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# **PARTNERING FOR WELLBEING AND ENABLING RECOVERY**

**Annex 7: Early Career Nurses Focus Group Report**

## **Section 1: Introduction and Purpose**

Harnessing early career nurses' perspectives on contemporary practice, their thoughts about the role of the mental health nurse, and their career trajectories will be paramount in shaping the future models of mental health nursing care, and in addressing the current and future service priorities. Understanding the experiences, and challenges faced by early career nurses is crucial for; informing educational, learning and development, improving clinical placement experiences, strengthening therapeutic practice and identifying factors influencing the transition and retention of mental health nurses during the initial years of practice.

An online focus group strategy was developed and agreed upon to effectively gather insights from mental health student nurses and early career nurses, while accommodating time constraints and the geographical spread of participants across the region.

The Mental Health Nursing Specifications document outlined the inclusion of mental health student nurses and early career nurses for the purposes of this group was defined as those who have qualified within the last two years to share their experiences, perspectives, and views on the future role of mental health nurse in Northern Ireland.

However, it was recognised that bringing both groups together in a single session, either in person or virtually, would be challenging due to the potential number of participants. Consequently, it was agreed that two separate online focus groups would be convened:

- **Early Career Mental Health Nurses Focus Group**
- **Mental Health Student Nurses Focus Group**

**Please note that the findings presented should be interpreted within the context of this focus group methodology and reflect the views and experiences expressed by the participants during discussions. Focus groups provide an opportunity to explore participants' perspectives, experiences and views in depth; however, the findings are influenced by the composition of the groups, the number and range of participants and the group discussion process. Individual views may also be influenced by group dynamics, including the willingness of participants to contribute and the potential for some perspectives to be more prominent than others. As such, the findings should not be considered representative of, or generalisable to, the wider population or stakeholder group. They should instead be viewed as providing qualitative insight into the experiences and perspectives shared by those who participated.**

## **Section 2: Workshop Programme Overview**

The recruitment strategy was led by two consultant nurses involved in the project, who engaged with Adult and Child and Adolescent Mental Health Services (CAMH's) consultant nurse colleagues across all Health and Social Care Trusts to identify early career nurses interested in participating in the online focus group.

During the recruitment process, it became clear the original definition of early career nurses, (i.e. those qualified within two years) would limit participation, particularly mental health nurses working in Child and Adolescent Mental Health Services (CAMHS). In CAMHS, nurses often begin their careers within the regional inpatient service and transition to community roles two years post

qualification. To ensure a broader and more representative range of perspectives, the definition was therefore extended to include nurses qualified within the last five years.

The initial specification requested three early career nurses preferably one from CAMHS, one from Adult Mental Health Services and Older People Mental Health Services to participate from each of the five HSC Trusts. However, following strong engagement from colleagues, more nominations were received than anticipated. It was therefore agreed to include all interested participants, recognising the value of capturing a wider range of views.

Invited participants received a Microsoft Teams link, along with details of the focus group schedule, objectives and discussion topics to ensure clarity on the purpose and expectations of the session.

To support the smooth delivery of the focus groups, additional members of the project team were identified to assist facilitation. The session was joined by six early career nurses. Despite lower numbers within the focus group than planned and requested, the focus group proceeded as we had representation across the lifespan. Importantly, progressing with the focus group was required due to time scales for the completion of the overall project. The session began with an introductory briefing, outlining the background of the Northern Ireland Practice and Education Council (NIPEC) mental health nursing review and explaining the purpose of the focus group discussions. Confidentiality, ground rules, including disclosure were explained and agreed.

Participants were allocated to randomised breakout rooms, each supported by a facilitator. The facilitator encouraged conversation by sharing the questions and performed the role of scribe to record the discussion using Microsoft Teams' forms, which had been prepopulated with the focus group questions to ensure consistency and ease of data capture.

Following the breakout discussions, participants reconvened in the main session for a summary and concluding reflections. To ensure the wellbeing of all participants, support information was shared at the end of the session, including details of both HSC internal wellbeing support and publicly available mental health resources.

### ***Section 3: Analysis 1 – Educational Experiences: Preparing for Clinical Practice***

#### ***Summative Key Message***

***Mental Health Nursing Education Gap: Early career nurses perceive that, while universities provide basic theoretical foundations, the curriculum fails to adequately prepare students for clinical reality.***

#### **Strengths in Education:**

- Experiential Learning: Placements most valued; simulations useful but limited;
- Credible Teaching: Lecturers with ward experience and lived-experience perspectives enhanced relevance; and
- Theory–Practice Connect: Medication knowledge largely acquired on placement.

