

Exploring the person-centred care practice patterns of mental health nurses in Newfoundland and Labrador: A mixed methods study

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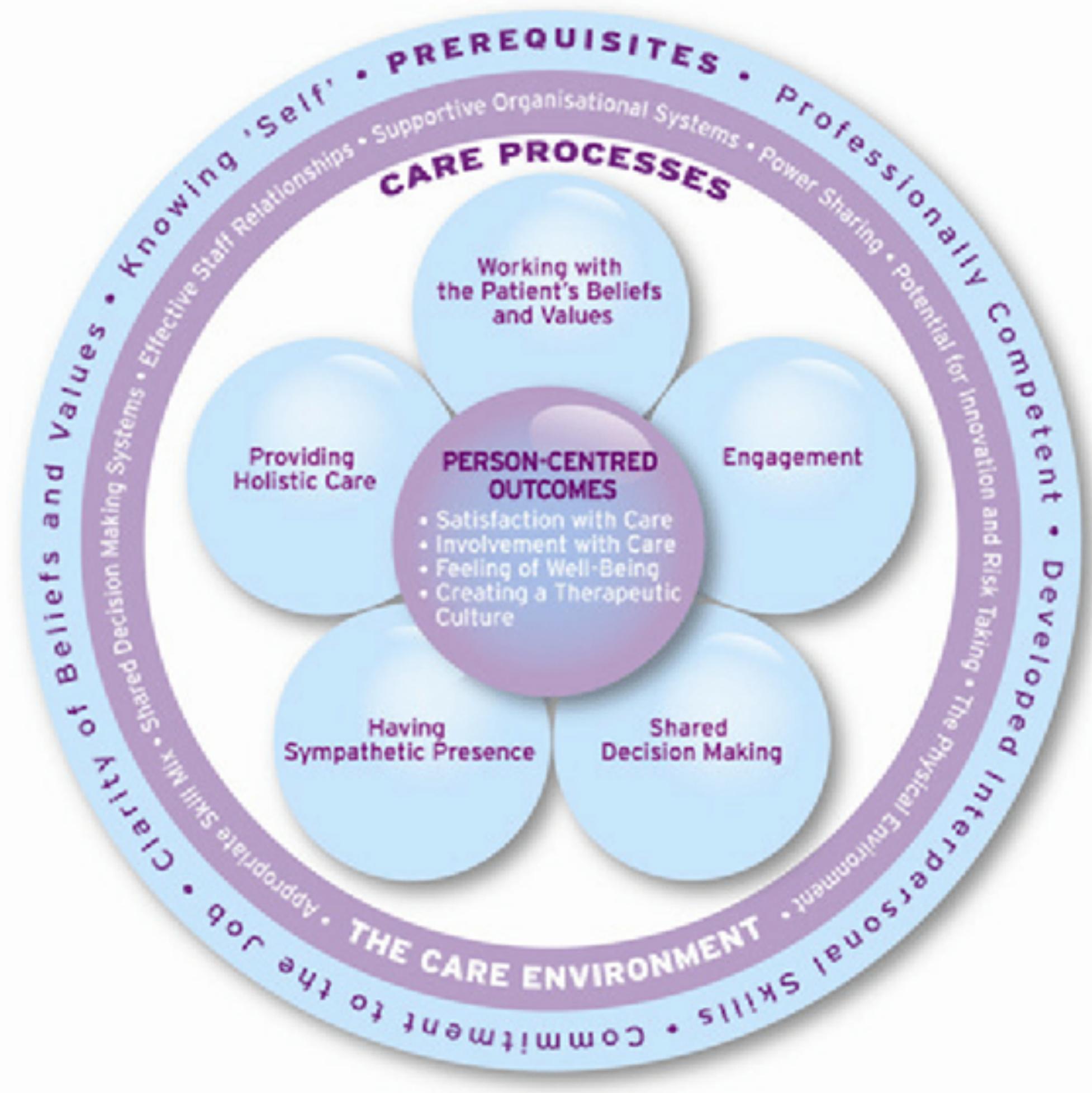
INTRODUCTION

Person-centred care (PCC) refers to the humanizing of healthcare delivery, prioritizing the needs and preferences of individuals and families.¹⁻³ PCC can result in improved patient satisfaction⁴⁻⁵ and improved health outcomes such as increased self-efficacy, shorter hospital stays, and better functional performance.⁶⁻⁹ However, operationalizing PCC can be challenging throughout health systems.¹⁰ Contextual issues in mental health settings such as disempowerment, forms of coercion, and questions about decisional capacity¹¹⁻¹² can create a particularly challenging environment to PCC to flourish.

