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Contemporary issues

Proficiency-chasing and goalodicy: In prioritising checklists, are we gambling with the future of mental health nursing?

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ABSTRACT

In this discussion paper, I take a critical approach to the use of standardised checklists in practice assessment documents as a valid method of assessing mental health nursing students in the UK. The game Bingo is applied here as a metaphor, highlighting the folly of using standardised cross-field checklists to assess mental health nursing students in practice. Such practices, I argue, amount to little more than a game of proficiency-chasing at the expense of seeking more meaningful learning experiences, especially where practice assessment documents currently prioritise physical health care skills above those required for successful mental health nursing. Furthermore, where the current path to qualification as a mental health nurse in the UK is determined by the navigation of a complex system of checklists and targets, I also argue that goalodicy (as in the goal and actions taken to achieve this becoming the focus, over the very reason the goal exists in the first place) becomes an inevitability; shortcuts justified in the name of achieving broader goals of passing a practice module and eventual qualification as a mental health nurse. This situation, I suggest serves neoliberal, capitalist systems, reinforcing the mechanisation of care while undermining the deeper relational, ethical and philosophical focus of what it means to be a mental health nurse. Alternative methods of practice-based assessments for mental health nursing are considered.

1. Introduction

A popular game of chance, bingo requires that each of its players match numbers that are presented in different arrangements, usually on cards or tiles in front of them. The host, also known as the 'bingo caller', randomly draws numbers usually on balls from a machine and calls the number drawn. Players then mark off the numbers called on their cards, hoping to find that the selected numbers are arranged on their card in a vertical, horizontal or diagonal line. If this occurs, players must call 'bingo' before anyone else, to indicate that they have the winning card. Once the winner is declared a new round of play begins.

Despite bingo's fairly innocuous position as a leisure activity, in this paper the game further serves as a metaphor for broader concerns surrounding the perverse chase for proficiencies in mental health nurse practice education in the UK. Through this metaphor I suggest that well-intentioned mental health nursing students engage in what appear to be logical, though 'game-like' practices, that are insisted upon by their educational establishments and apparently motivated by the Nursing & Midwifery Council's *future nurse* standards (NMC, 2018). Yet, while better suited to other fields of nursing aligned with the ontic sciences, I argue that the use of competency-based assessments contribute to the misplaced view that mental health nursing practice can be standardised or manualised (Collier-Sewell and Monteux, 2024), while actually functioning to go against the grain of what it means to be a mental health nurse.

Furthermore, the whole point of bingo is that players will compete against each other to mark off as many of their numbers as quickly as possible, in the hope to win a prize or jackpot. In a similar vein, I argue that in chasing proficiencies, a focus is placed upon the goal of passing a practice module. This is, however, at the expense of the preparation needed to become a good mental health nurse. This may prove to be the case because, like the game of bingo, an external operator (in this case, neoliberalism) is actually in command, and the real function of the game serves other nefarious ends.

In this paper I seek to provoke a critical discourse around the function of the practice assessment document, specifically focussing upon its tendencies to encourage proficiency-chasing in our nursing students, thus perpetuating practices aligned with *goalodicy*, whereby the goal and actions taken to achieve an outcome become the focus, over the very reason the goal exists in the first place. Further, where mental health

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nursing students are encouraged to prioritise the signing off of physical health care competencies over the seeking out of meaningful learning opportunities that are perhaps more relevant to the skillset of a mental health nurse, I argue that the assessment document adopted by many UK higher education institutions (HEIs) is not entirely fit for its intended purpose and that through its defence, HEIs are complicit in gambling with the future of mental health nursing care.

2. Eyes down: my argument in brief

A recent and extensive proliferation of literature both attempting to conceptualise mental health nurse role and function, and critiquing mental health nurse education, has arisen in response to the UKs move toward generic nursing educational standards (NMC, 2018). Indeed, my own concerns around mental health nurse education are already clearly documented elsewhere (Connell et al., 2022; Haslam, 2023) and so it is not my intention to revisit these in any depth. Instead, my focus here is upon the frameworks designed to measure competence of mental health nursing students in practice and how these contribute to the inadequate preparation of the mental health nurse to meet the health needs of their patients.

