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### ► To cite this version:

Croguennec Damien, Darras-hostens Marion, Sebbane Deborah, Morgiève Margot. Professional identity and representations of advanced practice nurses specializing in psychiatry and mental health: A national study. *International Journal of Mental Health Nursing*, 2024, 10.1111/inm.13273 . hal-04423147v2

**HAL Id: hal-04423147**

**<https://u-paris.hal.science/hal-04423147v2>**

Submitted on 29 Jan 2024

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# Professional identity and representations of advanced practice nurses specializing in psychiatry and mental health: A national study

Croguennec Damien<sup>1,2</sup>, Darras Marion<sup>3</sup>, Sebbane Deborah<sup>3,4</sup>, Morgiève Margot<sup>5</sup>.

<sup>1</sup>Pôle 94g16, Hôpitaux Paris Est Val-de-Marne, 12/14 rue du Val d'Osne 94410 St Maurice, <sup>2</sup>Université Paris Cité, Villemin, 10 avenue de Verdun, 75010 Paris, <sup>3</sup> WHO Collaborating Centre for research and training in mental Health, EPSM Lille-Métropole, 221 rue Roger Salengro, 59260 Hellemmes, <sup>4</sup>Université Paris Cité, ECEVE, UMR 1123, Inserm, Paris, France, <sup>5</sup> Inserm-Cermes3, Université Paris Cité, 45 rue des Saints-Pères, 75006 Paris.

## Abstract

**Introduction:** Advanced-practice-nurses constitute a new professional group within the French health care system. Advanced-practice-nurses specialize in one of five disciplines including Psychiatry/Mental-Health. This specific discipline is strongly marked by stigmatizing representations by healthcare users and other health professionals (including other advanced-practice-nurses), whose consequences have a deleterious effect.

**Objective:** The aim was to highlight all advanced-practice-nurses representation of Psychiatry/Mental-Health advanced-practice-nurses.

**Method:** An observational descriptive survey, based on an anonymous online questionnaire was conducted in April 2022 among qualified and student advanced-practice-nurses from the five specialist disciplines.

**Results:** 356 advanced-practice-nurses completed the survey questionnaire. No significant difference in stigmatizing representations of Psychiatry/Mental-Health advanced-practice-nurses versus other advanced-practice-nurses was observed. Only 3.3% of other advanced-practice-nurses thought that Psychiatry/Mental-Health advanced-practice-nurses are often "strange". Psychiatry/Mental-Health advanced-practice-nurses and other advanced-practice-nurses appeared to have similar representations of the professional roles of advanced-practice-nurses in general and of advanced-practice-nurses APN specifically.

**Discussion:** Unlike other professionals in the psychiatric field (e.g., medical interns, nurses), very little stigmatization of Psychiatry/Mental-Health advanced-practice-nurses by their colleagues (i.e., other advanced-practice-nurses) was observed. This could be partly due to the fact that advanced-practice-nurses professional identity appeared to be built collectively around the concept of advanced practice.

**Conclusion:** Advanced-practice-nurses constitute a professional group that is fully involved in contemporary transformations in care and organizational innovation. The very low level of stigmatization of Psychiatry/Mental-Health advanced-practice-nurses by other advanced-practice-nurses in our study suggests that these new healthcare actors could play a crucial role in the improvement of professional health practices, particularly in terms of improved coordination between psychiatric-care and physical-care.

**Key words:** Advanced-practice-nurse; professional role; social identification; mental health; professional identity.

*241/ 250 words*

## INTRODUCTION

Since its introduction in the 1960s in the United States and Canada, advanced-practice nursing has developed gradually throughout the world in response to the changing needs of populations. There are currently 60 countries where advanced-practice-nurses (APN) are employed (Schober and Affara, 2006). In 2010, an estimated 330,000 APN were working in 12 Organisation for Economic Co-operation and Development (OECD) member countries (OECD, 2010). In France, the 2016 law on the modernization of the healthcare system legalised advanced practice for all medical assistants. Two years later, in 2018, APN specializing in Stabilized-Chronic-Pathologies (SCP), Oncology and Hemato-Oncology (OHO), Chronic-Kidney-Disease, dialysis and renal-transplantation (CKD) were officialised. In 2019, APN in psychiatry/mental-health (PMH) were added to this list. The most recent addition are APN in emergency-departments (ED), introduced in 2022. APN training consists in a two-year university course, leading to a state diploma with a recognised Master's degree. In the first year, all students follow a common programme; in the second year, they take specialist courses according to their chosen discipline. During the first year there is a mandatory nursing internship. For this internship, student advanced-practice-nurses (APNS) are encouraged to choose a field different from the one they initially indicate as their preferred choice. The motivation behind the common training programme in the first year is to create a homogeneous group and to foster interactions between student APN (APNS hereafter) irrespective of their definitive specialisation choice in the 2<sup>nd</sup> year. The first APNS classes started in 2018 and the first APN graduates started working in September 2019. Since then, APN have formed a new professional group in the French healthcare system.

The issues which inform how advanced practice nursing is and will be implemented in France are constantly evolving. They are determined by changes in i) people's needs, ii) the realities of the clinical environment (e.g., imbalances in the supply of care, population aging, chronic diseases, and evolution of care techniques (screening and therapeutics)), and iii) paramedical professions (e.g., need for recognition, request for career advancement, and the issue of malaise in terms professional self-identity) (Bohic and Josselin, 2021; Jovic et al., 2009). Identifying and pooling the representations of the different actors involved in advanced practice nursing makes it possible to reach consensus, avoid misunderstandings, dispel any doubts about this relatively new area in healthcare management (Aguilard et al., 2017), and identify obstacles to its implementation. Representations are systems of values, ideas and practices (Moscovici, 1981). They shape expectations and anticipations, playing a crucial role in knowledge construction, development, and sharing within a social or professional group (Danermark et al., 2014). Studying them allows us to understand attitudes and perspectives of a professional group (Jodelet, 2003). Research to date suggest that the role of APN is unclear and is often misunderstood both for APN themselves and for other health professionals (Aghnatios et al., 2021). APN may be perceived as a competitive threat by the latter (Aghnatios et al., 2021; Schwingrouber et al., 2021), all the more so given that the professional identity of this new paramedic group is still unclear. Indeed, this lack of clarity stems from a historical reality in France where the professional identity of nurses in general is often looked at in sociological studies through the prism of their dependence on the medical profession (Feroni, 2000). Accordingly, the goal of asserting themselves as a social group and sharing a common identity is

