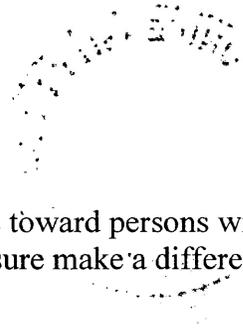




Running head: STUDENT NURSES' ATTITUDES



Undergraduate nursing students' attitudes toward persons with mental illness:
Do theory and clinical exposure make a difference?

Submitted to

Dr. Lynn Martin

by

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A Project Submitted in Partial Fulfillment of
The Requirements of the Master of Public Health

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Abstract

Statement of Problem: The primary goal of this paper was to explore the attitudes, comfort level and knowledge of undergraduate nursing students toward persons with mental illness. The secondary objective of this paper was to examine the impact of a Psychiatric Nursing Practice Course in the Collaboration for Academic Education in Nursing (CAEN) curriculum of British Columbia and the Northwest Territories on those attitudes, comfort levels, and knowledge. **Results:** The results demonstrated that student nurses experienced a high level of fear, discomfort and unease providing nursing care to persons with mental illness before taking a Psychiatric Nursing Practice Course. After taking this course, the student nurses' reported feelings of higher levels of ease, confidence and expressed comfort in their own level of mental health nursing knowledge. **Conclusions:** The importance of educating undergraduate student nurses in psychiatric issues was evident. Further recommendations and implications for practice are presented and include strategies to address the educational needs of undergraduate student nurses' as well as ongoing education and training of registered nurses.

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**Undergraduate nursing students' attitudes toward the mentally ill:
Do theory and clinical exposure make a difference?**

Introduction

A report by Health Canada (2002) indicated that mental illness affects every Canadian - it is estimated that 20% of Canadians will personally experience a mental illness during their lifetime and that the remainder will be affected through the mental illness of a family member, friend, or colleague.

Societal stigma and discrimination of persons with mental illnesses has existed throughout history and time even though descriptions of mental illness date back to the ancient Indian texts and is seen in virtually every culture and population around the world (Chan & Cheng, 2001), from South Africa (Hugo, Boshoff, Traunt, Zungu-Dirwayi & Stein, 2003) to Hong Kong (Tsang, Tam, Chan & Cheung, 2003). Often, stigma and discrimination arise from superstition, lack of knowledge and empathy, old belief systems, and a tendency to fear and exclude people who are perceived as different. For the past three decades, the attitudes of the general public toward people with mental illness have been widely investigated; their attitudes have been described as uninformed, discriminatory, stigmatizing and negative (Tay, Pariyasami, Ravindran, Ali & Rowsudeen, 2004; Emrich, Thompson & Moore, 2003). The evidence also suggests that people suffering from a mental illness have an acute awareness of the stigmatizing and discriminatory attitudes of the general public, which has further been shown to exacerbate the burden of mental illness, reduce the person's self-esteem, create ambivalence about accepting psychiatric treatment, and reduce overall life satisfaction and the likelihood of recovery (Tsang et al., 2003; Dickerson, Sommerville, Origoni, Ringel & Parente, 2002; Crisp, Gelder, Rix, Meltzer & Rowlands, 2000). For the most part, education is cited as key in changing the public's

attitudes toward persons with mental illness and decreasing the marginalization experienced by this vulnerable population (Emrich et al., 2003; Chan & Cheng, 2001; Happell, 2000).

Similarly, studies conducted over the last 20 years have shown that health care professionals, including registered nurses, largely share the general public's negative attitudes and beliefs toward persons with mental illness (Callaghan, Cheung, Lau, Lo, & Tsui, 1998; Weller & Grunes, 1988; Malla & Shaw, 1987). In fact, Jorm, Korten, Jacomb, Christensen, and Henderson (1999) found that the attitudes of health care providers were more negative than those of the general public. As with the attitudes of the general population, it has been shown that persons with mental illness are very much aware of and sensitive to the attitudes and beliefs of the health care professionals who are directly involved in their care (Hugo, 2001). Hildegard Peplau, a pioneering theorist in the nursing profession developed what is referred to as the "interpersonal nursing paradigm" (Peplau, 1952), which posits that each interaction between the nurse and the patient has the potential to substantially impact not only what individuals learn as they are nursed through their experience with illness (Peplau, 1952), but also the outcomes of care (Peplau, 1952, 1960, 1988).

In hospital and community settings, nurses are usually the first health care professional a client comes into contact with. Given the important role of nurses as members of the "front-line" and the potentially harmful impact of negative attitudes toward mental illness, a better understanding of their attitudes toward mental illness is warranted. Using Peplau's theory as a framework, this project seeks to examine the attitudes and beliefs toward mental illness of undergraduate nursing students. First, a more comprehensive review of the attitudes of health care professionals and nurses toward persons with mental illness is provided. Next, the results of an undergraduate nursing course evaluation that examined pre- and post- psychiatric placement

attitudes toward mental illness are presented. Finally, the implications of findings for public health practice, policy, and research related to mental illness are discussed.

Literature Review

Attitudes of health care professionals toward mental illness

Persons with mental illness come into contact with a wide range of health care professionals in the health care system (Sadow, Ryder, & Webster, 2002; Hugo, 2001). A large proportion of persons with mental illness are never admitted to a psychiatric inpatient unit, but are instead cared for by a general physician in a walk-in clinic, intensive care unit or emergency department (Moore, Mao, Zhang, and Clarke, 2003; Hugo, 2001); none of which may employ health care professionals with expertise in mental health disorders (Hugo, 2001).

Hugo's (2001) study explored the attitudes of mental health professionals toward people with a mental health disorder. The findings revealed that physicians and psychiatrists had the most negative attitudes toward mental illness, whereas mental health nurses had the most optimistic attitudes. In explaining his results, Hugo (2001) suggested that these might be based on the realistic expectations regarding prognosis for certain mental health disorders. However, he cautioned that health care professionals need to be aware of how their attitudes impact both their outlook for and the information they convey to persons in their care. Hugo (2001) further recommended that health care professionals attend educational courses that aim to foster a more positive attitude toward mental illness, as well as learn from interactions with persons who are successfully coping with their mental illness.

A more recent study by Roth, Antony, Kerr, & Downie (2003) examined the attitudes of physician and non-physicians toward mental illness among medical students (Roth et al., 2003). The participants completed a questionnaire that included measures designed to assess attitudes

toward medical students with emotional problems. Data were also collected on the degree to which specific mental disorders were thought to interfere with the performance of medical students. Their analyses revealed that people who had either personal or professional experience with mental illness had a more positive attitude toward students with mental illness. The results also showed that mental health professionals were more tolerant of mental illness in medical students than non-psychiatric physicians and support staff. Roth et al., (2003) recommended that future research should examine the prevalence of mental illness in medical students and assess whether mental illness does in fact, impair their performance or ability to practice medicine.

An earlier qualitative study conducted by Bailey (1998) explored the factors that influenced the attitudes of physicians and nurses towards psychiatric patients in an intensive care unit. This study built on previous findings that showed that attitudes toward para-suicidal patients were not significantly different between the two groups (Bailey, 1994). Bailey (1998) reported that the physicians and nurses struggled with the notion of caring for psychiatric patients on intensive care units who had attempted suicide; it was thought illogical to provide life-saving interventions to persons who had attempted to end their life. Furthermore, both groups reported feeling that their patients with mental illness were not appreciative of the care, and therefore the staff did not go out of their way to do anything "extra" for these patients. The study participants also reported that they often felt inadequate and frightened at times in providing care for psychiatric patients. As a result, Bailey (1998) recommended that greater liaison opportunities be established between the intensive care unit and the psychiatric unit, and that further research be undertaken to shed light on the factors that influence physicians' and nurses' attitudes towards psychiatric patients.

Nurses' attitudes toward persons with mental illness

Nurses are usually the first health care professional a patient comes in contact anywhere within in the health care system. Therefore, investigating the attitudes and beliefs of nurses is of considerable important given that the attitudes of nurses may greatly influence whether or not a patient decides to accept treatment, the recovery process and the long-term outcome of persons with mental illness patient (Hugo, M., 2001). Furthermore, given that clients with a mental illness permeate every area of nursing in the health care system, the attitudes and perceptions of nurses is a critical area of exploration.

