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# Undergraduate Nursing Students' Attitudes Toward Mental Illness and Psychiatric Nursing as a Career Choice

Sharon Zurline

Gardner-Webb University, [srinck@gardner-webb.edu](mailto:srinck@gardner-webb.edu)

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Undergraduate Nursing Students' Attitudes Toward Mental Illness and Psychiatric  
Nursing as a Career Choice

by

Sharon Zurline

A thesis submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

Boiling Springs, NC

2020

Submitted by:

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Sharon Zurline, BSN, RN-BC

5/4/2020

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Date

Approved by:

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Tina Lewis, DNP, FNP-C, ACHPN

5/4/2020

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Date

## **Abstract**

**Purpose:** The purpose of this study is to examine the relationship between the attitudes of undergraduate nursing students toward mental illness, and the interest in choosing psychiatric nursing as a desirable career choice.

**Methodology:** A nonexperimental descriptive study design was chosen for this study.

**Sample size** of 18 undergraduate nursing students participated in the self-reported survey, The Mental Health Nursing Education Survey (MHNES) Part 2. This survey has 43-items that report the attitudes and beliefs toward people diagnosed with mental illness and towards mental health nursing and scored on a 7-point Likert Scale.

**Findings:** Data reported from the survey report that the nursing students have a foundation of knowledge of mental illness and the role of the psychiatric nurse. The students also report a positive experience during their psychiatric clinical. The students report a negative attitude toward mental illness and have a disinterest in pursuing a career as a psychiatric/mental health nurse.

**Conclusion:** The results from this study report the need for increase need for psychiatric/mental health nurses. The factors of attitudes that undergraduate nursing students have toward mental illness and mental health nursing can be affected by their clinical experience.

***Keywords:*** psychiatric nursing, mental health nursing, undergraduate nursing students, attitudes and beliefs, mental health, mental illness, career choices, nursing shortage, stereotypes of mental illness, psychiatric clinical placement, mental health curriculum, mental health stigma, negative attitudes toward mental health, attitudes of

mental health, learning theories, Bandura's learning theory, learning theory, and undergraduate nursing students

## **Acknowledgments**

First and foremost, I want to thank God for blessing me with the strength and knowledge to complete this thesis, for blessing my hands everyday as a nurse that I will touch the lives of the those who are suffering with mental illness. I want to thank my family and friends who have supported me throughout this journey, giving me emotional support when I needed it most, and never letting me give up. Lastly, I want to give thanks to Dr. Tina Lewis. Dr. Lewis has given me encouragement, support, and wisdom to help guide me on completing my thesis. When I wanted to just give up, she was always in my mind telling me that it will happen. Thank you, Dr. Lewis, for pushing me, praying for me, giving me encouraging words, and never giving up on me.

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## **CHAPTER I**

### **Introduction**

Nurses make up one of the largest professional working groups (American Association of Colleges of Nursing, 2019; Fayer & Watson, 2015). There are many different areas of specialties nurses may decide to work and gain experiences. Over the years, there has been a shortage of nurses choosing to specialize or work in a mental health setting (Ong et al., 2017, p. 95). The growth of psychiatric nurses relies upon interest in the specialty of caring for mental health patients. Aging nurses are retiring and settling for areas of nursing that do not require the physical and mental labor of the psychiatric nurse. Psychiatric nursing depends on the interest of the undergraduate nursing student to help fill existing vacancies within the specialty.

Most undergraduate nursing students do not view a career in mental health nursing favorable (Happell & Gough, 2007; Ong et al., 2017). They do not have a keen interest in specializing or working in the mental health field. Mental health is rated as one of the least preferred areas of nursing for potential career and ranked by students as one of the least favorite career options (Ong et al., 2017, p. 95). One reason for the disinterest in mental health nursing by undergraduate nursing students is the negative stereotypes toward mental illness and consumers of mental health services (Hunter et al., 2014, p.2). Majority of nursing students, early in their course, hold negative attitudes towards people experiencing mental illness; students are likely to share the view that people experiencing mental illness are dangerous, unpredictable, more prone to violence, and at least partially responsible for their illness (Happell & Gough, 2007, p. 73). These attitudes and negative stigma toward mental illness, preparedness for mental health field, and mental health

nursing that undergraduate nursing students may have influence whether or not they chose to pursue a career in mental health nursing.

### **Significance**

Mental illness is an issue around the world, with the depression the leading cause of disability along with anxiety (Hunter et al., 2014; Sari & Yuliastuti, 2018). The National Alliance on Mental Illness (NAMI) reported 19.1% (47.6 million) of US adults experienced mental illness in 2018 (NAMI, 2019). Ritchie (2018) reported that 1 billion people globally have suffered from one or more mental illness diagnoses. With a lack of mental health treatment and a decrease in mental health providers, those who have mental illness find it hard to obtain treatment. It is estimated that 35%-85% of individuals experiencing mental illness globally do not receive the healthcare supports that they need (Slemon et al., 2019, p. 164).

A priority of health care providers should be to ensure that those suffering from mental illness are receiving the appropriate treatment. Mental health treatment can be provided through an inpatient setting or outpatient setting. The World Health Organization (2019) reported that in 2015, 1% of the global health workforce worked in mental health; 43% of those workers were nurses. There are shortages of nurses choosing to specialize in mental health nursing with less than 1% of nurses selecting psychiatric nursing as a career choice in the USA (Thongpriwan et al., 2015, p. 948; Hunter et al., 2014, p. 1). Among the psychiatric nurses in the US who have remained in their specialty of choice, their interests developed prior to or while in nursing school, personal relevance, and validation of potential were associated with their career choice (Ong et al., 2017, p. 100).

It is well known within the nursing community that there is a current nursing shortage, which will worsen with the aging “baby boomer” nurses who will be phasing out of the profession into retirement. With this, there is a massive need for specialized nurses, especially those in mental health. Shortages of qualified nurses are not unique to mental health nursing but are, perhaps, more pronounced in this specialty. Because of the higher average age of mental health nurses compared with those in other areas, increased demands for mental health services and the difficulties with attracting nurses to this area are of concern (Happell & Gaskin, 2012, p. 148). Happell and Gaskin (2012) stated that evidence suggests that psychiatric/mental health nursing ranks lowly in comparison with other areas of nursing in terms of undergraduate students’ preferred areas of work (p. 156). The stigma and negative attitudes regarding mental illness from the general public have stemmed down to the health care professionals. These negative attitudes also occur in mental health professionals and affect the recruitment of psychiatric nurses (Jack-Ide et al., 2016, p. 1). The shortage of psychiatric/mental health nurses is partly attributed to the negative attitudes of nursing students toward mental health disorders, which results in their not considering a career in mental health and psychiatric nursing (Jack-Ide et al., 2016, p. 1). These negative attitudes of the undergraduate nursing student are beliefs that they have been exposed to through the media, social media, family and friends, and word of mouth. Nursing students are likely to share the view that people experiencing mental illness are dangerous, unpredictable, more prone to violence, and at least partially responsible for their illness (Happell & Gough, 2007, p. 73). As long as this stigma exists, the possibility of consumers of mental health services receiving optimal care is

severely diminished, as is the vision of psychiatric mental health nursing as a satisfying, worthwhile area of practice (Hunter et al., 2014, p. 1).

Finding ways to make psychiatric nursing more favorable to undergraduate nursing students and providing the students with more exposure to mental health can increase the interest in this specialty. Research suggests that students with more favorable attitudes towards mental health nursing tend to be those who had received more hours of theoretical preparation, undertaken more hours of clinical placements, and reported belief that mental health nursing makes a valuable contribution to mental health consumers, the community, and nursing student training (Happell & Gaskin, 2012, p. 151).

