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Abstract

Research of current and past literature has identified an increasing shortage of mental health nurses, currently employed, within the Australian healthcare system. Strikingly more alarming is the rising number of mental health consumers; both with a lived experience and those with a current mental illness. This diversity between mental health nurses and mental health consumers only serves to increase the stigma and discrimination whilst further defining the barrier consumers experience when accessing health care services. This paper investigates how an innovative clinical placement, based on personal recovery and grounded in tenets of Self-Determination Theory of human behaviour, can influence the self-determined response of pre-registration nursing students towards working in the specialty area of mental health.

Keywords

theory, perspective, self-determination, motivation, students, pre-registration, nursing

Disciplines

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A Self-Determination Theory perspective on the motivation of pre-registration nursing students

A review of non-traditional mental health clinical placements in comparison to traditional mental health clinical placements

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Abstract—Research of current and past literature has identified an increasing shortage of mental health nurses, currently employed, within the Australian healthcare system. Strikingly more alarming is the rising number of mental health consumers; both with a lived experience and those with a current mental illness. This diversity between mental health nurses and mental health consumers only serves to increase the stigma and discrimination whilst further defining the barrier consumers experience when accessing health care services. This paper investigates how an innovative clinical placement, based on personal recovery and grounded in tenets of Self-Determination Theory of human behaviour, can influence the self-determined response of pre-registration nursing students towards working in the specialty area of mental health.

Keywords— *Recovery Camp, Clinical Placement, Mental Health Nursing, Pre-registration Nursing Students, Mental Illness*

I. INTRODUCTION

Australia is currently in the midst of a shortage of mental health nurses. The death of mental health nursing clinicians is arguably a concern due to the rising prevalence of mental health diagnoses across Australia and the globe. As a result of the aforementioned concerns the motivation of pre-registered nursing students with regard to choosing a nursing specialty post registration is an important area for inquiry and further research. Specifically, clinical placements play an important role on the development and motivation of pre-registered nursing students toward pursuing careers in mental health nursing.

II. PREVALENCE OF MENTAL ILLNESS IN AUSTRALIA

The increasing prevalence of mental illness was identified by the Australian Government in 1996, when mental illness was classified as a National Health Priority Area, raising awareness of the burden of disease and illness that mental illnesses have in Australia [1, 2]. Since then, several surveys have identified the prevalence of mental illness in Australia.

The ABS conducted population based surveys in 2007 that identified 7.3 million Australians as having had a *lived* experience of a mental illness, of which 3.2 million had experienced a mental illness within the twelve months leading up to the survey [3]. The 2014-15 national health survey

identified that 4 million Australians had experienced a mental illness in that 12 months [4]. It can be anticipated that with the increasing Australian population there will be an increase in the number of people with a *lived* experience of a mental illness.

So to with the rising prevalence of mental illness in Australia, the rising costs associated with the provision of mental health related services has also increased over the years. According to the Australian Institute of Health and Welfare (AIHW), an estimated \$8 billion AUD, was spent on mental health related services in Australia in the 2013-14 financial year [5]. This financial estimate, does not capture the many indirect costs incurred to consumers (loss of potential income, medication, housing etc.) and healthcare services.

III. MENTAL HEALTH NURSING

Mental health services are first and foremost the engagement between the healthcare system and the health service user (the consumer) [6]. Health care professionals working in mental health services include those from disciplines such as nursing, occupational therapy, psychiatry, psychology, and social work. Mental health nursing is a specialised field of nursing that focuses specifically on individuals with different forms of mental illnesses [7]. The primary role of the mental health nurse is to collaborate and communicate with the consumer and their family and to build strategies to overcome symptoms of mental illness [7]. Mental health nurses work collaboratively with consumers to identify strategies that promote emotional, psychological, and physical wellbeing [8, 9]. Mental health nurses also provide support to the consumer and their family/support network from the commencement of their personal recovery and throughout their personal recovery journey [7, 8, 10]. The mental health nurse ensures that a safe environment is maintained; a milieu is free from harm, stigma and discrimination, and one that provides respect and dignity to the consumer and their family [11].

One of the most crucial roles that mental health nurses fulfil is the ability to work collaboratively with consumers and their families to educate and empower the consumer to take charge of their own personal recovery. This includes education about mental illnesses, signs and symptoms and what support and resources are available [8, 11]. Mental health nurses engage with consumers and other services to improve access to care

and ensure there is a continuity of care between services and the consumer and their carers [12, 13]. Mental health nurses connect consumers to other services such as education providers, and housing and employment agencies [14] to work holistically to provide health care at all levels, from primary prevention to tertiary intervention.

