

Comprehensive nursing education in Victoria: rhetoric or reality?

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Significant and widespread changes to the education of the psychiatric nursing workforce in Victoria, Australia are resulting in serious problems in the recruitment of new nursing staff. In reviewing the available literature, it is evident that undergraduate nursing students do not commence their educational program with a strong interest in pursuing a career in psychiatric nursing. In light of this knowledge, the role of education in providing a comprehensive view of the nursing profession becomes paramount. Research investigating the impact of education on the attitudes of students to psychiatric nursing as a career option has produced mixed and often inconclusive results. A longitudinal study was undertaken in Victoria, Australia. Students of the majority of universities in which undergraduate nursing programs were operating participated in this study. The participants were asked to rank nine areas of nursing specialty in order of preference at the commencement and immediately prior to the completion of the nursing program. Despite a significant improvement in the popularity of psychiatric nursing as a career choice, this area was ranked at number 8 at both pre- and post-program test. The analysis of open-ended questions demonstrated a marked change in the overall attitudes towards the mentally ill and psychiatric nursing.

Keywords: attitudes, career choices, comprehensive education, mental health nursing, psychiatric nursing

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Introduction

The difficulties in ensuring an adequate workforce within psychiatric nursing have been well known within the profession for some time. A scoping study undertaken on behalf of the Australian and New Zealand College of Mental Health Nurses provided some evidence which highlighted a number of already widely held views (Clinton & Hazelton 2000). Some of the most significant conclusions of the scoping study include: the acknowledgement of an under-supply of psychiatric nurses to meet current workforce needs; insufficient numbers of nurses are being attracted to and appropriately educated in the specialty of

psychiatric nursing to meet future workforce needs; a substantial proportion of psychiatric nurses presently practising will retire in the next 5–10 years; and the current working environment in mental health services frequently contributes to high stress levels and may lead to psychiatric nurses leaving the workforce.

It is important to acknowledge the limitations of this study. It was not undertaken as a research project and due to time constraints it was not possible to apply a more rigorous methodology. Information was gathered from a number of sources including universities, clinical services and government departments. While efforts were made to collect data from a variety of practice settings and

geographical locations, the sample selection method substantially limits the generalizability of the findings. Nevertheless, the findings confirmed much of the knowledge that has developed from anecdotal evidence, and validated the beliefs and concerns which had been expressed by psychiatric nurses for some considerable time.

The reaction to such distressing results is sometimes tempered by the view that this description could be made of almost any nursing specialty, that the problem is a systemic nursing problem and not peculiar to mental health. Substantial supporting evidence can be found for such a claim. The literature reveals that concern with recruitment and retention of nurses has been present for most of the 20th century (Trembath & Hellier 1987, Bessant & Bessant 1991, Bernreuter & Goddard 1994). To assume as the result of this that the issues facing psychiatric nursing can be examined solely within the broader context would be to ignore some of the individual factors that affect psychiatric nursing.

A growing body of literature indicates that psychiatric nursing is not a popular choice for undergraduate nursing students in Australia (Stevens & Dulhunty 1992, 1997, Happell 1999). This recent research supports the findings of studies conducted internationally (Carter 1986, Arnswald 1987, Caroselli-Karinja *et al.* 1988, Peplau 1989). A research project undertaken in the United Kingdom suggests that students who make the choice to pursue psychiatric nursing as a career are more likely to do so after the commencement of the course. On the contrary, students who select medical/surgical nursing are more likely to have identified this preference from the outset (Ferguson 1998).

It would appear that most undergraduate nursing students commence their educational program with the desire to pursue a career within a medical/surgical environment. This places specialties such as psychiatric nursing at a disadvantage from the outset (Ferguson 1998). The specialty is called upon to attract and develop interest rather than merely to cultivate it.

While clearly a disadvantage, such a situation is not insurmountable. Undergraduate nursing programs provide educators with the opportunity to expose students to aspects of the theory and practice of nursing that they may never have anticipated. The impact of education in influencing the attitudes of undergraduate nursing students towards psychiatric nursing has been the subject of a considerable amount of research. Studies have found that attitudes towards the mentally ill and psychiatric nursing can become more positive as a consequence of exposure to the theory and practice of this specialty (Hafner & Proctor 1993, Proctor & Hafner 1991, Bell *et al.* 1997). Clinical experience in the psychiatric field is particularly highlighted as an important influence (Slimmer *et al.* 1990, Rushworth

& Happell 1998, Ferguson & Hope 1999, Nolan & Chung 1999), and possibly *the* most significant factor (Pye & Whyte 1996) in encouraging students to consider psychiatric nursing as a career destination.