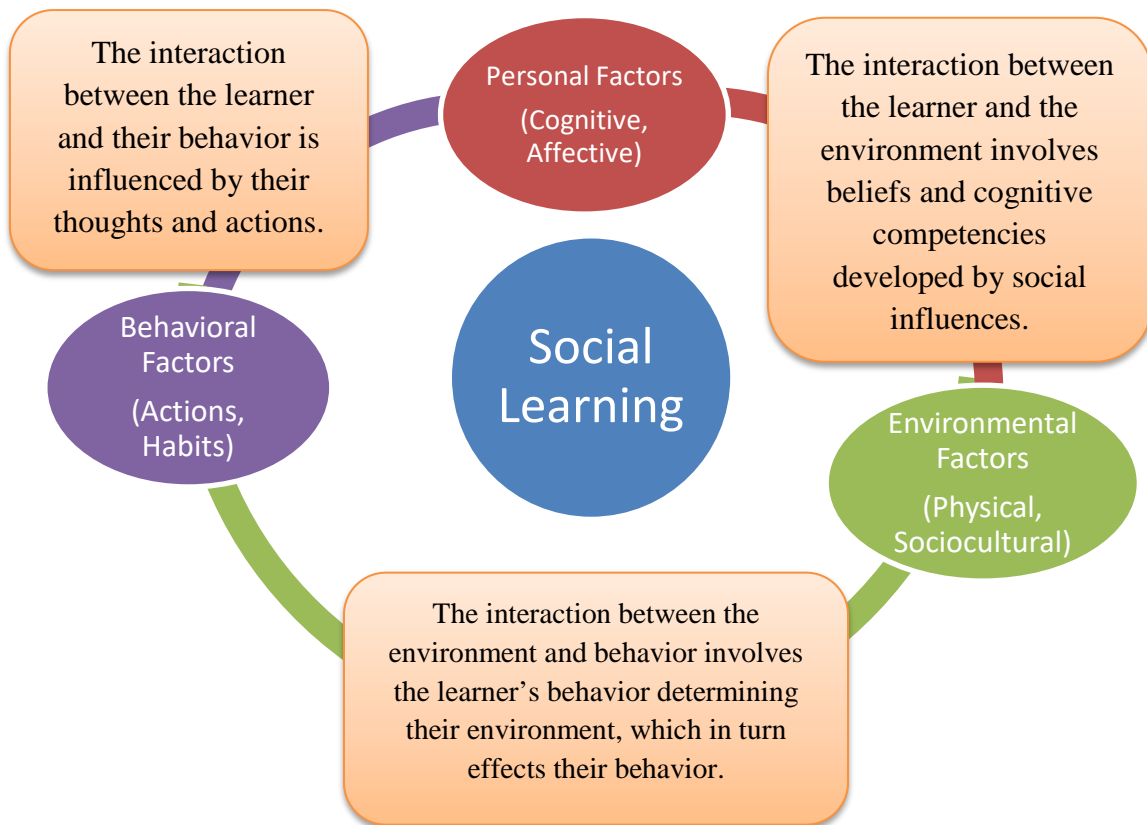
### **Purpose**

The purpose of this MSN Thesis was to examine the relationship between the attitudes of undergraduate nursing students toward mental illness and the interest in choosing psychiatric nursing as a desirable career choice. Many nursing students are not attracted to the mental health field and do not wish to pursue careers in mental health; students do not believe they are prepared to work in mental health setting, nor do they feel they can contribute to mental health patients or the community (Skinner et al., 2019). This study examined the thoughts and beliefs of undergraduate nursing students toward mental illness and mental health nursing. Components of feeling prepared for the mental health field through a clinical placement was also examined to determine if had an impact on the decision to choose psychiatric nursing as a career path.

### **Theoretical Framework**

Cognitive learning is a highly active process largely directed by the individual involved perceiving the information, interpreting it based on what is already known, and then recognizing the information into new insights or understanding (Braungart, et al., 2014, p. 73). Albert Bandura's social learning theory is the theoretical framework for this study.

Albert Bandura's work is based on his Social Learning Theory. Social learning theory is a perspective on learning that includes consideration of the personal characteristics of the learner, behavior patterns, and the environment (Braungart et al., 2014, p. 79). According to Bandura, people learn through observing others' behaviors, attitudes, and the outcomes of those behaviors (Learning Theories, 2018). Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences, see Figure 1 (Learning Theories, 2018).

**Figure 1***Social Learning*

According to the social learning theory, information can be conveyed to observers in three ways: through physical demonstration of specific behaviors (behavior modeling), through indirect pictorial representation (symbolic modeling, e.g., videos), and through verbal description of behavior (verbal modeling) (Bajcar & Babel, 2018, p. 2). People make choices based mainly on their environmental factors that influence the way they behave and learn.

Bandura emphasized behaviorist features and the imitation of role models; later, the focus shifted to cognitive considerations, such as the attributes of the self and the internal processing of the learner, but recently, Bandura's attention has turned to the



impact of social factors and the social context within which learning and behavior occur (Braungart et al., 2014, p. 79). With the impact of social factors in Bandura's learning theory, we must know how the learner is perceiving, interpreting and responding to different social situations. Mental health is a social situation that requires careful consideration in the healthcare environment. Bandura has concluded that learning is a social process, and role modeling is a central concept of social learning theory because these are the individuals that provide compelling examples or role model to think, feel, and act (Braungart et al., 2014, p. 79). In healthcare, role modeling plays a crucial role with student nurses and new graduate nurses in the workplace. Individuals that are passionate about mental health are advocates, professional, self-confident, knowledgeable, and make a positive impact to facilitate a change in the negative thoughts toward mental health in student nurses. Vicarious reinforcement, another concept from social learning theory, involves determining whether role models are perceived as rewarded or punished for their behavior (Braungart et al., 2014, p. 79). Student nurses look to their instructors, mental health professionals and psychiatric nurses as role models in mental health. The way that the role model portrays mental health will have a direct effect on the student nurse and their learning, thoughts and beliefs, and perception of mental health. This relationship is a factor in why it is difficult to recruit student nurses in the field of mental health, students' perceptions of mental health nursing has shown that they can be exposed to both good and poor role models during their placements (Gaskin, 2012, p. 149). Bandura considers modeling as a powerful means of transmitting values, attitudes, and even patterns of thought and behavior (Bahn, 2001, p. 112). Responsibility is placed on the educator or leader to act as an exemplary role model and to choose

socially healthy experiences for individuals to observe and repeat (requiring the careful evaluation of learning materials for stereotypes, mixed or hidden messages, and negative effects) (Braungart et al., 2014, p. 81). When placing the undergraduate nursing student into mental health clinical placement, they must be placed with clinical instructors and nurses that are experienced in mental health and will provide a positive clinical experience for the student. These experiences should also be positive for the student during crisis situations to show students that situations can be handled therapeutically.

### **Hypothesis**

This study will examine the relationship between nursing student's attitudes toward mental illness, perceived feeling of preparedness to care for mental health patients through clinical placement, and the interest in choosing psychiatric nursing as a desired career. The researcher is proposing that the negative attitudes and stigma that undergraduate nursing students have toward mental illness and clinical placement contributes to the shortage of undergraduate nursing students choosing to work in the specialty area of the psychiatric nurse after graduation. The researcher hypothesized that the disinterest in psychiatric nursing as a career choice is affected by the attitudes of undergraduate nursing students have toward mental illness, their perceived experiences and preparedness in their mental health clinical placement.

### **Definition of Terms**

- Negative attitude – a feeling or thought that is not constructive or optimistic toward no certain persons or things.
- Positive attitude – a mindset or feeling that allows a person to recognize opportunities, focus on the bright side of situations.

- Mental health stigma – when someone views those diagnosed with mental illness in a negative way because of having a distinguishing characteristic or personal trait that is thought to be a disadvantage.
- Stereotyping – making assumptions (negative or positive) about people based on superficial characteristics. An oversimplified generalization about a group of people without regard for individual differences.
- Mental health – mental-wellbeing, to include a person's emotions, thoughts and feelings, ability to solve problems, social connections, and understanding of the world around us.
- Mental illness – illness that affects the way people think, feel, behave, or interact with others.
- Clinical placements – areas within healthcare setting that give nursing students chance to integrate their theoretical knowledge with practice (for this MSN thesis clinical placement will refer to the mental health or psychiatric clinical placement).
- Mental health nurse/psychiatric nurse – nurse who provides care to patients who have mental illnesses and mental health issues.

### **Summary**

As undergraduate nursing students begin to embark on their new journey as nurses, many of them are not drawn to the field of psychiatric/mental health nursing field. Research has shown that there are many factors that may inhibit their interest in mental health. What are the reasons that these new graduate nurses are disinterested in mental health nursing? Do they feel prepared to work in this field? Do they possess negative

thoughts and stigma toward mental health? Do they understand the role of the psychiatric/mental health nurse? During their psychiatric clinical rotation, did they have a positive or negative experience? This MSN thesis explored the attitudes and beliefs of undergraduate nursing students' and factors that contribute to them not choosing psychiatric/mental health nursing as a career.

## **CHAPTER II**

### **Literature Review**

Psychiatric nursing is the least preferred area of nursing chosen by undergraduate nursing students, and new graduates continue to choose other areas of nursing to specialize (Ong et al., 2017; Skinner et al., 2019). The reasons given vary from negative stereotyping or believing a consolidation period in medical and surgical nursing is necessary (Stuhlmiller & Tolchard, 2019, p. 25). Stigma and discrimination continue to play a role in the negative attitudes and beliefs of mental health patients; for example, those who have mental illness are lazy, dangerous, criminals, and are unpredictable. Several research projects have shown that these negative attitudes are found among mental health professionals, such as doctors, psychiatrists, psychologists, and nurses (Granados-Gamex et al., 2017, p. 135).

Student nurses report intense anxiety stemming from fear of the unknown, media effects, peer effects, fear of violence, and erroneous beliefs (Hunter et al., 2014, p. 2). Attitudes and beliefs that mental health patients are dangerous and unpredictable create anxiety before their clinical placements and results in a disinterest in pursuing a career in mental health nursing. Another reason for these attitudes and beliefs in undergraduate nursing students is the lack of knowledge of mental health awareness. Happel and Gaskin (2012) reported that education via classroom teaching and clinical placements seem to engender more positive attitudes towards mental illness and mental health nursing.

## **Review of Literature**

The literature review was completed by using the University's database powered by EBSCOhost to search for articles related to the research topic. Other databases and search engines utilized were Google Scholar, Elsevier, CINAHL, and ProQuest. The literature searches were limited to full text, peer-reviewed, and academic journals within the time frame of 2009-2019. However, Brenda Happell is a principal researcher in the majority of the literature about undergraduate nursing students' attitudes toward mental illness, mental health nursing, and clinical placement. Some of her work is before 2009 and has relevance to this study and many studies. Keywords and phrases used search-related literature are as listed: psychiatric nursing, mental health nursing, undergraduate nursing students, attitudes and beliefs, mental health, mental illness, career choices, nursing shortage, stereotypes of mental illness, psychiatric clinical placement, mental health curriculum, mental health stigma, negative attitudes toward mental health, attitudes of mental health, learning theories, Bandura's learning theory, learning theory, and undergraduate nursing students. Much of the literature is concentrated on undergraduate nursing students' attitudes toward mental illness, mental health nursing, preparedness, and satisfaction concerning clinical placement and practice. There was also literature addressing mental health stigma and attitudes of mental health illness possessed by undergraduate nursing students and the lack of interest in mental health nursing. Most of the literature was conducted in Australia and Eastern India and Asian countries. Minimal literature was found that was completed in the United States.