difficult for nurses in France (Perrenoud and Sainsaulieu, 2018). The process of constructing an emerging professional identity involves training, which is the time needed for the individual to integrate new skills and socio-professional representations (Frayse, 2002). The introduction of APN in France and the construction of nursing as a scientific and academic field shows the determination by the nursing community to achieve this goal (Jovic and Poisson, 2008; Lecordier et al., 2018).

Professional identity is a particularly sensitive issue for nurses working in psychiatry (Buteau, 2008). Linked to the scope of knowledge, this healthcare group's professional identity has been shaped not only by various reforms in training but also by the managerial-budgetary evolutions in the French public hospital system (Boiteau and Baret, 2016; Mougeot, 2019). PMH APN could play a central role in the coordination of complex psychiatric and mental health care pathways. These pathways are marked in particular by the need to care for physical comorbidities (Tyerman et al., 2021); this requires close coordination between psychiatry and other disciplines.

All APN, irrespective of their discipline, are involved in the care of people living with mental health disorders, and this implicitly involves collaborating with PMH APN.

Psychiatry is a discipline that has been progressively quitting by nurses everywhere. In their 2007 study, Chevallier and Dunezat highlighted that 82% of nurses in France had never worked in psychiatry and 88% had no intention of working in the field (Chevallier and Dunezat, 2007). A recent systematic review of the literature showed that the main reasons for this unpopularity are stigmatizing representations of persons with mental health disorders and related prejudices (Bujold et al., 2020). Stigma was conceptualized by Ervin Goffman as any disqualifying attribute that prevents full acceptance by society (Goffman, 1963). It is defined above all through the gaze of others, and in relation to a norm. Any person who deviates from this norm can be stigmatized. Stigmatization is a source of rejection, exclusion and suffering for those subjected to it. It is presented as a profound experience of discredit and feelings of devaluation (shame, inferiority) which generates social isolation (Davidson, 2002). Relatives, close friends and health professionals in regular contact with a stigmatized person may also be affected, less intensely, by stigma. Goffman defines this phenomenon as “associative” or “courtesy” stigma (Goffman, 1963b).

Stigma is a phenomenon observed in several fields of medicine (Bischel and Conus, 2017) but people living with mental health disorders are especially subject to it. Negative representations of mental health are widely shared in different social groups (Surault, 2021). Moreover, among mental health users of the care system, stigma adds to the already wide range of disorder-related problems which they face on a daily basis, acting as a source of suffering (Hamilton et al., 2016). Among professionals, stigma and policy directions chosen in relation to mental health are among the ten most cited sources of professional stress (Schulze, 2007). It also systemically negatively impacts access to care for people living with mental health disorders. Timely patient care initiation is fundamental if care systems are to work. However, for people with psychiatric disorders, access to care is difficult not only because of the disorders themselves, but also personal barriers related to internalized stigma (Milan and Varescon, 2021). Furthermore, the fragmentation between the organization of physical care and psychiatric care is a source of a lack of communication, cooperation and continuity of care

(Fiton, 2020). Stigma acts as a direct barrier to coordination between medical disciplines, and an indirect barrier by impacting the distribution of health resources (Schulze, 2007; Tyerman et al., 2021). For example, stigmatizing representations impact career choices of recently qualified nurses, who tend to avoid psychiatry for this reason (Bujold et al., 2020). Furthermore, psychiatry as a medical discipline, and the actors working in this field, constitute two additional sources and objects of stigmatisation (Hamilton et al., 2016; Schulze, 2007). In France, the stigmatization of psychiatric interns is a well-known phenomenon; the consequence is that this specialty is consistently less unattractive to medical students (Sebbane, 2015). From 2012 to date, at the end of the national selection procedure determining the specialty which medical students will do their internship in, between 1 and 17% of internship positions available have remained unfilled (“Statistiques ECN psychiatrie”). Moreover, psychiatry ranks 40<sup>th</sup> in terms of preferred choice of work for medical students (“Statistiques ECN 2022”). Finally, a recent review of the literature reported that mental health nurses are also subject to associative stigma by other nurses and healthcare professionals (Domingue et al., 2022). Associative stigma has been identified as a cause of burnout, decreased work satisfaction and deterioration in the care provided (Holmqvist and Jeanneau, 2006; Schulze, 2007; Zaninotto et al., 2018).

In this context, it would seem appropriate to investigate APN representations of professionals (PMH APN and others) working in psychiatry and mental health. The main objective of the present study was to highlight APN representations of PMH APN working in France. The study also provided an opportunity to gather information on the different profiles of APN working in the five different related disciplines (see above) and the position of PMH APN in this new professional group. Specifically, we aimed to compare PMH APN professional identity, socio-demographic data, school and university profiles, with those of APN from three other disciplines (SCP, OHO, and CKD) (‘other APN’ hereafter). ED APN (see above) were not studied, as this discipline only became officialized in late 2022.

## **METHODS**

### **Study design**

We conducted a descriptive observational survey using an anonymous online questionnaire between 14 April and 5 May 2022. Only state-qualified APN and APNS in their first or second year of their Master’s programme in France were eligible. Accordingly, the target population comprised 2,360 people (935 APN and 1,425 APNS) (UNIPA, 2022).