The move toward genericism has been widely criticised, especially in practice, where it is felt that the specialist skills of the mental health nurse have been overlooked in favour of those procedural-based competencies (referred to in UK practice assessment documents as 'proficiencies') that are perhaps considered more suited to adult nursing. This is largely down to how the standards (NMC, 2018) have been interpreted in practice assessment documents. The prioritisation of reductionist, empirical, metric style assessment strategies, however, do little to prepare mental health nursing students to navigate the complexities of their future role (Connell et al., 2022). This move represents a broader ideological shift toward standardised, procedural-based tasks and outcomes-focused interventions (McKeown, 2024), over human connection and a meaningful engagement with the profession's deeper, relational, philosophical, and ethical aspects. Such a move, however, appears to serve little more than closer aligning mental health nursing with biomedical models of care and neoliberal ideologies (Haslam, 2023).

In part, this shift is exacerbated by difficulties in conceptualising mental health nursing role and function. For HEIs, the lack of empirically measurable outcomes and quantifiable skills in mental health nursing do not align very well with standardised assessment processes and outcomes. The result, therefore, seems to be that both mental health nurse-specific skills and with it, our patients distinctive needs have been, at best, misunderstood and at worse, completely disregarded (Haslam, 2023).

3. The game is afoot: a critique of competency-based learning

I also argue that the ambiguous use of the term 'Proficiency' as is applied by the NMC standards is problematic, the term itself, in fact a misnomer when considered within the context of Benner's (1982) framework. By reducing 'proficiency' to a set of distinct, measurable competencies that must be demonstrated and ticked off, the NMC actually misrepresents the complex, experiential nature of what it means to be *proficient* in nursing, implying a false level of certainty and a level of mastery that does not effectively align with Benner's (1982) model. Learners might have opportunities to perform certain tasks, and even through repeated exposure to them, can become competent, although without the depth of understanding that emerges with time and experience, cannot truly be regarded as proficient.

Furthermore, for mental health nursing students, a disconnect with this type of assessment strategy is more significant. In a cruel twist to a game that strongly favours adult nursing, mental health nursing students are also actively encouraged to prioritise the chase for those more superfluous skills such as cannulation, venepuncture, and catheterisation. Arguably however, for mental health nursing students, these practices may neither be the best use of pre-registration nurse education or the best value for money, given that for many, these procedures may never be required post-registration, and where such skills are required as part of extended roles, many healthcare trusts require additional post-registration training (Haslam, 2023). Mental health nursing-specific skills meanwhile, cognitive behavioural therapy, for instance, are relegated to token references hidden within obscure statements such as 'safe referrals' to services.

For mental health nursing therefore, I argue that the notion that proficiency-chasing is fundamentally valuable, remains nothing more than a neoliberal-induced delusion, grounded in fictional narratives relating to upskilling mental health nurses in physical health care skills, and patient safety. The emphasis on ensuring standards through competency-based learning, however, obscures the negative consequences of metric-style assessments, especially given that competency-based learning fails to address those unique skills and knowledge that are more central to the profession, and fails to adequately prepare learners for the emotional and value-laden nature of the work.

Further where the lottery-type nature of placement allocation means that they are unable to meet those competencies relating to physical health care, mental health nursing students' resort to a form of goalodicy-style practices in order to pass practice-based assessments. Consequently, I suggest that we need to ask ourselves as nurse educators, (a) in encouraging box-ticking, are we missing the point of what mental health nurse education is supposed to be? and (b) what are our students *really* achieving if we are, to all intents and purposes, exposing them to nothing more than a perverse game of 'proficiency bingo'?

4. Seeking a full house: goalodicy and gaming the system

Where the notion of goalodicy has been previously applied in respect of supporting those diagnosed with a personality disorder within the limits of the 4-hour target in emergency departments (Haslam, 2019), I suppose that the use of the term is also justified here, given the misalignment between the overall goal to ensure a proficient nursing workforce and the methods taken to achieve this that ultimately fail to assess competence in any meaningful way especially within a mental health nursing context. First coined and described by Kayes (2006) in respect of the 1996 Mount Everest Disaster, the concept of 'goalodicy' (a fusion of the terms 'goal' and 'theodicy'), refers to the obsessive pursuit of a broader goal, and the blind justification of problematic processes because they align with achieving said goal. The risk here is that the goal and actions taken to achieve this become the focus, over the very reason the goal exists in the first place.

