



# Undergraduate nursing students' attitudes toward mental health nursing



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## SUMMARY

**Objectives:** The purpose of this study was to describe undergraduate nursing students' attitudes toward mental health nursing and how these attitudes influenced their professional career choices in mental health nursing.

**Design:** A descriptive, online survey was utilized to examine students' perceptions of mental health nursing. A total of 229 junior and senior nursing students were recruited from eight nursing colleges in Midwestern United States to participate in this survey.

**Results:** Students of different ages, genders, ethnicities, and nursing programs did not report significantly different perceptions of: (a) knowledge of mental illness; (b) negative stereotypes; (c) interest in mental health nursing as a future career; and (d), and beliefs that psychiatric nurses provide a valuable contribution to consumers and the community. Negative stereotypes were significantly different between students who had mental health nursing preparation either in class ( $p = 0.0147$ ) or in clinical practice ( $p = 0.0018$ ) and students who had not. There were significant differences in anxiety about mental illness between students who had classes on mental health nursing ( $p = .0005$ ), clinical experience ( $p = 0.0035$ ), and work experience in the mental health field ( $p = 0.0012$ ). Significant differences in an interest in a future career in mental health nursing emerged between students with and without prior mental health experience and between students with and without an interest in an externship program with  $p$ -values of 0.0012 and  $<0.0001$ , respectively.

**Conclusions:** The more exposure that students have to mental health nursing through clinical experiences, theory classes, and previous work in the field, the more prepared they feel about caring for persons with mental health issues.

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Millions of people, irrespective of ethnicity, gender, and geographic location, suffer from mental illness. In 2012, 18.6 % of United States [US] adults had lived with a mental illness in the past year (National Institute of Mental Health (NIMH), 2012). Kessler et al. (2009) reported the 12-month prevalence of any mental illness among adults in 17 countries using data from the WHO World Mental Health Survey. These researchers indicated the lowest prevalence of mental illness was estimated to be 7.1% in People's Republic of China, whereas the United States had the highest estimate (27%). People living with mental illness are at increased risk for suicide, living with disability, and premature mortality (Ferrari et al., 2014; Whiteford et al., 2013). Thus, ensuring that people living with mental illnesses receive appropriate mental health care is the top priority for health care providers. To provide the adequate mental health care needs of the increasing proportion

of individuals suffering from mental illness, nurses must be recruited and trained in the mental health specialty.

Ironically, there are shortages of nurses choosing to specialize or work in mental health settings. Despite an increased number of young nursing graduates ages 23 to 26 by 62% between 2000 and 2009, recruiting new graduates to work in mental health care programs remains a challenge because of attitudes related to mental health and mental illness (Auerbach et al., 2011). Anxiety about mental illnesses, stigma associated with mental health nursing, and negative perceptions of psychiatric patients and mental health care create barriers to attracting new nursing graduates to choose mental health nursing for their career (Happell et al., 2014; Hoekstra et al., 2010; Linden and Kavanagh, 2012; Nadler-Moodie and Loucks, 2011; Ng et al., 2010; Stevens et al., 2013). Mental health nursing has been identified by nursing students as one of the least preferred potential careers (Happell and Gaskin, 2013; Stevens et al., 2013). Nadler-Moodie and Loucks (2011) stated that new graduates, who might be interested in psychiatric nursing, are often discouraged from their choice by a shared belief among colleagues that: "You must do a year of med-surg first"

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(p. 479). Thus, new BSN-prepared graduates in the U.S. often prefer to start their careers in acute care settings (Institute of Medicine (IOM), 2010).

There are very few studies in the literature reporting nursing students' attitudes toward mental health nursing in the US. As efforts are being made to train more nurses to work in various health care settings, recruiting and preparing nurses to work in the mental health settings should be one of the priority areas. To accomplish this task, it is essential for policy makers and the future workforce in this specialty to understand undergraduate students' attitudes toward mental health nursing and their interest in this specialty as a career choice. Therefore, the purpose of this study was to examine undergraduate nursing students' attitudes toward mental health nursing and interests in pursuing mental health nursing as a future career choice. Specifically, we explored nursing students' attitudes of mental health nursing in six areas: (a) preparedness for mental health field; (b) knowledge of mental illness; (c) negative stereotypes; (d) future career; (e) anxiety surrounding mental illness; and (f) valuable contributions.

