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Alternative mental health clinical placements: Knowledge transfer and benefits for nursing practice outside mental health care settings

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Alternative mental health clinical placements: Knowledge transfer and benefits for nursing practice outside mental health care settings

Abstract

Aim and objectives To explore whether nursing student's experiences at Recovery Camp have impacted their current nursing practices. **Background** Recently, there has been a move toward more holistic models of nursing care, which seek to break down barriers of stigmatisation and embrace the tenets of self-determination, to acknowledge people with lived experiences of mental illness and their ability to manage their recovery. In that regard, future health professionals such as nursing students, will need to be educated in a manner that recognises the importance of lived experience. In this paper, we propose that Recovery Camp, an alternative clinical placement setting model, enhances clinical practice in multiple domains and is beneficial for both nursing practitioners and people with lived experiences of mental illness, as well as offering an effective non-traditional alternative to conventional clinical placement opportunities. **Methods** This study employed a phenomenological research design, involving individual semi-structured telephone interviews. The Standards for Reporting Qualitative Research (SRQR) checklist was adhered to. **Results** Three main themes were identified from the analysis: 1) engagement, 2) understanding mental health and 3) holistic care. "I definitely look at people with mental health conditions in a different light". At Recovery Camp, participants felt that they had greater opportunities for engagement with people with lived experiences, and through this engagement their preconceptions of mental illness began to change. **Conclusions** Recovery Camp may have facilitated the transfer of knowledge that is more person-centred among nursing students, consequently impacting their current nursing practices. **Relevance to clinical practice** Nurses should be equipped with mental health skills regardless of their career trajectory. While Recovery Camp represents a promising approach to facilitate knowledge transfer, further investigation will be required to determine which other factors are instrumental. This approach may have wider implications for nursing education.

Keywords

knowledge, transfer, placements:, clinical, settings, health, care, mental, alternative, outside, practice, nursing, benefits

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Alternative mental health clinical placements: Knowledge transfer and benefits for nursing practice outside mental health care settings.

ABSTRACT

Aim and objectives: To explore whether nursing student's experiences at *Recovery Camp* have impacted their current nursing practices.

Background: Recently, there has been a move toward more holistic models of nursing care, which seek to break down barriers of stigmatisation and embrace the tenets of self-determination, to acknowledge people with lived experiences of mental illness and their ability to manage their recovery. In that regard, future health professionals such as nursing students, will need to be educated in a manner that recognises the importance of lived experience. In this paper, we propose that *Recovery Camp*, an alternative clinical placement setting model, enhances clinical practice in multiple domains and is beneficial for both nursing practitioners and people with lived experiences of mental illness, as well as offering an effective non-traditional alternative to conventional clinical placement opportunities.

Methods: This study employed a phenomenological research design, involving individual semi-structured telephone interviews. The Standards for Reporting Qualitative Research (SRQR) checklist was adhered to.

Results: Three main themes were identified from the analysis: 1) engagement, 2) understanding mental health and 3) holistic care. "I definitely look at people with mental health conditions in a different light". At *Recovery Camp*, participants felt that they had

greater opportunities for engagement with people with lived experiences, and through this engagement their preconceptions of mental illness began to change.

Conclusions: *Recovery Camp* may have facilitated the transfer of knowledge that is more person-centred among nursing students, consequently impacting their current nursing practices.

Relevance to clinical practice: Nurses should be equipped with mental health skills regardless of their career trajectory. While *Recovery Camp* represents a promising approach to facilitate knowledge transfer, further investigation will be required to determine which other factors are instrumental. This approach may have wider implications for nursing education.

KEYWORDS: clinical placements, knowledge transfer, nursing practice, registered nurses.

What does this paper contribute to the wider global clinical community?

- The non-traditional mental health clinical placement *Recovery Camp*, is based upon the premise of person-centred care (PCC), and embraces a holistic approach to personhood.
- *Recovery Camp* enables multiple teaching opportunities for nursing students, which encourage deep learning, including providing unique insights into the lived experiences of mental illness.
- *Recovery Camp* has the potential to have a profound impact on everyday nursing practices, including those outside of a mental health care setting.

