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Physical Health Proficiencies in Mental Health Nursing Education: Student Nurses' Perspectives

Steve Hemingway , Emma Shiel , James Turner , John Stephenson , Seren Roberts , Suzanne Heron, Rhona Grant, Karen Galway, Colin Hughes, Derek McLaughlin, Mark Owens, Carmel Bond.

Abstract

Aim To explore mental health nursing students' perceptions and experiences of being taught physical health competencies in mental health nurse education.

Background

Current standards for pre-registration nursing education in the UK require students to be taught and assessed on a range of physical health proficiencies. Within the context of mental health nursing, this focus has been widely debated, with some academics arguing that it marks the beginning of a shift toward a more generalised approach to nursing. However, mental health nursing students - key stakeholders in the teaching and assessment process have not been actively involved in evaluating the relevance or validity of these proficiencies.

Design. A cross sectional design was used to evaluate student experiences.

Methods The study was conducted using an anonymous online questionnaire, incorporating quantitative and qualitative elements; administered to mental health nursing students from five UK universities to elicit their perceptions regarding the taught content and assessment of physical health proficiencies in their curriculum. Descriptive and inferential analysis was conducted on quantitative data; thematic analysis was conducted for qualitative data.

Results

115 mental health nursing students from UK universities participated in the survey. Quantitative findings revealed that respondents generally agreed on the importance of physical health skills and recognised the benefits of the related taught content. Qualitative analysis highlighted key factors influencing students' development of physical health competencies, including theoretical learning at university, clinical skills simulation, and practical consolidation during placements. However, participants emphasised that transferability of taught physical skills could be enhanced by observing the application in mental health and broader healthcare settings, thereby increasing their perceived value for learning and practice.

Conclusions

Mental health nursing students up to now a neglected voice have shown they value the physical health content of their courses. Greater attention is needed to ensure these skills are effectively experienced and assessed in practice. Further evaluation should include perspectives of students and

registered mental health nurses responsible for integrating these procedures into performance assessments.

Key words

Educational Standards; Physical Health Skills; Mental Health Nursing Students; Cross-sectional; Mixed Methods.

Introduction

Internationally, nurses receive varying levels of physical health education, either through a foundational generic curriculum followed by mental health nursing (MHN) specialisation, or a dedicated mental health curriculum from the outset. In the UK, the model of core training followed by specialist education is seen by some as balancing preparation for diverse settings (Robinson & Griffiths, 2006), while others advocate for a hybrid approach (Grant, 2006). The Nursing and Midwifery Council's Future nurse: Standards of proficiency for registered nurses (NMC, 2018) has mandated substantially more physical health proficiencies. This shift has raised concerns among academics about the inclusion of physical health skills for MHN students (Warrender et al., 2024), with some arguing that a rhetoric of 'generification' has emerged (Connell et al., 2022), potentially undermining specialist MHN learning in favour of physical health practicum skills that may not be regularly used (Evans, 2023). The challenge for educators is to ensure MHN students value physical health skills and understand their importance in addressing disparities between physical and mental health.

UK mental health care policy has been shaped by the NHS Outcomes Framework, NHS Operating Framework (2012/13) (Rethink Mental Illness, 2012), and NHS England's Five Year Forward View (2016). Research over 25 years has shown that people with poor mental health face higher risks of physical illness (Pandey, 2016) and a reduced life expectancy of 15–20 years (Rethink Mental Illness, 2012; NHS England, 2016). Government reports consistently highlight the link between physical and mental health (NHS England, 2016), with No Health Without Mental Health (DoH, 2011) setting improved physical health as a key objective. In Northern Ireland, physical care pathways for mental health inpatients have been incorporated into policy through the DoH (NI) 2021-2031 Mental Health Strategy, emphasising a lifespan approach. Scotland's Mental Health Strategy 2017-2027, Mental Health and Well-being Strategy (2023), and Nursing 2030 Vision highlight physical health as a priority for those with mental illness. Similarly, Wales' All-Age Mental Health and Wellbeing Strategy 2024-2034 and the Mental Health (Wales) Measure 2010 emphasise the interplay between physical and mental health in care planning.

