ATTITUDES OF NURSING STUDENTS TOWARDS PSYCHIATRIC NURSING IN SELECTED COLLEGES AND UNIVERSITIES IN WESTERN KENYA

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DECLARATION

This thesis is my original work prepared with no other than the indicated sources and support and has not been presented elsewhere for a degree or any other award.

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Sanga P.K.

DEDICATION

I dedicate this study to my family and friends.

ABSTRACT

There exists disparity between the level of demand for mental health nursing services and the number of psychiatric nurses available. Few students enroll for the psychiatric nursing specialty. The aim of this study was to investigate the attitudes of nursing students towards psychiatric nursing. The study was carried out at Masinde Muliro University of Science and Technology, Great Lakes University of Kisumu, University of Kabianga, Kenya Medical Training Colleges (Kisumu, Webuye, Bungoma and Kakamega campuses), and St. Joseph's Medical Training College, Nyabondo and A.I.C Litein School of Nursing. The study sites were the universities and diploma nursing colleges in Kisumu, Kakamega, Bungoma and Kericho counties in Kenya. The study group consisted of diploma and Bachelor of Science Nursing students in their final year of training (n=245). Cluster sampling was used to select the institutions and systematic random sampling was utilized to select the participants. A descriptive cross-sectional design was utilized. A mixed method approach was used for data collection. Data were collected using questionnaires and focus group discussions (FGDs) and key informant interviews (KIIs).Quantitative data were analyzed using statistical package for social sciences (SPSS). Two-sided t-test was used to compare the mean of those willing to pursue psychiatric nursing and those not willing. Content analysis was utilized to analyse qualitative data Statistical significance was set at $p \leq 0.05$. There was a significant relationship between religion and preparation for mental health clinical placement with a mean of 2.8 (95% CI = 2.8 – 2.9) for protestants and a mean of 2.9 (95% CI = 2.8 – 3.0) for Catholics; p=0.03. There was a significant association between religion and experience during clinical placement; p=0.003. Catholics scored a higher mean of 2.9 (95%CI=2.8-2.9) in contrast to the protestants who had a mean of 2.7(95%CI=2.6-2.8). There was a significant relationship between gender and attitude; p = 0.03. Female participants were more knowledgeable about mental illness with a mean of 2.8 (95% CI = 2.7 – 2.8) compared to males who had a mean of 2.7 (95% CI = 2.6 – 2.8). There was a strong association between the value of psychiatric nursing and attitude; p<0.0001. Students who were willing to pursue psychiatric nursing had a higher mean in the domain of value of mental health with a mean of 4.8 (95% CI= 4.7-4.9) unlike their counterparts with a mean of 4.5 (95% CI=4.4-4.6). Based on the study findings, the researcher recommends that the nursing council of Kenya should have career sessions in colleges, proper preparation of students for their clinical placement. Training institutions should utilize simulations before students are exposed to mentally ill patients. A research to determine the influence of religion on attitudes towards psychiatric nursing can be conducted.

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ABBREVIATIONS/ACRONYMS

BScN: Bachelor of Science in Nursing

DMH: Division of Mental Health

DON: Department of Nursing

FGD: Focus Group Discussion

HIV: Human Immunodeficiency Virus

ICU: Intensive Care Nursing

IDI: In-depth Interview

IERC: Institutional Ethics Review Committee

KIIs   Key Informant Interviews

KMTC: Kenya Medical Training College

KNCHR: Kenya National Commission on Human Rights

MOH: Ministry of Health

NCK: Nursing Council of Kenya

SPSS: Statistical Package for Social Sciences

WHO: World Health Organization

WHO-AIMS World Health Organization Assessment Instrument for Mental Health Systems

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter presents the background to the study, statement of the problem, justification of the study, research objectives, research questions, hypothesis and the theoretical framework.

1.2 Background to the Study

Psychiatric nurses have an integral role in the mental health care team which comprises of various professionals like counselors, psychiatrists, medical officers, social workers and spiritual leaders (Pal, Balhara, & Mathur, 2013). According to available data, most of the mental health facilities in rural Kenya, where most of the population stays, are run by psychiatric nurses, the majority of whom have little or no training in psychiatric nursing (Marangu *et al.,* 2014; World Health Organization, 2011). This means that there has to be a mechanism for ensuring that more nurses are trained in psychiatric nursing in order to meet the demands for mental health care services.

There exists a great disparity between the demand for psychiatric nursing services and the available nurses in the mental health field (Reynolds *et al*., 2013). Data from the Ministry of Health (MOH), Kenya, showed that there were 19,591 nurses in Kenya and out of this number approximately 323 psychiatric nurses were registered by the Nursing Council of Kenya (NCK) and spread across the country giving an average of less than 2 psychiatric nurses per sub-county (Ministry of Health, 2012). About 70 of these psychiatric nurses work at the Mathari National Hospital (Jenkins *et al.,* 2013). The rest of the psychiatric nurses are distributed and deployed across non-psychiatric units/departments among them medical-surgical units, obstetrical

and gynaecological units and HIV programme centers in the various health care settings (Auerbach, *et al.,* 2013). This further creates a deficit on the number of psychiatric nurses required for the management of people with psychiatric disorders in Kenya. This means that the psychiatric nursing workforce is severely overstretched and with low enrolment rates of students into the psychiatric nursing specialty, the situation was likely to worsen. Fewer and fewer applications for psychiatric and mental health training were being received in medical training colleges in Kenya (Brownie & Oywer, 2016; Appiagyei *et al.,* 2014; Rachel *et al.*, & Jenkins, 2013; Oywer, 2011).

Failure to attract an adequate number of students into psychiatric nursing poses a great challenge to the future care of people with mental disorders and illnesses in Kenya. There will be fewer psychiatric nurses to assist the population in the diagnosis and treatment of psychiatric disorders. Therefore there had to be strategies on how to attract and recruit students of nursing into the mental health and psychiatric nursing specialty.

Internationally, studies have shown that nursing students have a negative attitude towards psychiatric nursing. Nursing students have been found to stigmatize people with mental illness since they have negative attitudes towards them (Hanisch *et al.,* 2016; Happell & Gaskin, 2013; Henderson *et al.*, 2014; Poreddi, *et al.,* 2014; Sipsma *et al.,* 2013). It has been observed that students believe that the psychiatric patients are people who are risky to deal with; they are people who have poor self-care among other negative beliefs (Hansson,*et al.,* 2013). The negative attitude towards psychiatric nursing has led to low enrolment into the training in some countries across the globe (Sercu, *et al.*, 2015; Happell & Gaskin, 2013; Reynolds *et al.,* 2013; Stevens *et al.,* 2013).

Some studies have pointed out that students believe that psychiatric nursing is of low status compared to other nursing specialties and therefore; is not worth specializing in it (Vijayalakshmi, *et al.,* 2015; Herisko, Puskar, & Mitchell, 2013). Another perception that has been found out from the studies is that students believed that specializing in psychiatric nursing had little opportunity for career growth (Hunter *et al.*, 2014; Ng *et al.,* 2010). An understanding of the attitude of nursing students was important in the development of strategies that would improve attraction into the field of psychiatric nursing.

1.3   Statement of the Problem

Globally, there are an estimated more than 450 million people affected by mental disorders yet there is a scarcity of psychiatric nurses to assist in the management of these conditions (Cohen, *et al.,* 2016; Marangu *et al.,* 2014; Kessler *et al.*, 2011). Few nurses have been trained in psychiatric nursing and few nursing students wish to pursue further studies and specialization in psychiatric and mental health nursing (Jenkins *et al.,* 2010; Sipsma *et al.*, 2013). Kenya has approximately 0.42 psychiatric nurses per 100,000 people against a global average of 7.7 psychiatric nurses per 100,000 people (World Health Organization, 2016). Such few numbers of nurses who have been trained in psychiatry cannot match the service demands. It, therefore, means that more nursing students need to be encouraged to study psychiatric nursing and mental health nursing to meet and respond to the demand for this profession.

In the developed world and also in Kenya, it had been noted that there has been a decline in the number of graduates who opted to pursue a career in psychiatric nursing (Pal *et al.*, 2013; Kenya National Commission on Human Rights, 2011). This means that the number of nurses being trained in psychiatric is lower than the demand for the psychiatric services and this poses a great challenge to the delivery of

psychiatric nursing services in Kenya (Brownie & Oywer, 2016; Appiagyei *et al.,* 2014). Kenya has approximately, 323 psychiatric nurses, 77 consultant psychiatrists, and 30 clinical psychologists to serve the entire population of approximately 45 million people (Waters *et al.*, 2013; Ministry of Health, 2012). Psychiatric nurses manage most of the outpatient psychiatric clinics and they are responsible for diagnosing and treating mental patients in Kenya (WHO, 2014). However, their inadequate number of qualified psychiatric nurses poses a great challenge to the delivery of mental health care to the Kenya citizens (Jenkins *et al*., 2013). As more psychiatric nurses retired compared to those graduating in psychiatric nursing, this situation is likely to become worse (Stevens *et al.*, 2013; Jenkins *et al.*, 2010). Therefore, there is an urgent need to attract more psychiatric nursing students into training to increase access to effective psychiatric healthcare in Kenya. The Kenyan constitution guarantees the right to access to quality and affordable healthcare to the citizens no matter their status which includes their mental health status (Republic of Kenya, 2010). The negative attitude by the nursing students is likely to impact negatively the realization of the United Nations sustainable development goals, particularly goal number three that aims at guaranteeing good health and wellbeing to all people of the world (United Nations, 2016). The study, therefore, sought to investigate the attitude of nursing students towards psychiatric nursing in Kenya.

1.4 Research Objectives

1.4.1 Broad Objective

To investigate the attitudes of nursing students towards psychiatric nursing

1.4.2 Specific objectives

The specific objectives of this study were to:

i. To determine the influence of socio-demographic characteristics of the nursing students on attitudes towards psychiatric nursing in Kenya

ii. To analyse the relationship between students' attitude towards psychiatric nursing and their enrolment into the psychiatric nursing specialty in Kenya

iii. To evaluate the association between the nursing students' experiences during their clinical placements and their attitudes towards psychiatric nursing

1.5 Research Questions

In order to achieve the objectives, this study sought to respond the following questions:

i. What was the influence of socio-demographic characteristics on the attitude of nursing students towards psychiatric nursing?

ii. How does student's attitude towards psychiatric nursing influence the enrolment into the psychiatric nursing specialty?

iii. What was the relationship between students' experiences during their clinical placements and their attitudes towards psychiatric nursing specialty?

1.6 Justification

This study investigated the attitudes of nursing students towards psychiatric nursing and the barriers to recruitment of nursing students into the psychiatric nursing specialty. It also aimed at identifying strategies that could be utilized to promote positive attitudes towards psychiatric nursing. This was relevant because more nurses

would be required to specialize in psychiatric nursing because of the increased service demands (Jenkins, *et al*., 2013).

Research conducted elsewhere has postulated that students in the nursing field possessed predominantly negative attitudes towards psychiatric nursing (Thornicroft *et al.,* 2016; Ward & Barry, 2016; Happell & Gaskin, 2013; Stevens *et al.,* 2013). The negative attitude towards psychiatric nursing has been shown to not only influence career choices, but they would also influence the care that nurses provided to the mentally ill patients (Bodner *et al*., 2015; Sercu *et al*., 2015). Such misconception and negative attitudes could directly or indirectly lead to fewer students opting to pursue psychiatric nursing.