### **Attitudes Toward Mental Health**

People who are diagnosed with a mental illness feel labeled by society, family, and health care professionals. Mental health stigma, stereotyping, and discrimination are all concepts of negative attitudes toward mental illness. Due to stigma and discrimination, people with mental illness face difficulties in social relationships, experience social isolation, social withdrawal, social distance, homelessness, unemployment, and institutionalization (Jyothi et al., 2015, p. 393). These beliefs of mental health stigma and discrimination appear in the attitudes of undergraduate nursing students.

Jyothi et al. (2015) conducted a study to obtain information about basic knowledge of mental disorders and to evaluate students' attitudes towards people with mental disorders. In this descriptive cross-sectional survey, the Beliefs toward Mental Illness scale (BMI) was used to assess the views of the students toward mental illness. The BMI is a 21-item self-report measure of negative stereotypical views of mental illness that consist of a total score and three subscales based on factor analysis: dangerousness, poor social and interpersonal skills, and incurability (Jyothi et al., 2015, p. 394). The survey was distributed to 50 students with a response rate of 85%. The results of this study revealed that most respondents were afraid of people with mental illness even with those living in their neighborhoods that have a diagnosis of mental illness (Jyothi et al., 2015, p. 394). The results suggested that most of the student participants have negative attitudes toward people with mental illness. Jyothi et al. (2015) reported a comparison of this study and others and found similar themes that students possess thoughts that people with mental illnesses are dangerous and violent and have unfavorable attitudes towards the mentally ill. Jyothi et al. (2015) suggested that

strategies to overcome stigmas and discrimination, such as the increase of social contact with persons having a mental illness and tracking the attitudes toward mental illness, can serve as an indicator of the public's mental health literacy. This study shows strong correlation between the negative attitudes of student nurses toward mental illness. The study only emphasized the attitudes of younger students, majority were 20-23 years old.

Findings of studies conducted examined undergraduate nursing students' attitudes toward people with mental illness and mental health nursing. There is an urgent need to address these negative perceptions among nursing students towards people with mental illness (Poreddi et al., 2015, p. 148). Poreddi et al. (2015) conducted a cross-sectional descriptive study distributing to nursing students (n=116) through self-reported questionnaires (Mental Health Nursing Education Survey) to measure attitudes towards people with mental illness and mental health nursing. The results of this study found that the majority of students hold positive attitudes towards people with mental illness and are satisfied with their preparation in mental health nursing; however, students had negative stereotypes towards people with mental illness (Poreddi et al., 2015, p. 153). This study was useful and helpful to nursing educators to develop new curriculums and evaluate existing curriculums for mental health nursing to promote a positive learning experience for undergraduate nursing students. This study was only limited to one university and small sample size for data collection.

Studies indicated that healthcare professionals and students who intend to work in the healthcare field approach individuals with mental illness with negative preconceptions (Tambag, 2018, p. 420). Effective patient care cannot be delivered to patients with mental illness when there is the presence of negative attitudes and the



beliefs of stigma. Student nurses learn from their educators and preceptors; they also come with preconceived ideas from family and society about mental health. Evidence demonstrates that undergraduate nursing students bring with them at the start of nursing course stereotypes and prejudice about mentally ill people, thus showing a lack of knowledge to their possibilities of recovery and social living (Poreddi et al., 2015, p. 368). There is a need for valid and reliable measures of student attitudes to people labeled with a diagnosis of mental illness and a closer examination of how attitudes relate to other domains (Happell et al., 2019, p. 90).

### **Mental Health Nursing as a Career Choice**

The nursing shortage affects all specialties of nursing nationally and globally. Reviewed literature attributes the lack of psychiatric nurses to the negative attitudes of nursing students toward mental illness. The majority of nursing students do not choose mental health nursing as their career choice of specialty. The percentage of nursing students pursuing psychiatric nursing practice has declined over the past 20 years and remains one of the least favored nursing specialties (Jack-Ide et al., 2016, p. 1). Evidence suggests that students who have completed a mental health practicum are more likely to consider a future career in mental health nursing compared to those who have not; however, even with practicum experience, nursing students consistently rank mental health as the least preferred nursing specialty (Slemon et al., 2019, p. 164). There is evidence that suggests that the lack of knowledge in mental health nursing, lack of clinical experience, a negative clinical experience all can play a part in the disinterest of student nurses pursuing a career in mental health.

Jansen and Venter (2015) conducted a qualitative study that emerged two main issues linked to a lack of interest in psychiatric nursing are personal factors and the working environment. Slemon et al. (2019) also conducted a qualitative study that describes barriers to students pursuing a career in mental health nursing as negative practicum experiences, including the institutional environments for the inpatient mental health settings and witnessing of harmful nursing practices. Literature has shown that the clinical experience can influence the student nurse positively to want to continue a career in mental health nursing. Clinical experience is the bridge by which nursing students become familiar with the reality of mental health and prepares them for their professional role, provides opportunities for applying the knowledge, concepts and skills they have learned in the classrooms (Jack-Ide et al., 2016, p. 2). Jack-Ide et al. (2016) conducted a cross-sectional survey using the Attitude Towards Psychiatry (ATP) questionnaire and found that majority 59.8% of students showed a positive attitude, while 40.2% showed a negative attitude towards psychiatric nursing, indicating that the clinical experience provides positive experiences for some of the participants. Ong et al. (2017) and Thongpriwan et al. (2015) both conducted similar studies of undergraduate nursing students attitudes toward a career in mental health nursing and discovered that with increase of a positive clinical experience and growth in the preparedness of the student for clinical the higher the percentage the student may consider a career in mental health nursing.

These studies provide similar data findings in that undergraduate nursing students show a positive attitude toward mental health but a negative attitude toward a career choice in psychiatric nursing. Through research, not one study comparison of the

student's thoughts of other nursing disciplines compared to psychiatric/mental health nursing. There are also not many qualitative studies with focus groups that discuss the reasons behind why students do not choose psychiatric nursing as a career.

### **Mental Health Nursing Clinical Placement and Educational Preparedness**

Evidence has shown that nursing students' attitudes towards mental health nursing were influenced by several factors, including the extent to which they felt their course has prepared them for work in the mental health field, their satisfaction with the theoretical aspects of the mental health course content and lecturing within the comprehensive nursing programs, and perceived attitudinal change after completing clinical experience (Happell, 2008a, p. 327). Clinical experience is a consistent factor in research findings and can influence a more positive attitudes in students towards mental health and mental health nursing. Chadwick and Porter (2014) conducted a longitudinal descriptive pre-post survey design to determine the degree to which a clinical placement with psychiatric/mental health agency changed student nurses' attitudes towards mental illness and mental health/psychiatric nursing. Results of this study support recent literature that finds that there is a positive change with students' attitudes towards mental health after the completion of a clinical placement and practicum.

Additional qualitative and quantitative studies have proven that pre-clinical placement of undergraduate nursing students have a negative attitude toward their placement and mental health. Hayman-White and Happell (2005) findings based on the correlational analysis suggest that adequate educational preparation has the potential to affect students' beliefs, anxieties, preparedness, and the likelihood of choosing to work in the mental health field. Stuhlmiller and Tolchard (2019) and Itzhaki et al. (2017) both

conducted studies to examine the changes in attitudes of students' pre-post clinical practicums when students were prepared through classroom didactic and simulations. This study has shown that students feel better prepared going into their clinical placements and are able to understand the role of the mental health nurse, and mental health nursing. With adequate preparation, the students are less anxious and more apt to communicate and interact with the patients in the clinical setting. When the nursing student has a favorable clinical outcome, evidence has shown that there is a higher chance the student would want to pursue a career in mental health nursing. The research suggests that students with more favorable attitudes towards mental health nursing tend to be those who had received more hours of theoretical preparation, had undertaken more hours of clinical placements, and reported believing that mental health nursing make a valuable contribution to consumers, the community and nursing student treatment (Happell & Gaskin, 2012, p. 151).

Each study was able to report strong correlations of the clinical experience related to the attitudes toward mental illness and mental health nursing. The observation of students' behaviors during clinical placement may be helpful in data collection to better assess how the students react to their clinical environment. The research studies used in this MSN thesis all have similar results despite the use of different surveys.

### **Summary**

Nursing shortages are recognized nationally and globally- According to the World Health Organization (WHO), there is a shortage of 7.2 million healthcare workers with regard to health needs, whereas the report by the 'Third Global Forum on Human Resources for Health' estimates that by 2035, the nursing deficit will reach 12.69 million

(Marc et al., 2019, p. 10). Mental health nursing is one of the least sought out specialty areas of nursing. With this shortage, those that have mental illnesses and in need of mental health care are suffering due to lack of care related to shortage of mental health nurses. Research has repeatedly proven that the shortage of mental health nurses starts with the undergraduate nursing students and an attempt to retain them for mental health nursing careers in the workforce. However, due to the mental health stigma, negative attitudes and beliefs, and disinterest in mental health, mental health nursing continues to be the most unfavorable area of nursing. Research has shown that with improvement in the education provided to nursing students, an increase in clinical time, and clinical placement play a key role in improving the undergraduate nursing students' attitudes and beliefs toward mental health and mental health nursing.

## **CHAPTER III**

### **Methodology**

#### **Introduction**

According to the National Institute for Mental Health in 2016, 44.7 million adults were living with a mental illness and only 19.7 million received treatment (Skinner et al., 2019, p. 33). These numbers are projected to continue to rise in the future as more and more people are being diagnosed with mental illness. There is an increased need for mental health care and in order to provide that care there is a need for mental health nurses to provide the mental health care needed. Mental health nursing is the least sought out profession in nursing. Many nursing students are not attracted to the mental health field and do not wish to pursue careers in mental health because they do not believe they are prepared to work in the mental health setting, nor do they feel they can contribute to mental health patients or the community (Skinner et al., 2019, p. 33). The attitudes that undergraduate nursing students have toward mental illness and their clinical placement is a factor in why they do not choose mental health nursing as a career choice- they may not feel confident that they are prepared to work in this field, this perceived lack of preparation may provide some explanation for why psychiatric nursing tends to be less appealing than some other nursing specialties (Happell, 2008b, p. 334).