IV. MENTAL HEALTH NURSING IN AUSTRALIA

Research has long identified that mental health nurses are in short supply within the Australian healthcare system [15-17]. During the period of 2007-14 there was an increase of 15.37% in Registered Nurses, but in this same time period the percentage of mental health nurses stayed the same [18, 19]. Furthermore, the number of nurses working primarily as mental health nurses in Australia, in 2014, was just 7% [15]. A large disparity can be identified between the current number of mental health nurses compared with the aforementioned population of Australians requiring safe and effective mental health care services.

If the current rate of mental health nurses continues to decline, by 2021 the total number of nurses working primarily in mental health will be as low as 4.8%. Moxham [20] asserts that consumers with a mental illness are already living with entrenched disadvantage and this disadvantage will have an effect on the widening gap for mental health consumers and concomitantly the effect on the community at large will be devastating.

V. CLINICAL PLACEMENT IN NURSE EDUCATION

Mental health clinical placements are not considered a compulsory component of the baccalaureate nursing program despite the fact that mental illnesses are considered a national health priority in Australia [2, 19]. Mental health clinical placements are predominately offered in state or government run in-patient, acute care and community mental health services, largely being location based [21]. The focus of these services lies predominantly on acutely unwell consumers, cared for in mostly locked facilities. As a result, pre-registration nursing students who undertake placements in these environments may be exposed to a cohort of people who are not necessarily representative of the majority of consumers who have a lived experience of a mental illness.

Clinical placements are a vital part of a pre-registered nursing student's curriculum [22]. Clinical placements enable students the opportunity to practice the theoretical components of what they have learnt in university. Clinical placements enable pre-registration nursing students to build clinical skills and confidence through the use of real time settings under the supervision of a preceptor or facilitator [23, 24]. With an increase in the number of students enrolling in university baccalaureate nursing programs, there is an increasing demand for safe and effective clinical placements to accommodate the rise in pre-registration nursing student numbers [25-34]. This increased demand is placing a strain, not just on education providers but also on healthcare industries that are already limited in the number of available clinical placements.

Research has identified that clinical placements have a direct impact on the pre-registration nursing students future career objectives [35, 36]. The experiences that pre-registration

nursing students have whilst on clinical placements can positively or negatively affect their motivation toward certain areas of healthcare. Reference [37] suggests that the attitude of experienced healthcare workers toward mental health nursing can increase the pre-registration nursing students fear and anxiety of mental health nursing. Such is the importance of clinical placements on student workplace intent; for example references [35] and [36] indicates that a negative clinical experience in a particular area will DE-motivate pre-registration nursing students toward that field of health.

VI. A SPECIALIST MENTAL HEALTH CLINICAL PLACEMENT RECOVERY CAMP

Recovery Camp (RC) was founded in 2012 by a team at the University of Wollongong (UOW) to address the need for quality mental health clinical placements and to improve mental health nursing knowledge and skills through an immersive, experiential learning experience [20, 38]. *Recovery Camp* offers students a safe, inclusive and supportive environment, where they can engage with people who have a mental illness to promote recovery focused care, whilst reducing the stigma and discrimination related to living with a mental illness [20, 38-40]. Most important to the future of mental health nursing, is that RC exposes pre-registration nursing students to the practice standards set out by the National Standards for Mental Health Services and collaborates with the theoretical component, currently being taught at UOW, to bridge the theory practice gap in mental health nursing [11].

Recovery Camp runs over five intensive days and is offered to pre-registration nursing and other health students. In 2016, RC attendees comprised of 30 consumers, 21 Bachelor of Nursing (BN) students, 2 Bachelor of Nursing Advanced (BNA) students, 6 psychology students, 1 nutrition student, and 1 dietetics student. *Recovery Camp* was held at 'Camp Yarramundi' located in the Hawkesbury Valley, west of Sydney, Australia. The *recovery camp* was supervised by three mental health registered nurse educators and an educational specialist, as well as specialist therapeutic recreation camp leaders employed by 'Camp Yarramundi'.