Given the ongoing debate and the pressing need to equip mental health nursing students with relevant and valued physical health competencies, this study aims to rigorously investigate mental health nursing students' perceptions and experiences of being taught these skills, providing essential insights to inform future curriculum development.

Background

While key stakeholders, such as lecturers and regulatory bodies (Evans, 2023; Warrender et al., 2023), have contributed to this debate, student perspectives remain absent. This study aims to address that

gap by seeking MHN students' perceptions of teaching and practice elements relating to the physical health content detailed in the NMC's (2018) Annex B Nursing procedures. These taught procedures are an essential requirement for student nurses to meet the NMC registration requirements. Hitherto, no previous studies have explored MHN students' perspectives on the balance of physical and mental health proficiencies taught within the degree programme, an increasingly widely debated aspect of their programmes (Evans, 2023; Morrell et al., 2021).

Aim

To explore MHN students' perceptions and experiences of the physical health proficiencies content of their degree programmes, as set out in Future nurse: Standards of proficiency for registered nurses (Annex B;NMC, 2018).

Objectives:

- To understand the perceived benefits and drawbacks related to the student experience
- To ascertain the student experience (taught and practice application) of the Annex B procedures.
- To provide evidence of how students perceive the application of the physical health content within practice context.

Ethical approval

Ethical approval for the research project was provided by the collaborating university ethics committees. This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki of the World Medical Association.

Methods

Design

Quantitative and qualitative data was collected through an anonymised online cross-sectional questionnaire advertised by each involved university using a flyer containing a link to the survey. Participants comprised final year BSc and MSc students from several universities across all 4 nations of the United Kingdom. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines were used in the reporting of the study (Von Elm et al., 2007). The survey elicited responses to items relating to gender, age, course of study and institution. Responses to eight 5-point Likert-style items were also elicited, scored from 1 point (*Strongly Disagree*) to 5 points (*Strongly agree*). Items are listed as below.

1.The degree curriculum has included adequate proficiencies (knowledge and skills) for addressing the physical health care needs of mental health service users.

2. *PH skills are very important for MH Nurses and/or MH Nursing students' education*
3. *I have benefited from the teaching of physical health skills sessions.*
4. *While on placement I was able to see and practice physical health skills.*
5. *The physical health proficiencies have transferred well to my clinical practice, and I have seen procedures undertaken.*
6. *I have seen the skills and knowledge needed to undertake physical health procedures e.g., those taught in skill sessions used by Registered Mental Health Nurses*
7. *There is a good balance between physical and mental health taught skills on my course.*
8. *I think that the physical skills proficiencies will benefit my role as a MH Nurse.*

From these items, three domains were conceptualised:

- a single item domain, based on scores of responses to item 2, assessing a respondent's view of the importance of PH skills (*Importance*)
- a domain based on the summed scores of responses to items 3 and 8, assessing respondents' view of the extent to which they benefit from PH teaching (*Benefits*);
- a domain based on the summed scores of responses to items 1, 4, 5, 6 and 7, assessing respondents' experience of PH skills (*Experience*).

Hence for the *Importance* domain, the range of possible scores was 1 to 5, with a positive impression of PH skills indicated by a score of greater than 3. For the *Benefits* domain, the range of possible scores was 2 to 10, with a positive impression of PH skills indicated by a score of greater than 6. For the *Experience* domain, the range of possible scores was 5 to 25, with a positive impression of PH skills indicated by a score of greater than 15.

Setting and participants

From June to December 2024 Mental Health Nursing students who were assessed by the UK Future nurse: Standards of proficiency for registered nurses (Annex B; NMC, 2018) in their final stages of their BSc/MSc course were asked to take part in the study. The timing depended on when each student completed their course. Information and how to about the questionnaire was provided within the virtual learning environment of each collaborating University. Access to the questionnaire was accessed through the electronic platform Qualtrics. Consent was assumed on completion.

Data analysis

The sample was summarised descriptively, with domain scores compared across subgroups defined gender and by course using *t*-testing. With no *a priori* hypotheses, no formal corrections were applied for multiple comparisons. Corresponding non-parametric tests were also conducted on the data to test the underlying assumption that ordinal scale scores could be considered to approximate to interval level. All statistical testing was conducted at the 5% level of significance.

