2014

Nursing Students' Perceptions of Mental Health Patients and Mental Health Nursing

Susan Furr
Gardner-Webb University

Nursing Students' Perceptions of Mental Health Patients and Mental Health Nursing

by

Susan Furr

A capstone project submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the degree of
Doctorate of Nursing Practice

Boiling Springs

2014

Submitted by:	Approved by:
_____	_____
Susan Furr	Candice Rome, DNP, RN
_____	_____
Date	Date

Approval Page

This capstone project has been approved by the following committee of the Faculty of The Graduate School at Gardner-Webb University.

Approved by:

_____	_____
Rachel Cozort, PhD, RN Committee Member	Date
_____	_____
Martha Bramlett, PhD, RN Committee Member	Date
_____	_____
Cindy Miller, PhD, RN Graduate Program Chair	Date

Abstract

This Capstone project evaluated the impact of a simulation-based learning experience on nursing students' anxiety levels, preparedness for psychiatric practicum, and stereotypical views towards individuals with mental illness. A sample of 15 bachelor level nursing students was utilized. The experimental group (n=8) was exposed to a four-hour simulation-based learning experience prior to the beginning of their clinical experience. The control group (n=7) began their clinical rotation without any simulation exposure. A pretest, posttest design utilizing the Mental Health Nursing Survey Part 1 (MHN-1) and the Mental Health Nursing Survey Part 2 (MHN-2) was used to measure the students' stereotypical views, anxiety levels, and feelings of preparedness. This study revealed that a simulation-based learning experience did not have an effect on the nursing students' levels of anxiety or feelings of preparedness. Clinical and theory positively impacted the students' feelings of preparedness and levels of anxiety and negatively impacted perceptions of mental health nurses.

Acknowledgments

First I want to express thanks to God for guiding and carrying me through these past two years. I also want to thank my husband, Steve, who supported me throughout my entire educational career but will not get to see me graduate this one last time. I will carry him in my heart. I also want to thank my children, Callie and Conner, for supporting me through this process. I love them with all my heart. I am truly thankful for my capstone project chair, Dr. Candice Rome, for her patience, understanding, and support during the entire process, especially this last year. I would also like to thank:

- Dr. Sharon Starr and Dr. Cindy Miller along with the graduate faculty of Gardner-Webb University for their support during a most difficult time. Their encouragement kept me going.
- My capstone committee, friends, and colleagues, Dr. Martha Bramlett and Dr. Rachel Cozort, for their support and advice throughout this capstone project.
- My preceptor, Kathy Woodard, for her time and advice throughout the capstone process.
- My friends and colleagues, Dr. Dianne Daniels, and Leslie Tucker, for their support throughout this process.
- My cohort of DNP friends who supported and encouraged me.
- My friend and colleague, Dana Martin, who provided much support and encouragement along with laughter and silliness. I would not have survived this process without her being right beside me every step of the way.

TABLE OF CONTENTS

List of Figures

List of Tables

CHAPTER I

Introduction

Mental health is a worldwide healthcare issue. It is estimated that by 2020, 15% of the total disease burden will be attributed to mental and behavioral disorders (Sakellari, Leino-Kilpi, & Kalokerinou-Anagnostopoulou, 2011). Research has substantiated that the general population stigmatizes persons who have been diagnosed with a mental illness (Smith & Cashwell, 2010). These stigmas include beliefs that people with a mental illness are dangerous, unpredictable, more prone to violence, and are at least partially responsible for their illness (Happell & Gough, 2007). Such stigmas are caused by a lack of understanding of mental health by society (Sakellari et al., 2011). Knowledge deficits related to mental illness appear to be associated with negative attitudes and educational interventions could decrease the stigma (Gyllensten et al., 2011). Past research has suggested that attitudes toward mental illness held by health care professionals are very similar to those of the general public. Nursing students' attitudes reflect the predominate views of the general population toward people with mental illness (Happell & Gough, 2009). These attitudes can interfere with the provision of health care and be a barrier to recovery (Romem, Anson, Kanat-Maymon, & Moisa, 2008; Smith & Cashwell, 2010). They can also affect the development of a therapeutic relationship (Dearing, 2008). Positive attitudes toward people with mental illness can have a positive impact on their quality of life and social interaction (Sakellari et al., 2011).

Another concern is that students' poor attitudes toward mental illness and consumers of mental health services may be responsible for a lack of interest in mental

health nursing (Happell & Gough, 2007; Happell & Ed, 2009). These negative attitudes steer nursing students away from considering a career in the field of mental health (Happell, 2008; Happell & Ed, 2009; Happell & Gough, 2009). Research suggests students' stereotypes and negative perceptions of psychiatric patients and mental health care influence their professional choices and adversely affect seeking a career in mental health nursing (Hoekstra, Meijel, & Hooft-Leemans, 2010).

Nursing students begin their mental health rotation with preconceived notions about mental illness. For many, this is their first contact with a psychiatric patient (Hung, Huang, & Lin, 2009). They often have difficulty in establishing a therapeutic relationship with psychiatric patients for the first time, and the results of first contacts with mental health patients can be particularly traumatic (Hung et al., 2009). However, research indicates that negative perceptions can be influenced as a result of their clinical experiences (Happell 2008). Another component of mental health education is theory. Nursing student's exposure to clinical and curriculum affect their attitudes primarily in the direction of improving them (Yamauchi et al., 2010). Henderson, Happell, and Martin (2007) described the goal of the undergraduate mental health curriculum as reducing stigma towards people experiencing a mental illness and increasing interest in mental health nursing as a career choice. There is not a lot of literature that examines nursing students' attitudes of mental health before and after the clinical and theory components of mental health classes and rotations. Most of the research found was collected after the clinical experience.

Simulation is an activity that allows participants to experience a realistic situation without real-world risks (Brown, 2008). It brings together theory and practice (O'Boyle-

Duggan, 2010). When utilized in mental health, simulation can help to dispel misperceptions and negative attitudes. The use of role-play and case studies have been shown to increase student self- efficacy. Video clips can demonstrate how to cope with difficult situations, and simulation sessions can change attitudes (O'Boyle-Duggan, 2010). In mental health, the use of simulated scenarios enhance student learning of therapeutic communication, assessment, and nursing intervention skills. Simulation activities are particularly beneficial to psychiatric nursing. The use of videos and simulations that portray the psychiatric population and setting, help to alleviate student anxieties before they have their initial patient encounter (Lehr & Kaplan, 2013). Literature that examined simulation utilized in mental health nursing was lacking. The literature denoted specific skills needed in mental health nursing have been promoted through the use of simulation. Some of these skills included communication, self-efficacy, and confidence (Guise, Chambers, & Valimaki, 2012).

Problem Statement

Because of stigma, student nurses have negative attitudes toward consumers of mental health, the clinical placement, and mental health nursing. The clinical, theory, and simulation components of a mental health course will facilitate a change in the students' negative perceptions and attitudes.

Justification of Project

Nursing students entering their psychiatric clinical rotation are often fearful of their approaching experience (Lehr & Kaplan, 2013). The clinical and theory components are important in changing nursing students' attitudes and perceptions of mental health patients and mental health nursing. Having simulation as a beginning part of their

education in mental health can introduce the students to the topic and alleviate their fears of the unknown. A student's anxiety can decrease when exposed to simulation activities (Brown, 2008; Lehr & Kaplan, 2013). It can also enhance their clinical understanding (Lehr & Kaplan, 2013). Simulation can include the use of videos of therapeutic interactions, vignettes from movies with mental health themes, the use of high fidelity manikins, self-awareness exercises, and roleplaying. Welch and Welch (2008) described a clinical experience in which students attended a drama production that had themes of incest and political torture. The audience was posed questions regarding forgiveness. The students described feelings of empathy and identifying with the characters of the play as having a greater impact on their learning than other methods of instruction (Welch & Welch, 2008).

Purpose

The purpose of this Capstone Project was to evaluate whether participation in a simulation day prior to mental health clinical will decrease nursing students' anxiety levels and help them feel better prepared for their psychiatric clinical practicum. The degree to which exposure to mental health theory and clinical alters nursing students' stereotypical views towards individuals with mental illness was also evaluated.

Project Hypothesis

The project administrator hypothesized that nursing students who received simulation at the beginning of their mental health rotation would have less anxiety and feel better prepared for working with the mentally ill than students who did not. Nursing students would demonstrate decreased anxiety, decreased negative stereotypes, and increased sense of preparedness after mental health theory and clinical.

Definition of Terms

The following terms are defined to prevent complication or perplexity by the reader: (a) simulation, (b) theory, and (c) clinical. Within the confinements of this study, simulation was defined as a learning experience in which the students were exposed to mental health issues with the goal of promoting more positive perceptions. Several methods were incorporated into the simulation experience. The students participated and observed role-play activities that highlighted several predominant mental illnesses. They also participated in therapeutic communication exercises. During this exercise, the students were able to view what entails therapeutic and nontherapeutic communication. In addition, the students were given an exercise using the Johari Window in order to encourage self-awareness. It is important for nurses and nursing students to be genuine to our mental health clients so that they see our authentic self (Jack & Miller, 2008). A video that illustrates the challenges of a person with the diagnosis of schizophrenia was viewed. The manager of the inpatient behavioral health unit where the students attended for their clinical experience presented an overview of the floor, the rules, and the types of patients admitted. These activities introduced mental health concepts and presented some potentially realistic mental health situations before the students began their clinical rotation in mental health. The simulation experience can be created through the use of human patient simulators, role play among human participants, videos, and any other means that creates a realistic situation for the purpose of acquiring clinical knowledge and skills (Brown, 2008).

For the purposes of this project, clinical is defined as our scheduled learning experience in the various agencies over the semester. The students' experiences included

time at a substance abuse facility, a locked unit for patients with Alzheimer's disease, a group home setting for clients with Autism, and a locked inpatient psychiatric facility. The students also attended an Alcoholics Anonymous or Narcotics Anonymous meeting. This experience was approximately six-hours of each week for 16 weeks. The number of hours each week depended on the specific agency.

Theory is the time spent in the classroom. Learning in the classroom included three hours weekly of instruction over 16 weeks. Nursing theory directs nursing practice (Terry, 2012).

Summary

The purpose of this Capstone Project was to evaluate whether a simulation day at the beginning of the semester, prior to clinical, would decrease nursing students' anxiety levels and help them feel better prepared for working with the mentally ill. How mental health theory and clinical adjusts nursing students' stereotypical views towards individuals with mental illness was also be evaluated.

Nursing students entering their psychiatric clinical rotation are often anxious about the types of patients they will encounter and their behaviors (Lehr & Kaplan, 2013). Having a simulation experience at the beginning of their course and prior to their clinical rotation provided the students with opportunities to deal with some of their concerns in a safe, nonthreatening environment. This can facilitate their clinical experience by increasing their self-confidence in caring for psychiatric patients (Lehr & Kaplan, 2013). In addition, studies have shown that the experience gained from theory and clinical affects student nurses' attitudes positively (Yamauchi et al., 2010). People who frequently interact with patients that have mental illness will have more favorable

and less stigmatizing views (Yamauchi et al., 2010). Nursing students tend to have more favorable attitudes towards mental health nursing when they have received more hours of theory and longer clinical placements (Happell & Gaskin, 2012).

CHAPTER II

Research Based Evidence

Research has substantiated that the general population stigmatizes persons who have been diagnosed with a mental illness (Smith & Cashwell, 2010). These stigmas include beliefs that people with a mental illness are dangerous, unpredictable, more prone to violence, and are at least partially responsible for their illness (Happell & Gough, 2007). Stigma is caused by a lack of understanding of mental health by society (Sakellari et al., 2011). Past research has suggested that attitudes toward mental illness held by health care professionals are very similar to those of the general public. These attitudes can interfere with the provision of health care and be a barrier to recovery (Romem et al., 2008; Smith & Cashwell, 2010). They can also affect the development of a therapeutic relationship (Dearing, 2008). Positive attitudes toward people with mental illness can have a positive impact on their quality of life and social interaction (Sakellari et al., 2011).