Recovery Camp accounted for 80 hours of clinical placement and provided an active and immersive learning environment. Pre-registration nursing and allied health students and consumers collaboratively participated in therapeutic recreation (TR) based activities, such as intuitive problem solving activities, tai chi and mindfulness. These activities were the conduit providing students with opportunities to develop therapeutic relationships and engage in stress and anxiety reducing techniques, assessments, history taking, and counselling with consumers [41].

The *Recovery Camp* gives pre-registration nursing students a 'lived experience teaching' method of education, enabling them to develop an understanding of the severity and impact that mental illness has on an individual. This occurs as a result of deep immersion with people who have a lived experience of a mental illness [42].

VII. SELF-DETERMINATION THEORY

SDT has been applied and researched in many domains, including studies on relationships, education, elderly, environmental, exercise and physical education, healthcare, information literacy, migration, organizations and work, politics, psychopathology, psychotherapy and counselling, religion, sport, and virtual environments [43, 44]. The universal nature and application of SDT makes the theory robust and usable within a clinical placement setting.

Self-Determination Theory (SDT) emerged from research dating back to the late 1800s where aspects of motivation were first documented [45]. SDT evolved from foundational research on the effects of extrinsic rewards on intrinsic motivation with theoretical understanding being expanded in the 1950s, when it became clear that human motivation was influenced by a set of innate psychological needs; autonomy, competence and relatedness [45].

SDT is a macro theory of human motivation; in the mid-1980s SDT was formally introduced as a framework for motivational studies [45]. Motivation is understood to be the driving force behind an individual's behaviour; the reason they choose to do things. An individual motivated toward a task says reference [46] will exert more energy and passion into the outcome of the task; for example, in the workforce, employees that are intrinsically motivated will show increased productivity and decreased staff turnover.

Research grounded in SDT has indicated that three concepts (1) the social context, (2) psychological needs and (3) individual motivations play a critical role on the outcomes and experiences of humans and their behaviours [44, 47]. The social context, for the purpose of this research project, is the perceived environment in terms of the level of autonomy-support [47, 48]. Autonomy-support is created when a person placed in a leadership position (e.g. nurse or medical professional) uses strategies that provide those under their care with control/choice over their behaviours and support inherent psychological needs [47, 48]. On the other end of the spectrum, settings that are low in autonomy-support align with what is termed a controlling context [49, 50].

Autonomy-supportive settings have leaders and facilitators that utilise strategies and communication which focuses on the internal motivations of individuals, are flexible within the language they use, and demonstrate patience with consumers [51]. Controlling strategies use external motives, be restrictive in the language and be strict with the amount of time they provide people to complete a task [51]. Autonomy-support and control are at distal ends of the social context spectrum, yet are orthogonal [51, 52]. Reference [51] states that autonomy supportive environments increase satisfaction, engagement, enhance psychological outcomes and performance, whilst increasing understanding and persistence. Contrary to autonomy supportive environments are controlled environments that are more likely to create a culture of participation in return of a reward. Furthermore, controlling environments can negatively influence self-determination and a variety of positive outcomes [44].

Literature to date supports the concept of SDT as a useful tool for researching motivation as a predictor of performance outcomes, relational outcomes, and wellbeing outcomes [44, 50, 53-57]. To date, very little research has been done using SDT to understand the motivation of pre-registration nursing students. *Recovery Camp* offers pre-registration nursing students an opportunity to combine the theory component of the baccalaureate nursing program with the practical component in a safe and supportive environment [20, 38, 40, 58]. From a conceptually-aligned perspective, students are given opportunities and encouraged to participate with the consumer's in activities that increase the student's autonomy, competence and relatedness, while increasing their emotional control in a clinical experience that at times in an acute care clinical setting can be difficult to achieve.

Research on SDT has been successfully used to examine what motivates people to work [59, 60], the effects of motivation on academic performance [61], and the application of SDT to facilitate health behaviour change [55, 62]. However, there is minimal research on the use of SDT in mental health and on mental health nurses. Patrick and Williams [55] state that for basic science, theories must be tested using multiple methods and in a number of domains in order to refine and expand them appropriately. Therefore, by using SDT as the conceptual framework to study the motivation of pre-registration nursing students, this research expands on the theory of self-determination whilst also informing future research on interventions toward improving mental health nursing numbers.

VIII. AIM

The aim of this study was to gain insight into how an innovative clinical placement, based on personal recovery and grounded in tenets of Self-Determination Theory of human behaviour, can influence the self-determined responses of pre-registration nursing students toward working in the specialty area of mental health.

