Why undergraduate nurses choose not to pursue mental health nursing as a career in Western Australia: A descriptive study

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Why undergraduate nurses choose not to pursue mental health nursing as a career in Western Australia: A descriptive study.

Thérèse Howell, 2002017
Bachelor of Nursing (Honours)

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Supervisor: Jon Mould

Date of submission:
5th of June 2006
ABSTRACT

Not only are fewer undergraduate nursing students opting to pursue a career in mental health nursing (Armswald, 1987; Clinton & Hazelton, 2000; Happell, 1998; Lam, McMaster & Troup, 1993), but nursing students continue to rank mental health nursing as their lowest preference of career choice. Instead, nursing undergraduates appear to be opting for positions within the surgical or critical care specialties (Durkin, 2002; Happell, 1999; Happell 1999; Happell, 2001).

The aim of this descriptive study was to investigate and identify the potential reasons why undergraduate nursing students do not take up mental health nursing as a career. This descriptive study implemented a self-report questionnaire that was developed by the author. The first part of the study involved a pilot test of the instrument to ensure reliability and face and content validity. The pilot test was carried out amongst 32 third year nursing students at Edith Cowan University (ECU), Perth, that had completed at least one mental health rotation. Once given feedback from the pilot test, germane changes were made and the main study was then conducted. The questionnaire was distributed to 134 third year undergraduate nursing students at ECU in Perth, Western Australia. Participants were provided with an information sheet. Confidentiality was maintained at all times, as all questionnaires were coded with a numerical code number and sighted only by the researcher and supervisor of the study. Anonymity was also maintained, as all students were instructed to place the completed questionnaire in an envelope and then into the box provided at the front of the lecture theatre. The questionnaire was divided into three sections: section one included demographic data; section two contained open and closed-ended questions about influences that may hinder students’ choices in pursuing mental health nursing; and, section three contained open-ended questions regarding students’ positive and negative views of clinical placements and preceptors. The findings have been reported using appropriate descriptive statistics for the demographic data, influences, ranking of preferred specialty and students’ views of their placement. Analysis of data was performed using the Statistical Package for the Social Sciences (SPSS) for Windows, version 11.0 computer software.
The key findings of this study have indicated that mental health nursing continues to be ranked as the least preferred career option considered by undergraduate nursing students, compared with the more technologically based specialties such as emergency nursing. Furthermore, the variables: feeling inadequately trained or prepared to enter the psychiatric workforce; clinical experiences; job dissatisfaction; lack of task orientation; and patient violence, have been shown to have either a minor or major influencing effect on undergraduate nursing students’ decision to pursue mental health nursing as a career.

Therefore, it was evident from the findings of this study that the proportion of students interested in pursuing mental health nursing is disproportionately low compared with other specialties. Additionally, the majority of students had no interest or motivation to pursue mental health nursing as a career once graduated. This in turn impacts on the recruitment of undergraduate nurses into mental health nursing, and possibly contributes to a paucity of mental health nurses in the workforce.

Knowledge of factors that influence the decision an undergraduate nursing student may make when considering employment in a mental health setting may assist clinical preceptors and universities to deliver alternative teaching strategies. These strategies may be effective in terminating the ongoing difficulties currently experienced in the process of recruitment and retention of mental health nurses. This may, in part, also alleviate the stigma and stereotypes associated with mental health nursing and the mentally ill (Happell, 1999; Johnstone, 2001; Walsh, 2002; Wells, Ryan & McElwee, 2000).
DECLARATION

“I certify that this thesis does not, to the best of my knowledge and belief, incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; contain any material previously published or written by another person except where due reference is made in the text; or contain any defamatory material”.

Signed: ___________________________ T. M. Howell

Date: 6th June 2006
I would like to acknowledge and thank the following people for their assistance in bringing this study to fruition:

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CHAPTER 1

INTRODUCTION

This chapter will introduce the background and significance of the study topic, the purpose of the study and the research questions to be addressed. The definition of terms will then be presented.

Mental health has become a global burden, and mental health disorders are predicted to increase over the next 15 years (Grigg, 2003). In a guest editorial by a member of the World Health Organisation (WHO), Grigg (2003, p.235) stated that “neuropsychiatric disorders contribute 12% to the total global burden of disease with an estimated 450 million people worldwide affected by a mental, neurological or behavioural problem”. Grigg (2003) also highlighted the worldwide shortage of mental health nurses.

1.1 Background

In the period between the late 1950s and 1960s mental health nursing was the preferred career for a substantial number of graduate nurses. Despite being, at the time, one of the most progressive and rapidly developing careers in nursing, the number of nurses entering mental health nursing started to fall in comparison to other specialised nursing areas (Arnswald, 1987). In an American study by Arnswald (1987), it was shown that in the early 1980s only 4.9% of undergraduate nursing students chose mental health nursing as their most preferred specialty for future employment.

It is evident from the literature to date that mental health nursing continues to be ranked as the least preferred career option by undergraduate nursing students (Happell, 1999; Happell, 2001; Martin & Happell, 2001). This is becoming a significant problem in nursing, as the need for recruitment of mental health nurses has increased significantly over the last few years, especially within Western Australia (How to avoid scrutiny, 2004, p. 13). This problem is likely to continue to escalate (Clinton & Hazelton, 2000) and until specific issues have been identified
and addressed, the quality of care delivered to the mentally ill may be severely compromised (Durkin, 2002; Happell, 1999; Happell, 2001).

Traditionally, nurses have provided holistic care in order to aid patients’ well being, whereas physicians would provide the ‘cure’. For many years, the nursing hierarchy has pursued “professionalism” and appears to have felt that this can only be achieved through alignment with the scope of medicine. This seems to have resulted in a greater emphasis placed on technical skills, which may have reduced the quality of the caring role. In contrast, areas of nursing such as mental health and aged care are viewed as incorporating a greater emphasis on caring. These areas have now become a less desirable career option for nursing students, with many opting for employment in highly technical specialties or working with children (Happell, [n.d.]; Happell, 1999; Rushworth & Happell, 2000).

Whilst exploring undergraduate nursing students’ attitudes, the influence of academics who are purported to be specialists within mental health needs to be considered. In an account by Clinton & Hazelton (2000, p. 4), it was reported that whilst “12% of the Australian nurse academic workforce has specialist expertise in mental health nursing, just 6% of nurse academics teach in postgraduate mental health courses in mental health”. It could be argued that these systemic constraints encroach upon the education of mental health nursing in Australia, thus partly contributing toward a gradual decline in undergraduate nurses’ interest to pursue mental health nursing.

1.2 Significance

In Western Australia (WA) alone, there are 29,058 nurses registered, including division 1 (registered mental health, registered mental retardation, registered comprehensive and registered general nurses) and division 2 (enrolled mental health, enrolled comprehensive and enrolled general nurses). Of these nurses, only 2011 (6.9%) are mental health nurses (1718 registered mental health nurses and 293 enrolled mental health nurses), compared with 21,390 (73.6%) registered and enrolled general nurses. Since the advent of comprehensive nursing in Australia in the early 1990s, WA has 5650 (19.4%) comprehensive registered and comprehensive enrolled nurses (R. Lazarus-Gomes, personal communication, March 09, 2005). It
must also be taken into account that the statistics quoted above refer to nurses registered with the Nursing Board of WA, and may not reflect the actual nursing workforce or their associated clinical practice. Furthermore, the above figures clearly emphasise that the number of nurses employed in mental health nursing is disproportionately low, compared to the apportionment of general nurses in WA. Therefore, this study was proposed in order to identify the possible reasons why undergraduate nurses do not desire to seek future employment in WA mental health hospitals.

Prior studies have identified some factors that may, in part, explain why undergraduate nurses do not pursue mental health nursing as a career. For example, in an American study by Perese (1996), 32% of the students felt that television and the media influenced their expectations regarding their mental health rotation, by creating an expectation that patients would be violent and aggressive, as seen on movies such as *One Flew Over the Cuckoo's Nest*. In addition, research from Australia and overseas indicates that undergraduates commencing nursing have preconceived ideas regarding various nursing specialties (Happell, 1999). These research findings suggest that areas such as medical-surgical nursing, emergency department and the intensive care unit are more appealing to the students (Happell, [n.d.]; Happell, 1999; Happell, 2001; Rushworth & Happell, 2000; Wynaden, Orb, McGowan & Downie, 2000).

Furthermore, quantitative Australian and English studies reveal that although a significant number of students found their psychiatric nursing placement to be rigorous and of great interest, most were reluctant to pursue mental health nursing as their first career preference after graduation (Happell, 1998; Nolan & Chung, 1999; Rushworth & Happell, 2000). In addition, a study by Wynaden, Orb, McGowan & Downie (2000), found that a majority of nursing students felt they were unprepared to commence work as a comprehensive nurse in a psychiatric setting. This was because they did not feel confident and competent enough to do so, compared to commencing work in the area of general nursing. Similar findings were presented by Happell in 1998.
Subsequently, due to the minimal quantitative research on this topic undertaken within WA, it is hoped that this study has identified potential factors influencing undergraduate nurses’ decisions not to pursue mental health nursing as their first career preference. This study was implemented in order to heighten the current body of knowledge regarding this topic and endeavour to improve the quality of mental health nursing. It is hoped that by providing an understanding of these potential influencing factors, this research can be used to facilitate the development of strategies to recruit and, more importantly, retain nurses within the mental health setting.

1.3 Purpose of the study

The intention of introducing comprehensive nursing education programmes was to ensure graduates could competently work in all nursing settings. Despite this, mental health nursing continues to be ranked as the students’ least preferred choice of employment. This has potentially resulted in a shortage of mental health nurses (Durkin, 2002; Happell, [n.d.]; Happell, 1998; Happell, 2001; Prebble, 2001; Wynaden, Orb, McGowan & Downie, 2000). The limited available research suggests that such a low preference and negative attitudes toward mental health nursing is partly due to the fact that many students do not feel confident or competent enough to commence work in a psychiatric setting (Arnold, Deans & Munday, 2004; Happell, [n.d.]; Happell, 1998; Happell, 1999; Lam, McMaster & Troup, 1993; Rushworth & Happell, 2000; Wynaden, Orb, McGowan & Downie, 2000).

This descriptive study was undertaken to fulfill a number of purposes. Firstly, it investigated some potential reasons why nursing students do not choose mental health nursing as their primary choice of employment. Secondly, the study aimed to offer some suggestions to improve the quality of teaching and clinical placements, raising the profile of mental health nursing, that in the future may increase the recruitment of undergraduates into this specific field. Finally, this descriptive study added to the paucity of current literature pertaining to the topic, thereby contributing to the current body of nursing knowledge.
1.4 Research questions
This descriptive study aimed to answer a number of questions. These questions were:

1. What influences hinder undergraduate nursing students' intentions to pursue mental health nursing as a career?

2. Do these factors impact on the recruitment of mental health nurses?

3. What is the first preference of career choice amongst third year nursing students?

4. What are the positive and negative experiences of the third year nursing students' mental health clinical rotations?

5. What are the third year nursing students' positive and negative views of clinical educators' teaching skills in a mental health setting?

1.5 Definition of terms
Comprehensive Nurse: A division of nursing that undergraduates obtain once they have graduated from a WA university. A career in general, mental or paediatric nursing can be pursued.

Undergraduate Nurse: A first, second or third year student currently studying nursing at a university.


Clinical educator: An experienced mental health nurse employed by the university to provide undergraduate student nurses with a supportive role model and educational relationship (Charleston & Happell, 2004).
Student Preceptor: "A Nursing Interventions Classification defined as assisting and supporting learning experiences for a student" (Mosby’s Medical, Nursing & Allied Health Dictionary, 1998, p. 1306).

Phenomena: The concept or problem experienced by an individual who is under investigation.

1.6 Organisation of Thesis
Chapter One discusses the background of the study topic, and the significance and purpose of the study. The research questions and definition of terms are proposed.

Chapter Two explores the current available literature, which identifies some reasons why undergraduate nursing students do not pursue mental health nursing as their first preference of career choice following graduation.

Chapter Three presents the theoretical framework that this study is based upon.

Chapter Four illustrates the methodology for this study. Study design, sample and setting, variables, instrument, procedure, data analysis and ethical considerations are enumerated.

Chapter Five presents the findings of the study, utilising tables, graphs and illustrations.

Chapter Six presents the discussion of results for this study.

Chapter Seven discusses the conclusions drawn from the study, its implications, and recommendations for future research. The study limitations are also posed.
CHAPTER 2

LITERATURE REVIEW

This literature review aims to identify and discuss some influencing factors contributing towards a decline in nurses pursuing a career in mental health nursing that have been identified throughout the literature. The literature will be analysed critically, identifying strengths and limitations of the studies reviewed. The review will conclude with suggestions for further research.

The need for mental health nurses is increasing. However, fewer undergraduate nurses are choosing to take up mental health nursing as a career (Happell, 1998; Lam, McMaster, & Troup, 1993). The reasons for this imbalance need to be identified in order for the problem to be addressed. As evidenced by some researchers in the literature, many undergraduate nursing students view mental health nursing negatively, because they base their attitudes towards mental health nursing on the stereotypes and stigmas of how the mentally ill are portrayed by society (Bid to attract WA nurses, 2005, p. 11; Fisher, 2002; Happell, 1999; Martin & Happell, 2001; Perese, 1996).

