Pilot Study on the Use of the Decider Life Skills with Mental Health Student Nurses on Clinical Placement

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A dissertation submitted in part fulfilment of the requirement for the MSc in Cognitive Behavioural Therapy and Motivation Interviewing in Practice

May 2018

Waterford Institute *of* Technology
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Word Count: 8,448

Total Word Count: 20,780

ACKNOWLEDGEMENT

I would first like to thank my thesis advisor Tony Reid of the Department of Nursing and Healthcare, School of Health Sciences at Waterford Institute of Technology, who was always extremely helpful, accessible and knowledgeable whenever I needed guidance during the research project.

I would also like to thank the ethical approval committee whose time and knowledge reviewing my purposed research ensured the best possible outcome for the research project and the participants.

I would also like to acknowledge and thank my colleagues in the Nurse Practice Development Team (Jessica, June, Mairead, Bernie and Eimear G.) who's endless support and guidance helped me throughout. I would like to say a special thank you to Eimear G. who was beside me throughout our delivery of The Decider Skills from day 1.

Finally, I must express my very profound gratitude to my family, Anne and Sarah, all my friends and to my partner Brian for providing me with unfailing support and continuous encouragement throughout my years of study and through the process of researching and writing this thesis. This accomplishment would not have been possible without them. Thank you.

Eimear

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ABBREVIATIONS

CBT……………………………………………… Cognitive Behavioural Therapy

DBT……………………………………………… Dialectical Behavioural Therapy

NMBI……………………………………………. Nursing and Midwifery Board of Ireland

CPC………………………………………………. Clinical Placement Co-ordinator

DPR………………………………………………. Declarative Procedural Reflective

PILOT STUDY ON THE USE OF DECIDER LIFE SKILLS WITH MENTAL HEALTH STUDENT NURSES ON CLINICAL PLACEMENT

Abstract

Aim: To evaluate the effectiveness of a Cognitive Behaviour Therapy (CBT) Orientated skills programme on mental health student nurses experience of clinical placement. **Background:** The four-year mental health nursing degree programme places high demands on student nurses. While some academic institutes provide support such as reflective practice, there is little in the line of resilience building coping skills for students to utilise on clinical placement. **Methodology:** A descriptive qualitative design was utilised to explore the usefulness of CBT orientated coping skills on a cohort of final year mental health nursing students. Two semi-structured focus group interviews were conducted with a systematic text condensation completed on the transcript. **Results:** Teaching technique plays a large role in student nurses learning and application of new skills, interpersonal effectiveness skills improved during interactions with staff and service users and students reported areas of both personal and professional development. **Conclusion:** CBT orientated skills have a profound impact on student nurses experience of clinical placement. More research is recommended on a larger cohort of student nurses to understand in more detail the complexities of improved coping skills.

Key words: Student nurses, mental health, stress, coping

Introduction

Student nurses are faced with a variety of challenges; achieving high academic standards while at the same time attending clinical placement and reaching their required level of competence. Undergraduate nursing students have been found to have higher stress levels than students in other undergraduate programs (Cleary et al, 2012). Mental health nursing students are often mature students who have returned to education and as a result are facing daily life challenges such as childcare and paid employment on top of their academic studies and clinical placements. Our professional code of conduct is designed towards safeguarding the service user and our colleagues, however little is considered when it comes to protecting our emotional or psychological health (Walker & Mann, 2016). Given the change in how nurses are trained in the last ten years, going from a diploma programme to a professional degree, it is imperative to address student nurse stress levels (Tully, 2004). Comparative

studies between the diploma and degree programmes have found that student nurse stress levels have increased since the introduction of the higher-level degree (Lindop, 1999). Nursing as a profession is highly stressful and can lead to increased absenteeism, high staff turnover, reduced organisational efficiency, increased occupational accident rates, reduced practice quality, increased healthcare costs and reduced job satisfaction (Holt, 1992). Jones & Johnston (1997) found that 67% of student nurses report significant levels of distress during their training. This is a significant figure for educational providers considering previous studies have found that 53% of university students have decreased emotional and behavioural skills and 90% of students who drop out of college do not access student support services (McGivern et al, 2003).

The benefits of addressing these issues in mental health student nurses would be two-fold, students would perform better on placement and as qualified nurses. In addition, reducing stress and developing adaptive coping skills will allow students to complete the programme rather than dropping out thus helping services maintain a full quota of nursing staff (Melincavage, 2011).

The main resources currently available to student nurses include college counselling services, peer listening services, reflective practice and disability services. Universities and colleges have introduced reflective sessions with students where they can discuss their experiences on the ward among their peers with qualified facilitators present. The purpose of reflective practice is to examine actions and experiences with the aim of developing practice and enhancing clinical knowledge. In addition, the student is also afforded the opportunity to consider stressful situations where they feel exposed or vulnerable. This is critical in the learning process because as the student begins to explore these feelings they become more emotionally intelligent nurses (Caldwell & Grobbel, 2013). However even in reflective practice this emotion intelligence is geared towards the service user rather than the nurse, little attention is given to how the event impacted on the nurse and how they may cope in relation to self-help in the future (Walker & Mann, 2015).