Participants were also asked to summarise their health care experience. Additionally, two open-ended questions were included on the questionnaire:

- *What has been the biggest influence on you developing physical health skills for your registered nurse role?*
- *Do you have any other suggestions or comments on how best to equip MH Nursing Students with appropriate physical health proficiencies for practice?*

Responses to these items were analysed qualitatively, using an approach based on Reflexive Thematic Analysis (Braun & Clarke, 2021); a system of coding and generating themes from qualitative data to explore patterns across datasets and develop a shared understanding of meaning (Braun & Clarke, 2019). This approach was useful for exploring themes around student experiences of physical skills development in relation to their future role as mental health nurses. *Ad verbatim* transcripts were developed from the responses to open-ended items, with initial coding using NVivo 12 Pro (Lumivero, 2022) with two coders (SH, RG) working collaboratively to agree and refine initial codes. During the secondary coding phase, codes were grouped into larger units of meaning, subsequently refined into subthemes reviewed by a third researcher (SR), who provided critical feedback. Overarching themes grouping subthemes into meaningful units were developed by three researchers (SH, RG, SR) until a consensus was reached. Throughout the process, the researchers, two of whom (SH, SR) are nurse educators in the mental health field, engaged in reflexive discussion regarding how professional biases may impact upon interpretation. Care was taken to minimise the influence of such bias in the interpretation of the data. The presence of a third analyst (RG) not involved in delivering mental health nurse education or in supervising mental health nursing students, provided an objective perspective on emerging subthemes and overarching themes.

Comparison to the statistical results for answers to the open-ended responses was actioned through Reflexive Thematic Analysis (Braun & Clarke, 2021).

Results

Quantitative findings

Valid data was collected from 115 respondents with one University providing over 60% of the total responders. A very small proportion of data was recorded as missing or invalid. The sample is summarised in Table 1 below.

Table 1: descriptive summary of sample

Variable	Frequency (Valid %)
Gender (<i>n</i> =113)	
Female	89 (78.8%)
Male	24 (21.2%)

Course of study (<i>n</i> =115)	
BSc	75 (65.2%)
MSc	40 (34.8%)
Institution (<i>n</i> =110)	
Cardiff University	7 (6.4%)
Sheffield Hallam University	14 (12.7%)
University of Huddersfield	71 (64.5%)
Queen's University Belfast	7 (6.4%)
University of the West of Scotland	11(10.0%)
Age (years) (Mean (SD; range)) (<i>n</i> =115)	34.1 (11.0; 18-58)
Scores in <i>Importance</i> domain(<i>n</i> =115)	4.65 (0.73; 2-5)
Scores in <i>Benefits</i> domain (<i>n</i> =115)	8.52 (1.59; 3-10)
Scores in <i>Experience</i> domain (<i>n</i> =115)	18.7 (4.89; 5-25)

Hence respondent scores in all 3 domains represented high levels of positivity.

Domain scores grouped by gender and by course of study are summarised in Table 2.

Table 2: domain scores by gender and course of study (mean (SD))

Domain	Gender		Course of study	
	Female	Male	BSc	MSc
Importance	4.62 (0.76)	4.71 (0.62)	4.59 (0.79)	4.78 (0.58)
Benefits	8.34 (1.68)	9.25 (1.03)	8.28 (1.62)	8.98 (1.44)
Experience	18.3 (4.74)	21.1 (4.21)	17.7 (4.98)	20.8 (4/07)

Table 3: test parameters by gender and course of study

Domain	Gender			Course of study		
	Difference in means	95% CI for difference	<i>p</i> -value	Difference in means	95% CI for difference	<i>p</i> -value
Importance	0.072	(0.232,0.376)	0.636	0.180	(-0.077, 0.438)	0.167
Benefits	0.91	(0.36, 1.46)	0.002	0.91	(0.11, 1.28)	0.021
Experience	2.80	(0.78, 4.80)	0.008	3.08	(1.37, 4.80)	<0.001

Corresponding non-parametric tests (Wilcoxon rank-sum testing) conducted on the data revealed consistency of associations with the parametric testing over all comparisons.