A literature review by Fisher (2002) also suggests there has been minimal change of these negative attitudes toward the mentally ill. From the late 1950s, “for more than four decades, mental health nursing is clearly located in the least popular end of the scale” (Martin & Happell, 2001, p. 116). From the literature reviewed thus far, four factors have emerged explaining why mental health nursing may not be chosen as a career by undergraduate nursing students. These are:

(i) Fear and/or anxiety;
(ii) Job dissatisfaction;
(iii) Clinical placement experience and clinical educators; and
(iv) Strong emotions evoked within students.
2.1 Fear and/or Anxiety

Many studies have identified fear and/or anxiety related to the mentally ill as a major factor contributing to undergraduate nursing students’ decision not to work as mental health nurses (Fisher, 2002; Martin & Happell, 2001; Stacklum, cited in Nolan & Chung, 1999, p. 123). A study undertaken in Canada by Melrose and Shapiro (1999), revealed that anxiety experienced at the commencement of a placement by the student nurse was due to the student feeling an inability to ‘help’ the mentally ill. Furthermore, on completion of their rotation, less anxiety was experienced amongst the nursing students. This was due to all students becoming increasingly confident, willing to share their thoughts and concerns, and to express their ‘respect’ for such people (Melrose & Shapiro, 1999).

Stacklum (cited in Nolan and Chung, 1999), stated that pre-placement anxiety can largely be due to stereotypes and the stigma associated with the mentally ill. This is a view that is portrayed via the media, society and peers, often labelling such people as “difficult, violent, manipulative or seeking attention” (Horsfall, Stuhlmiller & Champ, 2000, p. 285). The aim of Martin and Happell’s (2001) study in Australia was to identify the views held by undergraduate nurses towards mental health nursing in a forensic environment. A pre-placement questionnaire revealed that over half the students expressed fear or concern regarding their mental health placement (Martin & Happell, 2001). Such fears were found to have arisen from issues such as concern for physical safety, abuse, violence and unpredictable behaviour by patients. There was also concern relating to barriers in communication with psychiatric patients, for fear of accidentally causing them to become distressed, violent or offended (Martin & Happell, 2001). However, it was evidenced in the post-placement questionnaire that the above issues held much less importance once they were confronted and dealt with by the students with the help of preceptors and their work colleagues. It was also positive to note that once students entered the mental health environment their anxiety and fear had decreased. This was due to the presence of competent nursing role models and the opportunity for reflective practice (Martin & Happell, 2001; Nolan & Chung, 1999).

Despite such positive findings of Martin and Happell’s (2001) study, it was limited to the forensic environment. It was therefore recommended that further research be
conducted with the inclusion of broader scopes of numerous psychiatric settings. The pre and post-placement questionnaires did not include the same questions and format, and therefore the validity of the study is questionable. This is due to inconsistencies in the measurement of the nursing students’ attitudes. Furthermore, most of the 34 nursing students that took part in the placement and research process were already considering mental health nursing as a career. Although this is an overwhelmingly positive aspect, due to the same issues expressed researchers need to question any bias in the results of this study. Martin and Happell (2001) were conscious of the limitations of this quality improvement study and provided compelling explanations in favour of the need for more formalised research to be carried out in the mental health sector.

Although the findings in both of the above articles are positive, researchers are still faced with the question of why fewer undergraduate nurses are choosing mental health nursing as their career.

2.2 Job dissatisfaction
Another reason why undergraduate nurses do not choose mental health nursing as a career is job dissatisfaction, stress and working conditions for mental health nurses, as identified in a Norwegian qualitative study by Hummelvoll and Severinsson (2001). The researchers found that if nursing students observed mental health workers under pressure at work, and talking negatively about their work environment, work colleagues or even the bureaucracy, then they would tend to be discouraged from pursuing mental health nursing (Ferguson & Hope, 1999; Mullen & Murray, 2002).

In a study by Martin and Happell (2001, p. 116), a pre-placement questionnaire found that students thought of mental health nursing as a “boring and unfulfilling area of practice in which the patients do not get better”. This has subsequently led to less undergraduate nurses pursuing mental health nursing as their future specialty after graduation.

Furthermore, a literature review by Ferguson and Hope (1999) in England has illustrated that one of the other reasons why psychiatric nursing was not pursued as a
career is because it was seen as too burdensome, and most patients were looked upon as ‘revolving doors’. This is in contrast to general nursing, where patients who were admitted ‘sick’ were then discharged ‘well’. The study also stated that psychiatric nursing had less routine, and in comparison, general nursing was seen to have structured routines and tasks. Reasons why nursing students prefer structured routines and tasks must be postulated. One reason is that nursing students are fearful of the unknown. Another is that they have a preference for this routine, because it is less demanding and the tasks carried out are straightforward. Additionally, one could consider that psychiatric nursing is disregarded as a career option because socially, peers and society unfairly stigmatise mentally ill patients and students do not wish to be labelled in a similar way simply because of the area in which they work. A study conducted in Ireland by Wells, Ryan and McElwee (2000) confirmed similar findings. It was indicated in their study that in part, the media and significant others had a strong negative influence on school leavers’ perceptions of the mentally ill, thus resulting in decisions to not pursue psychiatric nursing as a career. Thus it may be argued that such factors may influence an undergraduate’s decision making process, as they do not want to pursue a career that may be seen as socially undesirable.

Merriam-Webster On-line Dictionary (2005) defines nursing as “to care for and wait on (as a sick person); to attempt to cure by care and treatment”. Although such a definition may be seen as archaic, nursing has become a progressive career that not only requires sensitivity and compassion, but also purports holistic care (Mullen & Murray, 2002). If holistic care is not provided for the mentally ill and the attitudes that nursing students hold towards the patients are negative, then this will not aid patient recovery especially when such people are already tormented by negative thoughts (Bid to attract WA nurses, 2005, p. 11). As a result of the issues outlined above, the author argues that further rigorous research is warranted, in order to interpret and understand the attitudes undergraduate nurses hold towards the mentally ill, and their reasons behind avoiding employment in a mental health setting. More research is also required to investigate nursing students’ preference for structured, simple routines and tasks.
There are minimal quantitative and qualitative studies published about job dissatisfaction and professional coping abilities in mental health nursing. The few available studies indicate that job dissatisfaction may only be a minor influence on undergraduate nurses who are choosing a career. If this is so, it remains to be explained why there is a decrease in nursing students opting to work in mental health settings. Due to the lack of quantitative research undertaken regarding job dissatisfaction within WA, there is a need for more rigorous quantitative research, such as this study, to be carried out.

2.3 Placement experience and preceptors

From the limited but diverse sources of national and international nursing literature, it has been found that a positive clinical experience can have an immense impact on undergraduate nursing students when considering mental health as a career option (Arnold, Deans & Munday, 2004; Charleston & Happell, 2004; Ferguson & Hope, 1999; Fisher, 2002; Martin & Happell, 2001; Nolan & Chung, 1999).

A literature review by Martin and Happell (2001) stated that a negative clinical placement experience was the main attributable factor why nursing students would not consider mental health nursing as a career. Furthermore, it is interesting to note that some students rated a clinical placement as positive or negative based on the delivery of support by the preceptor toward the student and their preceptor’s professional ability to teach appropriate clinical skills (Arnold, Deans & Munday, 2004; Charleston & Happell, 2004; Ferguson & Hope, 1999; Fisher, 2002; Mullen & Murray, 2002; Rushworth & Happell, 2000).

As illustrated in an Australian literature review by Mullen and Murray (2002), such negative clinical placements experienced by nursing students may well have been due to observations made of their preceptor’s high workloads and stress levels. Preceptors must endeavour to incorporate effective student teaching, as well as carrying a workload in an already stressful environment. Such images may not be attractive to nursing students looking for future employment opportunities and job satisfaction (Hancock, 1996).
In Mullen and Murray’s (2002) qualitative study, 10 students were approached for an open ended post-placement questionnaire. Half (50%) of the responses revealed that having a good role model in their preceptor enhanced their learning ability and enjoyment of their clinical placement. Due to such factors, these students then felt they would consider employment in a mental health setting. Despite such findings being positive, the sample number is insufficient to generalise findings, as it is essential to consider and compare the number of students who participated in the questionnaire and the proposed number of nursing students soon to graduate. The time frame of placements may also be a factor, as nursing students’ opinions of a two-week placement could differ, for example, from other nursing students’ opinions following completion of a ten-week placement. If such a comparison can be implemented in further research, results may then be analysed to determine if they are valid and reliable, or even if they change over time. As there is only a limited perspective on placement experience and preceptors, there is a need for more research regarding positive versus negative placement experiences and preceptors as role models.

According to Mullen and Murray (2002), a negative clinical placement has been proven to reflect negative attitudes of nursing students towards a mental health career and consequently toward the mentally ill. As only minimal quantitative research projects have been undertaken to investigate an association between nursing students attitudes towards the mentally ill and the surroundings in which they are cared, more controlled and rigorous research is required (Nolan & Chung, 1999). With more quantitative research carried out, results may be obtained to further address placement experience and attitudes held by student nurses. These findings may then be used to modify students’ views of the mentally ill, as the introduction of explicit educational curricula concerning mental health nursing can be implemented to adequately prepare undergraduate nurses for the mental health environment (Clinton & Hazelton, 2000). Moreover, if nursing students were reassured that the mentally ill are not ‘freaks’ or ‘loonies’, but rather ‘normal everyday people like themselves’ with a mental illness, this may contribute to an increase in the recruitment of mental health nurses.
2.4 Strong emotions evoked within students

When entering a mental health setting, most, if not all nursing students, are already feeling fearful or anxious because they are aware of their shortcomings (Martin & Happell, 2001). At the same time, whether conscious of the fact or not, strong emotions are evoked within the student, and these need to be addressed (Davies, 1995; Fisher, 2002). An ‘emotion’ is defined as “a mental state that arises spontaneously rather than through conscious effort and is often accompanied by physiological changes; a feeling: the emotions of joy, sorrow, reverence, hate and love” (The American Heritage Dictionary of the English Language Fourth Edition, 2004).

In a study by Fisher (2002), 248 second year nursing students were approached and asked to participate, of which 130 responded. These 130 students were then asked to reflect upon two ‘critical incidents’ that occurred over their three-week placement in a mental health setting. The students were given the definition of a ‘critical incident’ and then asked to critique each incident according to a template of six questions provided by the researchers. These six questions focused on reflective practice and feelings of the student and/or the patient. The data obtained from a total of 260 ‘critical incidents’ was grouped according to themes and, from this, results were then obtained. Although a few of the responses were positive, the majority of responses were negative. Most negative experiences were patient related or associated with observations of the actions and attitudes amongst nursing staff. The main focus of discussion included feelings of inadequacy to help the patient get better, fear and having previous personal abusive experiences brought back to the surface (Fisher, 2002).

In summary, undergraduate nurses may not choose mental health nursing as a career because of negative emotions. The students, within themselves, may feel that they are not emotionally strong enough to take on board the perceived insurmountability of the problems that may torment the patient. This may be due to the students themselves having experienced abuse or attacks as a child and/or adult, or from previous workplace abuse (McKenna, Poole, Smith, Coverdale & Gale, 2003). These students would potentially experience difficulty working in such an environment and this could be a reason less students apply for jobs in mental health settings (Fisher,
Not only are emotions, ethical issues, beliefs and values stirred up within the student, they may in time adversely effect the ‘duty of care’ from the nurse to the patient. This in turn may effect the formation of therapeutic relationships and the provision of holistic care. These tasks may very well be troublesome to pursue if the student is dealing with inward emotions, yet endeavouring to outwardly appear calm and pleasant, developing a rapport and empathy toward the patient (Fisher, 2002). Such feelings may be unappealing, creating unwanted stress, and may therefore explain in part why nursing students choose not to work in mental health nursing.

Fisher’s (2002) study suggested that through negative clinical incidents, more negative emotions were aroused; however, through reflective practice, resolution of such conflicts were achieved. Furthermore, as there are limited results and quantitative research specific to this topic, it would be pertinent to carry out more research.

2.5 Summary of the literature review

One limitation evident in most of the reviewed literature is that the majority of the quantitative and mixed method studies were carried out amongst major health care settings and/or major urban universities, nationally and internationally. Many studies such as Lam, McMaster and Troup (1993), and Mullen and Murray (2002), recommend that more longitudinal studies be carried out amongst rural universities and/or community mental health nursing settings. This would then detect any trends that may occur over time and assist with the way in which mental health education is delivered to undergraduate nursing students. Moreover, as nursing has become a progressive career, the delivery of education also requires continuous modification (Arnold, Deans & Munday, 2004).

From the current literature reviewed, four major factors contributing to why many undergraduate nursing students may not take up mental health nursing as a career have been identified and discussed. Most quantitative research projects conducted were of a ‘good’ standard. However, in some studies, due to some deficiencies such as time frame of placements, small sample sizes and specific questions not addressed in their entirety, only a limited perspective can be drawn from these quantitative results and they cannot be generalised to the broader population. Subsequently,
because of the paucity of quantitative studies carried out as evidenced in the literature, this descriptive research study was proposed. It is anticipated that this study will contribute valuable results that will add to the current body of knowledge. It is envisaged that the results obtained from this study are concrete evidence of this phenomenon. Likewise, it can be postulated that such results may also provide effective strategies that can be implemented for and by the government, tertiary education departments and mental health settings. This in turn may terminate the ongoing repercussion of difficulties in the recruitment and retention of mental health nurses.

Having obtained a broader body of knowledge, it is anticipated that such findings will be implemented into tertiary education, in order to promote mental health nursing as an inspiring career choice. Teaching techniques could therefore be aimed towards a more student centred approach, subsequently illustrating to nursing students that mental health nursing is a satisfying and rewarding career choice (Arnold, Deans & Munday, 2004; Ferguson & Hope, 1999).
Theoretical Framework

The theoretical foundation on which this study is based is the theory of reasoned action (TRA) by Ajzen and Fishbein, (1980). TRA aims to foretell and comprehend the reasons why an individual makes the decisions to behave or not behave in a particular way (Ajzen & Fishbein, 1980). In order to comprehend this behaviour, the basis for the actions of an individual, and why they acted in a certain way and not another, must be considered (Ajzen & Fishbein, 1980).