The self-administered survey was made available online via the Limesurvey tool, which complies with EU security standards. It was distributed on social networks via private APN and APNS groups (ANFIPA: réseau de la pratique avancée en soins infirmiers, UNIPA: Union Nationale des Infirmiers en Pratique Avancée, I(E)PA santé mentale et psychiatrie). To access the questionnaire, the respondent was asked to give informed consent by ticking a box after reading an information leaflet. The expected completion time was between 15 and 20 minutes. The ethics committee of the Université-Paris-Cité approved the survey (N° IRB: 00012022-36, 1 April 2022).

## **Survey instrument**

The questionnaire comprised 63 items, including 13 conditioned questions. It was structured in four parts: 1) Socio-demographic profile, 2) Personal history and life habits, 3) Educational and professional profile, and 4) Advanced practice nursing and related representations. It included single choice, multiple choice and Likert scale questions. All questions were compulsory.

## **Data analysis method**

The number of participants and the percentage of the sample corresponding to each socio-professional and socio-demographic characteristic were calculated. A Chi-2 test was used to compare the representations of PMH APN and those of other APN. When the validity conditions of the Chi-2 test were not verified, Fisher's exact test was used. All statistical analyses were performed using R software (version 1.3.1093, R Core Team, R Foundation for Statistical Computing, [http:// www.r-project.org](http://www.r-project.org)). The threshold for statistical significance was set at  $p < 0.05$ .

# **RESULTS**

## **Population**

Among the 517 individuals who answered the survey, 356 completed it entirely. The analysis was based on the latter group (i.e., study sample). Most of the study sample had chosen the SCP (43.26%;  $n=154$ ) and PMH (40.45%;  $n=144$ ) advanced practice disciplines. OHO and CKD advanced practice disciplines are less represented (respectively 8.71;  $n=31$  and 6.18%;  $n=22$ ). The percentages of the different types of respondents – 2<sup>nd</sup> year Master's students, 1<sup>st</sup> year students, and qualified APN – were quite similar (35.39%, 34.55% and 30.34%, respectively). The study sample comprised 82.87% women and 16.85% men. Average age was 40 years (SD 7.41, median 40). Over half were below the age of 40 (52.53%). Respondents' socio-demographic profiles are presented on Table 1 according to their discipline. Five 1<sup>st</sup> year APNS do not appear in this table because they declared they had not yet definitively chosen their desired discipline.

**Table 1** *Sample description (n = 356)*

	Advanced practice discipline			
	SCP	OHO	CKD	PMH
	43.26 % (n = 154)	8.71 % (n = 31)	6.18% (n = 22)	40.45 % (n= 144)
<b>Gender</b>				
Male	9.4 % (15)	0 % (0)	4.55 % (1)	28.47 % (41)
Female	90.26 % (139)	100 % (31)	95.45 % (21)	70.83 % (102)
Did not wish to answer	0 % (0)	0 % (0)	0 % (0)	0,69 % (1)
Other	0 % (0)	0 % (0)	0 % (0)	0 % (0)
<b>Age (years)</b>				
< 30	10.39 % (16)	16.13 % (5)	9.09 % (2)	4.17 % (6)
30-40	44.16 % (68)	48.39 % (15)	45.45 % (10)	41.67 % (60)
40-50	38.31 % (59)	32.26 % (10)	31.82 % (7)	43.06 % (62)
> 50	7.14 % (11)	3.23 % (1)	13.64 % (3)	11.11 % (16)
Average Mean (sd)	39.46 (7,59)	37.71 (6,99)	40.59 (8,13)	41.17 (7,02)
Median	39	39	40	42
Minimum	24	21	28	28
Maximum	61	52	55	57
<b>Marital status</b>				
Single	14.29 % (22)	16.13 % (5)	9.09 % (2)	15.28 % (22)
In a relationship	83.77 % (129)	80.65 % (25)	86.36 % (19)	82.64 % (119)
Did not wish to answer	1.95 % (3)	3.23 % (1)	4.55 % (1)	2.08 % (3)
<b>Children</b>				
No	25.97 % (40)	38.71 % (12)	81.82 % (18)	27.78 % (40)
Yes	72.73 % (112)	58.06 % (18)	18.18 % (4)	70.83 % (102)
Did not wish to answer	1.3 % (2)	3.23 % (1)	0 % (0)	1.39 % (2)
<b>Stepchildren</b>				
No	84.42 % (130)	80.65 % (25)	86.36 % (19)	83.33 % (120)
Yes	13.64 % (21)	12.9 % (4)	9.09 % (2)	14.58 % (21)
Did not wish to answer	1.95 % (3)	6.45 % (2)	4.55 % (1)	2.08 % (3)

**Table 1. Sample description (n = 356) (part 2)**

	Advanced practice discipline			
	SCP	OHO	CKD	PMH
	43.26 % (n = 154)	8.71 % (n = 31)	6.18% (n = 22)	40.5 % (n= 144)
<b>Socio-professional category parent 1</b>				
Executive/manager	9.4 % (15)	3.23 % (1)	4.55 % (1)	4.86 % (7)
Intellectual and scientific profession	5.19 % (8)	3.23 % (1)	0 % (0)	8.33 % (12)
Intermediate salaried profession	22.73 % (35)	29.03 % (9)	18.18 % (4)	24.31 % (35)
Small business owner, self-employed	8.44 % (13)	3.23 % (1)	0 % (0)	1.39 % (2)
Skilled employee	15.58 % (24)	22.58 % (7)	22.73 % (5)	20.83 % (30)
Skilled worker, salaried	7.14 % (11)	9.68 % (3)	4.55 % (1)	11.11 % (16)
Low-skilled salaried worker	18.18 % (28)	19.35 % (6)	45.45 % (10)	19.44 % (28)
Unemployed	12.99 % (20)	9.68 % (3)	4.55 % (1)	9.72 % (14)
<b>Socio-demographic category parent 2</b>				
Executive/manager	17.53 % (27)	6.45 % (2)	13.64 % (3)	19.44 % (28)
Intellectual and scientific profession	10.39 % (16)	3.23 % (1)	9.09 % (2)	4.86 % (7)
Intermediate salaried profession	15.58 % (24)	12.9 % (4)	13.64 % (3)	20.14 % (29)
Small business owner, self-employed	14.29 % (22)	19.35 % (6)	4.55 % (1)	8.33 % (12)
Skilled employee	10.39 % (16)	19.35 % (6)	22.73 % (5)	11.81 % (17)
Skilled worker, salaried	16.88 % (26)	29.03 % (9)	31.82 % (7)	21.53 % (31)
Low-skilled salaried worker	13.64 % (21)	9.68 % (3)	4.55 % (1)	9.72 % (14)
Unemployed	1.3 % (2)	0 % (0)	0 % (0)	4.17 % (6)
<b>Parent working in the field of health</b>				
No	77.27 % (119)	87.1 % (27)	86.36 % (19)	74.31 % (107)
Mother	22.08 % (34)	9.68 % (3)	13.64 % (3)	25 % (36)
Father	6.49 % (10)	6.45 % (2)	13.64 % (3)	4.86 % (7)

