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Addressing the Gap in Training for Psychiatric and Mental Health Nursing A Comprehensive Review

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Abstract

Background: Individuals with mental health conditions face significantly higher mortality rates compared to the general population, with physical health issues contributing to this disparity. Mental health nurses play a crucial role in addressing these physical health needs; however, gaps in their training and confidence hinder effective care delivery. This review aims to evaluate the current literature on mental health nurses' experiences and competencies related to physical health care.

Methods: A review was conducted across five electronic databases: CINAHL, PubMed, MedLine, Scopus, and ProQuest Dissertations and Theses. Studies published from 1994 to 2023 were included, focusing on mental health nurses' knowledge, skills, and attitudes towards physical health interventions. Both interventional and observational studies were analyzed to assess the effectiveness of training programs and to identify barriers to care.

Results: The review revealed significant variability in mental health nurses' engagement in physical health care, with many reporting low confidence and insufficient training. While some studies indicated improvements in knowledge and attitudes following targeted educational interventions, others highlighted

persistent gaps in practice. The findings suggest a pressing need for enhanced training programs that equip nurses with the necessary skills to address the physical health of patients effectively.

Conclusion: Addressing the training gap for mental health nurses is essential for improving the physical health outcomes of individuals with mental health conditions. Future research should focus on developing and evaluating comprehensive training curricula that enhance nurses' competencies and confidence in providing physical health care. Increased collaboration between mental health and physical health services will also be crucial in ensuring holistic patient care.

Keywords: Mental Health Nursing, Physical Health, Training Gaps, Systematic Review, Nursing Competencies.

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1. Introduction

Individuals diagnosed with a mental condition have more than twice the risk of all-cause death compared to the general population. Individuals diagnosed with psychosis, mood disorders, and anxiety are most at risk. The median life expectancy reduction for those diagnosed with a mental disease is 10.1 years more than that of the general population; however, death rates are markedly elevated in studies including inpatients [1]. Although the probability of unnatural death, particularly suicide, is significantly heightened in this population, mortality from natural causes accounts for the majority of deaths. In individuals with schizophrenia, cardiovascular disease constitutes around one-third of all fatalities, while cancer represents one-sixth; other prevalent causes include diabetes mellitus, COPD, influenza, and pneumonia. A notably elevated prevalence of tobacco smoking in this cohort is associated with a substantial rise in mortality, as are obesity, exposure to elevated doses of antipsychotic medication, and the presence of mental disorders [1-5].

The physical health of individuals with mental disorders has been prioritized, becoming the focal point of recommendations for general practitioners and especially for mental health nurses and other clinical professionals [6-8]. Although policies and guidelines are essential prerequisites for change, they must also be effectively implemented to yield positive outcomes; a significant barrier to change implementation for mental health nurses has been identified as a deficiency in confidence, skills, and knowledge [9,10]. Robson and Haddad [11] noted that unexpectedly 'modest attention' had been devoted to the attitudes and knowledge of nurses regarding their role in physical health care provision, and they created the Physical Health Assessment Scale for mental health nurses (PHASe) to further examine this phenomenon. Since that time, a significant and increasing reaction has emerged among mental health nursing scholars and practitioners. Recent literature reviews have examined a decade of UK-specific research regarding the role of mental health nurses in physical healthcare, the perceptions of patients and professionals concerning barriers to physical health care for individuals with serious mental illness, the emphasis and substance of physical healthcare delivered by nurses to mental health patients, and the physical health status of individuals with severe mental illness [12-15]. There has been an increase in the volume of relevant empirical research. To date, no comprehensive review has been conducted on the expanding literature concerning mental health nurses' attitudes, expertise, and experience in delivering basic physical treatment. Moreover, investigations into the efficacy of interventions aimed at enhancing the provision of or attitudes towards regular physical healthcare have not been comprehensively evaluated. This is unexpected considering the established correlations between nurses' attitudes and their execution of evidence-based practice [16-18], as well as the importance of assessing nurses' attitudes in physical health care delivery highlighted in recent mental health nursing studies on the subject [11, 19, 20].

In this context, we have performed a systematic review to identify, evaluate, and synthesize existing empirical research regarding i) mental health nurses' experiences in delivering physical healthcare to patients, along with their associated knowledge, skills, educational preparation, and attitudes; ii) the efficacy of interventions designed to enhance or modify outcomes related to mental health nurses; and iii) to discern implications for future training and education, as well as for policy, research, and practice. The

review topic under consideration is: what does the worldwide, English-language empirical literature reveal about mental health nurses' abilities, knowledge, attitudes, and experiences in delivering physical healthcare.