TRA describes how the intent to perform or not to perform a given behaviour, and the end result is predictable correlating to the ‘behaviour intended’. The ‘behavioural intention’ is the measure, derived from the combination of personal attitudes and the individual's belief, of whether significant others or peers would advocate that they carry out, or not carry out, the intended behaviour. Thus the ‘behavioural intention’ of an individual is comprised of two main elements:

1. a personal or attitudinal component; and
2. a social or normative component.

The first component of behaviour transfers the individual’s intention of performing the behaviour, and is a function of two basic determinants (Ajzen & Fishbein, 1980). These include:

(a) salient beliefs; and
(b) outcome evaluation.

The first determinant is personal in nature, involving the individual’s judgement of whether the behaviour under contemplation is good or bad, that is, the salient belief. The second determinant involves the individual’s judgement of whether the action of the behaviour will yield positive or negative consequences, that is, outcome evaluation (Ajzen & Fishbein, 1980).
The second component of behaviour is termed the subjective norm and also comprises two determinants (Ajzen & Fishbein, 1980). These include:

(a) salient referents; and
(b) motivation to comply.

The first determinant is the individual’s judgement of what significant others may expect, regarding whether or not the behaviour under consideration should or should not be carried out, that is, the salient referents. The second determinant is whether the individual feels impelled to conform to such expectations, that is, motivation to comply (Ajzen & Fishbein, 1980), (see Figure 1).

To demonstrate, if an individual’s attitude and intent to perform the behaviour is positive, and they believe significant others think they should perform it, the intention to perform the behaviour (‘behavioural intention’) is likely to occur, and vice versa.

TRA indicates there is a relationship between attitude toward the behaviour and intention, and between subjective norms and intention. The efficacy of such links therefore provides authentication of the individual’s intention. TRA also states that the strength of the ‘behavioural intention’ should foretell an individual’s behaviour. This behaviour is therefore linked to their intention and other contributing factors, hence providing a clear explanation for a specific behaviour performed by individuals (Ajzen & Fishbein, 1980).
Figure 1: Factors determining a person’s behaviour
Adapted from Ajzen & Fishbein, (1980, p. 84).
3.1 Application of Theory of Reasoned Action to the study

In this study, the main concept is behaviour, whether or not an individual intends to pursue mental health nursing as a career and, if not, the factors contributing to this decision.

The individual’s attitude towards the intention of performing the behaviour to pursue mental health nursing consists of their personal beliefs about mental health nursing, the mentally ill and the outcomes of working with such people, consequently evaluating the good and bad of such outcomes.

To illustrate, once the individual has considered their own personal beliefs and evaluated the outcomes of these beliefs, the effects of the subjective norms are also considered. These too contribute towards the individual’s intention of pursuing mental health nursing as a career. The salient referents that carry weight in the decision of an individual to pursue mental health nursing include the notions of significant others, job dissatisfaction, fear, anxiety, clinical placement experience, work colleagues, society, media, education, institutions and the government. The individual’s intention to carry out the behaviour to pursue mental health nursing then relies on the individual’s willingness to conform to the expectations of the salient referents (motivation to comply). Once all avenues have been considered by the individual, their attitude toward the intent to perform the behaviour is then carried out according to their intention. Thus, the end result is the individual’s willingness to pursue or not pursue mental health nursing as a career (see Figure 2).
INFLUENCES:
- Personal beliefs about psychiatric nursing
- Personal beliefs or preconceived ideas of the mentally ill
- Benefits and downfalls of pursuing psychiatric nursing
- Personal beliefs about other domains of nursing
- Any previous experience in the workplace
- Number of clinical rotations completed
- Fear, anxiety, confidence
- Amount of personal knowledge regarding mental health issues
- Possibility of personal issues being evoked
- Thoughts and experiences obtained whilst on clinical placement
- Thoughts of preceptor
- Observations of preceptor as a role model

INFLUENCES:
- Stereotypes and stigma portrayed by society and the media
- The opinion of family, peers, etc
- The bureaucracy
- Inadequate training & preparation at university
- The perception portrayed at uni of the dominance of general versus psychiatric curricula
- Negative anecdotes about pay, working conditions, stress etc by staff
- Education curricula do not promote psychiatric nursing as a rewarding career to pursue
- The motivation of the individual to comply or to be non-compliant

EXTERNAL VARIABLES:
Demographics: education, age, sex, experience, employment, etc.
Personality: introvert, extrovert, dominance, etc.

Figure 2: Application of TRA to the study
Adapted from Ajzen & Fishbein, (1980, p. 100).
CHAPTER 4

METHODOLOGY

4.1 Study design

A descriptive quantitative research design was implemented for the purposes of this study. Prior to the administration of the main questionnaire, a pilot study was conducted and modifications required to refine the questionnaire were made. This type of research design was implemented because it enabled students to express their opinion regarding mental health nursing. The study involved the administration of a questionnaire containing open and closed-ended questions to third year nursing students who had undertaken at least one mental health rotation in a psychiatric hospital within WA.

4.2 Sample and setting

All third year nursing students who attended Edith Cowan University (ECU) in August 2005 at the Churchlands campus, Perth, Western Australia, were invited to participate in the final study. The sample utilised in the study was a convenience sample. The third year nursing students were invited to participate in the questionnaire, as most, if not all, of the students should have completed a minimum of one mental health rotation. Such a specific population was targeted because they are easily accessible, information-rich sources to this specific phenomena, being students who have had some experience working with the mentally ill.

The participants were approached during their attendance of the nursing theory (NNT) lecture at the Churchlands ECU campus. With the lecturer's permission, questionnaires were completed by participants in a lecture theatre at ECU. All undergraduate nursing students who decided to participate in the study were supplied with an information sheet (Appendix A) containing background information, the questionnaire and an envelope (Appendix B). Consent was not required for the purpose of this study, as the completion of the questionnaire by the students implied consent. The students were instructed to place the completed questionnaire in the envelope provided, and then into the collection box located at the front of the lecture theatre. This procedure ensured that the anonymity of the students was maintained.
At the completion of the survey the researcher removed the collection box. A total of 134 nursing students returned completed questionnaires.

The 32 students who had participated in the pilot study prior to the main survey were excluded from participating in the main questionnaire. This measure was implemented to reduce potential bias resulting from prior exposure to the study topics. Due to subsequent modifications made to the main questionnaire, the 32 pilot questionnaires were not included in the final count number of completed questionnaires.

4.3 Independent variables
For the purpose of this study, the independent variables were the factors that influence nursing students' decisions to choose or not choose mental health nursing as a career. These factors include fear and/or anxiety, stress, aggression or patient violence, clinical experience, clinical preceptor, working environment, influence of significant others and preconceived stereotypes and stigmas.

4.4 Dependent variable
The dependent variable for this study is the choice of nursing career that undergraduate nurses intend to pursue.

4.5 Instrument
The instrument that was implemented for the purpose of this study was a questionnaire constructed by the author (Appendix B). Development of the questionnaire was based on current nursing literature and designed to be completed within 15 - 20 minutes. The questionnaire was divided into three sections and comprised of open and closed-ended questions. The first part of the questionnaire consisted of demographic information including age, gender, previous nursing experience, number of mental health rotations completed thus far and whether mental health nursing as a career had yet been considered. The second part contained nineteen items on influences which have, through the literature, been shown to have had a negative impact on a student's desire to pursue future employment in a mental health setting. For example, one of these influences included violence/aggression within the workplace (Jackson, Clare & Mannix, 2002; McKenna, Poole, Smith,
Coverdale & Gale, 2003; Perese, 1996). For each of these influences, the students were asked to rate, on a likert-type scale (1 = no effect, 2 = weak effect, 3 = strong effect, 4 = very strong effect), the effect that these influences may have had on their decision whether or not to pursue mental health nursing as a career. Also within this section, the nursing students were asked to rank their most preferred choice of nursing specialty, from their most desired to their least desired specialty (12 = most desirable, 1 = least desirable). Finally, the third part entailed closed-ended questions asking the students to comment on the positive and negative aspects of their mental health experience and of the clinical teaching they received during their mental health rotation. The aim of this section was to allow the students to express their thoughts and opinions about mental health nursing, to obtain results pertinent to the ECU population and minimise any bias of the researcher. These verbatim responses were content analysed, coded according to a common theme, with frequency of the themes then calculated (Happell, 2001).

4.6 Procedure
Once ethics approval had been endorsed by the Faculty of Computing, Health and Science Ethics Sub-Committee of ECU, participants who had completed a minimum of one mental health placement were sought to partake in the pilot test. The pilot test was conducted for two reasons. The first reason was to ensure reliability and face and content validity of the instrument that was implemented. Reliability of the instrument that was implemented was measured by internal consistency. In this study, there was good internal consistency between the following variables: “would your first choice of specialty be mental health nursing” and all influence variables listed in question 17 of the questionnaire (Appendix B). The Cronbach alpha coefficient calculated for these variables was 0.8720 and 0.8752 respectively. As all other variables in the instrument consisted of a small number of items, the mean inter-item correlation was calculated at 0.2237. The validity of the instrument implemented for the purpose of this study was measured by the relevance and comprehensiveness of the results obtained from the pilot test that was carried out. Subsequently, the results of the pilot test clearly indicated that the students correctly understood the relevance and content of the questionnaire. However, the researcher felt that additional refinement of the questionnaire was potentially possible, and this was subsequently carried out with the assistance of a statistician. Relevant changes
were made to the questionnaire including the deletion of some questions as it was felt that they were redundant.

Secondly, the pilot study was designed to ascertain if the students’ understanding of the content of the questionnaire was at the level intended by the researcher. As previously discussed, the results of the pilot test clearly indicated that the students perceived the questions as intended.

A global e-mail was then dispatched by the supervisor of the study to all current third year nursing students, seeking those interested in participating in a pilot test. In addition to the above, permission from the nursing studies (NST) lecturer was obtained to access the students in her class. At the end of the lecture, 32 interested third year nursing students were recruited, and the pilot test was then conducted. All of these participants were supplied with a research package containing an information sheet (Appendix A) and the questionnaire (Appendix B). Completed questionnaires were placed in the provided collection box located at the front of the classroom. Following the feedback from the pilot test, necessary changes were made to the questionnaire.

The main questionnaire was administered to the third year nursing students in the second week of their final semester at university. This specific time frame was chosen as attendance at lectures tends to be higher in the first few weeks of semester. Additionally, as these students are seeking future employment opportunities, the range of career options is a topic of current thought and discussion. The participants were approached during their attendance of the nursing theory (NNT) lecture at the Churchlands ECU campus. All undergraduate nursing students who decided to participate in the study were supplied with an information sheet (Appendix A) containing background information, the questionnaire and an envelope (Appendix B). With the lecturer's permission, the questionnaire was administered at the commencement of the lecture in order to facilitate a high response rate. Completed questionnaires were returned in a sealed envelope and placed in the collection box located at the front of the lecture theatre, which was gathered by the researcher at the completion of the survey, for the commencement of data analysis.
4.7 Data analysis

Once the completed questionnaires were returned to the researcher, data analysis was commenced on computer software. The data was analysed with the use of the Statistical Package for the Social Sciences (SPSS) for Windows, version 11.0. Descriptive statistics were utilised to determine the frequencies of the influences affecting nursing students' decision whether or not to pursue mental health nursing as a career.

The demographic variables comprising part one were tested utilising non-parametric tests, chi-square and frequencies. These were conducted to investigate the rate of occurrence of cases concerning each variable, and to determine if the variables were related (Pallant, 2001, p. 256). Pearson chi-square test for independence cross tabulations were performed to examine whether the variable "would your first choice of specialty be mental health nursing" and all influence variables listed in question 17 of the questionnaire (Appendix B), had an effect on participants' decision regarding whether to pursue mental health nursing. The four category influence variables were cross tabulated with a two category variable "would you first choice of specialty be mental health nursing" and gender, thereby resulting in 2 by 4 tables.

In part two, descriptive tests of normality of the dispersion of scores and frequencies were carried out to explore the potential relationship between the rank of specialty chosen by the students and the influences. All influences were ranked on a four point likert-type scale ranging from no effect = 1 and very strong effect = 4. These, too, were measured using percentage of frequency of scores, to determine if there was any significant effect of the influence on the students' decision whether or not they would pursue mental health nursing as a career.

The students' ranking of preferred specialties was performed by ranking of cases and frequency of scores, to determine the most preferred and the least preferred specialty undergraduate nurses desire to pursue.

Content analysis was implemented to assist in identifying themes relevant to all of the open-ended questions within the questionnaire. Analysis of themes was undertaken utilising a manual approach. All verbatim responses were coded
according to a common theme, and the frequency of the theme was then calculated (Happell, 2001).

4.8 Ethical Considerations
Permission to conduct the study was obtained from the Faculty of Computing, Health and Science Ethics Sub-Committee of ECU. Participating nursing students were given an information sheet (Appendix A), which contained contact numbers to be used in the event of any students having questions regarding the study. All participants were assured of their confidentiality. All questionnaires were allocated a code number, and all data collected was entered into the computer according to the numerical code number provided. No names were used when collecting or entering data, however, when required, pseudo-names were used. All nursing students were informed that there was no cost involved to them, that their participation in the study was voluntary and if they wished to withdraw from the study at any time, they were able to do so. The nursing students were assured that withdrawal or refusal to participate in the study would in no way affect them, their grades, or their allocation of clinical placements. No risks were associated with this research study. There were no benefits for the individuals that decided to participate in the study, however they were informed that their participation would increase the body of knowledge regarding this current problem and would benefit future students in a similar position. Only the researcher, Thérèse Howell, and supervisor of the study, Jon Mould, sighted all data. All completed questionnaires and data were stored in a secure location within a locked filing cabinet during data collection. Five years after the date of publication of the research study, all completed questionnaires and data collected will be destroyed and all electronic media erased.
CHAPTER 5

FINDINGS

5.1 Introduction
The aim of this study was to investigate and identify the potential reasons why fewer nursing students are pursuing mental health nursing as a career. Similarly, whether such influences impact on the recruitment of mental health nurses, and which are the most desired specialties nursing students wish to pursue.

