

Skills Matter



KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

New Entry to Specialist Practice: Mental Health and Addiction Nursing

Survey data analysis 2010-2014



Skills Matter is a workforce development programme within Te Pou.



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Acknowledgements

Dr Adrian Field from Dovetail was commissioned to undertake the analysis of the student survey data and is the author of this report.

Overall Findings

This report presents key outcome data, drawing on student survey data from the Skills Matter programme, New Entry to Specialist Practice: Mental Health and Addiction Nursing.

Five years of data are analysed, both qualitatively and quantitatively, to explore outcomes achieved from Skills Matter.

The performance dashboard on the following page summarises key outcomes, which are mapped to six outcome domains from the Skills Matter Evaluation Framework and Outcomes Model.

Overall, feedback from the student survey indicates that the Skills Matter programme is strongly supporting nurses in the following domains:

- **Overall course quality:** There was high satisfaction with the course and also high relevance to their work
- **Values, skills, knowledge and practice:** In particular, confidence, working with service users, working with family/whānau, reflecting on practice, being informed by evidence and responding to people with co-existing problems
- **Practising safely:** Strong levels of agreement is evident in ability to practice safely
- **Applying learning in the workplace:** Including opportunities for practical experience, using training in practice, developing clinical skills, and sharing learnings with colleagues
- **Career development:** In particular, employment opportunities and professional recognition

In addition, feedback on the **support in first year of practice**, and **retention in the mental health and addiction workforce**, show generally positive findings, with some potential areas for improvement.

The infographic on page 6 offers some key highlights, supplemented by quotes from student participants.



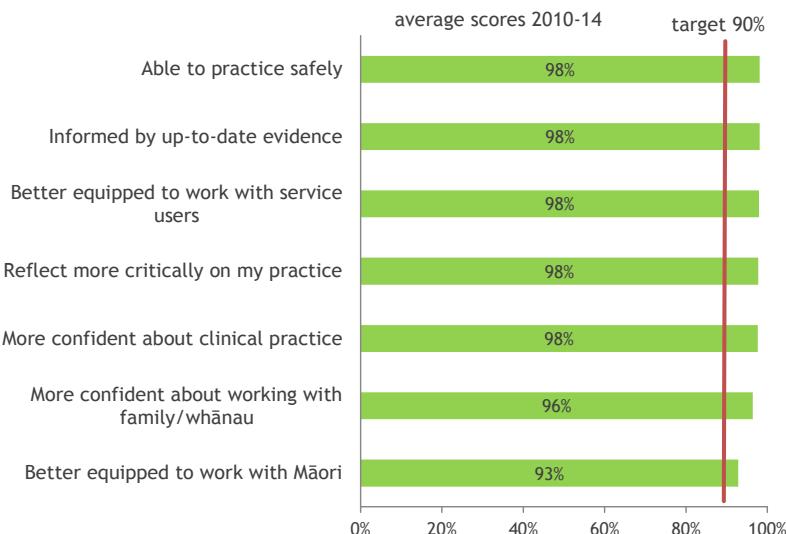
Table 1: Skills Matter NES Performance Dashboard

Skills Matter Outcome Domains: Annual Student Survey Findings									
	2010	2011	2012	2013	2014	Trend	Target	Average agreement	Rating average
Overall course quality	2010	2011	2012	2013	2014	Trend	Target	Average agreement	Rating average
Overall I was satisfied with the course	90%	97%	98%	93%	96%		90%	94%	5.2
The course content was relevant to my work	94%	95%	99%	92%	97%		90%	95%	5.3
Well-supported in first year of practice	2010	2011	2012	2013	2014	Trend	Target	Average agreement	Rating average
I felt well-supported in my first year of practice				91%	93%		90%	91%	5.0
Values, skills, knowledge and practice	2010	2011	2012	2013	2014	Trend	Target	Average agreement	Rating average
I'm more confident about my clinical practice	97%	97%	99%	96%	99%		90%	98%	5.3
I'm better equipped to work with service users	97%	97%	99%	98%	99%		90%	98%	5.3
I'm more confident about working with family/whānau	93%	95%	98%	97%	99%		90%	96%	5.2
I'm better equipped to work with Māori	87%	92%	98%	93%	94%		90%	93%	4.9
I reflect more critically on my practice				96%	99%		90%	98%	5.5
My practice is informed by up-to-date evidence				97%	99%		90%	98%	5.4
I'm more capable of responding to people with co-existing mental health and addiction problems					100%		90%	100%	5.5
Able to practice safely	2010	2011	2012	2013	2014	Trend	Target	Average agreement	Rating average
I feel able to practice safely				98%	99%		90%	98%	5.5
Applying learning in the workplace	2010	2011	2012	2013	2014	Trend	Target	Average agreement	Rating average
My course included adequate opportunities for practical experience				93%	94%		90%	94%	5.2
I've been able to use my training in practice	100%	95%	98%	98%	98%		90%	98%	5.3
My clinical settings/placements enabled me to develop my clinical skills					99%		90%	99%	5.5
I've shared my new learning with colleagues				95%	96%		90%	95%	5.1
I'll use my new learning in practice in the future	97%	95%	99%	99%	96%		90%	97%	5.6
Career development	2010	2011	2012	2013	2014	Trend	Target	Average agreement	Rating average
I'll continue to seek future study opportunities	100%	100%	98%	89%	94%		90%	91%	5.4
My study has helped to increase my employment opportunities				96%	97%		90%	97%	5.4
My study has helped me to gain professional recognition				97%	97%		90%	97%	5.2
Retention of the mental health and addiction workforce	2010	2011	2012	2013	2014	Trend	Target	Average agreement	
Intending to work ten years or more in the mental health and addiction sector	44%	45%	60%	47%	50%		50%	49%	



Skills Matter New Entry to Specialist Practice: Key Outcomes 2010-14

NESP students become better prepared to work in the mental health and addiction sector



93% of students felt well-supported in their first year of practice in 2014

96% were satisfied with the course

"The need to constantly reflect on my practice and to engage in supervision has helped immensely. It has provided me with the ability to examine situation/events from a more objective perspective and to extract lessons from these experiences and continue to apply them in practice."

"It has built my confidence in practice and enabled me to meet other potentially supportive colleagues."

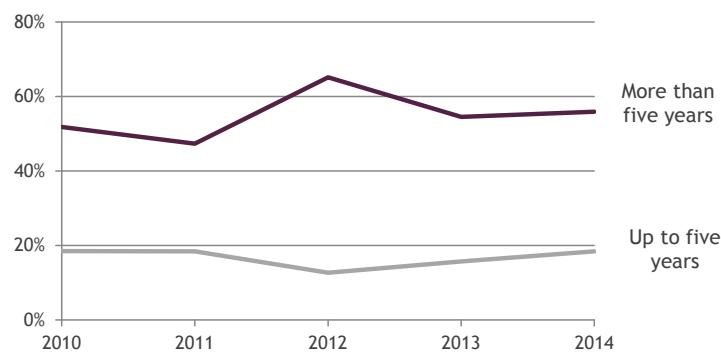
50% of students intend to work in mental health for 10 years or more (2014)

"Working in mental health was my choice. It was a field in nursing that I always desired to work. And this year has opened many paths for me to choose under the mental health umbrella."

"It has made me more confident, as postgraduate study seemed extremely daunting, but I now know this is not the case and will go to study more."

"I feel completing this PG cert has been recognised/acknowledged by management where I work."

NESP students are generally looking to work in mental health and addiction for more than five years



NESP study is providing practical experience, supporting employment and motivating further study



All students reported being more able to respond to people with co-existing mental health and addiction problems

"[The course] has provided me with the opportunity to grow and develop both professionally and personally within a variety of challenging but rewarding environments."

"Being able to work in a number of clinical areas has been beneficial in gaining a better understanding of mental health and addiction services, continuity of care (or lack of and how this needs to be improved) and where I would like to develop my career."



Introduction

This report explores key outcomes of the New Entry to Specialist Practice: Mental Health and Addiction Nursing training programmes (NESP), drawing on feedback obtained from surveys of students completing these courses over 2010 to 2015.

The report is intended as the first of two research pieces exploring outcomes of the Skills Matter programme, to inform a broader evaluation of Skills Matter. The second research component (if data is available) will focus on a cohort study of students completing NESP and their retention in the mental health and addiction workforce.