#### **Major Gaps:**

- Pharmacology: Insufficient teaching on antipsychotics, monitoring, condition-specific pharmacology, and physical health protocols;
- Clinical-Legal Knowledge: Weak coverage of Mental Health Order (1986), detention forms, safeguarding; and
- Condition-Specific Education: Limited depth on individual mental health conditions and evidence-based treatments.

#### **Practical Skills Preparation:**

- Assessment: Strong biopsychosocial foundation;
- Care Planning: Poor translation of theory into practice; need more simulation and applied guidance; and
- Treatment Knowledge: Gaps in evidence-based approaches.

**Overall Perception:**

- Education quality hinges on placement experiences, not classroom teaching;
- Students report “real” education happens post-qualification, highlighting a curriculum failing its preparatory function; and
- Repeated deficits: pharmacology, condition-specific knowledge, and treatment application.

**Section 3: Analysis 2. Clinical Placement Experiences: Bridging the Gap Between Theory and Practice****Summative Key Message**

*Mental Health Nursing placements operate as an unregulated “lottery” rather than coherent educational pathway, creating the risk of “toxic mentoring culture” in which learners may experience anxiety or fear of professional repercussions.*

**Strengths in Placement Learning:**

- Team Integration: Feeling part of the team boosts learning and confidence;
- Practical Exposure: Observing and participating in care builds clinical and communication skills; and
- Resilience During COVID-19: Placements continued to offer valuable experience, despite restrictions.

**Key Challenges:**

- Structural Confusion: Inconsistent sequencing of placements (e.g., specialist before foundational), late exposure to core settings, and poor preparation;
- Limited Access: Students blocked from assessments, hands-on care, or observing qualified staff;
- Professional Inequity: Compared to social work students, mental health nursing students lack autonomy and integration; and
- Overcrowding: Too many students in one setting, reducing learning opportunities.

**Mentorship & Support Issues:**

- Inconsistent Standards: Support varies by assessor; universities lack clear developmental guidance;
- Toxic Culture: Hostile staff attitudes, fear of speaking up, and lasting emotional impact; and

- Power Imbalance: Students feel vulnerable, with no clear mechanisms to challenge poor mentorship.

**Structural Reform Needs:**

- Logical Placement Sequencing: Foundational before specialist;
- Mental Health-Specific Competency Framework: Replace irrelevant Northern Ireland Practice Assessment Document (NIPAD) content with meaningful, condition-specific learning;
- Enhanced Experiential Models: Practice Education Facilitator (PEF)-led innovations offer tailored, skill-based learning; and
- Legal Knowledge Gap: More education on mental health legislation (e.g., Mental Health Order).

**Section 3: Analysis 3. – Knowledge of Underpinning Models of Practice and Therapeutics****Summative Key Message**

***Pre-registration education limits mental health nurses' preparedness for Mental Health practice – require 18 months post-qualification workplace learning to achieve feelings of competence and confidence.***

**Confidence in Theoretical Models:**

- Early career nurses lack confidence in applying recovery and bio-psycho-social models;
- Limited autonomous practice during training → reliance on “hand holding”; and
- Confidence develops only after extended workplace experience (of 18 months).

**Confidence in Evidence-Based Interventions:**

- University training seen as inadequate for therapeutic practice;
- Competence achieved post-qualification through exposure and practice; and

- Workplace becomes the real site of professional preparation.

#### **Holistic Understanding of Mental Health Conditions;**

- Training too generic; lacks depth in condition-specific knowledge;
- Disconnect between theory and clinical realities;
- Pharmacological knowledge repeatedly identified as a major gap; and
- Students desire more medication-focused education.

#### **Overall Pattern:**

- Workplace learning = true preparation;
- Pre-registration education = minimal foundation;
- Pharmacology & evidence-based interventions = most significant gaps; and
- Lack of autonomous practice opportunities → delayed confidence and competence.

### ***Section 3: Analysis 4. – Perceptions of the Mental Health Nurse's Role Across the Life Course***

#### ***Summative Key Message***

***Mental Health Nurses are experiencing a loss of professional identity and a perceived belief that the public question their effectiveness, which is negatively affecting their morale and the ability to attract new staff.***

#### **Role Across the Lifespan:**

- Core nursing principles remain consistent across age groups;
- Placements, not university teaching, provide real lifespan understanding;
- Older people's care requires combined physical and mental health skills; and
- Family-centred and holistic perspectives gained mainly through diverse placements.

