the hospital domain and attempting to enter the client's
territory. As one participant stated,

In the wards you are on your own ground and even
though you perhaps do not even think about it in those
terms [the clients] are displaced from their own territory.
So they’re careful, they are tacitful. . . . They are less sure of
themselves. In their own home people react quite differ-
ently . . . you can lose engagement with the family and thus
perhaps the client.

Adjustment to this dissimilar approach was identi-
fied as the source of some initial difficulty, as one par-
ticipant suggested: “You need to learn very quickly the
difference between being in charge in the ward and
being a visitor in the community.” This adjustment was
compounded to some degree by the approach the par-
ticipants had adopted within the hospital. They had
become used to working in an environment they con-
sidered largely their own domain. Their right to be in
the hospital ward was automatic. The participants de-
scribed taking this approach with them into the com-
munity and experiencing considerable difficulty inter-
acting with patients until they “unlearned” the methods
they had used in the hospital. The degree of respon-
sibility and autonomy inherent within community-based
practice was identified as another area for which the
participants’ hospital experience had left them inade-
quately prepared:

You are far more responsible for your own work [in the
community]. In the ward you can choose to take respon-
sibility or not. You can have your good days and your
bad days, it is not as critical. In the community it is far
more critical that each time you go out, you are on the
ball. You have to be more experienced to be in the com-
munity. You have to be able to draw on a greater fund of
knowledge in the community than in the ward.

One participant highlighted the fact that nurses
practice without the same availability of information
and resources they become used to in the hospital envi-
ronment:

You go out there with no information. You might have
some referral letter indicating something, but you find
when you get there that you get something totally differ-
ent. You have to disagree. On the ward . . . it is more set
up. The client comes in and you have a provisional diag-
nosis, so you are thinking along those lines. The other
difference is the support staff. You have all those people
around you. In the community you go out alone; you are
seeing the clients in their own environment.

In adapting to this change, the participants had to
alter their mindset from that of the hospital. As one
participant stated: “Your whole background has been
structured around the [psychiatric hospital]. You have
always had support from up the line. [The community]
is in a different environment.”

The participants agreed that, to provide high-quality
service to the public, community psychiatric nurses
need to access and treat large numbers of clients ac-
cording to an individualized treatment program. To
achieve this goal they need to view the client’s situ-
tion more broadly than they had within the confines of
the hospital. The following response demonstrates this,

In the community there is a whole ideology of commu-
nity treatment versus the hospital that is very different. I
am still in the community because I still very much be-
lieve in that ethos. I think trying to keep people in a less
restrictive, their own environment is a kinder way to go
and I think it works. I get enjoyment out of that; in the
wards sometimes I felt like a jailer. You do this now.
This is the way it goes. At times I was more rooted in the
thinking of “we have always done it this way so we
should do it this way.” You can look a little wider and
think a little differently sometimes.

Involving the family in the management and treat-
ment of a client in the community was recognized as
crucial to ensure that the family is adequately prepared
to manage and support a client who is experiencing
psychiatric problems. Although the importance of the
family is not restricted to the community setting, it
becomes magnified in this environment. It is the family
who generally provides the day-to-day care of the cli-
ent: “You need to be able to assess a family as much as
assessing a person. You need to be able to assess their
ability to deal with a situation and their knowledge to
cope and also how they are reacting.”

None of the participants referred to either their
nursing education or their hospital-based experience as
being particularly helpful in preparing them for prac-
tice in the community. One participant reinforced this
view in relation to her experience on interview panels
for community-based positions:

I have a lot of interviews with nurses and I was amazed
they don’t know where to start with a mental state often
except PAMS GOT JIMI. Even some did not have that
basis.

Another participant suggested that even colleagues
with many years of experience, who were occupying
senior positions, generally did not perform at a senior
standard.

Discussion

The findings from this research confirm the major
themes from the literature. The participants’ views
clearly demonstrate the impact of the environment on
the role of the community psychiatric nurse and, subse-
sequently, on the manner in which their nursing skills

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1 This is a mental status tool that is widely used in Australia by
mental health care professionals. Each initial represents an impor-
tant element of mental status (e.g., P = perception, A = affect, M = mood,
etc.).
are used. In principle, the skills themselves might be considered applicable to psychiatric nurses regardless of the work setting. In practice, however, the approach adopted by successful nurses in the community must be completely different.