A recent qualitative study conducted by Mavundla (2000) explored nurses' perceptions of nursing persons with mental illness in a tertiary hospital in Durban, South Africa. This was an explorative and qualitative study that included 12 professional nurses using purposive sampling. Mavundla (2000) found that the nurses' perceptions of providing nursing care to persons with mental illness was predominantly negative and affected the intellectual, emotional and social environment in which care took place. The results showed that nurses required more education, knowledge and support when nursing patients with mental illness on their units. They also acknowledged that they did not feel adequately trained in communication skills to effectively work with this patient subpopulation. On an emotional level, nurses admitted that they often feared working with persons with mental illness, and felt frustrated when they were assigned to their care. Regarding the social environment, nurses felt that staff shortages, difficulty observing patients with mental illness and overcrowding on units hindered their ability to provide appropriate care. Mavundla (2000) recommended in her study that nursing education should be improved so that professionals are properly equipped with the essential skills and knowledge to care for psychiatric patients. She suggested that skills that addressed interpersonal, assertiveness,

psychiatric emergencies and nursing practice are at the forefront of what is currently lacking in nursing education. She also suggested that departmental managers should be readily available to provide emotional support to nurses regarding any concerns that arise in caring for psychiatric patients on their units.

Mavundla & Uys (1997) also conducted an earlier quantitative study that examined the attitudes of nurses towards persons with mental illness in a general hospital setting in Durban, South Africa. The three goals of this study were to (a) explore the attitudes of nurses in a general hospital setting toward patient with a mental illness (b) explore the factors that influenced these attitudes and (c) to measure the exposure nurses had with persons with mental illness. The results of this study showed that 90% of nurses working in a general hospital setting had a negative attitude toward persons with mental illness, where registered nurses had a more positive attitude toward persons with mental illness compared with the other two groups of nurses (nursing assistants, enrolled student nurses). In other words, nurses with a higher level of education had more positive attitudes toward persons with mental illness. Mavundla & Uys (1997) also found that religious affiliation and having a family or friend with mental illness contributed to 13% of the variation in the total attitude score. It was speculated that religious affiliation was positively associated with a more positive attitude because most religions generally expect more caring attitudes from its followers and that nurses who had a relative or friend with a mental illness might have more knowledge and understanding of mental illness and therefore, have a more positive attitude (Mavundla & Uys, 1997). Based on these findings, this author recommended that training for nurses include more education about psychiatric disorders, education to dispel the myths and beliefs about mental illness, in-service training for all nurses, and a psychiatric orientation for newly hired nurses. Mavundla & Uys (1997) also recommended that more

research be carried out in this area to further investigate the attitudes of nurses toward persons with mental illness.

A more recent study conducted by Tay et al., (2004) in Malaysia explored factors that influenced nurses' attitudes toward caring for patients with mental illness. This study was quantitative in nature and used a self-administered descriptive questionnaire. The results of the study showed that nurses had a more positive attitude toward psychiatric patients if they were between 31 and 50 years of age, had an advanced diploma in mental health nursing, had a nursing degree or post-basic certificate, and had more than 10 years of psychiatric nursing experience. The author also reported that nursing officers had a more positive attitude than staff nurses or assistant nurses, and that nurses who worked in the short-stay unit had a more positive attitude toward psychiatric patients than those working in the long-stay unit. This work suggested that there was a need to send more nurses for mental health nursing training in Singapore, and that it would be beneficial to have more experienced nurses mentor those with minimal psychiatric nursing experience (Tay et al, 2004). Finally, the researchers recommended that future work that compared the attitudes of nurses with mental health nursing training to those with general nursing training to further our understanding of their attitudes toward mental illness.

In a similar study, Brinn (2000) examined the attitudes and expectations of nurses in a general hospital setting toward persons with mental illness. The participants were selected by distributing 200 questionnaires among nursing staff working in the medical and surgical units of three urban hospitals in Britain. A descriptive analysis was completed to measure the differences between the nurses' attitudes to the psychiatric training that they had received. The results of this analysis suggested that the length of the psychiatric training related to how well the nurses were able to cope with patients with a mental health disorder. In other words, the qualified nurses who

had more experience in psychiatric nursing felt better equipped to care for patients with a mental illness. Brinn (2000) therefore recommended that undergraduate nursing programs modify the curriculum to include a greater focus on psychological disorders, more direct psychiatric experience, and that more experienced staff conduct in-service training for those with less experience.

Student nurses attitudes toward persons with mental illness

Three recent studies have examined the effects of education and experience on nursing students' attitudes toward persons with mental illness. Chan and Cheng (2001) compared the attitudes toward mental illness of 90 nursing students in their third year of a Bachelor of Nursing program from two universities in Hong Kong before and after a mental health nursing course, using the Opinion about Mental Illness Scale (OMI) (Cohen and Struening, 1962). The OMI has widely been used internationally to measure people's opinions about mental illness, and its reliability and validity have been well established. The results of the study showed that the nursing students had a more positive attitude after taking the mental health nursing course. They also showed that females and students who had a friend or relative with a mental illness had more positive attitudes. This study recommended that a mental health nursing course should be an essential component to all undergraduate nursing degree programs.

Similarly, in a study of nursing education at a university in Melbourne, Australia, evidence was found to suggest that education and experience promoted a more positive attitude toward persons with mental illness. Happell (2000) conducted a quasi-experimental study to explore the impact of psychiatric nursing education upon undergraduate students' attitude toward the specialty area of psychiatric nursing. The pre-test results clearly showed that psychiatric nursing did not present as a favourable career option, whereas the post-test results suggested a

statistically significantly increase in the popularity of psychiatric nursing. Qualitative data collected post-test also indicated that the exposure to theory and practice of psychiatric nursing changed the students' overall attitudes toward psychiatric nursing. Their attitudes were more positive and their feelings of fear and apprehension were greatly reduced. This research suggested that exposure to theory and practice can result in nurses developing a more positive attitude to persons with mental illness and to choosing psychiatric nursing as a career option.

A more recent study conducted by Emrich et al., (2003) explored whether or not a curriculum in an undergraduate nursing program that included psychiatric nursing principles would have a positive effect on students' attitudes toward persons with mental illness. Like Happell (2000), this study was designed to assess nursing students attitudes' before and after curriculum was introduced that increased their knowledge about psychiatric illnesses and provided direct experience working with persons with mental illness. The curricular intervention consisted of a 14-week course on caring for people with physical and mental disabilities, which addressed issues such as: fear-reduction strategies, etiology, use of diagnostic reasoning, and realistic prognosis and treatment options for persons with mental illness. The results of this study demonstrated that exposure to information about psychiatric disorders and practical experience lead to more positive attitudes toward persons with mental illness. Consequently, Emrich et al (2003) recommended that nursing education include strategies to ensure that more positive attitudes toward people with mental illnesses are established.

The studies discussed in the literature review reported a positive impact of education and direct exposure to psychiatric patients on nurses' and student nurses' attitudes toward persons with mental illness. The researchers found that the nurses who treat persons with mental illness in general hospital settings have many concerns about their ability to care for and their lack of

comfort caring for this patient subpopulation. All of the studies reviewed were conducted in large urban health care settings where access to specialized psychiatric facilities and consultation might have been more readily obtained.

Research Question

The second part of this paper will explore the attitudes of nursing students toward mental illness. The primary objective was to explore the undergraduate student nurses' attitudes, comfort level and knowledge about persons with mental illness before and after their Psychiatric Nursing Practice Course. The secondary objective of this research project was to examine the impact and effectiveness of the Psychiatric Nursing Practice Course settings in the Collaboration for Academic Education in Nursing (CAEN) curriculum of British Columbia and the Northwest Territories.

Participants

The participants were third year nursing students enrolled in a Nursing Practice course (NURS 315) that included psychiatric nursing theory as well as clinical placements in psychiatric/mental health settings. Two hours per week were devoted to psychiatric/mental health theory. The nursing theory course ran for the duration of thirteen weeks (26 hours of theory in total). The students were in clinical practice 12 hours per week for the thirteen weeks (156 hours of clinical placement in total). The clinical settings included acute psychiatric inpatient units as well as community-based mental health and addiction settings. The course had 16 students enrolled at the beginning of the semester: one student withdrew at the beginning of the semester as a result of health related issues, one student transferred to another University, two students did not meet the minimal semester requirements (and therefore did not successfully complete the course or the course evaluation), and one student was absent the day the course

evaluation was completed. Therefore, 11 out of 12 students, who successfully completed the NURS 315 course at the College of the Rockies (91.6 %), completed the evaluation.

Participant Recruitment

Participation in the evaluation of the NURS 315 was voluntary. The students were aware that the information they provided would be kept confidential. The students were also aware that their grading in the NURS 315 course had already been completed and submitted to the Registrar's office.