This chapter will present the findings of this study and report on the characteristics of the study sample. All findings will be presented under the following topics:

(a) Part 1: demographics;
(b) Part 2: influences;
   - statistical analysis of influences; and
(c) Part 3: clinical rotations.

Further discussion of the above topic findings will be discussed in Chapter Six.

Of the 32 students who participated in the pilot study, two were unable to be included due to insufficient information provided by the participants. Also, due to subsequent modifications made to the main questionnaire, the 32 pilot questionnaires were therefore unable to be included in the final count number of completed questionnaires.

Of the 142 questionnaires handed out to the third year nursing students, only 7 were not returned, one was returned incomplete and another with only one question omitted. This gave a total of 134 completed questionnaires that were returned, which gave a response rate of 94%.
5.2 Part 1: Demographics

Of the 134 participants, 15 (11.2%) were male and 119 (88.8%) were female. The age groups ranged from:

- 25 (18.7%) less than or equal to 20 years of age;
- 65 (48.5%) between the ages of 21 – 29;
- 27 (20.1%) between the ages of 30 – 39;
- 15 (11.2%) between the ages of 40 – 49;
- 2 (1.5%) older than the age of 50.

Of the 134 participants, 109 (81.3%) were Australian, 2 (1.5%) were from New Zealand, 9 (6.7%) were Norwegian and 14 (10.4%) consisted of other nationalities. Only 33 (24.6%) nursing students had no previous nursing or caring experience, compared with 101 (75.4%) nursing students having had some previous nursing or caring experience.

Table 1 illustrates the frequency distribution of the participants' gender.

Table 1

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15</td>
<td>11.2</td>
</tr>
<tr>
<td>Female</td>
<td>119</td>
<td>88.8</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 2 displays the frequency distribution of the third year nursing students' nationalities.

Table 2
Nationality of the third year nursing students at ECU

<table>
<thead>
<tr>
<th>Nationality</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian</td>
<td>109</td>
<td>81.3</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Norwegian</td>
<td>9</td>
<td>6.7</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>10.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3 shows the frequency distribution of age groups amongst the undergraduate nurses.

Table 3
Age group of third year nursing students

<table>
<thead>
<tr>
<th>Age group</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal to or less than 20 years old</td>
<td>25</td>
<td>18.7</td>
</tr>
<tr>
<td>21 - 29</td>
<td>65</td>
<td>48.5</td>
</tr>
<tr>
<td>30 - 39</td>
<td>27</td>
<td>20.1</td>
</tr>
<tr>
<td>40 - 49</td>
<td>15</td>
<td>11.2</td>
</tr>
<tr>
<td>Older than 50 years old</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 4 presents the frequency distribution of the nursing students’ basis of level of entry to ECU.

Table 4  
Level of entry to ECU

<table>
<thead>
<tr>
<th>Level of entry to ECU</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>TER/TEE</td>
<td>63</td>
<td>47.0</td>
</tr>
<tr>
<td>STAT</td>
<td>24</td>
<td>17.9</td>
</tr>
<tr>
<td>EN diploma</td>
<td>8</td>
<td>6.0</td>
</tr>
<tr>
<td>Transfer from another institution</td>
<td>11</td>
<td>8.2</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>20.9</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Of the 134 respondents, 120 (89.6%) completed one mental health rotation, 12 (9.0%) completed two rotations and 2 (1.5%) completed at least three or more rotations. Concerning these rotations, 23.1% (n=31) completed their rotation in an open ward, 27.6% (n=37) completed their rotation in a locked ward, with 35.1% (n=47) undertaking their rotation in both an open and locked ward and only 6.0% (n=8) completing their rotation on a forensic ward. Of the remaining 8.2% (n=11), their rotations ranged from drug and alcohol rehabilitation centres, to adolescent psychiatric units and to the broader community setting.

Prior to the ECU undergraduate nurses commencing their mental health placement, only 15.7% (n=21) were already considering a career in mental health nursing, compared with 83.6% (n=112) who were not interested in pursuing mental health nursing, as seen in table 5.
In response to the question, "having completed a mental health rotation, would your first choice of specialty be mental health nursing?" 122 (91%) respondents answered no, whilst only 12 (9.0%) respondents answered yes (see Figure 3).

![Figure 3: Number of students indicating their interest in pursuing mental health nursing on completion of their rotation.](image)
5.3 Part 2: Influences

In response to the question, “what is your image of a nurse and the nursing profession?” the majority of ECU undergraduate nurses opposed the following three statements. 105 (78.4%) participants disagreed nursing was “a profession which the health industry does not appreciate,” 100 (74.6%) participants disagreed “nursing was a calling or vocation,” and 74 (55.2%) participants disagreed nursing was “a profession where old stereotypes still exist.” A similar result was detected with the following statement, where 50% (50.7%) of participants viewed nursing as a profession “that integrates a tertiary qualification with practice, theory, education and research,” with 68 participants that replied yes and 66 (49.3%) participants that replied no. However, a greater portion of the undergraduate nurses agreed with the remaining statements. These statements included, “nursing is a hard working profession with major responsibility,” to which 109 (81.3%) participants agreed. Most participants felt that “nursing is a chance to travel,” with 108 (80.6%) respondents agreeing that there is the “opportunity to learn, be knowledgable and exposed to new experiences.” Although 104 (77.6%) conceded that “nursing is a job/career,” 103 (76.9%) agreed “nursing is a caring/helping, compassionate, selfless profession.” This idea continued, as 100 (74.6%) participants said “nursing promoted the well-being of individuals,” 99 (73.9%) agreed “nurses are people that are respected, ethical and reliable” and 92 (68.7%) participants conceded that “nursing is a profession undergoing change.”

When the participants ranked their most preferred to their least preferred career option, it was revealed that emergency nursing (n=28, 20.9%) was the most preferred career specialty ECU undergraduate nurses desire to pursue. Psychiatric, geriatric and other- research, administration, etc - were amongst the least preferred career options considered by ECU nursing students. Table 6 displays the totals of first preferences for each career choice.
Table 6
Most preferred nursing specialty as selected by ECU third year nursing students

<table>
<thead>
<tr>
<th>Name of specialty</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>28</td>
<td>20.9</td>
</tr>
<tr>
<td>Midwifery</td>
<td>22</td>
<td>16.4</td>
</tr>
<tr>
<td>Other: research, administration, etc.</td>
<td>19</td>
<td>14.2</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>14</td>
<td>10.4</td>
</tr>
<tr>
<td>Surgical</td>
<td>12</td>
<td>9.0</td>
</tr>
<tr>
<td>Geriatric nursing</td>
<td>9</td>
<td>6.7</td>
</tr>
<tr>
<td>ICU / CCU</td>
<td>8</td>
<td>6.0</td>
</tr>
<tr>
<td>Psychiatric nursing</td>
<td>7</td>
<td>5.2</td>
</tr>
<tr>
<td>Oncology / Palliative Care</td>
<td>5</td>
<td>3.7</td>
</tr>
<tr>
<td>Community, school, GP</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>Theatre</td>
<td>3</td>
<td>2.2</td>
</tr>
<tr>
<td>General Medicine</td>
<td>3</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Students were then asked what might have influenced their decision to pursue their chosen career specialty. The choices were: their individual preference; influenced by media; influenced by family, relatives and/or peers; or another influencing factor. In response, the majority of students, 119 (88.8%), said their decision was their individual preference, 8 (6.0%) students said their decision was influenced by family, relatives and/or peers, and 7 (5.2%) students said their decision was inspired by another influence, such as exposure and experience acquired on rotations. It was noted that no students’ decision was influenced by the media (newspaper, magazines, TV, internet, movies, etc).
In response to the question, “do you feel that mental health nursing is a specialised area of practice?” 129 (96.3%) participants said yes and 5 (3.7%) participants said no.

The frequency distribution of students that agreed mental health nursing requires specialty undergraduate training or preparation is illustrated in table 7.

Table 7
Mental health nursing requires specialty undergraduate preparation

<table>
<thead>
<tr>
<th>Specialty undergraduate preparation</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>124</td>
<td>92.5</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>7.5</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>

When undergraduate nurses were asked if they would attend a training programme for protection against assault or restraint, 88.8% (n=119) indicated they would attend and 11.2% (n=15) indicated they would not attend.

5.3.1 Statistical analysis of influences

Frequency distribution and Pearson chi-square tests for independence cross tabulations were carried out on data for the question, “do the following factors contribute to your decision whether or not to pursue psychiatric nursing as a career?” Chi-square was performed on the following variables: “would your first choice of specialty be mental health nursing”; gender, and all influences listed in question 17 of the questionnaire (Appendix B). A confidence interval of 95% was utilised on the variables. A result was considered significant where the probability level was 0.05 or less.

The chi-square results of the variable “would your first choice of specialty be mental health nursing” and influences, are presented in the following table. No significant
difference in the variable, “would your first choice of specialty be mental health nursing” was identified for the influence variable *fear* \((p=0.539)\), as illustrated in table 8.

Table 8  
Chi-square tests of the influence variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear *</td>
<td>0.539</td>
</tr>
<tr>
<td>Anxiety *</td>
<td>0.122</td>
</tr>
<tr>
<td>Lack of knowledge ^</td>
<td>0.361</td>
</tr>
<tr>
<td>Personal issues evoked ^</td>
<td>0.176</td>
</tr>
<tr>
<td>Having the ‘right’ personality *</td>
<td>0.859</td>
</tr>
<tr>
<td>Feeling inadequately trained or prepared *</td>
<td>0.991</td>
</tr>
<tr>
<td>Ideas and concepts advertised by the media ^</td>
<td>0.879</td>
</tr>
<tr>
<td>Opinions and beliefs coming from family *</td>
<td>0.449</td>
</tr>
<tr>
<td>Clinical experiences *</td>
<td>0.905</td>
</tr>
<tr>
<td>Clinical educator’s knowledge ^</td>
<td>0.005</td>
</tr>
<tr>
<td>Portrayal of mental health at university *</td>
<td>0.094</td>
</tr>
<tr>
<td>Lecturer’s knowledge ^</td>
<td>0.038</td>
</tr>
<tr>
<td>General versus mental health nursing ^</td>
<td>0.471</td>
</tr>
<tr>
<td>Preceptor role ^</td>
<td>0.007</td>
</tr>
<tr>
<td>Lack of task orientation *</td>
<td>0.601</td>
</tr>
<tr>
<td>Patient violence *</td>
<td>0.539</td>
</tr>
<tr>
<td>Stress related to the working environment ^</td>
<td>0.243</td>
</tr>
<tr>
<td>Job dissatisfaction *</td>
<td>0.007</td>
</tr>
<tr>
<td>Gender domination of mental health nursing *</td>
<td>0.270</td>
</tr>
</tbody>
</table>

* 4 cells (50.0%) have expected count less than 5.

^ 3 cells (37.5%) have expected count less than 5.
No significant difference in first choice of specialty was recognised with the variable \textit{anxiety} (p=0.122), (see Table 8).

There was no significant difference found between the variables, "would your first choice of specialty be mental health nursing" and a \textit{personal lack of knowledge} (p=0.361), as represented in table 8.

There was no significant difference identified with the variable "would your first choice of specialty be mental health" and the influence variable \textit{previous personal issues evoked} (p=0.176), (see Table 8).

There was no significant difference found between the variables, "would your first choice of specialty be mental health" and \textit{having the 'right' personality for psychiatric nursing} (p=0.859), (see Table 8).

No significant difference in the variable "would your first choice of specialty be mental health" could be identified for the variable \textit{feeling inadequately trained or prepared to enter the psychiatric work force due to the education curriculum} (p=0.991), as represented in table 8.

There was no significant difference between the variable "would your first choice of specialty be mental health nursing" and the influence variable \textit{ideas and concepts advertised by the media and society relating to mental health nursing} (p=0.879), (see Table 8).

No significant difference was verified between the variable "would your first choice of specialty be mental health" and the influence variable \textit{opinions and beliefs from family, relatives and friends related to mental health nursing} (p=0.449), (see Table 8).

There was no significant difference identified with the variable "would your first choice of specialty be mental health nursing" and the influence variable \textit{clinical experiences} (p=0.905), as illustrated in table 8.
A significant difference was identified for the variable “would your first choice of specialty be mental health” and the influence variable *clinical educator’s knowledge on current psychiatric issues* (p=0.005). That is, the undergraduate nurses consider their clinical educator’s knowledge to have an impact on their decision whether or not to pursue mental health nursing as a career, as Table 8 illustrates.

There was no significant difference found between the variables “would your first choice of specialty be mental health nursing” and the *portrayal of mental health nursing at university* (p=0.094), (see Table 8).

There was a significant difference identified between the variable “would your first choice of specialty be mental health nursing” and the influence variable *lecturer’s knowledge on current mental health issues* (p=0.038). This means that the effect of the lecturer’s knowledge on third year nursing students who decide to pursue mental health nursing is significant to the proportion of students who choose not to pursue mental health nursing as a career (see Table 8).

There was no significant difference between the variables “would your first choice of specialty be mental health nursing” and the *dominance of general nursing versus mental health nursing* (p=0.471), as shown previously in Table 8.

A significant difference was identified between the variable “would your first choice of specialty be mental health nursing” and the influence variable *preceptor role* (p=0.007). That is, the effect of the preceptor role on the nursing students who decide to pursue mental health nursing is significantly different to the proportion of students who have decided not to pursue mental health nursing (see Table 8).