2. Methods

We conducted a search across five electronic databases: i) CINAHL, ii) PubMed, iii) MedLine, iv) Scopus, and v) ProQuest Dissertations and Theses using text words and MeSH keywords. A manual search was conducted on the reference lists of all included studies, pertinent literature reviews, and the tables of contents of chosen mental health nursing publications. The search keywords were derived from prior literature evaluations concerning physical healthcare in mental health.

3. The degree of self-reported engagement in facets of physical healthcare

In terms of self-reported engagement in physical healthcare, the percentage of respondents in PHASe research who answered 'strongly agree' or 'agree' to 14 questions showed significant variability among samples. Out of 95 potential comparisons between the reference study and others, 70 (73.7%) exhibited significant differences. Of them, 86.7% compared unfavorably with the UK reference research, whereas 13.3% compared favorably. The number of elements per sample that deviated from the reference sample varied between 7 and 13 (Mdn = 10). Japan provided the sole sample of mental health nurses whose responses were favorable compared to the reference sample, with 7 out of 10 significantly differing responses being more favorable in the Japanese sub-sample. In contrast, Ganiah et al. reported no favorable comparisons among 11 significantly differing responses,

Happell et al. [14], Robson and Haddad ’s UK sample had 1 out of 10 [20], and Bressington et al. [19]’s Hong Kong sample had 2 out of 12, all demonstrating poor performance. Items including the assessment of GP status, guidance on exercise, weight management, nutrition, contraception, and vision assessments had lower ratings from at least two different samples (range 2 to 6, Mdn = 4) and were not evaluated more favorably by any relative to the reference sample. Only the criterion on the assessment of patients' general physical health at first contact with mental health services received a higher favorable rating from the two samples and no less favorable ratings compared to the reference sample. All other products exhibited item-level variability without a discernible pattern.

The remaining non-intervention studies provide a varied and sometimes conflicting narrative. Osborn et al.'s [21] research indicated that nurses in mental health settings at a big hospital were less inclined to use physical healthcare skills compared to their counterparts in medical, cancer, maternity, and surgical environments. Additionally, they indicated using a narrower spectrum of necessary abilities. In the study conducted by Howard and Gamble [22], nurses' replies revealed a discrepancy between their perceived responsibility for physical healthcare and their actual practice. In contrast to representatives from healthcare and educational organizations, nurses exhibited a reduced likelihood of endorsing their involvement in physical healthcare services and indicated less support for the need of relevant skills training. Conversely, recent research indicates that some individuals demonstrated a definitive commitment to the physical healthcare job and expressed a desire for more training. Nurses emphatically affirmed their involvement in physical health, sexual health, and drug addiction treatment, receiving robust support from other healthcare professionals [23]. Happell et al. [13,14] documented correlations between nurses' favorable assessment of the physical healthcare role and the frequency of its practice throughout a series of interconnected surveys and qualitative investigations.

Research involving nurses and certain physical healthcare activities indicated that the respondents' own values or views may significantly influence their health-promoting or advisory behaviors about smoking cessation [24,25]. Dorsay and Forchuk [26] and Quinn et al. [27] have shown that nurses attribute patient shame as a rationale for avoiding inquiring about the sexual side effects of antipsychotic medicines. Insufficient time, money, and expertise were identified as obstacles to provide guidance and interventions related to exercise and physical activity [28], Omega-3 [29]. Knowledge and attitudes toward HIV/AIDS were mostly positive [30]. Ultimately, smoking cessation training correlated with increased smoking

cessation assistance behavior [31]; yet, paradoxically, it was adversely correlated with attitudes toward smoking cessation in one research [32]. Additionally, the attitudes of mental health-trained nurses versus generalist-trained nurses in mental health services. The most pronounced disparities between the groups were observed in smoking-related items, with the former group exhibiting significantly more permissive views regarding smoking restrictions, greater concerns about the advantages and efficacy of cigarette use as a therapeutic instrument, and diminished confidence in the capacity of mental health patients to cease smoking. This was especially troubling in the research environment focused on attitudes toward physical treatment among younger patients experiencing their first episode of psychosis [33].

The study time varied from a 2.5-hour workshop on physical health [34] to a 20-credit bachelor's degree module on physical healthcare in mental health, equal to 200 hours of instructed and self-directed study and assessment completion [35]. Non-simulation studies assessed the implementation of personal health plans for patients in a low security forensic facility, accompanied by a singular teaching session on physical health care for nursing personnel [36]. The specific subjects discussed included diabetes, health evaluation, dental health, intramuscular injectables, vital signs, blood readings, BMI measurement, and cardio-metabolic health [38-43].