**Future Evolution of the Role:**

- Expansion into social care, housing, and broader responsibilities → blurred boundaries;
- Shift toward early intervention and preventative care;
- Technology integration (apps, remote monitoring) reshaping delivery, but also adding bureaucracy;
- Redistribution of tasks: HCAs take on clinical skills, nurses burdened with paperwork; and
- Recruitment challenges due to poor communication of diverse career pathways.

**Media & Public Representation:**

- Role depicted negatively; successes remain invisible;
- Public perception: “nobody does anything” → ignores patient autonomy and choice;
- Media focus on crises, not recovery or preventative work; and
- Call for proactive promotion of mental health nursing, including outreach in schools.

**Overall Pattern:**

- Stronger links are required between Higher Education Institutes and clinical practice settings;
- Role expansion and task redistribution → Mental Health Nursing identity loss;
- Negative public/media narratives → morale and recruitment issues; and
- Need for positive promotion of diverse opportunities in mental health nursing.

**Section 3: Analysis 5 - Key Challenges Faced as Early Career Nurses****Summative Key Message**

***Early Career Mental Health nurses lack clear, reliable and timely information to support their career.***

**Challenges at Entry:**

- Induction highly variable; resources discovered “by chance”;
- Regional inequity in access to training and opportunities;

- Preceptorship inconsistent; many rely on self-directed learning;
- Career pathways unclear → “no idea what is ahead of you”;
- Training often disconnected from practice; skills not applied;
- Development structures weak: extra training rarely linked to advancement;
- Managers from non-nursing backgrounds limit guidance on training and development; and
- Knowledge gaps persist from pre-registration (condition-specific, theory-to-practice).

#### **Support Systems:**

- Band 5–6 pathway praised as “fantastic” when available → acts as extended supportive preceptorship;
- Provides structured exposure across services, boosting development; and
- Experiences inconsistent: some overprotected (confidence stunted), others under-supported due to service pressures.

#### **Future Concerns:**

- Lack of transparent career mapping (esp. senior roles);
- Regional inequity continues → “unfair” career lottery;
- Role drift toward social care threatens nursing identity;
- Resource shortages and rising caseloads compromise care quality → moral distress; and
- Retention challenges linked to poor pay, benefits, and unsustainable workload.

#### **Overall Pattern:**

- Information gaps and reported inequity undermine career progression;
- Band 5–6 pathway shows promise but is inconsistently available across specialist services and the region;
- Professional identity loss and workload pressures threaten mental health nursing morale and retention; and
- Nurses call for clear career pathways, equitable support, and recognition of nursing-specific expertise

### ***Section 3: Analysis 6 - Systems of Support***

#### ***Summative Key Message***

***Early Career Nurse’s feel universities don’t provide enough support and are not flexible to meet students’ needs and when registered work places lack a CPD framework leaves them to navigate professional development alone.***

**University Support and Inflexibility:**

- Nurses report Universities offered little support; rigid policies failed to accommodate caring responsibilities;
- “Time out” advice often led to permanent debilitation;
- Attendance rules penalised illness or family commitments, adding extra hours;
- Compassion paradox: taught compassion but not shown compassion as students; and
- Workplaces described as more flexible and supportive than universities.

**Beneficial Support Types:**

- Distance learners experienced isolation; lack of peer contact hindered socialisation;
- Strong desire for face-to-face teaching and collaborative learning;
- Career pathway information absent, reinforcing earlier findings; and
- Regional inconsistency in opportunities; Band 5–6 pathway not universally available.

**Awareness and Access to Resources:**

- Very limited awareness of learning resources (CEC, HSC Learn only);
- No centralised or mental health-specific resource hub; and
- Regional inequity: resources exist but are inaccessible or poorly communicated.

**Continuing Professional Development (CPD):**

- No structured CPD frameworks in workplaces;
- Professional development left to chance and individual initiative;
- Universities don’t prepare for career-long growth; organisations don’t support after qualification; and
- Nurses work in silos without mentorship, networks, or community.

**Overall Pattern:**

- Universities inflexible → burn out risk;
- Isolation in learning → ineffective professional socialisation;
- Resource gaps and regional inequity → inconsistent support; and
- Absence of CPD frameworks → nurses left to self-navigate careers.

