In a report to the NHS, the Mental Health Taskforce (2016) outlined the improvements needed in mental health services over the five years up to 2021. These included changing how, when and where services were delivered to make them easier to access at the point at which people needed them. To do this, the report highlighted that more staff – including mental health nurses – were needed to provide high-quality care to people with mental health difficulties.

Recruiting and retaining nursing staff in the NHS can be difficult: NHS Improvement’s (2018) figures showed an 11.6% vacancy rate and nearly 41,000 full-time-equivalent vacancies. Mental health has a proportionately higher number of vacancies compared with other sectors, and the same figures showed 8,514 mental health nursing vacancies across England (NHSL, 2018). It is unlikely that the situation has improved since these data were produced.

High staff turnover is detrimental for a number of reasons, including the potentially negative impact on patient care and loss of knowledge and skills. It is also argued, however, that staff turnover offers the opportunity to recruit new nurses who may bring new ideas, skills and innovations (Jones and Gates, 2007). However, to achieve these benefits, it is necessary to recruit and then train a sufficient number of nurses into the mental health specialty.

There are many sources of recruitment, including new workforce development opportunities such as degree apprenticeships (Glasper, 2020). Perhaps the largest potential workforce pool comprises students and graduates of subjects relevant to a career in mental health, such as psychology and social studies (Psychological Professions Network, 2018). Although recent studies have reviewed a range of strategies to increase recruitment and retention in the caring professions in general, limited research has specifically explored the factors that influence career choice in mental health services.

A report by Health Education England (HEE) explored the avoidable reasons for attrition of students on pre-registration mental health courses. The study aimed to explore the facilitators and barriers to individuals considering this career. The main factors that attracted participants to the career were a desire to help other people and having more information about the role, often through direct experience. The main barriers were limited knowledge about the available career routes, the perceived stressful nature of the job and the need for greater diversity in mental health services.
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We analysed the data for common themes and subthemes, which allowed us to identify both the factors and barriers that influenced decisions on undertaking a career in mental health.

Incentives and enablers
Two intrinsic factors – an interest in other people and a strong desire to help others – were highlighted by most participants:

“I’ve always been fascinated by trying to understand people and how people’s minds work.” (P4)

“I want to help people, and a career in mental health would be a really rewarding role. That would be the main thing that attracted me...” (P21)

A further enabler was any factor that gave participants a more-informed view about a career in mental health. Many had developed an interest in the field following practical experience, such as volunteering, placements or work experience:

“Volunteering, I first did that [at university]. I think that was good because that was my very first time working with people who had mental health issues.” (P3)

“I did work experience with them [people with mental ill health] for two weeks and that’s probably what got me hooked.” (P6)

This type of experience was seen as very important in providing a realistic view of what the job would entail, including its less-attractive aspects:

“Like with any job, you get painted a great picture of what it is. [This gave me] more of an actual understanding of what it’s going to be like – and it’s not all a good job.” (P4)

Method
The study was funded by HEE and used a qualitative approach, with data gathered from semi-structured interviews. Participants were recruited through schools, colleges and universities in the North of England, as well as through contacts of the research team; students and graduates of relevant degrees were targeted.

We interviewed 28 people, of whom 10 were male and 18 were female. One participant was Polish and the remaining 27 were British. Ages ranged from 17-56 years; 14 participants were students at university or college, two were at school and the remainder had relevant degrees but were now in full- or part-time employment. Fifteen participants held, or were studying for, a different degree.

Interviews were conducted by telephone or in person. They lasted 20-60 minutes and covered:

● The participant’s knowledge about various careers in mental health;
● Any experience they had in relation to this type of career;
● Factors that would encourage them to, or discourage them from, considering this career.

We identified three subthemes representing barriers to a career in mental health:

● Limited awareness of options;
● The perceived stressful nature of the job;
● Barriers to diversity.

Limited awareness of options
Cited by most participants and seen as the main barrier to a career in mental health was a lack of knowledge about career roles, pathways and required qualifications:

“The big [barrier] for me is just a complete lack of understanding of the area and how to get into it and what specific roles there are.” (P0)

“I never really considered it. I assumed because it was nursing it was quite ‘sciencey’ and, because I didn’t have any science A-levels, I just wrote it off: So I never really looked into it.” (P8)

Many also lacked confidence that they would meet the required standards:

“It seems really difficult academically - all the science and the results and doing testing.” (P7)

The opportunity for career progression and a clear career pathway were important for many respondents, but few knew anything about these aspects in mental health:

“...if there was a clear pathway with steps – if you do this, this and this you will definitely be able to do this – that would make me want to do the job.” (P8)