Qualitative findings

The identified subthemes and illustrative quotations are presented in Table 3. Schematics of themes and relevant subthemes are provided in Figures (a), (b) and (c).

Table 4: Illustration of Themes and Subthemes

Secondary Code Name	Example Quotations
Value of Practice Placement	Placement has been the biggest opportunity to develop these skills.'
	My placement has been my biggest influences to developing and demonstrating my physical health skills. I have had the opportunity to support patients with physical health issues that affects their mental health.'
Opportunities to Consolidate Skills	Ensure that students are given more opportunities to practice learnt skills in practice on placement as some of the skills taught are not often used in mental health settings.'
	Physical health practice in physical health hospitals or primary care as it is difficult for mental health students to get these in some placements . Also some qualified nurses have no interest in physical health even though there is a link.'
Barriers to Skills Practice	We have to seek out many experiences from other health professionals eg doctors because some of the physical health skills aren't used by mental health nurses in practice.'
	I have had the ability to develop various skills covered within Annex B of the NMC Code within my mental health placements, however, I do feel that some of these skills are not transferrable to mental health environments and are not widely practiced in these areas, therefore making these skills harder to reach.'
Value of University	The clinical skills sessions held in university has been the biggest influence on developing physical health skills.'

	The only ones I have completed are the ones taught in class as there is no opportunity else where.'
Increase Knowledge Based Learning	More physical health knowledge in classroom'
	More face-to-face lectures would be helpful on physical health skills'
Increase Simulated Learning	Longer time in skills sessions. Working in groups can cut time short in sessions when we are all doing the same skill. Often only get chance to perform the skill once per skill. More time would allow to build the confidence on this.'
	More time in clinical skills labs to practice at university as skills for MSc students are taught so quickly and often you only get one or two chances to have a go, which means if you have a placement where you cannot physically do the skill (but can only do it via explaining and doing online simulation etc.) Then there is more chances to perform and practice skills before going into practice giving more valuable underpinning to these skills.'
Values or Benefits (Physical Skills)	Holistic care is very important and knowing about physical health conditions is especially important.'
	I believe that there is absolutely a place for physical health skills being undertaken by mental health nurses hence, I do believe it is a valuable learning experience.'
Mental Health Relevant Skills	Improve clinical skills practiced in university to relate more to what we need as mental health in a mental health setting.'
	More training on important skills and knowledge i.e. woundcare, ECGs. Less training on skills like blood transfusions etc.'

Themes

Three overarching themes arose across the two open-ended questions: practice placements, university teaching, and valuing physical health skills. There were evident conceptual links between the overarching themes and sub-themes, providing a clear message regarding the place of physical health skills in mental health nurse education and feedback around the teaching, simulation and practice-based consolidation of these skills.

Practice Placements (Value of Practice Placement, Opportunities to consolidate skills in practice, Barriers to Skills Practice)

Seeing and using physical health skills on practice placements were regarded as important in developing and consolidating physical health skills. However, there seemed to be significant variation in access to physical health skills practice on placements. Students who had the opportunity to consolidate physical skills in placement found them useful, while others felt that access to opportunities was restricted, particularly in mental health areas.

Opportunities for skills practice depended on the practice area and the physical health skills of mentors. General medical placement placements provide more opportunities when compared to mental health placements; however, even in general medical areas, students may not encounter all physical health skills and proficiencies or get enough experience to feel competent.

'Physical health practice in physical health hospitals or primary care as it is difficult for mental health students to get these in some placements. Also, some qualified nurses have no interest in physical health even though there is a link.'

Interestingly, observing and practicing physical health skills on mental health placements could be particularly beneficial for enhancing the value to students. Conversely, not seeing skills taught at university being used in mental health practice undermined the value of physical skills for some students. Therefore, not being exposed to physical health skills on mental health placements could lead to lack of opportunities to practice physical health skills, as well as reinforcing the view that physical health skills are not undertaken by trained mental health nurses.

'Think some of the skills on iPad are unnecessary; for example, inserting a cannula and blood gas analysis. This will never be needed as a mental health nurse and was difficult to find opportunities to get this signed off as very few nurses had this skill, even general nurses.'