The capacity for education to foster the development of positive attitudes amongst students towards the mentally ill and psychiatric nursing is encouraging. The design of most research projects however, has not tended to emphasise the extent to which these changes are reflected by the desire to pursue psychiatric nursing as the career of choice. The study undertaken by Bell *et al.* (1997) suggests that $\approx 10\%$ of the undergraduate students will become psychiatric nurses. The ability to generalize this study is, however, limited since it was conducted in only three Australian universities.

The longitudinal study by Stevens & Dulhunty (1992, 1997) focused on the career preferences of students rather than on their attitudes towards the mentally ill. While some increase in the popularity of psychiatric nursing was evident, this area remained relatively unpopular and suggested that less than five per cent of students would choose to enter this field on graduation. In examining the overall career preferences, Stevens & Dulhunty (1997) concluded that on completing their undergraduate nursing program, students tend to view nursing from a strongly medical/surgical perspective. The prevailing sense is that the highly technical areas are more exciting and desirable while the less technical areas such as psychiatric aged care are considered dull and lacking in status. While the Stevens & Dulhunty (1997) study was conducted across five universities, these were all located in New South Wales and it is therefore difficult to determine the extent to which these results are representative across Australia.

Approximately one year after the publication of the Stevens & Dulhunty (1992) study, the registration and educational preparation of nurses in Victoria was about to undergo a fundamental change. The introduction of the Nurses Act (1993) signified the beginning of comprehensive nursing education. Graduates of undergraduate nursing courses in Victoria would now, like their New South Wales counterparts, be legally entitled to practice in a range of clinical settings, including psychiatric nursing.

The caution heralded by the Stevens & Dulhunty (1992) research raised many questions within the psychiatric nursing profession in Victoria, particularly as to whether the same results would be found here, or whether the fact that undergraduate psychiatric nursing education had been introduced into the higher education sector would make a difference. Questions such as these provided the impetus for this study. Comprehensive education had been in place for some six years in New South Wales before the Stevens & Dulhunty (1992) study was undertaken. By conducting

similar research in Victoria sooner after the change, perhaps some of the resulting recruitment problems could be avoided.

Method

Study design

A pre- and post-test design was utilized based upon the approach adopted by Stevens & Dulhunty (1992, 1997). This method was chosen because it was a relatively simple study to implement, it enabled the use of a previously validated tool and provided some opportunity to replicate previous Australian research. The study involved the administration of a questionnaire to undergraduate nursing students at two stages: the first at the commencement of the course and the second immediately prior to the completion of the course. This approach enables the impact of the educational program on the career preferences in general, and on psychiatric nursing in particular, of undergraduate nursing students to be examined.

Sample

All university campuses in Victoria at which an undergraduate nursing program is conducted were invited to participate in this study. Three campuses chose not to participate. The remaining nine universities were located across Central, Western, North-Eastern and Outer Eastern Melbourne and Rural and Regional Victoria. This broad range of geographic locations enhances the likelihood of the responses received as being representative of undergraduate student nurses throughout Victoria. At the first administration $\approx 48\%$ ($n = 793$) of currently enrolled year 1 undergraduate students completed the questionnaire. At the second administration, fewer completed questionnaires were returned ($n = 521$). This difference reflected the attrition rate of nursing courses and although the number of participants was fewer, they represented $\approx 60\%$ of undergraduate nursing students completing the course.

Questionnaire

The instrument used for this study was a self-reporting questionnaire based on that developed by Stevens & Dulhunty (1992, 1997). The questionnaire was divided into three sections. The first section sought demographic information, including age, sex and previous nursing experience. In the second section, students were asked to rank nine areas of nursing practice in order from their most preferred to least preferred option (1 = most preferred, 9 = least preferred). The third section comprised open-ended

questions in which students were asked to provide some rationale behind their choices, for example their reasons for selecting their most preferred and least preferred options, and their reason for ranking psychiatric nursing in the position they did.

Some minor changes were made to the questionnaire to reflect differences in the structure of nursing between the two states. For example, intellectual disability nurses ceased to be a recognized nursing specialty area following the introduction of the Nurses Act of Victoria (1993), while it continues to have a nursing focus in New South Wales. For this reason the inclusion of intellectual disability nursing as a career option was removed from the original questionnaire for use in Victoria. In order to ensure the validity and reliability of the modified tool, a pilot study was conducted with a group of 30 year 1 undergraduate nursing students. The students were asked to complete the questionnaire and comment on the relevance and clarity of the questions. The results of this pilot study suggested the questionnaire to be valid and reliable for the purposes of this study.