This study proposes that the decider skills offer a useful addition to a student nurse's training. The decider skills were developed by two mental health nurses. The skills are based on Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy (DBT). The Decider skills were primarily developed to provide skills training for people presenting to services with personality disorders, emotional vulnerability and self-harming behaviours.

Since then an additional programme has been developed for the wider public, this programme is known as 'The Decider Life Skills: Proactive Mental Health; CBT Skills for All'. This programme is based on 12 of the original 32 decider skills. The Decider Life Skills are aimed at schools, youth groups, HR departments, carers and parents, universities, educations institutions, probation services, social services, occupational health services and student support services. It is for adults and young people and aims to enable participants to become resilient, robust, reflective, resourceful and responsible. The emotional impact of training to be a health care professional can be decreased by helping students to adapt (Jones & Johnston, 2005), emotional health and adaptive coping skills have a significant impact on the average grades of university students and promote the completion of third level education (Storries et al). The decider life skills offer mindfulness, interpersonal, emotional regulation and distress tolerance skills which students can readily implement into their daily practice helping them maintain better relationships with service users and staff members. The aim of the skills workshop was to provide students with tools to maintain wellbeing while on clinical placement.

Background

Pryjmachuck & Richards (2007) identified three classes of stress for student nurses, these are 1) academic 2) personal and social and 3) clinical stress. Predictably academic stress refers to examinations, assessments and fear of failure. Personal and social stress relates to financial issues, lack of free time, concerns about future careers, adjusting to new routines and a change in identity. Clinical stress includes fear of making mistakes, anxiety at the initial stages of placement, issues relating to death and dying and interpersonal relationships with staff members. Fitting in on placement is vital to students, they report needing to feel accepted and fit in socially while in the clinical environment (Chesser-Smyth, 2005). Student nurses are said to be exposed to higher levels of stress on clinical placement then during academic studies (Shipton, 2002). Clinical placement is at the core of nursing education as it provides students with key insights into the profession and prepares them for their careers, here students learn to care for service users and observe how qualified nurses conduct themselves in the clinical setting (Lave & Wenger, 1999). It is imperative that students gain positive learning experiences, the student nurse's first clinical placement is a possible critical turning point in their educational journey; positive experiences can encourage and promote career aspirations while negative experiences can cause considerable stress and at worst course dropout (Jones et al, 2015).

Chesser-Smith (2005) completed a study on the lived experiences of general student nurses. Data was collected using in-depth interviews. Self-awareness, confidence and anxiety were found to be key influencers on the student nurses experience of practice placement. Self-awareness related to the individual's personal qualities, feelings, levels of respect for self and others, maturity and communication skills. Issues arising in this area included; feeling mixed emotions on placement including feelings of inadequacy, uselessness and vulnerability, fitting in and being socially accepted were also key issues arising. Confidence in Chesser-Smyth's study depended on the individual's previous skills, new knowledge acquired on placement and the practice placement environment itself. Experience of placement has been found to exert the most influence of a student's self-confidence and as the student's confidence increases on placement their motivation to improve academically increases, however, negative experiences such as poor preceptor attitudes, lack of communication and feeling undervalued quickly can erode student's self-confidence (Chesser-Smyth & Long, 2012). Students reported feeling that they lacked skill and feeling left out of the team which contributed to higher levels of anxiety. The authors conclude that a warm, welcome reception was helpful to the student nurse's clinical experience along with the existence of mutual respect. While these attributes are pivotal to a quality clinical learning environment this current study is interested in instilling adaptive coping skills within the student so that their learning experience is not solely reliant on the behaviour of others. In addition, Chesser-Smith (2005) study was completed on a cohort of general student nurses, who have been found to have different experiences on placement than mental health students (Pryjmachuck and Richards, 2007). This study will examine the usefulness of CBT orientated skills on the clinical experience of mental health student nurses. Data will be collected using semi structured focus groups, certainly in-depth interviews yield a wealth of valuable information, however the researcher here wishes to generate discussion among the students with regards to how they maintain their wellbeing on placement, hearing peer's views often stimulates more discussion on topics. In addition, the researcher is eager to encourage mental health wellbeing discussion among the students to eliminate the stigma often associated with discussing feeling overwhelmed at work.

Similarly, Smith & Gray (2000) found that student nurses reported that nobody was there to deal with their first day jitters and they felt ill equipped with regards to interpersonal skills. While anxiety can be useful in the learning process to motivate students, too much anxiety

can cause decreased learning (Audet, 1995) and can impair cognition while practising in the clinical environment (Meisenhelder, 1987).

