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‘There's kind of a route that would suit anyone’: A qualitative study of the perceived barriers and facilitators to considering a career in mental health

Authors

Karen McKenzie, Northumbria University, **Matthew Cooper**, Northumbria University, **Rachel Martin**, Northumbria University, **Kara Murray**, NHS Lothian, **Clare Baguley**, Health Education England, **Andra Chiscop**, Health Education England

Corresponding Author

Karen McKenzie, Department of Psychology, Northumbria University, City Campus, Newcastle upon Tyne, NE18ST, UK. Email: k.mckenzie@northumbria.ac.uk

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Key points:

- The UK, along with many other countries is facing a staffing crisis in relation to mental health nurses.
- There is a limited research exploring the factors that would encourage and discourage people to consider this as a career option.
- Our qualitative study targets groups that are thought to be particularly likely to be interested in this career option.
- We identify a number of facilitators and barriers and this information can be used to inform and improve recruitment strategies for MH nursing.

Abstract

Research Aims: There is a significant shortfall of mental health (MH) nurses in the United Kingdom, but little is known about the factors which influence recruitment. The study aimed to explore the facilitators and barriers to individuals considering a career in MH, with a particular focus on nursing.

Methods: This qualitative study conducted semi-structured interviews with 28 participants to obtain their views about undertaking a MH career. The data were analysed using thematic analysis.

Findings: The main factors which encouraged participants to consider a MH career were an interest in, and desire to help other people, along with developing a more informed view of the role, often through direct experience. The main barriers were limited knowledge about the available career options, training routes, and pay and conditions; the perceived stressful nature of the job; and barriers to diversity, such as socio-economic status.

Conclusion: Identifying facilitators and barriers can help inform strategies to recruit MH nurses. The results highlight the need for more targeted careers information, recruitment strategies that stress the helping nature of the specialty; provision of opportunities for direct experience; and clear communication about explicit strategies for stress management.

Keywords: Recruitment; Mental Health; Nurses: barriers; facilitators

Background

The Five Year Forward View for Mental Health (Mental Health Taskforce to the NHS in England, 2016) outlined the improvements that were needed in mental health services in the United Kingdom (UK) by 2021. These included changing how, when, and where services were delivered, to make them easier to access at the point that people needed them. In order to do this, more staff, including mental health nurses, are needed to provide high quality care to people with mental health difficulties. Recruiting and retaining nursing staff in the NHS can be difficult, with figures for 2018/19 suggesting that there was a 11.6% vacancy rate, and nearly 41,000 whole time equivalent vacancies. Mental health has a proportionately higher number of vacancies compared with other sectors, with 8514 mental health nursing vacancies across England being recorded in 2018/19 (NHS Improvement, 2018).

High staff turn-over is considered to be detrimental for a number of reasons including the potential negative impact on patient care and loss of knowledge and skills. It is also argued, however, that staff turn-over offers the opportunity to recruit new nurses who may bring new ideas, skills and innovations (Jones & Gates, 2017). In order to achieve these benefits, however, it is necessary to both train and subsequently recruit sufficient numbers of nurses into the mental health specialty.

There are many different potential sources of recruitment, including through new workforce development opportunities, such as degree apprenticeships (Glasper, 2020). Perhaps the largest potential workforce pool comprises graduates of, and students studying on, degrees that are relevant to a career in mental health, such as Psychology and Social Studies degrees (The Psychological Professions Network, 2018). While there has been recent research that has reviewed a range of suggested strategies to increase recruitment and retention in the caring professions in general (McKenzie et al., in press), there is limited research that has specifically explored the factors that influence career choice in mental health services.

The Reducing Pre-registration Attrition and Improving Retention Report (Health Education England, 2018) found that the avoidable reasons for attrition of students on pre-registration, clinical education programmes, including mental health nursing students, were financial issues, failing assessments and the student having made the wrong career choice.