1. INTRODUCTION

In Australia, there has been increased recognition of the need to make provisions for people in the community that live with mental health problems. This is reflected in policy goals to address the promotion of greater integration and inclusion in community life (Commonwealth of Australia, 2009). These goals can be achieved by utilising different approaches to mental health nursing education, including the development of curriculum which involves people with lived experiences of mental illness. Rather than nursing care being 'done to' people with lived experiences of mental illness, nursing has evolved to that of a negotiated approach, where the dignity of the individual is respected through holistic person centred care (PCC). A person-centred approach promotes the rights and worth of people with lived experiences of mental illness, by acknowledging that they have unique experiences and skills, as well as knowledge about their illness (Levett-Jones, 2014). This approach enables people with lived experiences of mental illness to play an active role in how they manage their conditions and illnesses, becoming more dynamic in their recovery (Repper & Breeze 2004; Rush, 2008; Simpson et al., 2008).

All nurses in Australia are educated through a comprehensive education model, which was intended to produce nursing graduates with skills that could be utilised across a number of clinical settings (Happell & Cutcliffe, 2011). Yet, it is the clinical placement experience which is considered perhaps the most integral part of registered nurse's preparation (Walters et al., 2012, Perlman et al., 2019; Warne et al., 2012). Most clinical placements occur within traditional settings such as private and public general hospitals, residential aged care facilities and acute and community mental health units. An exception to these conventional clinical approaches is *Recovery Camp*. *Recovery Camp* is a non-traditional mental health clinical placement. Recovery Camp is based upon the principles of therapeutic recreation (TR), whereby TR is utilised to enhance outcomes for both nursing students and people with lived experiences of mental illness of mental health care (Picton, Moxham & Patterson, 2016). Introducing TR means to restore, remediate and rehabilitate a person's independence and level of functioning in everyday life activities (Pegg & Lord, 2008). While relatively new in Australia, TR has gained prominence in a number of other countries, and in particular within the United States. Therapeutic leisure (TL) or 'active living', as it is also commonly referred to, is defined as freely chosen humanistic activities which have the potential to enrich one's life (Iwasaki, Coyle & Shank, 2010). Recent research has demonstrated that leisure is associated with recovery-oriented outcomes for people with lived experiences of mental illness (Iwasaki et al., 2014), as it promotes positive emotions, personal identity and

social connections (Iwasaki, Coyle & Shank, 2010). For example, Picton, Moxham & Patterson (2016) found that by spending time immersed in leisurely activities, social engagement and personal empowerment were enhanced. Not only does *Recovery Camp* provide a setting which supports meaningful leisure (or recreation) for people with lived experiences of mental illness. It has also shown to be a positive learning opportunity for nursing students to develop skills, including building meaningful relationships with people with lived experiences of mental illness and building deeper knowledge surrounding different the elements and symptoms of mental illness (Moxham et al., 2015 & 2016; Perlman et al., 2017 & 2018; Cowley et al., 2016; Patterson et al., 2016).

The nursing literature is rife with discussion of knowledge transfer from learning experience(s) (Lahti et al., 2014; Aita, 2007). Such investigations include, the transfer of knowledge from theory to practice (Sandström et al., 2011; Hatlevik, 2011); simulation to practice (Tschannen et al., 2012; Booth et al., 2017; Mancini, LeFlore & CIPHER 2019) and clinical placement to practice (Duhamel, 2010; Merritt & Boogaerts, 2014; Davies et al., 2013). The work of DeBourgh and Prion (2011), for example, focused on knowledge transfer in the context of simulation education to clinical practice. This study found that students who participated in simulation-based education regarding patient safety, developed skills, knowledge, confidence and capability, were then transferred into the nursing student's practice, which they felt made them more accountable regarding patient safety (DeBourgh & Prion, 2011).