It has been observed that attracting sufficient numbers of students to pursue psychiatric nursing and retaining mental health staff in practice remains a key challenge (Brownie & Oywer, 2016; Appiagyei *et al.*, 2014). The ministry of health aims at reversing this trend by ensuring that more psychiatric nurses are available to serve the citizens of Kenya (Ministry of Health, 2014). Limited literature was available in Kenya with regard to attitudes of nursing students towards psychiatric nursing due to few studies conducted in this area and hence the need to conduct this study. The results from this study could be used to recommend strategies to promote positive attitudes towards psychiatric nursing and also identify strategies that could be utilized to recruit nursing students into this field. In addition, the findings from this study would contribute to nursing knowledge and recommended areas for further research.

1.7 Limitations of the Study

There might have been recall bias during data collection. Another limitation is that a small sample size might not be representative hence the findings may not be generalizable. Lastly, since this was only a snap shot, the situation may provide differing results if another time frame had been chosen

1.8 Conceptual framework

Attitudes towards psychiatric nursing can be associated with various factors. One of the factors which is likely to affect student's attitude towards psychiatric nursing is the student's his or her own characteristics. Some of these factors include student's gender whereby according to research, the females tend to have more positive attitudes towards people with mental illnesses than the males (Ewalds-Kvist, *et al.,* 2013). Students who come into contact with psychiatric patients early in training are likely to be less anxious about dealing with the psychiatric patients (Happell, *et al.,* 2014). The other variable is the developmental process of the student. According to research conducted, students who grow up in the rural areas are likely to develop certain stereotypes towards people with mental illness due to cultural influence (Giasuddin, *et al.,* 2015; Pescosolido, *et al.,* 2013). This is likely to lead to the formation of attitudes towards psychiatric nursing. Another factor which has been captured in figure 1.1 is the element of government regulations including job vacancies in the specific fields available for specialization (Appiagyei *et al.*, 2014). Some of the students may decide to choose psychiatric nursing with the aim of securing employment later on (Farooq, *et al.,* 2014). The other aspect that may encourage a student to pursue a course is the scope of practice. Some students desired to be autonomous in their practice so some of them viewed psychiatric nursing as an autonomous profession (Hickey, *et al.,* 2012). Student's academic

history can also play a role in the desire of a student in pursuing a certain career. A study in Iran showed that students tend to develop positive or negative attitude towards psychiatry during their internship (Amini *et al.,* 2013).

Independent variables   **Dependent variable**
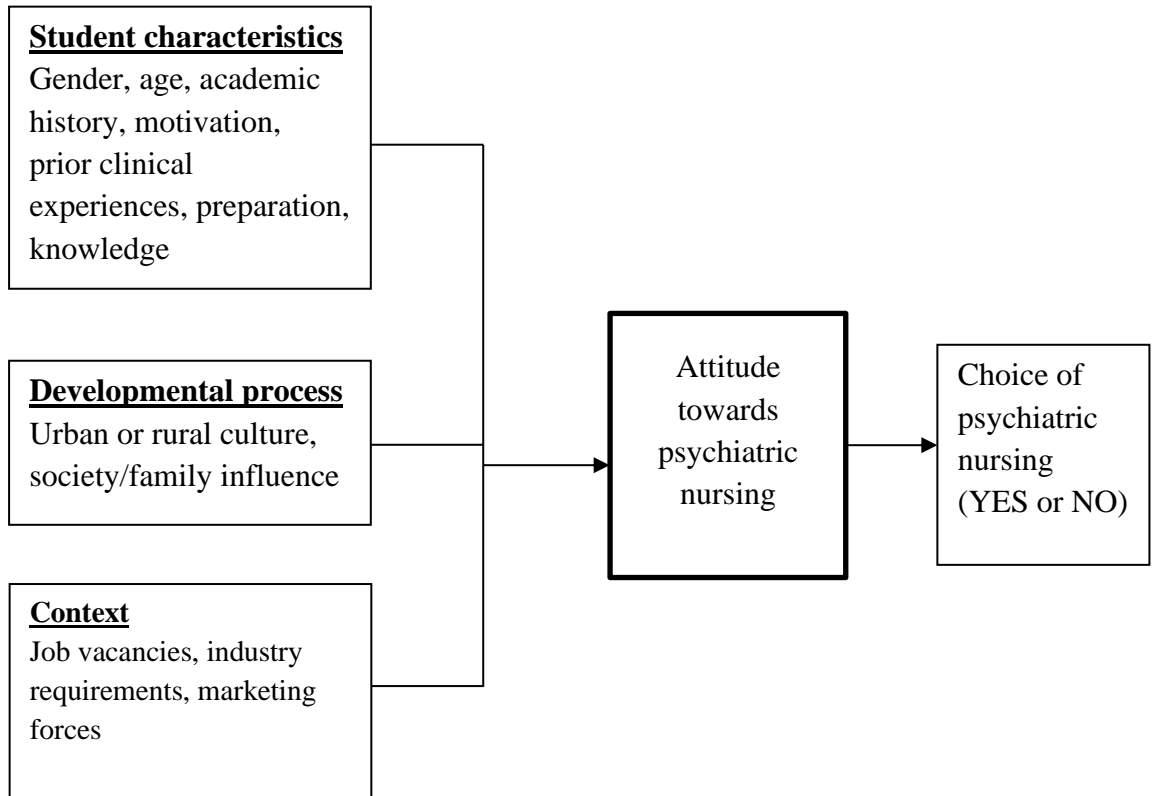
Figure 1.1: Conceptual model

1.9 Operationalization of Variables

Anxiety   The feeling of competence or lack of it in handling psychiatric nursing

Attitude   The influence on the willingness or unwillingness to pursue psychiatric nursing course by a nursing student

Experience   The liking or dislike of psychiatric nursing placement

Knowledge   The awareness of mental illness and mentally ill
patients

Programme   A training undertaken for a specified period of time for a person to become professional in psychiatric nursing.

Theoretical Preparation   An understanding of psychiatric nursing before the psychiatric nursing placement

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter systematically identifies the documents containing related information to the problem being investigated i.e. the attitudes of nursing students towards psychiatric nursing and to build on what is already known. This review highlights the shortage of psychiatric nurses, training of nursing students, the nursing curriculum and clinical placements including internship, students' perceptions about psychiatric nursing and the factors influencing the attitudes of nursing students towards psychiatric nursing. A summary of the literature review is also presented.

2.2 Shortage of Psychiatric Nurses

Globally, there is a severe shortage of psychiatric nurses and the situation is likely to become worse as more of these nurses retire (Stevens *et al.*, 2013). Approximately 30% of the population globally is affected by mental health conditions and up to 25 % of the people would be affected by mental illness sometime in their lifetime (Sibitz *et al.*, 2013). In the United States of America (USA), 1 in 4 people has a mental disorder (National Alliance on Mental Illness, 2013).

In many African countries, the number of mental health professionals who have been trained in psychiatric nursing is below the service demand (WHO, 2016; Jenkins, 2013). The situation is no better in Kenya in that the country relies on severely overstretched psychiatric nurses to deliver mental health care for nearly all the regions of the country. It, therefore, implies that positive attitudes ought to be

imparted to the students of nursing towards this field so that more nurses would be available to replace those who were retiring from the field of psychiatric nursing.

It is estimated that mental health conditions account for up to 25% of the outpatient cases and up to 40% of the inpatient cases in Kenya (Marangu *et al.*, 2014). This is a large proportion of the population who need the attention of psychiatric nurses and yet the country has just a few trained psychiatric nurses. The few psychiatric nurses that are available mainly deal with psychotic illnesses and it, therefore, means that the few psychiatric nurses available does not meet the demand for psychiatric nursing care services to the Kenyan citizens in that they are overburdened by the demand for their care (Jenkins *et al.,* 2013; KNCHR, 2011).

In most African countries, Ministry of Health (MOH) budgetary allocations towards mental health programmes are below 1% yet the demand for psychiatric services is enormous. In Kenya, there has been less attention given to mental health care and other non-communicable diseases. This could have a direct influence on the care of the mental patients making the students develop negative attitudes towards the specialty since the psychiatric nursing specialty will appear as a neglected field hence becomes less attractive to the students (WHO, 2016; Jenkins, 2013).

The need for more nurses specialized in psychiatric nursing continues to grow and to match this demand, there should be strategies on how to attract more nursing students to this specialization (Jansen & Venter, 2015). The more the people who suffer from mental disorders and illnesses increase, the more psychiatric nurses required (KNCHR, 2011). Training of these nurses would, therefore, be important and to attain the required numbers, there has to be strategies to attract more students to specialty (Hunter *et al.,* 2014). Without the adequate numbers, there will be a lot

of suffering of the people of Kenya due to mental illnesses and disorders (KNCHR, 2011; Jenkins *et al.*, 2010).

2.3 Psychiatric Nursing Training

Psychiatric nursing has been seen to be a neglected subject in nurse training. Little attention is paid to its importance in the design of most of the curriculums used in training the nursing students (Pal *et al.,* 2013; Stevens *et al.,* 2013). Therefore, there is a need to reexamine the nursing training curricula so that strategies on how to improve interest in this field could be included.

In order for nurses to provide appropriate mental health education and care to the people suffering from mental disorders, the training provided should be able to promote positive attitudes towards people with mental disorders (Poreddi *et al*., 2014). The nursing curricula only devote a small proportion to mental health nursing in both theory and practice (Balhara, *et al.,* 2012). This may make it a contributor to low enrolment levels in this field since the nursing students are not exposed adequately to psychiatric nursing experience hence the students may not develop positive attitude.

2.3.1 Psychiatric nursing training in Kenya

In Kenya, the Nursing Council of Kenya (NCK) regulates the training of nurses in Kenya and it approves the training curricula. The curriculum prescribes the minimum requirements for training nurses. Psychiatric nursing is offered as one of the prerequisite courses in undergraduate and diploma studies in the nursing programme. Before undertaking the course, the students have to undergo some building courses such as psychology, sociology, and anthropology in readiness for psychiatric nursing (Nursing Council of Kenya, 2011).

According to the NCK guidelines, psychiatric nursing is offered in the final years of training both for undergraduate and diploma in nursing programme and is also offered as a higher diploma, graduate and postgraduate course (Nursing Council of Kenya, 2011). Nursing students have experience in psychiatric nursing placement in their final years of training, both in their undergraduate and diploma training. Upon graduation, the BScN graduates undergo mandatory twelve (12) month internship programme to gain competence. During this period of internship, the interns are exposed to the psychiatric placement for a period of four (4) weeks (Nursing Council of Kenya, 2011).

2.4 Student Placement in Psychiatric Clinical Areas

Nurses spend most of their time with patients more than any other health professional and this creates an opportunity for the nurses to understand the patients and their families deeper (Happell *et al*, 2011). During this exposure, students are likely to build certain attitudes towards the specialty (Dempsey & Ribak, 2012). As these students come into contact with mentally ill patients, they are likely to develop certain perceptions about psychiatric nursing and this therefore means that the psychiatric nursing placement should be a pleasant experience for the students.

People with mental illnesses have suffered from stigma for a long period. The communities' perception about mental illnesses is most of the time a contributor to stigma and negative attitudes towards people with mental illnesses (Hanisch *et al.,* 2016; Thornicroft *et al.*, 2016). In some instances, people with mental illnesses are perceived to have been the ones who caused the mental illnesses and also, they are seen as if they are not in full control of their conditions (Hansson *et al.,* 2013). Such perceptions may make students view psychiatric nursing negatively and in the long

run discourage nursing students from pursuing psychiatric nursing as a career since they develop negative attitude towards psychiatric nursing.