Key factors leading to the development of goalodicy (Kayes, 2006) include the combination of a narrowly-defined target, increased pressure to achieve said target, and a complex system within which that target must be achieved. Within mental health nurse education, one might see the parallels, pointing out that the ultimate goal is qualification and a prized position on the NMC register, although to attain this, the passing of practice modules, of which the practice assessment document is a part, in increasingly complex practice environments provides considerable pressure.

Perhaps more critically, however, is that those engaging in such practices in pursuit of the goal of qualification, are likely to also ironically experience a decrease in autonomy and a breakdown in learning, both posing a significant problem to learners seeking to become autonomous practitioners. The mechanics of the game of nurse education demand that each nursing student prioritise superficial task-focused learning; often doing only what is required to achieve the competency, although not necessarily internalising or fully understanding the deeper aspects of their actions. In a move akin to that of the bingo player playing several cards at once, so sacrificing focus and attention to increase their chances of winning, mental health nursing students may engage in more performative acts in the knowledge that the system

incentivises the completion of such tasks over the reflective or relational depth needed. While performance against the goal of qualification is maintained, overall performance is reduced due to the potential for superficial learning. The result is a mere illusion of mastery, obscuring the reality that learners may be inadequately prepared to become mental health nurses.

Furthermore, mental health nursing students, acutely aware of the need to complete all tasks in order to progress, may be encouraged in practice to strategically game the system, especially where learners are unable to meet competencies relating to physical health care, and so seek to check off each physical health competency by any means necessary. This however is to the detriment of focusing upon those therapeutic skills that define mental health nursing. Yet, despite knowing that a completion of these competencies does not necessarily prepare them for real-world mental health care, such actions are justified given that these are aligned with the broader goal of career progression. Goalodicy, as resulting from flawed assessment processes within mental health nurse education, I suggest is therefore an ethical issue; ultimately compromising patient care and professional integrity.

5. Unlucky for some: defining the winners (and the losers) in this game

Ultimately, the one who benefits the most from this situation, is not necessarily the consumer. While for the mental health nurse, a successful chase for competencies, does eventually attain them a prized position on the NMC register, arguably they pay heavily for such a privilege, and I ask to what end, if they are not fully prepared to take on the role? Further, the deceits we afford ourselves concerning the value of metric-style assessments does not excuse the prioritisation of physical health proficiency-chasing over real therapeutic endeavour. I suggest that especially where competencies in practice do not reflect the relational and therapeutic aspects essential to mental health care, that we risk setting up a whole generation of nurses to fail. Or even worse, risk breeding a generation of nurses who *fail to care*.

I suggest that in a parallel with the bingo operator, it is actually neoliberalism that is really in command here; outcomes-focused and target-driven nursing endorsing self-interest and individual competition, thus linked with capitalist models and an ever-increasing commodification of health services. Goalodicy (in itself, a close bedfellow of neoliberalism) flourishes in such environments; proficiency-chasing in nurse education aligning well with the broader assault of 'meaningless' box-ticking work in neoliberal systems. Such practices exist, because the paperwork testifying that certain actions are completed, is seen as more valuable than the actions themselves, given that this assumes evidence of outcomes (McKeown, 2024), in this case a 'proficient' nurse. The real impact, however, of prioritising proficiency-chasing is that learners are not just distanced from the learning experience itself, but in preparation to join the workforce, risk also becoming detached from the very act of caring, thus merely learning to manage the burden of emotional labour of care work over engaging with patients in a relational way. All of which contribute to the erosion of the quality of mental health nursing and the capacity of mental health nurses to care. Further, the justification of reducing nurse education to a set of competencies ultimately align themselves well with those broader ideals of workforce efficiency, cost-effectiveness, and the maintenance of production-line processes (Warrender, 2022).

Furthermore, neoliberal frameworks perpetuate fragmented approaches to care, competition and a rationing of resources are encouraged at the very point when these are needed the most and to the detriment of those cared for (Haslam, 2023). While our patients are reduced to diagnostic boxes and financial value ascribed to them, our mental health nursing workforce meanwhile, ever-expanding, just as it is as expendable, are educated *not* to think (Collier-Sewell and Monteux, 2024) resulting if we are not careful in compliant personnel, incapable of the independent reflective and critical thought needed to challenge such practices, while to top it all off, are now paying for the privilege.