Recovery Camp, in contrast, is based on the premise of PCC and embraces a holistic approach to personhood, providing multiple teaching opportunities that encourage deep learning. PCC within nursing is underpinned by humanistic ideals, and posits that people receiving health care should be equal partners in planning and delivery (McCormack & McCance, 2006). The person-centred nursing framework developed by McCormack and McCance (2006) consists of four key constructs; prerequisites, the care environment, person-centred processes and expected outcomes. The first construct, prerequisites, is focused on attributes of the nurse, such as commitment to their position, competence, knowledge of beliefs and developed interpersonal skills. The care environment is related to the context in which care is delivered. Person-centred processes are the activities which facilitate person-centeredness, including sharing decision-making, having a sympathetic presence and considering a person's beliefs and values. Finally, outcomes is focused on the results which are expected from being person-centred, such as satisfaction, feelings of well-being and the

creation of a therapeutic environment. The overall objective of this framework is to encourage nurses to move beyond focusing on technical competence, and embrace different forms of knowing, as well as partnership in decision-making.

Rather than a typical, prescriptive and theoretical content driven learning model, *Recovery Camp* offers students opportunities to engage with people with lived experiences of mental illness, who determine the type or level of difficulty of activities they do within a therapeutic recreation environment. Students become part of empowering people with lived experiences of mental illness to manage their own decisions, including their illnesses, and to bear witness to them challenging themselves, in ways that they find comfortable. While nurse education has a long history of clinical training on people with lived experiences of mental illness (Hanson & Mitchell, 2001), the *Recovery Camp* approach inherently values learning from lived experience, and places first voice at the fore, meaning that nursing students are challenged to reflect on their own personal, social and medical understandings of mental illness and its treatment. Learning in this way, as the research presented in this paper illustrates, ensures knowledge transfer, and has a profound impact on nursing practice outside of the mental health care setting. It could be argued then, that the transfer of knowledge and skills gained from *Recovery Camp* transcends other traditional clinical placement models.

1.1 Knowledge transfer

Knowledge transfer refers to acquiring knowledge in one context and then applying it to another situation (Estabrooks et al., 2006; Sorenson, 2017). A review of the current literature indicates that knowledge transfer occurs between clinical placements and clinical practice, within the same disciplines (McKenna et al., 2010). For example, knowledge transfer from mental health clinical placement, to mental health clinical practice. However, there is limited research which explores knowledge transfer as it occurs across placement settings to a practice setting, such as a mental health clinical placement to general clinical settings.

Racine and Petrucka (2011) discuss knowledge transfer within nursing, describing that knowledge is 'commonly' transferred from learning environments (such as the classroom or clinical placement) into clinical practice. In their separate studies on the transfer of learning from clinical placement to practice and self-reported impact of the learning environment, McInnes et al. (2015) conclude that in order for a transfer of knowledge to occur between clinical placement and nursing practice, that the learning environment must be

considered positive. A positive clinical learning environment is said to occur when there is access to supportive staff and education that promotes the development of students' knowledge and skills (Connor, 2016). Knowledge transfer therefore typically occurs as students take the knowledge and skills acquired on placement and transfer them to practice as registered nurses. Knowledge transfer also occurs through experience within the workplace in the practical application of tasks (Sorensen, 2017).

While knowledge transfer is the end goal of all education (Aita et al., 2007) it is agreed with Gillespi and McLaren (2010) that it is worthwhile to investigate the specifics of knowledge transfer of a non-traditional placement setting and to consider the differences from traditional placement settings. Our contention is that by providing more opportunities for non-traditional placement settings such as *Recovery Camp*, that the depth of learning within this unique environment is one that has a deep impact on the practice of nursing. The non-hierarchical, person-centred approach evokes deep reflection that continues into RN practice outside the domain of mental health care. This immersive environment should be considered a valuable tool for ensuring quality health care in all fields of nursing.

Recovery Camp is a clinical placement experience for nursing students, as well as a recovery-oriented experience for people with lived experience of a mental illness. Students, staff and people with lived experiences of mental illness attend *Recovery Camp* and spend four nights and five days at the recreational camp surrounded by native Australian bushland. In order for nursing students to attend *Recovery Camp*, they must also be enrolled in an accredited undergraduate nursing program within Australia and engaged in a compulsory 80-hour mental health clinical placement. A preference for the clinical placement is also typically required. As a student's mental health clinical placement can occur at any time during their three year undergraduate degree, students may be in their 1st, 2nd or 3rd year of study. During the camp, students will engage in a range of structured activities, including Tai Chi, sports, flying fox (zip-line), giant swing, trivia, yoga, rock climbing, high ropes, team-building exercises and arts and crafts-based activities (Moxham et al., 2015). While at *Recovery Camp* students are supported by RN facilitators who are experienced mental health nurses. A focus of *Recovery Camp* is for students to utilise the environment and activities as a means to develop skills, knowledge and attitudes appropriate for working alongside people with mental illness.