Students also could learn negative attitudes from their senior staff in psychiatric units during their clinical placement. People working in the same environment are likely to be socialized in a particular manner and some of the habits like the abuse of patients may be a common happening (Laiho *et al.*, 2014; Poreddi *et al.*, 2014). During such an exposure, students are likely to develop certain negative attitudes towards the mentally ill patients they are caring for. This implies that there has to be a personalized training, management, tutoring and reflection to help in eliminating questionable or outdated practices in the field of psychiatric nursing.

According to studies, little attention has been paid on the recruitment of psychiatric nursing students into the field of psychiatric nursing (Evans, 2013; Shattell & Delaney, 2012). This is the case despite the fact that psychiatric nurses play an integral part in the management of the patients with mental illnesses and more numbers are required in the management of mental patients (Shattell & Delaney, 2012). In some instances, there is a poor and inappropriate use of resources in that nurses who are trained in psychiatric nursing may be placed in areas where they may never utilize their skills (Gimba & Duma, 2015; Gimba & Sinegugu, 2015). In Kenya, some of the psychiatric nurses who have had specialization in this field are inappropriately posted to areas such as medical-surgical units (De Menil,*et al.*, 2014; Ndetei & Gatonga, 2011). Some of these nurses perform general nursing duties and at times they are not in direct contact with psychiatric patients. This denies them the opportunity to practice in their areas of specialization. This makes students feel that psychiatric nursing is not an area worth to specializing in. Such kind of practice

creates a deficit in the number of nurses available for the management of mental disorders and illnesses in Kenya.

2.4.1 Strategies to Improve Students' Experience in Clinical Placement

In order to promote enough exposure of students in psychiatric nursing, the clinical experience of this course could be combined with other clinical experiences like outpatient, inpatient and community health nursing (Herisko *et al*., 2013). The limited period of exposure to students in psychiatric nursing makes the students to have contact with psychiatric patients in acute phase of illness and this makes students to gain the impression that psychotherapy wasn't effective (Herisko *et al*., 2013; Karimollahi, 2012). Students need to see psychiatric patients in the community and this is to make them appreciate the continuum of care (Herisko *et al.*, 2013).

Nursing education needs to be reviewed to ensure that nursing students do not develop stigmatizing attitudes as they continued with their training. According to Karimollahi,(2012), pre-licensure nursing students perceived psychiatric nursing to be a stressful field of nursing and is not worth specializing in (Karimollahi, 2012). Strategies to make sure that students enjoy their clinical experiences in psychiatric nursing should therefore be explored.

In a study conducted in Australia, most students reported that they were encouraged to pursue medical-surgical nursing after their graduation so that they could amass more experience (Stevens *et al*., 2013). Some studies show that the students also feel that mental health nursing utilizes less technology and therefore, they would rather work in areas like critical care units where they believe there is more use of technology (Jansen & Venter, 2015; Stevens *et al.*, 2013).

It has also been observed that students fear that they would lose their skills which they have acquired if they work in psychiatric environments because of the perception that psychiatric environment is not challenging making the experience less interesting (Jansen & Venter, 2015). Therefore, the teaching strategies employed in mental health should be able to challenge the beliefs and assumptions and promote a commitment to the provision of holistic care to people who are suffering from mental illnesses and disorders.

The nursing course being offered should be planned to favour positive attitude towards psychiatric nursing by making sure that the students fully understand the role of psychiatric nurses in patient care. Proper training of students would enable them to qualify with good attitudes towards people with mental illnesses and this would, in turn, have enhanced good patient outcomes (Poreddi *et al.*, 2014; Jenkins *et al*., 2013). Attitudes of nursing students towards mental health and psychiatric nursing has been seen to be the major deterrent to nursing students' desires to pursue psychiatric nursing (Poreddi *et al*., 2014; Pal *et al*., 2013). Positive attitudes could be imparted to the students through proper training and creating a positive picture of psychiatric nursing throughout the training programme (Pal *et al.*, 2013).

2.5 Students' Perception about Psychiatric Nursing

Recruitment into psychiatric nursing both in higher education and healthcare has been recognized as one of the most challenging endeavours (Ng *et al.*, 2010). The role and skills of psychiatric nurses are poorly understood and also their media profiles are low (Jansen & Venter, 2015; Ng *et al*., 2014). Stigma has contributed a great deal to the negative impact on the image of the society towards psychiatric nursing (Clement *et al.,* 2015). Researchers have pointed out that psychiatric nurses

have been viewed by the society as corrupt, evil and mentally abnormal and the same perception can be passed to the students (Stevens *et al.*, 2013).

Several other misconceptions about psychiatric nursing have been observed such as students and the qualified nurses perceiving psychiatric nursing to be of a low profile in terms of career when compared to other specialties and it is also seen as a career with little knowledge and skill base (Happell & Gaskin, 2013; Herisko *et al.*, 2013; Pal *et al.*, 2013; Stevens *et al.*, 2013; Ng *et al.,* 2010). Some students also think that when one specializes in psychiatric nursing, there is little opportunity for future growth in the profession (Hunter *et al.*, 2014; Ng *et al*., 2010). According to research, some students have argued that psychiatric nursing ought to have been a career choice after one had had enough experience in other sectors of specialization (Herisko *et al.*, 2013; Stevens *et al.*, 2013).

Some studies have explored the perception of nursing students towards psychiatric nursing. Psychiatric nursing has been viewed by students to be traditional, less challenging and boring unlike the other specialties like critical care nursing which were perceived to be more technical (Hunter *et al.*, 2014; Ng *et al.*, 2010). Herisko *et al.,* (2013) suggested that nursing curricula should be infused with new advances in the scientific basis of mental disorders. This is to assist in addressing the lack of scientific/technical skills focus (Herisko *et al.*, 2013). It is, therefore, imperative that theory learned by students should include a wide range of theoretical encounters. These should include neurosciences, the neurobiology of mental disorders, the genetic basis of mental diseases, psychoneuroimmunology, and psychopharmacology with emphasis on mental disorders ranging from pediatrics to geriatrics and the acute to chronic aspects of mental illness (Hunter *et al.*, 2014; Herisko *et al.*, 2013).

2.6 Factors Influencing Nursing Students Attitude Towards Psychiatric Nursing

2.6.1 Socio-demographic Factors

A study in Sweden showed that gender and age have a role in influencing students' attitude towards psychiatric nursing. In this study, the females had more positive attitude towards psychiatric nursing than the males. Also, in the same study, the young participants in that study had a more negative attitude towards psychiatric nursing than the older participants (Ewalds-Kvist, *et al.,* 2013).

2.6.2 Preparation for Psychiatric Nursing Placement

Studies have shown that students perceive that the kind of preparation they receive in preparation for their mental health experiences is inadequate when compared to the preparation they got before their other nursing courses like medical–surgical experience. Students could acquire misconceptions such as the perception that the patients in mental health units are violent. This causes anxiety due to such inappropriate information they get from their peers before they encountered the mentally ill patients (Happell & Gaskin, 2013; Karimollahi, 2012).

2.6.3 Clinical Experience

Negative clinical experiences in mental health would greatly affect the students' future career choice (Happell & Gaskin, 2013). Contact with the mentally ill patients and psychiatric environments plays a great role in alleviating anxiety and negative attitude towards psychiatric nursing (Happell, Platania-Phung *et al.*, 2014). In a study conducted in Australia, the researchers in this study postulated that contact, experience, and choice of specialty may play a role in relation to the attitudes of nurses towards mental illness (Ku, *et al.*, 2015).

Clinical experience has a great impact on the students' future nursing practice and the amount of clinical time devoted to psychiatry has been found to promote students' positive attitude towards psychiatric nursing (Happell & Gaskin, 2013). Another important factor in promoting positive clinical experience is the support given to the students by the staff in the clinical area (Thornicroft *et al.*, 2016; Happell, *et al.,* 2013). Students need to feel welcomed, valued and supported while in their clinical placement since this reduces their anxiety and aids in developing more positive attitude towards mental health (McConlogue, 2014). Hunter and colleagues pointed out that the perception of preparedness for practice in psychiatric mental health played a role in building positive students' attitudes towards psychiatric nursing. From their study, they found out that students felt that they were not adequately prepared for clinical experience in psychiatric mental health nursing (Hunter *et al.*, 2014).

2.6.4 Timely Introduction of Mental Health Nursing

In the Kenyan settings, the mentally ill patients could be found in various settings and students can encounter these patients in a variety of settings like in community setups, outpatient setting or even in the general wards(Jansen & Venter, 2015; Jenkins *et al.,* 2010). This means, therefore, that it is important that psychiatric nursing is introduced early in the nursing training(Jansen & Venter, 2015). This is to help in reducing fear and anxiety among students and therefore students would develop confidence in serving these kinds of patients and it would build positive attitudes towards psychiatric nursing (Jansen & Venter, 2015).

It is important that the negative students' attitudes towards psychiatric patients are influenced for the benefit of the patients (Karimollahi, 2012). This would promote

quality of care provided to the psychiatric patients since they would have had a good understanding of this category of patients (Hamaideh, *et al.*, 2014).

2.6.5   Career Choice

The choice of psychiatric nursing as a career has been seen to be low in advanced economies (Stevens *et al.,* 2013). Studies have revealed that students preferred other fields of nursing compared to psychiatric nursing. Patten and other scholars (2016) pointed out that the training institutions were breeding grounds for stigma and discrimination. Students are likely to perceive psychiatric nursing in a bad picture created by their colleagues or even their lecturers and mentors (Patten *et al.,* 2016). It is, therefore, important that educational strategies on how to minimize stigma and discrimination, which could build positive attitudes among students in mental health, should be incorporated into the nursing curricula (Hunter *et al.*, 2014).

Health professionals taking care of psychiatric patients receive stigma from the society and also from fellow health colleagues a kind of stigma commonly referred to as 'stigma by association'(Hunter *et al*., 2014). This makes such kind of staff not to appear as role models to the nursing students since the perception created were related to their occupation and such kind of stigma could be fought through educating the students about the role of mental health nurses in the care of patients (Thornicroft *et al*., 2016; Hunter, *et al.*, 2015; Hunter *et al.*, 2014). A proper understanding of the role of these nurses would promote a positive attitude towards psychiatric nursing. In order to deliver quality services to the mentally ill patients and their families, nurses ought not to hold negative attitudes towards people with mental illnesses (Hunter *et al.*, 2014). Negative attitude has been found to be a major barrier to the provision of quality services and it could also negatively affect the outcome of the patient care (Poreddi *et al.,* 2014).

2.6.6   Public Perception and Government Support

Another factor which is evident from literature is that there is poor understanding about mental health in general by the general public. The media portrayed people with mental illness in a bad picture. They portray them as acting immaturely and they were aggressive (Karimollahi, 2012). This is likely to make students to have a wrong understanding of the mentally ill people and to fear the psychiatric patients.

Some of the nurses believe that there are no incentives in psychiatric nursing compared to other fields of specialization (Park,*et al.*, 2013). The Governments are found not to offer adequate scholarships to psychiatric nurses unlike the other specialties (Ng *et al*., 2014; Happell & Gaskin, 2013; Park *et al.*, 2013; Stevens *et al*.,2013). This has a direct impact on the number of nursing students willing to specialize in this field leading to dwindling numbers in recruitment.

The public perception of the mentally ill patients needs to be influenced so that they understand the role of psychiatric nursing in mental health care. A positive attitude could be achieved by using key community leaders; those who were highly respected in the society because of their influence (Mas & Hatim, 2002). Strategies such as talking with high school students about psychiatric nursing, as a career and creating awareness through media could be of great help in enhancing recruitment to this specialty. Qualified psychiatric nurses could mentor student nurses (Hamdan-Mansour, Al-Gamal, Puskar, Yacoub, & Marini, 2011).