The purpose of this Capstone Project was to evaluate whether participation in a simulation day prior to mental health clinical would decrease nursing students' anxiety levels and help them feel better prepared for psychiatric practicum. Nursing students entering their psychiatric clinical rotation are generally anxious about the types of patients they will encounter and their behaviors (Lehr & Kaplan, 2013). Having a simulation experience prior to their clinical rotation and classroom instruction gave students the opportunity to deal with some of their concerns in a safe, nonthreatening environment. This can facilitate their clinical experience by increasing their self-confidence towards mental health patients (Lehr & Kaplan, 2013). Having a positive

clinical experience can also have a major influence on the students' perceptions of mental health nursing as a career (Happell, 2008). In addition, studies have shown that the experience gained from theory and clinical affects student nurses' attitudes positively (Yamauchi et al., 2010). Therefore, people who frequently interact with patients that have mental illness will have more favorable and less stigmatizing views (Yamauchi et al., 2010).

Review of Literature

The literature review was conducted in order to examine evidence that described nursing students' perceptions and attitudes towards mental health and mental health nursing. The database used was Cumulative Index for Nursing and Allied Health Literature (CINAHL). Keywords used included nursing students, mental health, perceptions, attitudes, simulation, psychiatric nursing, mental health nursing, and Theory of Planned Behavior.

Nursing Students' Attitudes towards Mental Illness

Sakellari et al. (2011) evaluated interventions that had an impact on secondary school pupils' attitudes toward mental illness through education. This was a systematic literature review. Clinical guidelines were based on data from random control trials. These studies included six with control groups. These studies were performed in seven countries and participants numbered from 40 to 1,566. Results of the systematic review indicated that mental health education can influence secondary school pupils' knowledge and attitudes about mental illness (Sakellari et al., 2011).

The attitudes of nursing students towards people with mental illness can be influenced by training experience (Yamauchi et al., 2010). This qualitative study

examined the relationship between the attitudes of nursing students towards people with mental illness and the psychiatric training in which the students participated. The participants were third year nursing students in Tokyo, Japan. There were 76 participants. After the students' training, which consisted of a two hour lecture and six days of clinical practice, the students submitted a report that described their attitudes at both the pre- and post-training stage. The students' attitudes towards the mentally ill patients changed favorable after the psychiatric training (Yamauchi et al., 2010).

A clerkship program at the University of the Negev, Beer-Sheeva, Israel, helped students become more compassionate toward mentally ill patients (Romem et al., 2008). There were 136 third year nursing students that participated in the study. A pre and post-test was administered to the students before and after the four week clinical experience. The students became more self-aware and developed more professional attitudes (Romem et al., 2008).

A positive clinical placement has a huge influence on nursing students' self-reported knowledge, skills, and attitudes and interest in working with people experiencing mental health problems (Henderson et al., 2007). A longitudinal, quantitative study determined the influence of the mental health component of a Bachelor of Nursing course on second-year undergraduate nursing students' self-reported knowledge, skills, and attitudes in relation to mental health nursing (Henderson et al., 2007). A convenience sample of 192 students participated in the study. The location of the study was in Australia. Both the theory and clinical segments of the mental health curriculum increased nursing students' knowledge, skills, and attitude in caring for people experiencing mental health problems (Henderson et al., 2007).

Hung et al. (2009) explored the clinical experiences of nursing students during their first contacts with psychiatric patients in a clinical setting. This qualitative, phenomenological study evaluated psychiatric nursing students' perceptions of their first experiences of clinical practice. Purposive sampling of nursing students from two acute and two rehabilitation psychiatric wards of a mental hospital in Central Taiwan, were utilized (Hung et al., 2009). The sample size consisted of 12 students. It is important to understand the students' perceptions of their first experiences of clinical in the mental health setting to assist the educator in facilitating the development of education suitable for the students (Hung et al., 2009).

Completion of a theory course in mental illness affected attitudes towards mental illness among university students in Sweden (Gyllensten et al., 2011). The participants included 456 students enrolled in undergraduate programs that included nursing, social work, occupational therapy, physiotherapy, psychology, and public health (Gyllensten et al., 2011). The methodology indicated a pre-test/post-test design but the literature suggested three questionnaires were administered after completing a course in mental illness. One questionnaire examined the person's familiarity with mental illness. The second instrument measured fear towards the mentally ill. The third tool elicited attitudes towards seven different mental disorders (Gyllensten et al., 2011). Having mental health education positively affects attitudes towards patients with mental illness, especially fear (Gyllensten et al., 2011).

Stigmatizing attitudes towards adults with mental illness are beliefs that they are dangerous and need to be avoided, are to blame for their illness, are weak in character, and are incompetent, and need oversight and care (Smith & Cashwell, 2010). Stigma

toward mental illness was examined in a United States sample that included professional counselors. Non-mental health professionals were included in a control group (Smith & Cashwell, 2010). This experimental design with 188 participants was divided into four subgroups. The first group was the non-mental-health-student group. Group 2 consisted of students in the areas of counseling, social work, and psychology. Mental health professionals identified as counselor, social worker, or psychologist, were included in the third group. Non-mental-health professionals were included in the fourth subgroup. Mental health students and professionals had less stigmatizing attitudes than did non-mental-health students and professionals (Smith & Cashwell, 2010).

Webster (2009) implemented a teaching method that attempted to understand students' stigmatizing beliefs toward people with mental illness. A creative reflective learning project encouraged the nursing students to discuss their feelings about clients with mental illness, determine stigma, and assist with the development of compassion (Webster, 2009). The creative reflection assignment included keeping a reflective journal of assumptions the students had about their client that could affect development of a therapeutic nursing student-client relationship. The students created projects that described their understanding of daily issues their clients experienced (Webster, 2009). Through this project the students were successful in describing their understanding of their client's mental illness (Webster, 2009).

Nursing Students' Attitudes towards Mental Health Nursing

Undergraduate nursing education has been found to partially contribute to the negative attitudes nursing students have towards mental health nursing (Happell, 2008). Having a positive clinical experience can be a strategy in facilitating more positive

attitudes. A quasi-experimental measured changes in students' attitudes towards satisfaction with clinical experience following a placement in mental health nursing (Happell, 2008). A pre-test was administered to the students on the first day of clinical and a post-test was given on the last day of clinical. The respondents were undergraduate nursing students at Victorian Universities in Australia. The findings indicated that clinical experience in mental health nursing practice can positively influence attitudes, preparedness for practice, and the popularity of mental health nursing (Happell, 2008).

The quantity of theoretical preparation in mental health has an impact on nursing students' attitudes towards people with mental illness, mental health nursing, to their sense of preparedness for practice, and their perceived satisfaction with their clinical experience (Happell & Ed, 2009). This quasi-experimental survey was taken prior to and immediately following their clinical placement in the mental health setting (Happell & Ed, 2009). The participants were undergraduate nursing students in the State of Victoria Australia. In Australia there is considerable variation in the time devoted to the specialty of mental health. The time spent can be from 30 to 160 hours (Happell & Ed, 2009). There were significant differences between the attitudes and experiences of students from different universities at both the pre-test and post-test stages (Happell & Ed, 2009). At the pre-test phase, the students had completed the theory component but had not attended the clinical setting. The students that had the highest amount of theory demonstrated feeling more prepared for mental health nursing practice (Happell & Ed, 2009). The post-test continued to promote positive clinical experiences and increased feelings of preparedness related to having more hours of theory (Happell & Ed, 2009).

Negative attitudes toward people with mental health issues and mental health nursing as a career option have been recognized as a barrier in recruiting nurses to the field of psychiatric mental health nursing (Happell & Gough, 2009). A prospective observational study of a convenience sample of undergraduate nursing students in the state of Victoria, Australia examined the students' attitudes towards mental health nursing and persons with mental illness (Happell & Gough, 2009). A pre-test and post-test design was used. The pre-test was administered on the first day of their mental health clinical. The post-test was administered on the last day of their clinical placement. A strong correlation between educational preparation, placement experiences, and students' attitudes toward psychiatric nursing and persons with mental health issues were identified. Students with clinical experience felt significantly more prepared for employment within the mental health field. Less anxiety regarding mental illness was experienced by students with the clinical experience than students without it (Happell & Gough, 2009).

Mental health nursing is one of the least preferred areas of nursing (Happell & Gaskin, 2012). In this systematic review, qualitative and quantitative studies were examined. The number of studies included was 22. The purpose was to present the findings on the attitudes of undergraduate nursing students towards mental health nursing and on the influence of undergraduate nursing education on the attitudes of undergraduate nursing students toward mental health nursing (Happell & Gaskin, 2012). Classroom teaching and mental health clinical placements encourage more positive attitudes towards mental health nursing. No evidence indicated that changing students' attitudes resulted in more graduates beginning careers in mental health nursing (Happell & Gaskin, 2012).

Nursing students' negative attitudes toward mental illness are usually offered as an explanation as to why beginning nursing students do not consider a career in mental health nursing (Happell & Gough, 2007). The participants in the study included 605 undergraduate nursing students, from eight Victorian universities in Australia, who were beginning their first clinical placement in mental health nursing (Happell & Gough, 2007). They completed a preplacement survey that measured their preparedness for the mental health field, attitudes towards mental illness, and attitudes towards mental health nursing (Happell & Gough, 2007). There were significant relationships between students' attitudes, beliefs, and characteristics and the inclination to pursue a career in metal health nursing (Happell & Gough, 2007).

A student's unwillingness to work with a specific type of patient frequently is correlated to negative perceptions of that patient type (Hoekstra et al., 2010). A career in mental health nursing does not attract many nursing students (Hoekstra et al., 2010). At a nursing program in the Netherlands, a descriptive qualitative study design examined how first-year nursing students' perceptions of psychiatric patients and mental health care influenced their choice of specialization in mental health care (Hoekstra et al., 2010). Purposive sampling of undergraduate nursing students resulted in the selection of 13 students. Nursing students have stereotypical and unrealistic notions of mental health care and consumers of mental health services (Hoekstra et al., 2010). Recommendations include changing students' perceptions about mental health care and educating students so they can make an informed choice of major (Hoekstra et al., 2010).

Mental Health Simulation

Simulation in mental health nursing education facilitates student learning of therapeutic communication, assessment, and nursing intervention skills (Brown, 2008). The stigma of mental disorders results in fear among students towards mental health patients (Brown, 2008). Experiencing a video or other simulation technique that portrays the psychiatric population helps to dispel the student's anxieties before their first patient encounter (Brown, 2008).

Undergraduate nursing students beginning their mental health clinical rotation are often fearful of their upcoming experience (Lehr & Kaplan, 2013). They do not know what to expect. Nursing faculty developed two individual scenarios that included difficult behaviors and topics encountered in mental health and general hospital settings (Lehr & Kaplan, 2013). Participants were undergraduate nursing students at Emory University in Atlanta, Georgia. A total of 54 students participated in the mental health simulation in the second semester of their nursing program (Lehr & Kaplan, 2013). The simulation experience decreased the students' anxiety levels and enhanced their clinical understanding (Lehr & Kaplan, 2013).

Stigma is a barrier to mental health care access and can interfere with the development of therapeutic relationships. A teaching strategy was created to help nursing students develop insight into patients with mental illness, specifically schizophrenia (Dearing, 2008). A descriptive comparative design was used to determine if voice simulation would be successful in changing students' attitudes regarding patients who experience auditory hallucinations versus orientation with the voice simulation. The participants were 94 nursing students entering their fourth-year psychiatric nursing

rotation. They came from two private nursing schools (Dearing, 2008). The voice simulation experience orientation group consisted of 52 students and the comparison orientation group consisted of 42 students. A pre-test and post-test was administered. The post-test suggested significant differences in attitudes towards patients with voice hearing experiences between the two groups (Dearing, 2008). Experiencing the voice simulation experience provided insight to the experimental group that the control group did not grasp (Dearing, 2008).

Fiedler, Breitenstein, and Delaney (2012) compared the confidence level of two cohorts of 103 students in clinical with mental health patients. One cohort was enrolled in traditional Bachelor of Science in Nursing (BSN) track and the other group was in the accelerated track of the BSN program. Students in the accelerated program spent much less time in the mental health clinical practicum than the traditional students, but there was no significant difference in their confidence ratings (Fiedler et al., 2012). The students were given a pre-test and a post-test. Both groups of students, however, did indicate an increase in confidence level when the results of the pre-test and post-test were compared (Fiedler et al., 2012). This suggests that clinical provides students with experiences that promote their confidence (Fiedler et al., 2012).

Trenoweth (2012) examined the psychological and personal changes of two mental health nursing cohorts at a London university. The research occurred over the first two years of their pre-registration mental health nursing program. Twenty students were selected at random to participate in the qualitative study and had to agree to be interviewed on five occasions over a period of two years. It was determined that increased use of simulation, coaching, and role play in supportive settings with positive

feedback may decrease anxiety and uncertainty while increasing awareness and promoting feelings of confidence (Trenoweth, 2012).