More opportunity to practice often came up as a response to how best to equip MHN students with physical health proficiencies for practice. While some students reported "spoke days", or short visits to other mental health areas, to be useful, many students also suggested having spoke days "on general placements" as a means of enhancing their physical health skills. Students identified proactive things they did to get experience in practice when it was not done by the mental health nurses, such as seeking experiences from other health professionals.

'We have to seek out many experiences from other health professionals; e.g. doctors, because some of the physical health skills aren't used by mental health nurses in practice.'

University Teaching (Value of University, Increase Knowledge Based Learning, Increase simulated learning)

Simulated learning in clinical skills sessions and theoretical learning at university were considered influential in developing physical health skills and providing the opportunity to practice skills. The theme of university teaching is linked to practice placements. Students find theoretical and simulated teaching useful, but value opportunities to consolidate skills in practice. Some students stated that when they did not have the opportunity to practice what they were taught at university in a placement setting, they did not develop confidence in using these skills.

'The last placement I just finished was on an Acute Assessment Ward in a general hospital, it was an eye opener and the clinical physical health skills came in handy, but also I was able to learn more and enhance my practical skills building up from the theoretical perspective. I have gained confidence in undertaking patient's physical observations and been able to interpret the reading and monitor patient's health more closely, looking out for indications sepsis through the NEWS 2 score.'

Students gave some suggestions as to how university-based learning could be modified to improve their physical health competencies: for example, more clinical skills, more time practicing the skills in simulations, having smaller groups, more frequent practice and more theory. Simulation was sometimes the only opportunity students had to learn and practice physical skills if they did not have the opportunity on placement. Therefore, further clinical skills training at university could be an alternative way of learning skills that students do not come across on placements. Having the teachers being able to tick off the skills might take the pressure off needing to find opportunities in practice or fill the gap.

'There could still be more of a focus on building this understanding in simulation sessions prior to placement such as responding to a mock patient and assessing their physical health needs. This could include more practice around wound care as I don't feel there was an extensive amount of this, however, it will be beneficial in practice. More training around diabetes care management would be beneficial also as I have found I have needed this knowledge in almost every placement; however, it was only covered briefly in skills sessions. Having more practice with physical health could build confidence for mental health nurses when in practice.'

Additionally, it was highlighted that clinical skills teaching at university should be more relevant to mental health nursing. Simulated scenarios in a mental health context are mentioned to promote the relevance of physical health skills in mental health practice and to prepare students for the specific physical skills they will encounter most commonly in mental health areas. When physical skills are not contextualised in this way, students can struggle to link them to the mental health nursing role. Contextualisation of physical skills may also contribute to the understanding students have of their clinical role and represent a way to foster a professional identity which places value on physical nursing.

'Creating and implementing skills sessions for mental health nursing students only instead of shared classes with adult students. Furthermore, adapting these sessions to relate to mental health scenarios. Further training for mental health students should be implemented to ensure hard to reach skills are met due to the unlikelihood of encountering these in mental health environments.'

Valuing of Physical Skills (Values or Benefits, Mental Health Relevant Skills)

Valuing and believing in the utility of physical health skills in mental health nursing was a prominent theme, despite no specific question directed at understanding perceived value of physical skills. Again, perceived value often centred around relevance. Students seemed to value physical health skills more when they could understand the relevance to mental health and saw them used in mental health settings. Students who saw the value in physical health skills wanted to enhance their knowledge and become more competent in them.

'It is very important for mental health nurses to be equipped with physical health proficiencies, because in practice because majority of the service users I have come across as a student have physical health issues.'

The theme of values links to opportunity to consolidate on practice placements. Few opportunities to observe and practice a particular skill in mental health placements can undermine the value that students see in acquiring the skill. In contrast, skills were more valued when students could see the relevance and value to the role. Again, focusing on practice relevant skills and exploring relevance in a mental health context is likely to enhance student perception of physical health skills.

'I find it difficult to understand how the university thinks that the physical health proficiencies that MH nursing students are required to fill out in the PAD are in any way relevant to normal working practice. Through all my placements I have yet to interact with catheter care, cannulation and many, many other physical proficiencies.'