As a result, those working with complexity may adopt more reductionist approaches to the assessment and treatment of patients, especially within the context of risk. Those behaving as if risk were quantifiable are more likely to align their practice with procedural methods of risk assessment that serve to reinforce the dominance of biomedical models in mental health settings. The broader impact of this if we are not careful, is a technocratisation of mental health nursing, tick-box cultures associated with risk-aversion and defensive practices that risk forcefully driving out those more relational approaches needed, thus we might consider how these practices better serve the needs of systems over those of our patients (McKeown, 2024; McKeown et al., 2017), breeding policy enforcers rather than autonomous professionals. For our patients, therefore, this move represents a step backwards toward the paternalistic style of care and coercive, social control considered more typical of damaging biomedical hegemonies, thus further increasing the risk of iatrogenic harms.

6. Bingo!: alternative solutions to competency-based assessments

I acknowledge that restricted time and resource allocation (themselves, resultant of neoliberal policy) compound the issues discussed here. Overstretched services in the UK, characterised by staff shortages and ever-increasing levels of dependency and acuity, encourage and even justify those methods of assessment that are aligned with standardised checklists and outcomes-focused metrics within busy healthcare environments. While accepting however, that to some extent we could, and we do try to make more generic nurse education standards work within classroom environs, I still argue that mental health nurse education in the classroom will make little difference to the preparation of the mental health nurse if practice assessment documents in the UK continue to apply broad, often misaligned competency frameworks to mental health nursing and prioritise the need to chase redundant physical health care skills over those with a mental health nursing-specific focus. As we prioritise adult nursing-style practices and overlook the unique, holistic needs of mental health patients, with each passing year, the theory-practice gap continues to widen (Warrender, 2022).

I posit, therefore, that in illuminating the impact of proficiency-chasing upon nurse education, critical sense might be made of this situation which in turn allow us to determine the remedial actions needed. The case for alternative forms of practice assessment is, I believe, the solution for some of the issues already discussed here in respect of the practice assessment document adopted in the UK by many HEIs to assess mental health nursing students in practice. Indeed, a move away from goalodicy is possible if we liberate ourselves from superficial cross-field targets and embrace more meaningful assessment processes that are clearly ontologically aligned with mental health nursing. While it is not my purpose here to prescribe in detail the precise form these assessments will take, examples emerge from relational practice taking into account the value of self-reflection, of dialogic connections and of shared narrative-based approaches, which may be better aligned with the mental health nursing profession. Learners for instance might engage in dialogue with assessors, exploring the relational and emotional components of their own practice, involving personal analyses of the nurse-patient relationship, and reflecting upon their abilities to engage with patients, navigate challenges, and negotiate the therapeutic alliance. Dialogic exchanges also focusing upon a particular case or experience might include involve critical discussions around what worked in the interaction and what might be improved.

7. Conclusion: is the game now up for proficiency-chasing?

Given that checklist-driven assessments, although arbitrary in their application, are not entirely random and that mental health nurse

education is not a zero-sum game in which one student's success is necessarily gained at the cost of others, I accept that the use of Bingo as a metaphor is not perfect. It's application here however has served the purpose of highlighting the folly of using cross-field, standardised checklists to assess mental health nursing students in practice. Such practices, I have suggested, amount to little more than a superficial game of proficiency-chasing at the expense of seeking more meaningful learning experiences, especially where practice assessment documents currently prioritise physical health care skills above those required for successful mental health nursing.

Further, where the current path to qualification as a mental health nurse in the UK is determined by the navigation of a complex system of checklists and targets, I have argued that goalodicy, despite its potential to compromise patient care and professional veracity, may become an inevitability. Shortcuts are justified in the name of achieving broader goals of passing a practice module and eventual qualification as a mental health nurse. This situation serves neoliberal, capitalist systems by reinforcing the mechanisation of care while undermining the deeper relational, ethical and philosophical focus of what it means to be a mental health nurse. As nurse educators, I therefore assert that we must be prepared to be the vanguard of change. If the answer to the question of whether we are really willing to gamble with the future of our profession is a resounding 'no', then we must critically challenge the way we assess nursing students in practice. And we must be united in declaring how the game for proficiency-chasing is indeed now over.

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Michael Haslam: Writing – review & editing, Writing – original draft, Conceptualization.

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