A nursing career in mental health care: Choices and motives of nursing students

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Purpose: This article describes the results of a study into how first-year nursing students’ perceptions of psychiatric patients and mental health care influence their choice of specialization in mental health care and future working in this sector.

Method: A descriptive qualitative study design with semi-structured interviews. Respondents were selected through purposive sampling among all first-year bachelor students attending a Dutch school of nursing.

Result: First-year nursing students have stereotype, mostly negative perceptions of psychiatric patients and mental health care. These perceptions strongly influence their future professional choices. The respondents provided various reasons for their decision not to major in mental health care, one of these being that the school did too little to counsel and inform them about mental health issues and a career in mental health care. As a result, their unrealistic perceptions prevailed.

Conclusion: If schools offering bachelor of nursing programmes do not sufficiently counsel and inform students about mental health care, students will leave school with their stereotype, negative perception of mental health care intact. Mental health care institutions will run a great risk of losing potentially good nurses.

Introduction

A nursing programme in the Netherlands generally takes four years to complete. The programme offered is very comprehensive in nature, training graduates to work in a variety of health care settings. During the first two years, students are introduced to the theoretical background of a number of health care categories and they do also have short traineeships. At the end of their second year, in line with the national guidelines in place, they must choose between one of the following three nationally defined majors: public health care, general health care or mental health care. Each of these majors leads to a deepening of understanding of a specific element of nursing, without affecting the general civil validity of the nursing diploma. A relatively small group of students opt for a career in mental health care. The nursing schools often have little insight into their students’ motivations for the choices made.

Literature review

The literature shows that a student’s unwillingness to work with specific categories of patients frequently relates to his or her often negative perceptions of those categories (Happell, 1999a; Moir and Abrahams, 1996). In order for schools to be able to help their students make an informed choice of major, they should understand the perceptions that live among the students. A career in mental health care nursing does not seem to hold much attraction for nursing students. General hospitals, in particular, are hard-to-beat competitors (Coesmans et al., 2003). Happell (1999a), Wynanden et al., 2000 has shown that the reluctance to work in a specific category of care, or a specific care discipline, is mainly due to certain perceptions harboured by students. A study by Moir and Abrahams (1996) confirms that negative perceptions often tip the balance against choosing a career in mental health care.

It has been confirmed in many publications that nursing students have strong opinions and a biased perception about specific categories of care from very early on (Cowman, 1995; Happell, 1999b, 2001; Happell and Rushworth, 2000). These perceptions may be triggered by personal experience, and are sometimes exacerbated by professional experience (Roth et al., 2000; Virtala et al., 1998; Procter and Hafner, 1991; Ferguson and Hope, 1999; Barriball and While, 1996; Happell, 2001; Martin and Happell, 2001). Negative information received from other people is another factor contributing to how mental health care is perceived (Granska et al., 2001). Finally, unfamiliarity with the professional setting has proved to be a reason for students to dismiss mental nursing care as a career opportunity first-hand (Happell, 1999a; Wynanden 2000).
A sense of fear and distrust towards psychiatric patients creates a negative image (Happell and Rushworth, 2000; Stevens and Dulhunty, 1997).

The literature study reveals that negative perceptions of mental health care may determine the choice not to work in mental health care. If a nursing school wants to attend the students in their choice, it is necessary to have insight in their motivations. This research study wants to explore the perceptions of first-year students regarding psychiatric patients and mental health care. We also want to gain a better insight in the reasons why they don't want to work with mentally ill people.

Purpose

Research method

The purpose of the study was to gain an understanding of how students perceive mental health care and a career in this discipline, and how these perceptions influence their choice of major. To achieve this goal, it was essential to collect more information about the perceptions, thoughts and motivations prevailing among students. The results of the study may help schools of nursing introduce specific elements into the curriculum with a view to helping students make a motivated choice of major. This, in turn, may prevent students from choosing a major on the basis of unrealistic perceptions and opinions about specific professional careers in nursing.

Research questions

The study centred around the following three questions:

- What perceptions do nursing students have about mental health care and working with psychiatric patients?
- What factors influence the process of how these perceptions are built?
- How do these perceptions affect a student’s choice not to major in mental health care?

Design

We conducted a descriptive qualitative study with semi-structured interviews, to gain insight into the perceptions of nursing students concerning psychiatric patients and mental health care.