## Personal history and life habits

Most of the respondents (77.53%) had no parent who previously or currently worked in the field of health. Of those who did (22.47%), the vast majority (71.25%) of parents worked as paramedical personnel; only 5% were doctors. PMH APN were significantly less unionized than other APN (3.47% vs 8.96%,  $p=0.048$ ). With regard to leisure activities, PMH APN were significantly more engaged in artistic activities in their free time



than other APN (28.47% vs 16.98%,  $p=0.0098$ ), whereas the latter were more likely to read francophone scientific magazines (71.43% vs 58.4%,  $p=0.012$ ).

### **Academic, university and professional career**

Other APN were significantly less likely to declare that they have had a professional activity before working as a nurse than PMH APN (42.45% vs 45.14%,  $p=0.033$ ). Moreover, a higher proportion of other APN had qualified more recently (31.13% vs 22.22%,  $p=0.0041$ ). Apart from these differences, school, academic and professional profiles were broadly similar for all APN. No significant difference was found in terms of the majors they took in their upper-secondary school diplomas or and in the related results.

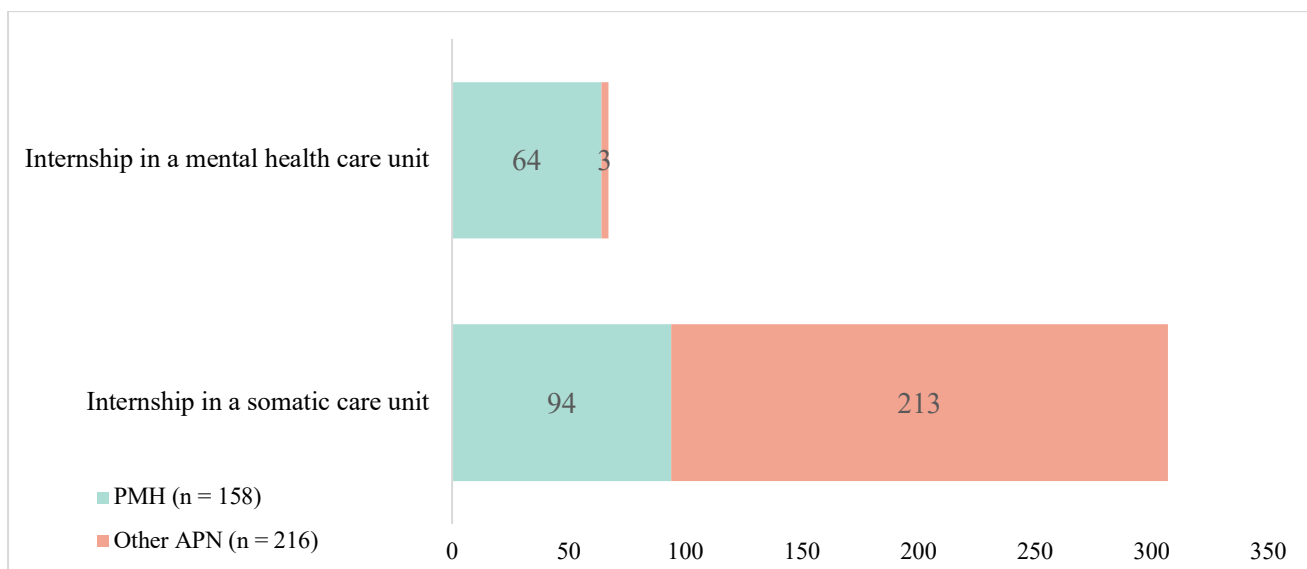
### **Nursing education and prior work experience in the field of psychiatry**

PMH APN were significantly more dissatisfied than other APN with the amount of psychiatric education they received during their initial training as general nurses (i.e., prior to entering the Master's programme to become APN) (65.28% vs 34.43%,  $p<0.001$ ). Half of the respondents already had work experience in the field of psychiatry. Specifically, 21.91% had previous experience, while 78.09% were currently working in the field. The vast majority (97.75%) had had at least one internship in a psychiatric service during their general training. All the PMH APN stated that an internship in a psychiatric service was essential for nurses in general (100% vs 92.76%,  $p=0.0062$ ). Furthermore, a significantly higher percentage of PMH APN (vs other APN) positively rated their general nurse internship in a psychiatric service (93.83% vs 63.22%,  $p<0.001$ ). In contrast, a significantly higher percentage of other APN: i) were apprehensive before doing their general nurse internship in a psychiatric service (57.97% vs 36.17%,  $p<0.001$ ), ii) felt that not enough care was given to patients during this internship (26.57% vs 11.35%,  $p<0.001$ ), iii) declared that they "didn't learn much" during it (13.53% vs 3.55%,  $p<0.001$ ), iv) stated that they did not learn skills which were essential for their work (16.42% vs 3.55%,  $p<0.001$ ), and v) declared being "traumatized" by the psychiatry internship (12.08% vs 1.42%,  $p<0.001$ ).