There was no significant difference identified with the variable “would your first choice of specialty be mental health nursing” and the influence variable *lack of task orientation* (p=0.601), as shown in Table 8.

No significant difference was identified with the variable “would your first choice of specialty be mental health nursing” and the influence variable *patient violence* (p=0.539), (see Table 8).
There was no significant difference evident between the variable “would your first choice of specialty be mental health nursing” and the influence variable *stress related to the working environment* \( (p=0.243) \), as illustrated in table 8.

A significant difference was identified between the variable “would your first choice of specialty be mental health nursing” and the influence variable *job dissatisfaction* \( (p=0.007) \). Thus, the effect of job dissatisfaction on the undergraduate nurses who decide to pursue mental health nursing is significantly different to the proportion of students who have decided not to pursue mental health nursing, as table 8 illustrates.

There was no significant difference identified with the variable “would your first choice of specialty be mental health nursing” and the influence variable *gender domination of mental health nursing* \( (p=0.270) \), as seen in table 8.

In continuation of responses to the question, “do the following factors contribute to your decision whether or not to pursue mental health nursing as a career”, frequency distribution was carried out for all influences. This was conducted in order to investigate the effect each influence variable had on the undergraduate nurses’ decision to pursue mental health nursing as a career.

For the influence variable *fear*, 53 (39.6%) participants said it would have no effect, 47 (35.1%) participants said it would have a weak effect, 25 (18.7%) participants said it would have a strong effect and 9 (6.7%) participants said it would have a very strong effect on their decision to pursue mental health nursing as a career.

For the influence variable *anxiety*, 69 (51.5%) participants confirmed it would have no effect, 41 (30.6%) participants confirmed it would have a weak effect, 21 (15.7%) participants confirmed it would have a strong effect and 3 (2.2%) participants confirmed it would have a very strong effect regarding their decision to pursue psychiatric nursing.

Concerning the influence variable *a personal lack of knowledge*, 56 (41.8%) participants stated it would have no effect, 44 (32.8%) participants stated it would
have a weak effect, 26 (19.4%) participants stated it would have a strong effect and 8 (6.0%) participants stated it would have a very strong effect with regards to their decision to pursue mental health nursing.

Regarding the variable previous personal issues evoked, 88 (65.7%) participants said it would have no effect, 27 (20.1%) participants said it would have a weak effect, 12 (9.0%) participants said it would have a strong effect and 7 (5.2%) participants said it would have a very strong effect on their decision whether or not they would pursue psychiatric nursing.

Of the variable having the ‘right’ personality for psychiatric nursing, 47 (35.1%) participants confirmed no effect, 33 (24.6%) participants confirmed a weak effect, 43 (32.1%) participants confirmed a strong effect and 11 (8.2%) participants confirmed a very strong effect.

For the influence variable feeling inadequately trained or prepared to enter the psychiatric workforce due to the education curriculum, 36 (26.9%) responded as having no effect, 50 (37.3%) responded as having a weak effect, 36 (26.9%) responded as having a strong effect and 12 (9.0%) responded as having a very strong effect on their decision regarding mental health nursing (see Figure 4).
The effect of feeling inadequately prepared on students' decision

Figure 4: The effect of students feeling inadequately prepared to enter the psychiatric workforce.

Regarding the influence variable ideas and concepts advertised by the media and society relating to mental health nursing, 63 (47.0%) participants replied as having no effect, 46 (34.3%) participants replied as having a weak effect, 19 (14.2%) participants replied as having a strong effect and 6 (4.5%) participants replied as having a very strong effect on their decision to choose mental health nursing as their chosen specialty.

Concerning the influence variable opinions and beliefs from family, relatives and friends related to mental health nursing, 86 (64.2%) participants said it had no effect, 32 (23.9%) participants said it had a weak effect, 11 (8.2%) participants said it had a strong effect and 5 (3.7%) participants said it had a very strong effect on their decision regarding mental health nursing.
For the influence variable *clinical experiences*, 31 (23.1%) responded as having no effect, 34 (25.4%) responded as having a weak effect, 51 (38.1%) responded as having a strong effect and 18 (13.4%) responded as having a very strong effect on their decision about pursuing mental health nursing as a career. Figure 5 illustrates the effect clinical experiences contribute towards the students' decision of pursuing mental health nursing as a career.

![Bar chart](image)

**Figure 5: The effect of clinical experiences towards students’ decision.**

For the influence variable *clinical educator’s knowledge on current psychiatric issues*, 61 (45.5%) participants confirmed it would have no effect, 33 (24.6%) participants confirmed it would have a weak effect, 33 (24.6%) participants confirmed it would have a strong effect and 7 (5.2%) participants confirmed it would have a very strong effect regarding their decision to pursue psychiatric nursing.
Of the variable *portrait of mental health nursing at university*, 67 (50.0%) participants confirmed no effect, 39 (29.1%) participants confirmed a weak effect, 23 (17.2%) participants confirmed a strong effect and 5 (3.7%) participants confirmed a very strong effect.

Regarding the influence variable *lecturer’s knowledge on current mental health issues*, 66 (49.3%) participants replied as having no effect, 38 (28.4%) participants replied as having a weak effect, 24 (17.9%) participants replied as having a strong effect and 6 (4.5%) participants replied as having a very strong effect on their decision to pursue mental health nursing.

With regard to the influence variable *dominance of general nursing versus mental health nursing*, 58 (43.3%) participants said it had no effect, 26 (19.4%) participants said it had a weak effect, 36 (26.9%) participants said it had a strong effect and 14 (10.4%) participants said it had a very strong effect on their decision regarding mental health nursing.

For the variable *preceptor role*, 67 (50.0%) responded as having no effect, 39 (29.1%) responded as having a weak effect, 19 (14.2%) responded as having a strong effect and 9 (6.7%) responded as having a very strong effect on their decision about pursuing mental health nursing as a career.

Concerning the influence variable *lack of task orientation*, 39 (29.1%) participants confirmed no effect, 46 (34.3%) participants confirmed a weak effect, 33 (24.6%) participants confirmed a strong effect and 16 (11.9%) participants confirmed a very strong effect (see Figure 6).
The effect of clinical experiences on students' decision to pursue mental health nursing.

For the influence variable *stress related to the working environment*, 62 (46.3%) responded as having no effect, 40 (29.9%) responded as having a weak effect, 23 (17.2%) responded as having a strong effect and 9 (6.7%) responded as having a very strong effect on their decision about pursuing mental health nursing as a career.

Regarding the influence variable *patient violence*, 38 (28.4%) participants said it had no effect, 50 (37.3%) participants said it had a weak effect, 29 (21.6%) participants said it had a strong effect and 17 (12.7%) participants said it had a very strong effect on their decision about pursuing mental health nursing. Figure 7 shows the effect patient violence may have towards students' decision to pursue mental health nursing as a career.
The effect of patient violence on students’ decision to pursue mental health nursing as a career.

Figure 7: The effect of patient violence on students’ decision to pursue mental health nursing as a career.

Of the influence variable *job dissatisfaction*, 36 (26.9%) participants confirmed no effect, 36 (26.9%) participants confirmed a weak effect, 41 (30.6%) participants confirmed a strong effect and 21 (15.7%) participants confirmed a very strong effect (see Figure 8).
With regard to the influence variable *gender domination of mental health nursing*, 92 (68.7%) students replied as having no effect, 31 (23.1%) students replied as having a weak effect, 7 (5.2%) students replied as having a strong effect and 4 (3.0%) students replied as having a very strong effect on their decision to choose mental health nursing.

Students were asked to rate on a likert-type scale how they considered their clinical rotation experience. Frequency distribution of participants’ response was performed. In response, 12.7% (n=17) rated it as a poor experience, 15.7% (n=21) rated it as a neutral experience, 37.3% (n=50) rated it as a good experience, 14.2% (n=19) rated it as a very good experience and 20.1% (n=27) rated it as a great experience.

In response to the question, “do you feel that the theory and teaching strategies used at ECU are conducted in a way that promotes mental health nursing as a rewarding career?” 71 participants said no and 63 participants said yes, that is 53% and 47% respectively. Specific reasons were identified with the use of an open-ended question. Responses were obtained from 107 (80%) participants. There were 27
participants that did not respond. It must be noted that some participants provided more than one response and these responses are illustrated in table 9.

Table 9

<table>
<thead>
<tr>
<th>Students' responses about theory and teaching strategies at ECU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response</strong></td>
</tr>
<tr>
<td>Tutor and lecturer were passionate about mental health nursing, therefore it was interesting</td>
</tr>
<tr>
<td>The unit does encourage students to consider mental health nursing as a career</td>
</tr>
<tr>
<td>One unit is not enough to encourage students to pursue mental health nursing</td>
</tr>
<tr>
<td>Not enough education on mental health, more education is required</td>
</tr>
<tr>
<td>Lecturer had designed the unit well; it was valuable</td>
</tr>
<tr>
<td>Other responses to the question</td>
</tr>
</tbody>
</table>

5.4 Part 3: Clinical Rotations

This part of the questionnaire contained four open-ended questions where students were asked to comment on one of their mental health rotation experiences. Content analysis was implemented to assist in identifying themes. Analysis of themes was undertaken utilising a manual approach. All verbatim responses were coded according to a common theme, with frequency of the theme then calculated (Happell, 2001). It must also be noted that some participants responded more than once for all four of these questions.
In response to the question, “with regard to the clinical teaching skills on your rotation, please identify the strengths of the clinical teaching”, 114 (85%) participants responded to the question. Table 10 provides the frequency distribution of all responses given by the undergraduate nurses.

Table 10
Strengths of the clinical teaching provided on clinical rotation

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health nurses were helpful</td>
<td>42</td>
<td>31.3</td>
</tr>
<tr>
<td>Tutorials were helpful</td>
<td>31</td>
<td>23.1</td>
</tr>
<tr>
<td>Opened eyes to mental health nursing and learnt how to</td>
<td>29</td>
<td>21.6</td>
</tr>
<tr>
<td>communicate to the patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Educator was great</td>
<td>24</td>
<td>17.9</td>
</tr>
<tr>
<td>It was a great experience; learnt how to observe and</td>
<td>18</td>
<td>13.4</td>
</tr>
<tr>
<td>reflect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other responses to the question</td>
<td>17</td>
<td>12.7</td>
</tr>
</tbody>
</table>

In reply to the question, “with regard to the clinical teaching skills on your rotation, please identify the weaknesses of the clinical teaching”, 91 (68%) participants responded. The frequency distribution of all responses provided by participants is illustrated in table 11.
Table 11

Weaknesses of the clinical teaching provided on clinical rotation

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students felt mental health staff had a bad attitude towards them whilst on practicum</td>
<td>30</td>
<td>22.4</td>
</tr>
<tr>
<td>There was no clinical teaching &amp;/or skills on practicum</td>
<td>27</td>
<td>20.1</td>
</tr>
<tr>
<td>No extra knowledge was gained from practicum</td>
<td>17</td>
<td>12.7</td>
</tr>
<tr>
<td>The university does not prepare students for practicum</td>
<td>14</td>
<td>10.4</td>
</tr>
<tr>
<td>Preceptor was vague, terrible, non-enthusiastic etc.</td>
<td>13</td>
<td>9.7</td>
</tr>
<tr>
<td>Other responses to the question</td>
<td>6</td>
<td>4.5</td>
</tr>
</tbody>
</table>

In response to the question, “with regard to your clinical experience, please identify the strengths of your clinical rotation”, 107 (80%) participants responded and 27 participants did not respond to the question. Table 12 provides the frequency distribution of all responses provided by third year nursing students at ECU.

Table 12

Strengths of the clinical rotation

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rotation was a great experience</td>
<td>37</td>
<td>27.6</td>
</tr>
<tr>
<td>All staff were supportive</td>
<td>37</td>
<td>27.6</td>
</tr>
<tr>
<td>The time spent interacting with patients was insightful</td>
<td>27</td>
<td>20.1</td>
</tr>
<tr>
<td>Increased confidence in dealing with mentally ill patients</td>
<td>21</td>
<td>15.7</td>
</tr>
<tr>
<td>The exposure to numerous illnesses was good</td>
<td>17</td>
<td>12.7</td>
</tr>
<tr>
<td>Other responses to the question</td>
<td>14</td>
<td>10.4</td>
</tr>
</tbody>
</table>
Finally, for the question “with regard to your clinical experience, please identify the weaknesses of your clinical rotation”, 94 (70%) participant responses were obtained. The frequency distribution of these responses is shown in table 13.

Exploration of all findings will be discussed further in Chapter Six.

Table 13
Weaknesses of the clinical rotation

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needed more time and exposure</td>
<td>35</td>
<td>26.1</td>
</tr>
<tr>
<td>Was bored</td>
<td>25</td>
<td>18.7</td>
</tr>
<tr>
<td>Staff need to be more supportive to precept students</td>
<td>20</td>
<td>14.9</td>
</tr>
<tr>
<td>There was not much to do clinically</td>
<td>16</td>
<td>11.9</td>
</tr>
<tr>
<td>Had no direction or structure; self-directed learning</td>
<td>14</td>
<td>10.4</td>
</tr>
<tr>
<td>Other responses to the question</td>
<td>6</td>
<td>4.5</td>
</tr>
</tbody>
</table>
CHAPTER 6

DISCUSSION

This chapter will discuss the key findings of this study. The study questions posed in Chapter One will be discussed in order of their presentation. A brief statement regarding the results is given followed by an exploration of the possible interpretation of these results. Additionally, these findings will be compared with other studies regarding the recruitment of newly qualified graduates into mental health nursing.