Discussion

This paper reports on the previously neglected voice of UK mental health nursing students' perceptions and experiences of the physical health proficiencies content of the undergraduate degree programme, as set out in Annex B by the UK nursing regulator (NMC, 2018). Through systematically capturing these student perspectives across a large, multi-centre sample, this study provides the first robust, empirical evidence on how current educational standards are experienced by those most directly affected. Furthermore, student insights on taught and practice application were sought, including the perceived benefits and any drawbacks to the student experiences.

The inception of the proficiencies, and NMC (2018) standards as a whole, have been heavily criticised (Bifarin et al, 2024; Connell et al, 2022; Warrener, 2022; Warrener et al, 2024). The reported fears affirm that there are ongoing problems with the application of a 'generic' set of proficiencies in all

fields, notwithstanding, some positives about student learning have been reported (Whaley et al., 2024). Cutts and Hitchcock (2024) proposed 'The Proficiencies Directory' to address the concerns of students, academics and practice educators. However, this approach has not yet been validated. Painter and Bond (2023) analysed Practice Educators' written feedback to students and found physical proficiencies to be a part of the transactional skills assessed on MHN students, with greater emphasis placed on the transformational nature of how these and other aspects of well-being relate to the individual service user. However, there is scarcity of research evidence to confirm either the concept of 'genericism' and/or whether the concept translates into clinical practice. Indeed, Painter & Bond (2023) have shown that while the assessment of physical skills is being considered in mental health practice, there is more emphasis on holism and the importance of core values: 'empathy; compassion; therapeutic relationship building' in mental health nursing - which is prioritised in the assessment of students. Our findings uniquely add the student perspective to this debate, providing direct evidence of how physical health content is perceived, valued, and integrated into mental health nurse identity formation and practice readiness.

Quantitative findings confirm that current UK mental health nursing students largely agreed that physical health skills are important; and that they benefit from the related taught content. Most respondents claimed to have high levels of experience in physical health. Male students in the sample claimed greater levels of experience than female students, and perceived more benefits to these skills. MSc students claimed greater levels of experience than undergraduate counterparts and also perceived more benefits to accruing physical health skills than undergraduate students. All subgroups of students rated physical health to be approximately equally important to their learning and future registered nurse role.

The qualitative analysis found that overall, MHN students cited university theoretical learning, clinical skills simulation and consolidation in practice as influencers of their physical health skills. Simulation and theoretical teaching at university was seen as a good foundation for physical health skills. Practice-based learning enhanced university teaching. Furthermore, seeing physical health skills learned at university implemented in practice made them seem more relevant and enhanced students' perceptions of their value, leading to a desire to enhance knowledge and competence. Several ways of enhancing physical health skills were identified, including more general placements, theoretical teaching and more simulated clinical skills (holistic, practice, range). Value in skills was an interconnected theme, with students seeing more value in physical health skills they see being routinely used in mental health settings, correspondingly increasing their motivation to learn when applied to the mental health context. These findings have direct implications for nurse educators and policymakers, highlighting the importance of contextualising physical health training within mental health practice and actively involving students in curriculum design to ensure content is relevant, valued, and practice focused. Foregrounding student voices in this way advances the profession's understanding of how best to prepare mental health nurses for holistic care and offers a robust evidence base to inform future curriculum and policy development.

The physical proficiencies have now been in the nursing curriculum for some six years. Existing MHNs may not have acquired the necessary competency and mastery in their education and training (Painter & Bond, 2023). This may be a time where graduates of the NMC (2018) curriculum feel they cannot adequately train new student nurses. Accordingly, most of the present practice assessors may not feel competent to assess students in these skills. Findings from this study, although not unfavourable towards the physical health proficiencies *per se*, and even complimentary regarding the way skills were taught in university, suggest that finding opportunities to experience, develop competence in and be assessed appropriately may be problematic. This may relate to the lack of these procedures being carried out in mental health practice, hence being not wholly relevant in the mental health context; or current workforce lacking confidence in performing these skills. Brown et al. (2024) discussed the disconnect between pedagogy and practice, and this may be furthered by a lack of clarity about what is taught and what can be accessed and credibly assessed on placement. Cooper and Forde (2024) discussed the clarity needed when considering proficiency against competency relating to the NMC (2018) standards; stating that competence relating to fundamental skills and knowledge development needs to be underpinned by evidence-based procedures which may be evident in university but not practice.