2.7 Summary of Literature Review

This chapter identified the attitude and related factors of nursing students towards psychiatric nursing. It is evident that psychiatric nursing is highly stigmatized by nursing students globally. The factors influencing the students' attraction towards

psychiatric nursing were identified and the most prominent factor influencing student interest in this field is the attitude. Little information was available in Kenya in regard to attitudes of nursing students towards psychiatric nursing. The study, therefore, sought to identify the attitude of nursing students towards psychiatric nursing in Kenya. This study involved two cohorts of students i.e. the undergraduate nursing students and diploma nursing students. Additionally, this study involved a larger geographical coverage i.e. it was carried out in nine (9) training institutions offering nursing training spread across four (4) counties in Kenya.

CHAPTER THREE

METHODOLOGY

3.1 Overview

This chapter describes the approach to this study, which comprised the research design, site/area, population, population sampling, inclusion and exclusion criteria, sampling techniques, sample size determination, data management, instrumentation, protocol pre-testing, limitations and ethical considerations

3.2 Study Design

A descriptive cross-sectional study design was used in this study. A mixed method approach was utilized in data collection.

3.3 Study Site/Area

This study was conducted in selected colleges offering nursing diploma and degree programmes in Western Kenya namely Kakamega, Kisumu, Bungoma and Kericho counties in Kenya. In Kakamega County, the study was conducted at Masinde Muliro University of Science and Technology (MMUST), School of Nursing and Midwifery, and at the Kenya Medical Training College (KMTC), Kakamega. Both MMUST and Kakamega KMTC are located in Kakamega town. MMUST is located along the Kakamega-Webuye highway. In MMUST, the nursing course is offered at undergraduate and graduate level at the School of Nursing and Midwifery. Kakamega KMTC offered nursing at diploma level and it is located off Kakamega-Kisumu road. In Kisumu County, the study was conducted at the Great Lakes University of Kisumu (GLUK), KMTC Kisumu campus and at St. Joseph's Medical Training College, Nyabondo. The GLUK is found in Kisumu city, off Miwani road. It offers undergraduate nursing for both direct entry and upgrading students. Students

from this college go for their psychiatric nursing clinical experience at Kisumu county hospital. Kisumu KMTC, on the other hand, is a college offering diploma nursing. It is located within Kondele estate, at least two kilometres from Kisumu Town centre and it offers diploma nursing. Students also undertake their psychiatric nursing clinical experience at Kisumu County Hospital. St. Joseph's Medical Training College is located in Upper Nyakach, off Kisumu- Kisii road. This college offers nursing programme at a diploma level and for the psychiatric nursing course, students go to Kisumu county hospital for their clinical experience. In Kericho County, the study was conducted at the University of Kabianga (UoK) and African Inland Church (AIC) Litein School of Nursing. The University of Kabianga, Kapkatet satellite campus is situated at Kapkatet trading centre, along the Kericho-Kisii road and it offers nursing courses at undergraduate level. Psychiatric nursing is offered in the fourth year and students go to Moi Teaching and Referral Hospital (MTRH), Eldoret and Mathari National Hospital for their clinical experience. The AIC Litein College offers nursing courses at diploma level and it is located in Litein town along the Kericho-Kisii road. Students go to Nakuru County Referral Hospital for their psychiatric nursing experience

In Bungoma County, the research was conducted at KMTC Webuye and KMTC Bungoma. The KMTC Bungoma is located at Bungoma town along the Eldoret-Malaba road. It offers nursing courses at diploma level. In this college, students go for their psychiatric nursing experience at Kakamega County Referral Hospital and at Nakuru County Referral Hospital. The Webuye KMTC is located in Webuye town along the Eldoret-Malaba road and it trained nurses at diploma level. Students are also taken to Kakamega County Referral Hospital and at Nakuru County Referral Hospital for their psychiatric nursing experience.

3.4 Study Population

In this study, the target population comprised the diploma and degree students of nursing in the final years of their basic training in the selected universities and colleges offering degrees and diplomas respectively in Kenya. These were students pursuing their Bachelor of Science (BScN) and diploma nursing courses. What guided the choice of this category of the study population was that these were the students who had taken their theory and clinical placement in psychiatric nursing. Theory and practical in psychiatric nursing is offered at a senior level of the nursing diploma and degree-training programme.

3.5 Target Population

The study targeted nursing students in colleges and universities in Kenya. The study participants were the nursing students in their final year of training, because by then, they had had an exposure to mental patients in hospital clinical settings. There were a total of 21 approved universities in Kenya for training nurses and 82 approved diploma nursing training colleges. The institutions selected for this study were Masinde Muliro University of Science and Technology (MMUST), Great Lakes University of Kisumu (GLUK), University of Kabianga (UoK), A.I.C. Litein School of Nursing, KMTC Kakamega, St. Joseph's Medical Training College, Nyabondo, KMTC Kisumu KMTC Webuye and KMTC Bungoma.

3.6 Inclusion and Exclusion Criteria

3.6.1   Inclusion Criteria

The inclusion criteria included all the nursing students in their final year of training in the universities and diploma training colleges who had undertaken a course in psychiatric nursing both in theory and practicum. These were the adult senior nursing

students who had voluntarily consented in writing to participate in the study. Another inclusion criteria was that the students ought to have been direct entry students into the nursing programme.

3.6.2   Exclusion Criteria

The exclusion criteria included the nursing students in their final year of training who had not undertaken their psychiatric nursing experience and also students not pursuing nursing. In addition, students who had not voluntarily signed the consent form to participate in this study were excluded. Students who were upgrading were also excluded from the study.

3.7 Sampling Technique and Sample Size Determination

3.7.1   Sample Size Determination

The sample size for finite population can be calculated as by use of Yamane formula:

$$n = N/(1+Ne^2)   \text{(Giraudeau, Higgins, Tavernier, \& Trinquart, 2016)}$$

Substituting the values

$$n = 504/ \{1+504(0.05)^2\}$$

$$n = 223 \text{ participants}$$

Adding 10% non-respondents, the minimum sample size was therefore:

$$10\% \text{ of } 223 = 22 + 223 = 245 \text{ participants}$$

The researcher randomly chose the first study participants from the population at each study site from a class list obtained from the institutions. The researcher then identified the subsequent elements by choosing elements at an interval of two (2) students from the starting point.

The sample population size (N) was divided by the desired sample size (n).

$$k = N/n$$

$$= 504/245$$

Therefore, $k = 2$

This meant that every 2nd student from the population was selected to participate in this study.

Two schools that were used to select the participants to participate in the interview sessions were selected by simple random sampling. One university and one Diploma College of nursing were selected randomly. A draw was conducted whereby the universities from which data was collected were assigned code numbers that were put in a draw box. The researcher then picked one paper from the draw box randomly. The same procedure was repeated to select one diploma nursing school. Simple random sampling was used to select students (unit of analysis) who participated in the interviews. The Stat Trek's random number generator was utilized to select the participants. Numbers were assigned to the names of the students from class list and then run on the software. Purposive sampling was utilized to select the five (5) lecturers who participated in the key informant interviews (KII).

3.7.2 Sampling Technique

Cluster sampling was used to select the participating institutions in the four counties. This was because cluster sampling took large populations into account. Three (3) universities and six (6) colleges of nursing offering diploma programmes were sampled from the study population. Universities and medical training colleges in the selected counties were listed that formed the clusters. Once cluster samplings were

done, systematic sampling was utilized to select participants within the institutions. Systematic sampling involved choosing the kth element from the population from which the study sample was obtained. The procedure of identifying the kth element was by using the formula N/n.

3.7.3   Sample Size Distribution

The study sample was distributed proportionately as shown in Table 3.1 and Table 3.2 below for the colleges and universities respectively. The formula used in calculating proportions was:

a/b=c/d (Habib,*et al.*, 2014) where a is the total population per institution, b is the total population in all the institutions c is the desired proportion and d is the total sample size.

Table 3.1: KMTC Diploma Training Colleges

Institutions	Population (N)	Sample (n)	%
Kisumu	47	23	9.4
St. Joseph's, Nyabondo	50	24	9.8
Webuye	49	24	9.8
Bungoma	56	27	11.0
Kakamega	51	26	10.6
A.I.C. Litein School of Nursing	44	21	8.6
Total	297	145	59.2

Table 3.2: Universities

Institutions	Population (N)	Sample (n)	%
MMUST	76	37	15.1
GLUK	62	30	12.2
University of Kabianga	69	33	13.5
Total	207	100	40.8
Grand Total	504	245	100

3.7.4 Sample Size Distribution as Per Sampling Method

The sample population comprised students of nursing career in Kenya Medical Training Colleges (KMTC) and universities in Western Kenya and nursing lecturers

Table 3.3: Sample Size Distribution as Per Sampling Method

Sampling Method	Interview Method/Instrument	Total Sample
Systematic random sampling	Self-administered questionnaire	245
Simple random sampling	Focus group discussion (FGD)/interview guide	GLUK- 10 KMTC Kakamega- 11
Purposive sampling	Structured interview schedule(psychiatric nursing lecturers)	5
Total		269

3.8 Data Collection and Instrumentation

Quantitative data was collected using semi-structured questionnaires while qualitative data was collected using open-ended interview guides for the psychiatric nursing lecturers and focus group discussions (FGDs) for the students.

3.8.1 Instrument

In this study, a self-administered questionnaire was utilized. The "psychiatric/mental health clinical placement survey" questionnaire, a standardized tool, was used to collect data. The questionnaire was adopted from a study conducted by Happell (Happell, 2008c). The study involved comparing two cohorts of second and third year students of the same university in Australia on attitudes before and after clinical placement. The participants responses were indicated on a 5-point Likert scale ranging from "strongly agree" (scored as 5), "agree" (4), "disagree" (3), "strongly disagree" (2), to "not sure" (1). The questionnaire consisted of subscales that captured preparedness for the mental health field, knowledge about mental health, attitudes towards mental health nursing, satisfaction with clinical experience, and

future career options. In addition, FGDs and interviews were conducted among the students and lecturers respectively in order to get their perception about psychiatric nursing. Interview guides were utilized to direct the discussion during the collection of data from the lecturers of nursing whereas focus group discussion guides were used to guide the collection of data from the students. The focus group discussion and interview guide captured data on the understanding of mental health nursing, clinical experiences in mental health nursing, preparedness for mental health clinical placement, and an understanding of the role of mental health nurses.

3.9 Validity and Reliability of Instruments

3.9.1   Validity

The instrument adopted has been used in studies in Australia to assess attitude of nursing students towards mental health and it was viewed to have strong validity by renown nursing researchers (Happell, 2008b).

3.9.2   Reliability

This tool had been validated and its Cronbach's Alpha value found to be 0.89 (Happell, 2008c). In this study, content validity was achieved through the testing of the instrument during the questionnaire pre-testing stage of this study, where its content was seen to have measured what the researcher had intended to measure. Furthermore, the researcher sought the opinions and approval to use the questionnaire from experts in mental health nursing. Face validity in this study assisted the researcher to reach the complement of readability and clarity of the instrument. This was confirmed during the protocol piloting stage that was conducted prior to the commencement of the actual study to enable the participants to read the questionnaire and understand it with ease.

3.10   Pretesting of the Questionnaire

The researcher pre-tested the study questionnaire before commencement of the actual data collection to assess the probable responses from the respondents. Preceding the main study, a pre-test study sample of 10 BScN students (10% of 100) was carried out at the University of Eastern Africa, Baraton, a private university offering Bachelor of Science degree in Nursing which was excluded from the study and 15 diploma in nursing students (10% of 145) was conducted at Kapkatet Medical Training College, a government institution offering Diploma Nursing. These were similar to the study sample but they did not participate in the actual study. The pilot study was used to ensure that items in the instrument were stated clearly and that they had the same meaning to all respondents. The researcher assessed the ease administration of the instrument and the time taken to administer each questionnaire.