In Australia, a simulation educational program for beginning nurses was created. This program facilitated mastering skills of mental health nursing by undergraduate nursing students (Edward, Hercelinskyj, Warelow, & Munro, 2007). The program offered six online scenarios of major mental illnesses: psychosis, anorexia nervosa, bipolar affective disorder, major depression, chronic mental illness, and borderline personality disorder. The online component with the problem-solving scenarios is then enacted through simulation. Students can practice clinical skills with the simulated client and integrate theory with their practice. Students are able to remember the symptomology of a mental health patient by recalling their experience in simulation. The practice memory allows the student to remember all of the precipitant and participant pathology (Edward et al., 2007).

Hermanns, Lilly, and Crawley (2011) discussed using a simulated suicide attempt scenario in a psychiatric inpatient setting in order to engage students into a realistic clinical situation promote critical thinking and team functioning, and to facilitate the group's focus onto giving appropriate care during an event that elicits anxiety. The experience was found to be a positive learning environment for the students. It provided them the opportunity to become familiar with crisis management and psychiatric interventions while maintaining a caring and calm demeanor (Hermanns et al., 2011).

Simulation can be used with mental health nursing students to facilitate learning (Unsworth, McKeever, & Kelleher, 2012). Simulated events are a way of ensuring the development of confidence, knowledge, and skill of the nursing students (Unsworth et al.,

2012). Three simulation scenarios were created to develop the skills and knowledge of mental health nursing students in order to recognize and manage physical deterioration of a mental health patient. The students' perceptions were evaluated to determine whether simulation was a useful method of developing skills and knowledge (Unsworth et al., 2012). The results of the study suggest that simulation is beneficial when learning about physical deterioration in mental health patients (Unsworth et al., 2012).

Theoretical Framework

Health professionals' behaviors and cognitions can be influenced or based on social cognitive theories. A systematic review of the literature suggested that The Theory of Planned Behavior is an appropriate theory to predict behavior (Godin, Belanger-Gravel, Eccles, & Grimshaw, 2008).

Intentions to work with individuals with dual diagnosis would be higher among people who have more positive attitudes, more positive subjective norms, and stronger perceived behavioral control (Werner, 2012). This descriptive, quantitative study included 512 participants from the fields of social work, occupational therapy, speech and language therapy, special education, and nursing students. The Theory of Planned Behavior questionnaire was administered. The intentions of students to work with individuals with dual diagnosis were predicted by their attitudes and perceptions of subjective norms. Controllability had a negative effect on their intentions. Self-efficacy was not found to directly affect intention of working with patients with a dual diagnosis (Werner, 2012).

Working with people with autism is perceived as difficult, challenging, and frustrating. It is also viewed as rewarding and important. It provides an opportunity to

develop personally and professionally (Werner, 2011). The Theory of Planned Behavior suggests that the best predictor of behavior is behavioral intention (Werner, 2011). Two factors examined were personal attitudes toward the behavior and the individual's beliefs about the behavioral outcomes, and perceived behavioral control includes factors that the individual considers to expedite or block the performance of the behavior (Werner, 2011). In Israel, a convenience sample of 42 female students from three universities participated in the qualitative study. The departments represented were nursing, social work, education, occupational therapy, communication disorders, and speech and language therapy (Werner, 2011). Overall, 12 themes representing attitudes and seven representing perceived behavioral control were identified. Familiarity with autism, having knowledge, and training related to autism were perceived as important. The suggestion was to increase the curriculum of the university in the area of autism, increase the university students' contact with the autism population and interprofessional training and collaboration (Werner, 2011).

Individuals with intellectual disability (ID) require adequate care. Students' intentions to work with individuals with ID would be higher among people with more positive attitudes, more positive subjective norms, and stronger perceived behavioral control (Werner & Grayzman, 2011). Participants included 512 students from social work, occupational therapy, speech and language therapy, special education, and nursing students from the University of Jerusalem. The students completed a questionnaire that measured students' attitudes toward individuals with ID and toward working with this population. It also measured their perceptions of subjective norms, controllability, self-efficacy, previous acquaintance with individuals with ID, and subjective knowledge

about ID (Werner & Grayzman, 2011). The students' attitudes and subjective norms, field of study, and subjective knowledge predicted their intentions to work with individuals with ID (Werner, 2011).

Gaps in Literature

It was difficult to locate research articles related to nursing students' perceptions of mental health and mental health nursing that utilized a theoretical framework. A theoretical framework can advance nursing knowledge by organizing concepts, uncovering hidden assumptions, and generating ideas (Werner, 2012). The majority of research on nursing students' attitudes toward mental health nursing was done in Australia. There were nine articles that examined nursing students' attitudes towards mental illness. Two of those studies were performed in the United States. The remainder was spread among six other countries. These results limit the ability to generalize the results among all nursing students. Research that investigated mental health simulation was sparse. However, five of the nine studies were conducted in the United States.

Only four studies used a control group. Therefore, there is little research to compare results of interventions among groups. One study used randomization to gather participants, which limits bias. The majority of the research studies reviewed were single descriptive studies that used either quantitative or qualitative analysis. Descriptive studies analyze an area of interest and use survey instruments but may not examine causation (Terry, 2012). Qualitative studies are more subjective because data is gathered from the research subject's perspective. Researcher-induced bias can be a limitation of these studies (Terry, 2012). Quantitative studies establish correlational and causal relationships between variables (Terry, 2012). Data is gathered using an objective

approach. The researcher does not become emotionally involved with the participants or the overall research project (Terry, 2012). Quantitative studies and the use of a pre-test and post-test could determine if there is a relationship between the variables of simulation and the perception of the nursing students, and if a specific intervention has positive results.

Strength and Limitations of Literature

The literature examined nursing students' perceptions to mental health and mental health nursing. The studies indicated that with the use of an intervention, or just the clinical and theory portion of the mental health course transformed the students' attitudes and perceptions to become more favorable towards mental illness and mental health nursing.

A limitation in the literature was the lack of studies that examined mental health issues using simulation. Most simulation exercises are developed for the training of competencies related to physiological assessments and interventions (Guise et al., 2012). However, many skills of mental health nursing can be cultivated through the use of simulation (Guise et al., 2012).

Theoretical Framework

The Theory of Planned Behavior (TPB) focuses on the relationships between behavior and beliefs, attitudes, subjective norms, and intentions (Butts & Rich, 2011). It is the process by which individuals decide on a particular course of action. Behavioral intention is influenced by (a) personal attitudes toward the behavior, (b) subjective norms, and (c) perceived behavioral control (Werner, 2012). The Capstone Project measures the students' anxiety levels, feelings of preparation, and preconceived notions

and attitudes towards mental health patients and mental health nursing. A simulation day of psychiatric mental health experiences was provided to the experimental group while the control group began their clinical rotation without a simulation experience. The hypothesis is that nursing students who receive simulation at the beginning of their mental health rotation will have less anxiety and feel better prepared working with the mentally ill than students who do not. Also, nursing students will demonstrate decreased anxiety, decreased negative stereotypes, and an increased sense of preparedness after mental health theory and clinical. The Conceptual-Theoretical-Empirical (CTE) diagram is shown in Figure 1.

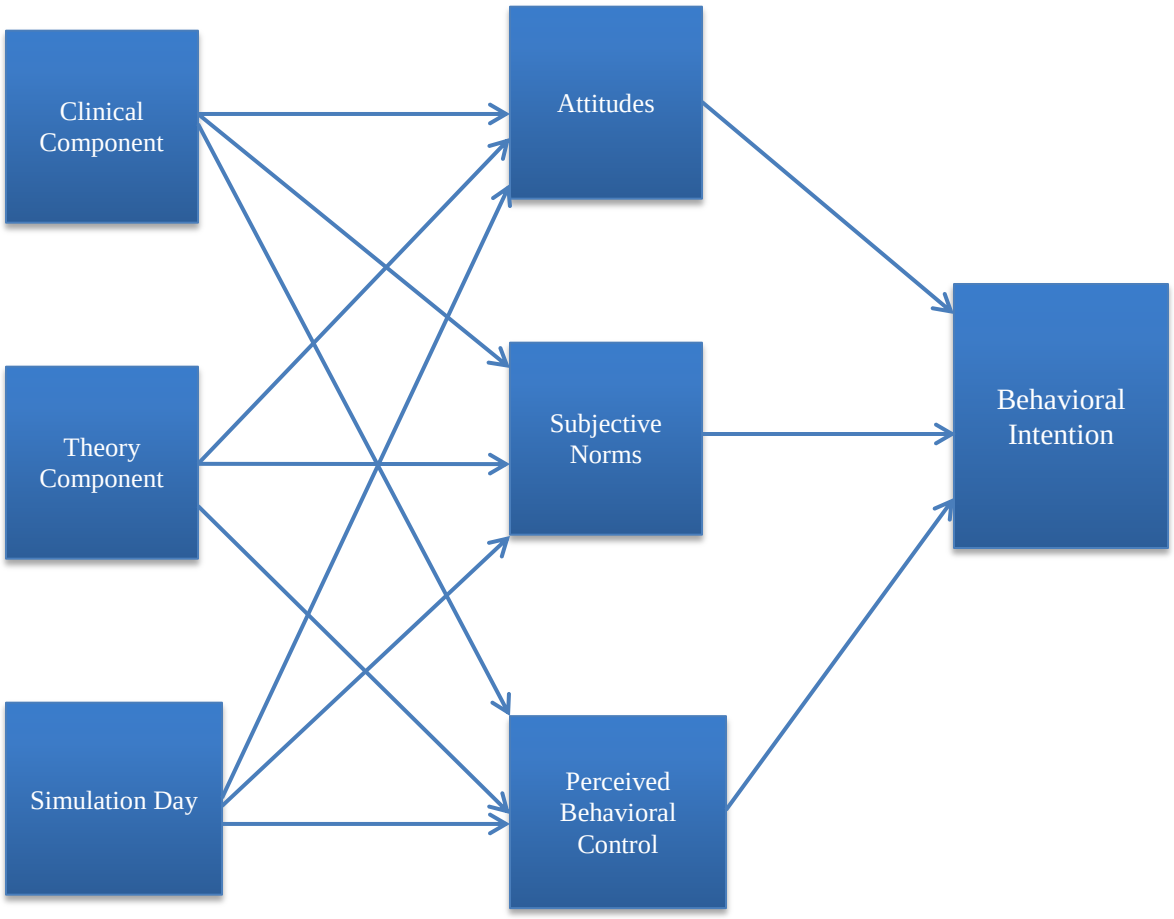

Figure 1. Conceptual-Theoretical-Empirical Diagram

Summary

Current literature supports the notion that mental health theory, clinical placement, and simulation positively impact nursing students' perceptions towards consumers of mental health services and their mental health practicum. Evidence does not support that having a change in attitude will encourage students to plan a career in mental health nursing. Nursing students have expressed negative attitudes anticipating their clinical experience and having contact with mental health patients. The researcher believes having a mental health simulation day prior to beginning clinical will decrease their anxiety about their clinical experience and change their attitudes toward the mental health population.

CHAPTER III

Project Description

Preconceived notions about people affected by a mental disorder are a global concern (Van der Heijden, Van der Bijl, Latour, Hoekstra, & Van Meijel, 2012). Negative perceptions that exist in relation to mental illness include substance dependence, aggression, crime, and harassment (Van der Heijden et al., 2012). Issues for persons with mental illness include lower self-esteem, a feeling of social exclusion, and loss of income (Van der Hejiden et al., 2012). Stigma and negative perceptions of the mentally ill by healthcare providers can affect the quality of health care provided and the development of a therapeutic relationship (Van der Heijden et al, 2012; Dearing, 2008).

The purpose of this Capstone Project was to evaluate whether a simulation day would decrease nursing students' anxiety level, assist them in feeling prepared for clinical and evaluate the degree to which exposure to mental health theory and clinical alters nursing students' attitudes towards individuals with mental illness and mental health nursing.

Nursing students are often anxious entering their psychiatric clinical rotation about the types of patients they will encounter and their behaviors (Lehr & Kaplan, 2013). Having a positive clinical experience can also have a major influence on the students' perceptions of mental health nursing as a career (Happell, 2008). In addition, studies have shown that the experience gained from theory and clinical affects student nurses' attitudes positively (Yamauchi et al., 2010). People who frequently interact with patients that have mental illness will have more favorable and less stigmatizing views (Yamauchi et al., 2010).