The first study question asked participants about the factors that may hinder them from pursuing mental health nursing as a career. A frequency distribution was determined for all influences. The variables that indicated an effect on undergraduate nurses’ decision to pursue mental health nursing in this study were:

- Feeling inadequately trained or prepared to enter the psychiatric workforce;
- Clinical experiences;
- Job dissatisfaction;
- Lack of task orientation;
- Patient violence.

A little over one third (37.3%) of the participants in this study indicated that “feeling inadequately prepared to enter the psychiatric workforce due to the education curriculum” had a weak effect on their decision to pursue psychiatric nursing. This result is surprising considering evidence from previous research into this topic.

The responses of both male and female students to this question were equivalent, indicating that gender was not a factor. Additionally, the response to “having completed a mental health rotation, would your first choice of specialty be mental health nursing?” had little impact upon students’ choice of specialty. This is consistent with previous studies such as Wynaden, Orb, McGowan and Downie (2000), who measured students’ level of preparedness to work with mentally ill patients before and after clinical rotations undertaken by the students. They obtained
a post-test mean score of 1.59-3.57, thus indicating a significant increase in students' perceived lack of preparedness to commence working within the psychiatric workforce. Students' also expressed no fascination to work with the mentally ill. It was concluded that students perceive the education received at university does not adequately prepare nursing graduates for specialisation in psychiatric nursing. Arnold, Deans and Munday (2004) and Rushworth and Happell (2000) also supported these findings. This may mean that it is not only the education at universities but also the practical experience students receive on practicum that may hinder their decision. Perhaps a joint approach between universities and the health industry may help solve this problem perceived by students.

Over half (53%) of the students in the study also felt that the theory and teaching strategies used at ECU are not conducted in a way that encourages students to pursue mental health nursing. Possible reasons for students feeling inadequately trained to enter the psychiatric workforce could be attributable to the students' views regarding the effectiveness of teaching strategies implemented at ECU, as identified in this study's open-ended question. The students provided both positive and negative views regarding the mental health unit. The negative responses included statements such as, “one unit is not enough to encourage students to pursue mental health nursing” and “there is not enough education on mental health and more is required.”

However, not all feedback was negative. Some of the participants were pleased with their tutors and lecturer, stating they appeared to be “passionate about mental health nursing” and therefore it was interesting. Some also indicated that the mental health unit does encourage students to pursue mental health as a career. Some also felt that the lecturer had designed the unit well and therefore it was valuable. These positive and negative responses, although specific to the ECU population, are comparable with findings from New Zealand and Australian anecdotal and published studies. These studies found that nursing students have a perception that comprehensive education does not provide the fundamental skills and knowledge required to commence work in a mental health hospital after graduation (Prebble, 2001; Wynaden, Orb, McGowan & Downie, 2000).
Furthermore, concerning the influences affecting students' choice of pursuing mental health nursing, this study indicated that clinical experiences had a weak effect on some students and a strong effect on others with regard to their decision to pursue mental health nursing as a career. Approximately 40% of the participants felt that their clinical placement had a strong effect on their decision to pursue mental health as a career. Additionally, a quarter (25.4%) of the participants felt that the clinical rotation had a weak effect on their decision to work in mental health. Again, these findings highlight the importance of quality clinical placements with high calibre education. An important presumption with this finding is whether or not the students were considering mental health nursing as a career prior to their clinical placement. A significant decline was noted in students' interest to pursue mental health nursing as a career having completed a placement, compared with students considering mental health nursing as a career prior to their mental health placement. A substantial decline was noted between these students, with a little under half of the students indicating they no longer desired to pursue mental health nursing as a career, that is 15.7% compared with 9.0% respectively. It is assumed that the students in this study may have been exposed to, or, experienced negative events on their placement and is therefore the reason for the considerable decrease in students indicating their interest to pursue psychiatric nursing. These findings suggest that positive or negative clinical placements are attributable to increasing or decreasing undergraduate nurses' interest in pursuing psychiatric nursing as a career.

The feelings of the students in this study were similar to findings in Mullen and Murray's study (2002), where students were asked to comment on their opinions of their clinical placement, with 90% of students providing positive responses. It is also noted in a study by Happell (2001), that students expressed interest and felt their psychiatric rotation to be valuable, however psychiatric nursing continued to be the least preferred career choice pursued by undergraduate nurses. Moreover, Martin and Happell's (2001) study confirmed that a positive clinical experience impacted on students' decision to pursue mental health nursing, as students in their study showed an increased interest to pursue mental health nursing potentially attributable to a positive clinical placement.
Moreover, it was identified in this study that job dissatisfaction also had a strong effect on the students' decision to pursue mental health nursing as a career. Additionally, a significant relationship between the variables job dissatisfaction and "having completed a mental health rotation, would your first choice of specialty be mental health nursing?" was identified (p=0.007). It can, therefore, be concluded that the influence of job dissatisfaction on undergraduate nurses' interest to specialise in psychiatric nursing, is significantly different to the proportion of students that have a lower preference to pursue psychiatric nursing. Thus, the findings of this study indicate a strong association between the influence of job dissatisfaction on student nurses' decision to pursue psychiatric nursing once graduated and the experience obtained on their clinical placement.

In addition, a comparative study by Happell, Martin and Pinikahana (2003), found mean scores on job satisfaction were significantly different between forensic and mainstream psychiatric nurses. For example, 86% of forensic nurses felt more comfortable with their work and delivery of nursing care compared with only 16% of mainstream nurses. They also reported that forensic nurses were less likely to experience 'burnout' and were more satisfied with their employment than what mainstream psychiatric nurses reported. These results are provoking as they suggest negative consequences regarding recruitment and retention of psychiatric nurses.

In a qualitative study by Ferguson and Hope (1999), it was reported that mental health nursing was not pursued as a career due to the lack of tasks, skills and routine, in comparison with the task orientation that general nursing entails. Furthermore, this study has indicated that just over one third (34.3%) of students feel that lack of task orientation had a weak effect on their decision whether or not to pursue mental health nursing as a career once graduated. Reasons for the students perceived lack of task orientation in mental health nursing may be attributable to the perceived weaknesses expressed by students in response to this study's open-ended question. These responses included: needed more time and exposure; boredom; staff to be more supportive to precept students; not much to do clinically; and there was no direction or structure - it was self-directed learning. These findings suggest that fewer student nurses may pursue mental health nursing, as the perception exists that it is less autonomous but more rigorous when compared to general nursing. Perhaps
if there was a joint approach between universities and all psychiatric hospitals, hospital staff would be more aware of the universities and students’ objectives, and may therefore provide them with opportunities to achieve their goals whilst on their placement. This may in turn decrease the perceived weaknesses experienced by students, which may also have the potential to increase recruitment of undergraduate nurses into mental health nursing.

In McKenna, Poole, Smith, Coverdale and Gale’s (2003) study on patient violence against graduate registered nurses, it was found that the highest risk area for violent behaviour and/or threats was in mental health nursing. Similarly, in this study patient violence has been indicated to have a weak effect on 37.3% of the students’ decision to proceed into the specialty of mental health nursing once graduated. Moreover, in the former study mentioned, it was revealed that younger, male nurses were most susceptible to multiple forms of assault and threats of violence \((p=0.001)\), (McKenna, Poole, Smith, Coverdale & Gale, 2003). Similarly, the present study has also identified a significant difference between the variable “gender” and the influence variable “patient violence”, with an associated significance level of \(p=0.033\). These findings indicate the proportion of males that feel patient violence has a weak effect on their decision to pursue mental health nursing as a career is significantly less than the proportion of females that feel the same. Hence, the findings of this study have indicated an association with gender and the influencing factor of patient violence impacting on nursing students intention to pursue mental health nursing, potentially resulting in fewer students’ pursuing mental health nursing once graduated. There could therefore be a great potential target area for hospitals for future recruitment by aiming their recruitment process at females and inform them about job satisfaction, safety issues and other factors that may appeal to them. This could help allay any concerns or hesitation that females may have about entering mental health nursing as a career. It should also be noted, that this study did not recruit sufficient numbers of males to enable validity of gender differences due to the lower quantity of the male population at ECU.

In relation to the second study question, “do these factors impact on the recruitment of mental health nurses”, there is a potential for numerous influences to impact on the recruitment of mental health nurses. Concerning the present study, former
influences indicated a significant effect on students’ intention to pursue mental health nursing, therefore impacting on the recruitment of mental health nurses. Despite having no effect on students’ decision to pursue mental health nursing, a significant difference has also been identified between the variable “would your first choice of specialty be mental health nursing” and three additional influence variables. These include: clinical educators knowledge on current mental health issues (p=0.005); lecturer’s knowledge on current mental health issues (p=0.038); and preceptor role (p=0.007). From these results it is evident that these influence variables have a significant effect on nursing students’ decision to pursue mental health nursing once graduated, thus impacting on the recruitment of mental health nurses.

It was also evident from this study that experience gained from clinical placements had an immense impact on the recruitment of undergraduate nurses into mental health nursing. Only 12 (9.0%) students have indicated their interest to pursue mental health nursing as a career after their clinical placement, compared with 21 (15.7%) that were interested in pursuing mental health prior to their clinical placement. Happell (n.d.) also confirmed in her study that 10% of responses indicated that a negative clinical placement adversely effected the students’ perception of mental health nursing. Additionally, a study by Rushworth and Happell (2000), clearly demonstrated that mental health nursing education can have a significant impact on nursing students’ attitudes to consider mental health nursing as a career, with a p-value of 0.00033.

With the findings of this study indicating a decline in student desires to pursue mental health nursing following their placement, it may be likely to have a significant impact upon the recruitment of students into mental health nursing over time. The author feels that such an impact on recruitment may be attributed to short clinical placements. It is possible that a longer placement of four weeks may be more beneficial than a two week placement, which would enable students to build up confidence, and learn and acquire more in-depth foundational knowledge about mental health. This discussion is supported by findings in studies by Martin and Happell (2001) and Mullen and Murray (2002). Both studies illustrate that the length of a clinical placement can positively or negatively affect students’ thoughts and
understanding of mental health nursing in relation to factors such as fear of patient violence, clinical educator's knowledge and clinical placement experience. It is therefore likely that should students have longer placements, their concerns regarding the above factors would possibly decrease, which may in turn increase their interest in mental health, thus impacting positively on the recruitment of new graduates into mental health nursing.

It is also noted that some studies bring to light the issue of the difficulty nursing universities encounter finding psychiatric hospitals to cooperate with the placing of nursing students, as well as numerous other health professional students for clinical placements (Clinton & Hazelton, 2000). Enabling students to have longer placements is potentially possible. This would only work effectively if there was collaboration between health departments and universities to equalise placement lengths at certain hospitals for all multi-disciplinary students.

Furthermore, it may be argued that all influences including, feeling inadequately trained; job dissatisfaction; lack of task orientation; patient violence; clinical educator's knowledge; lecturer's knowledge; and preceptor role, all play a part in influencing nursing students' decision to pursue mental health nursing whilst on clinical placement. A study by Happell (1998) also reported similar findings.

Despite the majority of students rating their clinical placement as a good experience (37.3%), the number of students that stated their interest to pursue mental health nursing as their desired specialty is disproportionately low compared with the apportionment of students indicating their desire to pursue specialties within the general nursing field. Therefore, it may be argued that students enjoy their clinical placement, valuing the additional knowledge and exposure, however, at the same time feeling that they are inadequately trained to enter the psychiatric workforce and that they must first acquire their skills within the area of medical-surgical nursing. Another possibility is that students find the problem of patient violence too challenging and thus make a decision not to pursue mental health nursing, which then impacts on the recruitment of undergraduate nurses into mental health nursing (Rushworth & Happell, 2000).
It was also apparent that the majority of undergraduate nurses feel mental health nursing is a distinct area of practice, and agree that it requires specialty undergraduate training or preparation, that is 96.3% (n=129) and 92.5% (n=124) respectively. Considering these undergraduate findings, universities could examine the design of current curricula regarding the nursing degree, and make the necessary changes that research findings suggest, in order to improve education and recruitment of graduates into mental health nursing. Also raising awareness and encouraging students to pursue post-graduate courses in mental health, may increase interest amongst undergraduate nurses to pursue mental health nursing, thus impacting positively on the recruitment of undergraduate nurses into mental health nursing.

Although not addressed in this study, previous studies have shown that further education in mental health can change attitudes. Therefore, if more education is provided for students to change their attitude towards the mentally ill, such changes would have the potential to positively impact on the recruitment of undergraduate nurses into mental health nursing (Clinton & Hazelton, 2000; Martin & Happell, 2001; Wynaden, Orb, McGowan & Downie, 2000).

In answer to the third study question, “what is the first preference of career choice amongst third year nursing students”, emergency nursing was identified as the most preferred specialty undergraduate nurses at ECU desire to pursue at 20.9% (n=28). It was noted that several specialties were scored equally and show there were 11 most preferred rankings. Following emergency nursing was midwifery (16.4%; n=22), other: research, administration (14.2%; n=19), paediatrics (10.4%; n=14), surgical (9.0%; n=12), geriatric (6.7%; n=9) and ICU or CCU nursing (6.0%; n=8). Only 5.2% (n=7) of students ranked psychiatric nursing as their most preferred career choice, oncology or palliative care (3.7%; n=5), community, school, GP (3.0%; n=4), and ranking equally were theatre and general medicine nursing (2.2%; n=3).

