

Stakeholder Engagement and Nursing Education: Beginning the Research

Jamie Killoran

Submitted in partial fulfillment of

the requirements for

Master of Education in Educational Leadership



Faculty of Education, Yorkville University

Fredericton, New Brunswick

YORKVILLE
UNIVERSITY

A handwritten signature in black ink, appearing to read 'Barbara M. Elliott', on a light gray rectangular background.

Faculty Supervisor: Dr. Barbara M. Elliott

June 3, 2020

Acknowledgements

I would like to thank Dr. Barbara Elliott, faculty at Yorkville University, for her never-ending patience with my questions, expert eye for editing my drafts and general support through the process of completing my capstone project. Her kindness and help were appreciated to keep me on task for completing the capstone project. I would like to thank Michelle Rideout for jumping through the hoops with me. Without her support, explanations of confusing terms, and reminding me to celebrate milestones, I would not have completed this program.

Most importantly, I thank my wonderful husband and children, who consistently supported me through this journey. They loved me despite missing family time to read articles, complete posts, or write papers. I am very ready to celebrate completion with them!



YORKVILLE
U N I V E R S I T Y

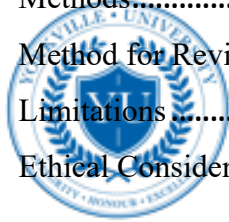
Abstract

Many industries utilize a multidisciplinary team approach in their day to day operations. Specifically, the fields of health and education use collaborative approaches to generate and induce positive outcomes. Within the field of psychiatric nursing in particular, collaboration is highly emphasized as an approach to achieving holistic care. Using an interpretivist theoretical lens as well as a qualitative methodology through reflexive inquiry, I examined the impact of stakeholder engagement on psychiatric nursing student educational experiences. I also explored the impact that engagement has on new graduates entering the nursing workforce. Research shows that collaboration between stakeholders and educational institutions may influence the success of students and entry-level graduates as well as the working relationships between stakeholders. The literature suggests that collaborative methods prepares psychiatric nursing graduates to enter the workforce in a manner which allows them to contribute to an improved health care system in Canada. While much of the reviewed literature was not specific to psychiatric nursing, correlations between general nursing and psychiatric nursing programs, including other post-secondary schools, were determined. Through this project, I discovered new ideas, identified existing gaps, and uncovered areas for future research. Ultimately, the purpose of this project was to determine the benefits of collaboration between stakeholders and nursing education institutions; it was determined that with appropriate stakeholder engagement that psychiatric nursing students would be impacted in a positive manner.

Keywords: psychiatric nursing, stakeholder engagement, reflexive inquiry, collaborative

Table of Contents

Acknowledgements	2
Abstract.....	3
Introduction	Error! Bookmark not defined.
Background.....	7
Problem.....	8
Significance of the Research	9
Definition of Key Terms	10
Research Questions.....	11
Theoretical Framework	12
Methodology	14
Methods.....	14
Method for Reviewing the Literature.....	15
Limitations	16
Ethical Considerations.....	17
Literature Review	18
Training Psychiatric Nursing Students	19
Stakeholder Engagement in Training Processes and Programs	21
Influence of Stakeholder Engagement on Education	22
Findings and Recommendations.....	25
Empowerment, Buy-in and Sustainability in Collaboration	26
Stakeholder Impact on Curriculum Development	27
Psychiatric Nursing in Canada	31
Recommendations.....	33
Conclusion	34
References	37



YORKVILLE
UNIVERSITY



YORKVILLE
U N I V E R S I T Y

The Canadian health system is comprised of various professionals, paraprofessionals and support staff working together to support patients. Research has shown that collaboration and stakeholder input aid in increased engagement and results (Leslie, 2015). In the field of nursing, the specialty of psychiatric nursing represents only a small aspect of the helping profession. However, psychiatric nursing has a foundational emphasis on collaboration due to the elaborate training process within the holistic approach to care (Saskatchewan Polytechnic, 2019; Registered Psychiatric Nurses Association of Saskatchewan [RPNAS], 2013). Achievement of holistic care through the engagement process is fundamental and may involve many stakeholders.

Put simply, stakeholders are people from inside or outside the organization who have the potential to be affected by its decisions (Johns & Saks, 2017). For the purposes of this review, stakeholder engagement is an interdisciplinary approach allowing for feedback, innovation and solutions from a multitude of professions (Leslie, 2015). In healthcare, stakeholders can be, but are not limited to patients, doctors, nurses, care-aides, caregivers, therapists and family members. This major academic report explores the impact of stakeholder engagement on the education of psychiatric nursing students while investigating if stakeholder engagement contributes to a more competent workforce with new graduates who are versed in working collaboratively.

To best utilize an interdisciplinary approach, it is essential to understand many different perspectives. This ensures an interdisciplinary approach can be translated to psychiatric nursing education to produce the most prepared nurses possible. Through a critical review of the literature, stakeholder engagement was analyzed using reflexive inquiry to answer research questions that queried the value of stakeholder engagement in psychiatric nursing education. The findings were applied to my experience as a faculty member and frontline psychiatric nurse.

Background

Stakeholder engagement is an integral part of cultivating the educational experience for students. Valuable insights are gained by understanding how stakeholder involvement impacts the psychiatric nursing student experience (Leslie, 2015). My experience as a psychiatric nurse, an instructor, and as a graduate student, have collectively heightened my awareness toward the lack of research specific to mental health nursing. I have recognized the potential of incorporating stakeholder involvement in the education of psychiatric nurses.

Psychiatric nursing is a unique profession that utilizes a holistic approach to care to ensure that all aspects of a person's health are incorporated in the endeavour to reach optimal health (Saskatchewan Polytech, 2019). Holistic means that a person is treated as a whole, while acknowledging mental, emotional, and social aspects of life impact a person instead of focusing only on disease (Lexico, n.d.). This research explored if the same holistic approach can apply to psychiatric nursing education, specifically when incorporating expertise of persons who have a mental illness or potential employers during curriculum development (Collins, 2016). Students are key stakeholders in their education; thus, their opinions also need to be considered when establishing a holistic psychiatric nursing education program (Collins, 2016). Lencioni (2013) pointed out that if people are not given the opportunity to weigh in, they will not buy in.

The fundamental work of leaders is to create results, but not in isolation (Leslie, 2015). A patient cannot achieve improved health on their own; they need the support of family, friends, and members of their health care team in conjunction with their greater interdisciplinary team (Rowe Kaakinen et al., 2015). Within post-secondary education, I have witnessed stakeholder and educational institution interests aligning to produce quality graduates. Students are also

important stakeholders, as their opinions should be taken into consideration throughout their education to help evaluate curriculum for future students.

Mental health nursing is prominent across Canada, with Registered Nurses (RNs) working in the field of mental health. Only four provinces (British Columbia, Alberta, Saskatchewan, and Manitoba) have training programs specific for educating Registered Psychiatric Nurses (RPNs), with regulatory bodies extending to the Yukon Territory (RPNAS, 2019). For this paper, RPNs will refer exclusively to Registered Psychiatric Nurses and RNs will refer to Registered Nurses. Currently, in Canada, there are only four accredited educational institutions that teach psychiatric nursing, one in each of the western provinces. While conducting this major academic review, I discovered a limited amount of research specific to psychiatric nursing. However, this does not minimize the need to explore the impact the profession has on health care in Canada. In fact, it underscores the need to explore how stakeholder engagement impacts psychiatric nursing with the ultimate goal of improving health care in Canada.