Skills Matter funds six training programmes to support new entrants and existing practitioners to develop new and advanced knowledge, skills and leadership in mental health and addictions workforce development.¹

Outcomes in this report are explored across six domains, which align with the Skills Matter Outcomes Model. These outcome domains are reviewed against student survey data, which the report's findings are structured around:

- Overall course quality
- Practitioners feel well-supported in their first year of practice
- Practitioners have appropriate values, skills, knowledge and attitudes
- Mental health and addiction practitioners are equipped to practice safely
- Practitioners apply learnings in the workplace
- Increased opportunity for career development
- Retention of the mental health and addiction workforce

Note that the focus of this report is on outcomes obtained from students. Other issues, such as the challenges that students face during study, were outside the scope of the current study. The challenges and any barriers that students face are explored in detail as part of the regular reporting and review processes of the Skills Matter programme.

Approach

Survey data from five years of surveys (2010-2014) were provided by Te Pou in excel and pdf format. Data was provided at aggregated level for each survey question in each year, as well as individual survey responses. All data was anonymised before being sent to Dovetail for analysis.

Questions in the survey were reviewed against the Skills Matter Outcomes Model and Evaluation Framework, and identified for inclusion in this review. This was discussed and confirmed with staff from Te Pou and Te Ao Māramatanga.

The survey is distributed in either paper-based or electronic form. The paper version is distributed to students who can be reached through a final teaching session. Students receive the survey from their lecturer or course coordinator and time to complete the survey is provided in class. To ensure the confidentiality of the feedback, students seal the survey in an envelope after completion. An electronic version (using the online survey platform Survey Monkey) is sent to students who were not present in the final teaching session. The survey was adapted over successive years; some questions were developed for the 2013 and 2014 surveys that had not been used before. These newer questions reflected data collection needs that are discussed in the Skills Matter Evaluation Framework.²

The survey data was analysed using the following approaches:

¹ <http://www.tepou.co.nz/initiatives/skills-matter/46>

² Greenaway S. 2014. *Skills Matter Evaluation Framework and Plan*. Auckland: Te Pou.



- Frequency analysis was undertaken of a range of closed-response questions that could be mapped to the six Skills Matter outcome domains
- Findings for these questions were graphed and compared against targets and performance over time
- Cross-tabulations of outcomes against gender, ethnicity, employer and centre of training³
- Two key open-ended questions from each survey, focusing on benefits of the training in day-to-day work, and benefits to career, were systematically reviewed and coded for additional outcomes that were not identified in the closed response questions

Many of the survey questions asked respondents to indicate their level of agreement or disagreement to a series of Likert-scale statements; responses were rating from 1 to 6, covering strongly disagree (1), moderately disagree (2), mildly disagree (3), mildly agree (4), moderately agree (5) and strongly agree (6).

The analysis for these questions focused on the average ratings and the extent to which respondents agreed with each statement (i.e. mildly to strongly agree), consistent with the Skills Matter Evaluation Framework's performance criteria.

There was significant variation in the number responding to the survey between 2010 and 2011, compared to 2012-14. This was as a result of changes in the data collection method. Students were asked to complete the surveys on their last day of in-class study rather than via an online survey. The numbers completing the survey each year are described in Table 2 below.

Table 2: Number of students completing Skills Matter feedback surveys, 2010-14

2010	2011	2012	2013	2014
31	39	127	134	136

The reporting on the survey data was informed by the following client needs:

- Reviewing survey trends and outcomes
- Exploring the alignment of outcomes identified through the survey with Te Pou's own evaluation framework
- Preparing proposals for augmentation of the survey and reporting approaches (such as brief stakeholder reports and infographics)

Excel and StatWing analytical software were employed for the quantitative analysis, and qualitative analysis was undertaken using the Dedoose online qualitative research software. Significance testing for quantitative analysis was applied at a 95% confidence interval; for these analyses, the combined datasets over five years were used. Statistically significant differences are reported where $p < 0.05$.

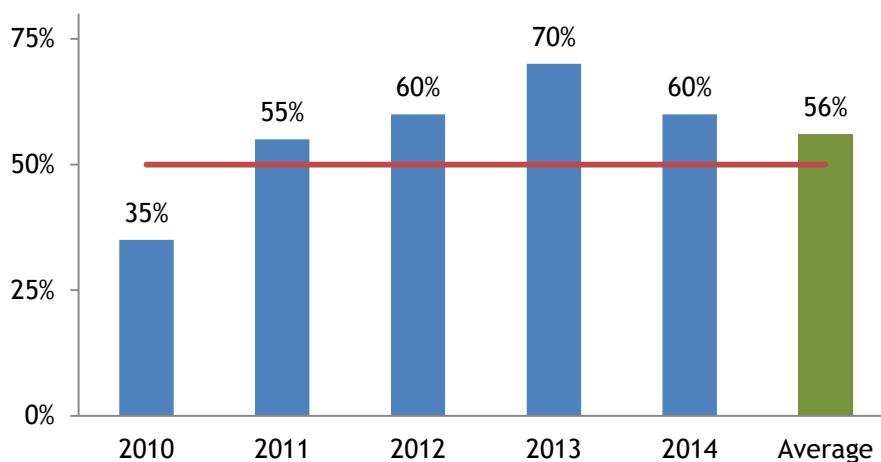
Finally, a note for interpreting graphs in this document: each graph uses columns coloured in blue to show change over time, and a final colour-coded column to show the average over time. Colour-coding for averages are green for exceeding targets, and orange for not meeting target, or just meeting target but where the extent of agreement is variable. For each graph the performance target is shown using a red line. An example is shown below.

³ Note that ethnicity responses in surveys were grouped into NZ European, Māori, Pacific, South Asian, East Asian, African and Other. Responses were then prioritised (for Māori and Pacific) into single ethnicity classification for statistical analyses.



Sample graph for year-by-year analysis

Target 50% (red line)



The research was undertaken by Adrian Field of Dovetail in April 2015.

Findings

Overall course quality

The survey questions that were explored for this domain were:

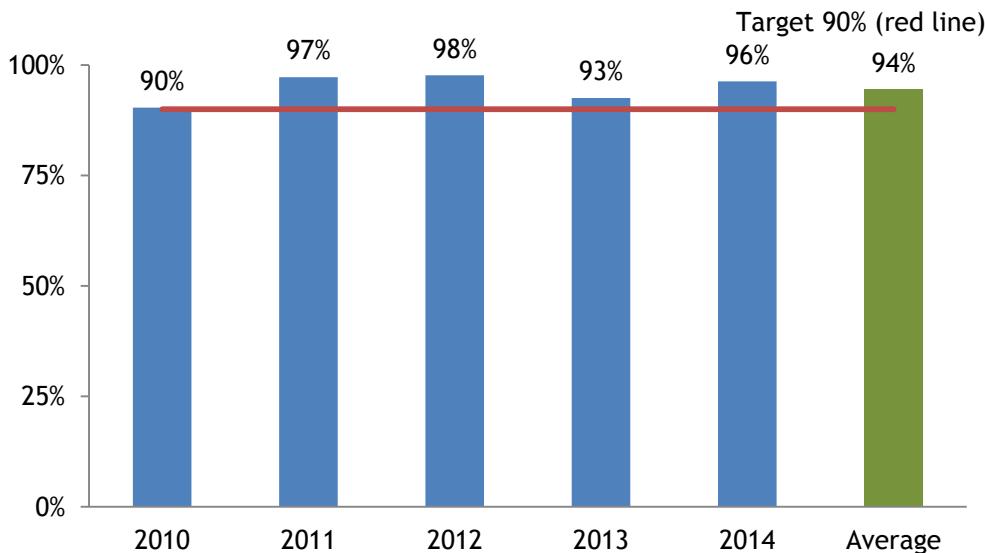
- Overall I was satisfied with the course
- The course content was relevant to my work

Satisfaction with course

The extent to which students are satisfied with the NESP Mental Health and Addiction Nursing courses is a useful marker of engagement with the course. Responses to the statement 'Overall I was satisfied with the course' are detailed in

Figure 1. In all years, satisfaction met target, averaging 94% over 2010 to 2014.