### **The common study year of the APN Master's programme**

In terms of the first year of the APN Master's programme (i.e., common core subjects), the percentage of PMH APN who chose to do their internship in physical care was significantly higher than the percentage of other APN who chose to do theirs in psychiatric services (59.49% vs 1.38%,  $p<0.001$ ) (Figure 1). Other APN were significantly more likely to believe: i) that it was important to be open to learning in all fields during the core year (91.98% vs 84.72%,  $p=0.025$ ), ii) that the common core year made it possible to make the APN a homogeneous professional group (68.86% vs 54.16%,  $p=0.0087$ ), and iii) that the core year made it possible to deal fairly with concepts related to all APN disciplines (51.88% vs 36.8%,  $p=0.0171$ ). Finally, PMH APN were significantly more likely to be dissatisfied with the quantity of teaching focusing on psychiatric care in the first year of the programme (74.31% vs 55.19%,  $p<0.001$ ) but significantly more likely to be satisfied with its quality (46.53% vs 27.83%,  $p<0.001$ ).

**Figure 1** APNS internship choice in first (core subjects) year of APN Master's programme



### **Advanced practice and the field of psychiatry**

A large majority of the study sample (98.59%) agreed or strongly agreed that APN play an important role in the coordination of physical care with psychiatric care. However, PMH APN were significantly more likely to strongly agree with this affirmation than other APN (77.78% vs 58.49%,  $p < 0.001$ ). Furthermore, a higher percentage of PMH APN agreed with the affirmation that the field of psychiatry and mental health are major issues for all APN (94.44% vs 85.84%,  $p = 0.02$ ).

Most of the respondents (89.32%) did not agree with the notion that care in the field of psychiatry and mental health should only be performed by PMH APN. Finally, a majority (87.64%) of respondents agreed that it is important that all APN be open-minded in terms of the field of psychiatric care; PMH APN were more likely to agree with this affirmation (90.97% vs 85.37% in other APN,  $p = 0.0033$ ).

### **Physical care of persons living with mental health disorders**

All the PMH APN in the sample considered that the coordination of physical care with psychiatric care was very important; not all the other APN felt the same way (100% vs 96.23%,  $p = 0.0026$ ). No APN, irrespective of their discipline, disagreed or strongly disagreed with this notion. Half of the PMH APN and a third of other APN strongly disagreed with the following statement: “Physical care of patients is always the same no matter if they suffer from psychiatric disorders or not” (50% vs 35.38%,  $p = 0.0029$ ). Finally, a majority of PMH APN (34.72%) agreed with the following statement: “Taking care of physical pathologies of people living with mental health disorders is the responsibility of psychiatric care teams”; a majority of other APN (38.21%) disagreed with this statement ( $p < 0.001$ ).

### **Choice of APN discipline**

The respondents were asked about the reasons why they felt comfortable or not with their choice of APN discipline. PMH APN were significantly more likely to believe that: i) their Master's degree in APN was a prestigious qualification (34.03% vs. 15.57%,  $p < 0.001$ ), ii) that there was more tolerance, empathy and/or

open-mindedness among APN (all disciplines) (44.45% vs. 25.95%,  $p < 0.001$ ), iii) that other professional healthcare providers (i.e., non-APN) working in their specific discipline were less interested in the patients being cared for than professionals from other disciplines (16.67% vs. 7.08%,  $p < 0.001$ ), and iv) that the quality of their work life was better than that of APN from other disciplines (25% vs. 12.27%,  $p < 0.001$ ). Participants were also asked about the reasons that might have made them change their initial chosen discipline before qualifying. PMH APN were significantly more likely to believe that their skills were less valued during APN training (overall 32.64% vs. 6.14%; specifically by the health world 56.25% vs. 4.25%; specifically by society 52.78% vs. 7.08%,  $p < 0.001$ ).

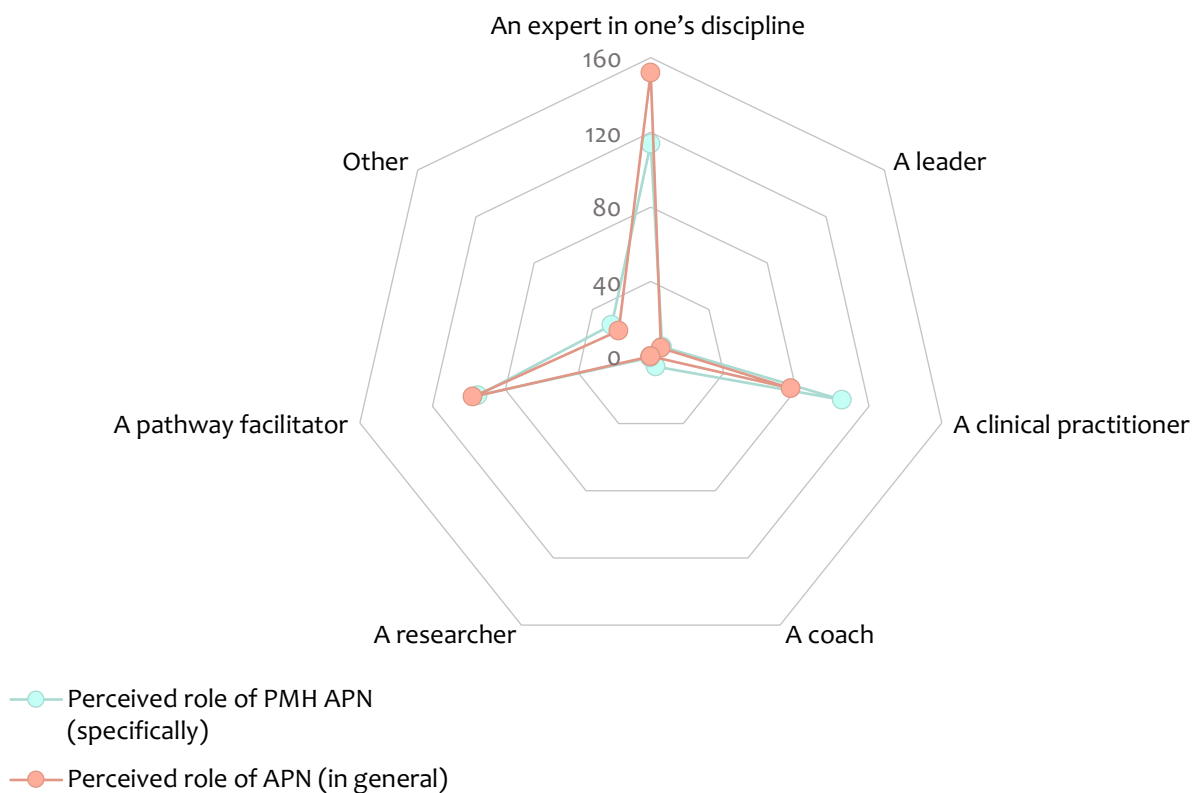
### **APN representations of psychiatric care and care providers**