Project Implementation

Subsequent to obtaining *DNP Capstone Project Proposal Approval* and Institutional Review Board (IRB) approval, the project administrator began implementation preparation for this comparative experimental Capstone Project. The Capstone Project was implemented during the first semester of the nursing student's senior year, when the 16-week course, Mental Health Nursing, was offered. The students were exposed to theory twice weekly for 2.5 hours and clinical once a week for approximately six hours, depending on the agency. The clinical experience included an inpatient behavioral health unit, a substance abuse unit, an outpatient support group, a group home for people with autism, and an assisted living facility with a unit that housed clients with Alzheimer's disease. The students in the Mental Health Nursing course were divided into two clinical groups. One clinical group served as the experimental group and experienced a simulation day prior to beginning clinical, while the second clinical group served as the control group and was exposed only to the clinical experience.

The simulation was a four-hour experience that was meant to introduce the students to different diagnoses and behaviors associated with mental illness that they were likely to come in contact with during their clinical rotation. Another purpose of this undertaking was to help decrease the students' fears and anxieties and help them feel better prepared for their clinical experience.

The first item on the agenda was to view a five-minute video; from that they discussed the importance of reducing mental health stigma worldwide (www.cartercenter.org). After the video, the researcher facilitated a brief discussion with the students about stigma and how it affects healthcare providers and patients with mental

illnesses. Following the discussion, the Director of the Inpatient Behavioral Health Unit where the students completed one of their clinical rotations, gave a brief description of the unit, the common diagnoses they see, and rules specific for behavioral health patients.

The students also completed an exercise using the Johari Window, which is a technique that explores self-awareness (Jack & Miller, 2008). This is especially important in mental health nursing because of the amount of time spent showing empathy and warmth (Jack & Miller, 2008). The Johari Window helps acknowledge personal strengths and boundaries, which should help increase the nursing students' ability to be therapeutic and supportive (Jack & Miller, 2008). The Johari Window is presented in Figure 2.

	Known to self	Not known to self
Known to others	Open area This is what I know about myself and others know about me. For example, I am female.	Blind area My friends and colleagues may have a view of me that of which I am unaware. I will know about these things only if others tell me. For instance, my friends may think I am too unforgiving but I may not be aware of this.
Not known to others	Hidden area This is what I know about myself but I hide it from others. I may hide more from my colleagues than from my family. The more I disclose from this area, the bigger my open area will be and I may learn more about myself. For example, my father was an alcoholic and I am afraid I will become an alcoholic.	Unknown area The unknown area is not known to ourselves or to others. As we receive feedback from others and tell others more about ourselves we can develop into this unknown area and it will gradually get smaller. For example, a talent that is cultivated that no one including the person knew they had.

Figure 2. The Johari Window

Following the Johari Window and discussion exercise, the students had the opportunity to observe and participate in role-playing with different mental health diagnoses. One scenario included a manic patient and concern over the proper way to make sure that the patient stayed hydrated. A patient with borderline personality disorder was the subject of another role-play exercise. The patient had been admitted into the hospital with self-mutilation behaviors. Patient safety was a goal along with understanding the concept of staff splitting behaviors. A college student suffering from depression was in another story. Patient safety, assessing the potential for suicide, and referral for counseling were important outcomes. Offering insight into certain behaviors associated with substance abuse were included in another scenario. Recognizing cognitive difficulties that affect patients when they are having auditory hallucinations was the goal in the vignette about schizophrenia.

Therapeutic communication exercises were another component of the simulation day. These exercises consisted of the students being given a statement that a patient might make. The students were charged with replying in a therapeutic manner and a nontherapeutic manner along with the rationale for why the response was therapeutic or nontherapeutic.

The final element of the simulation day included a video on schizophrenia from the newscast *ABC 20/20* (http://www.youtube.com/watch?v=74vTftboC_A). This was a documentary about schizophrenia and also included technology that simulates hallucinations and delusions. The use of this technology demonstrated how traumatizing the hallucinations and delusions can be to patients with schizophrenia. The last ten minutes of the simulation day was a debriefing session.

A pretest was given to both groups of students prior to the beginning of clinical and prior to the experimental group's simulation experience. A posttest was given to both groups of students at the end of the 16-week semester when the theory and clinical portion of the course had concluded. The students' attitudes toward mental health and mental health nursing were evaluated before and after the clinical and theory components of the course to determine the effect of simulation exposure on students' feelings of preparedness and anxiety toward mental health and mental health nursing. Whether or not clinical and theory affect the students' feelings of preparedness, anxiety levels, and stereotypical views was also examined.

Setting

The research was conducted at a small liberal arts University in the Southeastern United States. The clinical settings were diverse and allowed for maximum learning experiences. The inpatient psychiatric unit had 12 beds. Admissions were either voluntary or involuntary. The detoxification unit had 20 inpatient beds and only received voluntary admissions. Group Home Autism was a collection of four locations that provided a safe environment for adults with autism. The assisted living facility had 105 beds with 39 beds designated as memory care. The students also attended either an Alcoholics Anonymous or Narcotics Anonymous meeting. During the clinical experience one goal was for the students to interact and learn to therapeutically communicate with patients that had mental health diagnoses.

Sample

A convenience sample of 16 students was enrolled in the upper division of the Bachelor of Science Degree in Nursing (BSN) program at the beginning of the semester.

These students were divided into two clinical groups of eight nursing students each according to their assignment to clinical groups. The groups were designated as either the control or experimental group. The control group concluded with a total of seven participants due to one student withdrawing from the nursing course during the semester.

The students had the opportunity to refuse to participate in the study without ramifications. The students were all female, full time students, and between the ages of 20 and 33.

Project Design

The 16 undergraduate nursing students in the first semester of their senior year were enrolled in their Mental Health Nursing course. They were divided into two clinical groups of eight students. The control group was exposed to theory and clinical experiences, and went directly to clinical without experiencing a simulation day. The experimental group received a simulation day prior to attending the first day of their mental health clinical placement. The simulation day included an orientation of expectations on the mental health unit by the nurse manager of that unit; a video of the challenges of dealing with schizophrenia; role play of patients with symptoms of schizophrenia, bipolar disorder, borderline personality disorder, and substance abuse; the Johari Window exercise; and a therapeutic communication lab (Appendix A).

Data was collected in a pretest posttest fashion. Analysis was through Statistical Package of the Social Sciences (SPSS). Descriptive statistics were obtained and correlations between the two groups were identified. Case-wise elimination was used in data analysis for missing data.

Protection of Human Subjects

Permission to conduct research was obtained from the Institutional Review Board (IRB) from the project administrator's educational institution. The project administrator also received IRB approval from the University where the study was conducted. An application for exempt study was made to the University that houses the nursing department. The nursing students were provided an informed consent in order to participate in the project. The students were instructed to use a numeric coding system as identifiers. This was to allow for comparison of the pretest and posttest. The project administrator introduced the study to the students, but another staff member in the department actually administered and received the surveys. All of the students signed and completed the informed consent in order to participate in the project. The project manager informed the students that participation in the study was voluntary and that they would remain anonymous participants. The students were instructed that they could return a blank questionnaire if they chose not to participate. Students that volunteered to participate all signed *Consent to Participate in Research* (Appendix B) after it was explained. The surveys and data were kept in a locked cabinet in the project administrator's office.

Instruments

Prior to administering the survey, permission was obtained from the author to utilize the Mental Health Nursing Survey Part 1 (MHN-1) and Mental Health Nursing Survey Part 2 (MHN-2) pretest and posttest instruments (Appendix C). The instrument that was administered as a pretest was the MHN-1 (Appendix D). This instrument was modified from an original instrument developed by Wynaden, Orb, McGowan, and

Downie (Happell & Gough, 2007). An expert opinion provided by the Liason committee of the Centre for Psychiatric Nursing Research and Practice (CPNRP) suggested adding additional questions to the original instrument. The suggested questions were added and reviewed multiple times until an agreement was obtained (Happell & Gough, 2007). The revised survey was administered to a sample of undergraduate nursing students to ensure there were no difficulties with understanding the questions (Happell & Gough, 2007). The final result was an instrument with 24 statements included in Part 1. The subscales include preparedness for the mental health field, knowledge of mental illness, stereotypical beliefs, future career, course effectiveness, anxiety surrounding mental illness, and valuable contributions (Happell & Ed, 2009).

The subscale for preparedness for mental health comprised statements 1, 4, 7, and 10. Feelings of being better prepared for the mental health field was indicated by higher scores (Happell, 2008). Knowledge of mental illness was another subscale. Statements 9, 18, 19, and 23 were included in this subscale. The more informed attitudes the students have about mental health, the higher the scores (Happell, 2008). Another subscale was identified as stereotypical beliefs which consisted of statements 8, 21, and 24. The subscale, future career, included statements 6 and 12. Increased scores indicated an interest in pursuing a career in mental health nursing (Happell, 2008). Course effectiveness was the subscale that comprised statements 14 through 17. Higher scores indicated that the students felt the university courses had prepared them for various areas of nursing (Happell, 2008). The subscale anxiety, comprising statements 3, 5, and 22 indicated the student's level of anxiety regarding mental health. Lower scores for questions 3 and 5, and higher scores for statement 22 suggested lower levels of anxiety

(Happell, 2008). The subscale, valuable contributions, suggested a strong belief that psychiatric nurses provided a valuable service to consumers, the community, and students' nursing careers. Statements 2, 11, and 20 are included in this subscale and higher scores are indicative of stronger beliefs (Happell, 2008). The subscale, course effectiveness, was not included in the data analysis because it was not relevant to nursing education in the United States.

The MHN-2 posttest adds an additional 15 questions on the post-test questionnaire (See Appendix E). These questions are specifically intended to measure students' satisfaction of their clinical experience. This subscale, positive clinical experience, was not analyzed because it was not relevant to the hypotheses of the project administrator.

This questionnaire was administered upon completion of the clinical and theory component after their final exam. The students responded on a 7-point Likert scale, which ranged from strongly disagree to strongly agree (Happell & Ed, 2009). Both instruments were piloted with 47 undergraduate nursing students from two universities and was found to be reliable and valid (Happel & Ed, 2009). Because the instrument has been utilized primarily in Australia, the Project Administrator surveyed three students to determine if the questionnaire was easily understood. Although this was a small sample, all of the students verbalized comprehension of the survey. Data was analyzed to determine changes in scores between pre and post testing.

Data Collection

On the first day of class before simulation, theory, or clinical began, the MHN-1 was administered to all 16 of the students. The project administrator left the room and

another staff member collected the survey. All 16 of the students completed the survey. The experimental group of (n=8) received the simulation exercise prior to beginning the clinical component of the course. The control group (n=7) attended clinical without the simulation experience.

During the semester one student from the control group withdrew from nursing school. The data from this student were excluded from the study resulting in a control group size of n=7. At the end of the semester on the day of the final exam, the MHN-2 was administered to the student in an area adjacent to the classroom. The students submitted the surveys to one of the staff as they were completed.

Budget

No costs were incurred by participants or the Project Administrator during the implementation of the Capstone Project.

Limitations

The small sample size in this study limits the generalizability of findings. Minimal diversity in the group surveyed also presents limitations. The respondents were all female and all their ages except one fell within the age range of 18-29 years of age. This further limits generalizability since older students and male students may have responded differently to both the questionnaires and the mental health experience.

Summary

The 16 undergraduate nursing students in the first semester of their senior year, enrolled in their Mental Health Nursing course, and were divided into two clinical groups of eight students each. One group was designated as the control group and the other group as the experimental group, which received a simulation day prior to attending the

first day of the mental health clinical placement. The simulation included an orientation of expectations on the mental health unit by the nurse manager of that unit, the viewing of a video on the challenges of schizophrenia, role-playing of patients with symptoms of various mental health disorders, the Johari Window exercise on self-awareness, and a therapeutic communication lab.

All of the students received the MHN-1 prior to beginning simulation, classroom, and clinical placement. The experimental group received the simulation day and the control group began clinical without the simulation experience. At the end of the semester, 15 of the students completed the MHN-2. One of the students withdrew from the course during the semester and data from that student was eliminated from analysis. This study utilized a pretest and posttest design and was analyzed using SPSS.

