Mental Health Nursing Role Models
What Is Valued?

Although editorials generally do not rely on a study conducted by the guest editorial author, this one does. We conducted this small study because role models are an important aspect of one’s professional development, regardless of career stage. Positive role models can have a constructive influence on students and colleagues by providing encouragement toward learning and professional development. Indeed, Armstrong (2008) argued that role models have an important responsibility to be “gatekeepers” to learning. However, it is not clear what frontline mental health nurses think about role models. In this study, interview rounds were conducted in a large inpatient mental health center to canvass opinions from mental health nurses to ascertain the qualities they value in role models. Performing such rounds enabled a data collection approach that was convenient for participants and caused minimal disruption to the busy clinical environment (Lee & Manley, 2008).

The study was approved by the executive of the hospital Human Research Ethics Committee, and reciprocal approval was given by the university Human Research Ethics Committee. The setting was a large mental health center in Sydney, Australia. During a 3-week period in August-September 2010, an experienced mental health nurse conducted several rounds of all adult inpatient units three to four times per week until a sample of 50 was achieved. The researcher randomly approached staff, stated the purpose of the study, and invited nurses to participate. The face-to-face interview was voluntary and ranged in length from 15 to 30 minutes; no identifying information was recorded on the standard form used to note comments verbatim.

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All participants were asked the question, “What qualities do you value in a role model?” Transcripts were coded, reviewed, and categorized by the authors (M.C. and M.D.) to identify recurring issues that reflected the views of the participants (Ryan & Bernard, 2003). A more detailed account of the study and findings related to continuing professional development can be found in Cleary, Horsfall, O’Hara-Aarons, Jackson, and Hunt (in press).

FINDINGS
A total of 50 interviews were completed. Participants primarily highlighted the importance of observable interactional skills and their impact on both themselves and their patients. These observed skills were associated with attitudes that the participants assumed effective role models possessed; thus, observed behavior was understood as symbolic of individual motivation toward their work performance (Rock, 2001). Positive underlying attitudes were described as having empathy and compassion for all others within the setting. These personal qualities were further understood to be layered into an occupational persona: Effective role models are not merely “good, moral people”; they can use these attributes to positive effect in their work as mental health nurses. This association was described as being professional, knowledgeable, qualified, enthusiastic, therapeutic, motivated, positive, friendly, confident, experienced, flexible, and concerned with best practice. These personal and occupational attributes were symbolized to participants by many observable actions: Positive role models were witnessed in real-life practice to be consistently understanding, consid-
erate, kind, respectful, and supportive of others. These attributes extended to both patients and colleagues. They were observed to be willing to engage in these interactions and demonstrated them concretely by being good communicators and listeners who were good at quick rapport building. Participants commented particularly on their ability to work collaboratively as part of a team, and some valued their leadership skills. Value was placed too on humor and good judgment and on their skills in limit setting. Several participants referred to the characteristic of common sense.

**DISCUSSION**

The research question that facilitated the emergence of these data was easily grasped by our respondents. The notion of a role model clearly had instant salience for them, and this appears to indicate tacit acceptance that role models are pivotal for work-based, lifelong learning. Knight (2002, p. 229) persuasively argued that it is within effective “communities of practice” that continuing professional development takes place, so we argue that positive role models are one of the elements that make up these effective communities.

Our findings resonate with earlier work by Hummelvoll and Severinson (2001), who reasoned that role models were important for nurses in terms of “support and professional stimulation, to maintain courage and optimism in the nurse-patient relationship and in their capacity to improve the therapeutic milieu” (p. 160). Respondents identified a need for teamwork and collaboration, along with dependable respect for each others’ skills, all of which is consistent with other published research (Delaney & Johnson, 2006). This learning from others was acknowledged via experience and teamwork—important qualities for role models. When these aspects of learning are linked to nurses’ other attributes, such as negotiation, communication, and people and management skills, they show the personal process of professional development and learning that nurses experience (Munro, 2008). Perry’s (2009) study concluded that an optimistic attitude was fundamental to being an exemplary role model. This can be a tough challenge on the difficult days that we all experience, but it is one we have to embrace if we want to be such a professional person. Knight (2002) contended that the evidence for the effectiveness of positive role modeling is so strong that continuing professional development should incorporate how to “be a role model” (p. 237), a perspective to which this study adds further weight.

As with all studies, there are strengths and limitations. The strengths include the ability to ascertain feedback discreetly with the ultimate aim of highlighting the qualities of role models. Limitations include not being able to explore the views of participants in greater depth, the focus on solely an inpatient setting, and the fact that the study is relatively small scale in nature.

**CONCLUSION**

Our findings highlight that there was value in undertaking interview rounds as a means of obtaining a timely overview of mental health nurses’ perspectives on the qualities they value in a role model. Participants understood the observed behavior of their role models as evidence of a positive professional persona, whereby mental health nurses practice specific, in-context skills on the basis of a humane and moral attitude. In light of the above findings highlighting attributes mental health nurses value in their role models, it is timely to reflect on one’s own role-modeling skills and seek out ways to improve such skills to create an environment that supports applied experiential clinical learning, teamwork, professional practice development, leadership, and patient-centered care.

**REFERENCES**


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