Other APN were four times more likely than PMH APN to think that nurses working in psychiatry are often “strange” (6.13% vs 1.38%,  $p = 0.0198$ ). Yet they were also significantly more likely to declare that their perception of psychiatric APN had improved during their APN training (39.62% vs 23.61%,  $p < 0.001$ ). Finally, very few PMH APN thought that psychiatric professionals worked less, while a higher percentage of other APN believed this to be true (0.69% vs 4.25%,  $p = 0.0012$ ).

### **APN representations of PMH APN**

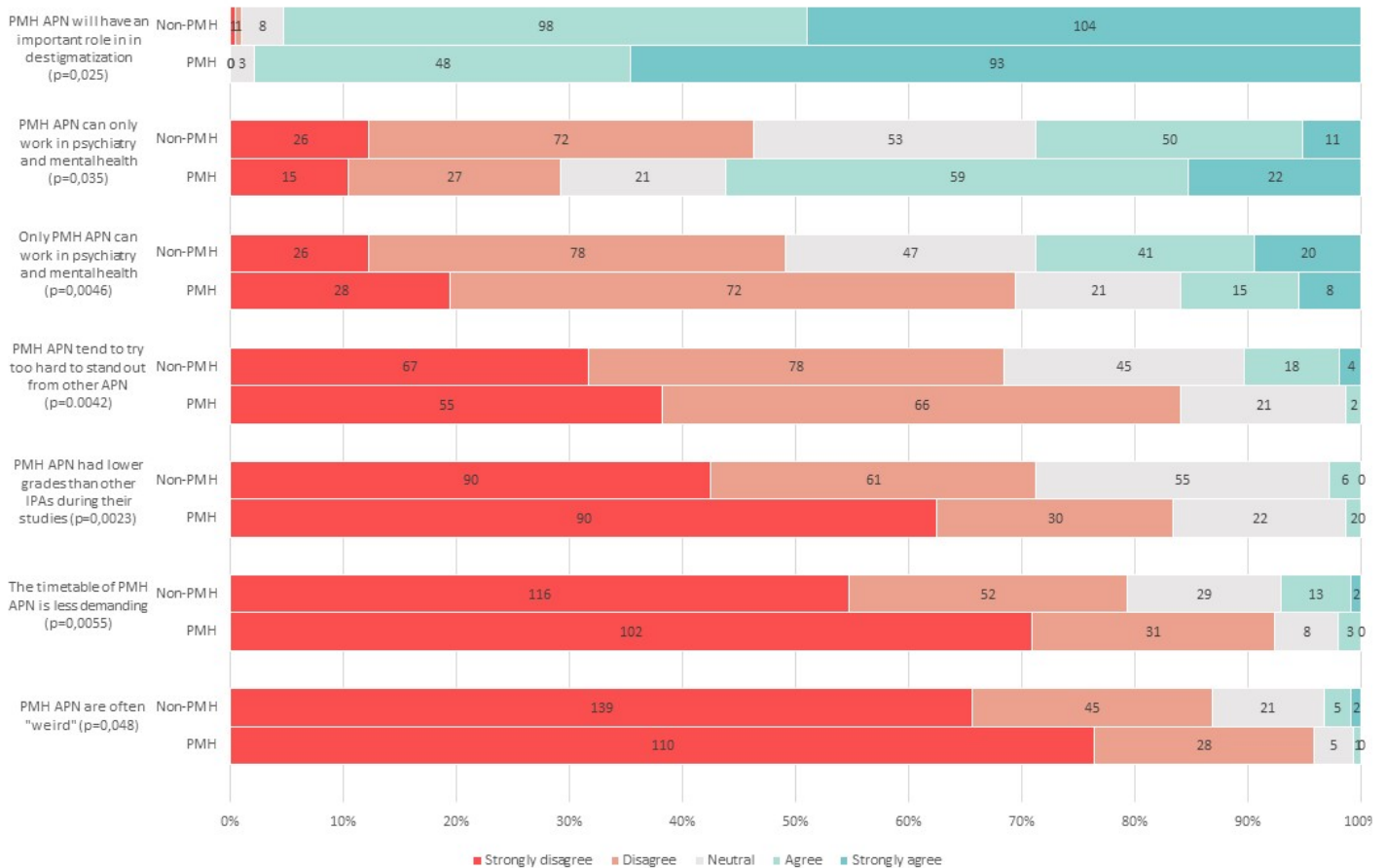
In order to explore APN (i.e., PMH APN and other APN) perceptions of their own professional identity, and other APN participants’ perceptions of PMH APN, participants were asked to choose one of six titles - inspired by the expected roles of APN (Hamric et al., 2013) - to define their professional identity as follows: ‘an expert in one’s discipline’, a ‘leader’, ‘a clinical practitioner’, ‘a coach’, ‘a researcher’, ‘a healthcare pathway facilitator’ or ‘other’. Three of the six roles were very prevalent in the answers: a pathway facilitator, an expert in one’s discipline, and a clinical practitioner. For the most part, the sample’s (PMH APN and other APN) representations (i.e., chosen title from the six above) of the roles of PMH APN and of APN were similar (see Figure 2).