Figure 1: Student agreement with 'Overall I was satisfied with the course'

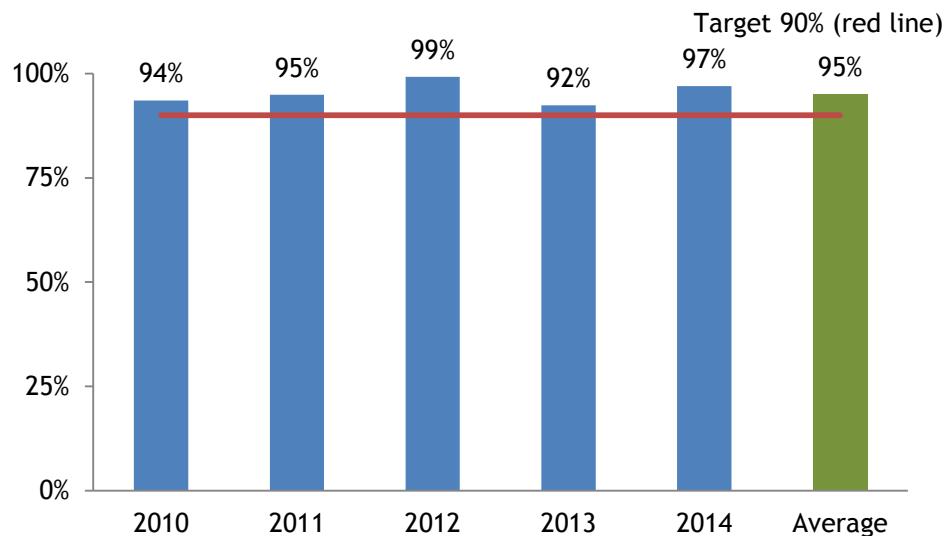


Relevance

A further useful marker of early stage outcomes of the NESP programme is the extent to which the courses are relevant to participants' work. Over each year from 2010 to 2014, on average 95% of students indicated that the course was relevant to their work, which was above the 90% target (

Figure 2).

Figure 2: Student agreement with 'the course content was relevant to my work'



Support in first year of practice

The survey questions that were explored for this domain were:

- I felt well-supported in my first year of practice
- My colleagues supported my training/study
- My preceptor/supervisor supported my training/study
- I had access to sufficient supervision/preceptorship
- My organisation supported my training/study
- My organisation gave me enough release time for study
- My academic course co-ordinator supported my study

Well-supported in first year of practice

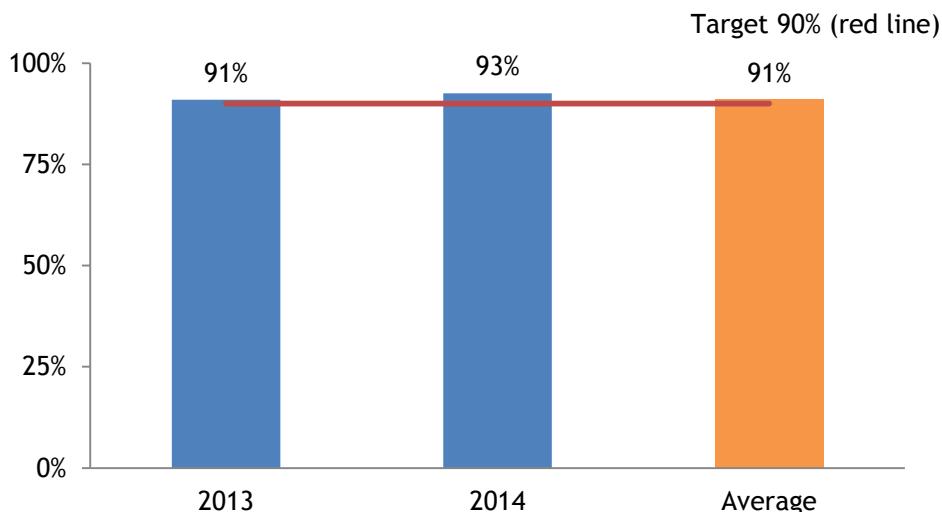
The surveys asked respondents to rate the extent to which they felt well-supported in their first year of practice. This was in the context of series of questions about the level of support they received from colleagues (detailed further in this section), preceptors, supervisors, organisations, course co-ordinators as well as release time available. The 'I felt well-supported in my first year of practice' question was the last of the series that respondents answered, and can be seen to provide an overall reflection on the level of support received (note this question was only asked in 2013 and 2014).

Figure 3 below shows the extent to which students felt well-supported in their first year of practice. In both 2013 and 2014, agreement with this statement exceeded the 90% target (91% and 93% respectively); however agreement



to this statement had higher levels of ‘mildly agree’ than other questions (18% in 2013 and 22% in 2014), suggesting some relatively mixed levels of support.

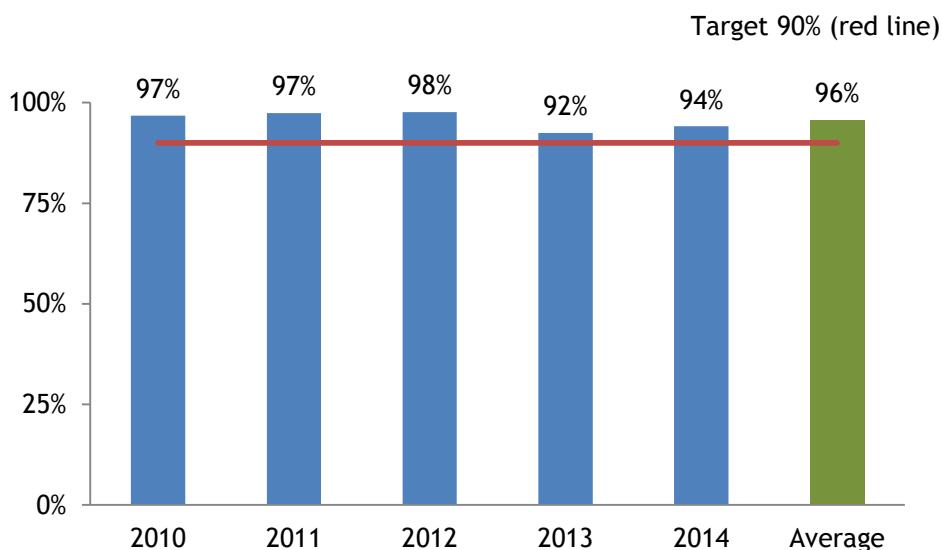
Figure 3: Student agreement with ‘I felt well supported in my first year of practice’



Support by colleagues

Across all 5 years of survey from 2010 to 2014, there were high levels of agreement with the statement that ‘my colleagues supported my training/study’ (Figure 4, note that the wording varied slightly over the surveys, with ‘training’ used until 2012, and ‘study’ thereafter).

Figure 4: Student agreement with ‘My colleagues supported my training/study’

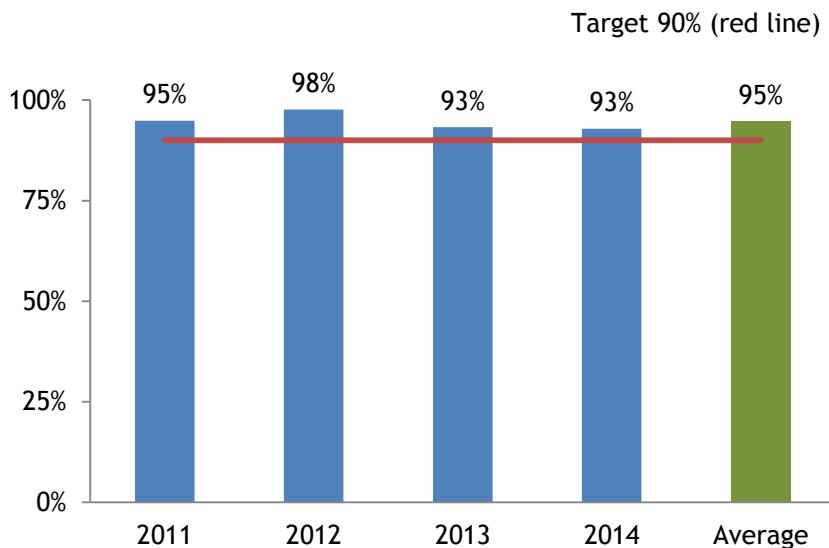


Preceptor/supervisor support

There were similarly high levels of support to statements regarding the support from preceptors or supervisors during training or study, with responses exceeding target each year (Figure 5). In 2013 and 2014, questions about preceptors and supervisors were asked separately, but both still exceeded target; the data presented in Figure 5 averages the responses for these questions.