YORKVILLE
UNIVERSITY

Problem

Mental health issues have been gaining prominence in workplaces as well as society in general (Matthes, 2018). Whenever one turns on the news, scrolls through social media, or has conversations with friends, the topic of mental health can often be seen or heard. While stigma continues to exist for those living with mental illness, the topic is no longer considered taboo. Conversations about mental health are happening daily; it is becoming more socially acceptable to discuss concerns related to mental health or well-being. Times are changing and society is succumbing to the reality that illness can be physical, mental or both. Through collaboration,

support and understanding, people may find solutions that allow for optimal life experiences and mental well-being (Matthes, 2018).

Relative to adult education, a fundamental question is: “Why is collaboration thought of as a stumbling block instead of recognized as an answer to solving problems?” Health care workers are accustomed to collaborating to produce desired outcomes. It stands to reason that healthcare instructors should also incorporate stakeholder feedback. Just as healthcare workers collaborate to produce desired outcomes, educational institutions should work with stakeholders to determine the needs of the healthcare industry for the purpose of educational alignment. Through invited participation, a holistic perspective can be taken to develop an optimal learning environment and superior program (Cornwall, 2008).



My current position as a faculty (both classroom and clinical) at Saskatchewan Polytechnic and a casual frontline nurse with the Saskatchewan Health Authority has spurred my interest in the research topic. At Saskatchewan Polytechnic, interdisciplinary relationships among students, from various programs, are encouraged and as such, it is logical to adopt this same practise as professionals. Through this project, I sought to discover how stakeholder involvement in psychiatric nursing education impacts student experience.

Significance of the Research

At Saskatchewan Polytechnic (2019), the definition of health recognizes the interconnectedness between components such as emotional, mental, physical and spiritual, based on the traditional Aboriginal Medicine Wheel. The training that students acquire allows them to use this same holistic approach, based on the Medicine Wheel, when working with patients during clinical placements. While my area of expertise and training focuses on the mental health component specifically, I cannot ignore the bearing of physical, emotional, and spiritual health

on a person. Practicing RPNs often tell students that the body and mind operate cohesively and cannot be separated. When practicing, all nurses must remember that the body and mind should be treated as one to achieve optimal health. I need to use my learned skills and knowledge gained through experience to gather information about my patients' holistic health to develop an individualized plan of care.

What drew me to this topic was witnessing firsthand, the gap between curriculum and practice through psychiatric nursing student clinical experiences. Collaboration is at the forefront of healthcare and modelled in nurse preparation and education. However, from my experiences both as a frontline psychiatric nurse and in my role as a clinical faculty member, I see that effective collaboration between healthcare and educational institutions responsible for curriculum development is lacking. There is room for improved student clinical placements.

Through this major academic review, readers will have a better understanding of the outcomes associated with a collaborative approach during psychiatric nursing education. More specifically, I explore the impact of stakeholder engagement on student success. My contribution to the pool of research is to provide a synthesis of the literature on stakeholder engagement in psychiatric nursing thus far. The psychiatric nursing program at Saskatchewan Polytechnic is currently undergoing major revisions and now is the time to suggest changes to collaborations. I intend to share the findings with my employer in the hopes of incorporating the information into curriculum development for the psychiatric nursing program in the province of Saskatchewan.

Definition of Key Terms

Two terms utilized throughout the research are *stakeholder engagement* and *organization*. It is key to define these terms to provide a clear understanding of the topic discussed. The most accepted definition of the term *stakeholder engagement* comes from

Freeman, who defined it as “any group or individual who can affect or is affected by the achievements of the organization's objective” (as cited in Virgolesì et al., 2019, p. 1). The stakeholders include, but are not limited to, students, clinical placement agencies, employers, mental health consumers/patients and communities (Keogh et al., 2010; Virgolesì et al., 2019). For this project, the *organization* is an educational institution. The broad definition allows for the inclusivity of anyone who may impact student success within a psychiatric nursing education program.

Research Questions

Research is composed primarily of three phases, which begins with asking a question, followed by collecting data to answer the question and finally giving the answer to the question (Bell & Waters, 2018). The primary research question explored through this project is “How—— does stakeholder involvement in psychiatric nursing education impact student experience?” This broad question lends itself to the following sub-questions:

- How does stakeholder engagement in psychiatric nursing education impact student learning?
- How does stakeholder engagement in psychiatric nursing education contribute to a more competent nursing workforce?

The sub questions form a holistic picture rooted in the foundational question. The findings of this project will be shared with stakeholders in Saskatchewan (e.g., employers and educational institutions) to invoke a re-examination of nursing education curricula. The findings are essential to potential revisions to psychiatric nursing programs and to increase collaborative approaches. This capstone project may contribute as an involvement process for stakeholders in curriculum development within Saskatchewan.

Theoretical Framework

For this project, reflexive inquiry was used during a critical review of the chosen literature. Reflexivity allows me to answer the who, how and why; it justifies the reasoning for the research, who is being researched as well as who I act with regards to the research (Lyle, 2017; Reid et al., 2017). When using reflexivity, I can be open and honest about my power and possible implications, as well as being transparent with regards to the purpose of the research. It was after a reflexive inquiry of myself that I developed a better understanding of what stakeholder engagement means to me. The following statement from Cunliffe (2016) aligns with my view of reflexive inquiry:

We can uncover limitations and possibilities, become less prone to becoming complacent or ritualistic in our thoughts and our actions, and develop a greater awareness of different perspectives and possibilities and of the need to transform old ways of theorizing and managing. (p. 748)

I recognize that being a cisgender, non-disabled, Caucasian female impacts my decision-making process. Through understanding my positionality, I recognize how I see myself and my belief on my interaction with the world and how it impacts my point of view (Reid et al., 2017). Though I have no official leadership title within my organization, I have come to recognize that others, such as my students, see me as an informal leader and that my opinion matters when looking to make changes to curriculum. As a result, I have ensured that my knowledge of psychiatric nursing and my teaching practice aligns with the psychiatric nursing competencies of my regulatory body through attending educational opportunities.

“Qualitative research is a systematic, subjective approach used to describe the life experiences and give them meaning” (Burns & Grove, 2005, as cited in Keogh et al., 2010).

Aligning with the constructivist paradigm, I have gained knowledge from my lived experiences and formal education regarding stakeholder engagement (Scotland, 2012). Reflexivity allows me to justify the reasoning for the research, the research topic and research approach (Lyle, 2017; Reid et al., 2017).

The constructivist paradigm allows for research on what people have created and an understanding of the context in which people learn (Reid et al., 2018). Change is created by people and sustained by leaders. To invoke sustainable change, stakeholders must consider all forms of opinion. All stakeholders may not run the same maze to meet student success; but may strive to reach the same goal (Malhotra, 2011). Similarly, Collins (2011) wrote about having the right people on the bus, and in the right seats. Interested stakeholders need to be involved to begin the process of maximizing student success. As a frontline nurse and clinical instructor in the field of psychiatric nursing, I have envisioned an understanding of the stakeholders and the change processes desired to create a holistic learning environment.