Morell & Ridgeway (2014) examined factors that hindered and supported student nurses on their final placement by analysing diary entries completed by the students over a ten-week placement, and similar themes were found. Key issues that emerged were assessment documentation being perceived as unimportant, high expectations from staff, lack of support from staff, stress with regards to lack of support and finding a job when they qualify, lack of knowledge and being used as an extra pair of hands. This study highlighted the importance of mentors during clinical placement; however, due to high staff turnover in some clinical areas it can be difficult to assure that students will work with trained mentors, despite this being a prerequisite of nurses registered with the Irish Nursing Board (NMBI). In addition, this study highlights that confidence is still a key issue for student nurses. Therefore, this current study suggests that the decider life skills would increase resilience and confidence in student nurses while on clinical placement. The use of diaries as a data collection tool is interesting here, when completing diaries, the participant is usually unsupervised therefore avoiding researcher bias and influence, however equally the researcher may lose the opportunity to request the individual to expand further or explain what they meant in more detail. In addition, the participant is completing the diary individually and therefore is without prompts or ideas of other participants that may jog their memory of experiences. For this reason, the study presented here will utilise focus groups as a data collection technique.

The above-mentioned studies highlight the importance of quality clinical learning environments on the student nurse's experience of practice placement. While these issues are crucial in nurse practice development; perhaps taking a comprehensive approach and training students in adaptive, resilience building coping skills will help students manage these issues on placement. Morel and Ridgeway (2014) also found that simulation days where the students practised skills were found to be informative and improved their practical skills. Equally, the decider life skills utilise a fun, memorable approach to learning and it is envisaged that teaching in this manner will help the students understand and apply the skills to clinical placement.

To reduce student nurse distress levels Jones and Johnston (2005) examined the effectiveness of utilising a different curriculum style for student nurses. The key difference in the new curriculum was that teaching sessions were linked to clinically relevant problems and having

the opportunity to practice skills before placement. Students in the innovative course reported less academic worries and less clinical concerns. On the traditional course 58.2% of students reported significant distress levels as opposed to 33.7% on the innovative course. The students on the innovative course reported that they were using more adaptive coping strategies as the weeks continued. However, the innovative course had higher rates of sick leave absence and lower academic scores than previously. The researchers concluded that while their intervention with an innovative curriculum restructure had a positive impact on the student's wellbeing it did not have a positive impact on their academic performance. The researchers acknowledge that few studies have studied organisational level stress prevention strategies within students in the healthcare profession.

Studies have found that how student nurses experience stress is affected largely by their coping mechanisms and how they perceive the event (Tully, 2004, Jones and Johnston, 1997). We know this from a global CBT perspective; people react differently to similar events. Our thoughts and beliefs all take on idiosyncratic meaning and therefore how we interpret situations and follow on behaviour will differ dramatically (Kennerly, Kirk and Westbrook, 2016). Tully (2004) examined stress, sources of stress and ways of coping among psychiatric student nurses. Participants were significantly distressed and had limited coping skills. Similar sources of stress to the previously discussed studies were reported; academic load, personal issues and clinical placements. With regards to clinical placement; relationships with colleagues and having too much responsibility were identified as stressors for student nurses. Students who scored high stress levels tended to use coping skills such as comfort eating, wishful thinking, drinking, smoking, taking stress out on others and trying to ignore the problem. The students who scored lower levels of distress tended to use coping techniques such as talking to others, getting help, seeking advice and following it, changing things to help the situation and taking things one step at a time. The authors commented that training to become a nurse in this type of clinical setting is emotionally stressful and is a possible risk to the wellbeing of mental health student nurses.

Similarly, Jones & Johnston (1997) explored distress and stress in student nurses. Once again, many students reported the same sources of stress however some suffered distress more intensely than others. Direct coping was associated with lower levels of distress while suppression coping was associated with higher levels of distress. Direct coping involves rational problem orientated techniques and avoids fantasy or wishful thinking. Suppression involves suppressing thoughts of the problem and avoiding action. Suppression coping style

is often emotion focused. This type of coping can involve hostility and fantasy and is associated with higher levels of distress (Parkes, 1990). The authors recommend a CBT approach for students who are distressed including a comprehensive set of coping techniques.

Mindfulness has become more prominent as a stress management tool throughout all professions and walks of life. A limited amount of previous studies have explored the idea of wellbeing tools such as mindfulness as an addition to the nursing education curriculum (Vander Der Reit et al, 2015, Walker & Mann, 2016). Van Der Reit et al (2015) explored the impact of a seven-week mindfulness and stress reductive program on student nurses in a large regional university in Australia through a semi-structured focus group. Participants reported increased concentration, awareness and clarity of thought. Students found the intervention useful for their interpersonal relationships at home and at work in their clinical practice. A limitation of the study was irregular attendance and the researchers recommend a briefer intervention may yield similar benefits. The researchers commented on how the students engaged well together in the focus group, sharing ideas and motivating each other to engage more, they were keen to provide feedback and in general did not need prompting. The researcher envisages that the use of a semi-structured focus group for this cohort will yield similar fruitful conversations as the students are familiar with each other as was the case in the aforementioned research piece.

A review of the literature has pointed out sources of stress and experiences of distress for student nurses. A CBT approach has been recommended to support students in how they perceive and manage the stress they experience. Mindfulness has shown to have some benefits for student nurses. The author hypothesises that the decider life skills provide a brief, accessible and low-cost skill set to student nurses that would improve their coping skills and therefore their experience of clinical placement.