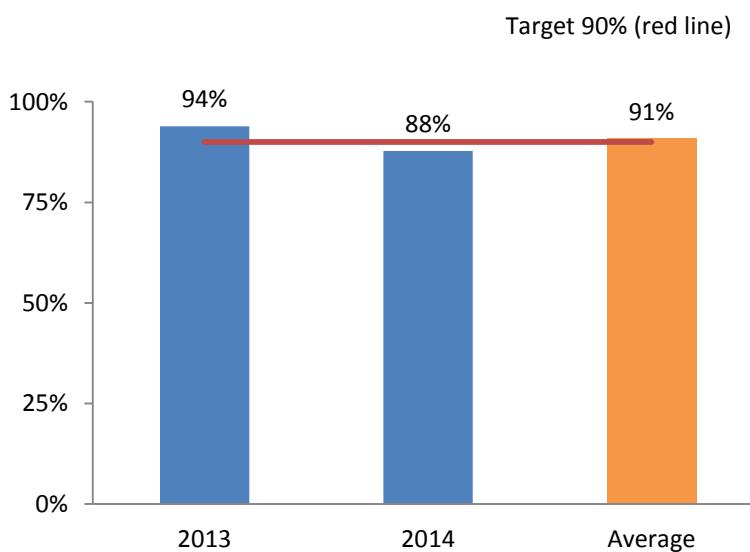


Figure 5: Student agreement with ‘My preceptor/supervisor supported my training/study’



In 2013, students were asked to comment on the statement that ‘I had access to sufficient supervision/preceptorship.’ This question was repeated in 2014 but as separate questions; for the purposes of analysis, these were averaged to compare with 2013. Figure 6 below shows relatively lower levels of agreement to the averaged responses in 2014 compared to 2013. In particular, there were lower levels of agreement with access to sufficient preceptorship (84%).

Figure 6: Student agreement with ‘I had access to sufficient supervision/preceptorship’



Organisational support

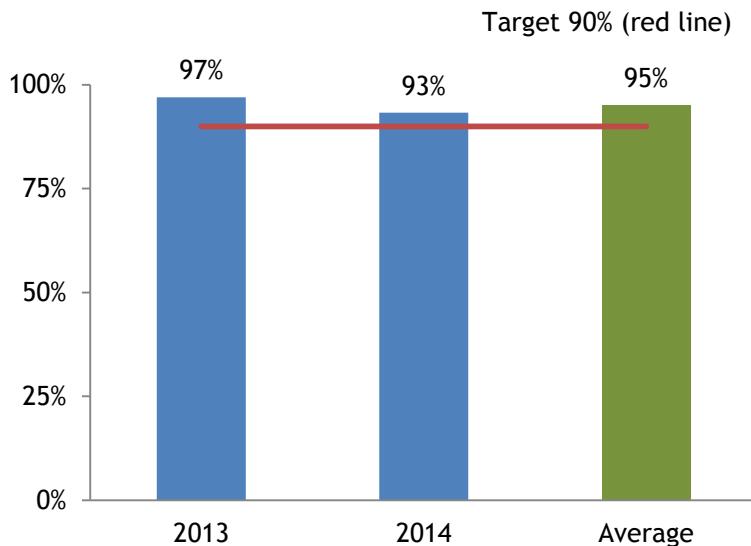
In 2014, the survey sought students’ feedback on the statement that ‘My organisation gave me enough release time for study.’ Compared to responses to other statements, there were lower levels of agreement, with only 82% agreeing in 2014.

Academic course co-ordinator support

In 2013 and 2014, students were asked to give feedback on the support received from academic course co-ordinators. In both years, more than 90% of students agreed with the statement that ‘My academic course co-ordinator supported my study’ (Figure 7).



Figure 7: Student agreement with 'My academic course co-ordinator supported my study'



Values, skills, knowledge and practice

Survey participants were asked about their level of agreement with a range of statements about possible benefits from the clinical training programmes. The statements were:

- I'm more confident about my clinical practice
- I'm better equipped to work with service users
- I'm more confident about working with family/whānau
- I'm better equipped to work with Māori
- I reflect more critically on my practice
- My practice is informed by up-to-date evidence
- I'm more capable of responding to people with co-existing mental health and addiction problems

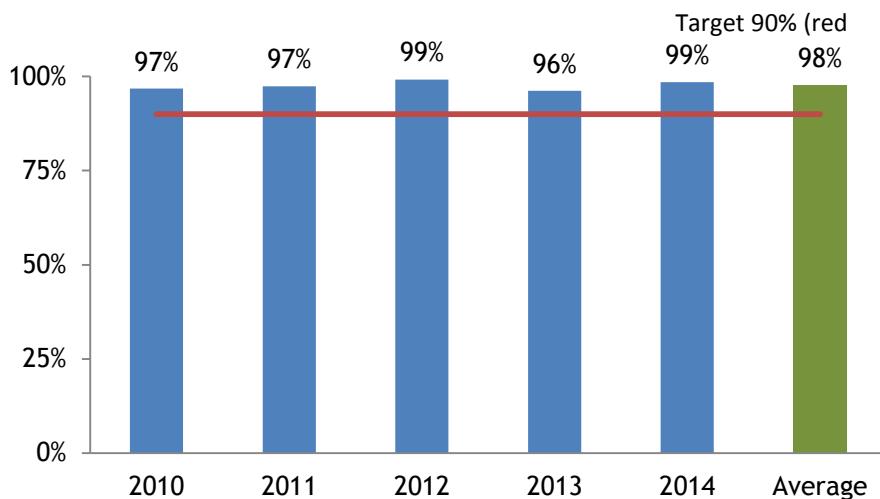
Confidence

Almost all respondents indicated that they were more confident about their clinical practice (

Figure 8). Agreement averaged 98% over 2010 to 2015, and was generally clustered around moderately to strongly agree.



Figure 8: Student agreement with 'I'm more confident about my clinical practice'



Some comments from students on this theme were:

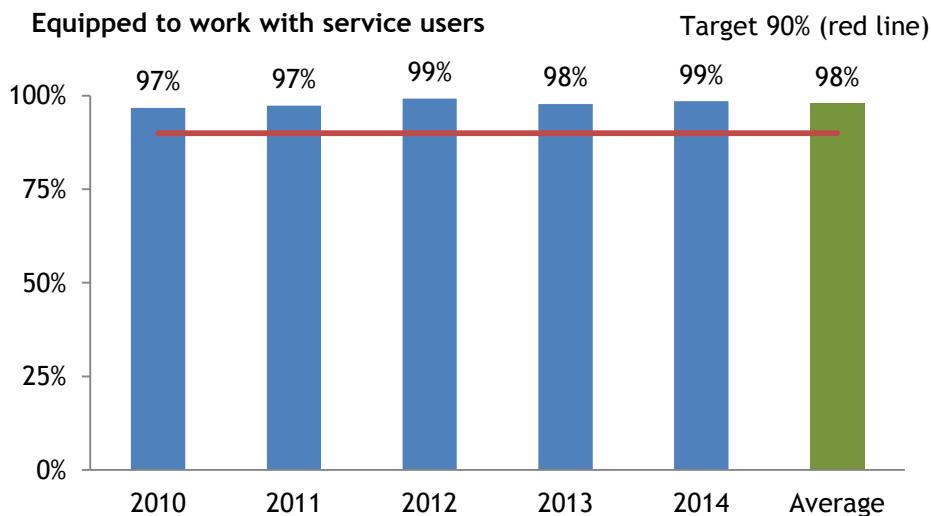
The need to constantly reflect on my practice and to engage in supervision has helped immensely. It has provided me with the ability to examine situation/events from a more objective perspective and to extract lessons from these experiences and continue to apply them in practice. It has also increased my awareness about my actions and practice and helped me to deliberately repeat those that are effective and to reduce or eliminate those that are not effective.

It made me a lot more confident and competent working in a mental health inpatient acute setting. [I] feel more confident in dealing with daily practice. I would like to gain some knowledge and skills for 'dual diagnosis'.

Working with service users

There were similarly high levels of agreement with being better equipped to work with service users. On average, 98% of students were in agreement (Figure 9).

Figure 9: Student agreement with 'I'm better equipped to work with service users'

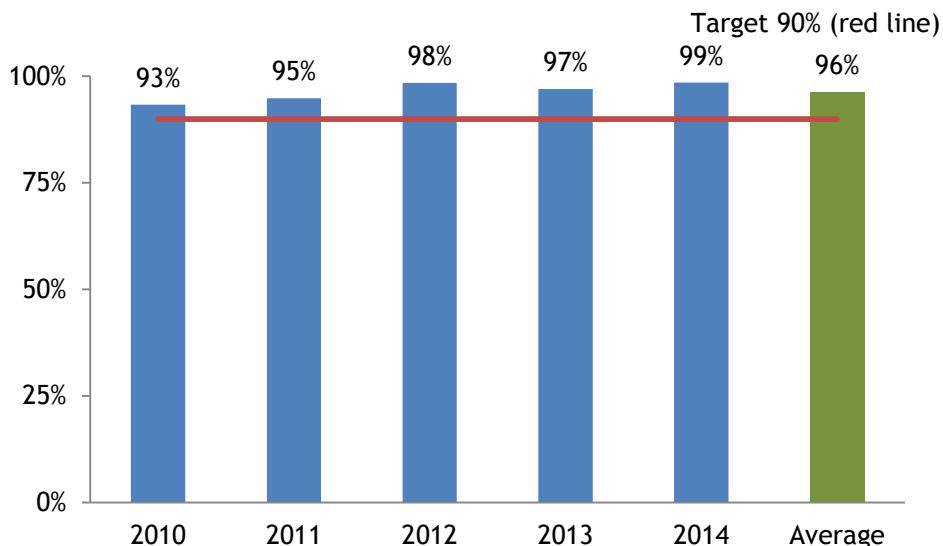


One such comment in this area was that “[the course] helped me to be a competent communicator, non-judgemental and understanding of service user's experience.”