#### **Study Design**

This nonexperimental descriptive study examines the relationship between the attitudes of undergraduate nursing students toward mental illness, and the interest to pursue a career in psychiatric nursing. The undergraduate nursing student attitudes toward mental illness, clinical placement, and mental health nursing were assessed

through a self-reported survey, The Mental Health Nursing Education Survey Part 2 (MHNES), which was developed by Brenda Happell, PhD, RN (Appendix A).

Permission was obtained prior to use of survey tool by email with survey developer (Appendix B). The purpose of the research and survey were explained to participants by way of email with attached disclosure and informed consent (Appendix C). Consent of participation was implied by the completion of the survey by the participants on Survey Zoho®. Survey was voluntary and participants could close browser at any time to end survey and participation.

### **Setting and Sample**

The setting was the School of Nursing at the University. The sample was a convenience sample of 24 undergraduate nursing students that are currently enrolled in the nursing program. The inclusion criteria for sample participants must be enrolled in the current Traditional Bachelor of Science in Nursing (TBSN) program at the School of Nursing at the University. Participants must also have completed the mental health didactic curriculum and completed the psychiatric clinical rotation. There was no demographic information obtained from participants due to small sample size and possible breach in confidentiality of participants identity.

### **Measurement Methods**

The survey tool chosen for this study was The Mental Health Nursing Education Survey, Part 2 (MHNES). This survey was created by Dr. Brenda Happell, a nurse in Australia. This survey was developed to report the attitudes and beliefs toward people diagnosed with mental illness and towards mental health nursing. The survey has two sections, section A consists of 43-items on a 7-point Likert scale ranging from ‘Strongly

Disagree’ to ‘Strongly Agree; section B contains questions regarding demographic information. Permission was granted by the developer to use this survey in this study, also permission was granted by the developer to make changes to the demographic section B (Appendix D). Section B was replaced by two questions that was applied to the survey in link given to participants that inquired about current clinical placement and any prior mental health placement.

There are seven domains that are represented in the MHNES survey.

1. Preparedness for the Mental Health Field (PMHF). There are 8-items, higher scores represent a greater sense of preparedness.
2. Knowledge of Mental Illness (KMI). There are 5-items, higher scores represent a more informed attitude.
3. Negative Stereotypes (NS). There are 5-items, lower scores represent less-stereotyped beliefs.
4. Anxiety Surrounding Mental Illness (ASMI). There are 4-items, higher scores represent a lower level of anxiety.
5. Future Career in Mental Health Nursing (FCMHN). There are 4-items, higher scores represent a greater desire to pursue a career in mental health nursing.
6. Valuable Contributions (VC). There are 10-items, higher scores represent a stronger belief that psychiatric nurses provide a valuable service to consumers, the community, and students’ nursing careers.



7. Course Effectiveness (CE). There are 7-items, higher scores represent the degree to which students' university courses had prepared them for various areas of nursing.

The survey has shown content validity as it has been used in many studies about the attitudes of student nurses toward mental illness and mental health nursing. Happell and Gough (2009), used this survey in a study to show an association between educational preparation, placement experiences, and student's attitudes toward psychiatric nursing and consumers of mental health services. Internal reliabilities (Cronbach  $\alpha$ ) have varied from 0.5 to 0.92, with 'Preparedness for the Mental Health Field', one of the seven domains named in MHNES, validating consistent good reliabilities in several studies (Thongpriwan et al., 2015; Happell et al., 2019).

### **Data Collection Procedures**

The survey was administered using Survey Zoho®. Students chosen for the sample are junior level Traditional Bachelor of Science in Nursing (TBSN) students who attend the School of Nursing (SON) at the University and have met all the inclusionary criteria. The researcher reached out to Dr. Sarah Tate, DNP, RN, Assistant Professor of Nursing and Clinical Coordinator for the SON via email information about this study, the purpose of this study, and intentions of survey. Dr. Tate was able to provide researcher with the email addresses of the students that met the criteria to complete survey.

An invitation email was sent to the TBSN students (Appendix E). This initial email consisted of the researcher's name and contact information, purpose of study, link to the online survey, and informed consent. Once the participant voluntarily clicked the link to the survey on Survey Zoho®, the participant was then implying consent to

participate in the survey. The participants were also given instruction that if they did not wish to participate in the survey, they could simply close their browser.

The survey was open for 21 days from the date of the initial invitational email. There were two reminder emails sent to participants at day 7 and day 14. At the close of the survey the researcher had access to data collected anonymously through Survey Zoho®.

### **Protection of Human Subjects**

Permission to utilize human subjects in this study was approved by first the School of Nursing (SON), then the University's Institutional Review Board (IRB) prior to beginning research and data collection. Participants were provided a copy of the informed consent disclosure (Appendix C) in the initial invitational email sent prior to survey. Participants were notified of the purpose of this study, survey was voluntary, and that if the participant did not wish to participate once survey was started, they could close out the browser.

There was no more than minimal risk identified with survey and disclosed to participants as well in the informed consent and disclosure. The risk identified were minimal psychological risk within the participants when answering questions that involved thoughts and attitudes toward mental illness and the mental health population. The participants may have had feelings of embarrassment, feel uncomfortable answering questions, had personal issues with mental illness, or felt biased because of their attitudes and judgement toward mental health and mental health nursing. The participant may also have felt as though they needed to answer the questions in a socially acceptable way. Information was provided to participants of resources that could be utilized if they were

to encounter any psychological risk that was available through Gardner-Webb University Counseling services.

There was no demographic information collected on participants due to the sample size and convenience of the sample. The survey was also completely anonymous and no demographic information was obtained pre- or post-completion of survey. Each survey was also secured by CAPTCHA (Completely Automated Public Turing test to tell Computers and Humans Apart) to determine whether or not the user was human. The survey was password protected, so that only the researcher had access to the survey. Dr. Tate was instructed by the researcher to delete correspondences from researcher once information was sent. Once the last email reminder was sent, all emails and information containing the participants email addresses were deleted.

### **Data Analysis**

Data entry was collected any analysis was completed using descriptive statistics by Survey Zoho® and SPSS. Once the data was categorized by attitudes of mental illness, attitudes of mental health nursing as a career choice, and clinical placement and educational preparedness, a descriptive statistic review was completed, and results were described in a data report. Data was screened for any missing data and was excluded from the testing and data analysis.

## **CHAPTER IV**

### **Results**

The purpose of this quantitative study was to examine the attitudes that undergraduate nursing students have toward mental illness and mental health/psychiatric nursing as career choice. The attitudes toward mental illness and mental health nursing was evaluated in 14 undergraduate nursing students enrolled in the School of Nursing (SON) at the University (GWU) by completion of The Mental Health Nursing Education Survey, Part 2 (MHNES) survey via Survey Zoho®. This chapter discusses the data analysis of the survey results to validate or disprove the researcher's hypothesis: The disinterest in psychiatric nursing as a career choice can be affected by the attitudes that undergraduate nursing students have toward mental illness, their perceived experiences and educational preparedness through their mental health clinical placement.

### **Sample Characteristics**

A total of 24 Traditional Bachelor of Science Nursing (TBSN) students were eligible for participation of this research study. An invitational email (Appendix E) was sent out to all 24 sample participants that met inclusion criteria. The disclosure and informed consent (Appendix C) were provided within the email and a link to the survey. The students were given 21 days to complete survey. A total of six students did not respond to the email by completing the survey or clicking the link to survey. There were 18 students who clicked link to Survey Zoho®. There were four students that did not finish or start survey and closed out the survey before completion, these will be dismissed from the data analysis. There was a total of 14 completed surveys, given a completion percentage of 58.33% (see Figure 2).

There were 12 TBSN students who reported having prior mental health placement and two reported no mental health placement. There were only three students that reported they were currently placed in a mental health clinical setting. Other current clinical settings included OB (six students), OB/Peds (two students), Labor/delivery (one student), and MedSurg (one student), there was one student who did not respond. There was no additional demographic information obtained about participants due to small sample size and the convenience of the sampling to protect the confidentiality of the participants.

### **Major Findings**

The MHNES is a self-reported questionnaire that is aimed to estimate attitudes across several domains related to people diagnosed with mental illness, and mental health nursing (Happell et al, 2019, p. 91). As previously mentioned, there are seven identified domains in this survey: (1) Preparedness for Mental Health Field (PFMHF), (2) Knowledge of Mental Illness (KMI), (3) Negative Stereotypes (NS), (4) Anxiety Surrounding Mental Illness (ASMI), (5) Future Career in Mental Health Nursing (FCMHN), (6) Valuable Contributions (VC), and (7) Course Effectiveness (CE) (Happell & Gough, 2009; Thongpriwan et al., 2015; Happell & Gough, 2007; Happell et al., 2019). This study examined three themes that contained the seven domains from the survey, (1) Attitudes toward mental illness, (2) Mental health nursing as a career choice, and (3) Mental health nursing clinical placement and educational preparedness. The MHNES survey utilizes a 7-point Likert scale ranging from 1-Strongly Disagree to 7-Strongly Agree.

## Attitudes Toward Mental Health

Questions in this theme were related to the student's knowledge of mental illness, stigma, negative thoughts and beliefs toward mental illness, and their feelings such as anxiety towards mental illness. These questions ranged in theme toward those with a diagnosis of mental illness, being in the psychiatric clinical setting, and what they may or not know about mental illness (Figure 2).

