



University of **HUDDERSFIELD**

University of Huddersfield Repository

Kendal, Sarah

District Nurses in Mental Health Care: how district nurses feel about providing a nursing service to people with mental health problems

Original Citation

Kendal, Sarah (1999) District Nurses in Mental Health Care: how district nurses feel about providing a nursing service to people with mental health problems. Masters thesis, University of Manchester.

This version is available at <http://eprints.hud.ac.uk/id/eprint/31454/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

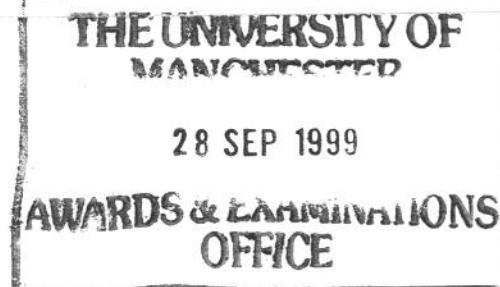
DISTRICT NURSES IN MENTAL HEALTH CARE

A preliminary study exploring how district nurses feel about
providing a nursing service to people with mental health problems:
a group interview method

A thesis submitted to the University of Manchester for the degree of Master of
Health Science in the Faculty of Medicine 1999

Sarah E. Kendal BA RMN

Department of Public Health and Health Promotion
School of Epidemiology and Health Sciences



(2)

LIST OF CONTENTS

	Page
TABLES AND FIGURES	4
PREFACES	
Abstract	5
Declaration	7
Copyright	7
Acknowledgements	8
Statement about the Author	8
Foreword	8
Definition of Terms	9
Glossary and Abbreviations	11
 CHAPTERS:	
1.INTRODUCTION	12
Background to Study	12
Aims and Objectives	16
 2.LITERATURE REVIEW	17
2.1.Sources used in the Literature Review	17
2.2.Results of the Literature Review	21
2.3.Suitable Research Approaches	31
2.4.Discussion of Methods	37
2.5.Development of a Research Design	50

3. CARRYING OUT THE RESEARCH	56
3.1. Access and Sampling	56
3.2. Data Collection	59
3.3. Use of a Questionnaire	61
3.4. Analysis of the Interview Data	62
4. FINDINGS	67
4.1. Description of Sample	67
4.2. Key Themes from the Interview Data	69
5. DISCUSSION OF FINDINGS	89
5.1. Summary of Findings from Qualitative Data	89
5.2. Discussion on Bias	91
5.3. Credibility of Findings	96
6. CONCLUSION AND RECOMMENDATIONS	102
6.1. What do the Findings Mean?	102
6.2. Possible Future Research	103
6.3. How can the Findings be Used to Improve Services?	104
REFERENCES	106

APPENDICES	113
Appendix 1: Transcripts of group interviews	114
Group 1	114
Group 2	131
Group 3	150
Appendix 2: Documents and letters	

LIST OF TABLES

Table 1	
Yield of usable references from electronic database search	19
Table 2	
Model of parallel strategies to establish rigour in quantitative and qualitative research	36
Table 3	
Demographic information about sample, obtained from returned questionnaires	67

LIST OF FIGURES

Figure 1	
Diagram to illustrate concepts of data analysis	45
Figure 2	
Model of data analysis	46
Figure 3	
Model of network analysis	47

ABSTRACT

Recent developments in primary health care in the UK have expanded the role of district nurses as providers of mental health care. Little has been published about the success or otherwise of this change.

A literature review revealed that there is little understanding of how district nurses are currently adapting to changes in their role. This piece of research was designed in response to my initial awareness of some of the difficulties some district nurses were encountering within their expanded role.

The aims of the study were to explore the feelings and experiences of a sample of district nurses concerning the provision of mental health care within the district nursing service; and to gain a better understanding of the issues raised.

A qualitative design was used, employing a focus group method with a small purposive sample of district nurses. They were encouraged to discuss their experience of providing mental health care, and their views on what were the pertinent issues for them in this role. The interviews were tape-recorded, transcribed, and then analysed using a manual technique.

This method obtained information about the district nurses' views on a range of topics within the subject area. Eight main themes emerged from the analysis.