In the randomized controlled trial by Sung et al. [35], nurses were randomly assigned in a stratified manner to participate in eight 2-hour sessions on sexual healthcare over a duration of four weeks or to receive no intervention. Marked impacts were seen in the experimental group compared to the control group on enhancements in associated knowledge and attitudes, but not in self-efficacy. The research included nurses from both medical and mental wards, used stratified allocation, and found no significant impact of ward type on results. Intervention studies using a pretest-posttest design focused on diabetes shown significant enhancements in clinical judgment about diabetes treatment and a reduction in diabetes-related emergency referrals, along with notable improvements in diabetes-related knowledge [13,26,28]. Enhanced perceptions of obesity, fat patients, and the supporting roles in the care of obese persons have been documented within a diverse cohort of participants, showing no significant differences between mental health nurses and their counterparts in other nursing specialties [44]. and overall physical healthcare. Happell et al. [14] indicated increased support for a specialized cardiometabolic nurse function after its implementation; however, we contend that this finding is unjustified, since it is based only on statistical analysis of 14 questionnaire questions, of which only one was deemed significant. Interventions targeting physical healthcare shown significant post-group enhancements in knowledge, attitudes, and confidence [34,39-42].

4. Discussion

We have performed a comprehensive assessment of the empirical literature concerning mental health nurses' attitudes, knowledge, and experiences related to physical health care for patients. We used a comprehensive methodology for literature review, including both interventional and observational investigations in actual or simulated contexts. We included studies using mental health nursing students and diverse professional groups, alongside those exclusively involving mental health nurses. We reached out to the research authors to get more information, which resulted in the revelation of substantial, previously unreported data on the studies using the PHASe [11]. Despite imposing no temporal constraints on our extensive search, we identified papers dating back to 1994, with just nine published prior to 2000, and the median publication year was 2016. This indicates a notable rise, referred to as a 'mini explosion' in the Introduction, in pertinent empirical research in recent years. The overall number of nurses participating in research, 7549, is one of the most extensive compilations of evidence sourced directly from mental health nurses to our knowledge.

Nonetheless, the general methodological quality of the research was rather constrained, especially with interventional studies aimed at enhancing mental health nurses' physical healthcare assessment practices and competencies. Nonetheless, while several studies focus on mental health nurses and those operating in mental health environments, this cohort consists of a diverse array of persons with significantly varying experience, training, expertise, and responsibilities. Consequently, it is not particularly remarkable that

several inadequately explored domains have yielded markedly divergent outcomes. There is continuous data indicating a robust correlation between the attitudes of mental health nurses and their engagement in physical health care. Likewise, nurses who prioritize physical health care also indicate that they provide a greater volume of such care [30], and those who communicate with at least one other discipline on their patients' physical health engage with several professional groups [33]. Consequently, less resources may be allocated to addressing such associational inquiries in the future.

We conclude that it is imperative to initiate a new phase in mental health nursing research concerning physical healthcare: efforts must be intensified to design and evaluate treatments aimed at enhancing nurses' attitudes, knowledge, and abilities. New research must be meticulously conceived and done with precision. Further study is necessary to ascertain if the purported advantages of this association result in objectively improved practices and enhanced patient outcomes. This would bolster the argument for training to enhance attitudes and create urgency to comprehend which treatments may achieve that result. Moreover, mental health nurses acknowledge their need for enhanced abilities and knowledge about physical health care across several domains [19, 30, 31]. Nonetheless, hesitation and resistance persist over the adoption of the necessary changes to achieve this [42].

The PHASe was used in much research, allowing both worldwide and context-specific comparisons of nurses' attitudes. Nurses' self-assessed behaviors and attitudes have shown substantial variation across global samples. This may indeed indicate varying methodologies in the preparation of mental health nurses; for instance, in Australia, all pre-registration nurses complete an identical core curriculum, but in the UK, mental health nursing constitutes a specialized segment of pre-registration education. Consequently, findings from Chee et al.'s [24] recent research are illuminating, as they demonstrate comparable views towards physical healthcare, notably greater trust in its delivery, however inferior scores concerning obstacles to physical healthcare provision and smoking cessation. Due to the discrepancies in findings on the attitudes toward smoking subscale between Chee et al. [24] and Wynaden et al. [29], both executed in Western Australia by affiliated research teams, concerns arise about the degree to which the results are sample-specific. Extensive, representative data collection in Australia and New Zealand might substantially contribute to the discourse on nurses' training for physical healthcare competencies across various educational frameworks. The PHASe authors indicate that the tool has not undergone assessments of its stability or criterion validity, and enhancements in evidence for these aspects would greatly enhance the capacity to derive robust findings from research using the instrument. Osborne et al.'s [21] extensive hospital-wide survey reveals a significant and concerning gap in the physical health-related competencies covered by the PHASe.