CHAPTER IV

Results

Nursing students most often come in contact with mental health patients for the first time during their clinical rotation (Hung et al., 2009). Because of their lack of experience with this group of patients, they experience anxiety and may even be emotionally traumatized because of preconceptions (Hung et al., 2009). The attitudes of the nursing students can be influenced by the theoretical content of the course and their clinical experiences. Simulation can be utilized to present information to the students in a controlled environment with the goal of introducing information and facilitating positive attitudes and perceptions towards mental health patients and mental health nursing.

Sample Characteristics

The population designated for this Capstone Project was first semester senior nursing students enrolled in the psychiatric-mental health theory and clinical component of a Bachelor of Science in Nursing (BSN) program. The selected sample was first semester senior nursing students in a BSN program at a four year private, Liberal Arts University in the Southeastern United States. Sample selection by the project administrated occurred due to convenience.

Out of a possible 16 students, all were eligible for participation and all students volunteered and agreed to participate in the Capstone Project. Sixteen students completed the pretest process. One student withdrew from the course mid-semester and consequently, did not participate in the posttest. Pretest data for this student was omitted from statistical analysis procedures. Students who participated were beginning the third

of four nursing semesters in the upper level division of nursing in the University. All participants were enrolled in psychiatric/mental health nursing. This course lasted for 16 weeks and consisted of three hours weekly of lecture and approximately six hours weekly of clinical. The course totaled five semester hours.

The sample population contained 15 (100%) females. None had participated in a prior placement of mental health. The majority of the students were in the age range 18-29 (93%). One student (7%) was in the age range 30-39. Table 1 provides sample characteristics for the entire sample population.

Table 1

Sample Characteristics of Entire Sample Population (n = 15)

Sample Characteristics	Frequency	Valid Percent
Group:		
Control (n = 7)	7	46.7
Experimental (n = 8)	8	53.3
Gender:		
Male	0	0
Female	15	100
Age:		
18-29	14	93.3
30-39	1	6.7
40-49	0	0
50 or older		
Prior Mental Health Placement:		
Yes	0	0
No	15	100

Control Group Sample

A total of seven students consented and fully participated in the study's control group. The group members were female (100%). One student's (14.2%) age range was 30-39 and six (85.7%) ranged in age from 18-29. None of the students had previous mental health experience. Table 2 provides a comparison of the sample characteristics of the control and experimental group sample populations.

Experimental Group Sample

A total of eight students consented and participated in the study's experimental group. The group members were female (100%). All of the students were in the age range of 18-29. None of the students had previous mental health experience. Table 2 provides a comparison of the sample characteristics of the control and experimental group sample populations.

Table 2

Sample Characteristic Comparison of the Control and Experimental Group Populations

Sample Characteristics	Frequency		Valid Percent	
	Control Group	Experimental Group	Control Group	Experimental Group
Gender:				
Male	0%	0%	0	0
Female	100%	100%	100	100
Age:				
18 – 29	85.7%	100%	86	100
30 – 39	14.2%	0%	14	0
40 – 49	0%	0%	0	0
50 and over	0%	0%	0	0
Prior Mental Health Placement:				
Yes	0%	0%	0	0
No	100%	100%	100	100

Major Findings

Research Question Findings

An independent-samples *t*-test was performed to determine the difference in the means between the control and experimental groups at posttest. In order for the samples to be considered independent, there must be no reason to believe that the observed values in one sample could affect or be affected by the observations in the other (Carver & Nash, 2006). There should be no link between the observations in the two samples (Carver & Nash, 2006).

The independent variable (the designated group) must be categorical and contain two levels to meet the assumption of the independence for paired-samples *t*-test. Collected data for this Capstone Project were categorical as the pretest, MHN-1 and posttest MHN-2. The pretest and posttest results were not restricted or modified. The data was representative of two levels as two distinct groups, control and experimental.

A paired-samples *t*-test is performed when measuring a change in a single variable (the subscale scores) observed at two points in time (Carver & Nash, 2006). The subjects in the samples are the same and the focus is on the difference between two successive observations or measurements (Carver & Nash, 2006). The assumption that is required for this test is that the differences be normally distributed (Carver & Nash, 2006).

Research question 1. Do students who are exposed to a mental health simulation feel significantly better prepared to work with mental health patients after their clinical experience than students who did not experience the simulation?

Independent-samples *t*-test was conducted on the posttest scores of the experimental group and control group to determine if the simulation-based learning experience had a positive impact on the students' feelings of being better prepared to work with the mental health patients.

Means and standard deviations for scores of the preparedness for mental health field for the experimental and control group are presented in Table 3. Leven's Test of Equality of Variance was performed to evaluate population variances for the two groups. No statistically significant difference was found between the control group and the experimental groups indicating equal variance in the two groups (Table 4). An

independent *t*-test was used to analyze the difference between the groups at post-test on the preparedness subscale. There was no statistically significant difference between the experimental and control group's MHN-2 posttest scores (See Table 3). This indicates that there were no statistically significant differences between the control and experimental groups on perceived preparedness for the mental health field.

Research question 2. Do students who are exposed to a mental health simulation feel less anxious about working with people experiencing a mental health problem than students who were not exposed to simulation?

Independent-samples *t*-test was conducted on MHN-2 posttest scores of the experimental group and control group to determine if simulation-based learning experience impacted the students' anxiety levels when working with people with mental illness. The subscale for anxiety surrounding mental illness is presented in Table 5. Levene's Test of Equality of Variance was performed to evaluate population variances for the two groups. No statistically significant difference was found between the control and experimental groups indicating that the two groups had equal variance (See Table 4). There was no statistically significant difference between the MHN-2 post-test scores of the experimental group and the control group indicating that there were no differences between groups on their levels of anxiety toward mental illness following the clinical experience (Table 3).

Table 3

Independent Sample t-test of the Experimental Group's and Control Group's MHN-2 Posttest Scores for Subscales Preparedness for mental health practice and Anxiety surrounding mental illness

	N	Mean	Standard Deviation	Std. Error Mean
Preparedness Subscale				
Experimental	8	14.5000	3.77964	1.33631
Control	7	15.0000	4.04145	1.52753

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Preparedness Subscale	Equal Variances Assumed	.248	13	.808
	Equal Variances Not Assumed	.246	12.448	.809

	N	Mean	Standard Deviation	Std. Error Mean
Anxiety Surrounding Mental Illness Subscale				
Experimental	8	16.1250	2.94897	1.04262
Control	7	16.2857	3.35233	1.26706

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Anxiety Surrounding Mental Illness Subscale	Equal Variances Assumed	.099	13	.923
	Equal Variances Not Assumed	.098	12.115	.924

Table 4

Levene's Test of Equality of Variance for MHN-2 Posttest Scores for Subscale (a) preparedness for mental health field and (f) anxiety surrounding mental illness

MHN-2 Subscale	F	*p*
Preparedness for mental health field		
Equal variances assumed	.014	.906
Equal variances not assumed		
Anxiety surrounding mental illness		
Equal variances assumed	.544	.474
Equal variances not assumed		

Research question 3. Do theory and traditional clinical experiences impact students' levels of anxiety, attitudes, and sense of preparedness towards mental health and mental health nursing in students enrolled in a psychiatric/mental health course?

Paired-samples *t*-test was conducted on the MHN-1 pretest and MHN-2 posttest scores of the combined groups (n=15) to determine if theory, and clinical experience impacted the students' anxiety levels, attitudes toward the mentally ill, and feelings of preparedness towards mental health and mental health nursing.

The subscale on preparedness for the mental health field, the mean MHN-1 pretest score was 10.8571 (SD 2.65611) and the mean MHN-2 posttest score was 14.8571 (SD = 3.88007). Paired *t*-test indicated there was a statistically significant difference between the pretest MHN-1 score and the posttest MHN-2 score (t = -3.835; p = .002). Scores indicated student's felt more prepared for the mental health field upon completion of the theory and clinical course components (Table 5).

The subscale measuring stereotypical beliefs about mental health had a mean MHN-1 pretest score of 10.000 (SD = 1.77281) and a mean MHN-2 posttest score of 10.8000 (SD = 3.18927). According to analysis using paired-samples *t*-test, there was no statistically significance difference between the pretest MHN-1 score and the posttest MHN-2 scores on the subscale following the clinical and theory course components (See Table 5).

Analysis of the subscale for anxiety surrounding mental illness indicated a mean MHN-1 pretest score of 13.667 (SD = 3.45722) and a mean MHN-2 posttest score of 16.2000 (SD = 3.02844). Paired *t*-test indicated there was a statistically significant difference between the pretest MHN-1 score and the posttest MHN-2 score ($t = -3.062$; $p = .008$) (See Table 5). This finding indicates that students have lower levels of anxiety toward mental illness following the clinical and theory course components. Table 4 shows the means, standard deviations, and results of paired *t*-tests for the subscales.

Table 5

Paired-Samples t-test Results of the Groups' Pretest/Posttest MHN-1 and MHN-2 Scores

Subscales	Mean	N	Standard Deviation	Std. Error Mean	df	*t*	Sig. (2-tailed)
Preparedness for mental health field							
Pretest	10.8571	14	2.65611	.70988			
Posttest	14.8571	14	3.88007	1.03699	13	-3.835	.002
Stereotypical beliefs							
Pretest	10.0000	15	1.77281	.45774			
Posttest	10.8000	15	3.18927	.82347	14	-1.326	.206
Anxiety surrounding mental illness							
Pretest	13.6667	15	3.45722	.89265			
Posttest	16.2000	15	3.02844	.78194	14	-3.062	.008

Secondary Findings

Independent-samples *t*-test was conducted on the MHN-2 posttest scores of the experimental group and control group to measure any impact simulation may have had on the remaining subscales of knowledge of mental illness; stereotypical beliefs; future career and; valuable contributions. No statistically significant differences were found between groups at posttest for any of these subscales indicating there was no difference between the groups on knowledge of mental illness, stereotypical beliefs, future careers, and valuable contributions following clinical and theoretical course components. Means, standard deviations, and *t*-test results are presented in Table 6. Levene's Test of Equality of Variance for MHN-2 posttest scores for subscales knowledge of mental illness; stereotypical beliefs; future career; course effectiveness; and valuable contributions was

performed to evaluate population variances for the two groups. No statistically significant differences were found between the control and experimental groups (Table 7).

Table 6

Independent sample t-test of the Experimental Group's and Control Group's MHN-2 Posttest Scores for Subscales

Subscale	N	Mean	Standard Deviation	Std. Error Mean
Knowledge of Mental Illness				
Experimental	8	21.5000	3.46410	1.22474
Control	7	22.1429	4.29839	1.62464

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Knowledge of Mental Illness	Equal Variances Assumed	.321	13	.753
	Equal Variances Not Assumed	.316	11.558	.758

	N	Mean	Standard Deviation	Std. Error Mean
Stereotypical Beliefs				
Experimental	8	10.6250	3.15945	1.30931
Control	7	11.0000	3.46410	1.26706

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Stereotypical Beliefs	Equal Variances Assumed	.219	13	.830
	Equal Variances Not Assumed	.218	12.319	.831

	N	Mean	Standard Deviation	Std. Error Mean
Future Career				
Experimental	8	4.0000	2.32993	.82375
Control	7	5.5714	3.69040	1.39484

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Future Career	Equal Variances Assumed	1.001	13	.335
	Equal Variances Not Assumed	.970	9.885	.355

	N	Mean	Standard Deviation	Std. Error Mean
Valuable Contribution				
Experimental	8	16.1250	3.35676	1.18679
Control	7	16.2857	2.42997	.91844

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Valuable Contribution	Equal Variances Assumed	.105	13	.918
	Equal Variances Not Assumed	.107	12.616	.916

Table 7

Levene's Test of Equality of Variance for MHN-2 Posttest Scores for Subscales

MHN-2 Subscale	F	*p*
Knowledge of mental illness		
Equal variances assumed	.649	.435
Equal variances not assumed		
Stereotypical Beliefs		
Equal variances assumed	.285	.603
Equal variances not assumed		
Future career in mental health nursing		
Equal variances assumed	1.973	.184
Equal variances not assumed		
Valuable Contributions		
Equal variances assumed	1.817	.201
Equal variances not assumed		

Paired-samples *t*-test was conducted on the MHN-1 pretest and MHN-2 posttest scores of the combined groups (n=15) to determine if the theory, and clinical experience had any impact on the remaining subscales knowledge of mental illness; future career and; valuable contributions. Analysis indicated no significant changes on any of the subscales except valuable contributions.