**Figure 2**

### *Attitudes Toward Mental Health*

Attitudes Toward Mental Health	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)
<b>Knowledge of Mental Illness (KMI)</b>							
Q10: Mental Illness is not a sign of weakness in a person	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	5 (35.71%)	9 (64.29%)
Q18: Mental Illness can affect people from all walks of life	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (7.14%)	3 (21.43%)	10 (71.43%)
Q 21: Someone I know has experienced a mental health	1 (7.14%)	0 (0.00%)	0 (0.00%)	1 (7.14%)	3 (21.43%)	1 (7.14%)	8 (57.14%)
Q22: When a person develops a mental illness, it is not their fault	1 (7.14%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	3 (21.43%)	3 (21.43%)	7 (50.00%)
Q27: The way people with mental illness feel can be affected by other people's attitudes towards them	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	3 (21.43%)	5 (35.71%)	4 (28.57%)
<b>Anxiety Surrounding Mental Illness (ASMI)</b>							
Q3: I am anxious about working with people experiencing a mental health problem	0 (0.00%)	1 (7.14%)	1 (7.14%)	4 (28.57%)	3 (21.43%)	2 (14.29%)	3 (21.43%)
Q5: I am uncertain how to act towards someone with a mental illness	1 (7.14%)	2 (14.29%)	2 (14.29%)	1 (7.14%)	4 (28.57%)	3 (21.43%)	1 (7.14%)
Q16: If I developed a mental illness I wouldn't tell people unless I had to	1 (7.14%)	3 (21.43%)	2 (14.29%)	5 (35.71%)	2 (14.29%)	0 (0.00%)	1 (7.14%)
Q26: I felt safe during this psychiatric/mental health placement	0 (0.00%)	0 (0.00%)	1 (7.14%)	1 (7.14%)	3 (21.43%)	5 (35.71%)	4 (28.57%)
<b>Negative Stereotypes (NS)</b>							
Q9: People with mental illness are unpredictable	1 (7.14%)	0 (0.00%)	3 (21.43%)	5 (35.71%)	2 (14.29%)	2 (14.29%)	1 (7.14%)
Q11: I am concerned I may be harmed by a person with mental illness	1 (7.14%)	2 (14.29%)	5 (35.71%)	3 (21.43%)	0 (0.00%)	2 (14.29%)	1 (7.14%)
Q13: People with mental illness are more likely to be violent	1 (7.14%)	3 (21.43%)	5 (35.71%)	2 (14.29%)	1 (7.14%)	1 (7.14%)	1 (7.14%)
Q25: People with mental illness can't handle too much responsibility	1 (7.14%)	4 (28.57%)	0 (0.00%)	3 (21.43%)	4 (28.57%)	2 (14.29%)	0 (0.00%)
Q28: People with mental illness are more likely to commit offences or crimes	2 (14.29%)	2 (14.29%)	2 (14.29%)	3 (21.43%)	2 (14.29%)	2 (14.29%)	1 (7.14%)

Questions identified for Knowledge of Mental Illness (KMI) are measuring the student's informed attitude and knowledge of mental illness. The higher scores represent a more informed knowledge (Happell & Gough, 2007; Thongpriwan et al., 2015). The participants in this study answered majority with a positive attitude of knowledge toward mental illness, 64.29% strongly agreed that mental illness is not a sign of weakness, and 50% strongly agree that when a person has a mental illness they are not fault. Over 71% state that they know mental illness can affect anyone and 57.14% state that they actually know someone who is dealing with a mental illness.

Anxiety Surrounding Mental Illness (ASMI) relates to the anxiety the students may have toward mental illness or those diagnosed with mental illness. This domain is scored differently as Q3 and Q5 are reversed scored and Q16 and Q22 are scored normally, the higher scores represent lower levels of anxiety (Happell and Gough, 2007; Thongpriwan et al., 2015). Students answering Q3, 28.57% answered (4) which is in the middle of the scale, so therefore the students are at a neutral and 21.43% stated that strongly agree that they are anxious to work with someone who has a mental illness. Q5 is regarding if the student knows how to interact with someone who has a diagnosis of mental illness, 28.57 % answered a (5) and 21.42% answered a (6), indicating a strong level of anxiety when working around mental illness. Although a higher percentage of students feel anxious when around those with mental illness, 35.71% stated that they felt safe during their psychiatric/mental health clinical placement.

Negative stereotyping (NS) is also a reversed score, the lower the score the less stereotypical beliefs by the undergraduate nursing student toward mental illness (Happell & Gough, 2007; Thongpriwan et al., 2015). Results show 35.71% agree that they do not

feel a they would be harmed by someone with mental illness and that not all people with mental illness are violent. More students (over 35%) felt that people with mental illness are unpredictable, and 35.71% feel more neutral about statement.

### **Mental Health Nursing as a Career Choice**

This theme measures the undergraduate nursing students' thoughts about pursuing a career in mental health nursing. Questions in this section are from the domains Future Career in Mental Health Nursing (FCMHN) and Valuable Contributions (VC) (Figure 3.)



**Figure 3***Mental Health Nursing as a Career Choice*

<b>Mental Health Nursing as a Career Choice</b>	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)
<b>Future Career in Mental Health Nursing (FCMHN)</b>							
<b>Q6:</b> I will apply for a Graduate Program in psychiatric/mental health nursing	10 (71.43%)	2 (14.29%)	1 (7.14%)	0 (0.00%)	0 (0.00%)	1 (7.14%)	0 (0.00%)
<b>Q15:</b> I intend to pursue a career in psychiatric/mental health nursing	7 (50.00%)	5 (35.71%)	1 (7.14%)	0 (0.00%)	0 (0.00%)	1 (7.14%)	0 (0.00%)
<b>Q 24:</b> I will work in a medical-surgical setting for a least a year before considering a career in mental health nursing	1 (14.29%)	1 (7.14%)	2 (14.29%)	5 (35.71%)	0 (0.00%)	2 (14.29%)	2 (14.29%)
<b>Q29:</b> I was encouraged by nursing staff to consider psychiatric/mental health nursing as a career	0 (0.00%)	3 (21.43%)	0 (0.00%)	2 (14.29%)	3 (21.43%)	4 (28.57%)	2 (14.29%)
<b>Valuable Contributions (VC)</b>							
<b>Q2:</b> Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	3 (21.43%)	5 (35.71%)	6 (42.86%)
<b>Q8:</b> Psychiatric/mental health nursing can assist people with a mental illness in their recovery	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (7.14%)	7 (50.00%)	6 (42.86%)
<b>Q14:</b> This clinical placement in psychiatric/mental health nursing has provided valuable experience for my nursing practice	0 (0.00%)	0 (0.00%)	0 (0.00%)	2 (14.29%)	2 (14.29%)	5 (35.71%)	5 (35.71%)
<b>Q23:</b> Mental health services provide valuable assistance to people experiencing a mental health problem	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	4 (28.57%)	5 (35.71%)	5 (35.71%)
<b>Q31:</b> I felt supported by nursing staff during my clinical placement	0 (0.00%)	0 (0.00%)	0 (0.00%)	2 (14.29%)	2 (14.29%)	4 (28.57%)	6 (42.86%)
<b>Q37:</b> Nursing staff were welcoming of students on placement	0 (0.00%)	0 (0.00%)	1 (7.14%)	1 (7.14%)	0 (0.00%)	7 (50.00%)	5 (35.71%)
<b>Q38:</b> Nursing staff were prepared for my arrival	0 (0.00%)	0 (0.00%)	0 (0.00%)	3 (21.43%)	0 (0.00%)	8 (57.14%)	3 (21.43%)
<b>Q41:</b> The nursing staff demonstrated a high level of clinical skill	0 (0.00%)	1 (7.14%)	1 (7.14%)	3 (21.43%)	2 (14.29%)	1 (7.14%)	6 (42.86%)
<b>Q42:</b> The nursing staff treated patients with respect and dignity	0 (0.00%)	0 (0.00%)	0 (0.00%)	2 (14.29%)	1 (7.14%)	6 (42.86%)	5 (35.71%)
<b>Q43:</b> The nursing staff were responsive to my requests for clarification or assistance	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	3 (21.43%)	7 (50.00%)	4 (28.57%)

The higher score on questions in the domain of FCMHN measures a greater desire to pursue a career in mental health nursing (Happell & Gough, 2007; Thongpriwan et al., 2015). Majority of the participants, 71.43%, stated they strongly disagree that they would apply for a Graduate Program in psychiatric/mental health nursing. There is a strong indication by 50% of participants strongly disagree that they intend to pursue a career in

psychiatric/mental health nursing. More than 64% of participants reported that they were encouraged by nursing staff to consider psychiatric/mental health nursing as a career.

Higher scores in the VC domain indicate a strong belief that psychiatric/mental health nurses provide a valuable service to consumers, the community, and to student' nursing careers (Happell & Gough, 2007; Throngpriwan et al., 2015). There are 9-items in the VC domain and majority resulted in the participants reporting a strong belief that the psychiatric/mental health nurse provides a valuable service to mental health. More than 75% of participants strongly agree that psychiatric/mental health nurses make a positive contribution to those diagnosed with mental illness, 71.42% strongly agree that mental health services provide valuable assistance to those experiencing a mental health problem.

### **Mental Health Nursing Clinical Placement and Educational Preparedness**

This theme contains the domains PFHMF and CS with measure how prepared the undergraduate nursing student feels caring for someone with mental illness and how effective their course studies and clinical placement was related to mental health (Figure 4).