Ethics

Ethics approval to conduct secondary analyses of the course evaluations was obtained through the Office of Research at Lakehead University.

Measure

Previously collected data from an undergraduate nursing course evaluation in the Bachelor of Science in Nursing Program at the College of the Rockies in Cranbrook, British Columbia was used in this research project. The Course Evaluation was developed by the Instructor of the NURS 315 course and included 23 questions with responses based on a ten-point Likert Scale or a yes or no response. It also included 16 open-ended questions designed to elicit a rich description of the students' experience in the course and in their clinical placements (see Appendix A). The content for the questions in the Course Evaluation were based on the Opinions About Mental Illness Scale developed by Cohen and Struening (1962) as well as the qualitative survey used by Bailey (1998), both of which explored the factors that influenced the attitudes of physicians and nurses toward psychiatric patients.

Data Analysis

Secondary analyses of numerical data were conducted using the Statistical Package for the Social Sciences (SPSS) Version 9. Frequency and mean score for each of the numerical survey questions are reported (see Appendix B).

A portion of the course evaluation was qualitative in nature. This qualitative data was analyzed using thematic analysis and based on grounded theory approach (Glaser & Strauss, 1967). Grounded theory is an approach that is used to explore the processes of human events or interactions in social settings. "The purpose is to examine in an in-depth fashion the practices, behaviours, beliefs, and attitudes of individual or groups as they normally function in real life" (Polit, Beck & Hungler, 1991, p.195). In a grounded theory study, the processes of data collection, coding and analysis occur simultaneously. As the data is collected the researcher begins to code the data. In this approach, coding occurs at three levels (Strauss & Corbin, 1990; 1998). At the first level of coding, data is examined through a detailed line-by-line analysis that begins the process of forming initial categories and to suggest relationships among these categories. Categories are inductively generated and emerge from the student nurse's descriptions of their attitudes toward persons with mental illness. In Level II coding, the data are compared to other data and clusters are constructed to identify patterns, themes and paradoxes. In the final phase of Level II coding, each interview is reread with the objective of writing individual summaries. These summaries make apparent the patterns that run through the Course Evaluations. The main objective here is to identify the central themes that are the common thread in the research. This final process in data analysis is referred to as Level III coding. Theoretical validation of the data is achieved by discussing the emerging conclusions with researchers and nursing colleagues.

Results

Quantitative Analysis

Pre and Post Psychiatric Nursing Course and Clinical Placement

Table 1 shows the evaluation of students' pre and post their participation in a nursing course and clinical placement in a mental health setting.

Table 1. Participant evaluation

| Pre course and clinical placement | % Yes (n) | % No (n) | Mean |
|---|------------------|-----------------|-------------|
| Had previously cared for persons with mental illness | 100% (11) | 0% (0) | ----- |
| Enjoyed nursing persons with mental illness | 18.2% (2) | 81.8% (9) | 3.7 |
| Felt comfortable nursing persons with mental illness | 9.1% (1) | 90.9% (10) | 3.8 |
| Felt confident nursing persons with mental illness | 9.1% (1) | 90.9% (10) | 4.1 |
| Was comfortable with own level of knowledge when caring for persons with mental illness | 9.1% (1) | 90.9% (10) | 4.6 |
| Psychiatry/mental health nursing is an area of interest | 0% (0) | 100% (11) | 3.9 |
| Post course and clinical placement | % Yes (n) | % No (n) | Mean |
| Enjoyed nursing persons with mental illness | 100% (11) | 0% (0) | 9.9 |
| Felt comfortable nursing persons with mental illness | 100% (11) | 0% (0) | 9.8 |
| Felt confident nursing persons with mental illness | 90.9% (10) | 9.1% (1) | 9.0 |
| Was comfortable with own level of knowledge when caring for persons with mental illness | 90.9% (10) | 9.1% (1) | 9.0 |
| Psychiatry/mental health nursing is an area of interest | 100% (11) | 0% (0) | 9.6 |

The results revealed that prior to the course and clinical placement all participants had experience in caring for a person with a mental illness. However, over 80% reported that they did not enjoy the experience, and over 90% admitted that they did not feel comfortable or confident providing nursing care to persons with mental illness and were not comfortable with their own level of knowledge related to mental health nursing. Further, psychiatry or mental health was not an area of interest for any of the respondents. All of the mean responses were low (<5) and the responses ranged between 3.7 and 4.6. After completing a Psychiatric Nursing Practice Course, all participants (100%) reported that they enjoyed the experience and felt comfortable providing nursing care to persons with mental illness. In addition, 100% of the participants reported that psychiatry or mental nursing was now an area of nursing practice interest. Over 90% reported

that they felt confident in their ability to provide nursing care to persons with mental illness and were comfortable with their own level of knowledge related to mental health nursing. All of the mean responses were high ($= > 9$) and the responses ranged between 9.0 and 9.9.

Qualitative Analysis

In the final phase of Level II coding, individual summaries were written for each Course Evaluation; these summaries made apparent the central themes that appeared in the data. Specifically, four themes or common threads were identified in responses related to experiences prior to the psychiatric nursing course and clinical placement. Four themes were also identified in responses related to experiences post the psychiatric nursing course and clinical placement. These common themes, with direct quotes from the respondents, are described in greater detail below (see also Appendix C).

Pre Psychiatric Nursing Course and Clinical Placement

The four common themes that emerged from the pre course and placement data included: a) fear and anxiety b) inadequacy and apprehension c) misconception and lack of knowledge and d) lack of interest in psychiatric nursing.

Fear and anxiety

Fear and anxiety was a theme that was prominent in the coding and analysis of the data. When the participants were asked to describe their personal reaction to nursing clients with mental illness, it was evident that they experienced a great deal of fear and anxiety within themselves. One student described her experience as follows:

Definitely a lot of anxiety around it. I was caring for a woman on the surgical unit in my third semester. I had recognized her behaviour to be abnormal but she had not been diagnosed with a mental illness. I was afraid when my patient would share some of her

delusions with me. I did not know what to say or how to respond. I felt very frightened and uncomfortable.

Another student described her experience:

I was nervous, with a lot of fear of the unknown. I was so afraid of upsetting a client I was working with who was diagnosed with depression. I was so nervous about caring for her that I ended up avoiding talking about her mental illness at all. I felt very anxious all day.

A third student indicated that she felt:

scared and unsure of what to expect. I really wanted to get clinical over with whenever I was caring for a psychiatric client.

Inadequacy and apprehension

A second theme that clearly emerged from the coding and analysis of the students' responses was related to the students' feelings of inadequacy and apprehension. For instance, one student described her experience in the clinical setting as follows:

I couldn't relax and feel good about what I was doing throughout my shift. Even though I liked my clients and wanted to learn from them, I was not sure how to engage them in meaningful discussion without feeling apprehensive about saying something wrong.

Similarly, another student indicated that she:

wasn't sure what to expect. I think I did the best I could, but I kept thinking to myself, how will I provide care to this client? Will I know what to say?

Another student described avoiding her client as a result of her feelings of apprehension and inadequacy:

I wasn't sure what to do or say. I ended up avoiding my client as much as I could and just provided the minimal amount of nursing care as was safe.

Misconception and lack of knowledge

A third theme emerged as students described their lack of educational preparedness in caring for clients with mental illness, as well as the misconceptions they had regarding mental illness. For example, one student described how these misconceptions affected her expectations, as she described that she had many:

preconceived ideas from talking with other experienced RN's and from what I had seen on TV. I was expecting very difficult patients, who would not be cooperative at all.

Similarly, other students admitted that their expectations were based on what they had learned of mental illness in the media:

I thought that most of what would be portrayed on TV would be somewhat accurate, however, I now know that very little about mental illness is correct in the media.

The information I had about mental health nursing was mostly from the media. I had very little personal experience to draw on and minimal knowledge.

Another student described the difference she experienced in caring for clients with a mental illness as follows:

It was different than preparing to nurse other "medical" clients. I felt like I had a foundation for assessing physical illness and nursing these clients. But mental health clients were so different that I felt very uncomfortable with the knowledge I had.

One student described her experience of feeling unprepared:

I felt like I had to fake and pretend that I knew what I was doing. I did the basic care for my client but I really did nothing to address their mental illness. I should have had a

better understanding of the medication because it seems like so many clients in surgical or medical units are on them, but we never really talk about what they are for or how they might impact the client. Instructors are usually okay if you know it is “an antidepressant” for instance. It doesn't really seem to matter how their mental illness might be impacting their life or their physical illness.