It is interesting to note that the least preferred career choice ranked by just over one third (35.1%) of undergraduate nurses was other: research, administration. Again, several specialties were scored equally indicating there were 9 least preferred rankings. This was followed by geriatric (19.4%; n=26), psychiatric (8.2%; n=11),
midwifery (7.5%; n=10), emergency (6.0%; n=8) and surgical nursing (5.2%; n=7). Following closely was community, school, GP and theatre (4.5%; n=6), paediatric and oncology or palliative care (3.7%; n=5), and ICU or CCU nursing (1.5%; n=2). In the case of general medicine nursing, no students ranked it as their least preferred career choice. In the opinion of the author, this finding was interesting as students may rank medical nursing low but not their least preferred career. It is possible students feel they are more familiar with medical nursing because they receive more clinical experiences in this field. In contrast, students may have ranked mental health as their least preferred career choice, as a majority of students only experienced one short clinical placement and may therefore have felt they were less familiar in this field of nursing. Approximately 90% of students in this study only experienced one mental health clinical placement. Therefore, it is likely that completing only one placement may affect students’ preference of career choice, as their decision is based on the experience gained from only one placement.

As discussed previously, it is important to note that only 12 (9.0%) students indicated an interest to pursue psychiatric nursing on completion of their clinical placement. However, when asked to rank their most preferred career option, only 7 (5.2%) students indicated psychiatric nursing to be their desired specialty. Additionally, the majority of students also stated that their decision to pursue their desired career option was their individual preference, that is 88.8% (n=119).

Results from this study indicate a marked unpopularity of psychiatric nursing, as it continues to be amongst the least preferred career options considered by undergraduate nursing students at ECU, ranked at 8 for the most preferred and 3 for the least preferred career option. Furthermore, findings from a study by Happell (2001) support the findings of the present study, ranking psychiatric nursing at number eight in both pre and post-placement tests, with a mean score of 6.92 and 5.95 respectively. Studies by Happell (1998) and Rushworth and Happell (2000) also confirm these findings.

Regarding the fourth study question, “what are the positive and negative experiences of the third year nursing students’ mental health clinical rotations”, responses were obtained by means of an open-ended question from 107 and 94 participants
It must be noted that some participants provided more than one response.

Just over a quarter (27.6%) of the students stated their clinical rotation was an overall “great experience” and that “all staff were supportive”. Approximately 20% of the students felt that “time spent interacting with patients was insightful”, 15.7% indicated the rotation had “increased their confidence in dealing with mentally ill patients”, and approximately 13% of students stated the “exposure to numerous illnesses was good”. Despite such positive responses about clinical rotations, fewer nursing students remain to indicate their desire to pursue mental health nursing. The question of why this problem continues provides reason for further research.

Rushworth and Happell (2000) established similar findings in their study, with 37% of students indicating that the experience gained on clinical placements yielded a more positive view of psychiatric nursing as a career. Likewise, Happell (1998, p. 7) drew similar conclusions, with 89% of responses indicating psychiatric nursing to be “interesting” and 7% of responses pertaining to “positive experiences with the mentally ill”. Martin and Happell (2001) also reported that 12 students found interacting with the patients to be the most beneficial experience whilst on rotation.

Concerning the negative experiences of clinical rotations, over one quarter (26.1%) of students indicated that “more time and exposure” was required. Boredom was an issue for approximately 19% of students and close to 15% reported that “staff need to be more supportive to precept students”. Nearly 12% of students reported there was “not much to do clinically”, and 10.4% reported they had “no direction or structure – it was self-directed learning”.

Clearly there are aspects of clinical placements that require addressing by both universities and clinical areas for students to have enjoyable learning experiences in psychiatric nursing. Evidently students perceive that staff within the clinical area have negative attitudes towards preceptoring students, and this issue needs to be addressed by the relevant clinical areas. Perhaps if staff were educated about the effect clinical placements and educators have on students’ decision to pursue psychiatric nursing, then possible changes can be made to address this issue.
Additionally, it is clear that universities need to liaise with clinical areas to ensure students apply realistic, unambiguous and measurable objectives whilst on rotation. This may allow effective teaching and learning strategies that are applicable and relevant to both clinical educators and students. It is therefore possible that the recommended changes may impact positively on the recruitment of nurses into psychiatric nursing.

Again, findings from the present study are supported by findings in a study by Happell (1998). Happell's (1998, p. 6) study reported that 27% of students described psychiatric nursing as “boring, uninteresting or unrewarding” and 19% of students considered themselves as not having the “knowledge, experience or personal attributes” to work adequately as a psychiatric nurse. Moreover, a study by Mullen and Murray (2002) has shown that 20% of students agreed that more time is required on clinical placements.

The results from the present study and former studies clearly demonstrate that clinical placements have the potential to significantly effect the views held by nursing students regarding this field of nursing. Thus, the likelihood of such issues encroaching upon the recruitment of psychiatric nurses remains high.

In relation to the fifth study question, “what are the third year nursing students’ positive and negative views of clinical educator’s teaching skills in a mental health setting”, responses were obtained by means of an open-ended question from 114 and 91 participants respectively. It must be noted that some participants provided more than one response.

Approximately 30% of students indicated that whilst on their clinical rotation, the mental health nurses were “helpful”. There were close to 23% and 21%, respectively, of students that considered the tutorials to be “beneficial”, and that their “eyes were opened to what mental health nursing entails”, as well as learning how to “communicate” with the patients. Almost 18% of students stated their clinical educator was “great” and just over 13% indicated the teaching on rotation was a “great experience as they learnt how to observe and reflect”.

The findings in the present study are further supported by other Australian studies. In a study by Mullen and Murray (2002, p. 64), 50% of responses indicated that the “attitudes or attributes” of educators and staff were positive. This in turn impacted positively on undergraduate nurses’ image of mental health nursing, as almost half of the students indicated an interest to pursue mental health nursing once graduated. Additionally, Arnold, Deans and Munday (2004) reported that 48 students indicated staff were helpful and contributed considerably to their learning experiences. Martin and Happell (2001) also identified in their study that on a post-placement questionnaire, students reported they had learnt more specific mental health nursing skills. These included development of assessment, observation and listening skills (n=30), communication with patients (n=11) and obtaining a sound knowledge of mental health (n=6).

With regard to the negative views of the clinical teaching skills on rotation, over 20% of students reported that mental health staff had a “bad attitude” towards students, as well as the lack of availability of clinical teaching and/or skills whilst on rotation. Close to 13% of students reported they had gained no additional knowledge base of mental health nursing. Moreover, approximately 10% of students reported that they felt the university did not prepare them for their mental health rotations, and that their clinical preceptor was “vague, terrible and non-enthusiastic”.

With approximately one third (32.1%) of the responses pertaining to preceptors and staff, it is evident that students place high value on the delivery of education and support provided by preceptors. Again, these findings highlight the importance of effective teaching strategies and the effect that education and clinical placement experience has on students’ decision to pursue mental health nursing as a career once graduated.

Findings from a qualitative study by Ferguson and Hope (1999) reported a lack of enthusiasm towards educational opportunities for students, thus leading to an inability for development of a sound knowledge base. A study by Happell (1998) and Happell (2001) supported these findings, with 22% and 19% of students stating their limited knowledge having an immense impact on their preparation and pursuit of mental health nursing.
There was minimal literature that verified the findings of this study explaining negative views of clinical teaching skills on rotation. However, it could be argued that not only do students place a high value on the acquisition of clinical skills, but also on the formation of a ‘relationship’ with clinical educators and staff. This may in turn impinge on students’ overall learning experiences and opinion of what mental health nursing encompasses. Therefore, the method of delivery of education provided by clinicians may severely effect students’ attitudes to pursue mental health nursing. This may adversely impact upon the recruitment of more undergraduate nurses into psychiatric nursing which is a matter of serious concern (Arnold, Deans & Munday, 2004). Perhaps a joint approach by universities and clinical areas is needed to encourage university educators and registered nurses, and educate them on how to make placements more worthwhile for students. Or perhaps university educators could work in clinical areas to obtain current clinical credibility, and therefore experience the issues that have been expressed by the students in this study.
CHAPTER 7
CONCLUSION

This chapter discusses the conclusions drawn from the study, the implications and recommendations for nursing practice, recommendations for future research projects, and the limitations of the study.

7.1 Conclusion

This study was conducted in order to identify the possible reasons why undergraduate nurses do not desire to seek future employment in WA mental health hospitals. This was achieved by administration of a questionnaire, to 134 ECU students. Initially, the author hoped to obtain a larger sample of students. However, ethics approval took longer than anticipated, and in conjunction with time constraints of an honours research project, a sample number of 134 final participating nursing students was obtained. Several significant conclusions can be drawn from the findings of this study.

The theory of reasoned action by Ajzen and Fishbein (1980), on which this study is based, illustrated that the intent to perform, or not to perform a given behaviour and the end result is predictable, and correlates to the ‘behaviour intended’. The ‘behavioural intention’ is derived from a combination of personal attitudes and the influence of significant others or peers. To explain, if an undergraduate nurse was considering pursuing mental health nursing as a career, has a positive attitude towards the mentally ill, was positively influenced by education and their clinical placement experience and believe significant others approve of their decision, then their behaviour of pursuing mental health nursing as a career is likely to occur, and vice versa.

It is, therefore, evident from the findings of this study that the proportion of students interested in pursuing mental health nursing is disproportionately low compared with other specialties, where emergency nursing is the most preferred career option considered by students. This raises questions as to why this may be the case. For example, does television or the media influence students' decisions as prior studies
illustrate, or are they influenced by other factors? It was found in this study that media had no influence on students' decision to pursue their chosen career preference. However, the majority of students (88.8%) indicated their decision to pursue their chosen career was their individual preference. Moreover, despite students indicating their decision to have been their individual preference, exactly what underlying influencing factors had an impact on students to form their final decision and intention to pursue their chosen career specialty needs to be determined by teaching institutions. In doing so, this may have the potential to increase recruitment of undergraduate nurses into mental health nursing. Additionally, as found in this study, undergraduate nurses' decision to pursue psychiatric nursing has been influenced by factors such as: feeling inadequately prepared or trained to enter the psychiatric workforce, clinical placement experience, job dissatisfaction, lack of task orientation, and patient violence.

Moreover, the majority of students have no interest or motivation to pursue mental health nursing as a career once graduated. As the theory explains, an individual's behaviour is linked to their intention, providing an explanation for a specific behaviour performed. It was found in this study that only 15.7% of students intended to pursue psychiatric nursing prior to their rotation, however, having once completed their clinical placement only 5.2% of students indicated their intention to pursue psychiatric nursing. Despite any minor increase in the popularity of psychiatric nursing, the number of students interested and the number of nurses required in the workforce is unlikely to have any substantial impact on the recruitment of psychiatric nurses (Happell, 1998). Therefore, the conclusions drawn from this study indicate that clinical placements and other influences have impacted negatively on individuals' decisions to pursue psychiatric nursing, with the final behaviour of an individual not seeking employment in a WA psychiatric hospital once graduated. This in turn impacts on the recruitment of undergraduate nurses into psychiatric nursing, resulting in fewer undergraduate nurses desiring to pursue psychiatric nursing as their chosen specialty.
7.2 Implications
The study has a number of implications for nursing, particularly in the area of recruitment and retention of mental health nurses. This study, in conjunction with the literature, have identified potential influences that effect students’ decisions to pursue mental health nursing, therefore teaching methods that minimise the effects of these influences requires implementation by tertiary education institutions. This would have the potential to encourage students and illustrate that mental health nursing is a rewarding career to pursue, thus increasing the recruitment of mental health nurses. It would also be beneficial for clinicians to be educated and made aware of these findings, so that they may work in collaboration with all major hospital and teaching institutions. This would ensure that implementation and delivery of teaching strategies is taught across all major institutions. Also, as nursing is becoming a more progressive career, the delivery of education would require continuous reviewing and modification (Arnold, Deans & Munday, 2004).

7.3 Recommendations
As potential influences have been identified that may affect undergraduate nurses’ decision to pursue mental health nursing, application of appropriate teaching methods and changes to theory strategies should be implemented. The design of such curricula may, therefore, diminish the concerns and influences expressed by students, yielding an increase in interest of undergraduate nurses pursuing mental health.

As previous literature has revealed that only half of graduate nurses receive undergraduate training in protection against assault, the possible implementation of an undergraduate programme designed to teach nursing students techniques for protection against assault or violent incidents could be beneficial (McKenna, Poole, Smith, Coverdale & Gale, 2003). 88.8% (n=119) of students in this study indicated that they would attend such programmes. The implementation of effective prevention programmes may help alleviate any concerns students may have regarding patient violence. This may in the future influence more students to pursue mental health nursing. However, if such issues are unable to be addressed in undergraduate nursing curricula, the development of appropriate graduate programmes should be considered.
Moreover, despite nursing students pursuing specialties only within the general hospital setting, it would be beneficial for students to have more in-depth knowledge about mental health disorders and how to manage violent incidents, to appropriately treat and care for mental health patients outside the mental health setting. It should also be noted that, as other studies illustrate, regardless of which specialty an undergraduate nurse decides to pursue, they will always encounter patients with a psychiatric or mental health disorder (Davies, 1995; Happell, 2001).

The ‘model of supervision’ is a model that encourages self-directed learning by the student under supervision of a clinical instructor. This model, developed by Ritter, Norman, Rentoul and Bodley (1996), is said not only to enhance students’ knowledge, but also provide the opportunity for students to develop and become involved in a therapeutic relationship with a patient and then learn how to bring it to a close. This model has confirmed positive results, with students reporting an increased foundation on which their knowledge of mental health can be based. This is due to the implementation of certain educational tasks this model proposes while students are on their mental health rotation, such as a ‘life chart and genogram’. It should also be noted that with the use of this model, students undertake a clinical placement of 33 days.

7.4 Recommendations for future research
Findings from this study indicate the following recommendations:

- A longitudinal, randomised, Australian wide study, with the implementation of a similar instrument to the present study. It is recommended that the study be carried out over a five year period, with follow up of students who indicated they would work in a mental health hospital, in order to compare their attitudes towards mental health nursing and whereabouts over a five year period. This would enable results to be generalised to the broader population.