Attempts were made to enhance the validity of the research findings within the framework of a small-scale project. As part of this, a demographic profile of the sample was drawn up from a short questionnaire distributed to all participants. This quantitative data provided a context from which to view the findings of the research.

The implications of the research study are considered. Tentative conclusions are drawn from the findings about what are the pertinent issues for district nurses in relation to

mental health care. It is suggested that they have anxieties about this role, which could possibly be addressed by improvements in the key areas of clinical support, communication and training.

ACKNOWLEDGEMENTS

I would like to thank family, friends and colleagues. I am grateful to them for their consistent support, without which this work would not have been possible. I would also like to thank Jan Williams for her encouragement at the start of this, Selwyn St Leger for his help in the closing stages, and Judith Canham.

STATEMENT ABOUT THE AUTHOR

I am a community psychiatric nurse working in inner-city Manchester. I am based within a multi-disciplinary mental health team that liaises closely with both primary (i.e. GP-focused) and secondary (i.e. hospital-focused) health services. This is my first piece of research.

FOREWORD -Rationale for writing in the first person

I have chosen to write certain parts of this dissertation in the first person, following points made by Webb (1992) and others. Webb argued that the use of the neutral, anonymous third person is deceptive when applied to quantitative research because it obliterates the social elements of the research process, and that the use of the first person counteracts the notion that the research is not influenced by the researcher.

I have used the first person in those sections that describe subjective decisions and other methodological considerations that pertain to my own subjectivity.

DEFINITION OF TERMS

Preliminary Study

This research project may be viewed as a preliminary study because its small scale (N=17) precludes broad conclusions about the subject.

District Nurses

The sample group was made up of experienced district nurses studying for a district nursing qualification. This qualification would enable them to apply for team leader posts. Some had the job title of 'community staff nurse'. These phrases have implications for grading and role allocation within district nursing teams. However, I have used the phrase 'district nurse' universally as it implies an type of nursing activity that all the participants were involved in.

District nurses are part of primary health care teams, working in the community and usually attached to GP practices. Their roles and responsibilities vary according to local conditions (Manchester Metropolitan University, 1997).

A district nurse would have at least a general nursing qualification. The team leader (Sister/Charge Nurse) would normally be a 'G' grade, and have a specific clinical role.

People with mental health problems

"The term 'mental illness' is extremely ambiguous (Sharman, 1993). For the purposes of this research, the phrase: 'people with mental health problems' was left open to interpretation by the nurses who took part in the group interviews. They used the phrase in reference to:

- People who were receiving care from specialist mental health services for a diagnosed mental illness;
- People with mental health problems who were being treated by their GP without specialist input;
- People with apparent mental health problems who were not receiving medical treatment for them.

‘Focus group’ and ‘group interview’

Throughout this study, the phrase ‘focus group’ is used interchangeably with ‘group interview’, following Hawe et al (1990).

‘District nurse’, ‘students’ and ‘group members’.

The subjects of this study had in common the qualities of being district nurses, college students, and research participants. I have therefore used the phrases interchangeably.

GLOSSARY AND ABBREVIATIONS

1990 NHS and Community Care Act- addressed the community care of people with mental health problems.

Care in the community- health policy aiming to develop mental health care in community settings as an alternative to hospital treatment

Compulsory admission to hospital-Under the 1983 Mental Health Act, a person felt to be a danger to themselves or others due to a mental illness, may be compulsorily admitted to hospital , subject to conditions as set out in the Act.

CPN - community psychiatric nurse

DN- district nurse

DOH – Department of Health

GP - General Practitioner

HMSO- Her Majesty's Stationary Office

HSC -Health Service Circular

Primary Health Care-this is the first point of contact for people seeking advice, support and treatment for their health. Primary health care nurses work outside hospital, delivering health care in the community (Community and District Nursing Association, 1995).

RCN Royal College of Nursing

UKCC- United Kingdom Central Council for Nursing, Midwifery and Health Visiting

CHAPTER 1: INTRODUCTION

The aim of this chapter is to set out the context of the research presented here, in terms of current issues in primary health care and my own interest in the subject.

1.1. Background to Study

“Changes in the delivery of healthcare in the community are altering the role of district nurses” (Manchester Metropolitan University, 1997, p.11).