Working with family/whānau

Overall, students were more confident about working with family/whānau as a result of their training. On average, 96% of students were in agreement (Figure 10).

Figure 10: Student agreement with ‘I’m more confident about working with family/whānau’

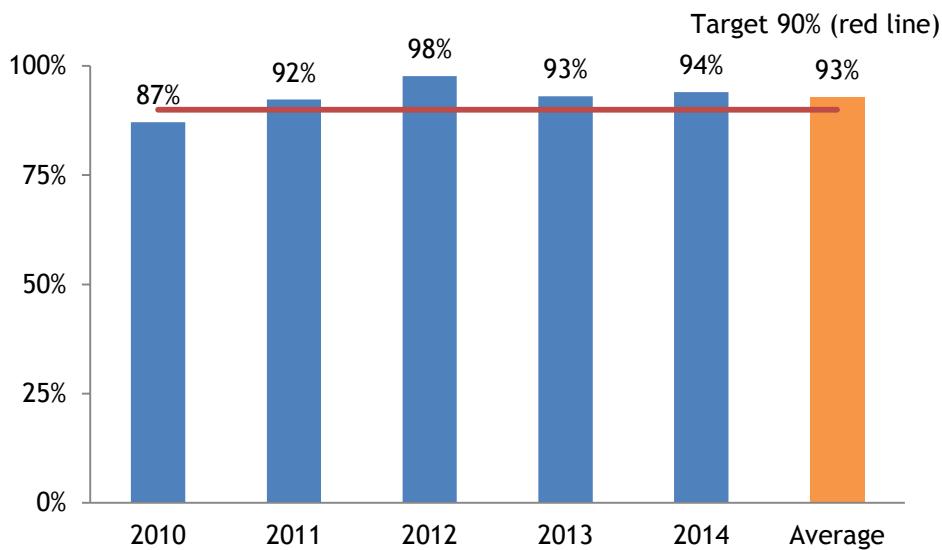


Working with Māori

On average, 93% of students over the five years agreed with the statement that ‘I’m better equipped to work with Māori.’ Although above target, relative to other questions, there were higher levels of mildly agree, and this was also reflected in a lower average rating (4.9 on a scale of 1 to 6, compared with over 5 for other statements in this domain). This suggests some degree of uncertainty with this response; or it could suggest that many students have lower levels of agreement because they already felt well-equipped. By way of illustration, one comment from a student was that “*I’ve worked with Māori and whānau for a number of years, this did not necessarily enhance the ways I interact with my people, whānau, hapū and iwi, it has however enhanced the way I deliver the required information.*” This issue would be worth exploring with students in future years.



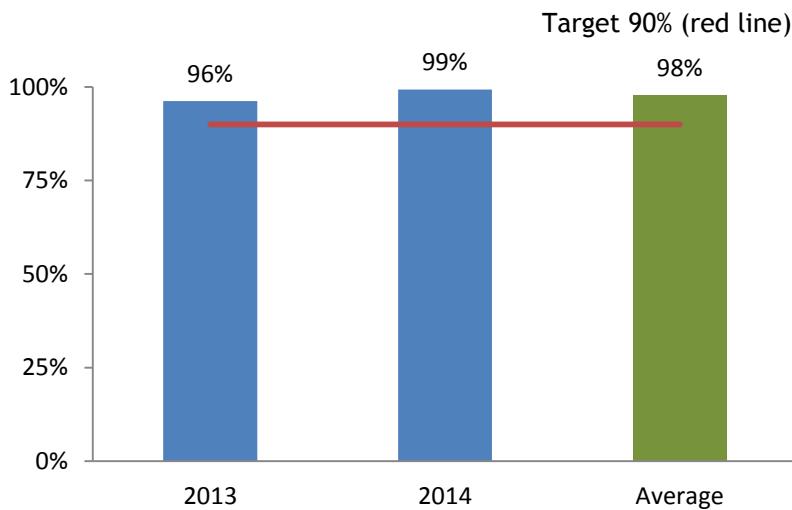
Figure 11: Student agreement with ‘I’m better equipped to work with Māori’



Reflecting critically on practice

Well in excess of 90% of students agreed with the statement that ‘I reflect more critically on my practice’, at 96% in 2013 and 99% in 2014 (note this question was only asked in 2013 and 2014) (Figure 12).

Figure 12: Student agreement with ‘I reflect more critically on my practice’



One respondent commented that “*It has me more conscious about how and why I practice the way I do. I reflect on my day to day to practice more critically.*”

Over the combined 2013 and 2014 surveys, Māori, Pacific and East Asian (e.g. Chinese, Filipino) respondents were particularly high in agreement, with all respondents of these ethnicities agreeing with the statement ($p<0.01$).

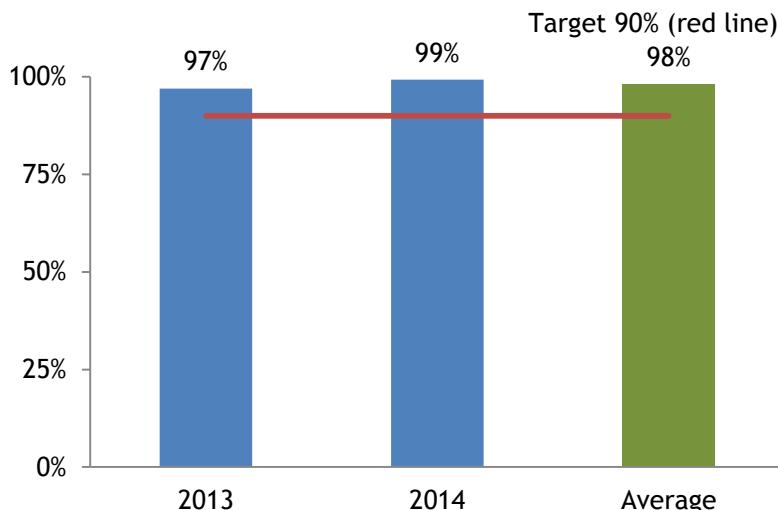
Evidence-informed practice

Similarly high levels of agreement were found with the statement that ‘my practice is informed by up-to-date evidence’, with 97% and 99% of respondents agreeing in 2013 and 2014 respectively (



Figure 13).

Figure 13: Student agreement with ‘my practice is informed by up-to-date evidence’



Some comments from students highlighted the impact on practice:

The information that I gained from the sessions on MI and motivation techniques, mindfulness, acceptance and commitment therapy, I have been able to apply this into my practice. Recovery based practice sets hope and focusses on strengths, this is beneficial in clinical practice.

It has really helped me to develop as a practitioner to gain new skills and knowledge. It has really given a good sound knowledge base to underpin my practice.

Over the combined 2013 and 2014 surveys, Māori, Pacific and East Asian respondents were similarly very high in agreement, with all respondents of these ethnicities agreeing with the statement ($p<0.05$); although significant, the association was weaker with this statement than with the statement that ‘I reflect more critically on my practice.’ There were slightly higher levels of agreement among women than men (99.5% of female respondents compared to 93% of male respondents, $p<0.05$).

Responding to co-existing mental health problems

In 2014, the survey asked for the first time if students were ‘more capable of responding to people with co-existing mental health and addiction problems.’ This statement received 100% agreement (10% mildly agree, 27% moderately agree and 63% strongly agree).