Selection of respondents

A preliminary quantitative survey was carried out in order to facilitate a purposive selection of participants for the qualitative study. The questionnaire used in this survey was based on a literature review. This review identified the dominant perceptions of nursing students regarding psychiatric patients and (working in) mental health care. The questionnaire was validated by a panel of experts.

The questionnaire was presented to all first-year students (n = 120) who were following nursing education at a Dutch school of nursing. The average age of the students was 21. The used questionnaire was made up of 25 propositions and the students were asked to rate their agreement with each proposition. The propositions were about mental health care and (working with) psychiatric patients, and were formulated on the basis of the literature review conducted (Hoekstra, 2006; Hoekstra et al., 2007). Example propositions:

- Psychiatric patients can have normal jobs.
- Psychiatric patients are generally aggressive.
- I would consider it a challenge to work with psychiatric patients.

The questionnaire also included an open question, i.e. whether or not the respondent would be willing to consider making a choice for majoring in mental health care.

Of the 120 questionnaires handed out, 100 were returned, which is a response rate of 83%. The data from the questionnaires was processed using the SPSS statistical analysis program. Of the 100 students who handed in the questionnaire, 12 students did and 88 students did not want to major in mental health care.

Of the group of ‘no sayers’, 13 students were selected to participate in the qualitative part of the study, consisting of the semi-structured interviews. In this article the results of this qualitative part of the study are presented. The respondents were selected through purposive sampling (Polit and Beck, 2006), with the answers to the following 5 propositions serving as a basis:

- People in my environment see psychiatric patients as normal people.
- Psychiatric disorders are treatable.
- Nurses have a significant say in treatment and care plans for psychiatric patients.
- I have the right personal attributes to pursue a career in mental health care.

The answers to these propositions formed the basis for allocating the respondents to one of the following 3 sub-groups: (i) the group of students who disagreed with the 5 propositions (group 1) and who could, therefore, should be expected to decide against a career in mental health care; (ii) the students who agreed with the propositions (group 2) and should be expected to choose for mental health care, even though they actually stated that they had no intention of doing so; and (iii) the students whose answers placed them between groups 1 and 2.

Data collection and data analysis

The semi-structured interviews were used to discuss with the respondents their perceptions, ideas and feelings about mental health care and psychiatric patients, and to find out how these perceptions were built and how they affected the students’ choice against a career in mental health care. The interviews were conducted with the aid of the following list of topics compiled from the literature review:

- The type of nurse the students intended to become;
- The students’ perception of psychiatric patients;
- Their perception of working in a mental health care setting;
- Personal attributes versus suitability for a career in mental health care;
- Private experiences with mental health care.

The interviews, recorded on audiotape, were transcribed verbatim and analysed descriptively with the aid of a software program for qualitative data analysis winMAX (www.winmax.de).

Results

Type of nurse

All respondents indicated that their career choice had been motivated by their wish to help other people. Their general perception was that of a nurse in a general hospital (see also Van der Zwaard, 1999; Foskett and Hemsley-Brown, 1998; Soothill et al., 1994).

The interviews showed that the respondents could be divided into two groups as regards the type of nurse they wanted to be.
Some of the students interviewed indicated that they wanted to be a nurse who would be able to act efficiently and solve problems. They preferred the technical aspects of the profession and were very pessimistic about the treatment of psychiatric patients. In their opinion, no rapid results could be expected in that discipline.

I'd much rather see someone coming in cut half open, and then being up and about again two weeks later. The fact that you can patch people up, cure them. That's why I'll choose the technical side, I want to see results.

The other type of nurse focused primarily on interaction and establishing a therapeutic relationship with their patients. Some of the respondents expected that it would be impossible or very difficult to connect to and communicate with psychiatric patients. This is why they rejected mental health care, despite their focus on the aspects of communicating and relating to patients.

If I cannot have a normal conversation, it all becomes so elusive. I find that difficult, it's all so puzzling.

Perception of mental health care and psychiatric patients

When I think of mental health care I see homes with completely sterile white lights and long corridors with greenish hospital lighting and rooms where people are strapped to their beds. And, of course, seclusion rooms and sturdy male nurses trying to calm people down.

Most of the students who were interviewed see a picture of large institutions on fenced premises when they think about mental health care. A number of the students also indicated that they did not really have any thoughts about mental health care. They had never thought about it, and the topic was never raised in their social environment. These respondents stated that their lack of knowledge about mental health care was decisive for their choice not to major in that discipline. When the time came for them to choose a major, they would opt for the known over the unknown, which was the general hospital. The picture of a general hospital was so dominant to some of the students that they even completely disregarded the possibility of a career in mental health care.