**Figure 4***Mental Health Nursing Clinical Placement and Educational Preparedness*

<b>Mental Health Nursing Clinical Placement and Educational Preparedness</b>	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)	No (%)
<b>Preparedness for Mental Health Field (PFMHF)</b>							
<b>Q1:</b> I felt well prepared for my psychiatric/mental health clinical placement	1 (7.14%)	1 (7.14%)	3 (21.43%)	4 (28.57%)	3 (21.43%)	1 (7.14%)	1 (7.14%)
<b>Q4:</b> I have a good understanding of the role of a psychiatric nurse	1 (7.14%)	1 (7.14%)	0 (0.00%)	2 (14.29%)	5 (35.71%)	3 (21.43%)	2 (14.29%)
<b>Q7:</b> I feel confident in my ability to care for people experiencing a mental health problem	0 (0.00%)	0 (0.00%)	2 (14.29%)	5 (35.71%)	4 (28.57%)	3 (21.43%)	0 (0.00%)
<b>Q12:</b> The theoretical component of psychiatric/mental health nursing prepared me well for my clinical placement	0 (0.00%)	1 (7.14%)	2 (14.29%)	6 (42.86%)	3 (21.43%)	2 (14.29%)	0 (0.00%)
<b>Q19:</b> My course prepared me to work as a graduate nurse in a psychiatric/mental health graduate program	4 (28.57%)	1 (7.14%)	0 (0.00%)	4 (28.57%)	3 (21.43%)	0 (0.00%)	2 (14.29%)
<b>Q20:</b> I am familiar with the needs of people with mental illness	0 (0.00%)	0 (0.00%)	1 (7.14%)	3 (21.43%)	8 (57.14%)	2 (14.29%)	0 (0.00%)
<b>Q32:</b> My clinical placement was long enough to consolidate my understanding of psychiatric/mental health nursing	0 (0.00%)	4 (28.57%)	3 (21.43%)	2 (14.29%)	1 (7.14%)	2 (14.29%)	2 (14.29%)
<b>Q36:</b> I was encouraged to become involved with patients care whilst on placement	1 (7.14%)	0 (0.00%)	0 (0.00%)	1 (7.14%)	2 (14.29%)	5 (35.71%)	5 (35.71%)
<b>Course Effectiveness (CS)</b>							
<b>Q17:</b> My course has prepared me to work as a graduate nurse in medical-surgical program	0 (0.00%)	0 (0.00%)	0 (0.00%)	4 (28.57%)	2 (14.29%)	4 (28.57%)	4 (28.57%)
<b>Q30:</b> I was well oriented to my placement	0 (0.00%)	1 (7.14%)	0 (0.00%)	3 (21.43%)	3 (21.43%)	3 (21.43%)	4 (28.57%)
<b>Q33:</b> Nursing staff were too busy to provide me with proper support	4 (28.57%)	5 (35.71%)	3 (21.43%)	1 (7.14%)	1 (7.14%)	0 (0.00%)	0 (0.00%)
<b>Q34:</b> I felt better supported in this clinical placement than I have on other clinical placements	1 (7.14%)	2 (14.29%)	4 (28.57%)	5 (35.71%)	0 (0.00%)	1 (7.14%)	1 (7.14%)
<b>Q35:</b> I felt supported by my clinical teacher/preceptor	1 (7.14%)	2 (14.29%)	0 (0.00%)	0 (0.00%)	1 (7.14%)	2 (14.29%)	8 (57.14%)
<b>Q39:</b> Nursing staff were familiar with the learning objectives of my course	0 (0.00%)	0 (0.00%)	2 (14.29%)	3 (21.43%)	3 (21.43%)	6 (42.86%)	0 (0.00%)
<b>Q40:</b> I enjoyed my psychiatric/mental health placement	1 (7.14%)	1 (7.14%)	3 (21.43%)	1 (7.14%)	1 (7.14%)	3 (21.43%)	4 (28.57%)

Higher scores reported in PFMHF indicate a greater sense of preparedness for the mental health field (Happell & Gough, 2007; Thongpriwan et al., 2015). There was 28.57% of participants who reported feeling neutral regarding if they felt prepared for their psychiatric/mental health clinical placement and 28.57% strongly disagreed that their course prepared them to work as a graduate nurse in a psychiatric/mental health graduate program and 42.86% reported feeling neutral that the theoretical component of psychiatric/mental health nursing had prepared them for their clinical placement. There

were 71.42% (with scores of '6' and '7') who reported that they were encouraged to be involved with the patients during clinicals, but only 50% somewhat agreed that they felt confident to care for people with mental illness. It was reported by 50% of participants that they disagree that their clinical placement was long enough to understand psychiatric/mental health nursing.

Course effectiveness measures the degree to which students' university courses had prepared them for various areas of nursing, the high scores indicate students are well prepared by their courses (Happell & Gough, 2007; Thongpriwan et al., 2015). Majority of the participants, 50%, reported enjoying their psychiatric/mental health placement and 57.14% reported that they strongly agreed that they felt supported by their clinical teacher/preceptor. Although 57.14% of undergraduate nursing students reported they felt supported by their teacher/preceptor, 35.71% felt neutral and 25.57% scored (3) when reporting if they felt better supported in the psychiatric/mental health clinical placement than any other clinical placement.

### **Summary**

The goal of this MSN thesis was to examine the attitudes that undergraduate nursing students have toward mental illness and mental health/psychiatric nursing as a career. The self-reported questionnaire, MHNES, was used in this study to measure these attitudes. Seven domains were identified, and three main themes were incorporated in these domains. The results of the survey showed that the undergraduate nursing students felt like they have knowledge about mental health but do feel anxious when providing care for people with mental illness. Although results reported that undergraduate nursing

students enjoyed their clinical placement and felt prepared, mental health nursing was still not a career choice of graduating students.

## **CHAPTER V**

### **Discussion**

Psychiatric/mental health nursing is not a desired career choice among undergraduate nursing students (Ong et al., 2017). There are many factors that contribute to this disinterest, and this Masters of Science in Nursing (MSN) thesis assessed the attitudes that undergraduate nursing students have toward mental illness, mental health nursing as a career choice, and the perceived level of preparedness through clinical practice. It is important for undergraduate nursing students to understand the importance of the role of the psychiatric nurse, to have knowledge on how to care for those with mental illness and feel empowered and have self-confidence to provide care to those with mental illness. Psychiatric nurses are important because they are providers who spend the most time with patients and their families, who know the intricacies of their patients and families, and who have connected with family units in a way that other health professionals typically have not (Hunter et al., 2014, p. 1). The purpose of this MSN thesis was to examine the attitudes that undergraduate nursing students have toward mental illness and mental health/psychiatric nursing as a career choice.

### **Implication of Findings**

The analysis of the data collected from the self-reported survey completed by the undergraduate student nurses support the conclusions of reviewed literature and studies that psychiatric/mental health nursing is one of the least desired career choices for students. Majority of the participants, 92.85%, answered 1-3/7 on the survey that they disagreed with the statement, "I intend to pursue a career in psychiatric/mental health nursing". This study focused on three factors that contribute to the students' disinterest in

psychiatric/mental health nursing, (1) attitudes toward mental illness, (2) mental health nursing as a career choice, and (3) mental health nursing clinical placement and educational preparedness.

### **Attitudes Toward Mental Illness**

It is suggested that nursing students' attitudes reflect the prevailing stigmatizing views of the general population toward people experiencing mental illness (Happell & Gough (nee Hayman-White), 2009, p. 376). The results in this study showed that the undergraduate nursing students have a strong positive foundation of knowledge toward mental health. Although positive knowledge of mental illness was reported, the results show that the students feel somewhat anxious when working with those with mental illness. Results related to negative stereotypes, students answered 35.71% at a neutral rating (score 4) and 35.72 % (score 5-7) to believe that those with mental illness are unpredictable, but only 21.43% felt concerned they may be harmed by a person with mental illness. Although these results showed that students do have somewhat of negative attitudes toward mental illness and an increase in anxiety, the knowledge of mental illness and sense of safety during clinical placement is prevalent in 85.71% of participants.

### **Mental Health Nursing Clinical Placement and Educational Preparedness**

Changing negative stereotypes among student nurses regarding people's experiences of mental health is essential if they are to have positive placement outcomes and provide the best possible care (Stuhlmiller, & Tolchard, 2019, p. 28). A negative clinical experience can have a detrimental effect on a student's view of mental health nursing, making it unlikely that they will choose psychiatric mental health nursing as a

career (Hunter et al., 2014, p. 2). The results of this study show that 35.71% of students felt somewhat prepared for their mental health clinical placement, but only 35.72% felt like their clinical rotation was long enough and 50% did not agree that the clinical placement was long enough to fully understand psychiatric/mental health nursing. Only 35.71% of participants reported they disagreed with the statement “My course prepared me to work as a graduate nurse in a psychiatric/mental health graduate program” and 35.72% agreed with this statement. Compared to the statement, “My course has prepared me to work as a graduate nurse in medical-surgical program”, 0.00% disagreed with this statement and 74.43% agreed with this statement. These results lead the researcher to believe that the undergraduate nursing students that participated in this study reported feelings that they did not receive enough clinical experience to fully understand the role of the mental health nurse and to confidently care for those with mental illness, but they feel very confident to care for medical-surgical patients.

### **Mental Health Nursing as a Career Choice**

The participants reported a strong sense of knowing the valuable contributions that mental health nurses make to the care given to mental health patients. The undergraduate nursing students (100%) reported a score of 5-6, in which they agree to strongly agree, that psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem. The same number of participants reported that mental health services provide valuable assistance to people experiencing a mental health problem. More than 85% of participants felt they were supported by the nursing staff during their clinical experience, but 92.86% reported they would not further their education as a psychiatric nurse and 92.85% reported they would not pursue a career in



nursing. Although the data shows that the participants have a knowledgeable background in mental health, reported a positive clinical experience, report an understanding of how valuable the psychiatric nurses role is, the participants still do not have an interest in pursuing a career in psychiatric nursing. Jack-Ide et al. (2016) reported that other studies revealed a positive perception of psychiatric nursing with only a small percentage reporting they would pursue psychiatric nursing as a career and that most chose specialties that they perceived as highly skilled or highly valued (pg.4). Nursing educators, mental health/psychiatric nurses, and nursing administrators should devise ways to make psychiatric nursing more appealing to graduating students.