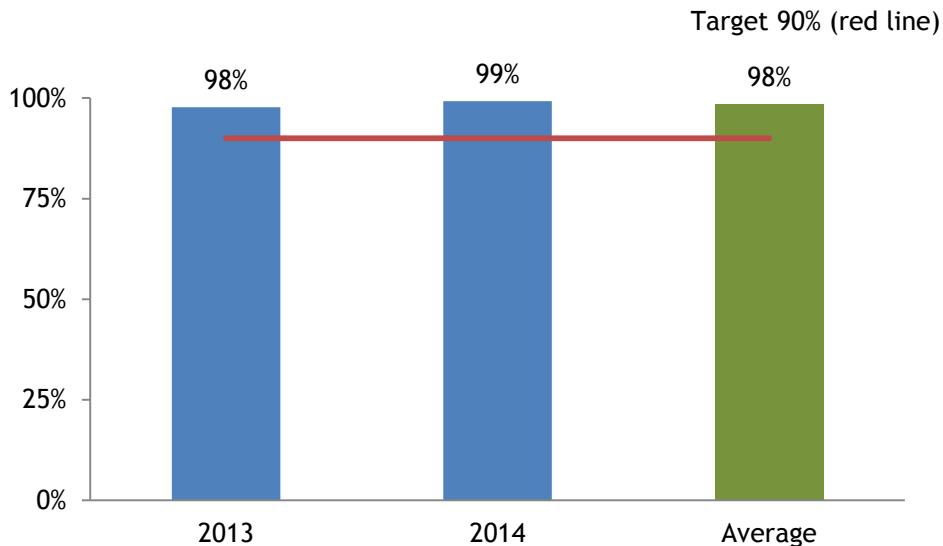
Able to practice safely

The survey question that was explored for this domain was agreement with ‘I feel able to practice safely’, which was asked in the 2013 and 2014 surveys.

In 2013 and 2014, 98% and 99% of respondents agreed with this statement respectively (Figure 14).



Figure 14: Student agreement with ‘I feel able to practice safely’



One comment in this area was being “equipped to handle challenging situations, more self aware and aware of keeping self safe.”

There were higher levels of agreement among women than men (100% of female respondents compared to 95% of male respondents, $p<0.01$).

Applying learning in the workplace

The survey questions that were explored for this domain were:

- My course included adequate opportunities for practical experience
- I've been able to use my training in practice
- My clinical settings/placements enabled me to develop my clinical skills
- I've shared my new learning with colleagues
- I'll use my new learning in practice in the future

Opportunities for practical experience

In 2013 and 2014, 93% and 94% of respondents respectively agreed that their courses included adequate opportunities for practical experience (Figure 15).



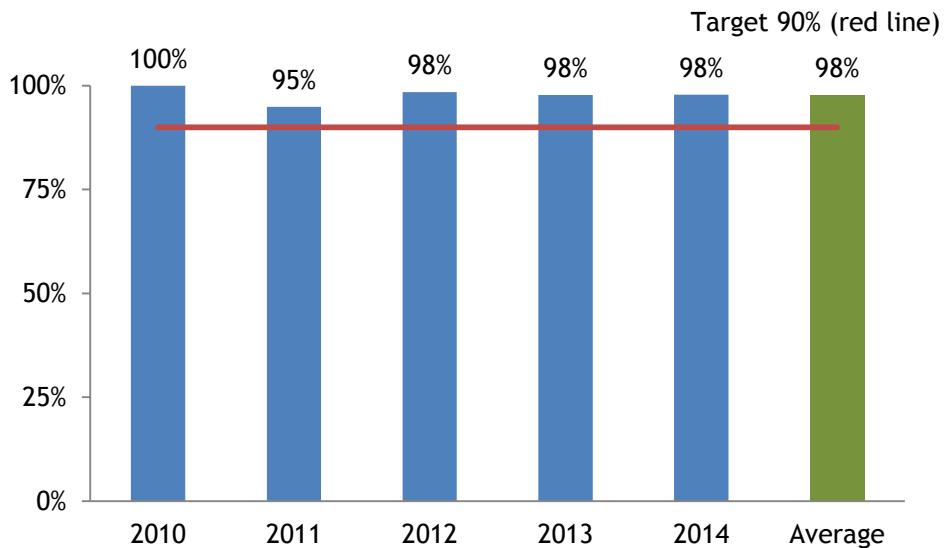
Figure 15: Student agreement with ‘My course included adequate opportunities for practical experience’



Using training in practice

There were very high levels of agreement among students over 2010 to 2014 that they were able to use their training in practice, averaging 98% over this time (Figure 16).

Figure 16: Student agreement with ‘I’ve been able to use my training in practice’



Some qualitative responses echoed this theme:

The training has increased my knowledge to apply into my practice. For the future would like to develop more into the 'substance abuse' area and learn more about this subject in the future.

The research reading undertaken during study has helped increase my knowledge both practically and theoretically.



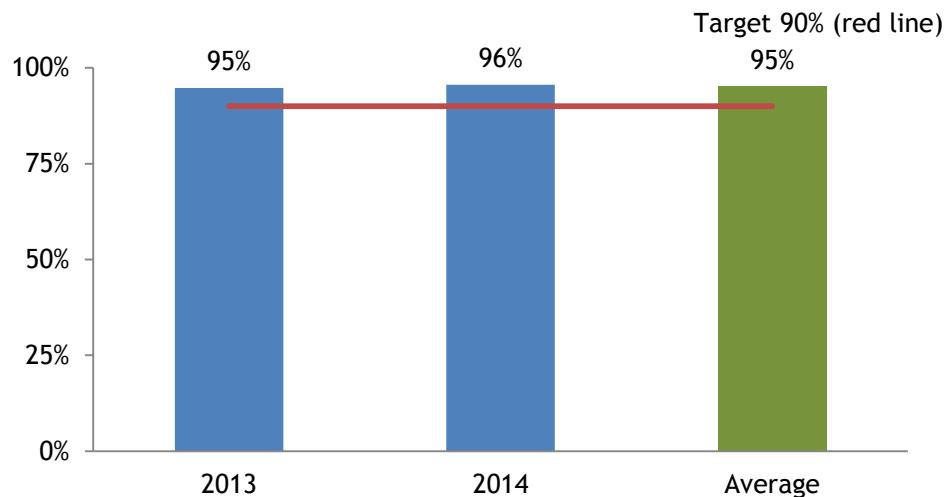
Developing clinical skills

In 2014, students were asked for the first time if they agreed that ‘my clinical settings/placements enabled me to develop my clinical skills.’ This statement received 99% agreement (5% mildly agree, 35% moderately agree and 58% strongly agree).

Sharing learnings with colleagues

In 2013 and 2014, 95% and 96% of respondents said that they had shared their new learnings with colleagues (Figure 17).

Figure 17: Student agreement with ‘I’ve shared my new learning with colleagues’



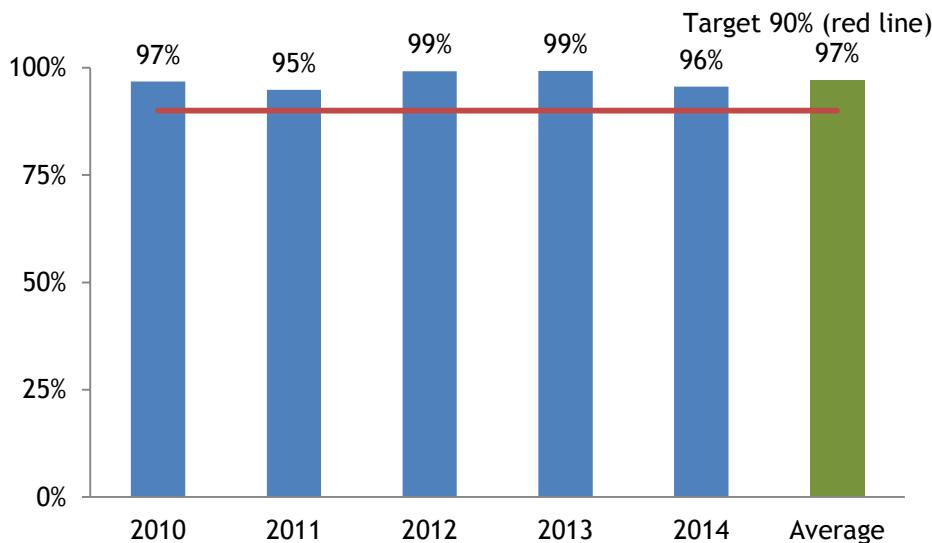
Applying new learning in practice in the future

Over the five years from 2010 to 2014, there were consistently high levels of agreement with questions asking students about their intentions to apply their learning in the future.⁴ On average, there was 97% agreement over this period (Figure 18).

⁴ Note that the question changed subtly between 2010-12 and 2013-14, from ‘I’ll use my training in practice in the future’ to ‘I’ll use my new learning in practice in the future.’ Because of the similarities in both question and response levels, these have been combined for the purpose of this analysis.



Figure 18: Students intending to use their new learning or training in practice in the future



Qualitative areas of benefit to practice

In addition to the analysis of the closed response questions, open-ended survey responses were systematically reviewed over 2010 to 2014 to explore benefits to their day to day practice.

In general, the qualitative responses aligned well to the themes explored in the closed-response survey questions. Many of the responses given by students echoed the themes discussed in this section. However, there were some important additional themes identified.