This subscale measure the perception regarding whether psychiatric nurses provide a valuable service to consumers, the community and students' nursing careers (Happell, 2008). The mean MHN-1 pretest score was 18.2667 (SD = 2.15362) and the

mean MHN-2 posttest score was 16.2000 (SD = 2.85857). Paired *t*-test indicated there was a statistically significant difference between the mean pretest and the mean posttest score ($t = 2.454$; $p = .028$). This indicated that students felt the mental health nurses provided less of a valuable contribution to consumers, community and students' nursing careers after completion of the theoretical and clinical course components.

Table 8 shows the means, standard deviations, and results of paired *t*-tests for the subscales.

Table 8

Paired-Samples t-test Results of the Groups' Pretest/Posttest MHN-1 and MHN-2 Scores

Subscales	Mean	N	Standard Deviation	Std. Error Mean	df	t	Sig. (2-tailed)
Knowledge							
Pretest	22.5333	15	4.47001	1.15415	.		
Posttest	21.8000	15	3.74547	.96708	14	.008	.433
Future Career							
Pretest	4.3667	15	2.21897	.57293			
Posttest	4.7333	15	3.03472	.78356	14	-.476	.641
Valuable Contribution							
Pretest	18.2667	15	2.15362	.55606			
Posttest	16.2000	15	2.85857	.73808	14	2.454	.008

Summary

This study aimed to evaluate the impact of a simulation-based learning experience on the nursing students' feelings of being prepared and anxiety levels. It also evaluated the affect the theory and clinical components had on the students as a group. The information presented in Table 1 descripted sample characteristics for both population groups. In order to answer the study's three research questions, paired-samples *t*-test and independent samples *t*-test calculations were completed on MHN-1 and MHN-2 testing results. Independent-samples *t*-test performed on MHN-2 posttest scores suggested was no statistically significant difference between the control group and the experimental

group. Paired-samples *t*-test on MHN-1 and MHN-2 posttest scores revealed statistically significant differences in the subscales preparedness, anxiety, and valuable contributions. Levene's Test of Equality of Variance was performed to evaluate population variances of the two groups. There was no statistically significant difference in the variance of the population.

CHAPTER V

Discussion

This study investigated whether participation in a simulation day prior to clinical would decrease nursing students' anxiety levels and help them feel better prepared for their psychiatric clinical practicum. How mental health theory and clinical impacted nursing students' attitudes towards individuals with mental illness and mental health nursing was evaluated. Fifteen BSN students enrolled in a small Liberal Arts University in the Southeastern United States volunteered and participated in the study. The MHN-1 and MHN-2 were the instruments utilized to measure the subscales scores of preparedness for mental health field, knowledge of mental illness, stereotypical beliefs, future career, anxiety surrounding mental illness, and valuable contributions. Paired-samples *t*-test and independent-samples *t*-test were utilized to determine if statistical significance existed amid or between experimental and control groups

Implication of Findings

This study was significant because mental health is a worldwide healthcare issue and the general population stigmatizes persons who have been diagnosed with a mental illness (Smith & Cashwell, 2010). Research suggests that the attitudes of health care providers and the general public are very similar when it comes to mental illness and nursing students' attitudes are reflective of the predominate views of the general population (Happell & Gough, 2009). These negative attitudes can interfere with the provision of health care and be a barrier to recovery (Romem et al., 2010). These negative perceptions and stereotypes of psychiatric patients and mental health care can adversely affect seeking a career in mental health nursing (Hoekstra et al., 2010).

Nursing students begin their mental health rotation with preconceived notions about mental illness. This may be their first contact with a mental health patient and it may be traumatic (Hung et al., 2009). However, research suggests that negative perceptions can be influenced as a result of their clinical experiences (Happell, 2009). Simulation can also be utilized as a way to dispel misperceptions and negative stereotypes (O'Boyle-Duggan, 2010). Having simulation at the beginning of their education in mental health can introduce the students to the subject and alleviate their fears of the unknown. A student's anxiety can decrease when exposed to simulation activities (Brown, 2008; Lehr & Kaplan, 2013). A student's positive behavior toward the mental health patient can promote positive outcomes.

There was literature that examined nursing students' perceptions to mental health and mental health nursing. The studies indicated students' attitudes and perceptions became more positive towards mental illness and mental health nursing after the clinical and theory portion of the mental health course. What is lacking within the literature is the use of simulation to examine changes in students' attitudes and perceptions of mental illness. Most of the mental health simulation exercises are utilized for competency training related to physiological assessments and interventions (Guise et al., 2012). This chapter offers an examination in to the impact of simulation, clinical, and theory through discussion of study results. In addition, this chapter includes discussion of the application of the theoretical framework, implications for nursing education, propositions for future research, and study limitations.

Sample

The participants utilized for experimental and control groups were females. The majority was between the ages of 28 and 29, with one being between 30 and 39. None of them had previous mental health placement. This population was very similar in characteristics.

The population of the control group was entirely female with the age range of the majority of participants being 18-29. One member was between the ages of 30 – 39. None of the members had prior mental health placement.

The population of the experimental group was entirely female with all being within the age range of 18-29. None of the members had prior mental health placement.

Results

Research question 1. The first research question sought to determine if students who were exposed to a mental health simulation felt significantly better prepared to work with mental health patients after the clinical experience than students who did not experience the simulation. The results of independent-samples *t*-test of the MHN-2 posttest subscales scores for the experimental and control group were analyzed to determine if the simulation-based learning experience had a positive impact on the students' feelings of being better prepared to work with mental health patients. The preparedness subscale score was lower in the experimental group than in the control group. Higher scores indicated a greater feeling of preparedness (Happell, 2008). It was not a statistically significant difference.

Based upon these findings, simulation exposure had no significant impact on the participant's feelings of being prepared for their mental health placement. These findings

may be attributed to a variety of project constituents, such as sample size, sample characteristics of age, gender, and project design. A larger sample size might have altered the outcome of the findings. The majority of the participants were between the ages of 18-29. Younger age could indicate diminished life-experiences and inability to adequately evaluate their perceptions of mental health. All participants were female and gender might have hindered the participant's ability to overcome negative feelings of preparedness for mental health clinical. No research was found discussing a linkage between gender and perceptions of mental health. The project design was such that the MHN-2 was administered on the last day of the course after the students completed their final exam. Participants could have been fatigued by semester's end causing lower MHN-2 posttest scores. Also, the participants had the simulation at the beginning of the semester, and having the clinical portion and theory over the semester may have overshadowed the simulation experience. There was no statistical significant difference between the MHN-2 posttest scores of the experimental group and the control group.

Research question 2. The second research question determined if students who were exposed to a mental health simulation felt less anxious about working with people experiencing mental health problems than students who were not exposed to simulation.

The results of the independent-samples *t*-test of the MHN-2 posttest subscales scores for the experimental and control group were analyzed to determine if the simulation-based learning experience had a positive impact on the students' feelings of anxiety when working with people experiencing mental health problems than students who did not have the simulation experience. There was not a statistically significant

difference between the level of anxiety felt by the experimental group and the control group.

Based upon these findings, simulation exposure had no significant impact on the participant's level of anxiety surrounding mental illness. These findings may be attributed to a variety of project constituents, such as sample size, sample characteristics of age, gender, and project design. A larger sample size may have had a different effect on the findings. The majority of the participants were between the ages of 18-29. Younger age could indicate diminished life-experiences and inability to adequately evaluate their level of anxiety surrounding mental illness. All participants were female and gender might have hindered the participant's ability to overcome negative feelings anxiety surrounding mental illness. Anxiety is the most common mental illness in the United States and affects women twice as often as men (http://www.adaa.org/about-adaa/press-room/facts-statistics). The project design was such that the MHN-2 was administered on the last day of the course after the students completed their final exam. Participants could have been fatigued by semester's end causing lower MHN-2 posttest scores. Also, the participants had the simulation at the beginning of the semester, and having the clinical portion and theory over the semester may have overshadowed the simulation experience. There was no statistical significant difference between the MHN-2 posttest scores of the experimental group and the control group regarding the level of anxiety surrounding mental illness.

Research question 3. The final research question examined if traditional clinical experiences and theory have positive impacts on levels of anxiety, attitudes, and sense of preparedness towards mental health and mental health nursing in students enrolled in a

mental health course. Paired-samples *t*-test was conducted on the MHN-1 pretest and MHN-2 posttest scores of the combined groups to determine if the theory and clinical experience impacted the students' anxiety levels, attitudes toward the mentally ill, and feelings of preparedness towards mental health and mental health nursing. The analysis revealed a statistical significance difference between the pretest MHN-1 score and the posttest MHN-2 score measuring the subscale for preparedness for the mental health field. There was also a significant statistical difference between the MHN-2 pretest score and the MHN-2 posttest score measuring the subscale for anxiety surrounding mental illness. There was no statistically significant difference between the pretest MHN-1 and the posttest MHN-2 score measuring the subscale for stereotypical beliefs.

The means of the MHN-2 posttest scores increased from the means of the MHN-1 pretest scores of the subscales for preparedness for the mental health field and decreased for the subscale anxiety. These scores indicated that the group's exposure to clinical and theory helped them to feel more prepared for their mental health experience and decreased their anxiety surrounding mental illness. Based on these findings, theory and clinical positively impacted the students' feelings of preparedness for mental health and their anxiety surrounding mental illness. However, theory and clinical did not have an impact on the stereotypical beliefs of the students. These findings may be attributed to a variety of project constituents, such as sample size, sample characteristics of age, gender, and project design. A larger sample size might have affected the outcomes differently. The student's age and gender may have affected the findings. A more diverse population might have been affected differently by the experience and answered the questions differently because of increased life experience. Also, the students may not have taken an

honest account of their feelings about mental illness. Another possibility was that the MHN-2 was administered on the last day of the course after the students completed their final exam. Participants could have been fatigued by semester's end causing lower MHN-2 posttest scores.

Secondary findings. Independent-samples *t*-test was conducted on the MHN-2 posttest scores of the experimental group and control group to measure the impact simulation had on the remaining subscales of knowledge of mental illness, stereotypical beliefs; future career and; valuable contributions. Analysis of the results revealed no significant difference amid any of the student's MHN-2 posttest subscale scores.

Based on these findings, exposure to simulation had no significant impact on the subscales of student's knowledge, stereotypical beliefs, future career, or valuable contributions. These findings may be attributed to a variety of project constituents, such as sample size, sample characteristics such as age and gender, and project design. A larger sample size might have affected the outcomes differently. The majority of the participants were between the ages of 18-29. Younger age could indicate diminished life-experiences and inability to adequately evaluate their perceptions of mental health or lack of concern over a future career in mental health nursing. All participants were female and this could have resulted in uniform responses. The project design was such that the MHN-2 was administered on the last day of the course after the students completed their final exam. Participants could have been fatigued by semester's end causing lower MHN-2 posttest scores. Also, the participants had the simulation at the beginning of the semester, and having the clinical portion and theory over the semester may have

overshadowed the simulation experience. There was no statistical significant difference between the MHN-2 posttest scores of the experimental group and the control group.

Paired-samples *t*-test was conducted on the MHN-1 pretest and MHN-2 posttest scores of the combined groups (n = 15) to determine if the theory, and clinical experience had any impact on the remaining subscales of knowledge of mental illness, future career and; valuable contributions.

There was not a statistically significant difference between the MHN-1 pretest scores and the MHN-2 posttest scores of the subscales knowledge of mental illness and future career in mental health nursing. However, there was a statistically significant difference in the MHN-1 pretest scores and MHN-2 posttest scores of the subscale valuable contributions. Based on these findings, theory and clinical had no impact on the student's knowledge of mental illness or intent to pursue a career in mental health nursing. However, analysis revealed that theory and clinical had a negative impact on the students' beliefs that mental health nursing provides a valuable contribution.

These findings can be ascribed to a variation of project elements such as sample size, and sample characteristics of age, gender, and project design. A larger sample size might have changed the findings. The majority of the participants were between the ages of 18-29. Younger age could indicate diminished life-experiences and could impact the student's perception of mental health nursing and its contribution. Regarding knowledge of mental illness, the students could have felt that clinical and theory did not help them increase their knowledge. The project design was such that the MHN-2 was administered on the last day of the course after the students completed their final exam. Participants could have been fatigued by semester's end causing lower MHN-2 posttest scores. The

students had a variety of clinical experiences. The students expressed dislike towards their final clinical experience feeling the nursing staff was not helpful. This could have affected their posttest scores in a negative way. There was no statistical significant difference between the MHN-1 pretest scores and the MHN-2 posttest scores of the subscales knowledge of mental illness and subscale future career. There was a significant difference between the MHN-1 pretest scores and the MHN-2 posttest scores of the subscale valuable contribution.