The hypothesis for this study was that the disinterest in psychiatric nursing as a career choice is affected by the attitudes of undergraduate nursing students have toward mental illness, and their perceived experiences and preparedness in the mental health clinical placement. Part of this hypothesis was not proven true as the results of this study show that the undergraduate nursing students participating in this study do not have a strong negative attitude toward mental illness. However, the part of the hypothesis pertaining to the educational preparedness and clinical placement is proven true as the results show that the students did not feel prepared through theoretical course work or clinical placement. Therefore, this research believes that educational preparedness and clinical placement do play a factor in undergraduate nursing students choosing psychiatric/mental health nursing as a career choice.

### **Application to Theoretical/Conceptual Framework**

Albert Bandura's Social Learning Theory was the theoretical framework for this study. Bandura's theory discusses the importance of role modeling and impact of social

factors. Undergraduate nursing students rely on their instructors, clinical instructors/preceptors, and psychiatric nurses to provide them with knowledge and positive experience in their mental health rotations. When students are provided an appropriate clinical placement with more positive experiences, this should increase the desire to choose psychiatric nursing as a career. As a positive role model, psychiatric nurses and instructors can help decrease any negative thoughts the undergraduate nursing students may have toward mental illness and mental health nursing.

### **Limitations**

This study was limited by the sample size that was considerably small in number of participants. The sample of 14 participants was limited to the undergraduate nursing students enrolled at the University's School of Nursing. The small sample (which was also a convenience sample) limited the external validity due to limited findings and responses. The MNES survey was appropriate for this study but did limit the study as only students who had already taken psychiatric/mental health nursing didactic and clinical placement were eligible to participate. If the survey would have been open to those same students pre- and post- clinical placement and didactic, the study would have then shown whether the clinical placements had an influence on the participants attitudes of mental illness and mental health nursing as a career choice. Further study should include participation pre- and post- clinical placement and consider qualitative data collection to get a better understanding from undergraduate nursing students as to reasons for not choosing mental health nursing as a career choice.

### **Implications for Nursing**

This study can help nursing instructors and clinical instructors recognize the need for more positive educational and clinical experiences for undergraduate nursing students. This study can also help nurses and educators to understand the need for increased education on mental health to aid in decreasing anxiety and negative attitudes undergraduate nursing students may have toward mental illness. Increasing student exposure to mental health can increase the interest in the specialty of psychiatric nursing (Hunter et al., 2014, p.4). Nursing educators working with nursing administrators and preceptors to develop internships for graduating students with psychiatric/mental health nurses would increase the exposure for students. This would allow them to function as a psychiatric/mental health nurse with a precepting nurse prior to graduation. Clinical experience in mental health nursing can positively influence perceptions, reduce stigma, and attract students to mental health and psychiatric nursing practice (Jack-Ide et al., 2016, p. 4).

### **Recommendations**

Increasing the exposure to mental health nursing and clinical experience should be explored by all schools of nursing. Evaluation of the nursing curriculum to ensure that more didactic and clinical exposure can be ensured for students. Consideration of having the mental health education as a separate course would be an option to provide more educational preparedness for undergraduate nursing students. Increasing this educational time will also provide more time for students to form new and positive attitudes and thoughts about mental illness. Other recommendations include different clinical sites such as outpatient and inpatient settings to allow students to see diversity in care would

help make the students feel more prepared to care for mental health patients. In order to have more interest in psychiatric/mental health nursing, educators, clinical instructors, and leaders must understand that decreasing the stigma the students have already been exposed to and providing more education concentrated toward mental health, could bring more interest into this field of nursing.

### **Conclusion**

Psychiatric nursing is a specialty area of practice for nurses. There is a demand for mental health nurses and more graduating nursing students do not desire to become psychiatric nurses. Current and past research has shown that there are many factors that affect decisions to become mental health nurses such as the negative stigma and attitudes toward mental illness and mental health nursing, along with educational preparedness. By increasing the education of mental health and mental health nursing and increasing exposure to mental health through clinical experience, this would help to decrease the stigma and increase the desire to choose mental health nursing.

Psychiatric nurses are the providers who spend the most time with patients and their families, connect with patients and families in a way that other healthcare professionals do not, they are an integral component of a multidisciplinary mental healthcare team, and play a critical role in psychiatric treatment and safeguarding the human rights of persons with mental illness (Hunter et al., 2017, p. 1; Poreddi et al., 2015, p. 149). Those who suffer from mental illness must deal with unnecessary stigma and feel comfortable with their mental healthcare team. They know that they are being cared by a team of nurses and other healthcare personnel that do not judge them and make them feel uncomfortable. As a psychiatric nurse, it is important to show

undergraduate nursing students the skills that are needed to provide mental health care and that mental health nursing is a specialty of high degree and can be one of the most rewarding careers in nursing. Psychiatric/mental illnesses are not going away, there is no cure, and more and more people are being diagnosed with psychiatric/mental illnesses. Advocating for the community starts with the mental health/psychiatric nurse, the making of the psychiatric/mental health nurse starts with nursing educators and nursing preceptors.

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## Appendix A

### The Mental Health Nursing Education Survey (MHNES)

#### ***MENTAL HEALTH NURSING EDUCATION SURVEY 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
1. I felt 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. Psychiatric/mental health nursing can assist people with a mental illness in their recovery	1	2	3	4	5	6	7
9. People with mental illness are unpredictable	1	2	3	4	5	6	7
10. Mental illness is not a sign of weakness in a person	1	2	3	4	5	6	7
11. I am concerned I may be harmed by a person with mental illness	1	2	3	4	5	6	7
12. The theoretical component of psychiatric/mental health nursing prepared me well for my clinical placement	1	2	3	4	5	6	7
13. People with mental illness are more likely to be violent	1	2	3	4	5	6	7
14. This clinical placement in psychiatric/mental health nursing has provided valuable experience for my nursing practice	1	2	3	4	5	6	7
15. I intend to pursue a career in psychiatric/mental health nursing	1	2	3	4	5	6	7
16. If I developed a mental illness I wouldn't tell people unless I had to	1	2	3	4	5	6	7

	Strongly Disagree					Strongly Agree	
17. My course has prepared me to work as a graduate nurse in a <u>medical-surgical</u> graduate program	1	2	3	4	5	6	7
18. Mental illness can affect people from all walks of life	1	2	3	4	5	6	7
19. My course has prepared me to work as a graduate nurse in a <u>psychiatric/mental health</u> graduate program	1	2	3	4	5	6	7
20. I am familiar with the needs of people with mental illness	1	2	3	4	5	6	7

21. Someone I know has experienced a mental health problem	1	2	3	4	5	6	7
22. When a person develops a mental illness, it is not their fault	1	2	3	4	5	6	7
23. Mental health services provide valuable assistance to people experiencing a mental health problem	1	2	3	4	5	6	7
24. I will work in a medical-surgical setting for at least a year before considering a career in mental health nursing	1	2	3	4	5	6	7
25. People with mental illness can't handle too much responsibility	1	2	3	4	5	6	7
26. I felt safe during this psychiatric/mental health placement	1	2	3	4	5	6	7
27. The way people with mental illness feel can be affected by other people's attitudes towards them	1	2	3	4	5	6	7
28. People with mental illness are more likely to commit offences or crimes	1	2	3	4	5	6	7
29. I was encouraged by nursing staff to consider psychiatric/mental health nursing as a career	1	2	3	4	5	6	7
30. I was well oriented to my placement	1	2	3	4	5	6	7
31. I felt supported by nursing staff during my clinical placement	1	2	3	4	5	6	7
32. My clinical placement was long enough to consolidate my understanding of psychiatric/mental health nursing	1	2	3	4	5	6	7
33. Nursing staff were too busy to provide me with proper support	1	2	3	4	5	6	7
34. I felt better supported in this clinical placement than I have on other clinical placements	1	2	3	4	5	6	7
35. I felt supported by my clinical teacher/preceptor	1	2	3	4	5	6	7

	Strongly Disagree						Strongly Agree
36. I was encouraged to become involved with patients care whilst on placement	1	2	3	4	5	6	7
37. Nursing staff were welcoming of students on placement	1	2	3	4	5	6	7
38. Nursing staff were prepared for my arrival	1	2	3	4	5	6	7
39. Nursing staff were familiar with the learning objectives of my course	1	2	3	4	5	6	7
40. I enjoyed my psychiatric/mental health placement	1	2	3	4	5	6	7
41. The nursing staff demonstrated a high level of clinical skill	1	2	3	4	5	6	7
42. The nursing staff treated patients with respect and dignity	1	2	3	4	5	6	7
43. The nursing staff were responsive to my requests for clarification or assistance	1	2	3	4	5	6	7

## Appendix B

### Permission to use MHNES

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🖨️ Print ✕ Cancel

**RE: Psychiatric/Mental Health Clinical Placement Survey**

Brenda Happell <Brenda.Happell@newcastle.edu.au>  
Tue 8/6/2019 3:54 AM  
To: Sharon Zurline <srinck@gardner-webb.edu>; D.Wynaden@curtin.edu.au <D.Wynaden@curtin.edu.au>

📎 2 attachments (179 KB)  
MHNE2 final.doc; MHNE1 final.doc;

Hi Sharon,

Please find questionnaires attached. I hope they are useful and best wishes with your research.

Regards  
Brenda

---

**From:** Sharon Zurline <srinck@gardner-webb.edu>  
**Sent:** Saturday, 20 July 2019 6:42 AM  
**To:** D.Wynaden@curtin.edu.au; Brenda Happell <Brenda.Happell@newcastle.edu.au>  
**Subject:** Psychiatric/Mental Health Clinical Placement Survey

Hello,  
I am a MSN graduate student with Gardner-Webb University in Boiling Springs, NC. I am interested in the attitudes of student nurses related to mental illness, clinical placement, and how it effects the market of mental health nurses. I am writing to request access and where to locate via web the pre- and post-survey that you have created to complete my data collection for my thesis project. Thank you for your time and I hope to hear back from you soon.