- Exploration of reasons why students choose nursing and what factors influenced their decision to become a nurse. Trends in research may be able to identify school leavers’ perceptions of nursing to see if they categorise
mental health nursing as 'nursing' (Williams, Wertenberger & Gushuliak, 1997).

- Exploration of the reasons why students have chosen their most preferred career specialty, by use of an open-ended question or one on one interviews.
- Further rigorous exploration of the factors that students feel have influenced their decision not to pursue mental health nursing as a career.
- Further, more rigorous exploration of teaching methods that students feel may be implemented to encourage more students to pursue mental health, in order to make them feel prepared for work as a mental health nurse (including methods that portray mental health as a rewarding career to pursue).
- If these strategies were implemented, would it make a difference to students' attitudes about mental health nursing and the mentally ill?

7.5 Limitations

The findings of this study are limited as they cannot be generalised to the broader population. As this study used a convenience sample, the findings only reflect the experience of ECU students during a specific period in time between 2004 to 2005. Therefore, the findings cannot be generalised for all students within WA or other Australian states. Wider research would need to be conducted to confirm the findings are an Australia wide phenomena.

In addition, it is noted that when examining the influence variables to determine if they had any effect on participants' decision to pursue mental health nursing, the percentage of cells with low expected frequencies was high for a majority of the cross tabulations. Therefore, the researcher suggests results should be treated with vigilance and further analysis may be warranted. This problem of low cell frequencies, and in particular the pronounced paucity of male respondents, further supports the need for further research. It is recommended that a larger sample size and a broader population be used.

As content analysis and coding of common themes for the open-ended questions was undertaken utilising a manual approach by the researcher, there is the potential that
the grouping of themes was influenced by the researcher and, therefore, the possibility of different themes emerging is reasonable. Further research would benefit from a mixed method study design, as this would enable more complex and in-depth analysis of student responses regarding clinical educators’ teaching skills and their experience on mental health clinical rotations. Nevertheless, this study has increased the current body of knowledge, endeavouring to illustrate undergraduates’ reasons for not pursuing mental health nursing, and may lead to more effective teaching strategies for the future, raising the profile of mental health nursing as a rewarding career.

Clearly it is evident that further work is required regarding the issue of recruitment of nursing students into mental health nursing. The researcher suggests that the design of this study could be applied on a larger scale to further clarify the problem, potentially on a national scale. The researcher feels that without immediate change there will be an ongoing deterioration in mental health patients’ access to specialised nursing personnel, who are specifically trained to manage the unique issues faced by these patients. This has the potential to substantially influence the morbidity of mental health patients (Bid to attract WA nurses, 2005, p. 11). Although workforce dynamics may force some students to seek employment in mental health hospitals, nurses who work in a mental health setting simply because it is a ‘job’ would be unlikely to have the motivation and dynamic that is required of mental health nurses and hence are less likely to deliver holistic nursing care. The issue of recruitment requires further strategies, and while the former solution may fill job vacancies, it should only be considered a ‘band-aid’ solution for a problem that requires immediate intervention.
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APPENDIX A

Information Sheet

Why undergraduate nurses choose not to pursue mental health nursing as a career in Western Australia: A descriptive study.


• About the Researcher: I am an honours student conducting a research study relating to Mental Health Nursing and you are being invited to take part in this research study. Before making your decision to commence this 10-15 minute questionnaire, please take your time to read through the following information. Please do not hesitate to ask any questions or to seek further information if anything is unclear. If you have any questions regarding the study or questionnaire, please contact:

  Thérèse Howell: (08) 0423 481 734 or
  Jon Mould: (08) 9273 8578.

If you have any questions regarding the conduct of the study and your rights, please contact: Bronwyn Jones, Postgraduate Co-ordinator, Churchlands: (08) 9273 8598.

• Purpose of the study: The purpose of the study is to find out specific reasons why many undergraduate nursing students decide not to pursue mental health nursing as a career. As there has been a paucity of research conducted in this specific area, it is hoped that this study will increase the current body of knowledge, and lead to more effective teaching strategies amongst teaching institutions to raise the profile of mental health nursing as a career.

• Why have I been chosen? You have been chosen because you are currently in your third year of your Nursing degree at ECU, have completed at minimum one mental health rotation and are soon to enter the nursing profession.

• What will happen in this study? Once the information sheets have been handed out, the questionnaires will be distributed amongst all third year nursing students who attend the NNT lectures at ECU. You are then required to complete a
questionnaire and return it to the researcher at the end of the lecture. Please note that the return of a completed questionnaire will imply your consent to participate in the study. You are only required to complete one questionnaire in which you will be asked a series of questions ranging from demographic data to positive and negative aspects of clinical rotations, lecturers' adequacy of knowledge and your view on how mental health nursing is portrayed. The questionnaire will have a numerical code number on it in order to ensure confidentiality. From here all data will be transcribed and entered into the computer using the code numbers and then analysed using computer software.

• **What am I required to do?** You are required to read through this information sheet before completing the provided questionnaire to the best of your ability, being honest in your responses. Once completing the questionnaire you then return it into the box at the front of the lecture theatre, which the researcher will collect later.

• **What are the benefits of taking part?** There are no real potential benefits for participating in this study, however by completing the questionnaire, you are contributing to research in this specific area, adding to the body of knowledge concerning this problem.

• **Are there any risks in taking part in the study?** There are no risks associated with taking part in this research study.

• **Do I have to take part?** You are free to decide to take part or not. If you do take part and later change your mind, you are free to withdraw from the study at any time without having to provide a reason. Withdrawal from the study will have no effect on you, your grades or clinical placements.

• **Who will see my records?** Only the researcher and supervisor of the study will have access to the completed questionnaires and computer data. Confidentiality is assured as the questionnaires will only contain a numerical code number in order to ensure all participants are unidentifiable. There is no way that participants will be identifiable when the data is published, as code numbers or pseudo-names will be implemented where required. All completed questionnaires and data obtained from the questionnaire will be kept stored in a secure location in a locked filing cabinet. This data will remain stored for 5 years
after the study in the locked filing cabinet. At the end of the 5 year period all data will be destroyed and all disks erased.

- **Who has approved the study?** This study has been reviewed and approved by the Faculty of Computing, Health and Science Ethics Sub-Committee of Edith Cowan University, Churchlands.
APPENDIX B

Questionnaire

PART 1: DEMOGRAPHICS

1. What is your age group? (Please tick appropriate box)
   - [ ] equal to or less than 20 years old
   - [ ] 21 – 29
   - [ ] 30 – 39
   - [ ] 40 – 49
   - [ ] older than 50 years old

2. What is your gender?  [ ] Male  [ ] Female

3. Are you:  [ ] Single; widowed; divorced
   - [ ] Married or defacto
   - [ ] Other: please specify: __________________________

4. What is your Nationality?
   - [ ] Australian
   - [ ] New Zealand
   - [ ] Norwegian
   - [ ] Other: please specify: _________________________

5. What was your level of entry to ECU based on?
   - [ ] TER / TEE
   - [ ] STAT
   - [ ] EN Diploma
   - [ ] Transfer from another institution
   - [ ] Other: please specify: ________________________

6. Have you ever had any caring or nursing experience in the workplace?
   - [ ] Yes  [ ] No
7. How many mental health rotations have you completed so far as a student nurse?

☐ None (go to question 11) ☐ 2
☐ 1 ☐ 3 or more

8. Was the setting of the mental health rotation undertaken in an:

☐ Open ward ☐ Forensic unit
☐ Locked ward ☐ Other: ___________
☐ Open and locked ward

9. Before commencing your mental health placement, were you already thinking of pursuing a career in mental health nursing?

☐ Yes ☐ No

10. Having completed a mental health rotation, would your first choice of specialty be mental health nursing?

☐ Yes ☐ No

PART 2: INFLUENCES

11. What is your image of a nurse and the nursing profession? (tick as many boxes)

☐ A caring / helping, compassionate, selfless profession
☐ A job / career
☐ A calling / vocation
☐ Promoting the well-being of individuals
☐ A hard working profession with major responsibility
☐ Integrating a tertiary qualification with practice, theory, education, research
☐ A profession in which the health industry does not appreciate
☐ A profession where old stereotypes still exist
☐ A profession undergoing change
☐ Nurses are people that are respected, ethical and reliable
☐ Is a chance to travel, learn, be knowledgable & exposed to new experiences
12. Please rank the following career options from 12 (most desirable) to 1 (least desirable): (please fill in all boxes)

- Community, school or GP nursing
- Emergency department
- Theatre
- ICU / CCU
- Paediatrics
- General Medicine
- Surgical
- Midwifery
- Psychiatric nursing
- Geriatric nursing
- Oncology / Palliative Care
- Other: research, administration, etc.

13. Has your decision to pursue the chosen career area above, been: (tick one box)

- your individual preference
- influenced by media (newspaper, magazines, TV, internet, movies, etc.)
- influenced by family, relatives and/or peers
- other: ________________________ 

14. Do you feel that mental health nursing is a distinct area of practice?

- Yes  
- No

15. Would you agree that mental health nursing requires specialty undergraduate training/preparation?

- Yes  
- No

16. If all nursing undergraduates were assigned a compulsory one semester training programme in protection against assault or restraint, would you attend them?

- Yes  
- No
17. Do the following factors contribute to your decision whether or not to pursue psychiatric nursing as a career? (please tick the appropriate box for all influences):

<table>
<thead>
<tr>
<th>INFLUENCE</th>
<th>NO EFFECT</th>
<th>WEAK EFFECT</th>
<th>STRONG EFFECT</th>
<th>VERY STRONG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
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<td>Anxiety</td>
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<td>A personal lack of knowledge</td>
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<td>Previous personal issues evoked</td>
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<tr>
<td>Having the “right” personality for psychiatric nursing</td>
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<tr>
<td>Feeling inadequately trained or prepared to enter the psychiatric work force due to the education curriculum</td>
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<tr>
<td>Ideas and concepts advertised by the media and society relating to mental health nursing</td>
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<tr>
<td>The opinions and beliefs coming from family, relatives and friends related to mental health nursing</td>
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<td>Clinical experiences</td>
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<td>Clinical educators knowledge on current psychiatric issues</td>
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<td>Portrayal of mental health nursing at university</td>
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<td>Lecturer's knowledge on current mental health issues</td>
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<td>Dominance of general nursing versus mental health nursing</td>
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<td>Preceptor role</td>
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<td>Lack of task orientation</td>
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<tr>
<td>Patient violence</td>
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</tbody>
</table>
18. Do you feel the theory and teaching strategies used at ECU are conducted in a way that promotes mental health nursing as a rewarding career?

☐ Yes  ☐ No

19. Please provide the reasons for your answer to question 18:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

20. Having completed at least one mental health rotation, would you consider the rotation to have been: (please tick one box)

☐ a poor experience  ☐ a neutral experience  ☐ a good experience  ☐ a very good experience  ☐ a great experience

PART 3: CLINICAL ROTATION

ROTATION 1: Please comment on one mental health rotation (if applicable):

21. With regard to the clinical teaching skills on your rotation, please identify the strengths of the clinical teaching:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
22. With regard to the clinical teaching skills on your rotation, please identify the weaknesses of the clinical teaching:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

23. With regard to your clinical experience, please identify the strengths of your clinical rotation:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

24. With regard to your clinical experience, please identify the weaknesses of your clinical rotation:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Thank you for your participation, it is truly appreciated!
Thérèse Howell.
APPENDIX C

Edith Cowan University Ethics Approval

13 May 2005

Miss Therese Howell

Student # 2002017

Dear Miss Howell,

Course: Bachelor of Nursing Honours

Thesis Title: A quantitative approach investigating the reasons why undergraduate nurses do not pursue mental health nursing as a career

Date Approved: 13th May 2005

Please be advised that your application for Ethics Clearance has been approved by the Faculty of Computing, Health and Science Ethics Sub-Committee for the conduct of Human Research.

This approval is granted SUBJECT TO the procedure/s as outlined in your application.

Please note that the collection of data for your research must adhere to these conditions.

I wish you all the best in your studies.

With kind regards,

[Signature]

Christine White
Administrative Officer (Higher Degrees)
Office of Research and Higher Degrees
APPENDIX D

Acceptance of proposal by Research and Higher Degree Committee

24 May 2005
Miss Therese Howell

Student # 2002017
Dear Miss Howell,

I am pleased to advise that the Research and Higher Degree Committee of the Faculty of Computing, Health and Science have accepted your Masters by Coursework project proposal in principle.

This approval is given subject to you considering the recommendations made by the reviewers as they have indicated that there are several matters that require further consideration before you develop your project further. It is imperative that you discuss these matters with your supervisor and ensure that you make the changes and amendments as recommended by the reviewers and to the satisfaction of your supervisor. Please provide a copy of your amended proposal to your supervisor once the alterations have been completed.

When you have attended to the various matters that arise from the reviewer's comments and obtained ethics approval you may proceed to conduct the research and prepare your project. In doing so, you should be guided by the information contained in the Faculty publication Honours and Masters by Coursework Handbook. This can be viewed at the following web address:


If you do not have access to the Internet, please contact the Administrative Officer - Higher Degrees on 6304 2593 and she will provide you with a copy.

Your supervisor will be asked to consult with you in recommending who should examine your project. Your supervisor has the required proforma on which these details should be provided.

I wish you every success with your research.
Yours sincerely,

[Signature]

Prof. Linde Kristjanson
Assoc. Dean Research & Higher Degrees
Faculty of Computing, Health & Science
Phone 08 9273 8517
Fax 08 9273 8592
Email l.kristjanson@ecu.edu.au

Encl. Research Proposal - if returned by reviewers
Reviews' Comments
cc Supervisor (Jon Mould)
Student file