**Figure 2** Respondents' perception of the role of PMH APN (specifically) and APN (in general).



In another section of the survey, when asked about their own professional identity, 49.43% of all the APN answered “an advanced practice nurse in the field of [their chosen discipline]”, and 24.15% simply “an advanced practice nurse”. When asked about the professional identity of PMH APN, 54.49% of the sample answered “an advanced practice nurse in PMH”, and 28.93% simply “an advanced practice nurse”. For the most part, PMH APN representations of themselves and other APN representations of them were similar (Figure 3). Only 3.3% of other APN thought that “PMH APN are often strange”.

**Figure 3** PMH APN representations of themselves and other APN representations of PMH APN



## DISCUSSION

### Socio-demographic profile

The study sample is representative of the French APN: 15.08 % of them respond to the survey (target population was 2,360 people and study sample was 356 people). Gender distribution in the study population (82.87% women and 16.85% men) was comparable to the population of nurses registered in the National Order of Nurses (86% women and 14% men) (Ordre national des infirmiers, 2020). This gender difference is a long-standing socio-demographic characteristic of the professional nurse category (Jeanguiot, 2006; Mougeot, 2019; Rombaut, 2003) and highlights a very gendered approach to care provision (Henckes and Majerus, 2022). The only exception is psychiatry where, historically, male nurses are prevalent (Jaeger, 2016; Mougeot, 2019). Again, this reflects our sample, where there was a higher proportion of men among the PMH APN (28.47%) than among other APN (7.22%).

Age distribution in the sample (40 years old on average) also reflects that of the nurse population registered in the National Order of Nurses in 2020 (41 years old on average). Strong similarities were observed for the socio-professional categories of respondents' parents across all APN, irrespective of their discipline. Specifically, parent 1s were divided into three main categories: intermediate salaried profession, skilled employee and skilled salaried worker. Parents 2 were also divided into three main categories: skilled salaried

worker, intermediate salaried profession, and executive/manager. The other family and personal socio-demographic characteristics of the respondents are similar. Consequently, there did not appear to be any specificity in the profiles of PMH APN which distinguished them from other APN in terms of socio-demographics.

## **Professional values and training experience**

Unsurprisingly, PMH APN were more likely to report a positive internship experience in psychiatry than other PMH. Thus, as seen elsewhere for psychiatric interns, APN internship experiences during their training as general nurses appear to be a determining factor in their choice of discipline (Andlauer et al., 2012; Sebbane, 2015). Within general nurse training, clinical internships play an important role in the construction and deconstruction of student nurses' representations of psychiatry (Bujold et al., 2020; Chevallier and Dunezat, 2007). Working to improve how general nurses and APN are welcomed and treated in psychiatric internships is an important lever in the fight against the stigmatization of this field and of the professionals working in it. The PMH APN in our study were more likely to have a positive perception of their chosen discipline than other APN. This positive perception could be explained by their strong commitment to psychiatry as a field. More specifically, psychiatry is underpinned by structuring professional values of tolerance, empathy and open-mindedness. Previous studies have shown that students going into psychiatry are particularly committed to these professional values (Chevallier & Dunezat, 2007; Sebbane, 2013). (Chevallier and Dunezat, 2007; Sebbane, 2013).

Although PMH APN in our study did not seem to be stigmatized by their peers, they did seem to be confronted with stigmatization by other professionals when carrying out their work. Respondents felt that their skills were less valued by the health sector and by society in general; this reflects the international literature where experience of stigmatization is frequently described (Domingue et al., 2022; Schulze, 2007).

The field of mental health nursing is undervalued by other nursing disciplines (Domingue et al., 2022); this is reflected by the relatively small amount of teaching dedicated to it. In our study, PMH APN were frustrated by the little time given to psychiatry during initial training and during the first (core) year of their APN Master's program. In France, the amount of teaching time devoted to psychiatry has steadily decreased during the various reforms of the nursing diplomas, from 800 hours in 1979, to 400 in 1992 and 100 in 2009 (Perrin-Niquet, 2020).

## **APN representations of PMH APN**

In contrast to surveys conducted in other professional communities (Bujold et al., 2020; Chevallier and Dunezat, 2007; Domingue et al., 2022; Schulze, 2007; Sebbane, 2015), the results of our survey indicate no stigmatization of PMH APN by other APN. Specifically, while 56% of medical interns in a study by Sebbane et al. 2015 thought that medical interns in psychiatry are often "strange" (Sebbane, 2015), in our present only 3.3% of other APN thought the same way about their PMH APN colleagues. This result indicates a positive evolution of other APN opinions about psychiatry and the professionals who work in it during the first (i.e., common core) year of their Master's programme.

In terms of professional identity, three roles were highlighted by the respondents as reflecting their new professional body (i.e., APN): a clinician, an expert in one's field, and a career facilitator. During their two-year Master's programme, APN gain knowledge and skills which make them 'experts' and allows them to show leadership in their field (de Vaux et al., 1997), which is first and foremost nursing. Accordingly, our sample seemed to shape their professional identity first as APN; their chosen discipline reinforced this expertise in a specific area. The first year of common training offered to all the APN, irrespective of their discipline, could be central to the process of identity-building for this new professional body.

In the field of psychiatry, this development of the profession of a nurse is part of a broader transformation of care spirit (Ehrenberg, 2022) and in the development of jobs in the fields of psychiatry and mental health. It also reflects the diversification of therapeutic tools, the increasing technical nature of care provision, and the growing complexification of care pathways (Henckes and Majerus, 2022). The development of advanced practice nursing highlights the desire by French nurses to have the opportunity to be able to professionally advance in the field of clinical leadership. Moreover, according to the public authorities, this need of progression has a major effect of making the profession more attractive (Bohic and Josselin, 2021; OECD, 2010). To date, career development opportunities were described as "horizontal" for nurses who did not wish to move into managerial positions (Mougeot, 2019). In other words, developing expertise in the clinical field did not lead to any real changes in professional status (OECD, 2010).