3.11   Data Collection Procedure

Before the commencement of the study, two research assistants were trained by the researcher. The training took a period of one day. The research assistants were taught on the aim of the research, the steps to be undertaken during data collection, adherence to ethical standards throughout the study and their role in ensuring that all data collected are handed in to the researcher for safe custody. The questionnaires and semi-structured interview schedules and focus group discussion guides were produced. The researcher distributed data collection instruments with the assistance of two trained research assistants. The researcher provided leadership, supervision, monitoring, management and guidance to the research assistants on the data collection process. All the complete and duly filled in questionnaires were counter-signed by the researcher and taken into safe custody. Data safety was ensured whereby the researcher and the research assistants collected the questionnaires from

the study sites immediately after the study participants had completely and satisfactorily responded to the questionnaire. To avoid loss and damage to the questionnaires, the research assistants and the researcher guaranteed the safety and storage of the data.

The researcher conducted two sessions of focus group discussion. Twenty one (21) student participants, 10 in one institution and 11 in another institution as shown on Table 3.3, participated in the focus group discussions. Five (5) psychiatric nursing lecturers were interviewed. The FGD and KIIs sessions were audiotaped. The respondents for the FGDs from the university which participated in the study were coded as PU whereas the respondents from the diploma training college were coded as PC. The lecturers who participated in in-depth interview were coded NL.

3.12   Data Management

Data collection began immediately after clearance was obtained from Masinde Muliro University of Science and Technology Institutional Ethics Review Committee (IERC). The data collection exercise took place from the 21st August 2016 to 16th September, 2016. Once the data collection process was complete, the questionnaires were handed over a statistician who entered the data in excel sheet and handed over the hard copies of the questionnaires which were locked for safekeeping by the researcher. The excel sheet was only handled by the researcher and the one analysts for analysis using statistical package for social sciences (SPSS). All data was coded and collected for easy classification in order to facilitate tabulation and storage into computer files, from where they were easily and conveniently available for statistical analysis using SPSS.

For the focus group discussions, the researcher did recording of the discussion which was then followed by the transcription of data word for word. Once the transcription was done, the researcher together with the research assistant worked separately to generate themes which were then compared and agreed upon.

3.13   Data Analysis

Quantitative data was analyzed using the statistical package for social sciences (SPSS) version 22. Continuous variables were summarized using the mean and standard deviation. Two- sided t-test was used to examine the relationship between variables. The relationship between mental health placement survey scores and the likelihood of choosing psychiatric nursing and the perception of psychiatry relative to other fields was examined. Statistical significance was set at p-value of ≤ 0.05. Content analysis was employed to analyze qualitative data. First qualitative data was transcribed verbatim. The interviews were then read and re-read for an overall understanding. Themes and patterns were extracted, interpreted and data was analyzed thematically.

3.14   Ethical Consideration

Permission to conduct the research was granted by the Masinde Muliro University of Science and Technology institutional ethics and review committee (IERC) vide ERC No. MMU/COR: 403009(38). All principles of research ethics were adhered to in the course of this study. The respondents were given the following rights; right to self-determination, right to privacy, right to maintain self-respect and dignity, right to refuse to participate, right to no harm, right to confidentiality and right to service. The researcher maintained anonymity and confidentiality in order to protect the respondents' identities by keeping the information provided by the study participants confidential. The respondents were not required to write their names on the

questionnaire and therefore the data collection tool was anonymous. Written informed consents were sought from the study participants. Proper explanation of the purpose and the nature of the research were done to the participants.

During the administration of the questionnaires to the participants, proper verbal explanation about the aims, objectives, benefits and harms of study to the participants were done. The participants were informed that there would be anonymity and confidentiality to their bio-data.

3.15   Dissemination of Research Findings

In order to ensure that the research findings reach a wider audience, the researcher provided the findings to an audience in MMUST School of Nursing and Midwifery during the defense. The researcher also provided findings during the final thesis defense in MMUST in the month of November. The researcher also published the research in an international journal (The American Journal of Nursing Science). In addition, the researcher plans to disseminate the research findings through the National Nurses Association of Kenya (NNAK) during their annual scientific professional conference.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter provides a discussion of the data analysed and the findings from the psychiatric/mental health clinical questionnaire. The results from the responses of each of the 39 statements from the questionnaire were presented under the identified domains. Also in this chapter, the results from the focus group discussions (FGDs) for the student respondents and interviews conducted for the lecturers are presented.

4.2 Socio-demographic characteristics of respondents

A total of the 245 questionnaires were distributed to the study participants in 3 universities (n=100) and 6 medical training colleges (n=145), out of which 241 questionnaires were completed and returned by the respondents giving a response rate of 98.4%. A minority (15.4%) preferred pursuing psychiatric and mental health nursing while the majority (84.6%) wanted to pursue other courses in nursing. The proportion of males among those who wanted psychiatric and mental health nursing (48.7%) was similar to those who wanted other nursing specialties (48.8%). The pattern was seen more among females where slightly over half (51.3%) preferred psychiatric and mental health nursing while 51.2% wanted other nursing specialties. A higher (83.3%) proportion of those who liked psychiatric and mental health nursing were young, aged 20 – 24 years compared to 18.4% in the same category. The mean age was similar for those who wanted psychiatric and mental health nursing (23.2±3.0) and a range of 20 – 32 years compared to their counterparts with a mean age of 23.7 and a standard deviation of ±3.1 with a range of 23 – 37 years. The proportion of those single was similar for those who liked psychiatric and mental health nursing (83.8%) and those who did not want psychiatric and mental health

nursing (83.3%). A larger proportion of those who preferred psychiatric and mental health nursing were Catholics (64.9%) in comparison to those who would not, most of whom were Protestants (35.1%) as displayed on Table 4.4.

Table 4. 4: Socio-demographic characteristics of respondents

Variable	Categories	Mental Health Specialty		Other Specialties	
		n	%	n	%
Sex	Male	18	48.7	99	48.8
	Female	19	51.3	104	51.2
	Total	**37**	**100.0**	**203**	**100.0**
	20 – 24	30	83.3	148	73.6
	25 – 29	3	8.3	37	18.4
Age group in years	30 – 34	3	8.3	14	7.0
	>=35	0	0.0	2	1.0
	Total	**36**	**100.0**	**201**	**100.0**
Mean age in years (Range)		23.2±3.0 (20 – 32)		23.7±3.1 (23 – 37)	
Marital Status	Single	31	83.8	170	83.3
	Married	6	16.2	33	16.2
	Separated	0	0.0	1	0.5
	Total	**37**	**100.0**	**204**	**100.0**
Religion	Protestant	13	35.1	123	60.6
	Catholic	24	64.9	80	39.4
	Total	**37**	**100.0**	**203**	**100.0**

4.3 Nursing training institutions of respondents

Out of the 241 student respondents interviewed, the majority (14.9%) were from MMUST followed by University of Kabianga (13.7%) and Bungoma KMTC (11.2%). Litein School of Nursing had the least proportion of students who took part in the study (8.7%). The number of respondents ranged from 36 at MMUST to 21 from Litein School of Nursing. Most of the participants (58.9%) were from diploma colleges (Webuye, Litein, Kakamega, Bungoma, Kisumu, and Nyabondo) compared to 41.1% from universities, namely MMUST, GLUK and University of Kabianga (Figure 4.2).
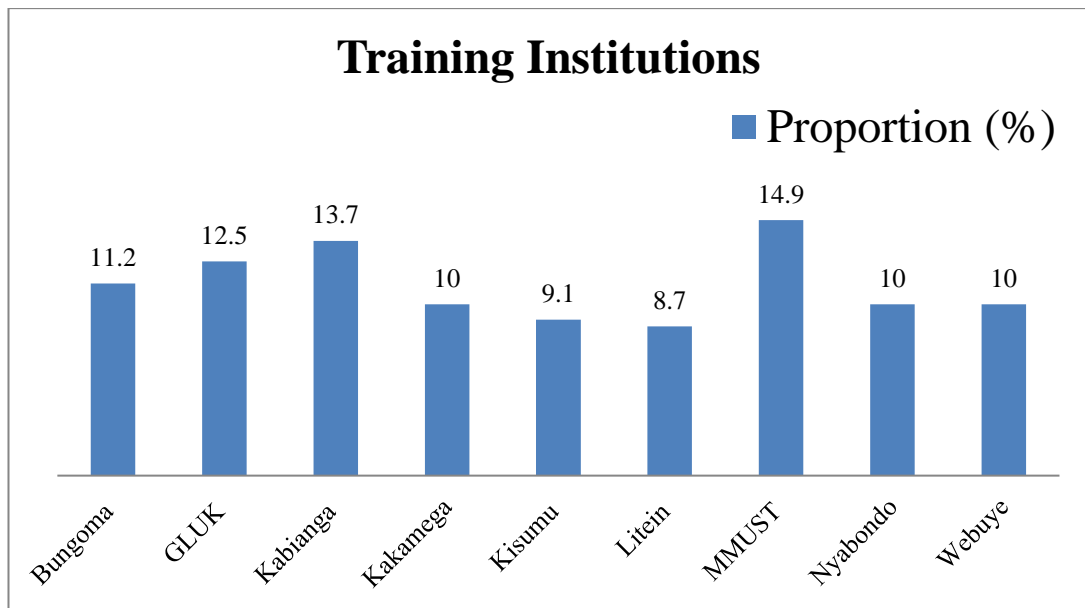
Figure 4.2: Nursing training institutions of respondents

4.4 Course preference by type of nursing training institution

Generally, 94.6% of the respondents had an interest in nursing after finishing secondary school. Most of them were in diploma colleges (95.7%) compared to universities (92.9%). More than one-third (38.8%) of the institutions had psychiatric units within the training institutions (Table 4.5). The proportion of respondents in diploma (38.3%) and university (39.4%) who reported that they had psychiatric units within the training institutions was comparable. More than three-quarters (83.3%) were aware of availability of post-basic training course in nursing, the majority of whom were in diploma colleges (85.1%) in comparison to those in the universities (80.8%). Asked about the nursing specialty course they preferred to pursue after their basic nursing training, approximately a quarter, (25.7%) of the respondents was undecided. The top three specialties that they liked were maternal and neonatal health/reproductive health (17.3%), psychiatric and mental health (15.6%) and Intensive Care Unit (ICU)/Renal nursing (12.7%) as displayed on Table 4.5.

One of the questions in the FGDs was about what the career dreams of the students were after their form four studies and why they wanted to pursue their dream courses. The majority of the students reported that they chose to pursue nursing because they wanted to help people. Others said that they pursued nursing because they got invitation letters for the program. Some of the students, especially those from the universities reported that they joined the nursing career because they were selected by the Kenya Universities and Colleges Placement Service (KUCCPS) while others received invitation letters. A few respondents reported that they were forced by the parents to take the nursing course. Another finding from the FGDs was that most of the students reported that they wouldn't wish to pursue psychiatric nursing after their basic nursing training. Most of the students would opt for medical-surgical nursing followed by critical care nursing. One of the lecturers in nursing reported that the current system of admission of the students into the nursing programmes could have been contributing to the low interest in students pursuing psychiatric nursing. The following is an excerpt from the interview for participant 3 (NL3).