A further recent study by McKenzie et al (2020) surveyed a group of 231 people, most of whom were studying on a relevant degree programme about whether they would consider a career in mental health. They found that only 29% would definitely not consider this career option and 51% would specifically consider a career in mental health nursing. Females, those with a mental health difficulty and those who knew more about mental health were more likely to consider a career in mental health. By contrast, participants who had prior experience of working with people with mental health difficulties were significantly less likely to consider this career choice.

Building on this research in this area, the present study explores, in detail, the views of a group of individuals from groups that represent potential applicants to the mental health

workforce about a career in mental health, with a particular focus on mental health nursing. The aim is to help inform recommendations for interventions to help increase recruitment to mental health services.

Method

Design

The study received ethical approval from the first author's university ethics committee. The study used a qualitative approach, with data being gathered from semi-structured interviews. This approach also enabled a detailed focus on the participants' subjective views and experiences.

Participants

The study used purposive sampling and recruitment was through schools, colleges and universities in the North of England, and contacts of the research team. As students and graduates of relevant degrees were considered to be a large, potential workforce pool (The Psychological Professions Network, 2018), these participant groups were targeted. Inclusion criteria were that the person had to be aged 15 years or older, and provide informed consent, with parents/guardians also providing consent for those aged under 18.

Twenty-eight people were interviewed, of whom 10 were male and 18 were female. Ages ranged from 17 to 56. Twenty-seven were British and one was Polish. Fourteen were students at university or college and two were school students, with the remainder being in full or part-time employment. Fifteen of the interviewees held or were studying for a psychology degree and eight held or were studying for another type of degree.

Procedure

Potential participants and their parents (where applicable) were provided with information about the study. Once consent was obtained, a suitable date, time and venue to conduct the interview was arranged. The interview was guided by the use of an interview schedule which covered the topics of participant knowledge about various careers in mental health, their experience (if any) in relation to a career in mental health, and the factors that they felt would encourage and discourage them from considering a career in mental health. The interview schedule was developed, taking account of recent research that indicated some of the general factors that might encourage or discourage people for undertaking a career in mental health (e.g. McKenzie et al, in press).

Interviews were conducted by phone or in person by a researcher with experience in qualitative research. All interviews were digitally recorded and subsequently transcribed verbatim. All scripts were anonymised. Interviews lasted between 20 and 60 minutes.

Data analysis

Data were analysed using thematic analysis (Braun & Clarke, 2006) to identify common themes and sub-themes. Data analysis was conducted by the first author. This entailed detailed reading and coding individual interview transcriptions. Codes were then combined and analysed across all transcripts to develop themes and associated subthemes. The results were then shared with the wider research team to check that they were coherent and consistent with the data.

Results

Two main themes were found. 'Enablers' were seen as positively influencing decisions to undertake a career in mental health. whereas 'Challenges' represented barriers to this.

Enablers

Two main intrinsic factors were highlighted by the majority of participants as drawing them towards a career in mental health. These were an interest in other people: “I've always been fascinated by trying to understand people and how people's minds work” (p4), combined with a strong desire to help others:

I want to help people, and from my point of view a career in mental health would be a really rewarding role. I think that would be the main thing that attracted me to that career definitely (p21)

A further enabler was any factors that allowed participants to have a more informed view about a mental health career. Many had developed their interest in the field, following some practical experience. This could be through volunteering while at university: “So volunteering, I first did that in second year... I think that was good ‘cos that was like my very first time working with people who had mental health issues” (p3); undertaking placements: “...and I work with people with mental health [difficulties] on placement, so I like that” (p8); or work experience: “So I actually did work experience with them for like two weeks and that's a job, that's probably what got me hooked” (p6).

This type of experience was seen as very important in helping people to have a more realistic view of what the job would entail, including the less attractive aspects of the job: “Like with any jobs, you get painted a great picture of what it is so maybe more of an actual understanding of what it's going to be like and it's not all a good job” (p9).