Thank you for your time,  
Sharon Zurline, BSN, RN-BC

---

Mail - Sharon Zurline - Outlook - Microsoft Edge

🔒 https://outlook.office.com/mail/deeplink?version=2019111801.048;popoutv2=1

📧 Reply all ✕ Delete 🗑️ Junk Block ...

**RE: Psychiatric/Mental Health Clinical Placement Survey**

🔍 The message sender has requested a read receipt. To send a receipt, [click here](#).

**BH** Brenda Happell <Brenda.Happell@newcastle.edu.au>  
Sat 8/10/2019 11:43 PM  
Sharon Zurline ✉️

Hi Sharon,

My pleasure, no particular way, you will find details for data analysis in published articles using the survey.

Best of luck

Regards  
Brenda

---

**From:** Sharon Zurline <srinck@gardner-webb.edu>  
**Sent:** Friday, 9 August 2019 9:03 AM  
**To:** Brenda Happell <Brenda.Happell@newcastle.edu.au>  
**Subject:** Re: Psychiatric/Mental Health Clinical Placement Survey

Thank you for responding to my email and allowing me to use your survey tool. Is there any certain way that the tool is scored?

Thank you for your time.  
Sharon Zurline, BSN, RN-BC

## **Appendix C**

### **Disclosure and Informed Consent**

#### **Gardner-Webb University IRB**

#### **Informed Consent Form**

**Title of Study:** Undergraduate Nursing Students' Attitudes Toward Mental Illness and Psychiatric Nursing as a Career Choice.

**Researcher:** Sharon Zurline, BSN, RN-BC

Hunt School of Nursing Graduate Student

#### **Purpose**

The purpose of this study is to examine the relationship between the attitudes of undergraduate nursing students toward mental illness, perceived level of preparedness for the mental health field through clinical placement, and the interest to pursue a career in psychiatric nursing.

#### **Procedure**

**What you will do in the study:** You will complete the 'Mental Health Nursing Education Survey' (MHNES). This survey was constructed by Brenda Happell, PhD., RN to report the attitudes and beliefs towards mental illness and mental health nursing by the student nurse. You will complete Section A of the self-report questionnaire by choosing "strongly disagree" to "strongly agree" for each of the 43-item statements. The survey addresses the attitudes and beliefs student nurses have toward the mental health population and negative stereotyping, and the significant contribution mental health nursing is to the profession and preparedness for the mental health field. Section B is a short information collection regarding clinical placement.

### **Time Required**

It is anticipated that the study will require about 15 minutes of your time.

### **Voluntary Participation**

Participation in this study is voluntary. You have the right to withdraw from the research study prior to submitting a survey without penalty. You also have the right to refuse to answer any question(s) for any reason without penalty. If you opt to withdraw while completing the survey, you may close your browser. Participants are not obligated to complete the survey once started. All incomplete surveys submitted will be excluded from the data. Once the survey is completed and submitted there is no way of withdrawing any certain survey. Each survey is anonymously sent to the researcher from Zoho® with no identifiable data attached to surveys. Once the study is closed and completed, all data will be destroyed by deletion from electronic correspondences.

### **Confidentiality**

Participants will not be disclosed to the HSoN faculty or HSoN Dean. The researcher will obtain email addresses of eligible participants. The faculty member providing the researcher with email addresses of participants will be instructed to delete all electronic correspondence containing identifiable information of participants after sending. Participants will receive an email from the researcher with information on the purpose and intent of the survey and how to access survey through Survey Zoho®. At no point during the survey will you be asked to put your name on the survey. All information will be stored with the researcher on a password protected laptop and will be erased from the computer once the survey is completed and all data is collected. Aggregate data will be given to GWU at the completion of the study where it will be stored for three years.

### **Risks**

No more than minimal risk is expected through completion of this research study. Minimal psychological risk may arise within participants when answering questions that involve thoughts and attitudes related to the mental health population. This risk may also arise if participants believe their email address or name may be known to the researcher, and the fear of their social reputation if responses are negative. **Participants who feel affected by these risks may contact the GWU Counseling Services Monday through Friday via appointment or call the GWU crisis hotline phone number 704-406-2599.**



**Benefits**

There are no direct benefits associated with participation in this study. The Institutional Review Board at Gardner-Webb University has determined that participation in this study poses no more than minimal risk to participants.

**Payment**

You will receive no payment for participating in the study.

**Right to Withdraw From the Study**

You have the right to withdraw from the study prior to submitting your survey without penalty.

**How to Withdraw From the Study**

If you would like to withdraw from the study, you do not have to initiate or complete the survey. There is no penalty for withdrawing. To withdraw from the study prior to submitting a survey, simply close your browser window. Once a survey is submitted you will not be able to withdraw your completed survey as there is no identifying information.

**If you have questions about the study, contact the following individuals.**

Sharon Zurline, BSN, RN-BC

Hunt School of Nursing MSN Program

Gardner-Webb University

Boiling Springs, NC 28017

Telephone: 704-648-1031

Email: [stinck@gardner-webb.edu](mailto:stinck@gardner-webb.edu)

Faculty Advisor Name: Tina H. Lewis, DNP, FNP-C, ACHPN, CEN

Department: Hunt School of Nursing

Gardner-Webb University

Boiling Springs, NC 28017

Faculty Advisor Telephone Number: 704-406-2633

Faculty Advisor Email Address: [tlewis@gardner-webb.edu](mailto:tlewis@gardner-webb.edu)

**If the research design of the study necessitates that its full scope is not explained prior to participation, it will be explained to you after completion of the study. If you have concerns about your rights or how you are being treated, or if you have questions, want more information, or have suggestions, please contact the IRB Institutional Administrator listed below.**

Dr. Sydney K. Brown

IRB Institutional Administrator

Gardner-Webb University

Boiling Springs, NC 28017

Telephone: 704-406-3019

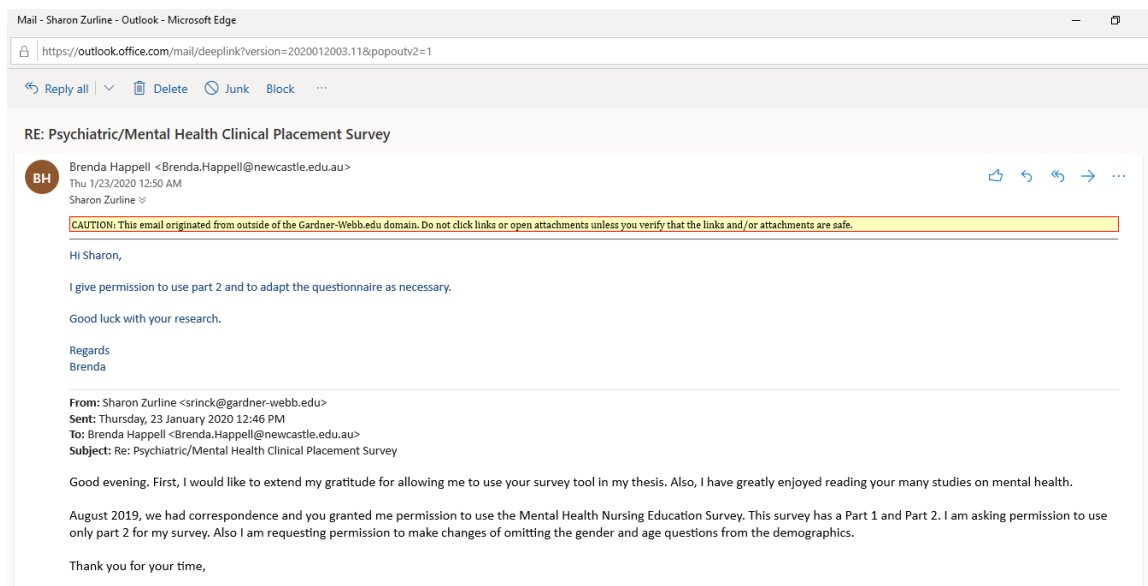
Email: [skbrown@gardner-webb.edu](mailto:skbrown@gardner-webb.edu)

**Voluntary Consent by Participant**

I have read the information in this consent form and fully understand the contents of this document. By clicking on the link for survey and completing this survey, you are implying consent. If you wish not to participate, please close your browser.

## Appendix D

### Permission to Change MHNES



## **Appendix E**

### **Invitational Email to Participants**

Dear Undergraduate Nursing Student,

My name is Sharon Zurline, BS, RN-BC, and I am currently a MSN student at Gardner-Webb University. I am currently working toward the completion of my thesis. You are receiving this email to ask you to participate in my research study by completing a survey.

My thesis topic is “Undergraduate Nursing Students’ Attitudes Toward Mental Illness and Psychiatric Nursing as a Career Choice”. The purpose of this study is to examine the relationship between the attitudes of undergraduate nursing students toward mental illness, perceived level of preparedness for the mental health field through clinical placement, and the interest to pursue a career in psychiatric nursing.

If you are willing to participate, please review the attached informed consent and disclosures, and then you will click here on the link <https://survey.zohopublic.com/zs/4VBU7e>. Here you will complete the survey, ‘Mental Health Nursing Education Survey’. Informed consent will be implied by clicking the link provided and completing survey. Once survey link is opened, and you decide to opt out of participation, please just close browser. This survey will be open for 21 days from today. Participants will receive a reminder email at day 7 and day 14 to complete survey.

Thank you for your time and consideration,

Sharon Zurline, BSN, RN-BC

srinck@gardner-webb.edu