The Decider Skills Research

The Decider skills were originally developed in 2010 as a response to a service need in the mental health services in Guernsey. An initial pilot study was completed, and services user's experiences were considered to further develop the programme. The aims of the skills were to increase resilience and confidence and decrease impulsivity. They include distress tolerance skills, mindfulness, emotional regulation and communication skills. There are thirty-two evidenced based skills based on cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT). The aim of the skills is to empower service users to manage

stress and emotional dysregulation more effectively. The skills are thought in a fun and creative manner to make the skills more memorable. Service users reported that not learning these skills earlier had caused them to develop maladaptive coping techniques and habits that could have been avoided had they known about these skills as a younger person. This prompted the development of the twelve decider life skills. This is an adapted and simpler version of the original thirty-two skills which can be rolled out in school, colleges, health, work and social settings. (deciderskills.org). It is a one-day programme making it an accessible and resource friendly programme.

The initial pilot study for the decider skills included pre-and post-intervention assessments. The assessments measured global distress, anxiety and depression. Pre-and post-test showed a clear decrease in distress, anxiety and depression. The differences between pre-and post-test interventions were significantly different. A nine-month post intervention follow up measure was also completed on six of the participants, while the number was too small to complete a statistical analysis the results showed a continual decrease in distress, anxiety and depression (Ayres and Vivyan, 2013). An additional study was completed in 2014 on 50 participants. The same measurements were used. Again, a significant decrease in scores was found. The researchers report that this provides evidence for the effectiveness of the decider skills in clinically reducing symptoms of anxiety and depression. A study was carried out on 205 pupils at a primary school where teachers had implemented the Decider Life Skills. Pre and post-intervention questionnaires were completed and a clinically significant decrease in scores was noted. Students and parents reported that using the common language of the skills allowed for increased communication around emotional health and decreased the stigma of talking about mental health problems. (www.deciderskills.org).

Rationale

A review of the literature has highlighted distress levels among student nurses. Distress and stress is increased further when students attend for practice placement in the clinical environment. Self-awareness, confidence, previous experience and fitting in on the ward are key features influencing experiences of practice placement. Student nurses are often starting their training immediately after school and lack the confidence and self-assurance needed to integrate into the ward environment. Utilising adaptive coping skills is associated with better problem-solving abilities and decreased stress levels. Brief interventions are useful given the students already busy schedule. The decider skills offer CBT orientated coping skills which

aim to increase confidence, resilience and decrease impulsivity. This study aims to explore if application of these skills to mental health student nurses impacts on their experience of clinical placement.

Aim of the Study

To explore the effectiveness of CBT orientated skills (decider life skills) training with mental health student nurse's experience of practice placement.

Methodology

A descriptive qualitative design was utilised for this study. Two 45-minute semi-structured focus groups were held for data collection purposes. This study chose focus groups as a method of data collection to gather the student's opinions and gain an understanding of the student's experience of the decider life skills while on clinical placement. Focus groups are said to be effective in exploring perceptions, feelings, ideas, services and opportunities. An effective focus group evokes memories and thoughts that may not occur during individual interviews (Krueger and Casey, 2015). As the participants are all mental health student nurses and therefore have similar experiences and knowledge, and in addition know each other, it was felt that conducting focus groups would generate useful opinions and ideas for future use of the decider life skills with student nurses and provide information on the usefulness of these skills on clinical placement. Krueger and Casey (2015) aptly describe the benefit of focus groups as a tiny glimpse into a world we may otherwise not experience.

Ethical Considerations

Approval was granted by Waterford Institute of Technology (Appendix A). Concerns were raised in the case of a student nurse disclosing that the skills session or focus group had brought up distressing emotions for them. A list of student counselling services was included in the research pack to ensure support for the student should this happen. Confidentiality is always a concern especially in focus groups therefore information surrounding confidentiality was included in the research pack and this was verbally reiterated before the focus group commenced. The research pack was emailed to students two weeks before the focus groups. This included an invitation letter, information about the research study, consent forms to take part in the study and for demographic details to be accessed, student support information, researcher contact details and focus group questions. This ensured the students had adequate time to understand what the research entailed and time to contact the researcher with any

questions. The decision was taken to include focus group questions so that the students would have time to consider their answers, therefore generating more relevant information in the focus groups. The information included emphasised the voluntary nature of the study and the fact it had no bearing on their nursing degree. The moderators were aware that students may feel obliged to report in a certain way given that the moderators had provided the skills training. The moderators made deliberate efforts to indicate that the researcher was interested in their lived experience and would not take comments personally. Participants were informed that all feedback was welcome and encouraged them to be as open and honest as possible. The moderators were also aware of their role as Clinical Placement Co-ordinators (CPC) for these student nurses. Once again, participants were reminded that this focus group was separate to their nursing degree programme and their feedback was exclusively for research purposes and for future student nurses experiences. All data was treated as confidential and stored securely. Names were coded, and this list of codes was kept separate from the data so that no participant could be identified.