Non-traditional placement settings may therefore offer a unique learning environment, which benefits both nursing students and people with lived experiences of mental illness. It may also work to reduce the demand and strain on institutions to provide placement opportunities that will provide positive outcomes for nursing students. The aim of this study then, is to explore whether nursing student's experiences at *Recovery Camp* have impacted their current nursing practices.

2. METHODS

2.1 Design

This was a small-scale honours project conducted in New South Wales, Australia. The study adopted a phenomenological methodology, using semi-structured interview questions to explore whether nursing student's experiences at *Recovery Camp* have had an impact on their current nursing practices. The intent of the phenomenological method is to explore the lived experiences of being human (Husserl 2004). It is a perspective that is broad and holistic, acknowledging cultural, social, environmental and politico-economic contexts (Salmon 2012). The phenomenological method has gained increasing popularity in nursing research, and is a method that may serve to enhance holistic patient care (Patton, 2019).

Approval for this study was granted by the University's Ethics Committee (Approval No: HE16/060). Participants were provided with a consent form via email and informed that their participation was voluntary.

2.2 Setting

Despite all participants residing and working within New South Wales, geographical constraints resulted in participants being interviewed via telephone.

2.3 Participant selection and recruitment

The participants in this study were registered nurses working at different hospitals in New South Wales, in a variety of practice settings (i.e. Infection Control, Emergency Department, Aged Care, Paediatric Oncology and Community Health). These nurses had completed their

mental health clinical placement at *Recovery Camp* in their third year of their nursing undergraduate degree, 2-4 years prior to the commencement of this study. Email invitations detailing the purpose of the research were used to recruit participants, and five nurses responded to being interviewed ($n = 5$). While there is no specific number required for a sample size in phenomenology (Gill, 2014), Pietkiewicz and Smith (2014) suggest that between four and eight participants will be sufficient. Thus, the study was in-depth rather than broad in scale.

2.4 Research team and reflexivity

Reflexivity is a process which involves reflecting on one's social position (Berger, 2015). One's social position includes personal characteristics such as affiliation, beliefs and personal experiences, which may have an impact on how research is undertaken. Individual semi-structured telephone interviews were conducted by a BN honours student. The BN honours student (GM) was not familiar with any of the participants, and as such, did not know them prior to the interviews. The participants were aware that the interviewer had completed a three year undergraduate nursing degree, having an understanding about elements of nursing practice. The other members of the research team (CP, LM and TH) were supervisors of the honours research project, with qualifications in mental health nursing and experimental research methods. None of the participants were known to the other members of the research team.

2.5 Data Collection

Five registered nurses completed the individual semi-structured telephone interviews. The telephone interviews were scheduled outside of working hours, which was the most suitable time for all participants. The interviews lasted for up to 65 minutes, with the shortest interview being undertaken in 23 minutes. All interviews were audio-recorded and later transcribed verbatim. All participants were asked '*what were your experiences as a nursing student at Recovery Camp?*', followed by '*how do you think these experiences impacted on your current nursing practices?*'. Further probing questions allowed the researchers to gain additional information into their experiences. The two questions were developed by three of the authors (CG, CP and LM), and had not been piloted previously.

2.6 Data analysis

The researchers analysed the transcripts based upon the principles of thematic analysis. Thematic analysis is a foundational method in qualitative research for identifying, analysing and reporting patterns within data (Braun & Clark, 2006). After the transcripts were read and re-read several times, descriptive codes were generated through common themes. Further analytic codes were then developed after a second researcher independently reviewed them. Emerging findings were determined by two other members of the research team. When no new themes were identified, the authors determined that data saturation had been reached. Member checking was also undertaken, requesting that the participants review the findings, in order to determine if what was captured was accurate. This process adhered to the Standards for Reporting Qualitative Research (SRQR). The authors chose to assign pseudonyms to the participants, in order to de-identity them (i.e. participant #1).