Another student admitted that she felt:

insecure and not very professional. I feel like when I am nursing other clients without mental illness, I at least know something about what I am doing. But with mental health patients, I really can say that I knew very little and this didn't feel very safe or professional to me.

Lack of interest in psychiatric nursing

A general lack of interest in psychiatric nursing was common to all students, and is exemplified in the following statements:

had always thought of doing something more fast paced and challenging. Mental health didn't really seem like “nursing” to me.

psychiatry/mental health was not an area that interested me. It always sounded boring and not “real nursing” from what I would hear from other acute care nurses.

I had never considered ever working in a mental health setting and never would have wanted to.

Post Psychiatric Nursing Course and Clinical Placement

The four common themes that emerged from the post course and placement data included: a) educational preparedness, b) competent and confident, c) pleasure and enjoyment, and d) strong interest in psychiatric nursing.

Educational preparedness

An apparent theme of educational preparedness emerged in the post analysis data. One student described her experience as follows:

I think there is a lot to know about mental health but in the time we had I believe we gained a lot of knowledge in class. I now realize the impact on the individual and family and friends. I have a greater understanding of illness and medications, side effects, treatment/interventions and coping strategies.

Another student indicated that:

my knowledge level has increased. My familiarity with terms and common illnesses have increased. I feel like I would be able to provide competent care to patients.

A third student described her experience of educational preparedness:

I went from almost nothing to something. I don't see myself as an expert by any means but there is a base. It has sparked my curiosity to continue learning more about the topic.

Competent and confident

A second theme that emerged from the data was related to the students' feelings of competency and confidence. One student described her experience in the clinical setting as follows:

I think the mental health setting offers lifelong learning but I did feel confident. The setting was just a real comfort for me and I was independent and really there to support, help and work with the clients on their needs.

Another student described her feelings of competency and confidences as follows:

I felt my confidence really blossom in this setting. It was amazing to me to think that I could never ask a client about suicidal ideations before, now I wouldn't even blink an eye

at asking these deeply personal questions because I have a much better understanding of my role as their nurse.

Lastly, a student indicated that:

I felt confident with what we learned in class but there is still so much more to learn. I am eager to learn more and this is sort of funny to me because at the beginning I only wanted to get this course over with!

Pleasure and enjoyment

A third theme emerged as students described their pleasure and enjoyment in nursing clients with mental illness in the clinical setting. The following statements exemplify this theme:

It was a great experience for me. My idea of nursing mentally ill clients was completely incorrect and I found that I enjoyed it more than any other placement so far!

I loved it. The clients were so great and their stories were fascinating. I am embarrassed of my preexisting judgments of persons with mental illness. I just loved how I could just sit and listen to their stories and nurse in a relational way.

It was great. I actually looked forward to going to clinical when I thought I would just want to get my mental health placement done and over with!

Strong interest in psychiatric nursing

An apparent interest in psychiatric nursing emerged as a theme in the data. In fact, this theme was present among all of the students (100 %, n = 11). Examples include:

Absolutely! I am so interested in it now. Definitely something I am considering after graduation.

After my rotation with chemical dependency and eating disorders this is absolutely an area I would be interested in working in. There is an aspect to this kind of program that affects all areas of a persons' life and this is appealing to me.

Yes! It's nursing in a different way and I think I would really enjoy working in this area. I am very interested in learning more and understanding more about mental health nursing. It is so intriguing to me. I want to learn and teach people about mental illness and to be an advocate for those who can't. There are so many different ways to nurse persons with mental illness. There is no right or wrong way.

Discussion

The primary objective of this paper was to explore the attitudes of nursing students toward mental illness. This exploration is of significant importance because as Hugo (2001) reported, the attitudes of health care professionals may influence the recovery process and the long-term outcome of clients with mental illness. In the health care system, nurses are usually the first health care professional a patient comes into contact with. Therefore, investigating the attitudes of student nurses toward persons with mental illness is crucial because they will eventually become registered nurses responsible for caring for this patient population.

The results of this study indicated that all of the respondents had provided nursing care to patients with mental illness in the clinical setting prior to the course and clinical placement. Over 80% of the participants reported that they did not enjoy the experience and over 90% of the student nurses did not feel comfortable or confident providing care to persons with mental illness. Over 90% reported that they did not feel comfortable with their level of mental health nursing knowledge and 100% indicated that mental health nursing was not an area of interest.

Four themes were identified in the qualitative analysis of the Pre Course and clinical placement data. The first theme that emerged indicated that student nurses experienced high levels of fear and anxiety in caring for persons with mental illness in the clinical setting. The second theme that became apparent was the student nurses' feelings of inadequacy and apprehension nursing persons with mental illness. They also reported that they did not feel comfortable with their own level of mental health nursing knowledge and reported that they held many stereotypical and stigmatizing views toward persons with mental illness. The final theme that emerged from the data was the student nurses' general lack of interest in psychiatric or mental health nursing.

These results confirm what has previously been identified in the literature. Nurses who had limited experience working with persons with mental illness expressed less comfort and were more fearful nursing clients with mental illness (Bailey, 1994, 1998; Mavundla, 2000).

In this analysis, the student nurse's reported in their qualitative responses that they held discriminatory and stigmatizing attitudes toward persons with mental illness. Again, this confirms what has previously been found in the literature on the stigmatizing and negative attitudes of registered and student nurses toward persons with mental illness (Jorm et al., 1999; Callaghan et al., 1998; Weller & Grunes, 1988; Malla & Shaw, 1987).

After completion of the course and clinical placement, a very different pattern of responses emerged. First, all of the respondents reported that they enjoyed caring for persons with mental illness and felt comfortable caring for persons with mental illness in the clinical setting. Second, approximately 90% reported that they felt competent and confident providing nursing care and were comfortable with their own level of mental health nursing knowledge. Last, all of the student nurses reported an interest in psychiatric or mental health nursing.

Therefore, there was a much more positive response toward all aspects of psychiatric or mental health nursing post course and clinical placement.

These findings are consistent with a number of studies that have shown that increased education and experience improved the attitudes of nursing students and nurses toward persons with mental illness (Tay et al., 2004; Emrich et al., 2003; Chan & Cheng, 2001; Brinn, 2000; Happell, 2000; Mavundla, 2000; Mavundla & Uys, 1997). Happell's (2000) study reported that exposure to theory and practice of psychiatric nursing changed the attitudes of students toward psychiatric nursing. Specifically, their attitudes were more positive and their feelings of fear and apprehension were greatly reduced.

Also, the results of this analysis have shown that mental health nursing was not an area of interest for nursing students' before their course and clinical placement; however, this changed upon completion of the course and placement. This mirrors the findings of Happell (2000), who reported a statistically significant increase in the popularity of psychiatric nursing after exposure to theory and clinical placement.

This study found that student nurses felt more comfortable providing nursing care to persons with mental illness upon completion of a specialized course and clinical placement in a psychiatric/mental health setting. Again, the findings are consistent with what has been found in the nursing literature (Brinn, 2000; Chan & Cheng, 2001; Emrich et al., 2003; Mavundla & Uys, 1997; Tay et al., 2004).

The secondary objective of this research project was to critically examine the impact and effectiveness of the Psychiatric Nursing Practice Course settings in the Collaboration for Academic Education in Nursing (CAEN) curriculum of British Columbia and the Northwest Territories. The findings of this study suggest that student nurses require a Psychiatric Nursing

Practice Course in their undergraduate curriculum to provide competent and appropriate care for clients with mental illness. The results of this analysis show that student nurses had a more positive attitude, a higher level of comfort and an increased level of psychiatric knowledge at completion of the course.

Implications for public health practice, policy, and research

A report by Health Canada (2002) indicates that virtually every citizen in Canada is directly or indirectly impacted by mental illness – 20% of individuals will themselves experience a mental illness, whereas the remaining 80% will be affected through the mental illness of a relative, friend, or colleague. Given that mental illness affects so many individuals in our society, it is necessary that persons with mental illness are treated by health care professionals who not only have a positive attitude toward recovery, but who are also able to provide competent and appropriate medical care.

Registered nurses working in a variety of health care settings, such as emergency rooms, community care/home care nursing, and public health settings are often responsible for providing public health initiatives including mental health education and promotion. Nurses in these settings have a responsibility to be proficient in the prevention, identification and early intervention of mental health disorders because all of these have been found to result in better long term outcomes for persons with mental illness. As a result, there is a need to have registered nurses working in these settings who are well equipped with mental health knowledge and experience to provide these types of public health initiatives. For this to happen, students need to be provided with educational and training opportunities to foster positive attitudes toward persons with mental illness and to provide the mental health knowledge and direct clinical exposure required to appropriately care for these individuals in the future. Educational

institutions must therefore make a commitment to educate student nurses and provide placement opportunities in the area of mental health and psychiatric nursing, and make this part of all undergraduate nursing degree programs (Emrich et al., 2003; Chan & Cheng, 2001; Happell, 2000).