## **Professional practices and stigmatization**

Looking at the respondents' professional behaviours and practices, there are gaps and disparities. PMH APN were significantly more aware than other APN of the difficulties which people living with mental health disorders face in terms of receiving good physical care, despite this issue being widely known in the professional healthcare sector (Alexander, 2016; Bischel and Conus, 2017, 2017; Fiton, 2020; Schulze, 2007). Likewise, although it seemed important to all the respondents that APN be more open-minded to the field of psychiatry and mental health (i.e., responding "agree" or "totally agree" to the relevant question), PMH APN were significantly more likely to reply "totally agree" than other APN (54.17% vs 34.43%).

Unsurprisingly, this imbalance was also observed in the respondents' choice of nursing internship during their first year of the APN Master's programme. Specifically, 59.49% of PMH APN had done their internship in a medical unit connected with physical care. In contrast, despite being more likely than their PMH APN counterparts to believe it was important to be open-minded to learning in all disciplines, only 1.38% of other APN declared they had done their internship in a medical unit connected to psychiatry and mental health. Although 85.84% of other APN agreed that psychiatry and mental health are major issues for all APN, very few had chosen to do their internship in related medical units. These contradictions highlight the major difficulties other APN have of being open-minded when it comes to psychiatry, despite being convinced of this field's importance.

Finally, PMH APN and other APN disagreed on the matter of physical care for people living with mental health disorders. A third of the former agreed that they themselves are responsible for this care, whereas over two thirds of other APN disagreed. This finding highlights the current difficulties and inabilities which the

French care system is experiencing in terms of coordinating ever-increasingly complex care pathways for people living with mental health disorders. We believe that it is essential that PMH APN and other APN be aware of this issue and that they act on it to improve psychiatric and non-psychiatric care (Fiton, 2020).

## **Coordination between physical care teams and psychiatric care teams; a major issue for all APN**

All the respondents agreed that coordination between psychiatric care and physical care is an important issue in which APN will play a leading role in the future. This affirmation reflects local and national needs (Bohic and Josselin, 2021) and was an important issue in the representations that the study respondents had about their job.

Moreover, PMH APN could take part in the fight against the stigmatization of people living with mental health disorders. “Conventional” destigmatization methods has been shown to have little impact on work practices (Giordana, 2011). If APN combine the skills they obtain during their Master’s programme - especially research-based courses - with their field expertise, they could be a vector of change for work practices and representational transformations. The strong shared identity by all APN of their work which we found, together with the lack of stigmatization of PMH APN by other APN, could facilitate these transformations.

## **Strengths and Limitations**

This study is the first to analyse APN and APNS socio-demographic profiles and careers in France. It also provides novel information about the representations of a new professional group which emerged in a context of work expansion in mental health field and in psychiatric health care market (Henckes and Majerus, 2022). However, several limitations must be considered when interpreting our results. First, there was selection bias, as the study was posted online via social networks and especially via groups of PMH APN students. Therefore, the latter (PMH APN) were overrepresented (40.45%) while other APN are underrepresented (59.55%) in comparison with the national percentage (approximately 25% vs 75%) (UNIPA, 2022). Second, the participation rate of OHO APN (n=31; 8.70%) and CKD (n=22 ; 6.17%) APN was low. APN who had validated their first year of the Master’s programme thanks to gaining credits from previous work experience, and who therefore directly entered the second year of the programme (n=14), were not able to fully respond to all the questions in the survey, as they did not do the scheduled year 1 internship. Consequently, they chose a random answer to the mandatory question on choice of APN internship. Finally, social desirability bias may have influenced certain answers.

## **Perspectives**

It would be relevant to use an ethnographic perspective, based on long-term observations and on stakeholders’ interviews, to validate these initial findings on APNs’ professional representations of PMH APN. It would also be beneficial to acquire a better understanding of the personal and social mechanisms impacting both the real-world experience of APN and their non-stigmatizing representations of their PMH APN colleagues. Such a method would provide a more detailed exploration of the process of shaping professional identity of this



new professional body. Identifying and describing this process could serve as a model of understanding which could be transferred to other professional bodies.

## **CONCLUSION**

This overview of PMH APN representations of themselves and of other APN of them provides us with a good understanding of a new professional nursing body in full expansion. This body would seem to be quite homogeneous in terms of professional identity. The organization of the academic training, especially the common first year of study, could play a role in shaping a strong professional identity in which advanced practice nursing in general takes precedence over the various specific disciplines within this training. This shared social identity may explain why APN and APNS from other disciplines in our study did not stigmatize their PMH APN colleagues, unlike what has been reported for the other professions in the field of psychiatry. However, we also found attitudes and professional practices which continue to make access to care difficult for people living with mental health disorders. Actions should be taken to remedy this issue through innovation, coordination, and training. Open-mindedness by APN to all disciplines must be reciprocally reinforced by encouraging APN from a discipline different from that of psychiatry to gain some experience in this field, and by giving more space to learning in relation to psychiatry. All the APN in our study agreed that their involvement in this process was important. Finally, we found that other APN perceived PMH APN as legitimate and competent stakeholders in helping them to limit the consequences linked to the stigmatization of people living with mental health disorders.

## **RELEVANCE FOR CLINICAL PRACTICE**

Perceived by their colleagues as the most appropriate stakeholders in the fight against stigmatization of psychiatry, PMH APN must seize upon this trust and act on this crucial issue. The strong bond which is being built between all APN - irrespective of their discipline - appears to be an essential asset for innovation in the field of coordination and partnership in developing new patient care pathways.

*5295/ 5000 words*

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