3. RESULTS

Analysis of the telephone interviews revealed the emergence of three main themes 1) engagement, 2) understanding mental health and 3) holistic care. The participants in this study demonstrated that they had acquired improved understandings in three main domains. First, *Recovery Camp* reinforced the importance of engaging with people with lived experiences of mental illness in meaningful ways, Second, *Recovery Camp* helped to reduce stigma and stereotyping, and third, *Recovery Camp* reiterated the importance of a holistic approach to health care to enable more successful outcomes in terms of self-determination for people with lived experiences of mental illness. Figure 1 reveals these themes, with ‘Meaningful Connection’ shown to be a core learning outcome from *Recovery Camp*.

[FIGURE 1 ABOUT HERE]

3.1 Theme 1: Engagement

Engaging with people with lived experiences of mental illness over a period of five days at *Recovery Camp* was supported by opportunities for building communication skills, time and the therapeutic environment. Nursing students reiterated the importance of being able to spend sufficient time with people with lived experiences of mental illness in order to develop appropriate communication skills to learn, both about and from the consumer. Time, or perceived lack thereof, has been identified as a barrier to quality patient care because other tasks such as documentation are prioritised (Hemsley, Balandin & Worrall, 2012). For example, in their current role as a RN, one participant illustrated the importance of understanding how patients might feel isolated due to routines, protocols or staffing pressures. Making time for, and spending time with patients has become a priority for participant one, which can be directly attributed to their *Recovery Camp* experience:

Because of that experience at camp I try to make more time. I rarely sit around in the nurse's station chatting to staff. I generally try to go and have a chat with patients Especially where I work, people are on contact precautions with infection control. It is quite isolating for the patient, so I definitely go in and spend more time trying to get to know them and give them someone to talk to, restricting that isolation. (Participant #1)

Participant one demonstrates how they gained deep insights into how the efficient delivery of healthcare occasionally loses sight of individuals. The protocols, such as barrier nursing, which make up effective disease control, lead to a more distanced relationship with patients and can lead to them feeling isolated. Participant one draws upon their experiences from *Recovery Camp*, realising that the impact of social isolation that is related to people with lived experiences of mental illness of mental health care. This is in agreement with previous studies that illustrated that this clinical placement setting helped students to develop therapeutic relationships, practical skills and to appreciate and understand the importance of lived experience (Moxham et al., 2017, Perlman et al., 2017).

Some participants reflected on *Recovery Camp's* ability to enable a different type of communication to unfold. Rather than being constrained by a more formal setting that would

create an unequal relationship of power, the unique setting provided an opportunity to learn about people through their stories and narratives of their lived experiences.

We just got to get to know the people with lived experiences of mental illness, not necessarily as people with lived experiences of mental illness, but as people. It was really eye opening. (Participant #2)

Similarly, participant three reflected on the life narratives of consumers, and their personal knowledge of their conditions and illnesses. This opened up a form of connection that may be less common in more formal settings.

I recall when we were all sitting around, a lady was telling us about her story. I found that I created a connection with her just by her talking about her story. (Participant #3)

Recovery Camp provided an alternative clinical placement setting for the students, deeply impacting on how they now approached their patients as registered nurses. They were more willing to invest time into building relationships, which helped them be more person-centred within the wards. Understanding people with lived experiences of mental illness as ‘people’ rather than diagnoses with particular treatment trajectories enabled them to appreciate the fundamental importance of a personal relationship as a precursor to a therapeutic relationship.

I definitely look at people with mental health conditions in a different light. A lot of the time they are just people and they just need that connection, and I guess it was good in that way, that we could build really solid therapeutic relationships with these people. (Participant #2)

Thus, the *Recovery Camp* experience created an environment that had facilitated deeper personal engagement, which impacted how registered nurses understood mental health care delivery.