Besides the PHASe, the literature is replete with outcome instruments intended for individual research, exhibiting no evidence beyond face validity and internal consistency. We must inquire whether this indicates that researchers are posing inappropriate questions, specifically concentrating excessively on mental health nurses' attitudes and self-reported knowledge and efficacy, rather than adopting a more rigorous approach to assessing their actual knowledge, performance, and, importantly, their influence on patient outcomes. Additionally, Haddad et al.'s [29] research in a low secure forensic environment revealed that nurses exhibited more favorable scores on the PHASe subscales regarding attitudes toward physical healthcare and smoking, in contrast to non-forensic nurses in the reference sample. This may indicate that in a setting with significantly prolonged lengths of stay, nurses have greater opportunities to interact with patients concerning this aspect of care. Interestingly, nurses in the same group were seen to be less involved in real physical healthcare compared to the reference sample, presenting a rather conflicting outcome.

In intervention research, impact sizes were often substantial, and at times remarkably big, particularly when treatments were focused and outcomes were knowledge-oriented (e.g., educational studies). This is not unexpected, since educational interventions are often assessed based on characteristics that are explicitly and directly targeted in the intervention. Outcomes were often assessed shortly after the training [30,37], although their long-term retention remains largely unknown, as does any practical positive change to practice. The evident efficacy of these therapies need further evaluation using randomized designs with suitable follow-up durations.

The current review's research samples included non-nursing personnel; nevertheless, their limited occurrence and representativeness precluded the formulation of meaningful findings about the relative knowledge and attitudes of nurses within the multidisciplinary team environment. Considering the present evaluation specifically focused on mental health nurses, more research examining the interdisciplinary dimensions of physical health care delivery is necessary.

5. Conclusion

The capability of mental health nurses to provide normal physical treatment has been emphasized in recent years. Current literature serves as a foundation for future research, which should focus on assessing the efficacy of nurse training in delivering physical health care to individuals with mental disorders, identifying suitable content for such training, and evaluating effectiveness concerning both nurse and patient-related outcomes. Simultaneously, advancements are required that align with the demands and desires of patients. The included studies mostly indicate that mental health nurses acknowledge the integration of physical health care within their responsibilities.

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معالجة الفجوة في التدريب على التمريض النفسي والصحة النفسية: مراجعة شاملة

الملخص

الخلفية :يواجه الأفراد الذين يعانون من حالات صحية نفسية معدلات وفيات أعلى بشكل كبير مقارنة بالسكان العام، حيث تساهم المشاكل الصحية الجسدية بشكل كبير في هذه الفجوة. يلعب الممرضون النفسيون دورًا حيويًا في تلبية احتياجات الصحة الجسدية لهذه الفئة؛ ومع ذلك، فإن الفجوات في تدريبهم وثقتهم تعيق تقديم الرعاية بشكل فعال. تهدف هذه المراجعة إلى تقييم الأدبيات الحالية حول تجارب وكفاءات الممرضين النفسيين المتعلقة بالرعاية الصحية الجسدية.

المنهجية :تم إجراء مراجعة شاملة عبر خمس قواعد بيانات إلكترونية CINAHL :و PubMedو MedLineو Scopusو ProQuest Dissertations and Theses.شملت المراجعة الدراسات المنشورة من 1994 إلى 2023 التي ركزت على معارف الممرضين النفسيين ومهاراتهم ومواقفهم تجاه التدخلات الصحية الجسدية. تم تحليل الدراسات التدخلية والرصدية لتقييم فعالية البرامج التدريبية وتحديد الحواجز التي تعيق تقديم الرعاية.

النتائج :كشفت المراجعة عن تفاوت كبير في مشاركة الممرضين النفسيين في الرعاية الصحية الجسدية، حيث أبلغ العديد منهم عن انخفاض الثقة ونقص التدريب. في حين أشارت بعض الدراسات إلى تحسن في المعرفة والمواقف بعد التدخلات التعليمية المستهدفة، سلطت دراسات أخرى الضوء على استمرار الفجوات في الممارسة. تشير النتائج إلى حاجة ملحة إلى برامج تدريبية معززة تزود الممرضين بالمهارات اللازمة لتلبية احتياجات المرضى الصحية الجسدية بشكل فعال.

الخاتمة :يعد معالجة فجوة التدريب للممرضين النفسيين أمرًا ضروريًا لتحسين نتائج الصحة الجسدية للأفراد الذين يعانون من حالات نفسية. يجب أن تركز الأبحاث المستقبلية على تطوير وتقييم مناهج تدريب شاملة تعزز كفاءات وثقة الممرضين في تقديم الرعاية الصحية الجسدية. كما أن زيادة التعاون بين خدمات الصحة النفسية والجسدية سيكون ضروريًا لضمان تقديم رعاية شاملة للمرضى.

الكلمات المفتاحية :التمريض النفسي، الصحة الجسدية، فجوات التدريب، مراجعة منهجية، كفاءات التمريض.