Participants, generally, felt the career advice they had received at school and university had not given them enough information to allow them to make informed choices about a career in mental health:

“It would have been really good to know [this] at school when we were being taught about different career options, because I think with mental health particularly, there’s kind of a route that would suit anyone, but I don’t think that information is readily available.” (P4)

Perceived stressful nature of the job
Another often cited barrier was that the work was seen to be stressful, with that stress having many sources – particularly the complex needs of service users:

“[I’m discouraged] mainly because of how stressful I’ve heard it is for a lot of mental health nurses that I know. The environment that they work in and the complexity of the patients that they work with sounded like it wasn’t really for me.” (P4)

Other participants cited long working hours and low pay, in the context of the job’s stressful nature, as a significant barrier. There was also concern about the impact on their own mental health; many felt they would not be able to ‘switch off’ and worried about the impact of that:
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“What worried [me] was bringing the work home. Obviously, you’d be looking at some pretty traumatic stuff and I wasn’t sure if I would be able to leave that at work.” (P12)

Good supervision and support were seen as very important, while fears of poor supervision acted as a barrier: “It’s so important that you have the support systems around you – supervision and line managers and people like that to help you out and support you.” (P4)

Barriers to diversity

The need for greater diversity in mental health services was highlighted, as were the barriers that may prevent certain groups from entering the profession. This included gender stereotypes related to nursing: “With nursing, there still is that thing [about] a guy being a nurse, it’s very much there. If I went home and [said], ‘Oh dad, I’m going to be a nurse,’ I feel like he’d probably laugh at that because he’s very old school.” (P6)

Socioeconomic status was another important barrier. Participants noted that people with fewer financial resources were likely to be disadvantaged because they would be unable to undertake unpaid opportunities such as volunteering: “You still need to be able to pay your rent, you still need to be able to feed yourself and, if you’re having to pick between a volunteer role and another job that pays [...] that’s what a lot of people are going to take, because volunteering isn’t an option for everybody.” (P12)

The training route associated with changing careers also dissuaded some older participants:

“I felt that I was too old [...] There was a lot of responsibility and to take on any more and to make a career change at that point in my life wasn’t feasible.” (P8)

Discussion and implications

Most participants were positive about a career in mental health and largely motivated by a desire to help other people. This suggests recruitment strategies should emphasise the intrinsic rewards of nursing, particularly the chance to help others.

The participants highlighted the benefits of opportunities such as volunteering, placements and work experience as ways of introducing them to people with mental health difficulties and some of the realities of a career in this area. Such opportunities for direct contact have also been recommended by researchers, such as Sutton et al (2015), as a means of increasing recruitment and helping ensure potential employees have a realistic view of the profession.

An identified barrier was participants’ limited knowledge about multiple aspects of a career in mental health, including career pathways, training opportunities, required qualifications, salary and conditions. Although initiatives, such as the NHS Ambassadors scheme (Bit.ly NHSAmbassadors), exist to promote careers in physical and mental healthcare to a wide audience, our findings suggest there is a need for further work with careers support services to enable them to promote such career routes.

Another significant barrier was participants’ perception of mental health work to be stressful; many were concerned it would be detrimental to their own mental wellbeing. These concerns are not unfounded: research – such as that by Howard and Eddy-Imishue (2020) and Sadiku (2016) – suggests nurses working in mental health services are at risk of stress and burnout.

There is a need for robust research into the factors that can reduce stress in mental health nurses but the limited research that exists suggests clinical supervision may be an important factor (Howard and Eddy-Imishue, 2020; Sadiku, 2016). Staff supervision, support, training and specific stress-reduction interventions are also important in reducing stress in staff who support other groups.

The final barrier identified by this study related to diversity. The potential mental health workforce is diverse in age, gender, ethnic origin and life circumstances, for example caring responsibilities, educational opportunities and income. These differences can influence expectations and perceptions of, and attitudes towards, work; this needs to be considered in recruitment processes (Jones et al, 2015).

Removing the bursary for nursing, midwifery and allied health professionals in England reduced the number of student applications, indicating that many people will not consider a career in mental health if training is not financially viable (Buchan et al, 2019). However, the bursary’s subsequent reintroduction for nursing students may help reverse this trend (Glasper, 2020).

Recognition that the NHS workforce’s profile did not reflect the diversity of the general population was one of the drivers behind the publication of HEE’s (2014a) strategy and subsequent (2014b) directory. The directory lists a range of initiatives aimed at increasing the number and diversity of people accessing opportunities to train and work in healthcare, but there has been little evaluation of their effectiveness as yet. NT

References


Psychological Professions Network (2018) Delivering the Expansion in the Psychological Professions. PPN.