3.2 Theme 2: Understanding Mental Health

It is understandable then, that the types of personal experiences that occurred at *Recovery Camp* may result in the deconstruction of stereotypes associated with people with lived experiences of mental illness. When undertaking mental health clinical placements, students often feel unprepared and fearful about communicating with people with lived experiences of mental illness (Kameg et al., 2010). One participant shared their apprehension and fear prior to *Recovery Camp*, however due to the opportunities provided related to the leisure activities, this fear decreased over the course of five days:

Going out to Recovery Camp and seeing people with mental illness gave me less fear, because like a lot of people I was fearful in the beginning. As the week progressed, I became less fearful because of that social interaction with people with lived experiences of mental illness. (Participant #4)

Similarly, one participant described how *Recovery Camp* gave them the opportunity to challenge their perceptions of people with mental illness by questioning stereotypes and ‘labels’. This psychosocial approach to health, they said, helped them to ‘*reduce judgement*’ toward people with lived experiences of mental illness. They explained:

It allowed all those labels to be dumped, and to have an honest conversation where we listen to each other. I think bringing that into it and not judging someone by their illness, but seeing them as a normal individual. (Participant #3)

All RN’s in this study also reported that interacting with people with lived experiences of mental illness [within a TR setting] ensured that they placed greater value on complimentary and supplementary therapies as treatment options. The importance of exercise and alternative

therapies like ‘Tai Chi’ and ‘mindfulness’ were underscored, and how they can positively influence a person’s mood and recovery. One participant explained their thoughts surrounding adopting alternate approaches to improving mental illness:

I think what it taught me was that in order to create recovery or healing, it didn't have to be as stereotyped as I thought. It didn't have to be medication and isolation from a person's environment necessarily like on a ward, or it didn't have to be closed in in four walls and really rigid or anything like that..... It's not just medicating someone but actually using psychotherapy, like art therapy or musical therapy or exercise. (Participant #3)

3.3 Theme 3: Holistic care

Due to the immense shifts in thinking that took place at *Recovery Camp*, the RNs in this study discussed how they now understand the importance of delivering holistic care and the prioritisation of the individual over their mental illness. One participant describes how they have transferred the knowledge they gained from *Recovery Camp* into their current RN practice.

When I look at one of the residents at work and they've got some type of illness as well as mental health issues, I don't only see the illness, I see them as a person. It's more than just the clinical aspects. (Participant #4)

The above sentiment echoes the principles of the PCC model, and is a positive step toward developing models of health care delivery that are not only tailored to meet individual needs, but to also work towards breaking down the enduring stereotypes that are often associated with people with lived experiences of mental illness. With the mainstreaming of mental health care and the prevalence of mental illness, the requirement for care by nurses in the general hospital setting has increased (Reed & Fitzgerald 2005). Alternative placement settings such as *Recovery Camp* therefore have great potential to create new social and

political discourses around how mental health care should evolve. Student nurses learn that people who are living with mental illness are people first, and that holistic care delivery is an effective and appropriate model for physical and mental conditions and illnesses.

Another participant (#5) also reflected on the impact of the *Recovery Camp* experience on their current role working in an emergency department. This participant reported that a greater understanding of both mental and physical health is imperative in their role, and that they could not easily be separated.

I think because of my experience, I'm more understanding as to why they are there, and I take time to find out why they've come in. People who are mentally unwell experience other health related issues as well, like broken bones or chest pain.
(Participant #5)

Mental health nursing requires exceptional communication skills, which are most importantly used in assessment and building therapeutic relationships with people with lived experiences of mental illness (Kameg et al., 2010; Peplau, 1987). Therapeutic relationships are deemed as the cornerstone of all nursing care, particularly within mental health care (Peplau, 1987). Participant one reported that their ability to effectively develop strong nurse-client relationships is influenced by their time spent at *Recovery Camp*:

Having a real and meaningful nurse-patient relationship and spending time with patients is just one of those things that I really focus on, and I think Recovery Camp has a lot to do with that. (Participant #1)

4. DISCUSSION

The aim of this study was to explore whether nursing student's experiences at *Recovery Camp* impacted their current nursing practices. It is evident that the non-traditional mental health clinical placement *Recovery Camp* has exerted influence on the registered nurses

approach to care, regardless of their area of practice. Findings from the interviews with RNs have illustrated how *Recovery Camp* facilitated a deeper knowledge and understanding of mental illness. The participants of this study provided in-depth reflections on how they perceived the knowledge that they had gathered at *Recovery Camp*, and how this has influenced their delivery of health care in a range of non-mental health care settings. This transfer of skills from clinical placement to practice is evidenced by previous studies. Confidence, communication and specific skills (such as observations or assessment) for example, have been shown to be transferred from clinical placement to nursing practice (Hope et al., 2011, Merrit & Boogaerts, 2014). For the most part, research surrounding knowledge transfer explores how nursing students are able to consider what they learn theoretically (or in practical simulations), and how they are able to apply that to their practice (Evans et al. 2010; Sales et al. 2014).