Virtually all respondents associated psychiatric patients with aggressive behaviour. They typecast the patients as unpredictable and stated that the combination of aggression and unpredictability evoked feelings of fear and distrust. For these students, those feelings were sufficient to choose against a major in mental health care. One of the respondents put it as follows:

I have a picture of patients suddenly grabbing me, like, all of a sudden, they really come up too close. I think they are very unpredictable. I can't look into their heads and that's what scares me. I can't figure them out. With those patients I have a feeling, like, ... I would not trust any of them.

Another perception prevailing amongst these students was that they would encounter patients in mental health care who had been committed because they had been found guilty of a criminal offence, such as assault and battery, murder, or a sexual offence. Most respondents had unrealistic ideas about how old psychiatric patients were on average, the general idea being that most of these patients were middle-aged to old and demented. Their knowledge of psychiatric disorders was very limited. The respondents stated that they did not see it as a challenge to read up on a specific psychiatric disorder, even though they general did make further inquiries of their own into somatic syndromes. They explained this lack of initiative by stating that they did not want to have a job in mental health care anyway. Virtually all respondents mentioned schizophrenia as the first disorder that came to mind, followed by addiction and depression.

The reasons mentioned by the respondents for people to receive psychiatric treatment were very divergent. Some believed that the main reason for commitment to a psychiatric hospital was to protect society, whilst others regarded the suffering of the patients as the decisive reason for admission. Most respondents assumed that people committed to a mental institution were incapable of leading normal lives and would never be able to do so in the future. They were deeply pessimistic about the treatability of psychiatric disorders.

Noticeably, some respondents believed that the patients themselves were responsible and to blame for their disorder. This belief was strongest where patients had an addiction or suffered from depression. The interviewees were convinced that these patients had just shown insufficient willpower to overcome their troubles. The sense of impatience and powerlessness this invoked in these respondents was the main reason why they rejected mental health care as a major.

Private experiences

When asked whether they personally knew of any people who suffered from a psychiatric disorder, some of the respondents indicated that they did, but that the people concerned did not match their perception of psychiatric patients. One respondent explained that someone near to her had been admitted to a psychiatric hospital, ‘...but did not actually belong there’. The respondents did not identify with psychiatric patients. No indications were found in the present study that private experiences of the respondents with psychiatric patients had made the respondents eye these patients with more tolerance and generosity, as was noted by Roth et al. (2000). Rather, personal experiences with psychiatric patients were decisive for virtually all respondents to not major in mental health care.

Perception of working in a mental health care setting

I just like prestige, and that's what you get when you work at an ER or on an ambulance, but not when you nurse psychiatric patients.

The students interviewed mentioned counselling and providing support as the nursing interventions most common in psychiatric hospitals. None of the students could define these interventions more specifically other than by saying that talking took up most of the time in psychiatric settings.

According to the respondents, a career in mental health care was not rated highly in society. Some of them were concerned that a major in mental health care would lower the market value of their nursing diploma and might complicate a possible transfer to general health care or home health care in the future.

The respondents did not know much about career and advancement opportunities in mental health care, as opposed to the opportunities that existed in general health care. They did indicate that psychiatric nursing was a difficult job and that higher vocational training was a prerequisite of performing that job properly. The risk of being confronted with aggressive and unpredictable behaviour was significant, and the personal attributes and skills of the nurses were of vital importance. Because of the physical requirements, the respondents believed that mental health care nurses were mostly male.

Suitability for the Job

Virtually all respondents were uncertain about whether they were suited for a job in mental health care. They did not believe they had the requisite personal skills and qualities, such as patience, authority, self-esteem, and a power of persuasion. They sta-
ted that they had no confidence in being able to develop these skills and qualities during their nursing education.

Respondents who strongly focused on interaction and therapeutic relationship were afraid of not being strong enough to handle a professional therapeutic relationship with the patients. They were afraid of empathising too much and being unable to practice professional distance to their patients. The confidence of these respondents in their own capabilities was too little for them to believe they would be able to manage the problems they might encounter in mental health care. Although these respondents expressed a wish to engage in deeper therapeutic relationships with their patients, the doubts about their own abilities prevented them from eventually making a choice for mental health care.