> *"…the selection criterion of the students is to blame. You are just forwarded students who aren't interested in nursing at all. How do you expect such a student to even think of pursuing courses like psychiatry later on?" NL3*

From the statement above, it is evident that one of the factors which can contribute to the negative perception towards psychiatric nursing amongst students maybe the admission process to the universities. It may be postulated that students who were not interested in nursing after their form four may not like psychiatric nursing later on.

Table 4.5: Course preference by type of nursing training institution

Variable	Category	Diploma		University		Total	
		n	%	n	%	n	%
Had interest in nursing after finishing secondary school	Yes	134	95.7	92	92.9	226	94.6
	No	6	4.3	7	7.1	13	5.4
	Total	**140**	**100.0**	**99**	**100.0**	**239**	**100.0**
Has a psychiatric unit within the training institution	Yes	54	38.3	39	39.4	93	38.8
	No	87	61.7	60	60.6	147	61.2
	Total	**141**		**99**		**240**	
Aware of post-basic training courses available in nursing	Yes	120	85.1	80	80.8	200	83.3
	No	21	14.9	19	19.2	40	16.7
	Total	**141**	**100.0**	**99**	**100.0**	**240**	**100.0**
Preferred Course in nursing training	Psychiatric nursing	20	14.5	17	17.2	37	15.6
	Anaesthesia	5	3.6	1	1.0	6	2.5
	Biomedical sciences	4	2.9	9	9.1	13	5.5
	Community Health	3	2.2	2	2.0	5	2.1
	Oncology	4	2.9	1	1.0	5	2.1
	Intensive Care Unit & Renal Nursing	21	15.2	9	9.1	30	12.7
	Medical education	0	0.0	0	0.0	0	0.0
	Medical surgical	6	4.3	8	8.1	14	5.9
	Maternal and Neonatal Health & Reproductive Health	25	18.1	16	16.2	41	17.3
	Paediatric	8	5.8	10	10.1	18	7.6
	Theatre	7	5.1	0	0.0	7	3.0
	Undecided	35	25.4	26	26.3	61	25.7
	Total	**138**	**100.0**	**99**	**100.0**	**237**	**100.0**

4.5 Socio-demographic characteristics and attitude towards psychiatric nursing

Findings based on the two-sided t–test showed a significant relationship between religion and preparation for mental health clinical placement with a mean of 2.8

(95% CI = 2.8 – 2.9) for protestants and a mean of 2.9 (95% CI = 2.8 – 3.0) for Catholics and a *p* value of 0.03 as shown in Table 4.6. Catholics had higher mean scores for being well prepared for psychiatric nursing placement, having a good understanding of the role of a psychiatric nurse, feeling confident in their ability to care for people experiencing a mental health problem and their theoretical component of psychiatric nursing having prepared them well for their clinical placement. There was also a significant association between religion and experience during clinical placement. Students who were Catholics scored a higher mean of 2.9 (95% CI = 2.8 – 2.9) in contrast to Protestant who had a mean of 2.7 (95% CI = 2.6 – 2.8) suggesting that the former had a more positive experience during clinical placement (p = 0.003). Female participants were significantly knowledgeable about mental illness compared to males with a mean of 2.8 (95% CI = 2.7 – 2.8) versus a mean of 2.7 (95% CI = 2.6 – 2.8; p = 0.03) for males. Females scored higher mean in knowledge that mental illness is not a sign of weakness in a person, having known someone who had experienced a mental health problem, knowledge that when someone develops a mental illness, it is not their fault and that the way people with mental illness feel can be affected by other people's attitudes towards them. From the FGDs, it was noted that attitude towards mental illnesses was influenced by the upbringing of the student i.e. where the student was raised. It was observed that some of the students who grew up in the rural areas had some cultural influence in regard to mentally ill patients. This may have contributed to their development of certain attitude towards psychiatric nursing in general. The following is an excerpt from participant number 8:

"When we have someone who is mentally ill in the village they start saying

may be this person was to be successful but he was bewitched to be mad…"

PC8

As stated earlier, certain negative perceptions can be formed by the students depending on where they reside. Such perceptions can be carried forward to the college years in training and may influence negatively the perception towards psychiatric nursing.

Table 4.6: Socio-demographic characteristics and attitude towards psychiatric nursing

Dimensions	Category	n	Mean	SD	Df	t-test	95% CI	P value
Knowledge of mental illness	Male	117	2.7	0.4	239	2.2	2.6 – 2.8	0.03
	Female	124	2.8	0.3			2.7 – 2.8	
Preparation for mental health clinical placement	Protestants	136	2.8	0.3	239	2.1	2.8 – 2.9	0.03
	Catholics	105	2.9	0.2			2.8 – 3.0	
Experience during clinical placement	Protestants	136	2.7	0.5	239	3.0	2.6 – 2.8	0.003
	Catholics	105	2.9	0.3			2.8 – 2.9	

4.6 Relationship between nursing students' experience and attitude towards psychiatric nursing

Study findings showed a significant relationship between willingness to pursue mental health and preparation for mental health clinical placement. Students who were willing to pursue mental health had a higher mean of 2.9 (95% CI = 2.9 – 3.0) and a *p* value of <0.0001 as illustrated in Table 4.7. This implied that students who were willing to pursue mental health felt well prepared for psychiatric nursing placement, had a good understanding of the role of a psychiatric nurse, felt confident in their ability to care for people experiencing a mental health problem and their

theoretical component of psychiatric nursing had prepared them well for their clinical placement. The former group of students also scored higher mean in the domain on value of mental health illness with a mean of 4.8 (95% CI = 4.7 - 4.9) compared to their counterpart with a mean of 4.5 (95% CI = 4.4 – 4.6) and a p value of <0.0001. Values considered highly by those willing to pursue mental health were: Psychiatric nursing makes a positive contribution to people with mental illness, clinical placement in Psychiatric nursing will provide valuable experience for my nursing practice and mental health services provide valuable assistance.

Students who were willing to pursue mental health nursing reported higher mean of 2.9 (95% CI = 2.8 – 3.0) in relation to their psychiatric clinical experience during clinical placement compared to those who were not willing with a mean of 2.7 (95% CI = 2.7 – 2.8) and a p value of 0.0006. The former felt that they were encouraged by staff to consider psychiatric nursing as a career, enjoyed psychiatric/mental health placement, nursing staff demonstrated a high level of clinical skill, nursing staff treated patients with dignity and respect and nursing staff were responsive to their requests for clarification or assistance.

From the in depth interviews conducted, some of the psychiatric nursing lecturers stated that nursing students tend to develop some of the attitudes from psychiatric nurses. They suggested that nurses should be role models to the students. The following is what participant 4 said during the interview:

> *"...in some cases psychiatric nurses dress in a manner as if they are so broke. Some put on very old clothes. How can a student be attracted to such a profession if we can't be role models?" NL4*

Majority of the participants who participated in the FGD reported that before their theory they had negative attitudes towards the psychiatric nursing. They believed that in a psychiatric unit, there is a lot of violence. Here is an excerpt from one of the participants (Participant *6*) who before his theoretical and practical experience thought that the experience in mental health would be awful:

> *"...I thought this was something very awkward because when I thought of getting in contact with someone who is not going to understand whatever you say, they become very violent so I thought that was to be a bad experience" PU6*

Majority of the participants who participated in the FGDs said that the theoretical preparation for their clinical placement was adequate safe for participants PU10 and PC9 who said that the theory was too much for the time allocated. Some of the participants said that the theoretical part of psychiatric nursing should run hand in hand with the clinical experience.

Majority of the students perceived that the nurses in the psychiatric unit were overworked. One of the participants (PC 3), said that the nurses working in the wards does not match the number of patients.

> *"…a ward has two nurses handling about 70 patients that is like one against 35…"PC3*

Such kind of observation is likely to discourage the nursing students from pursuing psychiatric nursing as their preferred career option.

Table 4.7: Relationship between nursing students' experience and attitude towards psychiatric nursing

Dimensions	Willingne	N	Mean	SD	Df	t-	95% CI	P value

	ss to pursue psychiatric nursing					test		
Preparation for mental health clinical placement	Yes	37	2.9	0.1	239	2.3	2.9 – 3.0	<0.0001
	No	204	2.8	0.3			2.8 – 2.9	
Knowledge of mental illness	Yes	37	2.8	0.3	239	0.6	2.7 – 2.9	0.5
	No	204	2.7	0.3			2.7 – 2.8	
Perception of mental illness	Yes	37	2.8	0.4	236	1.3	2.7 – 3.0	0.2
	No	201	2.7	0.5			2.7 – 2.8	
Anxiety surrounding mental illness	Yes	37	2.4	0.5	239	1.2	2.3 – 2.6	0.2
	No	204	2.3	0.6			2.2 – 2.4	
Value of mental health nursing	Yes	37	4.8	0.3	235	3.0	4.7 – 4.9	**<0.0001**
	No	200	4.5	0.5			4.4 – 4.6	
Experience during clinical placement	Yes	37	2.9	0.2	239	2.1	2.8 – 3.0	**0.0006**
	No	204	2.7	0.4			2.7 – 2.8	

4.7 Anxiety and experience in psychiatric clinical placement

Analysis on anxiety surrounding mental illness revealed that students who were being trained in institutions with psychiatric unit within the training institution were less anxious in the following items examined: anxiety about working with people experiencing a mental health problem, uncertainty about how to act towards someone with a mental illness and feeling safe about psychiatric placement. Those training in such training institutions scored a mean of 2.5 (95% CI = 2.4 – 2.6) compared to that of those in institutions that did not have psychiatric training institutions within where they are learning with a mean of 2.3 (95% CI = 2.2 – 2.4) and a p value of 0.008. There was a significant relationship between students' interest in nursing after finishing secondary school and experience during clinical placement. Those who had an interest had a higher mean score of 2.8 (95% CI = 2.7 – 2.8) compared to those who had no interest with a mean of 2.4 (95% CI = 1.9 – 2.8) and a p value of 0.05.

Those students who had an interest in nursing felt that they were encouraged by staff to consider psychiatric nursing as a career, enjoyed psychiatric/mental health placement, nursing staff demonstrated a high level of clinical skill, nursing staff treated patients with dignity and respect and nursing staff were responsive to their requests for clarification or assistance.

Table 4.8: Anxiety and experience in psychiatric clinical placement

Dimensions	Category	N	Mean	SD	Df	t-test	95% CI	P value
Anxiety surrounding mental illness	Psychiatric Unit within training institution	93	2.5	0.5	239	2.7	2.4 – 2.6	0.008
	Not within training institution	148	2.3	0.6			2.2 – 2.4	
Experience during clinical placement	Interested in nursing after finishing secondary school	226	2.8	0.3	239	2.1	2.7 – 2.8	0.05
	Not interested	15	2.4	0.6			1.11-2.8	

CHAPTER FIVE

DISCUSSION

5.1 Overview

In this chapter a discussion on the findings of the research are discussed and reference made to relevant literature. Two hundred and forty one (241) students completed self-administered questionnaires, 21 students participated in the focus group discussions and 5 psychiatric nursing lecturers were interviewed.