This study can inform key areas where more in-depth education is needed. Firstly, nursing students need educational opportunities that specifically address stigma and discrimination related to mental health issues and curricular activities that promote a more positive attitude toward persons with mental illness. Second, curricular designs that include fear-reduction strategies that promote student nurses to feel more confident and comfortable in the clinical setting would be helpful to reduce the levels of fear and anxiety nurses and student nurses often experience in caring for persons with mental illness. Third, a focus on etiology, relational capacities, prevention and early intervention strategies and diagnosis all would further support student nurses to be knowledgeable and competent in the area of mental health nursing and may inspire, like the results of this analysis have shown, student nurses to choose the area of psychiatric/mental health nursing as their area of nursing practice.

Psychiatric nursing is one of the least sought out career choices for student nurses upon graduation (Happell, 2000). Furthering our understanding of the attitudes and perceptions of student nurses may provide answers to why so few nurses choose psychiatric nursing as their area of practice. The importance of mental health nursing in the continuum of nursing practice cannot be underestimated as registered and student nurses will come into contact with clients with mental health issues, irrespective of the health care setting, given the prevalence of mental health disorders in society. Therefore, not only does this emphasize the importance of having

specialized mental health education for nurses wanting to practice in the area of mental health, it indicates a need to provide mental health education to all general and student nurses.

Continued education for registered nurses could also be used to promote more positive attitudes toward persons with mental illness. Ongoing education and training would help nurses to feel more comfortable and confident providing nursing care to those with mental illness by ensuring that they have ample mental health education that focuses on decreasing stigmatizing and discriminatory attitudes. This educational initiative may also encourage general or more experienced nurses to choose psychiatric nursing as an area of practice and may also greatly improve the retention and recruitment of psychiatric nurses.

A major limitation to the study design included the small sample size that restricted the quantitative findings. The timing of the data collection was also a limitation to the study. The pre and post data were collected at the same time (post course and clinical placement) and therefore, a reliance on the participants' memory was required to complete the pre-course questions in the Course Evaluation.

Conclusion

The purpose of this study was to explore the attitudes of nursing students toward mental illness. This study was based on the insightful perspectives of 11 student nurses enrolled in a Psychiatric Nursing Practice Course. Future research is warranted to further investigate the attitudes of student nurses toward persons with mental illness. By examining the attitudes of student nurses who treat persons with mental illness there is an opportunity to create change and begin to dispel the stereotypes and fears that often are associated with persons with mental illness. Future research that specifically addresses why so few nurses chose the area of psychiatric nursing as their area of practice may very well have major implications in the

recruitment and retention of registered nurses as well as the prevention and early intervention of mental health disorders and the overall treatment of persons with mental illness.

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Appendix A

**NURS 315 Course Evaluation
Questions for Inquiry**

Pre Mental Health Class

1. Did you encounter and subsequently care for mentally ill clients in your nursing practice before this semester?

- Yes
- No

2. If you answered yes to question # 1, what was your personal reaction (thoughts, feelings, emotions) when you first learn that you would be nursing a mentally ill client? Please explain below.

3. If you answered yes to question # 1, did you enjoy nursing mentally ill clients?

- Yes
- No

Why or why not?

1 2 3 4 5 6 7 8 9 10
Did not enjoy at all Really enjoyed

4. If you answered yes to Question # 1, did you feel comfortable nursing mentally ill clients?

- Yes

17. What assumptions, perceptions, preconceived notions have changed for you after participating in this class regarding nursing the mentally ill? Please explain.

Appendix B

Data Analysis – Quantitative Responses

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------------------------------|
| Pre course and clinical placement | | | | | | | | | | | |
| Did you encounter and subsequently care for mentally ill clients in your nursing practice before this semester? | Yes | Yes 11/11 100% |
| Did you enjoy nursing mentally ill clients? | No | No | No | No | Yes | No | Yes | No | No | No | No 9/11 81.8% |
| Did you feel comfortable nursing mentally ill clients? | No | Yes | No | No | No 10/11 90.9% |
| Did you feel confident nursing mentally ill clients? | No | Yes | No | No | No 10/11 90.9% |
| Were you comfortable with this level of knowledge when caring for mentally ill clients? | No | Yes | No 10/11 90.9% |
| Was psychiatry/mental health nursing an area that particularly interests you? | No | No 11/11 100% |
| Post course and clinical placement | | | | | | | | | | | |
| Did you enjoy nursing mentally ill clients? | Yes | Yes 11/11 100% |
| Did you feel comfortable nursing mentally ill clients? | Yes | Yes 11/11 100% |
| Did you feel confident nursing mentally ill clients? | Yes | No 10/11 |

Appendix C

Data Analysis – Qualitative Responses

| Interview Questions | NURSE 1 | NURSE 2 | NURSE 3 | NURSE 4 |
|---|---|--|--|---|
| Pre course and clinical placement | | | | |
| What was your personal reaction (thoughts, feelings, emotions) when you first learn that you would be nursing a mentally ill client? | Unsteady, nervous, unsure. Did not know what to expect. | Nervous, with a lot of fear of the unknown. I was so afraid of upsetting a client I was working with who was diagnosed with depression. I was so nervous about caring for her that I ended up avoiding talking about her mental illness at all. I felt very anxious all day. | Didn't phase me – she had depression. Did expect her to be really down and out all of the time though. Sort of scared of some people with mental illnesses. | Bipolar/Schizophrenia. I was initially nervous and did not know what to expect when I walked into the room. In my mind, I had the image of what is often shown in movies (someone going crazy, being loud and violent) but in my experience, this was not the case. |
| Likert Scale 1 to 10 Did not enjoy at all to Really enjoyed <u>Mean Score:</u> <u>3.7</u> | 4 I wasn't sure what to expect. I think I did the best I could, but I kept thinking to myself, how will I provide care to this client? Will I know what to say? | 3 I had not recognized that they had mental health issues prior to reading their health history/medication list. | 6 I think I would have enjoyed it a lot more if I knew more about their mental illness. I learned a lot from my client but it would have been a better learning experience if I had some background knowledge. | 4 I tried to care for this particular client the same way as I would any other patient. I think I overlooked their mental illness and I wish I could have addressed it more professionally. |
| Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable <u>Mean Score:</u> <u>3.8</u> | 4 I knew their was support if I needed it or I could ask the staff questions but I never felt very comfortable. | 2 Not initially, as time went on and I got to know the client, these feelings subsided but the diagnosis of having a mental health disorder was still frightening (if to be in a new situation with a | 3 Scared. Worried something might happen, like her possibly trying to commit suicide. | 2 Initially, there were nerves involved because it was a new situation that I have never encountered and also I had no knowledge about the illnesses to back up my practice other than what I may have researched the night before |

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|---|--|---|--|--|
| <p>Likert Scale 1 to 10 Did not feel confident at all to Felt very confident</p> <p><u>Mean Score:</u> <u>4.1</u></p> | <p>3</p> <p>I felt uneducated to the illness and unsure what to expect and how to react. I felt I didn't have the skills to provide quality care.</p> | <p>different client). 4</p> <p>I wasn't sure what to do or say. I ended up avoiding my client as much as I could and just provided the minimal amount of nursing care as was safe.</p> | <p>2</p> <p>I had no background, knowledge or education on mental illness, wasn't sure what to expect.</p> | <p>clinical. 5</p> <p>I was not confident in myself because I feared not knowing how to react if the client had an episode. No knowledge of how to engage in dialogue with clients with specific illnesses.</p> |
| <p>Please tell me about your general level of knowledge in the field of psychiatry/mental health nursing before this semester?</p> | <p>Some personal and some educational. One family member's dad had schizophrenia and I took Level 1 and 2 Psychology at College. I also think my knowledge was strongly influenced TV.</p> | <p>Minimal, mostly inaccurate too (e.g. movies etc.)</p> | <p>A little bit on depression because my aunt has it but I would say my knowledge was about the same as the general layperson. I believed a lot of the stereotypical incorrect information about people with a mental illness.</p> | <p>I had minimal knowledge of mental illness, other than what I may have researched on my own for the patient assignment of other projects/papers.</p> |
| <p>Likert Scale 1 to 10 Not very knowledgeable at all to Very knowledgeable</p> <p><u>Mean Score:</u> <u>3.1</u></p> | <p>2</p> | <p>2</p> | <p>2</p> | <p>5</p> |
| <p>Were you comfortable with this level of knowledge when caring for mentally ill clients? Why or why not?</p> | <p>Felt very unaware of the illnesses, how to assess and what to assess for. As well as administering medications for their illness.</p> | <p>No, I felt very unsafe in the clinical setting. Learning anything about mental illness seems to have been overlooked in our curriculum up to this point.</p> | <p>No, it was different than preparing to nurse other "medical" clients. I felt like I had a foundation for assessing physical illness and nursing these clients. But mental health clients were so different that I</p> | <p>I wish I knew more about the specific illnesses and the medications most commonly given. Taking the mental health course prior would have greatly been beneficial or even having access to textbooks.</p> |