Participants

Students (N = 25) attended the decider life skills training as part of an induction programme to their internship programme. All internship students were scheduled to attend this training regardless of the study. The researcher and another mental health nurse delivered the skills session. Both are trained in the delivery of the decider skills programme. Some (N = 13) students had already received the complete decider skills training which means they were trained in providing the 32 decider life skills to service users. These students were excluded from the study to explore the effectiveness of the decider life skills as a standalone intervention. Twelve students were invited to attend two separate focus groups. Ten students attended; there were five students in each focus group. Krueger & Casey (2015) recommend no more than ten in a focus group, smaller groups allow for the facilitator to control the group and increases participants' opportunity to share insights. Demographic details were taken from student case files.

Table 1. Participant profile.

Gender	Female = 7
	Male = 3

Overall age range	21-44 yrs
Status on entry to university	
• Entry directly from school	$n = 6$ (age range 21-25 yrs) (Average 21yrs)
• Non-school leaver	$n = 4$ (age range 29–44 yrs) (Average 36 yrs)

Data Collection

Before the skills training commenced students were informed that they would be invited to attend focus group sessions in eight weeks. They were informed that the purpose of the focus group would be to explore the usefulness of the decider life skills on their experience of clinical placement. Six weeks after the decider life skills training session students were emailed invitation letters to attend the focus group, consent forms and the focus group questions (Appendix B). Consent forms were provided on the day to sign, the students had two weeks to read these and contact the researcher with any queries. Focus group questions (Table 2.) were chosen based on Krueger and Casey's (2015, pp. 41-43) recommendations on good questions during focus group interviews. The focus group was moderated by the researcher and colleague as secretary who are both well acquainted with the students as their CPCs. It is recommended that the moderator of focus groups understands the purpose of the study and the topic (Krueger & Casey, 2015). In addition, it was envisaged that the students would feel confident and at ease discussing their experience with a familiar person and setting. A semi structured method was chosen to allow for conversational flow and themes to emerge and to encourage the participants to explore issues they feel are important (Longhurst, 2016).

Table 2. Focus Group Topic Guide

- Can you tell me your experience of the decider life skills session?
- Have you implemented the skills while on clinical placement?
  - If you have, how have you implemented the skills while on clinical placement?
  - If not, what prohibited you from using the skills?
- What were the most useful skills to use on clinical placement?
- What area of clinical placement were the skills most useful to you?
- Have you any suggestions for how the skills training session could be improved to help you on clinical placement?

Data Analysis

The researcher obtained consent to audiotape the focus group. This was transcribed verbatim by the researcher. This ensured the researcher was immersed in the data to find significance and meaning in the data obtained, fully understand the nuances of the groups and create themes. Systematic text condensation (Maltured, 2012) was used to analyse the data. This process consists of the following steps 1) reading the transcript and obtaining an overall impression 2) identifying and organising meaning units, specifically the students experience of the decider life skills while on clinical placement and creating codes for these units 3) summarising the contents of these codes 4) creating descriptions and concepts relating to the usefulness of the decider life skills. This method was chosen as it provides reflexivity, intersubjectivity and viability while at the same time maintaining rigour (Maltured, 2012). The author completed the data analysis independently. Both groups reported very similar experiences with only minor variances which are pointed out in the results section.

<div align="center">

Results

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Participants reported a positive experience of the decider life skills; the training session was described as one of the highlights of the four-year degree program and a resource they planned to implement throughout their nursing career. Three themes emerged from analysis of the transcript which identified both cognitive and behavioural changes in participants;

- Skill Comprehension and Application
- Interpersonal Effectiveness

- Personal and Professional development.

Skill Comprehension and Application

Both groups discussed the teaching approach used in the skills session and how this impacted on their learning experience. Participants reported the use of colourful visual aids, role play scenarios and the interactive nature of the skills training increased their ability to learn. This had an influential effect on how they used the skills; participants in both groups reported that they could visualise the role play and visual aids which acted as prompts to use the skills. The impact of this was two-fold as the students reported they used the skills at ease on themselves during stressful situations as the skills were easy to remember. In addition, while the students were aware that the skills training was aimed at helping them cope on placement they did impart this knowledge on the service users. Participants reported that because the skills were taught so clearly, they were comfortable to teach the skills to service users. One student reported using the same examples from the skills training group to teach a service user the skills. In addition, the catchy phrases used in the groups stayed with them on placement e.g. "if you always do what you always did, you'll always get what you always got" (www.deciderskills.org)

The simplicity of the skills was key in the students learning. They reported that both for themselves and the service users coping skills need to be simple and accessible. The students liked that the skills manual was self-explanatory and that the skills were not overtly clinical and could be used in everyday life. One student explained:

"when a person is in a situation they don't need a complicated skill to remember; just something straight forward and easy to use".

Participants in both groups reported that the skills gave them an additional resource to use with service users. Often, when they worked with service users experiencing emotional distress they felt they had nothing to offer them or that they had been trying to teach these kinds of coping skills to service users, but they didn't know how to. They felt that the decider skills provided a categorised, compressed and structured package of coping skills that was easy for the service users to comprehend. Students found that the skills empowered the service users, they used the term "self-control" to describe this.