Background knowledge of my personal and professional values, combined with my research interest, has enabled me to see the benefit of collaboration in order to accomplish tasks. My own beliefs form the foundation of how I gain and adapt knowledge throughout my life. In my multi-faceted role as a clinical faculty member and frontline worker with multiple responsibilities, a constructivist paradigm allows for no single truth or reality, to gain an understanding of new knowledge (Reid et al., 2017). Within the stakeholder engagement processes, the perspective of others is sought; thus, new knowledge brought to the forefront. Incidentally, the standard of best practice for care is established and re-evaluated as necessary. Through my understanding of personal beliefs and reality (ontology) as well as an understanding

of where new knowledge comes from (epistemology) (Mack, 2010), I identified a process to gain knowledge and apply towards future research endeavours.

Methodology

For this review, I completed a critical analysis of the literature using reflexive inquiry. I uncovered limitations and possibilities, becoming less prone in becoming complacent or ritualistic in my thoughts and actions. Reflexive inquiry allowed for the development of “a greater awareness of different perspectives and possibilities and of the need to transform old ways of theorizing and managing” (Cunliffe, 2016, p. 748). I was able to identify what was not currently working in my profession, gain some understanding of the value of stakeholder engagement and work towards change. Through reflexive inquiry, I was able delve deeper into the subject area and ask questions that examine biases and cultural components.

My research process aligns with the constructivist paradigm. I am searching for a reason to make a change that acknowledges the historical process for student success while questioning the need for change. Healthcare emphasizes the importance of working as part of a team and psychiatric nurses are members of that team. Through collaborative means of understanding, transparency on expectations and means for learner experience, and ultimately success, may bring forth stakeholder awareness.

Methods

A literature review is an activity that allows a researcher to examine a plethora of existing research, with a critical lens, querying what is reliable (Onwuegbuzi & Frels, 2016). Using a critical literature review method, I uncovered the answers to my research questions and determined various avenues for future research. This method for conducting the research surrounds the impact of stakeholder engagement on the psychiatric nursing student experience. I


explored my biases as I considered the research gathered and analyzed it to answer my research questions in a systematic manner (Bell & Waters, 2017; USC, 2019). I immersed myself in a search for related literature which allowed me to question assumptions and query claims (Bell & Waters, 2017). I recognized the amount of research on mental health is growing; however, as evidenced by the limited amount of research. There is still room for further analysis, and it appears mental health research is growing by the publication dates. As I am one who prefers to read hard copies over electronic copies, I printed each article and highlighted them accordingly with a colour-coded system that aligned with my research questions and common themes. Additionally, I made notes within each article regarding the themes and ideas that emerged as I read them. Throughout this process, I limited bias through journaling, yet I gave my ideas consideration as I compiled my findings and strived to analyze the research with minimal bias.

Combining real-life experiences while working through a framework involving reflexive inquiry has allowed for learning from these actual experiences alongside the literature. Reflexive inquiry allows one to overcome feelings of disconnectedness and strive towards a feeling of wholeness (Brookfield, 2017). I was able to compare the findings of a literature search with my current trends of stakeholder engagement in the context of employment in a post-secondary institution. This also allowed room to contemplate various claims unsupported by research (Bell & Waters, 2017). My lived experiences demonstrate parallel alignment, as reflexive inquiry aims to minimize the disconnect between theory and practice. Similarly, I aim to draw attention to the current practice of stakeholder engagement.

Method for Reviewing the Literature

A vast amount of literature on nursing was readily available. However, a preliminary search showed that there were few articles within the parameters of my research topic. Using the

Discovery Service search engine at Saskatchewan Polytechnic's library, I searched numerous databases at once, as this search engine can search over 160 databases in tandem. This is a luxury unavailable through Yorkville University's online library. I searched broad and narrow descriptors aligning with my topic using "limits." I recognized the need to explore mental health nursing in addition to psychiatric nursing to ensure that I was encapsulating a holistic picture of the literature available. I used search terms such as stakeholder engagement, psychiatric nursing, mental health nursing, nursing collaboration, nursing education, and participatory education to find relevant literature. Finally, I set the parameters to include literature from the last 10 years that have been peer-reviewed with preference given to Canadian literature written over the previous five years.



I recognized that my research questions may not be answered by looking only at the literature as it relates to stakeholder engagement in psychiatric nursing or nursing in general. As such, I broadened my research to include the impact of stakeholder engagement within education; I sought out corollary information in the broader field of education — as nursing training is a branch of education. I then organized the literature using a personal filing system for printed copies. I realized I had enough information when I found that the articles were cross-referencing each other, with no new literature presented with each new search (Bell & Waters, 2018).

Limitations

One limitation identified for this project pertains to lack of time. While the topic of stakeholder engagement in psychiatric nursing education lends itself well to action research, given the time restraints, I did not feel it would be possible to thoroughly complete such a project. To implement change involving stakeholders with regards to curriculum development

and determining the impact of student success would require much longer than 17 weeks, perhaps even years to gain an accurate depiction. I was aware that extensions might allow more time, but this was not feasible given my current personal and professional commitments.

Despite mental health being at the forefront of many new policies, the literature about the topic was minimal compared to unstigmatized topics, such as cancer research or mentorship. However, the lack of research discussing mental health education and stakeholder engagement with regards to psychiatric nursing education was prominent (Broussard, 2010; Smith & Khanlou, 2013; Virgoles et al., 2019). Nevertheless, there was enough information to answer the research questions posed. Thus, working within the mentioned limitations, a major academic report was the more appropriate decision.

Ethical Considerations

Before beginning my research, I conducted a preliminary research review which revealed the validity in going forth with the chosen research topic and questions. Proceeding using a topic that has been researched thoroughly would have been unethical (Economic and Social Research Council, 2013). It was imperative that I researched while keeping my ethics in line with my professional and personal principles. I did not ignore that I have unconscious biases, but I needed to ensure that I was open to discovering findings that may not be anticipated (Bell & Waters, 2018). I was aware that during my critical social research I likely would discover unpredictability and when it occurred, I ensured that I handled the information with ethical consideration in a respectful manner. Journaling helped to ensure the results were not manipulated (Reid et al., 2017). Throughout the process, I sought constructive feedback from faculty and colleagues who examined my work with a critical eye to ensure my interpretation of findings had been ethical, trustworthy and concise. I was mindful to ensure this occurred given

my direct ties to both the stakeholder perspective and educational perspective through my role as a nurse and an educator. The subject matter experts helped me to bracket any biases or past knowledge about the research (Fischer, 2009). Overall, I recognized that I must conduct my research utilizing respect and dignity (Kivunja & Kuyini, 2017).

Literature Review

The opportunity to explore literature is impetus for making change. Having noticed lower levels of stakeholder engagement in the instruction of psychiatric nursing as well as a lack of literature on the topic, it was clear that there is opportunity for growth in this area. However, planning for change is also wise (Ajmal & Lodji, 2015). As I read the literature for this project, I also analysed the impact of stakeholder collaboration on psychiatric nursing student education. I considered both the positive and negative aspects to determine the effect stakeholder engagement might have on the relationship between various stakeholders and educational institutions. As previously mentioned, many of the articles that were reviewed contained references to the lack of research on the topic of psychiatric nursing and stakeholder engagement (Broussard, 2010; Smith & Khanlou, 2013; Virgoles et al., 2019), but could be adapted to the profession to answer the research questions posed.