IX. METHOD

This study focused on 3rd year pre-registration nursing students, at UOW. Thirty pre-registration nursing students engaged in a traditional placement (hospital or community based work integrated learning) was the comparison group and thirty pre-registration nursing students engaged in a non-traditional placement (*Recovery Camp*) were the intervention group. Both cohorts formed the sample.

This study utilised a quasi-experimental pretest / posttest design. Data were collected from a battery of motivational surveys that took around 15 minutes to complete. Data were analysed using multiple 2 X 2 (Group X Time) repeated measures analysis of covariance (ANOVA) on each dependent variable.

X. RESULTS

Results of the repeated measures ANCOVA revealed a significant effect for Autonomy-Support $F(1,42) = 12.42$, $p < .0125$, $\eta^2 = .228$ whereby students engaged in *Recovery Camp* reported significantly higher levels of perceived support at the posttest time point. This result provides support that *Recovery*

Camp was implemented in a manner that created an autonomy-supportive setting. Further analysis revealed a significant difference for Autonomy $F(1,42) = 6.99, p < .0125, \eta^2 = .130$, Relatedness $F(1,42) = 8.83, p < .0125, \eta^2 = .174$ and SDI $F(1,42) = 6.93, p < .0125, \eta^2 = .142$, while Competence $F(1,42) = 1.661, p > .0125, \eta^2 = .038$ was deemed insignificant. Figures 5.1 through to 5.4 illustrate the pretest and posttest simple means for all four significant results.

TABLE I. DESCRIPTIVE STATISTICS AND RELIABILITIES FOR DEPENDENT VARIABLES

	Recovery Camp		Comparison Group		α
	M	SD	M	SD	
Autonomy-Support Pretest	5.37	0.61	4.73	1.05	.82
Autonomy-Support Posttest	6.34	0.63	4.98	1.23	.85
Autonomy Pretest	4.73	0.55	4.24	1.13	.81
Autonomy Posttest	5.25	0.86	4.37	0.96	.82
Competence Pretest	4.95	1.02	4.57	1.00	.85
Competence Posttest	5.51	0.78	5.05	0.97	.86
Relatedness Pretest	6.00	0.76	5.64	0.81	.84
Relatedness Posttest	6.55	0.58	5.61	1.10	.82
SDI Pretest	1.68	3.33	0.04	2.39	.83
SDI Posttest	3.44	4.18	0.03	3.11	.80

XI. DISCUSSION

The results of this study demonstrate that *Recovery Camp* is delivered in an autonomy-supportive manner when compared with traditional clinical placements. There were four key findings from this study; 1) the pre-registration nursing students attending *Recovery Camp* demonstrated a significant difference ($p \leq .0125$) in perceived autonomy compared to those in the comparison group at the posttest time point. 2) Pre-registration nursing students attending *Recovery Camp* demonstrated a significant difference ($p \leq .0125$) in perceived relatedness compared to those in the comparison group at the posttest time point. 3) No significant difference between groups in terms of competence were noted, yet mean scores increased for both groups. 4) Pre-registration nursing students attending *Recovery Camp* demonstrated a significant difference ($p \leq .0125$) in self-determination compared to those in the comparison group at the posttest time point. Recommendations for further research have been identified based on the results of this study.

XII. CONCLUSION

This study has demonstrated the need for improving mental health nursing numbers. With the increasing rate of mental health diagnosis combined with the shortage of mental health nurses, consistent recovery focused care will be difficult to achieve. A viable and consistent approach to improving the mental health nursing numbers whilst promoting recovery focused care, has been identified throughout this study in the delivery of a mental health clinical placement known as *Recovery Camp* to pre-registration nursing students. By improving the delivery of the mental health clinical placement and aligning it with the theoretical component of the mental health subjects, students are provided with an enhanced

learning opportunity for which they can develop their skills and knowledge whilst delivering mental health nursing care.

The findings from this study support the use of *Recovery Camp* as a mental health clinical placement that increases the pre-registration nursing students' self-determination toward mental health nursing as a career choice. This study identified that *Recovery Camp* is implemented in a more autonomy-supportive manner when compared with traditional clinical placements. In addition, pre-registration nursing students felt supported in their psychological needs and in turn their self-determination. As such, pre-registration nursing students may benefit from engaging in a clinical placement like *Recovery Camp*.

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