One theme that was apparent in the responses was **being able to apply new therapies or interventions** in their daily practice. This included better understanding of recovery approach principles, and clinical management skills. In one such example, one respondent said the study '*gave me tools to work alongside young people such as introducing skills such as motivational interviewing.*'

Some respondents also indicated that their training gave them a **broader understanding of the context of mental health practice**, as indicated by the following response:

It has enhanced my knowledge and understanding of mental health and I have acquired knowledge about the blueprint and how it outlines improvements that are needed in mental health.

A further outcome, related to using learning in practice, was the confidence expressed by some to **supporting work within teams**. This was less commonly raised, but some examples included the following:

Allowed me to be involved in a team setting and to direct care for patients.

Confidence in thinking around mental health as current and legitimate in a team of many traditionally trained biomedical model.

Career development

The survey questions that were explored for this domain were:

- I'll continue to seek future study opportunities
- My study has helped to increase my employment opportunities



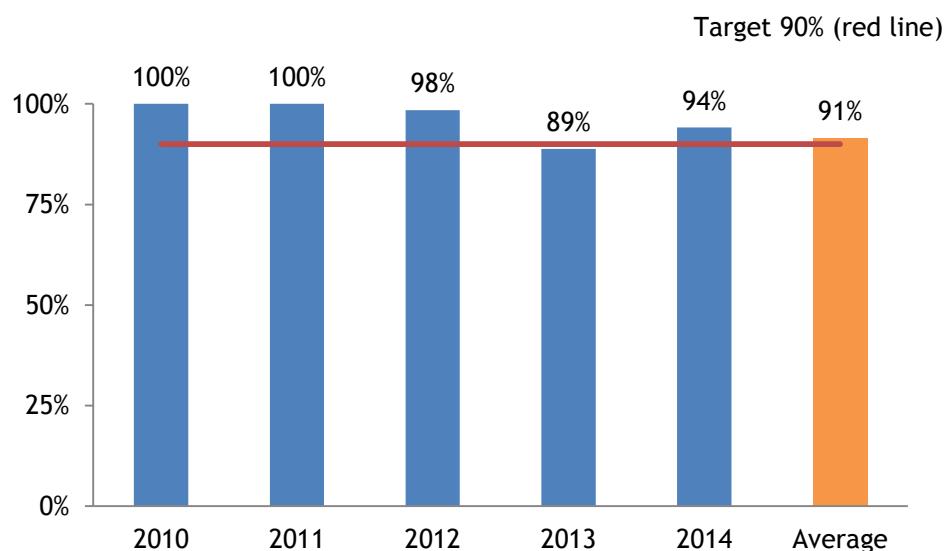
- My study has helped me to gain professional recognition

Future study opportunities

A potential marker of engagement with the NESP study is the contribution it can make to students' willingness to undertake further study. There were generally high levels of agreement with this among students over 2010 to 2014; however, levels were lower in 2013 and 2014 than previous years (

Figure 19). This was also reflected in the average rating for this statement (5.1 in 2013-14 on a scale of 1 to 6, compared with over 5.7 over 2010-12).

Figure 19: Student agreement with 'I'll continue to seek future study opportunities'



Some comments from students highlighted the contribution the course is making to further study:

It has made me more confident, as postgraduate study seemed extremely daunting, but I now know this is not the case and will go to study more.

[The course] has given me better knowledge and desire to continue studying in the future.

It has piqued my interest in completing further study perhaps towards my masters and specialising in a specific therapy delivery modality such as CBT/ e-CBT.

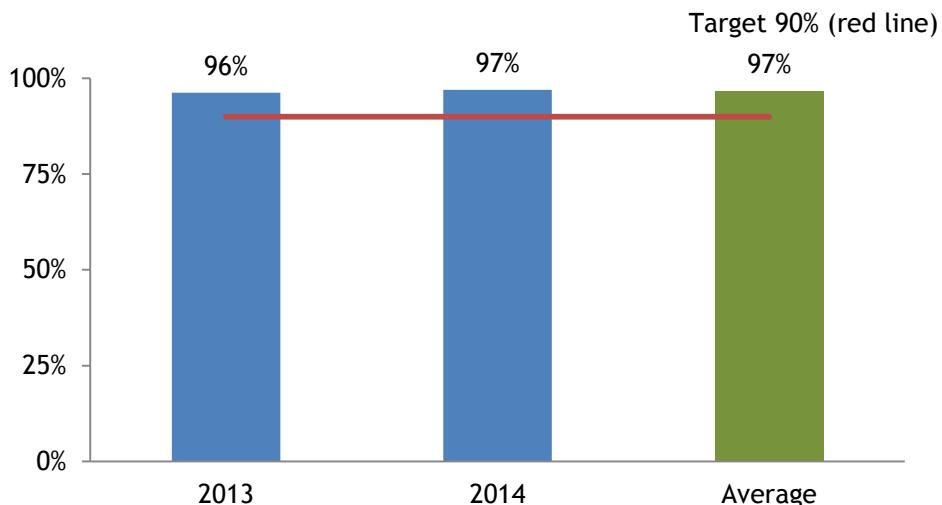
There was a small difference between those employed by district health boards and those employed by non-government organisations in responding to this question. Disagreement (18.2%) was higher among NGO respondents than DHB respondents (5%, $p < 0.001$).

Employment opportunities

In 2013 and 2014, 96% and 97% of respondents respectively agreed that their study helped increase employment opportunities (Figure 20).



Figure 20: Student agreement that ‘My study has helped to increase my employment opportunities’



Some qualitative responses noted the contribution this makes to their career in mental health, and opening up awareness of opportunities:

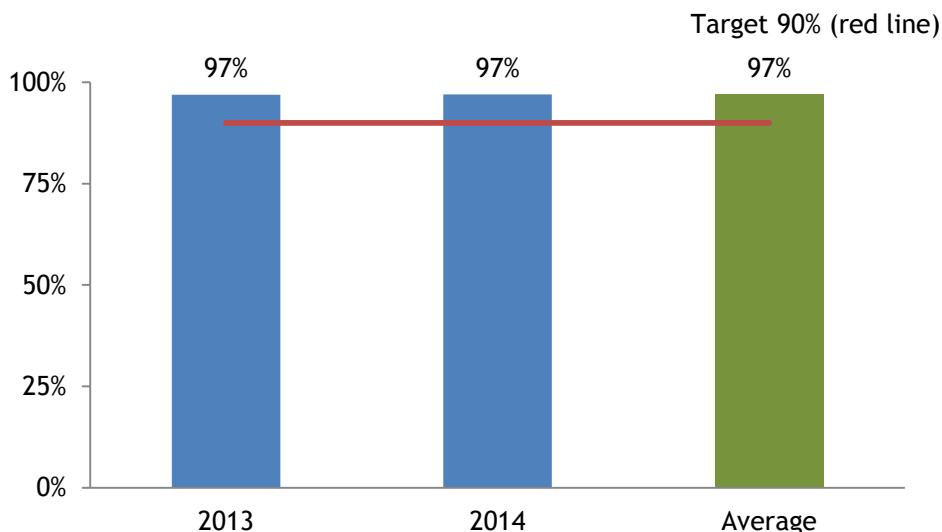
It has opened up other areas of mental health that had not been known to me at the start of the year. Created further knowledge of the range of roles within mental health nursing so opened up goals for further study and experience.

As a previously registered nurse in general medicine this course has supported me in gaining and maintaining employment in the mental health field.

Professional recognition

Similarly high proportions agreed that the study has helped gain professional recognition; reported by 97% in both 2013 and 2014 (Figure 21).

Figure 21: Student agreement that ‘My study has helped me to gain professional recognition’



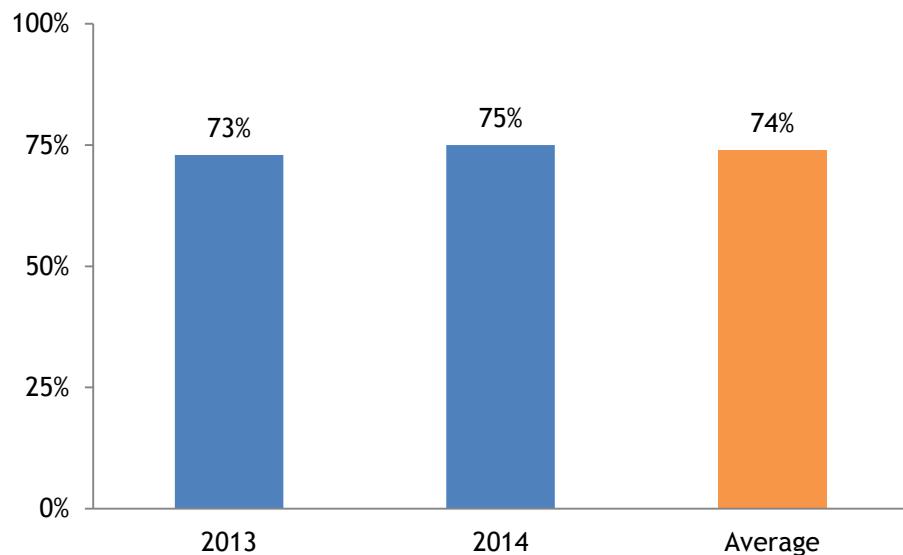
One such comment in this area was that “*I feel completing this PG cert has been recognised/acknowledged by management where I work.*”



Influencing decision to work in mental health and addiction

In 2013 and 2014, 73% and 75% of students respectively agreed that the opportunity to study influenced their decision to work in mental health and addiction (Figure 22).