Once I reviewed the literature and reflected on it, I considered my biases and positionality. It was apparent that several themes were emerging. After a closer analysis of the themes, three distinct areas of interest guided the research process, with a predominant theme that tied everything together. The overarching theme was curriculum development. It was evident that education cannot happen without curriculum; stakeholder engagement is foundational in the development of curriculum (Masters et al., 2002). Clinical placements do not exist without determining the purpose of having students in a work environment, just as a

learning environment need not exist without curriculum to learn. This led to the three other areas: exploration of the broad concept of training of psychiatric nurses in Canada, stakeholder engagement, and the influence of stakeholder engagement on education. Using these three themes provided a clear view of what the literature says about stakeholder engagement and about psychiatric nursing and a potential avenue for future research.

Training Psychiatric Nursing Students

Prior to exploring what the literature stated about the training of psychiatric nursing students, some foundational information needs to be relayed. It must be understood that there are differences in the professional designations of RPN and RN. In various parts of the world, psychiatric nursing is considered a distinct profession (Karpa & Chernomas, 2013), separate from the mental health training that a RN completes. The unique profession is given the designation RPN.

Accessibility of education is changing, with advances in technology. What was once hospital-based nursing training (Tipliski, 2004), has moved predominately to in-class educational institutions with the addition of clinical placements in the communities. However, accessibility to nursing education is a major barrier for many in Canada (Butler et al., 2016). With educational institutions primarily held in urban centres, it makes attendance more challenging for rural students (Butler et al., 2006). Technology has allowed nursing schools to think outside the box and develop innovative ways for students to attend institutions closer to home (Collins, 2016). Without the connections being made in communities where satellite campuses are established, the success of the institution could be called into question (Butler et al., 2016).

Trust is the foundation of any relationship—personal or professional—and stakeholder engagement is not immune. Effective stakeholder engagement not only requires trust but also

resources to allow stakeholders to contribute in a meaningful way (Covey, 2004). It was clear throughout the literature that the biggest barrier to trust was a lack of time commitment. Without leaders taking the time to commit to change portrayed in studies, change was not possible. The leaders need to show that they buy-in to the concept of stakeholder engagement, which will lead to others following suit (Felsen & Nastanski, 2016). It is through the development of trust and the creation of a positive learning environment that students will flourish.

The final step in the education of students using this holistic method is the trial of skills in clinical placements. These placements are a partnership between stakeholders (Courtney-Pratt et al., 2015). Community-based placements “immerse students in the community in ways that are unique and meaningful to both students and the community” (Broussard, 2011, p. 43). Not only are these clinical placements provide an opportunity for students to practice newly obtained skills and allow students to solidify areas of interest for their future careers. As well as provide a chance for employers to gain a perspective of the work habit of potential employees (essentially an informal job interview) (D. Duncan, personal communication, October 20, 2019;

Thongpriwan et al., 2016). These placements are where students will be working alongside stakeholders who will be impacting the students’ approach to care for current and future patients. Working alongside mentors (i.e., stakeholders) will aid in the development of increased professionalism of frontline nurses (Scanlon & Woolforde, 2016). Mentors within a learner’s industry help them gain valuable insights and techniques ultimately leading to increased confidence and competence (Sarder, 2016).

Placements are becoming more difficult to secure for numerous reasons, such as programs vying for the same placements, worker burnout, disinterest in having students, lack of knowledge of the program and lack of preceptors. This is becoming increasingly true in acute

psychiatry where bed numbers are being decreased instead of increased (C. Hoffart, personal communication, December 12, 2019). McKinney et al. (2016) developed a solution to the shortage of placements for nursing students in this critical area. Through collaborative efforts from educators, employers and students, simulations and activities may be completed to emulate a nursing unit in a controlled environment utilizing checklists (McKinney et al., 2016). The literature reviewed for the purposes of this project did not discuss the importance of checklists for mental health nursing; instead, it focused on the importance of open communication, which is a foundation of psychiatric nursing.

Stakeholder Engagement in Training Processes and Programs

I noted that a conceptual framework was interwoven through the various qualitative studies within my literature review. Some authors described using small sample sizes in their studies, and most studies I reviewed occurred over a short period of time (Butler et al., 2016; Karpa & Chernomas, 2013; McKinney et al., 2016). Despite differences in research questions, a shared conclusion emerged. The findings revealed that while working together with many groups may be complex, it is beneficial in the end as collectively problems can be solved more effectively (Keogh et al., 2009; Leslie, 2015; McKinney et al., 2016). The common deduction from the literature was if engagement is used during training development, a stronger health care system and workforce will emerge.

The literature did not explain what would happen when stakeholders (such as student nurses, consumers, and employers) are not included in data gathering. Literature confirmed that what is currently happening is not working; however, lack of engagement was not specifically explained as the reason (Anderson et al., 2015; Broussard, 2011; Courtney-Pratt et al., 2015). It was found that increasing the engagement of stakeholders was not seen as a solution in this

humanitarian profession but recognized as a solution for business school (Felsen & Nastanski, 2016).

It was clear from the literature that the expertise of RPNs is rarely sought; however, the importance of mental health training is referenced (Horn et al., 2014; Smith & Khanlou, 2013). In most industries, specialists are recognized for their increased knowledge base in particular areas, yet this is not the case in nursing. “The contribution of psychiatric nurses is generally undervalued and poorly understood” (Morrisette, 2011, p. 596). Few authors explored how collaboration between frontline workers and others, such as academics, would benefit students, and ultimately patients. Despite the holistic approach commonly utilized in healthcare, it is not emphasized in psychiatric nursing education. Working collectively stakeholders and academia can be a unified voice for the advancement of nursing practice (Sebastian et al., 2018).

Influence of Stakeholder Engagement on Education

In a recent study, Saint Leo University, in Florida, saw the need to make changes in their institution to remain competitive and meet the diverse needs of students (Felsen & Nastanski, 2016). Leadership determined that through strengthened community engagement, such as an advisory council, a positive outcome was created for their school of business (Felsen & Nastanski, 2016). While this example is in a sector completely different than health care, parallels between nursing education and business schools are clear. Similarities can be drawn between educational institutions, regardless of the focus of the teaching, with the desire to be competitive while engaging students, producing industry ready graduates and desirable institution. Felsen and Nastanski (2016) note that the advisory council could provide “strategic planning, mission development, financial support, fundraising opportunities, relationships within the business community, student internships, curriculum and program assessment and faculty

resources” (p. 657). While these may not all transfer from business to nursing, many will, particularly in the areas of internships (or clinical placements), and curriculum assessment. The process of involvement, even indirect manners, should not be underestimated (Masters et al., 2002).


Virgoles et al. (2019) explained that stakeholder engagement is like a metaphorical zipper that joins when zipped. When the zipper is joined, all the components align together to form a strong bond, otherwise, the metaphorical zipper could result in a relationship that is not cohesive as the teeth would be operating independently. Thus, the current curriculum, where classes and clinical practicums are stand-alone entities, may not be preparing psychiatric nursing students for the workforce they will enter upon graduation (D’Antonio et al., 2013).

Historically, student consultation has been minimal during curriculum development (Anderson et al., 2015); however, Anderson et al. (2015) have suggested that valuing the voice of students may better meet their needs. McKinney et al. (2016) also acknowledged that through stakeholder engagement during curriculum development, students will transfer more seamlessly into the healthcare industry. Former students understand what they are missing as they make the shift from student to practicing nurse; they recognize the differences between the utopia presented in the textbooks and reality of being a frontline nurse (Keshk & Mersal, 2017). As Rancourt (2019) stated,

When students learn to pay attention to both critical thinking and relationships in the classroom, when they build connections to the world through inquiry-based and experiential learning and when they learn skills to engage in their research, we hope to show their chances of success – and their buoyancy –increases. (para 31)

Drawing parallels to nursing, Keshk and Mersal (2017) recognized the importance of the health care industry to provide the necessary skills and competencies for the transition of competent entry level graduates.