Unless the participants had some direct experience of working in mental health services, they were generally unaware of the available career options. When participants

were given some information about the range and types of roles within mental health, however, many responded with interest and enthusiasm: “I think if I’d known about it [mental health nursing] a few years ago, it definitely would have been an option (p12).”

Challenges to undertaking a career in mental health

The second theme identifies the factors that were seen as barriers to undertaking a career in mental health. The associated subthemes were ‘limited awareness of options’, ‘the perceived stressful nature of the profession,’ and ‘barriers to diversity’.

Limited awareness of options

Lack of knowledge about career roles, pathways and required qualifications was seen as the main barrier to encouraging people into a career in mental health and was cited by the majority of those being interviewed: “...but the big one [barrier] for me is just a complete lack of understanding of that, the area and how to get into it and what specific roles there are” (p10), with many participants being unaware of possible career pathways. In addition, participants were unclear about the training and qualifications required:

I never even really considered it, cos I assumed cos it was nursing it was quite science-y, and because I didn’t have any science A levels, I just wrote it off. So, I never really looked into it (p8).

Many also lacked confidence that they would meet the required standards: “It seems really difficult as well, all of the...like academically, like all the, the science and the results and doing testing and things like that” (p7).

The opportunity for career progression and a clear career pathway were important for many respondents but, again, few had any knowledge about these aspects: “I think if there

was a clear like pathway with like steps that if you do this, this and this you will definitely be able to do this then that, that would make me want to do the job” (p8).

Participants generally felt that the career advice they had received at school and university had not provided them with adequate information that allowed them to make informed choices about a career in mental health:

It would have been really good to know at school when we're being taught about different career options and things like that what routes can you go down because I think with mental health particularly, there's kind of a route that would suit anyone but I don't think that knowledge or that information is readily available. (p4)

The perceived stressful nature of the job

Another commonly cited barrier to considering a career in mental health, was the perceived stressful nature of the work. Stress was seen to come from many sources, particularly the complex needs of the people being supported:

..mainly because of how stressful I've heard it is for a lot of people, mental health nurses that I know, the environment that they work in and the complexity of the patients that they work with sounded like it wasn't really for me (p4).

Other participants cited long working hours and low pay, in the context of the stressful nature of the job as a significant barrier: “So much stress and so many hours and not very well paid and things like that” (p7). There was also concern about the impact on their own mental health: “I think the mental health nursing is probably more like taxing on your own mental health” (p9). Many felt they would not have the ability to ‘switch off’ after work, with the resultant impact on their own psychological wellbeing: “what worried {me} was bringing the

work home and obviously you'd be looking at some pretty traumatic stuff and I wasn't sure if I would be able to leave that at work" (p12). Perhaps related to the perceived stressful nature of the career, good supervision and support were seen as very important, with poor supervision acting as a barrier.

It's so important that you have the support systems around you. So, supervision and line managers and people like that around to, to kind of help you out and support you. (p4)

Barriers to diversity

The need for greater diversity in mental health services was highlighted by participants, along with the barriers that may prevent certain groups from entering the profession. This included gender stereotypes related to nursing:

With nursing, there still is that thing, like a guy being a nurse, like it is still, it's very much there...f I went home and was like 'Oh dad, I'm gunna be a nurse' I feel like he'd probably laugh at that cos he's very old school. (p6)

Socio-economic status was another important barrier, with participants noting that those who had fewer financial resources were likely to be disadvantages because they would be unable to undertake unpaid opportunities such as volunteering:

...you still need to be able to pay your rent, you still need to be able to feed yourself and if you're having to pick between a volunteer role or not doing it and getting another job that pays, then I think that's what a lot of people are going to take 'cos volunteering isn't an option for everybody (p12)

The long training route associated with changing career also dissuaded some older participants: “I felt that I was too old to do it...there was a lot of responsibility and to take on anymore and to make a career change at that point in my life it wasn’t feasible” (p18).