5.2 Influence of socio-demographic characteristics on attitudes towards psychiatric nursing

According to this study, the proportion of respondents who wished to pursue psychiatric nursing were the young (Table 4.4). According to a study conducted in Sweden, it was found out that the young adults had more negative attitudes towards the mentally ill than their counterparts who were older than them (Ewalds-Kvist *et al.*, 2013). This contradicts the findings from this study in which it was evident that the young participants had more positive attitudes towards psychiatric nursing. Another finding from this study was that gender played a significant role in influencing attitude towards psychiatric nursing. It was noted that the females were more knowledgeable about mental illnesses compared to the males (Table 4.5). This corroborates the findings of Ewalds-Kvist and colleagues, who compared the impact of gender on attitudes towards mental illness in a study conducted in Sweden. The researchers in that study found out that females tended to hold a more positive attitude in terms of open-mindedness and were found to be more positive to pro-integration than the males and are therefore more likely to enrol for psychiatric nursing (Ewalds-Kvist, *et al.,* 2013). Another significant finding was that the participants from Catholic denomination felt well prepared for the psychiatric

nursing clinical experience unlike the Protestants (Table 4.5). It has been established that there is a lot of prejudice and little integration of religion into the care of patients. According to an article by Behere and other scholars, they established that religiosity has an association with some of the mental health conditions. Religion has an association with the expression of some of the symptoms of certain mental illnesses (Behere,*et al*., 2013). Every effort should therefore be put in place to incorporate religion in the management of mentally ill patients. Furthermore, from this study, it was evident that there was a significant relationship between experience during clinical placement and religion. Participants from the Catholic denomination had a more positive experience unlike their counterparts. In a study carried out in the USA, Dein (2013) established that religion aids in fighting some of the mental illnesses. It was established that religion was a good approach in the management of depression (Dein, 2013).

5.3   Students' attitude and enrolment into psychiatric nursing

The study established that psychiatric nursing appears not to be a less popular career choice among the respondents than other nursing specialties. However, it is evident that a quarter of the students who participated in the study were not yet decided about which kind of course they would wish to pursue (Table 4.4). The findings, therefore, may have been have influenced by the large number of undecided students hence the increased popularity of psychiatric nursing specialty. The findings presented above is contrary to the findings of Stevens and his colleagues, who found out that most students would wish to pursue other courses other than psychiatric nursing (Stevens *et al.*, 2013). They also found out that the nursing students were being encouraged by their lecturers to pursue specialties such as medical-surgical nursing and critical care

nursing of which the lecturers perceived that there was more utilization of technology unlike psychiatric nursing which they perceived that there was less utilization of technology. Other studies have also pointed out that psychiatric nursing is the least preferred career choice by the nursing students (Happell & Gaskin, 2013; Jansen & Venter, 2015). This wrong perception is likely to negatively impact on the recruitment of nursing students into the field of psychiatric nursing specialty.

Attitude towards mental illness has a significant role towards the choice of psychiatric nursing as a career (Table 4.7). Students who had an unpleasant experience during their clinical placement showed less interest in pursuing psychiatric nursing as a career. Our findings support the previous work of Hoekstra and collaborators that showed that when nursing students have negative perceptions about psychiatric nursing, they are less likely to pursue psychiatric nursing (Hoekstra, *et al*, 2010). Every effort should therefore be put in place to ensure that positive attitudes are encouraged and imparted on students. This will assist in attracting more nursing students to the psychiatric nursing profession. The attitude the nursing students have about psychiatric nursing is likely to influence their wish to pursue psychiatric nursing. Students who believed that psychiatric patients are unpredictable are less likely to pursue psychiatric nursing course. This kind of perception can be fought by preparing students adequately for the psychiatric nursing placement(Stevens *et al.*, 2013; Thornicroft *et al.*, 2016). Students therefore need to understand early in their training that mental illnesses can be treated and the mentally ill patients can live worthy lives and be productive members of the society.

5.4 Students' psychiatric nursing clinical experience and attitude towards psychiatric nursing

Students' experiences during clinical placement were found to play a significant role in influencing their attitude towards psychiatric nursing. Students who felt supported by the psychiatric nurses during their clinical placement were more likely have more positive attitude towards psychiatric nursing (Table 4.7). Other studies have confirmed that students who are guided and supported well by the mental health staff are likely to have a desire to pursue psychiatric nursing as a specialty (Happell & Gaskin, 2013; Hoekstra *et al.*, 2010; Hunter, *et al.*, 2015; Sercu *et al.,* 2015). Students need to be encouraged by the mental health nursing staff to pursue psychiatric nursing. Also, the mental health nursing staffs need to support students during their clinical placement by guiding them during this exposure.

5.4.1 Preparation for mental health clinical placement

In this study it was also noted that the kind of theoretical preparation a student receives has significant role in shaping the student's attitude towards psychiatric nursing (Table 4.4). The kind of clinical support a student receives while undertaking his or her clinical experience plays a significant role in the decision of the student to pursue psychiatric nursing as a career. Support by the nursing staff and the mentor/ clinical instructor is significantly associated with the desire of the student to pursue psychiatric nursing. The results concur with the work of Karimollahi, (2012) that found out that students who are well supported by the nursing staff and the mentors in their clinical experience tend to develop positive attitude towards psychiatric nursing (Karimollahi, 2012). The nursing lecturers should therefore ensure that before students encounter the mentally ill patients, they are adequately prepared so that they are confident and competent in the care they provide to the patients.

5.4.2 Value of psychiatric nursing

A significant relationship exists between the students' perception that psychiatric nursing contributes positively to mental health patients and their wish to pursue psychiatric nursing (Table 4.4). From this finding, it can be deduced that the kind of attitude a student has about the value of a career has an influence on the choice of the career by the student. This is likely to impart on the likelihood of the nursing students choosing or not choosing psychiatric nursing as a career. This therefore means that every effort should be put in place by the stakeholders such as the psychiatric nurses and psychiatric nursing lecturers to portray a good image of the profession and strive to ensure that the students understand the importance of psychiatric nursing. This is supported by the findings of Stevens and colleagues who argued that some of the nursing students wouldn't wish to pursue psychiatric nursing because of the perception that there is less use of technology in mental and psychiatric nursing (Stevens *et al.,* 2013). The practicing nurses together with the nursing lecturers should ensure that there is the use of modern technology in psychiatric nursing. This will ensure that the nursing students change this perception about the profession and thus an adequate number of nursing students are attracted to psychiatric nursing and thus the number of psychiatric nurses will in turn increase as time goes by.

Students who perceived that mentally ill people are unpredictable were less likely to pursue psychiatric nursing. Also the students who wouldn't tell anyone if they developed psychiatric illness were less likely to pursue psychiatric nursing. From this study also, students who had a feeling that mentally ill patients can't handle too much responsibility are less likely to pursue psychiatric nursing. Students who perceive that mentally ill patients are more likely to commit crime are less likely to

apply for a post basic course in psychiatric nursing. Such negative perception about mentally ill patients by the students is likely to have a role in the low interest of most of the students to pursue psychiatric nursing. A good theoretical preparation as earlier outlined is therefore important in allaying such negative perception.

5.4.3 Psychiatric nursing clinical encounters

Experiences of the students during clinical placement play a significant role in the choice of psychiatric nursing as a career (Table 4.4). In this study, students who were encouraged by mental health nursing staff to pursue psychiatric nursing showed an improved desire to pursue psychiatric nursing. Students who enjoyed psychiatric nursing placement showed a greater desire to pursue psychiatric nursing than the students who didn't enjoy the placement. This findings corroborate the findings of Happell and colleagues who found out that the kind of experience a student has in his or her psychiatric placement has an influence on the choice of psychiatric nursing (Browne, Hurley, & Lakeman, 2014; Happell *et al.*, 2014). It was evident from the FGDs that the participants felt that there is overload in psychiatric nursing and nurses are overworked. According to a survey conducted by Cleary and colleagues, nursing graduates in Singapore reported that psychiatric nurses were being overworked, they had poor support in the work place and there was lack of clear career progression in the psychiatric nursing career. These are likely to discourage students from pursuing psychiatric nursing (Cleary *et al.,* 2013).

5.4.4 Anxiety surrounding mental illness

It was noted that students who had a psychiatric unit within their training institution were less anxious in dealing with patients who had mental illnesses unlike their counterparts (Table 4.8). This is corroborated to the findings of Ewalds-Kvist and colleagues who found out that students who had prior contact with patients with

mental illness had a more positive attitude towards psychiatric nursing than the students who didn't have prior contact with the patients experiencing mental illnesses before their theoretical classes (Ewalds-Kvist *et al*., 2013). These findings suggest that institutions without psychiatric nursing training facilities should ensure that their students are exposed well to the psychiatric nursing placement. Such kind of students should also cover the prerequisite number of contact hours in their clinical placement so that they are not disadvantaged.

Anxiety towards mental illness had an impact on the desire of the student to pursue psychiatric nursing. It was evident that students who felt safe about the mental health placement were more likely to pursue psychiatric nursing unlike those who felt unsafe. Students who felt safe were adequately prepared theoretically on how to handle the mentally ill patients. Several researchers have postulated that students form images based on the content and the nature of delivery of the curriculum(Adebowale, *et al.,* 2012; Clement *et al.,* 2015; Hanisch *et al.,* 2016; C. Henderson *et al.,* 2014; Thornicroft *et al.,* 2016). It is therefore imperative that students should be exposed early to psychiatric patients for them to develop confidence in handling psychiatric patients. This will play a great role in promoting positive attitude of nursing students towards psychiatric nursing. This findings support the previous work of Happell & Gaskin, that found out that students who had more clinical placements and more theoretical hours showed more positive attitudes towards psychiatric nursing (Happell & Gaskin, 2013). The design of the curriculum should be in a manner that it exposes students early to the psychiatric nursing experience. This will assist in fighting of the negative perceptions the students have towards psychiatric patients (Poreddi, Ramachandra, Konduru, & Math, 2012; Poreddi *et al.,* 2014).

Students who had prior contact with patients with mental illness had a more positive attitude towards psychiatric nursing than the students who didn't have prior contact with the patients experiencing mental illnesses before their theoretical classes (Sun *et al.,* 2016). In this case students who are exposed to people with mental illness at an early stage in training are less likely in future to be anxious in dealing with such patients. It is therefore vital that the nursing lecturers deliver the psychiatric nursing content in a manner that portrays psychiatric nursing in a good picture so that the students don't form negative perception about the profession.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The present study highlights the attitude of nursing students towards psychiatric nursing. It was evident that the socio-demographic characteristics of nursing students play a significant role in relation to the attitude towards psychiatric nursing. The females and the participants from Catholic denomination were found to have more positive attitudes towards psychiatric nursing than their counterparts. It was also evident that a good theoretical preparation promoted interest in psychiatric nursing. According to this study, it was found out that students' perception about psychiatric nursing had an influence on the students' attitude. Students who perceived that psychiatric nursing was a valuable specialty had more positive attitude than those who didn't. Another significant finding was that participants who were trained in an institution that had a psychiatric unit had less anxiety in dealing with mentally ill patients unlike those who didn't have. Lastly, students who were interested in nursing after secondary had more positive experiences in psychiatric clinical placement unlike those who didn't have an interest.

6.2 Recommendations

Psychiatric nurses play a critical role in the management of mental health conditions. Strategies to increase the number of nurses in this field should be put in place. Positive attitudes towards psychiatric nursing should be inculcated in students in order to ensure that more students are attracted to the psychiatric nursing field. Based on the research findings, the researcher recommends that:

- Further studies to determine the relationship between religion and attitude towards psychiatric nursing should be carried out.

- Students should be adequately prepared for mental health experience in terms of theoretical content and thorough orientation to the psychiatric units. The psychiatric nursing lecturers should utilize simulation prior to the students coming into contact with mentally ill patients.

- Introduce psychiatric nursing in the early years of training (early exposure) in order to increase exposure of the students to this field. Psychiatric nursing placement can be spread across years of training in order to minimize anxiety of students towards mentally ill patients.

- Have career guidance sessions in nursing schools with the regulatory bodies i.e. the Nursing Council of Kenya and professional associations like the National Nurses Association of Kenya (NNAK). This will assist the students know what the different nursing specialties entails and hence attract the undecided students into the psychiatric nursing specialty.