Other stakeholder voices include people who utilize the mental health system including caregivers. Articles about these important stakeholders within a Canadian context were lacking. However, research in the United Kingdom, a system that is often studied for trends, has acknowledged the involvement of stakeholders in psychiatric nurse education (Masters et al., 2002; Simpson, 2006). The involvement of the stakeholder voice could be provided during clinical placements, or curriculum development, and possibly during teaching or assessments (Simpson, 2006). Incorporating the voice of users and caregivers as stakeholders acknowledges their expertise, and also that educated professionals may not have all the answers (Masters et al., 2002).



Reflecting on the themes of stakeholder engagement, influence of stakeholder engagement on education and the training of psychiatric nurses in Canada, it was clear that the theme connecting these three was competency. Competency has long been the method nursing education and regulatory bodies use to provide evaluation to students graduates and practicing nurses (Gilje et al. 2007). The competencies set the standard for students during nursing education and provide the foundation for competencies in practice after graduation (Gilje et al., 2007; RPNRC, 2014). “Competencies are specific and measurable descriptions of the integrated knowledge, skills, judgements and attitudes required of the Registered Psychiatric Nurse (Verma et al., 2006 as cited in RPNRC, 2014, p. 3). Without established competencies influence and engagement of stakeholders would be redundant as there would be no training of psychiatric nurses.

Findings and Recommendations

Future action research in the use of stakeholder engagement would benefit the psychiatric nursing community by allowing for more data regarding the advantages and disadvantages. The prominence of decreasing mental health stigma lends itself to the increased need to produce curricula that meets the needs and expectations of society. This cannot be done without incorporating the perspectives of all involved stakeholders—students, educators, patients, employers and communities. Increased dialogue about questions that remain to be answered may inform decision making in the healthcare industry and specifically within mental health.

The use of reflexive inquiry throughout the research process allowed me to consider what I anticipated in the literature and compare it to what was discovered. I was able to further justify my rationale for the research methodology as I analyzed the literature and discovered trends; I— fully comprehend that my biases lay with my passions, but these enthusiasms could not be permitted to impact the findings of literature that exists (Cunliffe, 2016; Lyle, 2017; Reid et al., 2017). It was brought to light through this process that being an RPN is not only part of my lived experience but has also become part of my positionality (Lyle, 2017; Scotland, 2012). As such, being an RPN impacts interpretation of the literature as I have an unconscious bias that existed throughout the searches of literature despite efforts to eliminate bias (Reid et al, 2017).

My biases aside, this project has allowed for the opportunity to discover what the literature noted about stakeholder engagement in the field of psychiatric nursing. I was able to reflect on my course learnings about the impact of stakeholder engagement in business-related research and develop a personal belief that the same positive working relationships could be carried over into healthcare. Based on this prior knowledge, I expected to find support about stakeholder engagement. I did not anticipate being able to recognize themes that would be woven

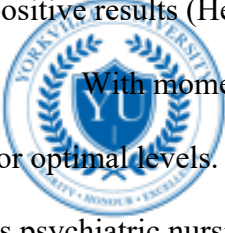
through examples of engagement and collaboration in the literature. Empowerment, buy-in and sustainability were at the forefront, while words of caution lingered in the background with a message of how to maneuver through new territory.

Empowerment, Buy-in and Sustainability in Collaboration

Empowerment, buy-in and sustainability all culminate to create a milieu which encourages productivity and the desire to succeed. The first theme that emerged through the literature review was buy-in. It was clear that people who are involved in the education of nursing students need to collaborate to work effectively together. One of the biggest obstacles can be staff (Simpson, 2006), but that does not prohibit the need to ensure the staff are involved in the process of determining change; if staff are involved in the process they are more likely to accept the change (Leslie, 2015). Staff can be interpreted as faculty, or staff of the agencies where clinical placements will occur, and it is essential that all these participants back the implementation of stakeholder engagement. As was seen in Saint Leo University, working together creates a community that provides input and support for the programs being supported (Felsen & Nastanski, 2016).

The buy-in also needs to be consistent. As recommended by Collins (2016), stakeholder involvement needs to happen more than twice a year and needs to seek input from all levels. The geographical vastness of Canada has been acknowledged as a challenge for students but can also be a challenge for stakeholders as they too will not all be in the urban centres where the educational institutions are. With the advances in technology, face to face meeting grounds are unnecessary to gather buy-in and input. Focus groups, advisory councils and surveys are only a few of a multitude of manners to integrate multiple views, all of which can be done through virtual meetings or video conferencing methods to minimize the geographical challenges.

From the creation of buy-in comes empowerment. The basis of empowerment is to develop self-purpose in people and in communities that will help to inspire being involved in a responsible and self-motivating manner (Lencioni, 2013). Stakeholder engagement can be empowering on many levels. Students, faculty, clinical preceptors, and future employers can all be empowered from the collaboration that stakeholder engagement could bring to nursing. Each stakeholder brings differing opinions to the table and while not all can be included into decision making, there is value in hearing the opinions (Anderson et al., 2015). To truly utilize a holistic approach to care, each opinion needs to be heard and valued. When people openly share their opinions in a safe collaborating environment, they become a valuable member of the team, leading to empowerment. Being a valued part of the team creates momentum to succeed and see positive results (Herway, 2017).




With momentum from empowerment comes the desire to continue to improve and reach for optimal levels. There may be a shortage of nurses that want to work in specialized areas, such as psychiatric nursing, but that does not give reason for those involved in the field to lose momentum and negate on their profession (Thongpriwan et al., 2015). Thus, creating empowerment through stakeholder engagement creates energy to advocate for the specialized profession that is minimally recognized across Canada. This feeds into the area of curriculum development.

Stakeholder Impact on Curriculum Development

Without an outline of what is going to be taught, or curriculum, the understanding of what will be taught, or learned, is unclear. Through conducting this research project, it was clear that stakeholders need to have participation prior to the classroom and clinical setting. When there are various people from various aspects of healthcare involved in psychiatric nursing

curriculum development, it is possible to create a program that is ideal for producing graduates who are ready to work in the healthcare industry. “The traditional approach to curriculum development involves developing curriculum and then consulting with stakeholders, while more contemporary approaches require collaborative agreements with targeted stakeholders as part of the development process” (Keogh et al., 2010, p. 37). Through stakeholder engagement, a collection of knowledge sharing could occur. Frontline workers will be able to share what is needed to be an efficient worker with students and graduates in addition to sharing what they feel is missing from the skillset of graduates. Managers will be able to offer perspective on what they are looking for in potential employers; patients can share their perspective of qualities of an ideal nurse and students can provide their viewpoint on the appropriateness of the theory they are learning. Gathering this information will aid clinical faculty and preceptors when taking students into the field.



Students recognize that a positive learning involvement is one that involves a team that provides learning opportunities; valuable learning opportunities prepare graduates to be the best they can be. Students understand the value of being able to provide feedback and for them, it is empowering — valuing their voice in curricula helps to meet the needs of future students (Anderson, 2015).

A novice learns a job little by little by watching an experienced person do the work, asking questions, trying it, getting feedback, and trying it again. Overtime, the new person gains the knowledge and experience to the job on his *[sic]* own. (Sarder, 2016, pp. 109–110)

Knowing that the students are stakeholders in their education, their feedback on the learning environment is important and cannot be ignored.