The landscape of person-centred mental health nursing care in Newfoundland and Labrador (NL) has yet to be mapped. In order to advance person-centred mental health nursing care within the province, more evidence is needed on the PCC practices that currently exist. This research study has been designed to address this gap in the literature. The purpose of this study is to better understand the prevalence and nature of PCC being delivered by mental health nurses in NL.

FRAMEWORK

The person-centered practice framework¹³ was used to guide the design and implementation of the study. As seen below, there are two prerequisites to PCC: 1) key attributes of nurses and 2) environmental characteristics. The person-centred process is the component of the framework that focuses on the patient in their context.¹³ Finally, person-centred outcomes demonstrate the expected benefits of effective PCC.



PATIENT PARTNERS

To ensure that the study was conducted in a manner that will best serve those availing of mental health services in NL, a patient-oriented research approach was adopted. Using Memorial University of Newfoundland's Public Engagement Fund, a partnership was formed with The Pottle Centre, a social centre for those living in the community with mental illness. Seven members of The Pottle Centre agreed to form an Experience Expert Advisory group. Groups meetings provide an opportunity for patient partners to: 1) clarify and affirm the importance of research questions, 2) review proposed data collection methods, and 3) assist in interpreting data.

RESEARCH QUESTIONS

Research Question: What are the PCC practice patterns exemplified by mental health nurses in NL?

Sub-Questions:

- 1) What are the self-reported PCC practices of mental health nurses?
- 2) To what extent is the practice environment associated with the delivery of PCC?
- 3) What occupational, environmental, and demographic factors predict nurses' delivery of PCC?
- 4) What are the occupational and demographic factors that predict a PCC environment?
- 5) What is the nature of the tertiary inpatient care culture as demonstrated by unit observations?
- 6) What are the PCC perspectives of individuals who have received mental health nursing care in the past year?

METHODS

This study is a concurrent mixed-methods design. The quantitative component is a descriptive cross-sectional design, and the qualitative component uses a nursing methodology, interpretive description.¹⁴

Quantitative Methods

The quantitative methods will address research sub-questions one through four. All mental health and addictions (MH&A) registered nurses (RNs) working in NL were invited to participate in an online survey. The online survey package included: 1) 13 demographic and occupational questions, 2) The Person-Centred Practice Inventory-Staff (PCPI-S),¹⁵ and 3) The Person-Centred Climate Questionnaire – Staff (PCCQ-S).¹⁶ Development of PCPI-S was guided by the Person-Centred Practice Framework.¹³ Descriptive and inferential statistics are currently being used to address the four quantitative research questions.