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APPENDIX I: INFORMATION SHEET FOR PARTICIPANTS

Dear respondent,

I, Philip Kimutai Sanga, a student at Masinde Muliro University of Science and Technology, P.O. Box 190-50100, Kakamega pursuing a Master of Science Degree in Psychiatric and Mental Health Nursing, is undertaking a study titled "**Attitudes of Nursing Students Towards Psychiatric Nursing in Selected Colleges and Universities in Western Kenya"** whose objective is to investigate attitudes of nursing students towards psychiatric nursing in order to identify ways of promoting recruitment of nursing students into psychiatric nursing.

Please read the statement below about the study.

The information you give in this study will be confidential. The knowledge gained from this study will be used for academic purposes only. Your willingness to participate is voluntary and there are no rewards for participation. There are no identified risks associated with the questionnaire or information provided. The study will not involve human subjects but it will seek the views of participants. Your name will not be disclosed. Your participation in this study will not compromise your studies. You may access the findings of this study upon completion and analysis, on request.

If you have any questions about the study contact the researcher:

Sanga Philip

Email: phisanga@gmail.com

+254728842433

APPENDIX II: CONSENT FORM FOR RESPONDENTS

ATTITUDES OF NURSING STUDENTS TOWARDS PSYCHIATRIC NURSING IN SELECTED COLLEGES AND UNIVERSITIES IN WESTERN KENYA

I have read and understood the information regarding my participation in this study. I have voluntarily consented to be a participant in this study.

I will be required to provide information in a questionnaire about my opinions on items which comprise attitudes of nursing students towards psychiatric nursing.

I may opt to refuse to answer any question which infringes my personal rights.

Sign…………...................................... Date:………………………….

If you have any questions about the study, contact:

Sanga Philip

Email: phisanga@gmail.com

+254728842433

APPENDIX III: QUESTIONNAIRE

SECTION A

Name of the training institution:………………………………………………….

The researcher would wish to establish the attitudes of nursing students towards psychiatric nursing.

Please tick(√)or fill your answer in the boxes/space provided

1. What is your age in years (as at last birthday)…………………………

2. Gender

   ☐ Male   ☐ Female

3. Marital status

   ☐ Married   ☐ Single   ☐ Separated   ☐ Divorced

4. Religion

   ☐ Protestant   ☐ Catholic   ☐ Muslim   ☐ Other (Specify)………

5. Were you interested in the nursing training as a career after your secondary school?

   Yes ☐   No ☐

   If No in the question five (5) above

   explain...................................…………………………………

   …………………………………………………………………………

   …………………………………………………………………………

6. Do you have a psychiatric unit within your training institution

   ☐ Yes   ☐ No

7. Are you aware of the post-basic training courses available in nursing?

   ☐ Yes   ☐ No

If yes in the question above, which course would you like to pursue after your basic nursing training?...

SECTION B

Please tick(√) in the box the number that best represents your opinion

	Strongly Agree 5	Agree 4	Disagree 3	Strongly Disagree 2	Not Sure 1
Preparation for psychiatric and mental health clinical placement					
1. I felt well prepared for the psychiatric nursing placement					
2. I have a good understanding of the role of a psychiatric nurse					
3. I feel confident in my ability to care for people experiencing a mental health problem					
4. My theoretical component of psychiatric nursing prepared me well for my clinical placement					
5. My course has prepared me to work as a graduate nurse in a medical-surgical programme					
6. My course has prepared me to work as a graduate nurse in an aged care nursing programme					
7. My course has prepared me to work as a graduate nurse in the paediatric nursing programme					
8. My clinical placement was long enough to consolidate my understanding of psychiatric nursing					
Knowledge of mental illness					
9. Mental illness is not a sign of weakness in a person					
10. Someone I know has experienced a mental health problem					
11. When someone develops a mental illness, it is not their fault					
12. The way people with mental illness feel can be affected by other people's attitudes towards them					
Perceptions of mental illness					

13. People with mental illness are unpredictable					
14. If I developed mental illness, I wouldn't tell people unless I had to					
15. People with mental illness cannot handle too much responsibility					
16. People with mental illness are more likely to commit offences or crimes					
Anxiety surrounding mental illness					
17. I am anxious about working with people experiencing a mental health problem					
18. I am uncertain about how to act towards someone with a mental illness					
19. I felt safe about psychiatric placement					
Career choice					
20. I will apply for a post-basic programme in psychiatric nursing					
21. I intend to pursue a career in psychiatric nursing					
Value of mental health nursing					
22. Psychiatric nursing makes a positive contribution to people with mental illness					
23. The clinical placement in psychiatric nursing will provide valuable experience for my nursing practice					
24. Mental health services provide valuable assistance					
Experience during clinical placement					
25. I was encouraged by the nursing staff to consider psychiatric nursing as a career					
26. I enjoyed psychiatric/mental health placement					
27. The nursing staff demonstrated a high level of clinical skill					
28. The nursing staff treated patients with dignity and					

respect					
29. The nursing staff were responsive to my requests for clarification or assistance		70			
Clinical support					
30. I was well oriented during my placement					
31. I felt supported by the nursing staff during my clinical placement					
32. Nursing staff were too busy to provide me with proper support					
33. I felt better supported in mental health nursing placement than I have on other placements					
34. I felt supported by the mentor/clinical instructor					
35. I was encouraged to become involved with patients care while on placement					
36. Nursing staff were welcoming to students on placement					
37. Nursing staff were prepared for my arrival					
38. Nursing staff were familiar with the learning objectives of my course					
39. The nursing staff were responsive to my requests for clarification or assistance					

Adapted from Brenda Happell, 2008a

THANK YOU for taking time in completing the questionnaire.

APPENDIX IV: FOCUS GROUP DISCUSSION GUIDE FOR NURSING STUDENTS

1. What made you pursue nursing after your form four?
2. What was your understanding of psychiatric nursing? (Probe) What image did you have of the profession? (Probe) Where did you develop these ideas from, e.g., did you know any mental health nurses? How did they describe their work? What work did they do? What was their role? (Probe) What were your thoughts and feelings about psychiatric nursing prior to   clinical experience?
3. Can you tell me about your clinical experience in psychiatric nursing? (Probe) What were your thoughts/feelings on your first day?
4. What stood out for you about that first day? (Probe) What were your impressions? Were you made to feel welcome? (Probe) Can you recall an average day in your clinical venue? What did the psychiatric nurses do? (Probe) Can you recall an example of good/poor practice? Can you tell me about it? What did you learn from it in relation to what psychiatric nurses'do/ shouldn't/didn't do?
5. How did psychiatric nurses facilitate your learning?
6. How did your academic studies prepare you effectively for clinical placement? What were the issues you encountered? (Probe) Were you encouraged by psychiatric nurses to consider a career in this area? What did they say/why, etc.
7. Since you finished clinical placement how would you describe what psychiatric nurses do? (Probe) Have your ideas about psychiatric nursing changed since having an experience in the care of mentally ill patients? (Probe) What are your views now of the profession?
8. What skills, knowledge and qualities do you think psychiatric nurses need to have?
9. In your opinion what would be the challenges in working as a psychiatric nurse? (Probe) What do you think would be the exciting/positive/rewarding things about working as a psychiatric nurse?
10. How do you describe the work of psychiatric nurses to others? (Probe) Would you consider a career in psychiatric nursing? Why/why not? (Probe) What would have helped you consider a career in psychiatric nursing after your basic Nursing programme?
11. Tell me about your theoretical experience in psychiatry. (Probe) How were the lessons? How was the delivery of the lectures by the lecturer?

APPENDIX V: INTERVIEW GUIDE FOR PSYCHIATRIC NURSING LECTURERS

1. For how long have you been teaching psychiatric nursing?
2. What is your post basic area of specialization in nursing?
3. Can you tell me about your experience teaching psychiatric nursing
4. What are the challenges teaching psychiatric nursing?
5. In your own opinion, what is the attitude of nursing students towards psychiatric nursing?
6. What do you think can be done to attract nursing students to pursue psychiatric nursing after their basic training?

APPENDIX VI: INSTITUTIONAL ETHICS REVIEW COMMITTEE (IERC) APPROVAL

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

Tel: 056-31375
Fax: 056-30153
E-mail: rel@mmust.ac.ke
Website: www.mmust.ac.ke

P. O. Box 190
Kakamega
50100
Kenya

Institutional Ethics Review Committee (IERC)

MMU/COR: 403009(38)   17th May, 2016

Philip Kimutai Sanga
Registration No. HNR/G/28/14
Masinde Muliro University of Science and Technology
P. O. Box 190-50100
KAKAMEGA

Dear Sanga,

RE: **Ethical Approval to Conduct Research**

The IERC received your proposal titled *"Attitudes of Undergraduate Nursing Students and Diploma in Nursing Students towards Psychiatric Nursing"* for review. Having reviewed your work, the committee has given ethical clearance for you to conduct research as proposed.

On behalf of IERC and the University Senate, my congratulations. We wish you success in your research endeavour.
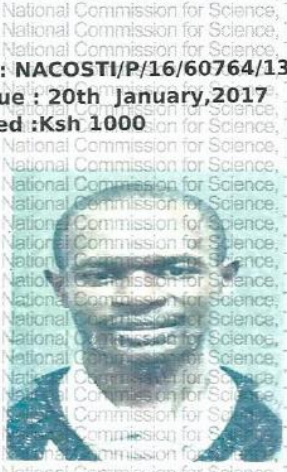
Yours faithfully,

Dr. Gordon Nguka
Ag. Chairman, Institutional Ethics Review Committee

Copy to:
- The Secretary, National Bio-Ethics Committee
- Vice Chancellor
- DVC (PR&I)
- DVC (A & F)
- DVC (A&SA)

APPENDIX VII: NACOSTI RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MR. PHILIP KIMUTAI SANGA
of MASINDE MULIRO UNIVERSITY OF
SCIENCE AND TECHNOLOGY, 0-30300
kapsabet,has been permitted to
conduct research in *Bungoma* ,
Kakamega , Kericho , Kisumu
Counties

on the topic: *ATTITUDE OF*
UNDERGRADUATE AND DIPLOMA
NURSING STUDENTS TOWARDS
PSYCHIATRIC NURSING IN SELECTED
COLLEGES AND UNIVERSITIES IN
WESTERN KENYA

for the period ending:
6th December,2017

Permit No : NACOSTI/P/16/60764/13719
Date Of Issue : 20th January,2017
Fee Recieved :Ksh 1000

....
Applicant's
Signature

....
Director General
National Commission for Science,
Technology & Innovation

74

APPENDIX VIII: RESEARCH PERMIT

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officer will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

REPUBLIC OF KENYA

National Commission for Science, Technology and Innovation

RESEACH CLEARANCE PERMIT

Serial No.A 12559

CONDITIONS: see back page

APPENDIX IX: NACOSTI RESEARCH APPROVAL LETTER

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email:dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

NACOSTI/P/16/60764/13719

Date:

20th January, 2017

Philip KimutaiSanga
MasindeMuliro University of
Science and Technology
P.O. Box 190-50100
KAKAMEGA.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *"Attitude of undergraduate and diploma nursing students towards psychiatric nursing in selected colleges and universities in Western Kenya,"* I am pleased to inform you that you have been authorized to undertake research in **selected Counties** for the period ending **6th December, 2017.**

You are advised to report to **the Principals and Vice Chancellors, Selected Universities and Colleges, the County Commissioners and the County Directors of Education, selected Counties** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The Principals
Selected Colleges.

The Vice Chancellors
Selected Universities.

The County Commissioners
Selected Counties.

The County Directors of Education
Selected Counties.