Finally, sustainability emerged as a prominent theme throughout the literature.

Stakeholder engagement may be a viable option needed to create a strong profession of RPNs in western Canada. Without sustaining this unique profession, it could be assumed that the profession will no longer exist and will be absorbed by RNs. After social, political and economic challenges, not to mention differences in regulatory bodies, sustainability has been at the forefront of RPNs. They do not want to lose the distinction they have worked hard to maintain.

As evidenced by Felsen and Nastanski (2016), sustainability of change is possible with consistent stakeholder engagement. However, sustainability cannot be achieved without buy-in and empowerment (Horn et al., 2014; Leslie, 2015). The three themes working together produce a way of developing a learning environment that will ensure longevity for psychiatric nursing; however, it is not without shortcomings. Just as being aware of biases are important in research, being mindful of shortcomings in change will help to make the transition less troublesome.

While the literature review demonstrated the benefits of engagement with multiple stakeholders, it also served as a cautionary tale about the challenges that may arise along the way. It was evident that buy-in was essential to success yet posed the largest challenge. Without strong leadership that which models the benefits, stakeholder engagement will not be a reality. It is not leadership that can encourage participation and then watch from the sidelines, but rather leadership which continually needs to work to ensure participants see the value in partaking in such a venture (Nahavandi, 2015).

Collins (2016) alluded to a caution that stakeholder participation cannot be only periodic, it needs to occur regularly for impactful change. Time, organization and planning to implement are required to make a change in any aspect of life; thus, making changes in theory context would be no different. As much as we desire to implement changes based on feedback from

others, there are processes to go through to implement change to in educational theory. Just as it takes time to implement change using the care-plans developed for patients; time to make the changes in educational institutions must be considered. Thus, to ensure beneficial change will occur, stakeholders should meet regularly for discussions and planning.

No direct plan for establishing stakeholder engagement was outlined in the literature. However, it was suggested that stakeholders from a variance in backgrounds be sought (Anderson et al., 2015; Keogh et al., 2010; Master et al., 2002; Simpson, 2006). While it was clear that working with groups of people takes time, it was not clear how much time may be needed to invoke change. Further complicating this is the possibility of stakeholder turnover within the core group. This could easily cause delays and result in a longer process as new members need to be informed on what is happening. However, if leaders offer the buy-in to potential stakeholders in a manner that is enticing, while creating empowerment and then sustainability, it is hopeful that the stakeholder turnover will minimize.

Relationships with stakeholders need to be established, maintained and enhanced for the realization of producing students who are prepared to work in the healthcare industry. McKinney et al. (2016) proposed the use of checklists as a component of their solution to producing competent nursing graduates, which does not align with my training or practices. It is common discussion among frontline nurses that RNs have a checklist to complete and psychiatric nurses are more “touchy feely” as they explore patient’s feelings. Here I submit to a bias in agreeing with this common point of view that is founded both in my training and career experiences. However, I consider psychiatric nursing to be more than completing a checklist, translating that to incorporating the voice of stakeholders with more than a tick box. Holistic care cannot be achieved if we are only trying to complete a checklist. Patients and caregivers should have the

opportunity to share their feelings and experiences. Holistic care is treating the person as a human being, not as an accomplishment.

Psychiatric Nursing in Canada

A topic came to light throughout the research that I was aware of but did not acknowledge as an area of concern before beginning the project. The division of professional designations of nursing in Canada is now even more evident after exploring literature. As a practicing nurse, it is easy to feel the conflict that exists between RN and RPNs—as each group is passionate about their regulatory body and areas of expertise. With little known about the history of psychiatric nursing, it is difficult to determine the future of the profession east of the Manitoba and Ontario border and the two remaining territories. While other parts of the world have a mental health sub-specialty of general nursing, most receive the credentials upon completion of a post-degree diploma or a master's degree (CNA, 2018; M. Roberts, personal communication, March 2018). In Western Canada, acknowledgment of the completion of psychiatric nursing education is with the presentation of either a diploma or a baccalaureate degree. Saskatchewan is the only province where a student can achieve a Diploma of Psychiatric Nursing, while all other western provinces offer the baccalaureate option (J. Thomson, personal communication, April 17, 2019). Upon completion of the initial education, students are qualified to write the Registered Psychiatric Nurses of Canada Examination (RPNCE). This national examination ensures that graduates meet the entry-level competencies and safety to practice in the jurisdictions previously mentioned and are eligible to become licenced as an RPN (RPNAS, 2016). Should students choose not to write the registration examination, they cannot use the post-nominal letters (i.e. RPN) (RPNAS, 2016).

Although the history of psychiatric nursing in Canada is not commonly known (Tipliski, 2004), an explanation to understand that differences in nursing education do exist across the country is necessary. It appears that the divide along the Manitoba-Ontario border became engrained in the mid-1950s after a dispute between leaders of Canadian nursing and psychiatrists over the control of educating psychiatric nurses (Tipliski, 2004). Not surprisingly, from the creator of universal health, the profession was born under the leadership of Premier Tommy Douglas, who was influential in making changes to the healthcare industry. Tipliski (2004) explained that Dr. McKerracher, a psychiatrist from Ontario, was appointed by Premier Douglas, to reform mental health care in Saskatchewan. It was Dr. McKerracher who decided to create a curriculum that would eventually graduate psychiatric nurses after the passing of the Psychiatric Nurses Act in 1948. In essence, this gave birth to a distinct profession in Saskatchewan (Tipliski, 2004).

Ongoing political and education divide continues to exist, despite the universal acknowledgement that mental health is at the forefront in healthcare. The distinction between the two nursing designations, RPNs and RNs, is tangible and real as there was no mention of the two professions in the same articles. However, the Canadian Nurses Association (CNA), founded in 1908, appears to be attempting to decrease the division as they began to accept membership applications from RPNs as of June 18, 2018 (Canadian Nurses Association, 2018). Acceptance is a step forward in recognition of the distinct profession across Canada.

It is easier for an RN to receive further education opportunities than it is for an RPN (Morrisette, 2011). Further education is available for RPNs interested in completing their baccalaureate or master's degrees, specializing in psychiatric nursing. However, it is not possible

to obtain a Doctorate in Psychiatric Nursing from a Canadian post-secondary institution (Morrisette, 2011), while an RN can achieve a Doctorate in Nursing.

The recognition of an RPN in Canada is lesser than that of an RN. As a result of this, there is a decrease in the portability of employment opportunities for RPNs as not all provinces have regulatory bodies (Morrisette, 2011). These barriers create a challenge in ensuring employment and representation of faculty who are also RPNs. However, with mental health being at the forefront of many sectors, it can be assumed that the need for psychiatric nursing is increasing rather than diminishing.

Recommendations

After reflecting on the literature and contemplating the research questions posed, I have concluded that stakeholder engagement is a beneficial investment between healthcare and nursing academia. It takes hard work to make changes in any organization and to involve the opinions of stakeholders is no small feat (Leslie, 2015). However, the involvement of stakeholders appears to bring added value to the working environment (Leslie, 2015). More specifically, the involvement of stakeholders in the education processes may allow for an alignment of education and frontline practices. This working relationship could help to ensure that graduating students meet the competencies for beginning their practice as registered psychiatric nurses. Essentially, the valuable interdisciplinary teams that work in healthcare need to be replicated in nursing education through collaboration with appropriate stakeholders.