Participants wanted to have skills and knowledge to support the physical health needs of people within the mental health context. Thus, the inclusion of mental health-relevant skills (contextualised in a mental health-relevant way) is a major suggestion for going forward. These observations from MHN student participants seem to be influenced by what they see in practice and what they learn at university. Cutts and Hitchcock (2024) suggest a way forward in relation to how the proficiencies can be assessed in mental health practice, and this may start to address the procedures based on evidence. Furthermore, students in this sample suggest some solutions in terms of more 'physical health placements' and more relating to the context of where the Appendix B content can be applied.

Strengths and limitations

The study was conducted in a multi-centre setting, with a large and diverse sample, making it the first of its kind in the UK to systematically capture the perspectives of mental health nursing students on physical health competencies across multiple institutions. There was negligible missing data requiring no data imputation and hence facilitating complete case inferential analysis. Importantly, a non-mental health nurse contributed to the refinement of qualitative themes, helping to minimise disciplinary bias and enhance the trustworthiness of the analysis. Indicative findings revealed strong evidence for significance in uncorrected tests. The research team has a wealth of knowledge and experience in mental health nursing practice and academia. Foregrounding the student voice, previously neglected in curriculum development, this study provides novel, actionable insights for educators and policymakers aiming to align training with student needs and service realities.

Limitations include a low number of male students, which limits the precision of a gender comparison; although this compares to previous national statistics of MHN students made up of 66% (females) and 24 % (male) (Office of Students, 2020), thus giving some credence that the sample was representative. There was also some skewed distribution of featured institutions; with one single institution yielding more than 50% of respondents. This was considered amongst collaborating Universities and may have been a timing issue due to the fact that some Universities caught students when they were in their study bloc therefore had time and focus. Whereas if in practice for example or consolidation for their course would mean they may not be accessing their VLE or emails generated by announcements on the cohort module spaces. In the context of an exploratory study, no *a priori* hypotheses were stated, meaning significant results should be interpreted with caution. The tool used to derive scores was unvalidated and test scores may likely only approximate to interval level, particularly for the single-item construct. However, the consistency of the parametric and non-parametric testing suggests that no substantial inaccuracies have been introduced with the assumption of interval-level data.

Conclusion

To address the physical health problems of people diagnosed with mental health conditions (who have poorer physical health outcomes when compared to the general population), MHN students need the requisite skills to support physical health and well-being. The inclusion of physical health content in pre-registration MHN courses is essential to equip students with the skills and knowledge required for practice as registered nurses. This study found students valued aspects of the pre-registration curriculum related to physical health but suggested it needed to be related more to the typical scenarios they will encounter as registrants in the mental health field. Some remedies about type and placement were suggested but how it translates to the mental health context needs to be considered. It is recommended that a much larger, realist or longitudinal evaluation is undertaken to check sustainability of the assessment. The findings of this study underscore the need for a comprehensive approach in preparing students for physical health assessments and interventions, including the procedures outlined in Appendix B.

Further investigation is necessary, importantly incorporating both student perspectives as this study and input from registered mental health nurses responsible for assessing students' competence in these procedures. This holistic approach will ensure that the physical health content is effectively integrated into students' learning and performance assessments

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CRedit authorship contribution statement

Steve Hemingway: Writing – Conceptualization, review & editing, Writing – original draft, Resources, Project administration, Methodology, Investigation, Data Curation. **Emma Shiel:** Project administration, Methodology. **James Turner:** – Review & Editing, Data Curation. **John Stephenson:** Formal analysis, Review & Editing. **Seren Roberts:** Data Curation, Formal analysis, Review & Editing. **Suzanne Heron:** Data Curation, Formal analysis, Review & Editing. **Rhona Grant:** Formal analysis. **Karen Galway:** Data Curation, Writing – Review & Editing. **Colin Hughes:** Data Curation, Writing – Review & Editing. **Derek McLaughlin:** DataECuration, Writing – Review & Editing. **Mark Owens:** Data Curation, Writing – Review & Editing. **Carmel Bond:** Data Curation Writing – Review & Editing.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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