Baccalaureate Nursing Students’ Reflections on a Nontraditional Mental Health Experience: Learning Outcomes

Marsha D. Snyder, PhD, RN, CS and Mary E. Weyer, EdD, RN, CS

Through an alliance formed with the with self-help group Recovery Inc., a pilot project was initiated that examined baccalaureate nursing students’ (N=46) learning outcomes within a nontraditional mental health experience. Students’ critical reflections on their observational experiences were categorized within the framework of knowledge, critical reflection, and action dimensions of critical thinking.

Baccalaureate nursing education has cited the need to reshape the role of the entry level professional nurse to meet the needs of a dynamic changing health care system (AACN, 1998). Particular to the area of mental health, the last few decades have witnessed radical changes in the delivery of services. Health care reform and technological advances, particularly in the area of pharmacology, have resulted in a change in acuity and length of treatment. With these changes, there is a concern that limited resources may lead to decreased services to individuals with mental illness because of lack of funds or lack of providers (Taylor, 1997).

With a growing need for more cost-efficient community-based health care, self-help groups are an example of care that has the potential to not only save dollars but also provide effective and adjunctive care to traditional treatment programs (Murray, 1996). Limited research on the effectiveness of self-help groups generally indicates positive outcomes (Levine, 1993). As health care increasingly moves towards health promotion and maintenance, support or self-help groups may eventually evolve into another system of health care (Abdellah 1990). Selected mental health literature suggests that health professionals may not properly appreciate the role of self-help groups in helping individuals avoid physical and emotional isolation (Wilson, 1996; Murray, 1996). However, Wilson and Murray concur that there is little evidence of professionals systematically referring clients to appropriate groups.

Faculty believed an observational experience with self-help groups offered an opportunity for professional nursing students within a community-based clinical setting to collaborate with clients and observe an alternative mental health strategy that considered financial, geographical, and educational needs of individuals. Health disciplines such as psychology, social work, as well as nursing have long used the participant observer role in the education of professionals, and this was the defined role for students in this experience. However, while observational experiences with twelve-step and other self-help groups are common in psychiatric education, literature that addresses learning outcomes related to these particular clinical education experiences was limited. Therefore, the purpose of this pilot project was to identify learning outcomes related to students’ educational experience with one self-help group.

METHOD

Faculty selected the self-help group Recovery Inc. for this project, because it offered a community-based site that would enhance student knowledge of mental health and illness continuum and stimulate examination of alternative treatment modes, group roles, tasks, and processes, and one’s own beliefs and perceptions regarding human behavior and communication. Founded in 1937 by Dr. Abraham Low a Chicago psychiatrist, Recovery Inc. has about 1000 groups in the United States, Canada, and other countries (Murray, 1996). Recovery, Inc. is a non-profit, peer-based organization that assists members to take responsibility for their mental health and mental illness, and thus increases effectiveness of outpatient therapy and reduces hospitalization (Murray, 1996). Weekly meetings follow a structured format directed toward dealing with the stressors of every day life. Leadership for Recovery meetings is provided through volunteer, veteran members who receive a well-developed training program and regular supervision.

CLINICAL PRACTICUM

The mental health psychiatric nursing course was comprised of 4 didactic hours and 12 clinical hours taught twice during the academic year to two different groups by the same faculty. The course used a stress adaptation framework with emphasis on communication, self-awareness, and critical thinking. Students spent 10 clinical hours a week in adult and adolescent in-patient psychiatric units and 2 hours a week in the same Recovery self-help group. Course faculty and Recovery, Inc., Area Director collaborated weekly regarding student participation at meetings.

Particular to the clinical hours spent in Recovery Inc., students submitted weekly written assignments that included a worksheet and critical reflection journal. Use of critical reflection through journaling has been demonstrated to foster critical think-
ing, increased self awareness and integration of professional values, standards, and knowledge (Minghella & Benson, 1995; Riley-Doucet & Wilson, 1997). Ford and Profetto-McGrath (1994) view critical reflection as a process through which critical thinking mediates between knowledge and action. In this model, critical thinking is a dynamic process that reaches beyond the level of problem solving. Critical reflection permits not only an understanding of one’s own perception of the situation but also of the “assumptions that guides one’s own practice of nursing” (Ford & Profetto-McGrath, 1994, p.343).

Critical Reflection Dimension

Through the process of critical reflection students expressed increased understanding of personal and professional perceptions of situations and examined the assumptions that guided practice (Ford, 1994). One student related,

I could not focus on what each presenter spoke of . . . I was too busy comparing and thinking of my own examples and comparing my reaction in situations. I was sympathizing and not truly listening . . . too much countertransference . . . I will have to watch this.

Action Dimension

Action includes student critical thinking/reflection that is collaborative and appropriate to the situation (Ford, 1994). Action that occurred as a result of knowledge and critical reflection engaged the students in a process that challenged what they might have usually done. One student related,

I got worked up and overly involved in any argument . . . I’m not so different from members attending these meetings. However, I can control and refocus disturbing thoughts and will use this insight in professional interactions.

CONCLUSION

In response to the challenge of educating professional nurses who demonstrate strong critical thinking and communication skills, and who also work as partners with consumers of health care, an alliance was formed with the self-help group Recovery Inc. As a participant observer at Recovery Inc. meetings, nursing students reported increased knowledge and awareness of the mental health continuum and alternative approaches to treatment, and increased self-awareness and openness to diversity. The clinical practicum with Recovery Inc. was observational and written assignments primarily focused on knowledge attainment and critical reflection activities, but not directly on the action dimension. Therefore, it was not surprising that learning in the action dimension was limited. However, faculty were struck at the depth of student learning given the focus on this dimension.

Based on the outcomes of this pilot, more time will be afforded to attend to group roles and process. Faculty are also anxious to see if the techniques learned through the Recovery experience will be used in group process and self-management needed in the leadership course. Faculty plan to continue use of Recovery as an alternative clinical site and will encourage students to integrate learning from this experience into traditional inpatient and outpatient clinical experiences.

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REFERENCES