Overall, findings of this study demonstrated that having a simulation-based learning experience had no impact on helping the student feel better prepared for mental health, decreasing anxiety levels, increasing their knowledge, stereotypical attitudes, and valuable contributions. There were no statistical differences between the control group and the experimental group in this study. However, the data suggested that the clinical and theory components had a positive effect on each group in the areas of feeling prepared and in decreasing anxiety. Results also indicated a negative effect on the students' beliefs that mental health nursing makes a valuable contribution. Overall, these findings propose that the clinical and theory components have more of an impact on the student than the simulation experience.

Application to Theoretical Framework

There is limited research related to nursing students' perceptions of mental health and mental health nursing that utilized a theoretical framework. Research does indicate, however, that health professionals' behaviors and cognitions can be influenced by social cognitive theories (Godin et al., 2008). A systematic review of the literature suggested that The TPB was an appropriate theory to predict behavior (Godin et al., 2008).

The TPB focuses on the relationships between behavior and beliefs, attitudes, subjective norms and intentions (Butts & Rich, 2011). Behavioral intentions are shaped by (a) personal attitudes toward the behavior, (b) subjective norms, and (c) perceived behavioral control (Werner, 2012). This study measured the students' preconceived notions and attitudes towards mental health and mental health nursing. The hypothesis is that nursing students who receive simulation at the beginning for their mental health rotation will have less anxiety and feel better prepared for working with the mentally ill than students who do not. In addition, nursing students will demonstrate decreased anxiety, decreased negative stereotypes, and increased sense of preparedness after mental health theory and clinical. The components of simulation, theory, and clinical should impact the students' attitudes, subjective norms and perceived behavioral control and this affects the student's behavioral intention. The theory and clinical components affected the student's behavioral intention but the simulation did not. The TPB was an appropriate framework for this study.

Limitations

This study has several limitations. The size of the convenience sample was a limitation and may be the explanation for the lack of significant difference regarding the effect of simulation between the two groups. Another limitation was lack of diversity with the participants being all female and the majority in the age range of 18-29. This could also have explained the lack of significant difference regarding the effect of simulation between the two groups. These factors limit the applicability outside of the setting.

The MHN-1 and MHN-2 was modified from an original instrument developed by Wynaden et al. (Happell & Gough, 2007). Literature implies that it has been utilized primarily in Australia where nursing curriculum may be different from nursing curriculum in the United States. Because of the differences, it is difficult to determine the extent to which the findings of the study can be generalizable.

Implications for Nursing

It is important to provide good quality nursing care to patients with mental health illnesses. Undergraduate student nurses continue to have negative attitudes towards mental illness and mental health nursing (Happell & Gaskin, 2012). Different strategies must be created in order to positively influence the students' attitudes towards mental health and mental health nursing (Happell & Gaskin, 2012). Innovative approaches to clinical education, such as simulation, can potentially be the key in helping students feel more comfortable with mental illness, helping them feel better prepared for their mental health practicum, decrease their anxiety levels, decrease stereotypical attitudes, and increase their knowledge. The students' may also be able to see the valuable contributions mental health nurses make to the community, their patients, and to the nursing students', as well as consider mental health as a possible future career. Future research is needed in order to help determine best practices in this area, which will directly affect the outcomes of mental health patients and possibly create more genuine interest in the pursuit of mental health nursing.

Recommendations

Based on study limitations, various recommendations are suggested. An increase in sample size with a more diverse sample would be supported and provide a wider range

of feedback. Asking for more demographic information might be helpful in evaluating results. Another recommendation would be to administer the posttest immediately upon the conclusion of the clinical experience, or to survey the students three times, at pretest prior to the beginning of clinical, upon the conclusion of clinical, and the posttest administered at the end of the course. If the clinical and theory components overshadowed the simulation experience, administering the posttest immediately after simulation would be beneficial. Instead of administering the posttest on the day of the final exam, survey the students the final day of class to avoid fatigue at the end of the semester. Another recommendation would be to measure correlations among the subscales which could possibly demonstrate relationships that explain findings.

Conclusion

This study revealed that a simulation-based learning experience did not have an effect on the nursing students' levels of anxiety or feelings of preparedness. The study also revealed that the clinical and theory component of the mental health course positively impacted the students' feelings of preparedness, and levels of anxiety. Analysis also suggested that the theory and clinical components impacted the students in that they felt like mental health nurses made no valuable contribution to mental health patients, the community, or to the students.

References

Anxiety and Depression Association of America (2014). *Facts and statistics,* Silver Spring, Maryland.

Brown, J. F. (2008). Applications of simulation technology in psychiatric mental health nursing education. *Journal of Psychiatric and Mental Health Nursing*, *15*, 638-644.

Butts, J. B., & Rich, K. L. (2011). *Philosophies and theories for advanced nursing practice*. Sudbury, MA: Jones and Bartlett.

Carter Center Mental Health Program: Reducing Stigma Worldwide. Perf. Rosalyn Carter. *Carter Center Mental Health Program: Reducing Stigma Worldwide*. The Carter Center, 2010. Web. 08 Apr. 2014. Retrieved from: http://www.cartercenter.org/news/multimedia/HealthPrograms/MentalHealthReducingStigmaWorldwide.html

Carver, R. H., & Nash, J. G. (2006). *Doing data analysis with SPSS version 14.* Australia: Thompson Higher Education.

Crossley, Callie, (Producer). (2000). "Schizophrenia ABC 20-20 Documentary Part 1." In *20-20 Friday*. ABC. 2000. *Retrieved from:* http://youtu.be/74vTftboC_A

Dearing, K. S. (2008). Challenging stereotyping and bias: A voice simulation study. *Journal of Nursing Education*, *47*(2), 59-65.

Edward, K., Hercelinskyj, J., Warelow, P., & Munro, I. (2007). Simulation to practice: Developing nursing skills in mental health: An Australian perspective. *International Electronic Journal of Health Education*, *10*, 60-64. Retrieved from

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.114.8177&rep=rep1&type=pdf

Fiedler, R. A., Breitenstein, S., & Delaney, K. (2012). An assessment of students' confidence in performing psychiatric mental health nursing skills: The impact of the clinical practicum experience. *Journal of the American Psychiatric Nurses Association*, *18*(4), 244-250. http://dx.doi.org/10.1177/1078390312455218

Godin, G., Belanger-Gravel, A., Eccles, M., & Grimshaw, J. (2008). Healthcare professionals' intentions and behaviours: A systematic review of studies based on social cognitive theories. *Implementation Science*, *3*(36), 1-12. http://dx.doi.org/10.1186/1748-5908-3-36

Guise, V., Chambers, M., & Valimaki, M. (2012). What can a virtual patient simulation offer mental health nursing education? *Journal of Psychiatric and Mental Health Nursing*, *19*, 410-418. http://dx.doi.org/10.1111/j.1365-2850.2011.01797.x

Gyllensten, A. L., Svensson, B., Bjorkman, T., Hansson, L., Leufstadius, C., Bejerholm, U., ... Sandlund, M. (2011). Attitudes in healthcare students towards mental illness - a pre-and post-multicenter university program survey. *The Internet Journal of Allied Health Sciences and Practice*, *9*(3), 1-8.

Happell, B. (2008). The importance of clinical experience for mental health nursing - part 1: Undergraduate nursing students' attitudes, preparedness and satisfaction. *International Journal of Mental Health Nursing*, *17*, 326-332. http://dx.doi.org/10.1111/j.1447-0349.2008.00555x

Happell, B., & Ed, D. (2009). Influencing undergraduate nursing students' attitudes toward mental health nursing: Acknowledging the role of theory. *Issues in Mental Health Nursing*, *30*, 39-46. http://dx.doi.org/10.1080/01612840802557113

Happell, B., & Gaskin, C. J. (2012). The attitudes of undergraduate nursing students towards mental health nursing: A systematic review. *Journal of Clinical Nursing*, 148-158. http://dx.doi.org/10.1111/jocn.12022

Happell, B., & Gough, K. (2007). Undergraduate nursing students' attitudes towards mental health nursing: Determining the influencing factors. *Contemporary Nurse*, *25*(1), 72-81.

Happell, B., & Gough, K. (2009). Nursing students' attitudes to mental health nursing: Psychometric properties of a self-report scale. *Psychiatric Nursing*, *23*(5), 376-386.

Henderson, S., Happell, B., & Martin, T. (2007). Impact of theory and clinical placement on undergraduate students' mental health nursing knowledge, skills, and attitudes. *International Journal of Mental Health Nursing*, *16*, 116-125. http://dx.doi.org/10.1111/j.1447-0349.2007.00454.x

Hermanns, M., Lilly, M. L., & Crawley, B. (2011). Using clinical simulation to enhance psychiatric nursing training of baccalaureate students. *Clinical Simulation in Nursing*, *7*(2), 41-46. http://dx.doi.org/10.1016/j.ecn.2010.05.001

Hoekstra, H., Meijel, B. V., & Hooft-Leemans, T. V. (2010). A nursing career in mental health care: Choices and motives of nursing students. *Nurse Education Today*, *30*(1), 4-8. http://dx.doi.org/10.1016/j.nedt.2009.05.018

Hung, B., Huang, X., & Lin, M. (2009). The first experiences of clinical practice of psychiatric nursing students in Taiwan: A phenomenological study. *Journal of Clinical Nursing*, *18*, 3126-3135. http://dx.doi.org/10.1111/j.1365-2702.2008.02610.x

Jack, K., & Miller, E. (2008). Exploring self-awareness in mental health practice. *Mental Health Practice*, *12*(3), 31-35.

Lehr, S. T., & Kaplan, B. (2013). A mental health simulation experience for baccalaureate student nurses. *Clinical Simulation in Nursing*. http://dx.doi.org/10.1016/j.ecns.2012.003

O'Boyle-Duggan, M. (2010). Developing a simulation model to explore challenging behavior. *Learning Disability Practice*, *13*(10), 35-38.

Romem, P., Anson, O., Kanat-Maymon, Y., & Moisa, R. (2008). Reshaping students' attitudes toward individuals with mental illness through a clinical nursing clerkship. *Journal of Nursing Education*, *47*(9), 396-402.

Sakellari, E., Leino-Kilpi, H., & Kalokerinou-Anagnostopoulou, A. (2011). Educational interventions in secondary education aiming to affect pupils' attitudes towards mental illness: A review of the literature. *Journal of Psychiatric and Mental Health Nursing*, *18*, 166-176. http://dx.doi.org/10.1111/j.1365-2850.2010.01644.x

Smith, A. L., & Cashwell, C. S. (2010). Stigma and mental illness: Investigating attitudes of mental health and non-mental-health professionals and trainees. *Journal of Humanistic Counseling, Education and Development*, *49*, 189-202.

Terry, A. J. (2012). *Clinical resrach for the doctor of nursing practice*. Sudbury, MA: Jones & Bartlett.

Trenoweth, S. (2012). Personal change amongst mental health nursing students: A longitudinal study. *Nurse Education Today*, 1-6. http://dx.doi.org/10.1016/j.nedt.2012.10.006

Unsworth, J., McKeever, M., & Kelleher, M. (2012). Recognition of physical deterioration in patients with mental health problems: The role of simulation in knowledge and skill development. *Journal of Psychiatric and Mental Health Nursing*, *19*, 536-545. http://dx.doi.org/10.1111/j.1365-2850.2011.01828.x

Van der Heijden, A., Van der Bijl, J., Latour, C. H., Hoekstra, H., & Van Meijel, B. (2012). Student nurses' perceptions of mental health care: Validation of a questionnaire. *Nurse Education Today*, *32*, 373-377.

Webster, D. A. (2009). Addressning nursing students' stigmatizing beliefs toward mental illness. *Journal Of Psychosocial Nursing*, *47*(10), 34-42.