There are also a number of studies which examine the transfer of learning from clinical placements in mental health settings to current mental health practice (Koskinen et al., 2011). Roberts et al. (2009) identified that a mental health specific clinical placement provided skills and knowledge, which in turn, improved holistic nursing care for people with lived experiences of mental illness (Roberts et al. 2009). More generally, when students gain skills during their clinical placement, their knowledge is transferred to current practice, resulting in improvements in the quality of mental health nursing care within the healthcare system (Hoekstra et al., 2010). Indeed, Davies et al. (2011) and Khoddam (2014) agree that knowledge transfer from clinical placement to nursing practice can improve healthcare outcomes. Spence et al. (2012) argue that rather than time spent in clinical practice, the quality of the experience is the key to learning. The authors propose that the unique setting of a non-traditional mental health clinical placement provided a physical, social and educational environment, which is necessary to provide a transformative experience for both students and people with lived experiences of mental illness. The learning strategy embedded within *Recovery Camp*, is one that may lead to changes in thinking about mental illness. This has the potential for much social good.

The findings from this study suggest that all participants are, even in part, adopting principles of person-centred care into their current practices. *Recovery Camp* assisted with reinforcing the principles of PCC and overall, adopting a holistic approach to mental health care treatment and delivery. Students were exposed to a context where hierarchical relationships between the nurses and patients, which typically exists in traditional

placements, were removed. Within this TR setting, students closely interacted with people with lived experiences of mental illness over many hours. The day-to-day interactions such as meals, walking and activities provided ample opportunity to communicate, allowing students to listen while people shared stories of their lived experiences. This setting may have been contributory to the transfer of knowledge that is more person-centred. Through *Recovery Camp*, the students also had access to a diverse range of people, living with many different types of mental health conditions and illnesses. Many of the registered nurses discussed how they were initially anxious or fearful of people with lived experiences of mental illness, which has been identified as a significant barrier to effective health care delivery (Melincavage, 2011). The removal of stereotypes was noted by participants, which is important given that they continue to permeate our health care system. This should be considered a step forward, toward greater social acceptance and inclusion of differences within people.

5. LIMITATIONS

The study is not without its limitations. First, the study was retrospective, which must be considered as a potential limitation. As previously stated, the participants completed their clinical placement at *Recovery Camp* 2-4 years prior to the commencement of this study, and may have been influenced by a number of learning experiences during this time. Second, the study is limited by a small sample size of participants. As such, caution should be exercised when examining the generalisability of the findings. However, ultimately, recruitment was influenced by what could be completed within the time constraints of an honours research project. Third, given this small size, the participants who elected to be part of the study may not reflect a diverse range of nursing professionals.

6. CONCLUSIONS

This study has highlighted how the skills, knowledge and values gained through a mental health clinical placement experience called *Recovery Camp* may have had a transformative effect on registered nurse's approach to their delivery of care. The registered nurses reflections revealed how an alternative experience occurring outside of a traditional placement, impacted on their everyday nursing practices. A clinical placement which

employs a TR approach may be beneficial for developing nursing education, enhancing knowledge transfer that is person-centred, promoting inclusivity, supporting people with lived experiences of mental illness and improving the standard of the health care system overall. However, it is recommended that further investigation is required to determine which other factors that play a role in knowledge transfer.

7. RELEVANCE TO CLINICAL PRACTICE

This study adds to the literature surrounding knowledge transfer to clinical practice in nursing education. Nursing practice will inevitably involve working alongside people who are experiencing psychological distress (Bird, 2018). Therefore, irrespective of a registered nurse's area of practice, being person-centred and having skills in mental health are imperative (Happell & McAllister, 2015).

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Figure 1. Diagrammatic representation of the main findings.