Figure 22: Students agreeing that ‘The opportunity to study influenced my decision to work in mental health and addiction’



Students have different perspectives on whether the opportunity to study influenced their decision to work in the mental health and addiction sector which are illustrated by the comments below:

The opportunity to study PGCert was one of the reasons I chose mental health. Mental health is fast advancing as a field and there is great opportunity for further studies and training. This made it attractive for me. Also PGCert is an extra qualification and speciality.

I did this programme because I wanted to do mental health, not to benefit my career.

Additional qualitative areas of benefits to career development

As with the questions on benefit to practice, an analysis was also undertaken of open-ended survey responses to explore other benefits to career development. Whilst also aligning with the closed-response questions, some useful additional themes emerged.

The most common theme was that of **building career development options**. This was subtly different to increasing employment opportunities, and focused more on the range of choices available:

Working in mental health was my choice. It was a field in nursing that I always desired to work. And this year has opened many paths for me to choose under the mental health umbrella.

Being able to work in a number of clinical areas has been beneficial in gaining a better understanding of mental health and addiction services, continuity of care (or lack of and how this needs to be improved) and where I would like to develop my career.

A further theme was **developing collegial networks** through the study:

It made me feel included in the mental health field with mental health professionals.



It has built my confidence in practice and enabled me to meet other potentially supportive colleagues.

Some respondents indicated that **transferable skills** were gained from study. One highlighted ‘*transferable skills to new role in emergency department*’ and another who worked in intellectual disabilities noted the insight into the mental health field.

Many respondents pointed simply to the **personal and professional growth** that came from the opportunity to study.

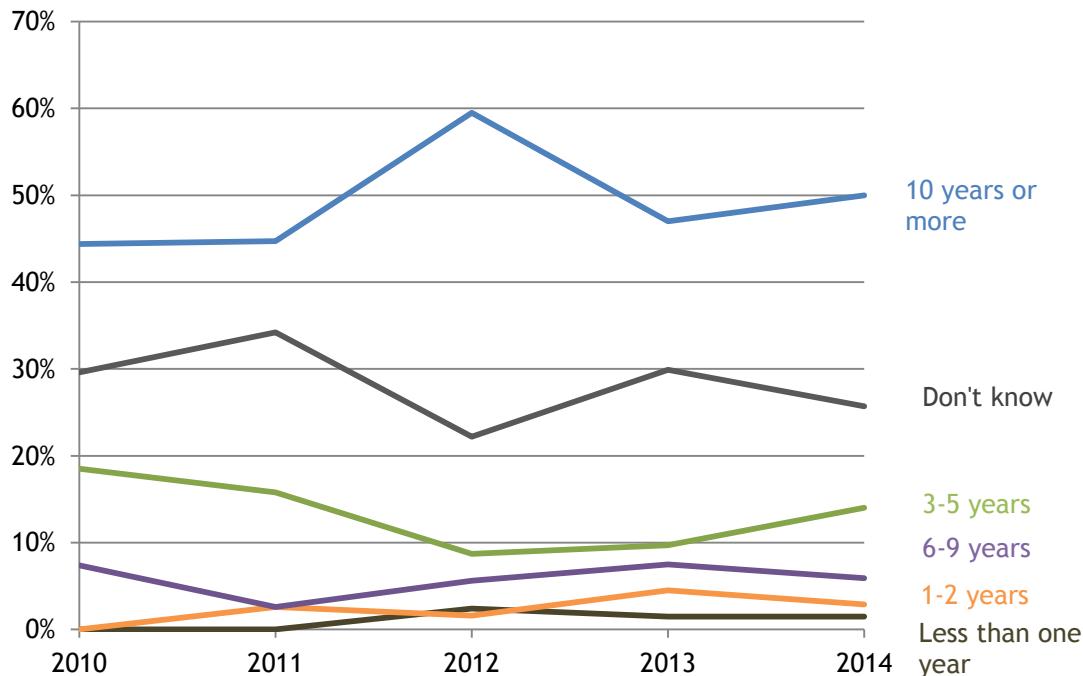
[The course] has provided me with the opportunity to grow and develop both professionally and personally within a variety of challenging but rewarding environments.

Retention of the mental health and addiction workforce

For this domain, the survey question that was explored focused on intention to work in the mental health and addictions sector.

Students were able to choose a range of options, from less than one year, to more than 10 years, as well as don't know. As indicated in Figure 23 below, the most common response each year was ten years or more (averaging 49%), followed by unsure (averaging 28%), but with some fluctuation each year. A further 13% on average indicated 3-5 years.

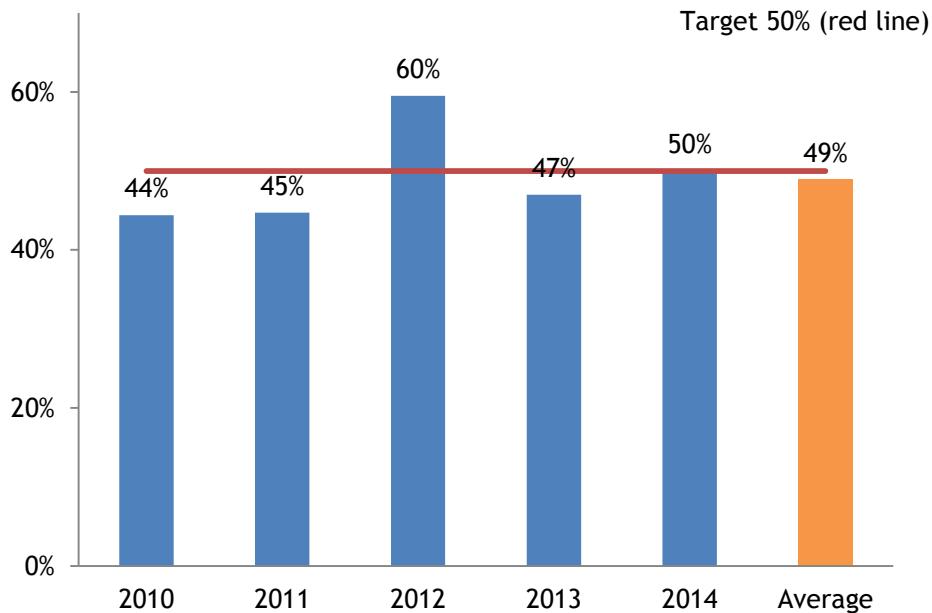
Figure 23: Intended length of time working in mental health and addiction sector



The key performance indicator for this question is the proportion intending to work 10 years or more, where there is a target of 50%. Over the five years, responses tended to sit either side of the target, and averaged just below target at 49% (Figure 24).



Figure 24: Intending to work 10 years or more in the mental health and addiction sector



Combined data from across the five years indicates that Māori (42%), Pacific (41%) and East Asian (41%) respondents were less likely to indicate an intention to work ten years or more than other ethnic groups ($p<0.05$), although the association was not as strong as with other variables in this review. Don't know responses tended to be higher in these groups.



Conclusions and reflections for future surveys

General findings

This review has shown that across multiple domains, NESP students are reporting outcomes that together, indicate the courses are making a meaningful impact on participants' practice in the field of mental health and addiction. In particular, students appear to be:

- Engaged and generally satisfied with their training
- Enhancing their values, skills knowledge and practice through being more confident and better equipped to undertake their work; and reflecting critically on practice, which is informed by up-to-date evidence
- Able to practice safely
- Consistently able to apply their learning in the workplace
- Enhancing employment opportunities and professional recognition, and seeking further study
- In general, looking to build a career in the mental health and addiction sector

Some areas of potential exploration for improvement (while still highly rated) include the wraparound support available to students in their studies and working with Māori. Workforce retention among Māori, Pacific and East Asian populations may also be an issue worth further exploration.



Appendix 1: Survey questions explored in this review, mapped to outcome domains