Welch, T. R., & Welch, M. (2008). Dramatic insights: A report of the effects of a dramatic production on the learning of student nurses during their mental health course component. *International Journal of Mental Health Nursing*, *16*, 261-269. http://dx.doi.org/10.1111/j.1447-0349.2008.00542.x

Werner, S. (2011). Assessing female students' attitudes in various health and social professions toward working with people with autism: A preliminary study. *Journal of Interprofessional Care*, *25*, 131-137. http://dx.doi.org/10.3109/13561820.2010.515043

Werner, S. (2012). Intention to work with individuals with dual diagnosis: Testing the theory of planned behavior among students from various professions. *Health & Social Work*, 81-89. http://dx.doi.org/10.1093/hsw/hls010

Werner, S., & Grayzman, A. (2011). Factors influencing the intention of students to work with individuals with intellectual disabilities. *Research in Developmental Disabilities*, *32*, 2502-2510. http://dx.doi.org/10.1016/j.ridd.2011.07.010

Yamauchi, T., Semba, T., Sudo, A., Takahashi, N., Nakamura, H., Yoshimura, K., ... Takeshima, T. (2010). Effects of psychiatric training on nursing students' attitudes towards people with mental illness in Japan. *International Journal of Social Psychiatry*, *57*(6), 574-579. http://dx.doi.org/10.1177/0020764010374419

Appendix A

Simulation Day Activities

Mental Health Simulation Day Fall 2013

0800-0830	Today's expectations and plan Watch Rosalyn Carter's 5 min video on reducing mental health stigma worldwide (Carter Center Mental Health Program (www.cartercenter.org) & discussion
0830 –0900	Kathy Woodard- Director of IP Behavioral Health SRMC
0900 – 0930	Johari Window and Discussion
0930 - 1045	Role play with different diagnoses and discussion a. Manic Behavior b. Borderline Personality c. Depression d. Substance Abuse e. Schizophrenia
1045 – 1130	Therapeutic communication exercises and discussion
1130 – 1150	Video on schizophrenia from 20/20
1150 – 1200	Wrap up

Appendix B

Consent to Participate In Research

CONSENT TO PARTICIPATE IN RESEARCH

"Nursing Students' Perceptions of Mental Health Nursing"

You are asked to participate in a research study conducted by Susan Furr, RN, MSN; guided by faculty chair Dr. Candace Rome from the School of Nursing at Gardener-Webb University. Susan Furr, RN, MSN is currently a Doctor of Nursing Practice student at Gardner-Webb University. This study is being conducted by as part of a doctoral capstone project. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

- **PURPOSE OF THE STUDY**

This capstone project is aimed at determining student nurses' perceptions of mental health and nursing.

- **PROCEDURES**

If you volunteer to participate in this study, you will be asked to do the following things:

- Complete the Mental Health Nursing Education Survey Part 1, a 24-question pretest designed to assess mental health perceptions of nursing students.

- The course instructor will randomly divide clinical groups into a control group and an intervention group. The intervention group will participate in a 4-hour simulation day in place of one hospital clinical day. The control group will complete all hospital clinical days as assigned.

- Once both groups have completed all clinical and theory, the Psychiatric/Mental Health Nursing Survey Part 2, a 39-question posttest will be administered to both groups.

- **POTENTIAL BENEFITS TO SOCIETY**

Results of this study will provide nursing educators knowledge about the effects of simulation on nursing students' perceptions of mental health and mental health nursing. Determining this outcome is crucial in determining how best to prepare nursing students

for a mental health clinical, in order to provide the best healthcare for this vulnerable population.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of utilizing a non-identifiable coding system on all collected documents. Collected data will also be kept in a locked, secure container with only the researcher having access to the data. The researcher plans to submit study results for potential publication in a nursing educational journal. No identifiable participant information, including the institution name or photography will be utilized in the publication, only demographic and statistical data will be utilized in the publication.

- **PARTICIPATION AND WITHDRAWAL**

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study.

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about this research, you may contact either of the following:

- Principal Investigator: Susan Furr MSN, RN
  - Phone: (704) 609-2440
  - E-mail: susan.furr@Pfeiffer.edu
- Faculty Chair: Dr. Candace Rome, DNP, RN
  - Phone: (704) 406-4365
  - E-mail: crome@gardner-webb.edu

- **RIGHTS OF RESEARCH SUBJECTS**

The Gardner-Webb University and Pfeiffer University Institutional Review Boards have reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact the Gardner-Webb University or Pfeiffer University Institutional Review Boards.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I understand that by completing and submitting the Mental Health Nursing Education Survey and the Psychiatric/Mental Health Nursing Survey to the researcher, I will be giving my informed consent to participate in this research study.

Appendix C

Permission To Use Instrument

Brenda Happell <b.happell@cqu.edu.au>
Sun 12/9/2012 1:39 AM

To: Furr, SusanFSMAIL;

Furr,
SusanFSMAIL;

Hi Susan,

You are most welcome. Questionnaires attached.

Good luck
Brenda

Appendix D

MHN-1 Pretest

MENTAL HEALTH NURSING EDUCATION SURVEY
PART 1

SECTION A:

Name _____ (**used for matching purposes, not to be published)**

For each of the statements below, please indicate the degree to which you agree by CIRCLING the appropriate number: **1 = Strongly Disagree** **7= Strongly Agree**

	Strongly Disagree						**Strongly Agree**
1. I feel well prepared for my psychiatric/mental health clinical placement.	1	2	3	4	5	6	7
2. Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem.	1	2	3	4	5	6	7
3. I am anxious about working with people experiencing a mental health problem.	1	2	3	4	5	6	7
4. I have a good understanding of the role of a psychiatric nurse.	1	2	3	4	5	6	7
5. I am uncertain how to act towards someone with a mental illness.	1	2	3	4	5	6	7
6. I will apply for a Graduate Program in psychiatric/mental health nursing.	1	2	3	4	5	6	7
7. I feel confident in my ability to care for people experiencing a mental health problem.	1	2	3	4	5	6	7
8. People with mental illness are unpredictable.	1	2	3	4	5	6	7
9. Mental illness is not a sign of weakness in a person.	1	2	3	4	5	6	7
10. My theoretical component of psychiatric/mental health nursing has prepared me well for my clinical placement.	1	2	3	4	5	6	7

11. This clinical placement in psychiatric/mental health nursing will provide valuable experience for my nursing practice.	1	2	3	4	5	6	7
12. I intend to pursue a career in psychiatric/mental health nursing.	1	2	3	4	5	6	7
13. If I developed a mental illness I wouldn't tell people unless I had to.	1	2	3	4	5	6	7
14. My course has prepared me to work as a graduate nurse in a medical-surgical graduate program.	1	2	3	4	5	6	7
15. My course has prepared me to work as a graduate nurse in a paediatric graduate program.	1	2	3	4	5	6	7

	Strongly Disagree						**Strongly Agree**
16. My course has prepared me to work as a graduate nurse in a psychiatric/mental health graduate program.	1	2	3	4	5	6	7
17. My course has prepared me to work as a graduate nurse in an aged care graduate program.	1	2	3	4	5	6	7
18. Someone I know has experienced a mental health problem.	1	2	3	4	5	6	7
19. When a person develops a mental illness it is not their fault.	1	2	3	4	5	6	7
20. Mental health services provide valuable assistance to people experiencing a mental health problem.	1	2	3	4	5	6	7
21. People with mental illness can't handle too much responsibility.	1	2	3	4	5	6	7
22. I feel safe about this psychiatric/mental health placement.	1	2	3	4	5	6	7
23. The way people with mental illness feel can be affected by other people's attitudes towards them.	1	2	3	4	5	6	7
24. People with mental illness are more likely to commit offences or crimes.	1	2	3	4	5	6	7

SECTION B:

1.Gender:	❑ M	❑ F		
2.Age:	**18-29**	**30-39**	**40-49**	**50 or older**
	❑	❑	❑	❑
3.This placement is:	❑ Mental Health	❑ Other (please specify)		
4.I have had a mental health placement before				
	❑ Yes		❑ No	

Thank you for taking the time to complete this survey.

Appendix E

MHN-2 Posttest

PSYCHIATRIC / MENTAL HEALTH NURSING
PART 2

SECTION A:

Name _____ (**used for matching purposes, not to be published)**

For each of the statements below, please indicate the degree to which you agree by CIRCLING the appropriate number: **1 = Strongly Disagree** **7= Strongly Agree**

	Strongly Disagree						**Strongly Agree**
25. I felt well prepared for my psychiatric/mental health clinical placement.	1	2	3	4	5	6	7
26. Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem.	1	2	3	4	5	6	7
27. I am anxious about working with people experiencing a mental health problem.	1	2	3	4	5	6	7
28. I have a good understanding of the role of a psychiatric nurse.	1	2	3	4	5	6	7
29. I am uncertain how to act towards someone with a mental illness.	1	2	3	4	5	6	7
30. I will apply for a Graduate Program in psychiatric/mental health nursing.	1	2	3	4	5	6	7
31. I feel confident in my ability to care for people experiencing a mental health problem.	1	2	3	4	5	6	7
32. People with mental illness are unpredictable.	1	2	3	4	5	6	7

33. Mental illness is not a sign of weakness in a person.	1	2	3	4	5	6	7
34. My theoretical component of psychiatric/mental health nursing prepared me well for my clinical placement.	1	2	3	4	5	6	7
35. This clinical placement in psychiatric/mental health nursing has provided valuable experience for my nursing practice.	1	2	3	4	5	6	7
36. I intend to pursue a career in psychiatric/mental health nursing.	1	2	3	4	5	6	7
37. If I developed a mental illness I wouldn't tell people unless I had to.	1	2	3	4	5	6	7
38. My course has prepared me to work as a graduate nurse in a medical-surgical graduate program.	1	2	3	4	5	6	7
39. My course has prepared me to work as a graduate nurse in a paediatric graduate program.	1	2	3	4	5	6	7
40. My course has prepared me to work as a graduate nurse in a psychiatric/mental health graduate program.	1	2	3	4	5	6	7

	Strongly Disagree						**Strongly Agree**
41. My course has prepared me to work as a graduate nurse in an aged care graduate program.	1	2	3	4	5	6	7
42. Someone I know has experienced a mental health problem.	1	2	3	4	5	6	

43. When a person develops a mental illness it is not their fault.	1	2	3	4	5	6	7
44. Mental health services provide valuable assistance to people experiencing a mental health problem.	1	2	3	4	5	6	7
45. People with mental illness can't handle too much responsibility.	1	2	3	4	5	6	7
46. I felt safe during this psychiatric/mental health placement.	1	2	3	4	5	6	7
47. The way people with mental illness feel can be affected by other people's attitudes towards them.	1	2	3	4	5	6	7
48. People with mental illness are more likely to commit offences or crimes.	1	2	3	4	5	6	7
49. I was encouraged by nursing staff to consider psychiatric/mental health nursing as a career.	1	2	3	4	5	6	7
50. I was well oriented to my placement.	1	2	3	4	5	6	7
51. I felt supported by nursing staff during my clinical placement.	1	2	3	4	5	6	7
52. My clinical placement was long enough to consolidate my understanding of psychiatric/mental health nursing.	1	2	3	4	5	6	7
53. Nursing staff were too busy to provide me with proper support.	1	2	3	4	5	6	7
54. I felt better supported in this clinical placement than I have on other clinical placements.	1	2	3	4	5	6	7

55. I felt supported by my clinical teacher/preceptor.	1	2	3	4	5	6	7
56. I was encouraged to become involved with patients care whilst on placement.	1	2	3	4	5	6	7
57. Nursing staff were welcoming of students on placement.	1	2	3	4	5	6	7
58. Nursing staff were prepared for my arrival.	1	2	3	4	5	6	7
59. Nursing staff were familiar with the learning objectives of my course.	1	2	3	4	5	6	7

	Strongly Disagree						**Strongly Agree**
60. I enjoyed my psychiatric/mental health placement.	1	2	3	4	5	6	7
61. The nursing staff demonstrated a high level of clinical skill.	1	2	3	4	5	6	7
62. The nursing staff treated patients with respect and dignity.	1	2	3	4	5	6	7
63. The nursing staff were responsive to my requests for clarification or assistance.	1	2	3	4	5	6	7

SECTION B:

1.Gender	❑ M	❑ F		
2.Age:	**18-29** ❑	**30-39** ❑	**40-49** ❑	**50 or older** ❑
3.This placement is:	❑ Mental Health	❑ Other (please specify clinical area) _____		
4.I have had a mental health placement before	❑ Yes	❑ No		

Thank you for taking the time to complete this survey