Reflection has magnified an area of concern I have had with healthcare in Canada for quite some time, namely, the disconnect between nursing regulatory bodies across Canada. My bias clearly lies with psychiatric nursing and the importance of mental health; however, it bothers me that there appears to be a disregard for RPNs east of the Manitoba/Ontario border. In

a time when mental health is at the forefront of many discussions and can no longer be ignored, the professional expertise and input of RPNs is overdue and underutilized. Now is the time to explore what collaboration would look like between RNs and RPNs across Canada. Not only would this bring a new level of specialized nursing to Canadians, but it would also potentially improve patient care. This is an idea that needs to be further explored as it is a change that will take considerable time to implement.

Conclusion

Hally (2007) compares healthcare to biology by stating, “Gardeners don't stand over their plants and tell them to grow. They create an environment that encourages the plants to grow on their own, anticipating and eliminating impediments to growth. Similarly, instructing people to become more committed is not an effective way to drive organizational change” (para 2). This quotation demonstrates that to create a beautiful garden, many individuals need to come together. The same holds in education, particularly nursing education. Relationships with stakeholders need to be established, maintained and enhanced for the realization of the production of students who are prepared to work in the healthcare industry.

Upon reflection of the application of a holistic approach in education, I have uncovered the disconnect between stakeholders, educational institutions, and psychiatric nursing program development within the literature review. Until I began to explore the impact of collaboration, I only wondered how the process could be improved to ensure the teachings of the psychiatric nursing program aligns with what is happening in the practicing sectors of nursing. I noticed that generally speaking, the nursing profession uses a collaborative, multidisciplinary approach to achieve holistic care with patients; however, I wonder if psychiatric nursing education could accomplish the same. In my role as a faculty member in a post-secondary institution, I see how

the principle of holistic health may apply in preparing students to work in healthcare, especially when examining student development. Educational institutions produce nursing students to meet the demands of the healthcare industry. Education and research move knowledge forward by discovering best practices. By training RPNs with the most current research in education and nursing, it will ensure our healthcare is evolving. Communication is the foundation of healthcare (Crawford & Brown, 2010) and ensures that the utilization of a holistic approach in the development of nursing students (Saskatchewan Polytechnic, 2019). Effective communication equates to stakeholder engagement.

Throughout this process, I was intrigued to discover how stakeholder engagement affects the education of future psychiatric nurses. The implementation of stakeholder engagement in education, provided it is encompassing of multiple stakeholders, was supported by the literature—reviewed during this process. Opportunities should be given to students, caregivers, faculty, managers, and clinical preceptors to participate in engagement that looks to advance the specialized profession of psychiatric nursing.

Overall, answers to the research questions were found. I have determined that stakeholder engagement does have an impact on clinical placements as relationships are developed between clinical organizations as well as educational institutions. These partnerships should create a favourable learning milieu for students, motivating them to seek learning opportunities to ensure they are graduating as competent nurses.

In closing, psychiatric nursing is a profession that utilizes a holistic approach to care, ensuring the mind, body and spirit are treated cohesively (Saskatchewan Polytechnic, 2019). To achieve the holistic approach that nursing requires, it must begin with the education of future RPNs. Like a puzzle coming together, stakeholder engagement allows for connections between

integral pieces creating a holistic approach to psychiatric nursing education that will produce competent graduates. Sustainability will be designed with the buy-in and empowerment of stakeholders (Leslie, 2015). Over time, sustainability will create a change in the development of a curriculum that will produce graduate nurses who are competent in care. Essentially, as educators, we need to deliver the best nurses possible to meet the ever-growing mental health needs of society and, ultimately, of each patient who needs care.



YORKVILLE
U N I V E R S I T Y

References

- Ajmal, M., & Lodhi, S. A. (2015). Exploring organizational consciousness: A critical approach towards organizational behavior. *Pakistan Journal of Commerce & Social Sciences*, 9(1), 202–217.
- Anderson, J. K., Croxon, L., & McGarry, D. E. (2015). Identifying student knowledge and perception of what is valuable to professional practice: A mixed method study. *Nurse Education Today*, 35, 1240–1245. <http://dx.doi.org/10.1016/j.nedt.2015.04.007>
- Bell, J., & Waters, S. (2018). *Doing your research project: A guide for first-time researchers* (7th ed.). McGraw-Hill Education Open University Press.
- Brookfield, S. (2017). *Becoming a critically reflective teacher*. Jossey-Bass.
- Broussard, B. (2011). The bucket list: A service-learning approach to community engagement to enhance community health nursing clinical learning. *The Journal of Nursing Education*, 50(1), 40–43. doi:10.3928/01484834-20100930-07
- Butler, L., Bullin, C., Bally, J., Tomtene, M., & Neuls, E. (2016). Learn where you live, teach from a distance: Choosing the best technology for distributed nursing education. *Northern Review*, 43, 39-49.
- Canadian Nurses Association. (2018). *Canadian Nurses Association members vote in favour of representing all members*. Retrieved February 22, 2020, from <https://www.cna-aiic.ca/en/news-room/news-releases/2018/cna-members-vote-in-favour-of-representing-all-nurses>
- Collins, J. C. (2001). *Good to great: Why some companies make the leap ... and others don't*. Harper Business.

Collins, J. (2016). *2016 Program Review Final Report August 30, 2016*. Saskatchewan Polytechnic.

Cornwall, A. (2008). Unpacking “participation”: Models, meanings and practices. *Community Development Journal: An International Forum*, 43(3), 269–283. doi:10.1093/cdj/bsn010

Covey, S. R. (2004). *The 7 habits of highly effective people: Restoring the character ethic*. Free Press.

Courtney-Pratt, H., Ford, K., & Marlow, A. (2015). Evaluating, understanding and improving the quality of clinical placements for undergraduate nurses: A practice development approach. *Nurse Education in Practice*, 15, 512–516.

<http://dx.doi.org/10.1016/j.nepr.2015.07.002>

Crawford, P., & Brown, B. (2011). Fast healthcare: Brief communication, traps and



opportunities. *Patient Education and Counseling*, 82(1), 3–10.

<https://doi.org/10.1016/j.pec.2010.02.016>

Cunliffe A. L. (2016). On becoming a critically reflexive researcher. *Journal of Management Education*, 40(6), 747–768. doi:10.1177/1052562916674465

D’Antonio, P., Brennan, A., & Curley, M. (2013). Judgement, inquiry, engagement, voice:

Reenvisioning an undergraduate nursing curriculum using a shared decision-making model. *Journal of Professional Nursing*, 29(6), 407–413.

doi:10.1016/j.profnurs.2012.10.003

Economic and Social Research Council. (2013). *The research ethics guidebook: A resource for social scientists*. Retrieved November 2, 2019, from <http://www.ethicsguidebook.ac.uk/>