Discussion

The aim of this research was to explore in some detail the views of a range of people about a career in mental health. The majority of those interviewed were positive about such a career choice and were largely motivated by an interest in and desire to help other people. This highlights the importance of emphasising the intrinsic rewards of a career nursing, in particular, that it offers the opportunity to help others.

The participants highlighted the benefits of opportunities such as volunteering, placements, and work experience as ways of introducing them to people with mental health difficulties and some of the realities of a career in this area. Such opportunities for direct contact have also been recommended by researchers as a means of increasing recruitment and helping ensure that potential employees have a realistic view of the profession (Sutton et al 2015). Research suggests that associated stigma (i.e. when those people who are in close contact with a stigmatised individual or group are also perceived negatively) is thought to adversely influence recruitment to mental health nursing (Harrison et al, 2017). By contrast, research shows that positive contact, even if it is imagined contact or contact via viewing a video, with those who are stigmatised can reduce stigma, prejudice and social anxiety in the short to medium term (Maunder & White, 2019).

In terms of barriers, while resources already exist that are designed to promote mental health careers to a wide audience, e.g. NHS Ambassadors (Health Education England, 2019), the participants had limited knowledge about career pathways, training opportunities,

required qualifications and pay and conditions. This suggests the need for further work with careers support services to enable them to promote career routes into mental health services.

Another significant barrier was the perceived stressful nature of the work and many participants expressed the concern that working in this field would be detrimental to their own mental health. These concerns have a basis in reality, with research suggesting that nurses working in mental health services are at risk of stress and burn-out (Howard & Eddy-Imishue, 2019; Sadiku, 2016). There is a need for robust research into the factors that can reduce stress in mental health nurses. The limited research that exists in this field (e.g. Howard & Eddy-Imishue, 2019; Sadiku, 2016) suggests that clinical supervision may be an important factor. Staff supervision, support and training, along with specific stress reduction interventions have also been found to be important in reducing the stress of staff who support other groups, such as people with an intellectual disability (see McKenzie et al., in press).

The final barrier related to diversity. The potential mental health workforce is diverse in terms of characteristics such as age, gender, and ethnic origin. As our participants highlighted, the life circumstances of individuals, such as caring responsibilities, educational opportunities, and income can also vary markedly. These differences can influence expectations and perceptions of, and attitudes towards, work which need to be considered in recruitment processes (Jones et al, 2015). The negative impact on student applications of removing the bursary for nursing, midwifery, and allied health professional educational programmes in England, indicated that if training for a career in mental health is not financially viable, then many will simply not consider it (Buchan et al, 2019). The subsequent reintroduction of the bursary for nursing students may help reverse this trend (Glasper, 2020).

The recognition that the profile of the NHS workforce did not reflect the diversity of the general population was one of the drivers behind the publication of the Widening Participation strategy in 2014 (Health Education England, 2014). The Widening Participation Directory (Health Education England, n/d) provides an overview of a range of initiatives that have sought to increase the number and diversity of those accessing opportunities for recruitment to train and work within healthcare. As with much of the work in the area, however, there has been little evaluation of the effectiveness of such initiatives in achieving these goals.

A limitation of the research was that those who agreed to be interviewed may have had a particular interest in the area of mental health. Qualitative research, however, does not claim to be representative of entire populations and instead offers more detailed insights into the views and experiences of participants.

Implications for nursing practice

The majority of participants viewed a career in mental health positively, with the main attraction being an interest in and desire to help others. This interest was consolidated through opportunities to gain direct experience of working with people with mental health difficulties. These results suggest that recruitment strategies need to promote information about the career opportunities in mental health nursing more widely, ideally in conjunction with opportunities for direct experience. There needs to be a realistic portrayal of the field to potential employees. The rewarding and helping nature of the profession should be a key message, but the potentially stressful nature of the work also needs to be highlighted. Importantly, the ways in which staff will be supported to deal with such stress, for example

through supervision or stress reduction interventions should be emphasised in order to address concerns.

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