Students reported gaining group facilitation skills from just attending the decider life skills training; one student in group 2 described seeing how the skills were taught gave her confidence in running groups. When students were asked to facilitate a group with service users while on placement, they often used it as an opportunity to teach the clients the decider skills they had acquired. This student acknowledged the teaching role that mental health nurses have. She expressed that she was unaware of the extent of the educative role mental health nurses have until placement commenced and she was requested to facilitate psychoeducational groups. She expressed feeling ill equipped to provide this education. However, she felt the decider skills fulfilled this requirement.

They related the skills session to their reflective days in college and another scenario-based learning session they had in college. The students reported that this method of learning was effective; seeing how the skills should be used via role play and then learning about other student's experiences and how they coped. This made them feel at ease knowing that others had experienced similar situations as they had.

Interpersonal Effectiveness

Participants reported the skills helped them cope in stressful interpersonal situations while on placement. This ranged from communication skills such as listening and seeking clarification to more intricate 1:1 encounters. One student utilised the coping skills in a situation during a confrontational episode;

"the first thing I thought about was to run out of the sitting room I actually remembered the naming the emotion thing (sic) or the anxiety and worry feeling and then I stopped and was like okay instead of running away which I have done in the past I kind of sat with her and kind of explained what the situation was and like and I actually thought of that structure (sic)"

The skills were also useful in complex situations with service users. One student described sitting with a young girl during meal coaching. The young girl was distressed and becoming irritable toward her. The student nurse was struggling with how to support this service user and maintain their therapeutic relationship.

"I found it extremely it was as distressing to her as distressing to me, basically we didn't work well together so I was just like I knew this was a limited time I'm with her here, I know that this will pass, that we will be on a better page tomorrow so I knew I was reassuring me

that this will only last a half an hour, I will be in a better state of mind tomorrow and she will be you know sometimes we have these triggers so this was very hard, and the STOPP in the same situation is I decided not to say anything else to make the situation worse and things like the self-care and listen (sic)"

Students spoke about they used the skills with staff when they felt their practice was questioned. The skills worked to allow students to examine how they were responding to staff criticism and 'check in' with their perceptions of the comments before they responded. This avoided confrontation from comments been taken personally.

"I think the fact or opinion was good for myself completely especially on the acute units it's so busy all the time sometimes staff can say things and you can take it up the wrong way but it's just because they are so busy and they're saying things to benefit you (sic)"

Another student described how he utilised the skills to manage a feedback session with his preceptor. The student felt the feedback he was receiving was inaccurate and unfair. He recounted that usually he would respond in an outspoken fashion however he considered the decider skills 'STOPP', 'fact or opinion' and 'it will pass'. He noted that he was able to listen to the feedback and respond rather than react to his preceptor.

The students highlighted that some of the skills are basic to their nursing training for example the listen skill. However, one student reported becoming preoccupied with legislation and documentation at the beginning of her internship year and sometimes forgot about core nursing skills; the decider skills functioned as a reminder of these skills.

Personal and Professional Development

Students liked that the skills were for them and gave them an opportunity to reflect on their practice and how they manage situations rather than just focusing on clinical skills all the time. Students reported that they learnt how to identify when they are overwhelmed or anxious using 'The Fizz" (Appendix C.) and when they needed to use skills instead of reacting maladaptively to situations. The participants recounted using the skills with regards to academic stress and clinical placement assessments, remembering to prioritise self-care and reassure themselves that this stressful time in their life will pass. Another student described the skills manual as her bible and the skills as a toolkit.

Furthermore, one student from group 1 highlighted how she used the skills to determine her scope of practice, describing how the wards are so busy and sometimes we can act without considering the consequences, this student explained:

"stop myself from you know not doing what I'm not supposed to do…………Because it's so intense you know you won't have time you want to help resolve a situation, but you won't have you can easily do something that you're not supposed to be doing and I think there is at risk in acute when things happen so quickly"

This is issue was met with agreement among the group.

One student described the decider life skills as weaving in well with their other support systems for example the reflective days. They felt the decider life skills gave them both a personal and professional toolkit to utilise. Students acknowledged that they too are human and need to be mindful of their mental health. A student from group 1 said;

"I feel like whether you're a patient or not both feel emotion, everyone feels the same things, we all have days, you know they're kind of life skills" and "I'll use them like that all of the time and if they're helpful with a client I'll use them then too (sic)"

This was echoed by a student in group 2:

"We're all only human as well just because you're a patient or a nurse we all feel emotion and we all experience you know we are unwell at times in our lives just like our patients are unwell I think for everyone to be able to use them in your ordinary day life (sic)"

Both groups were adamant that these skills are taught to student nurses from 1st year and discussed how they could impart this knowledge to student nurses when they qualify. Students felt the skills training was a good introduction to CBT. They talked about how they had heard of CBT before but did not understand what it entailed. They felt that having attended one day training they had a much better idea of what CBT involves. Furthermore, one student described how several service users on her acute placement already knew the skills and she was able to remind them to use the skills because now she knew what they were. Students reported that they felt the shorter version of the decider skills worked well for them to help them cope well on placement and acknowledged that they would need the complete full day training to train the service users fully in the use of the decider skills.

