

Field of play: How do organisational structures impact on mental health nurse's physical health practice?*

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Mental health nurses are positive about physical healthcare. Their practice in this area is often invisible. Structural factors including the burden of accountability, lack of organisational support, stigma & socioeconomic factors act as a barrier to practice

Background

People with mental distress experience higher rates of physical co-morbidities. There appears to be ambiguity surrounding nursing roles in addressing these health inequalities. Previous studies have highlighted certain organisational and structural factors which play a role but without significant depth of how they impact on nursing practice.

Aims/Objectives

The study aimed to examine how registered mental health nurses working in one UK mental health service understood their role in providing physical healthcare to people with mental distress. In particular, how relationships, organisational and structural factors impact on mental health nursing practice.

Outcomes

Analysis reveals that mental health nurses' physical healthcare practice takes place in a **complex field**. All the participants voiced that they had a role in meeting the physical healthcare needs of people with SMI. They often did not realise that they were 'doing' physical healthcare tasks as they were embedded into their routine, every day work. Their work is likely invisible and may not be conceptualised as physical healthcare. Inpatient staff had a more 'task-based' approach while community staff appeared more focused on long-term pieces of work around health promotion and lifestyle advice. However, several structural factors impact on participants to provide appropriate physical healthcare for people with SMI. These include;

- ❖ A **burden of accountability** and perceived blame culture
- ❖ Tensions between meeting expectations of professional accountability and **recovery-orientated practice** that promotes autonomy and choice.
- ❖ The dominance of the **risk management** discourse
- ❖ Perceived **lack of support** from the organisation
- ❖ Tensions between the various fields which is impacting on MH nurses 'doing' physical healthcare. This includes **tensions** between primary and secondary care, between MH services themselves and between MH and physical health services more generally. It may account for nurses questioning what their role.
- ❖ Some nurses felt that **socio-economic circumstances** of patients impacted on their practice while others felt that it played no role.
- ❖ **Stigma** particularly when accessing 'general' physical healthcare services as people often experience diagnostic overshadowing. Additionally, some participants voiced that working in MH services made them 'the other' and therefore they were not always listened to or included when it came to physical healthcare activities or decisions.

This has resulted in high levels of emotional content to the data. It was clear that there was a **significant emotional burden** to this area of practice which is not always recognised or discussed.

Implications for mental health nursing

The study highlights various structural factors impacting on mental health nurses ability to address patients physical health needs. Services need to give consideration as to how they are going to remove such barriers, which should help nurses to practice more competently, confidently and would allow them to develop creative practice without fear of blame. Some structural issues such as socioeconomic factors will be more difficult to improve. There is need for clear policy directives on how the physical healthcare needs of people are going to be met across the service.



Theoretical framework

Pierre Bourdieu's Theory of Practice (1977)



Setting

1 Scottish health board
Population= 859,000
Urban area
Area= 1725 km²



Sample=14

N= 902 WTE RMNs
n=7 (Inpatient)
n=7 (Outpatient)



Practice areas

Inpatients
Acute admissions = 6
Rehabilitation = 1
Outpatients
CMHT= 5
IHTT= 2



Ethics

Favourable ethical approval from university.
R&D approval from NHS research governance



Data collection

January-May 2018
Demographic questionnaire
Semi-structured interviews



Data analysis

Informed by Braun & Clarke's Thematic Analysis

Map of the field