- Felsen, D., & Nastanski, M. (2016). The process of stakeholder engagement: The case of establishing advisory councils at a school of business. *International Journal of Arts & Sciences*, 9(4), 655–667.
- Fischer, C. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, 19(4-5), 583–590. doi:10.1080/10503300902798375
- Gilje, F., Klose, P., & Birger, C.J. (2007). Critical clinical competencies in undergraduate psychiatric-mental health nursing. *The Journal of Nursing Education*, 46(11), 522–526.
- Hally, S. (2007). How does your garden, er, hospital grow? *Canadian Healthcare Manager*, 14(6), 5.
- Herway, J. (2017, December 7). How to create a culture of psychological safety. *Gallup Workplace*. Retrieved January 29, 2020, from <https://www.gallup.com/workplace/236198/create-culture-psychological-safety.aspx>
- Horn, M., Rauscher, A., Ardiles, P., & Griffin, S. (2014). Mental health promotion in health care setting: Collaboration and engagement in the development of a mental health promotion capacity-building initiative. *Health Promotion in Practice*, 15(1), 118–124. doi:10.1177/1524839913480179
- Johns, G., & Saks, A. (2017). *Organizational behaviour: Understanding and managing life at work* (10th ed.). Pearson Canada.
- Karpa, J., & Chernomas, W. (2013). Nurse educators' perspectives on student development of reflection for psychiatric mental health nursing practice. *International Journal of Nursing Education Scholarship*, 10(1), 185–194. doi:10.1515/ijnes-2012-0040

- Keogh, J., Fourie, W.J., Watson, S., & Gay. H. (2010). Involving the stakeholders in the curriculum process: A recipe for success? *Nurse Education Today*, 30(1), 37–43.
doi:10.1016/j.nedt.2009.05.017
- Keshk, L. I., & Mersal, F. A. (2017). Assessment of graduate nurses' entry level competencies: Expectations of faculty members versus nurse managers. *American Journal of Nursing Research*, 5(1), 1–12. doi:10.12691/ajnr-5-1-1
- Kivunja, C., & Kuyini, A.B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5), 26–41.
doi:10.5430/ijhe.v6n5p26
- Leslie, K. (2015). *The politics of authentic engagement: Perspectives, strategies, and tools for student success*. Rowman and Littlefield.
- Lencioni, P. (2013). Building a healthy organization. *School Administrator*, 70(2), 39–43.
<http://search.proquest.com/docview/1352320854/65B5DD31DCC14B4CPQ/1?accountid=142373>
- Lexico. (n.d.). Holistic. In *Lexico Powered by Oxford*. Retrieved April 25, 2020, from <https://www.lexico.com/en/definition/holistic>
- Lyle, E. (2017). *Of books, barns, and boardrooms: Exploring praxis through reflexive inquiry*. Sense.
- Mack, L. (2010) The philosophical underpinnings of educational research, *Polyglossia* (Vol. 19). Ritsumeikan Asia Pacific University, Japan.
- Malhotra, D. (2011). *I moved your cheese* [Audiobook]. Berrett-Koehler.

- Masters, H., Forrest, S., Harley, A., Hunter, M., Brown, N., & Risk, I. (2002). Involving mental health service users and carers in curriculum development: Moving beyond 'classroom' involvement. *Journal of Psychiatric and Mental Health Nursing*, 9(3), 309–316.
- Matthes, S. (2018). Approaching mental health. *HR Saskatchewan*. Retrieved April 25, 2020, from <https://www.nxtbook.com/naylor/SAHB/SAHB0218/index.php#/p/14>
- McKinney, S., Tavakoli, A., & Herman, J. (2016). PsyConnect: Constructing layered engagement for optimal learning in clinical education. *The Journal of Nursing Education*, 55(9), 541–543. doi:10.3928/01484834-20160816-10
- Morrisette, P. (2011). Recruitment and retention of Canadian undergraduate psychiatric nursing faculty: Challenges and recommendations. *Journal of Psychiatric and Mental Health Nursing*, 18(7), 595–601. doi:10.1111/j.1365-2850.2011.01708.x
- Nahavandi, A. (2015). *The art and science of leadership* (7th ed.). Pearson Education.
- Onwuegbuzi, A. J., & Frels, R. (2016). Chapter 3: Methodology of the literature review. In *Seven steps to a comprehensive literature review: A multimodal and cultural approach* (pp. 48–63). Sage.
- Rancourt, D. (2019, July 9). How universities can really help PhD grads get jobs. *The Canadian Press*.
- Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). (2016). *RPNCE study guide*. Retrieved February 20, 2020, from www.rpnas.com/rpnce-study-guide/
- Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). (2013). *The registered psychiatric nurse scope of practice*. Retrieved January 22, 2020, from <https://www.rpnas.com/wp-content/uploads/Scope-of-Practice.pdf>

Registered Psychiatric Nurse Regulators of Canada (RPNRC), & Registered Psychiatric Nurses

Association of Saskatchewan. (2014). *Registered psychiatric nurse entry-level competencies*. Retrieved May 18, 2020, from <https://www.rpnas.com/wp-content/uploads/RPNAS-Entry-Level-Competencies.pdf>

Reid, C., Greaves, L., & Kirby, S. (2017). *Experience, research, social change: Critical methods* (3rd ed.). University of Toronto Press.

Rowe Kaakinen, J., Padgett Coehlo, D., Steele, R., Tabacco, A., & Harmon Hanson, S. M.

Family health care nursing: Theory, practice and research (5th ed.). F. A. Davis.

Sarder, R. (2016). *Building an innovative learning organization: A framework to build a smarter workforce, adapt to change, and drive growth*. Wiley.

Saskatchewan Polytechnic. (2019). *Student practice education guide 2019–2020*. School of Nursing, Psychiatric Nursing Diploma Program.

Scanlon, K. A., & Woolforde, L. (2016). Igniting change through an empowered frontline: A unique approach centered on staff engagement, empowerment, and professional development. *Nurse Leader*, 14(1), 38–46.

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, 5(9), 9–16.

<http://dx.doi.org/10.5539/elt.v5n9p9>

Sebastian, J., Breslin, E., Trautman, D., Cary, A., Rosseter, R., & Vlahov, D. (2018). Leadership by collaboration: Nursing's bold new vision for academic-practice partnerships. *Journal of Professional Nursing*, 34, 110–116. doi:10.1016/j.profnurs.2017.11.006

Simpson, A. (2006). Involving service users and carers in the education of mental health nurses.

Mental Health Practice, 10(4), 20–24. doi:10.7748/mhp2006.12.10.4.20.c7864

Smith, M., & Khanlou, N. (2013). An analysis of Canadian psychiatric mental health nursing through the junctures of history, gender, nursing education, and quality of work life in Ontario, Manitoba, Alberta, and Saskatchewan. *ISRN Nursing*, 184024.

doi:10.1155/2013/184024

Thongpriwan, V., Leuck, S. E., Powell, R. L., Young, S., Schuler, S. G., & Hughes, R. G.

(2015). Undergraduate nursing students' attitudes toward mental health nursing. *Nursing Education Today*, 35, 948–953. <http://dx.doi.org/10.1016/j.nedt.2015.03.011>

Tipliski, V. (2004). Parting at the crossroads: The emergence of education for psychiatric nursing in three Canadian provinces, 1909–1955. *Canadian Bulletin of Medical History*, 21(2), 253–279.

University of Southern California (USC). (2019). Organizing your social sciences research paper: Types of research designs. In *USC Libraries Research Guides*. Retrieved October 19, 2019, from <http://libguides.usc.edu/writingguide/researchdesigns>

Virgolesi, M., Marchetti, A., Pucciarelli, G., Biagioli, V., Pulimeno, A. M. L., Piredda, M., & De Marinis, M. G. (2019). Stakeholders' perspective about their engagement in developing a competency-based nursing baccalaureate curriculum: A qualitative study. *Journal of Professional Nursing*. <https://doi.org/10.1016/j.profnurs.2019.09.003>