'it worked perfect for me for my self-care and how I cope in situations, but I will need more training to be able to confidently use it with someone else to help them to help themselves'

Students suggested that the CPC site visits were a good opportunity to generalise the decider life skills; that this meeting could be used to remind students to utilise the skills while they are reflecting on incidents with their CPC.

Factors Influencing Skill Practice

The clinical environment had an influence on how the students used the skills, students from both groups noticed they used the decider skills with service users more in the community environment and less in the acute wards. Interestingly, they reported using the skills more from a personal aspect in the acute environment. This issue is multifaceted; students reported having more time in community settings to teach skills to the service users, they felt the community environment was more relaxed and therefore more conducive to sitting down with service users and going over the skills. They also noted that because the community function at a slightly slower pace to the acute ward that they don't have much need to use the skills on themselves. They described the skills as a prompt on the acute ward to pause and take a breath before you act or respond to a situation where as in the community this was not necessary as you already had that time. Most of the students agreed that they felt more overwhelmed at times on the acute units with regards to interpersonal relationships with staff and dealing with challenging behaviours of some service users on the ward. As a result, the students used the decider skills as a personal coping mechanism on these acute placements. The students believed that perhaps during acute admissions some service users are not able to comprehend new skills and therefore the students did not tend to discuss the skills with service users as much on the inpatient ward.

One student out of the ten students that attended the focus groups found that the skills did not really enter her mind on placement, it was surmised among the group that perhaps she had these skills already in her repertoire. She suggested that her placements this far on her internship had not been stressful or challenging and therefore perhaps the use of coping skills were not necessary.

One student reported that at times the service users found it hard to concentrate on the skills. However again it must be noted that the students were only given the skill set to utilise on

themselves not to use with service users therefore the author suggests that perhaps this may have impacted on the student's ability to teach the skill. The student reported that more service users who used the skills found it helpful than those that didn't.

Students did find that the time the training was provided was during a very busy schedule; students were also trained in mandatory policies and procedures that week. They suggested a quieter week with less on would allow them to give their full time and attention to the skills.

Discussion

The students reported that the decider life skills had a positive influence on their clinical placement. They found the skills were simplistic and understandable, therefore useful to both themselves and service users. This is in line with current empirical evidence, Bennett-Levy, McManus, Westling and Fennell (2009) examined what methods of teaching CBT were the most effective in how trainees acquire and refine CBT skills. Role-play, modelling and self-experiential methods were found to be the most beneficial in enhancing use of the CBT skills. The results of this study inadvertently bare similarities to the Declarative-Procedural-Reflective (DPR) framework (Bennett-Levy, 2006) for therapist skills development, this model differentiates three information processing systems; the declarative system; a knowledge system where the intellectual understanding of the therapy occurs e.g. understanding CBT models, the procedural system; this is the practical competence, the toolkit of skills that the therapist acquires in actually using the skill, and the reflective system; this is the ongoing skills development of the therapist, the ability to reflect is key is maintaining skill competency. As part of the reflective system, self -practice of skills is critical, Bennett-Levy (2006) found that CBT trainees who had tried behavioural experiments had a much better understanding of the usefulness of behavioural strategies than previously. Furthermore, therapists who have utilised the skills of therapy are said to have more awareness of their own feelings and therefore more capable of identifying issues in session with the client (Safran and Muran, 2000).

The students in this study described the DPR framework; from the training session they began to understand the theoretical underpinnings of CBT. Following this, the role play and visual aids allowed them to understand and apply the procedural and technical aspects of the CBT skills and finally self-practice and self-reflection enabled them to fully understand the

meaning and quality of the CBT skills while applying them both personally and professionally on placement. In this way the benefits of the skills have been multi-fold. The students are more skilled at responding adaptively to stressful situations in the clinical area, in addition, due to this psychological development derived from the training they are more equipped not only to provide additional coping skills to service users but possibly they have developed psychologically and may be more attuned to identifying issues befalling the client. Although the skills were not aimed to use with the service users; having the skills in their repertoire provided the students with a more positive experience on placement. The students felt they had more to offer the service user, they had something tangible and viable to offer them which in turn improved the student's confidence and helped them achieve a sense of mastery and competency. Feeling inadequate and useless can be a common experience by student nurses (Chesser-Smyth, 2005, Morell & Ridgeway, 2014), the decider life skills seem to have begun to address this. Students reported feeling motivated to continue this endeavour to expand their knowledge base with regards to CBT and DBT orientated skills as a more holistic approach to caring for service users.

Students demonstrated skill comprehension and application both cognitively and behaviourally, cognitively, the students reported a change in how they perceived interactions with others; students were able to understand their preceptor's comments from a different point of view and no longer thought dichotomously about feedback. Relationships with staff nurses have been reported as a main stressor among student nurses (Tully, 2004, Smyth & Long, 2012, Melincavage, 2011, Gorostidi, 2007, Morell & Ridgeway, 2014). Students from both focus groups provided various examples where they had used the skills during interactions with staff. The decider life skills aim is to create resilient, robust and confident individuals, the students explained that they were able to receive feedback without being defensive or feeling that their knowledge or practice was being questioned. The author hypothesises that this may be linked to the students feeling more competent and resilient because of using the skills, therefore more willing and able to accept feedback.