### **Section 3: Analysis 7 - Exploration of Opportunities and Future Aspirations**

#### **Summative Key Message**

***Despite access barriers being identified there is a clear enthusiasm for future professional development and aspirations within the field of Mental Health Nursing. Regional Band 5-6 pathway has been the predominant recurring theme throughout.***

#### **Professional Goals and Aspirations**

- Strong interest in advanced practice roles: e.g. prescribing, psychological therapies, such as; CBT, EMDR and Advanced Nurse Practitioner (ANP).
- Intrinsic motivation: “love learning,” “want to do well.”
- Career progression seen as essential for team stability and retention.
- Clear demand for equity and fairness in opportunities and banding.
- Lack of accessible career information remains a major barrier.

#### **Opportunities for Growth**

- Desire for role specialisation (trauma therapy, ADHD services, CBT practitioners).
- Advanced practice pathways (NMP, ANP) align with service needs.
- Nurses raise concern with being managed by social workers who lack knowledge of nursing career structures.
- Training valued but requires clearer links to advancement.

#### **Supporting Advancement**

- Need for career information infrastructure: clear pathways, banding clarity, accessible learning opportunities.
- Regional standardisation required: same opportunities across trusts.
- Banding disparity undermines fairness and morale.
- Resource shortages and heavy caseloads impact on development.
- Retention linked to improved pay, benefits, and conditions.
- Innovative proposal: mental health nurses in schools to show case the profession and create new career pathways.
- Preceptorship could evolve into a career development foundation, guiding nurses beyond orientation.

### Overall Pattern

- High enthusiasm and clear aspirations but systemic barriers (information gaps, inequity, workload).
- Band 5–6 pathway consistently valued as a model for structured support.
- Nurses call for equity, career clarity, and professional-led guidance to sustain morale and retention.

To ensure a broad and representative range of perspectives, the definition of early career nurses included nurses registered within the last five years. The Early Career Nurses Focus Group key messages are presented thematically in Table 1.

***Table 1: Early Career Nurses Focus Group Key Messages and Opportunities for Development***

#### **Early Career Nurse Focus Group Thematically Presented Key Messages**

The findings against all seven analyses highlight a consistent and urgent call for reform in mental health nursing education and early career support. While early-career nurses are highly motivated and eager to advance, they face challenges navigating their professional futures. They highlighted the need for uniform university curricula, more consistent placement experiences, and better-defined career pathways. Specifically, they reported:

- **Standardize Curriculum:** Theoretical coursework does not adequately prepare practitioners for hands-on clinical settings, particularly in areas like pharmacology, mental health diagnoses, and age-specific therapeutic interventions;
- **Supportive Clinical Environments:** While early career nurses valued clinical placements, they report inconsistencies in the quality of their training and support;
- **Experiential Learning:** Discrepancies between academic preparation and workplace demands negatively affect the confidence of professionals in the early stages of their career;
- **Clear Career Progression:** A need for additional early careers support and nursing led career guidance; and
- **Advocacy & Awareness:** Professional identity requires further positive promotion.

#### **Section 4: Conclusion**

The findings from this focus group, across all seven analyses presented, identified a request for reform in mental health nursing education and early career support. While early career nurses demonstrate strong motivation and clear aspirations for advanced practice, they seek regional consistency across curricula within the universities, reporting varied placement experiences and unclear career pathways.

Early Career Nurses reported that universities provide theoretical foundations but do not fully prepare them for clinical practice, particularly in pharmacology, mental health condition-specific knowledge, physical health and therapeutic interventions all across the lifespan. Placements, though valued, operate as a “lottery,” exposing students to variable mentorship quality and support. Early Career Nurses clearly identified the significance of clinical placements, seeking more exposure to placements across the lifespan. The disconnect between theory and practice impacts confidence and competence, often requiring 18 months post-qualification to feel prepared.

Professional identity is perceived as needing further positive promotion, particularly against other professions. Unclear roles and responsibilities, negative public narratives, and poor visibility of career opportunities contribute to low morale, recruitment and retention challenges. Meanwhile, support systems, both academic and workplace based, lack flexibility, structure, consistency and equity. Early Career Nurses want better support from their preceptor, including the sharing of knowledge, skills and guidance. Early Career Nurses feel they are left to navigate development alone, with regional disparities compounding the sense of unfairness.

Despite these challenges, the profession is supported by a strong desire for growth. The Band 5–6 pathway emerges as a recurring solution, offering structured development and hope for retention. Early Career Nurses want to embrace digital technology advance and implement these into daily practice. Early Career Nurses call for clear, equitable, and nursing-led career guidance, alongside proactive promotion of the profession.

This is not just a matter of educational improvement, it is a strategic imperative to sustain, strengthen, and celebrate the future of mental health nursing.



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