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| | | | felt very uncomfortable with the knowledge I had. | |
| <p>Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable</p> <p><u>Mean Score:</u> 4.6</p> | 4 | 2 | 2 | 5 |
| <p>Was psychiatry/mental health nursing an area that particularly interests you? Please explain.</p> | I did not feel interested in psychiatry/ mental health areas because I thought they would threaten my safety and I wouldn't know how to react. | Not initially, fears of "crazy" people. Now I know this is not true and yes I would be interested. | I wanted nothing to do with it due to the experiences in my family with depression. I wanted to get in and out as fast as possible. | I never thought of working in mental health, it held no interest for me whatsoever. |
| <p>Likert Scale 1 to 10 No interest to Strong interest</p> <p><u>Mean Score:</u> 3.9</p> | 5 | 3 | 1 | 6 |
| Post course and clinical placement | | | | |
| <p>What was your personal reaction when you nursed mental health patients after our mental health class?</p> | Incredible experiences. I felt more compassion towards them and realized they are simply human beings. Physical and mental illness are just the same to me now. | Some feelings of nervousness but felt more knowledgeable and supported by instructors and students. | Surprising! Realized they are people not just a mental illness. | It was great. I felt like I had a good foundation to back up my nursing practice. |
| <p>Did you enjoy nursing mentally ill clients? Why or why not?</p> | I was able to learn from the client and their life story. I enjoyed the relationship we built and felt a | Fascinating diseases/illness and how these can affect/impact daily living – how can we as nurses support these | Different experience. Enjoyed seeing their everyday life and what they did or did not | Yes, it was great. I actually looked forward to going to clinical when I thought I would just want to get my mental health placement done and |

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| | strong connection from her. I felt I learned a lot from her. | people (e.g. resources for other help, admission to psych ward for acute episodes). | do. Learning about how the mental illness came about and the affects of it. | over with! |
| <p>Likert Scale 1 to 10 Did not enjoy at all to Really enjoyed</p> <p><u>Mean Score:</u> <u>9.9</u></p> | 10 | 9 | 10 | 9 |
| <p>Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable</p> <p><u>Mean Score:</u> <u>9.8</u></p> | <p>10</p> <p>Most of the time because I knew some of the signs and symptoms to look for and how to engage in meaningful dialogue.</p> | <p>8</p> <p>More knowledgeable about their illness/disease</p> | <p>10</p> <p>In the beginning, I was kind of uncomfortable but then I began to understand how mental illness affected people. People with a mental illness are still people. They have amazing stories to tell.</p> | <p>8</p> <p>I felt comfortable because I felt like I knew "what I was doing." I was no longer fearful because we had role played asking difficult questions and I really had an understanding of each illness and how it might present in the clinical setting.</p> |
| <p>Likert Scale 1 to 10 Did not feel confident at all to Felt very confident</p> <p><u>Mean Score:</u> <u>9.2</u></p> | <p>8</p> <p>I felt I had the skills and abilities to provide appropriate care. I was able to move into relational inquiry and learn from them.</p> | <p>8</p> <p>More knowledge to guide my practice – better understanding of the "whole person".</p> | <p>8</p> <p>Had the knowledge on mental illness and how to respond and talk to people with mental illness in an appropriate manner. Ability to learn from them.</p> | <p>9</p> <p>n/a</p> |
| <p>Please tell me about your general level of knowledge in the field of psychiatry/mental health nursing after this semester?</p> | <p>I have a general awareness of the most prevalent mental illnesses. I am equipped with knowledgeable assessments and interventions.</p> | <p>Therapies vs. medications; diagnosing, mental health act. Understand that mental illness is only a small piece of what makes them a person – it</p> | <p>I have knowledge, but not enough! There is so much more for me to learn and want to know. The more I know,</p> | <p>I feel like I really have a solid background in mental illness. I know I will not be uncomfortable when I nurse a mentally ill client in any nursing setting because at least I will have some</p> |

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| | | does not "define" them (stigma). | the more I want to know. | knowledge about the illness. |
| <p>Likert Scale 1 to 10 Not very knowledgeable at all to Very knowledgeable</p> <p><u>Mean Score:</u> <u>9.0</u></p> | 9 | 8 | 8 | 9 |
| <p>Likert Scale 1 to 10 Do not feel comfortable at all to Feel very comfortable</p> <p><u>Mean Score:</u> <u>9.0</u></p> | 9 | 8 | 8 | n/a |
| | I would like to learn a lot more though – in general. | Nursing is consistent learning and growing. You can never know everything – continual process. | Basic knowledge. It gives me a baseline and now I know where I can go from now on. | n/a |
| <p>Is psychiatry/mental health nursing an area that particularly interests you? Please explain.</p> | Yes! It's nursing in a different way and I think I would really enjoy working in this area. | Yes, Supporting people (more personal approach than acute nursing care). | I am very interested in learning more and understanding more about mental health nursing. It is so intriguing to me. I want to learn and teach people about mental illness and to be an advocate for those who can't. There are so many different ways to nurse persons with mental illness. There is no right or wrong way. | |
| <p>Likert Scale 1 to 10 No interest to Strong interest</p> <p><u>Mean Score:</u> <u>9.6</u></p> | 8 | 9 | 10 | 8 |

| | | | | |
|--|--|--|---|--|
| <p>What assumptions, perceptions, preconceived notions have changed for you after participating in this class regarding mental illness?</p> | <p>The pathophysiologic factors create the illness. Medications are effective and mentally ill clients can lead normal health lives.</p> | <p>Mental illness is only a small piece of that person – not scary or something to be feared, but instead understood.</p> | <p>That people with mental illness are crazy and they did it to themselves. They don't have jobs and are bums. They all do drugs.</p> | <p>I feel that my knowledge base has greatly expanded. I have a new understanding of what it is like to live with such an illness and how much the illness can consume a person's life. That people aren't just crazy, these diseases are able to take over a persons' life if treatment is not received early on.</p> |
| <p>What assumptions, perceptions, preconceived notions have changed for you after participating in this class regarding nursing mental illness?</p> | <p>Did not answer.</p> | <p>Coming to know/understand clients stories and their experiences with their illness to gain understanding of where they are at and where they see recovery/treatment – if at all (e.g. addiction).</p> | <p>Did not answer.</p> | <p>Did not answer.</p> |

| Interview Questions | NURSE 5 | NURSE 6 | NURSE 7 | NURSE 8 |
|---|--|---|---|---|
| <p>What was your personal reaction (thoughts, feelings, emotions) when you first learn that you would be nursing a mentally ill client?</p> | <p>It was a little scary because I didn't know that much about the client or their illness.</p> | <p>Scared and unsure of what to expect. I really wanted to get clinical over with whenever I was caring for a psychiatric client.</p> | <p>I was a bit apprehensive because I did not know what to expect.</p> | <p>I felt anxious. There were preconceived ideas I had from talking with other experienced RN's and from what I had seen on TV. I was expecting very difficult patients, who would not be cooperative at all.</p> |
| <p>Likert Scale 1 to 10 Did not enjoy at all to Really enjoyed</p> | <p>2 It was a challenge for me because I did not feel experienced. It felt very overwhelming to talk to my client about their suicidal thoughts. I didn't enjoy the experience</p> | <p>4 Really helped with my critical thinking skills. I think I would have enjoyed it more if I knew what to look for and what my role was in supporting a client on a surgical unit with a mental</p> | <p>3 It was great to know the people that have a mental illness are just regular people with a disease. I would have enjoyed it more if I wasn't so scared initially. I think even a proper</p> | <p>6 It was a new experience and helped me to see a person with mental illness in a different light, especially as part of family. The experience I had was in surgical day care and the</p> |