Behaviourally, students reported an increase in self-care skills e.g. one student reported getting off a stop early to increase exercise and help him relax before placement. Furthermore, one student found themselves facing a feared situation and inadvertently used CBT exposure techniques; they used the decider skills to manage their stress response and stayed in the situation rather than avoiding it. In addition, students were able to view client interactions in an unwavering manner; realising that stressful situations would pass, and

therapeutic relationships wouldn't always be strained, they were able to complete clinical tasks allocated to them and avoided reacting to difficult emotions.

Encouragingly, the students highlighted the collaborative nature of the work we do with service users which is a core concept of CBT. So often psychiatry has an unfortunate reputation of us versus them, expert versus novice. Miller and Rollnick (2014) describe this term as the 'righting reflex'. However, the students in this study recognised the importance of self-care and vulnerability in nursing practice and that we are in fact working on par and in a collaborative manner with service users. With mental health service users becoming key stakeholders in the service we provide, this change in perspective is vital.

Interestingly, the students reported being more able to use the skills with service users in community settings such as home care teams. Recovery-oriented placements which are less medicalised have been shown to increase the student's personal awareness, develop nursing competencies in recovery-oriented approaches and to develop therapeutic relationships in a collaborative manner (Patterson et al, 2016). It seems that working in a recovery orientated manner is both beneficial for the service user and the staff providing the care. Working in acute wards has been found to increase emotional labour and stress levels among student nurses (Smith & Gray, 2000, Matt & Coburn, 2005). The usefulness of CBT skills have proved beneficial here for student nurses on acute wards and this would be worth examining further in order to ensure and promote mental health wellbeing of staff on acute psychiatric wards.

The issue of scope of practice that arose is relevant considering issues that can arise with student nurses and newly qualified nurses. According to the Nursing and Midwifery Board of Ireland scope of practice refers to:

"the range of roles, functions, responsibilities and activities which a registered nurse or registered midwife is educated, competent and has authority to perform."

Newly qualified nurses have expressed anxiety and apprehension about the transition from student to nurse. Realising that they are suddenly accountable and responsible and have lost the security and protection of being a student can be a daunting experience for nurses (Kumaran and Carney, 2014). For nurses, awareness of scope of practice has a vital role in accountability and responsibility for the care provided. It is promising that the student in this

study found the decider life skills useful in ensuring she practiced safely and certainly warrants further research.

Students indicated multiple times how teaching methods, scenario-based learning, role plays and sharing experiences helped them understand and learn more. These methods also reassured and provided a support structure for the students.

Limitations

It is acknowledged that there are several limitations to the current study. Firstly, it is reliant on self-report in focus groups rather than specific quantitative measurements. Of course, this raises questions about the validity of the results, it is the researcher's perception from analysis of the transcripts that the skills have been useful to the students. Focus groups also raise issues of confidentiality and self-awareness which may decrease the chances of full disclosure of the student's personal experience. However, as the students were familiar with each other it was believed that focus groups would generate fruitful, worthwhile data. The study was carried out on a small population accessible to the researcher and may not represent all student nurses. As mention earlier, participants were familiar with the facilitators as their CPCs who have a supervisory role, and this may have affected their feedback. Nevertheless, this is a pilot study and accepting these limitations, the current results indicate further research is warranted.

Dissemination of Results

The author is in the process of submitting abstracts to Nurse Practice Development and University conferences to begin the process of disseminating the results. Disseminating the results of this relatively small pilot study will hopefully provide the opportunity to expand the research to larger cohorts of student nurses and increase the use of the decider life skills among student nurses to help increase the quality of their clinical learning experience.

Conclusion

Internship Students have reported that the decider life skills had a positive effect on their clinical placement. CBT orientated coping skills certainly have a place in supporting mental health student nurses through their training. Students recommend that this training is provided from the beginning of their degree so that they can perfect using the skills on themselves and with service users. Students reported that they appreciated time and effort

been spent on their personal experiences and they value both coping skills and reflective time to continue developing personally and professionally. Current cohorts of student nurses are proving to be a new generation of psychiatric nurses, eager to work in collaboration with service users and taking ownership of their own mental health needs.

More research needs to be completed on a larger cohort of nursing students and with years 1st through to 3rd to evaluate the effectiveness of these skills further. Perhaps a mixed methods approach would yield more information and help us gain an understanding of the complexities in this area. For example, examining the nuances of the impact of the skills on their overall confidence levels and if this impacted on how students received feedback.

Additional supports are needed to promote wellbeing for student nurses on acute placements. The decider life skills provided the students with coping mechanisms to use on the acute ward. CPC visits are useful avenues to remind students of adaptive coping skills and reflective time is also a key element in maintaining student nurse wellbeing. Mental health nursing students benefit from more practical learning examples such as scenario-based examples, role plays and discussion groups.

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