Origin of perceptions

The respondents found it difficult to trace the origin of their perceptions of mental health care. They all started by referring to the (negative) impact of the media. In their childhood, their parents had also conveyed the message that “psychiatric patients are dangerous”. Encounters in the streets with homeless people and drug addicts had also contributed to developing negative perceptions. The respondents indicated that little or no attention was paid to mental health care in their immediate social environment, so that they had never been able to review and adjust their perceptions.

Experiences during student traineeships and classes

Students use their first-year orientation traineeships to examine their suitability for a job in mental health care. The interviewees indicated that they had been strongly influenced by the experiences of their initial traineeship. They also stated, however, that they had been ‘left alone’ with those experiences and with the emotions which their on-the-job training had evoked, and that the school had not challenged them sufficiently to reflect on those experiences. Whilst negative experiences during student traineeships, such as incidents of aggression, confirmed or reinforced already existing negative perceptions, positive experiences could well contribute to a growing, positive interest in mental health care. According to the respondents, a student traineeship period in a mental health care facility should be made a compulsory part of the bachelor programme.

The respondents felt that the school provided too little information about mental health care, and that they received no stimuli to test their existing perceptions against reality. According to the students, the school was overly focused on general health care.

Conclusions

This study shows that the nursing students have rather stereotype and unrealistic notions of mental health care and the patients in mental health care. Their ideas and opinions at the outset of their nursing education are important factors in their eventual choice of major. Where nursing schools do not address the perceptions prevailing among students, there is a good chance that the stereotype and unrealistic opinions remain unchanged.

Recommendations

The recommendations emerging from the study are two-pronged, one set of recommendations targeting the need to change perceptions about mental health care and the other set focusing on counselling students in making an informed choice of major.

It is important that nursing schools are active to raise the awareness among students about their unrealistic ideas and stereotype opinions regarding mental health care and psychiatric patients. A possible method that has proved its worth in anti-stigmatisation strategies is that of organising contacts between students and (former) patients/empirical experts (Van Weeghel, 2005).

Other useful instruments to give students a more realistic picture of mental health care include mental health care assignments, films, documentaries, knowledge transfer, and host lectures, preferably by young experienced nurses. Nurses with jobs in mental health care might serve as a role model for the students.

Making a student traineeship in a mental health care setting compulsory for all students would contribute significantly to building more realistic perceptions among students. Such traineeships should provide students with sufficient experiences to give them a better picture of what mental health care entails. It is important that the traineeship gives them a realistic view of mental health care en not one special group of psychiatric patients. It is important to accompany students before, during and after their traineeships. One method in this case that has been experimented with is the ‘preceptorship’ method, which is based on the apprenticeship system, with the masters being trained to counsel and mentor students during their ‘on-the-job’ training (Charleston and Happell, 2004, 2005; Allen, 2000).

Some schools of nursing have had good experiences with organising theme-specific events at host institutions to enable patients and students to discuss mental health issues under the supervision of both the school and the institution.

During traineeship periods, short as they may be, the school should enable the students to reflect on their on-the-job experiences. This may be achieved by organising meetings of reflection or arranging for supervisory, methodical or other forms of counselling.

It is also important for students to realise that they may well be capable of developing the skills and competencies required to be a mental health care nurse, and that not all personal qualities will be present a priori.

Competency training (such as aggression training), social skills training, discussion techniques, anger and conflict management, and behaviour-regulating techniques, are suitable instruments.

It is recommended that orientation and perceptions of mental health care be integrated into the curriculum structurally, as part of the career planning programme for instance. Teaching students to understand and deal with their own weaknesses and strengths should form a fixed component of the training programme.

The second set of recommendations pertains to the information to be provided by nursing schools to help students make a choice of major during their second year. To provide proper counselling, schools must help students understand the motives and other factors underlying their choice. This may be achieved through face-to-face interviews, group meetings with fellow students, assignments, SWOT analyses, questionnaires, etc. Initiating contacts between students and former students who now work in mental health care in order to discuss factors influencing the motives for a specific choice of major may also help students reflect on their choice behaviour.

Motives and influencing factors underlying a specific choice are, of course, highly personal. This is why students must also be counselled individually. For example, students whose uncertainty about their own competencies is the main influencing factor must be counselled differently than students who are afraid of not being supported by their friends or family when choosing a career in mental health care. To maximise results, nursing schools and mental health care institutions must work in tandem to make their efforts successful.
The recommendations above should contribute to creating a more positive perception of mental health care and, hence, to an additional number of potentially suitable students who choose mental health care as their major.

References

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