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| | because I was worried that I might do or say something wrong. | illness. It seemed like everyone, including the nurses, just ignored the fact that the client was mentally ill. | resource text would have helped my anxiety and I would have done a better job at caring for this client. | patient's mother, brother and support worker were all present to give her support. I didn't really address the mental health issue with my client because she had a good support team. |
| Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable | 6 Not at first. I didn't know how to react or what to say. After I built a rapport, it was great. | 2 I didn't feel comfortable. As I got to know the client more, I felt more comfortable but I was always worried that I would do something wrong. | 4 Eventually, it was slow in the beginning because it was new but the more I got exposure, the more comfortable I felt. | 3 It wasn't an out of the ordinary experience. I felt comfortable to prepare the client for surgery and had help from the family. So, in reflection, I never really addressed the mental illness at all. |
| Likert Scale 1 to 10 Did not feel confident at all to Felt very confident | 6 Only after I built a relationship with them. | 2 I couldn't relax and feel good about what I was doing throughout my shift. Even though I liked my client and wanted to learn from them, I was not sure how to engage them in meaningful discussion without feeling apprehensive about saying something wrong. | 4 I felt more confident as I built rapport and engaged in relational practice. I wish I had been more confident because I would have asked my client more questions about how they experienced their illness but at the time I thought it would be damaging to bring this up with clients. | 8 I think because it was not in a mental health setting, The mental illness was not the main focus of care and I never really discussed it with the client. |
| Please tell me about your general level of knowledge in the field of psychiatry/mental health nursing before this semester? | Very little. I only knew little bits about the illnesses I dealt with previously. | Only what was seen on TV. | I didn't know a lot, had no clue about schizophrenia and what mania was really about. | The information I had about mental health nursing was mostly from the media. I had very little personal experience to draw on and minimal knowledge. |

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| Likert Scale 1 to 10 Not very knowledgeable at all to Very knowledgeable | 3 | 2 | 2 | 2 |
| Were you comfortable with this level of knowledge when caring for mentally ill clients? Why or why not? | No But it increased over time. The more I knew the more comfortable I felt. | No Felt very scared and anxious at the idea. | No Not at all, I felt uneducated and uncomfortable with the level of knowledge I had. I felt like I had no ground base to work from like I do with a "medical" client. | No I would not have felt comfortable being responsible for focused nursing care related to mental illness; however, I was comfortable to provide other aspects of care. |
| Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable | 5 | 2 | 3 | 5 |
| Was psychiatry/mental health nursing an area that particularly interests you? Please explain. | No Not really, I had my heart set on a different area of nursing and I was determined to get there. | No Not at first due to lack of knowledge and stigma regarding mental health nursing. | No I was curious in the beginning when I didn't know anything about mental health nursing. But after clinical, I am definitely interested and would like to pursue it in the future. | No Prior to this semester, I had some interest in perhaps children with autism spectrum and other learning disabilities but that was about it. |
| Likert Scale 1 to 10 No interest to Strong interest | 3 | 3 | 5 | 2 |
| Post course and clinical placement | | | | |
| What was your personal reaction when you nursed mental health patients after our mental health class? | I was still a little bit nervous, but at least I knew what to expect, what to assess and how to engage with clients as I went through our clinical placements. | More interested after every day. We had a great experience advocating for a patient. More comfortable as well. | I was more confident in my skills and knowledge. I felt like I knew what I was doing. | I was fascinated working with patients with mental health issues. It was very interesting to see symptoms present exactly as we had read about them. |
| Did you enjoy nursing mentally ill clients? Why or why | Yes I like hearing their stories and it was | Yes Every nursing situation was | Yes It was a great experience for me. | Yes I really enjoyed working with |

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| not? | a good feeling to not be scared to ask "taboo" questions. | different and I learned to engage with clients in a relational way that I had never done before. I felt my compassion grow and I really felt inspired to make a difference in their day. | My idea of nursing mentally ill clients was completely incorrect and I found that I enjoyed it more than any other placement so far! | people with chemical dependency. In many situations, they had concurrent mental health issues, so it was a great opportunity to learn a lot. |
| Likert Scale 1 to 10 Did not enjoy at all to Really enjoyed | 8 | 8 | 9 | 10 |
| Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable | 9 I did not feel scared like I did before this semester. I was comfortable because I knew what to expect and before I had no idea. | 9 I was surprisingly comfortable in the mental health setting. I felt like I really understood what my clients were experiencing because if what we learned in class. | 10 I had a basic knowledge about the illnesses and how to care for clients so I felt really comfortable with this knowledge because before I had nothing at all. | 8 My comfort level increased over the course of the rotation. Contact in the clinical setting with mental health patients increased my comfort. |
| Likert Scale 1 to 10 Did not feel confident at all to Felt very confident | 9 I felt confident with what we learned in class but there is still so much more to learn. I am eager to learn more and this is sort of funny to me because at the beginning I only wanted to get this course over with! | 8 But not 100 % because I did not get an opportunity to see all mental illnesses. I felt confident because I was learn that most of what I thought was true about mental illness was incorrect and I had very little to be fearful about. | 8 I was confident because I felt educated and prepared for the clinical setting. | 7 My confidence grew over the course of the semester, but I am a shy person to begin with so clinical is always difficult for me. |
| Please tell me about your general level of knowledge in the field of psychiatry/mental health nursing after this semester? | I know about mental illness such as schizophrenia (positive and negative symptoms), OCD, CBT, bipolar, schizoaffective, familiar with some of the antipsychotics and their side effects, | Feel comfortable assessing clients with a mental illness and providing nursing interventions. | I have a working knowledge of the major mental illnesses that affect people. It is enough for me to assess clients that aren't in the psychiatry unit but on a general ward. | My knowledge level has increased. My familiarity with terms and common illnesses have increased. I feel like I would be able to provide competent care to patients. |

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| | EPS etc. | | | |
| Likert Scale 1 to 10 Not very knowledgeable at all to Very knowledgeable | 8 | 9 | 8 | 7 |
| Likert Scale 1 to 10 Do not feel comfortable at all to Feel very comfortable | 9 Because I need to start somewhere and you also learn so much in practice. Through clients, nurses, families etc. If I have any doubts, I would ask. | 9 I feel comfortable providing nursing care to patients with a mental illness because of what I learned in this course. | 7 But I would love to learn more. | 8 I am no longer scared of clients with a mental illness so that makes me feel A LOT more comfortable. |
| Is psychiatry/mental health nursing an area that particularly interests you? Please explain. | Yes Maybe in the future. | Yes My experience was on the in-patient unit but would like to get more community and health teaching because that is my passion and reason for entering into the BSN program. | Yes I will definitely go into it in the future at some point. | Yes After my rotation with chemical dependency and eating disorders this is absolutely an area I would be interested in working in. There is an aspect to this kind of program that affects all areas of a persons' life and this is appealing to me. |
| Likert Scale 1 to 10 No interest to Strong interest | 5 | 8 | 9 | 10 |
| What assumptions, perceptions, preconceived notions have changed for you after participating in this class regarding mental illness? | Not to be afraid that asking someone if they are suicidal will cause them to be. People with mental illnesses are normal people and should be treated like anyone else. Not much financial support from the government. | People can live with their illnesses and function in society. One third of all psychotic patients continue with no treatment. | They are not as scary to me as they were before. There isn't the stigma that was their before. I guess it is true what the saying says "there is always fear of the unknown" and that was true for me. | My understanding has expanded to view mental illness as only a small portion of the person. A mental illness may affect a number of aspects of the patients life, but there is so much more to who that person is. |
| What assumptions, perceptions, preconceived notions have changed for you after | Did not answer. | Did not answer. | Did not answer. | Did not answer. |