Over a decade ago, the rapid expansion of community nursing in response to new demands was attracting attention (Butterworth, 1988). Butterworth argued then that there was a need to address certain intra-professional issues that had repeatedly been highlighted by government and organisational reports over the previous ten years. These were:

- Generalism versus specialism
- Role overlap
- A need for shared training between community nurses, health visitors, social workers and general practitioners
- The problematic relationship between general practitioners, attached community nurses and health visitors
- Clinical responsibility and a need for a key worker role

(Butterworth, 1988, pp36-39).

Many of these issues are still unresolved and remain pertinent to district nurses. In particular, the evolution of community care has made a major impact. The 1990 NHS and Community Care Act harnessed district nursing services more closely to GP

practices through contracting arrangements (MacLellan, 1990a), simultaneously pushing more of the responsibility for mental health care towards primary health care teams. The Act aimed to develop community services to enable people to live as normal lives as possible, with appropriate support, in their own community. It directed community psychiatric nursing (CPN) services towards the care of people with complex mental health needs (DOH, Jan 1993).

The role of the district nurses as providers of mental health care was set out in the Health of the Nation document on mental illness, which stated, "All nurses, midwives and health visitors have a role to play in contributing to the achievement of mental illness targets" (DOH 1993, p.122). The Royal College of Nursing (RCN) endorsed this view, stating that with appropriate training, primary health care teams should be able to deal with most mental health problems (RCN 1995). District nurses' role as providers of mental health care has considerable relevance to primary care, health and social politics, care in the community, nursing roles, occupational health and training programmes. A review of relevant literature shows that there is little evidence of research in this field, though research on stressors for district nurses has implicated problems with role definition.

Under the Primary Care Act 1997, primary care is in a period of growth and experimentation (Butler et al 1997). The combined effect of these changes is that the primary health care team is now managing the mental health care of many people in the community who used to receive a service from community psychiatric nurses (RCN 1995, Shooter 1997). The amount of mental illness in society is thought to be underestimated because of failure to recognise it, both in general hospital settings and at primary care level (DOH 1993).

Changes in health politics may not slide as smoothly into nursing culture as planners expect. The logic of strategic planning is different from that of hands-on nursing, with different pressures and obstacles to success.

Tensions between parts of the primary healthcare teams are one such obstacle. The debate about specialisms and role blurring in the community nursing service continues (Kelly, 1996). Blurring of professional roles is known to be a source of stress for nurses (MacLellan 1990b, Seljeflot, 1997). Stress in NHS staff has become such a point of concern that it has been identified as a problem in health service reports (examples are NHSME 1992; HEA 1992, cited in English, 1997).

Specialist nurses have the advantage of specialist experience that protects them somewhat from intrinsic stressors. For example, a CPN might be familiar with self-harming behaviour and consequently consider it to be a routine problem. The corollary of this is that the district nurse, self defined in the research here as "Jack of all trades"(Group 1:149), is liable to encounter a much wider range of health need and has less opportunity to become inured to such stressors.

The district nurse then is in a vulnerable position. The versatility of this branch of nursing makes it more tempting for other members of the primary care team to utilise the service. District nurses have taken on responsibility for some of the mental health care that was previously provided by CPNs. However, support for them in this new role depends largely on the willingness and ability of GPs and CPNs to provide it (RCN 1995). The district nurse may find she has responsibility with neither experience, skill base nor support for the task.

Primary care is being restructured and has a new commissioning role in the form of Primary Care Groups. The new role gives more voice to community nurses (HSC 1998/065). It is within this climate that the research offered here, on district nurses'

feelings and experiences of providing mental health care, may be a potentially useful and relevant piece of research.

1.2.AIMS AND OBJECTIVES

Aims

The primary aim is to make a preliminary exploration of district nurses' experiences of and feelings about providing mental health care.

The secondary aim is to develop a better understanding of issues raised, in order to inform subsequent research and service development.

Objectives

To encourage a sample of district nurses to discuss their experience of providing mental health care.

To elicit their views on what are the pertinent issues for them in this role.

To use the information gathered to inform local service development and future research.

Rapid change in primary care is having its impact on district nurses. My perspective as a CPN has lent me a particular interest in district nurses' responses to their role in the delivery of mental health care. Existing literature on the topic will now be reviewed.