In existing literature from US and Canada, a mental health residency program is an additional training program (typically a 12-week program) developed for new graduate nurses to develop mental health competencies, promote interest in this specialty, and address the stigma associated with working in mental health sectors (Nadler-Moodie and Loucks, 2011; Ng et al., 2010). At the time of the study conducted, we were planning and designing an additional mental health training program for new graduates in the study area, which included an 8-week summer externship. The goals of the 8-week summer program were twofold: (1) provide an opportunity to develop critical competences for specialized mental health care delivery and (2) create a sustainable path for working in a community-based or acute mental health care setting after the completion of the training. We also examined nursing students' interest in our externship program. This study was an integral part of Nursing's Voice, a project of Partners Investing in Nursing, led by the Robert Wood Johnson and Northwest Health Foundation at the national level, and Faye McBeath Foundation in Milwaukee. In addition, it was supported by the Jonas Nurse Leaders Scholar Program.

## Method

### *Design and Participants*

A descriptive, cross-sectional research design using an online survey was used to collect data on nursing students' interests in and attitudes about caring for persons with mental illness. The target population included all undergraduate nursing students at the junior and senior level (or equivalent) enrolled in either an Associate Degree in Nursing (ADN) or Bachelor of Science in Nursing (BSN) program in a Midwestern state of the U.S. A convenience sampling method was used to recruit participants from ADN and BSN programs in a large metropolitan area. Deans of Nursing programs in the surrounding area were invited to participate in the study by distributing recruitment emails to their respective student bodies. Deans of eight nursing programs agreed to participate in the study. Among the eight colleges, a total of 1,337 juniors and seniors were eligible to participate.

### *Instruments*

The instruments of this study comprised demographic questions and a self-reported questionnaire examining attitudes about mental health nursing. To measure attitudes about mental health nursing, we obtained permission to use the Psychiatric/ Mental Health Clinical Placement Survey for First Day of Placement Scale (Hayman-White and Happell, 2005), a seven-point Likert scale with scores ranging from 1 (strongly disagree agree) to 7 (strongly agree). The original survey is composed of 24 questions. It included seven subscales: (a) preparedness for mental health field (higher scores represent a greater sense of

preparedness); (b) knowledge of mental illness (higher scores represent a more informed attitude); (c) negative stereotypes (lower scores represent less-stereotyped beliefs); (d) future career (higher scores represent a greater desire to pursue a career in mental health nursing); (e) anxiety surrounding mental illness (higher scores represent lower levels of anxiety); (f) valuable contributions (higher scores represent a stronger belief that psychiatric nurses provide a valuable service to consumers, the community, and students' nursing careers); and (g) course effectiveness (higher scores represent the degree to which students' university courses had prepared them for various areas of nursing) (Hayman-White and Happell, 2005). Since this instrument was developed for an Australian audience, we modified the wording to convey the same meaning for U.S. participants. The course effectiveness subscale of four questions was deleted because it was not applicable.

### *Pilot Study*

The modified scale, the Mental Health Nursing Student Survey, including 26 questions (six subscales) and 10 demographic questions was piloted at two nursing colleges located outside the geographical area of the study. The number of eligible junior and senior students for participation from the two colleges (one ADN and one BSN program) was 214, and 86 completed the pilot survey, resulting in 40.19 % response rate. The reliability of six subscales is presented in Table 1. We included an additional 10 questions on a seven-point Likert-type scale to examine the following: the length of time spent completing the survey; technological problems or concerns with the SurveyMonkey® link; readability and comprehensiveness of the questions; and the clarity of the letter to students. The average score for these 10 questions was above 6.0 (1 = the lowest to 7 = the highest), indicating acceptable clarity of the survey questions.

### *Data Collection*

Data were collected electronically using SurveyMonkey® after the Dean of each nursing program and each college's IRB approved the study. We sent an email containing: (a) the SurveyMonkey® web link; (b) a letter explaining the purpose of the study; and (c) information about how to administer the survey to the designated contact person (director of the nursing program, Associate Dean, or Dean of the college) for the study at the respective institutions. The study contact person subsequently forwarded the email to all junior and senior-level nursing students, or equivalent, in the program. The e-mail emphasized the voluntary nature of participation in the study. Names of participants and IP addresses from computers were not collected.

After students received the forwarded e-mail, they were able to click the web link and were promptly directed to a statement of consent before beginning the survey. After giving informed consent, the survey began with demographic questions. Next, participants were asked about their attitudes toward mental health nursing. The survey required approximately ten minutes for completion, and participants were given 10 days to complete the survey. A reminder e-mail was sent out 2–3 days before the survey closed. In existing literature, the response rate for online surveys varied greatly from 2% to 47% (Monroe and Adams, 2012; Nulty, 2008). Due to a low response rate initially, a one-week extension for participation and reminder emails were sent up to four times per college. After the end of the extension, 251 of 1,337 students completed the survey (18.8% response rate).

### *Data Analysis*

A total of 251 students completed the survey. However, 22 students failed to answer the demographic questions. As a result, they were excluded from analysis. Demographic and mental health attitude data were summarized using means and standard deviations for continuous variables and frequency and percentages for categorical variables,

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