Qualitative Methods

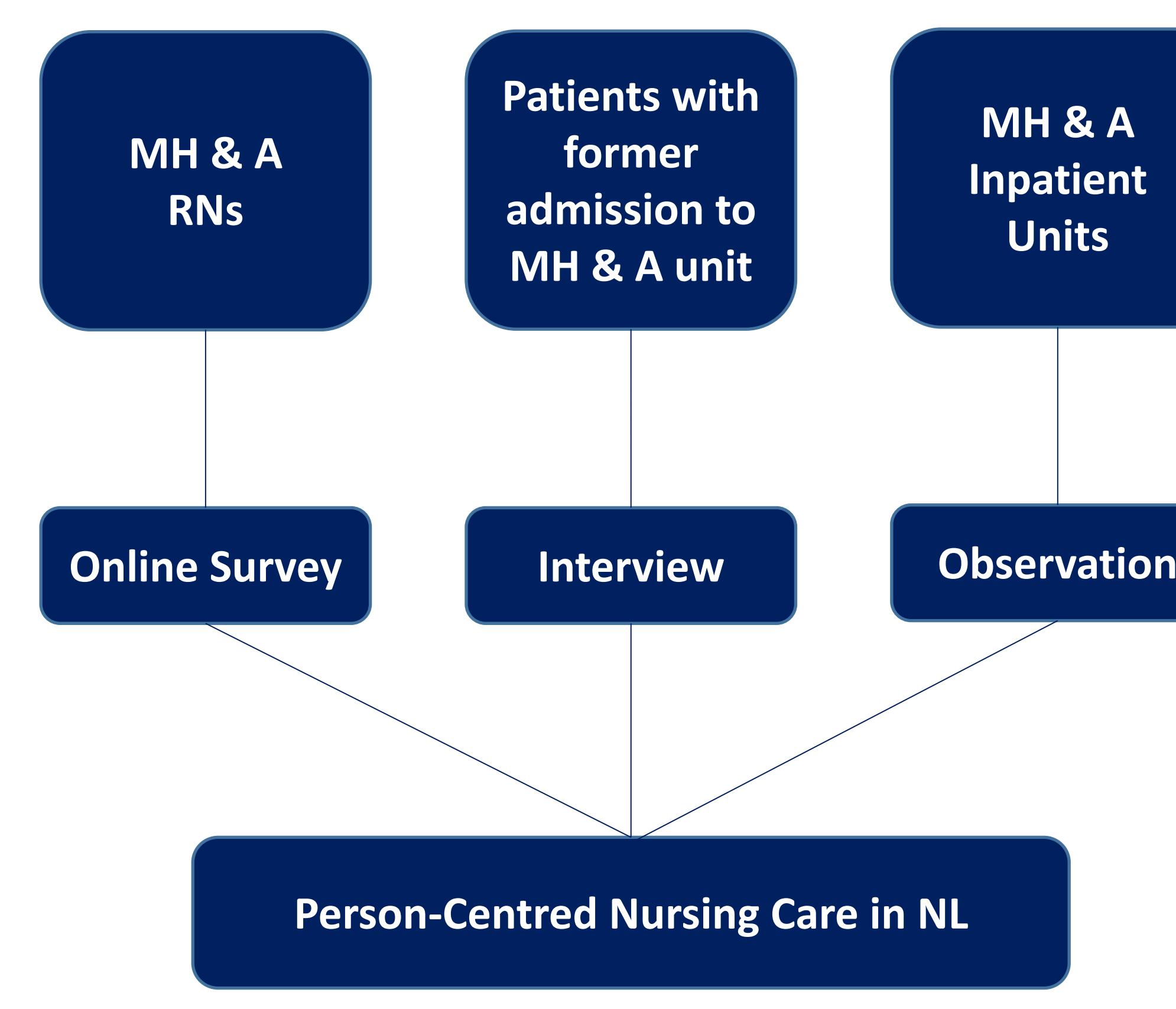
Qualitative data collected during structured inpatient unit observations will address sub-question five. Three mental health units in Waterford Hospital, St. John's were used for data collection. Wilson et al. (2020)'s Workplace Culture Critical Analysis Tool Revised (WCCATR) was used to collect qualitative data on the PCC culture of each unit. This tool is explicitly linked to The Person-Centred Practice Framework.¹⁷ Data was collected in 2 hours time intervals and each unit was observed for a total of 12 hours. A new copy of the tool was used for each observation time. Analysis of observational data is ongoing and guided by Sally Thorne's (2016) interpretive description.

METHODS

Data collected during patient interviews will address sub-question six. Individuals who received direct inpatient mental health nursing care in the past year were invited to be interviewed. Eight individuals participated in an interview where their experiences of receiving PCC were explored in-depth. Analysis of interview data is also ongoing and guided by Sally Thorne's (2016) interpretive description.

Integration

Data will be integrated by triangulating the three sets of data collected, as shown below. The three overarching domains of The Person-Centred Practice Framework (staff attributes, the care environment, and person-centred processes) will guide integration. Quantitative data will be reduced to descriptive analysis and integrated with the qualitative findings from observations and interviews.



EMERGING RESULTS

Emerging Quantitative Results

There are approximately 400 mental health and addictions RNs in NL. Eighty-five RNs submitted a survey, however, only 70 surveys were completed (approximate response rate = 17.5%). Responses were received from RNs from each health region across the province. Further analysis is currently underway.

Emerging Qualitative Results

Observational data was collected in August and September 2022. The observer was generally well received by patients and staff on the 3 units. Interviews were conducted from July to September 2022. Eight individuals participated in an interview. Five identified as male and three as female. Five were between the ages of 20 and 29, 2 were between the age of 30 and 39, and 1 was between the age of 60 and 69. Two of the 8 individuals were employed at the time of the interview. All but 1 interviewee was from the Eastern Health Region. Observational data and interviews are being analyzed at this time.

NEXT STEPS

Data analysis for the project is anticipated to conclude in early 2023. Findings will generate foundational evidence based on multiple sources of knowledge and expertise as to the gaps and priorities that must be addressed to advance PCC in the MH&A system. Research findings will inform future work on building PCC cultures within the provincial MH&A system. This includes future work with nurses, patients, and health care organizations locally to foster the professional nursing role and the practice environment to ultimately improve mental health nursing care in the province.

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