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| participating in this class regarding nursing mental illness? | | | | |
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| Interview Questions | NURSE 9 | NURSE 10 | NURSE 11 |
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| What was your personal reaction (thoughts, feelings, emotions) when you first learn that you would be nursing a mentally ill client? | There was a psychiatric consult ordered but it was never followed through. I never knew the importance of the consult; it was something I didn't consider. | Definitely a lot of anxiety around it. I was caring for a woman on the surgical unit in my third semester. I had recognized her behaviour to be abnormal but she had not been diagnosed with a mental illness. I was afraid when my patient would share some of her delusions with me. I did not know what to say or how to respond. I felt very frightened and uncomfortable. | Fear and anxiety – mainly because I had no knowledge about mental illness except what I had seen in the media and hospital settings (some nurses would label people with addictions). |
| Likert Scale 1 to 10 Did not enjoy at all to Really enjoyed | 1 I was afraid and even judgmental. I referred to them as “crazy people” and thought it was their fault for being mentally ill. I had a lack of understanding and education. I did not realize they could function well in every day life. | 3 The clients I worked with also had physical and intellectual disabilities. Because of my lack of knowledge around mental illness, I was not really conscious of it. I enjoyed working with the individuals because I developed a relationship with them. | 1 I felt like I had no knowledge about mental illness at all. I couldn't wait to get through the day and not have to work with this patient again. I would have liked to have felt more comfortable in caring for this client but I didn't, so I didn't enjoy the experience. |
| Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable | 2 I did not have a clue as to how to care for them. I did not want to hear their stories, it made me feel uncomfortable. I was frightened by their stories. | 7 But I don't think I really addressed the mental illness. | 3 Even though I built a good relationship with my client, I still did not feel at ease as I normally do with other clients. I was doubtful that I was |

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| | | | doing anything to help them with their mental health issue, so I just brushed it aside. |
| Likert Scale 1 to 10 Did not feel confident at all to Felt very confident | 1 Not at all. I felt I had to say the right thing when my client shared her delusions with me. I did not know what was the right thing to say. This made me uncomfortable and unconfident. | 4 Lack of knowledge. I did not know much about their illnesses, therefore, my focus was more on the physical care. | 2 I felt like I had to fake and pretend that I knew what I was doing. I did the basic care for my client but I really did nothing to address their mental illness. I should have had a better understanding of the medication because it seems like so many clients in surgical or medical units are on them, but we never really talk about what they are for or how they might impact the client. Instructors are usually okay if you know it is "an antidepressant" for instance. It doesn't really seem to matter how their mental illness might be impacting their life or their physical illness. |
| Please tell me about your general level of knowledge in the field of psychiatry/mental health nursing before this semester? | I knew minimal information on mental illness. I knew a brief description of different mental illnesses. For example, depression someone would experience very low moods but that would be same as the general public's. | Very little. No more than the average Joe! Unfortunately, most of my knowledge came from TV and the social perception. | Not much. I thought that most of what would be portrayed on TV would be somewhat accurate, however, I now know that very little about mental illness is correct in the media. |
| Likert Scale 1 to 10 Not very knowledgeable at all to Very knowledgeable | 3 | 3 | 5 |
| Were you comfortable with this level of knowledge when caring for mentally ill clients? | No I was fearful and felt incompetent. | Yes Mainly out of ignorance. In hindsight, I think I should have been | No I felt insecure and not very professional. I feel like when I am nursing other clients |

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| Why or why not? | | more uncomfortable. | without mental illness like I at least know something about what I am doing. But with mental health patients, I really can say that I knew very little and this didn't feel very safe or professional to me. |
| Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable | 4 | 7 | 7 |
| Was psychiatry/mental health nursing an area that particularly interests you? Please explain. | No I had never considered ever working in a mental health setting and never would have wanted to. | No Not really at all. I had always thought of doing something more fast paced and challenging. Mental health didn't really seem like nursing to me. | No Psychiatry/mental health was not an area that interested me. It always sounded boring and not "real nursing" from what I would hear from other acute care nurses. |
| Likert Scale 1 to 10 No interest to Strong interest | 1 | 2 | 8 |
| Post course and clinical placement | | | |
| What was your personal reaction when you nursed mental health patients after our mental health class? | I was fearful to begin with but having mental health class weekly, I gained a greater understanding of people with mental illness. It makes me sad how little support nurses give mental health clients on acute units. I don't think they really understand what they need and therefore chose to ignore the mental health problem at together or worse to make fun of these clients and label them as difficult when it is really their own lack of understanding. | My confidence was a lot higher. I didn't feel as much anxiety around asking difficult questions. I was able to hear the stories behind their mental illness and support them in a way I never could even fathom before this course. | I felt more safe and secure. Learning the correct information about mental illness was so important. I can know see how many acute care nurses do not have this education because of the stigmatizing and unsupportive things they would say. |
| Did you enjoy nursing mentally ill clients? Why or why not? | Yes I loved it. The clients were so great and their stories were fascinating. I am embarrassed of my pre-existing judgments of | Yes I find the topic fascinating. To see people "just like you and me" people I didn't | Yes It's a different field of nursing than what I am used to (surgical patients). There is more opportunity to |

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| | persons with mental illness. I just loved how I could just sit and listen to their stories and nurse in a relational way. | picture as being mentally ill was eye opening. I loved being part of the support for them. | interact and engage with clients/families. Their stories are sometimes unbelievable and very touching. |
| Likert Scale 1 to 10 Did not enjoy at all to Really enjoyed | 10 | 10 | 9 |
| Likert Scale 1 to 10 Did not feel comfortable at all to Felt very comfortable | 10 I went into the setting and instantly grew comfortable. I was able to ask the questions that I was always fearful to ask. The discussions I was able to engage in were so interesting. I felt I was really able to support and advocate for my clients. | 8 Definitely from the knowledge. | 8 With experience came comfort. Hearing different experiences from peers, instructors and nurses, applying my readings to clinical settings allowed me to engage that much more. |
| Likert Scale 1 to 10 Did not feel confident at all to Felt very confident | 9 I think the mental health setting offers life long learning but I did feel confident. The setting was just a real comfort for me and I was independent and really their to support, help and work with the clients on their needs. | 8 I felt my confidence really blossom in this setting. It was amazing to me to think that I could never ask a client about suicidal ideations before, now I wouldn't even blink an eye at asking these deeply personal questions because I have a much better understanding of my role as their nurse. | 10 I was really confident because I recognized that there was nothing to afraid of. These clients are like everyone else and I felt I could nurse in a holistic and relational manner rather than just doing physical care. |
| Please tell me about your general level of knowledge in the field of psychiatry/mental health nursing after this semester? | I think there is a lot to know about mental health but in the time we had I believe we gained a lot of knowledge in class. I now realize the impact on the individual and family and friends. I have a greater understanding of illness and medications, side effects, treatment/interventions and | I went from almost nothing to something. I don't see myself as an expert by any means but there is a base. It has sparked my curiosity to continue learning more about the topic. | I've gained a different perspective of mental health. Mental health can impact all avenues of an individual's life. Support systems need to be put into place to support a client and family. |

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| | coping strategies. | | |
| Likert Scale 1 to 10 Not very knowledgeable at all to Very knowledgeable | 8 | 9 | 7 |
| Likert Scale 1 to 10 Do not feel comfortable at all to Feel very comfortable | 8 I am comfortable with this level of knowledge because in any area of nursing you won't know everything. It takes experience to learn. | 8 I think that as a nurse you feel comfortable when you know what you are doing and I can relate to this. I am no longer uncomfortable to nurse this population because I have a lot of knowledge about mental illness now and how to really meet these clients where they are at. | 9 Would like to know more about pharmacology of medications mental health patients receive. |
| Is psychiatry/mental health nursing an area that particularly interests you? Please explain. | Yes I really enjoyed working with clients who have a mental illness. There is so much to learn in this area. I really enjoyed the relational nursing in this setting. I found mental health nursing to be very interesting and enjoyable. | Yes Absolutely! I am so interested in it now. Definitely something I am considering after graduation. | Yes Addictions and eating disorders. Being in this setting, I've recognized the importance of patient advocacy. I think it is important for a nurse to advocate for stigmatized and marginalized groups. |
| Likert Scale 1 to 10 No interest to Strong interest | 10 | 10 | 9 |
| What assumptions, perceptions, preconceived notions have changed for you after participating in this class regarding mental illness? | I know realize that people with a mental illness are able to function well in life. Not all are the extreme cases seen in the movies. A lot of my pre-existing assumptions were wrong. I no longer fear people with a mental illness. | That they are normal people. They are not a bunch of crazies. I really consider their circumstances when I find out someone has a mental illness. I have steered away from some of my own judgments. | Mental illness is not a choice. |
| What assumptions, perceptions, preconceived notions have changed for | I realize that they are in need of a supportive, understanding and non-stigmatizing environment. | Did not answer. | Nurses are in a position where they can make a difference in mental illness. |

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| <p>you after participating in this class regarding <i>nursing</i> mental illness?</p> | <p>The nurse cannot give the client medication and expect them to get better. They may never get better but the nurse can help the client lead a functioning life. I never realized how important relational practice was in the mental health setting. You need to collaborate with the client on their needs/wants to determine their focus for care. Mental health class was what I needed to gain the most out of my mental health experience.</p> | | |
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