The apparent impact of the context of practice on the use of psychiatric nursing skills as expressed both in the literature and from the findings of this study should surely encourage the profession to question its existing practices. Is it valid that nurses who wish to specialize in the community field be required to gain experience in a hospital setting? Our participants not only confirmed the view that hospital-based experience was of limited benefit in preparing them for the community psychiatric nursing role, but they also, in some instances, reported it to have been a hindrance. To adapt to the community environment, the nurses had to adopt an orientation to practice that was completely different from the one they had used in the hospital environment.

A possible strategy is to offer newly graduated nurses who indicate a desire to work in the community a program of supervised practice in the community environment. Through the provision of appropriate supervision, the nursing graduate would be more likely to develop the required skills. To facilitate the success of such a program, an appropriate university course should be developed. The content of this course would ideally be designed to equip potential community psychiatric nurses with the opportunity to develop the theoretical and practical skills essential for community-based practice.

The results of a study of this size, however, cannot be generalized. Furthermore, certain aspects of the nurses’ preparation and experience may be unique to Australia. The fact that the study findings do support the available literature suggests that the current practices may not be effective, and alternative strategies should be explored. A larger, quantitative study of community psychiatric nurses should be conducted to ascertain the extent to which the views of these 6 participants are representative of community psychiatric nurses. Should they be found to be representative, the implications would be substantial.

Conclusion

The findings of this study illustrate that the participants perceived themselves as inadequately prepared for their roles as community psychiatric nurses. Neither their nursing education nor their hospital-based experience had facilitated their transition into a new working environment. Further research is necessary to ascertain the degree to which these findings are representative of all community psychiatric nurses and to determine appropriate strategies through which the problem can be addressed.

The practice of psychiatric nursing is continuing to change dramatically. An increasing emphasis on community-based care is constantly challenging the theoretical basis on which psychiatric nursing was originally established. The impact of the environment in which care is delivered on the manner in which nursing skills are implemented is strongly emphasized in the literature and is supported to some degree by the findings of this study. If this view is confirmed, it would be clear that the existing approach to the preparation of community psychiatric nurses is not functional. Alternative approaches, as suggested earlier in the article, need to be closely examined in an attempt to resolve what can only be viewed as an unsatisfactory situation—unsatisfactory not only for the nurses who find themselves unprepared for a new role but also for the recipients of their care.

References


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Exercise for Article 16

Factual Questions

1. According to the literature review, the main themes from the literature on community psychiatric nursing tend to shed doubt on what?

2. According to the researchers, why would designing a questionnaire or attitude scale for this study be problematic?

3. Were the questions in this study open-ended or closed-ended?
4. How was “credibility” in the data analysis “maintained”?

5. Why did the interviewer frequently rephrase the participants’ statements?

6. Who conducted the external audit in the data analysis stage of this study?

7. According to the researchers, can the results of this study be generalized?

Questions for Discussion

8. The participants in this study were recruited through a newsletter. In your opinion, was this a good way to recruit participants for a study of this type? Are there other ways to recruit participants? Explain. (See lines 109–111.)

9. The researchers state that they used “a semistructured interview.” What is your understanding of the meaning of this term? (See line 117.)

10. In your opinion, is the data analysis in lines 125–158 described in sufficient detail? Explain.

11. How important are the quotations in the Results section of this research article? Did the quotations contribute to your understanding of the results? Explain.

12. The researchers suggest that further research is necessary. Do you agree? Why? Why not? (See lines 327–331.)

Quality Ratings

Directions: Indicate your level of agreement with each of the following statements by circling a number from 5 for strongly agree (SA) to 1 for strongly disagree (SD). If you believe an item is not applicable to this research article, leave it blank. Be prepared to explain your ratings.

A. The introduction establishes the importance of the study.
   SA 5 4 3 2 1 SD

B. The literature review establishes the context for the study.
   SA 5 4 3 2 1 SD

C. The research purpose, question, or hypothesis is clearly stated.
   SA 5 4 3 2 1 SD

D. The method of sampling is sound.
   SA 5 4 3 2 1 SD

E. Relevant demographics (for example, age, gender, and ethnicity) are described.
   SA 5 4 3 2 1 SD

F. Measurement procedures are adequate.
   SA 5 4 3 2 1 SD

G. All procedures have been described in sufficient detail to permit a replication of the study.
   SA 5 4 3 2 1 SD

H. The participants have been adequately protected from potential harm.
   SA 5 4 3 2 1 SD

I. The results are clearly described.
   SA 5 4 3 2 1 SD

J. The discussion/conclusion is appropriate.
   SA 5 4 3 2 1 SD

K. Despite any flaws, the report is worthy of publication.
   SA 5 4 3 2 1 SD