Data analysis

Data analysis was conducted using SPSS for Windows. The relative popularity of the career preferences was ascertained through descriptive statistics. The mean, median and mode for each of the nine practice areas were calculated to ascertain an overview of the relative popularity of each area, at each of the two stages of the study. Chi-squared testing was used to determine the impact of demographic variables such as age, gender and prior nursing experience on the choices of students. The responses to the open-ended questions were analysed, coded according to common themes, and the frequency for each code was calculated. This provided a broad view of students' attitudes towards psychiatric nursing according to students who view this area with varying degrees of favour.

On completing the analysis for each of the two stages of the study, the *t*-test and Mann-Whitney *U*-test were used to measure the difference between the ranking of psychiatric nursing at pre and post-test stage, and to interpret the significance of these results.

Results

Pre-test

In stage one of the study, it was evident that psychiatric nursing was not viewed as a popular career choice for undergraduate nursing students. This area was ranked at number 8, with a mean of 6.92, median of 8 and mode of

Table 1
The popularity of psychiatric nursing as a career choice (pre-test)

Rank	Frequency	Percentage	Cumulative percentage
1	28	3.6	3.6
2	27	3.4	7.0
3	50	6.4	13.4
4	36	4.6	18.0
5	49	6.2	24.2
6	74	9.4	33.6
7	92	11.7	45.3
8	132	16.8	62.1
9	298	37.9	100.0
Total	787	100.0	100.0

Table 3
Students' reasons for ranking psychiatric nursing as last preference

Reason	Frequency	Percentage	Cumulative percentage
Lack of knowledge, experience or personal attributes	100	21.7	21.7
Greater interest in another area of nursing	97	21.0	42.7
Negative attitude towards the mentally ill	82	17.8	60.5
Negative attitude towards working environment	64	13.9	74.4
Fear of/discomfort with the mentally ill	56	12.1	86.5
Sad, depressing or stressful nature of the work	53	11.5	98.0
No specific reason/no response	9	2.0	100.0

9. A further breakdown of the individual rankings for psychiatric nursing indicates that less than 14% of students ranked it within their first three choices, in contrast to 64% ranking this area within their last three choices. The individual rankings for psychiatric nursing are presented in Table 1.

The most popular areas identified by the students were those areas involving the care of mothers, babies and children and the highly technical areas of practice, particularly intensive care and operating theatre. In sharp contrast, the areas of community health nursing, psychiatric nursing and aged care were considerably less highly favoured by students. Chi-squared calculations indicated no statistically significant impact of the demographic variables of age, gender and previous nursing experience on career preferences. The ranking of career preferences according to mean, median and mode is presented in Table 2.

A greater insight into the reasons for the lack of popularity of psychiatric nursing was gained from analysing the responses of the students ($n = 298$) who ranked this area as their least preferred option. These responses were coded into six main categories. Some responses related to more than one category, with a total of 461 responses recorded. The most common reasons given for ranking psychiatric nursing as last choice referred to lack of knowledge, experience or due to personal attributes and a greater interest in another area of nursing, accounting for 42.7% of

Table 2
The relative popularity of nursing career choices

Rank	Nursing specialty	Mean	Median	Mode
1	With children	3.34	3.0	2.0
2	Midwifery	3.77	3.0	1.0
3	Intensive/critical care	3.96	4.0	3.0
4	Operating theatre	3.98	4.0	2.0
5	General surgical	4.92	5.0	5.0
6	General medical	5.02	5.0	6.0
7	Community health	5.85	6.0	7.0
8	Psychiatric nursing	6.92	8.0	9.0
9	With elderly	7.15	8.0	9.0

responses. The remaining 57.3% of responses related to negative attitudes towards the mentally ill, a negative view of the working environment, fear of or discomfort with the mentally ill, and the sad, depressing or stressful nature of the work. Further information is presented in Table 3.

A negative view of psychiatric nursing was also characteristic of many responses from the 467 students who ranked psychiatric nursing as neither their first or last choice. These students provided a total of 568 responses to explain their ranking of psychiatric nursing. The most common reason given referred to psychiatric nursing as an area which lacked interest and satisfaction, or was sad, depressing or boring. Fear and apprehension toward the mentally ill, accompanied by the view that the student would be unable to cope emotionally in this environment, was a common response. Other responses included the perception that they lacked the characteristics that would be required to work effectively in this area of practice, and that they had been influenced by previous negative experience with or feedback concerning the mentally ill and/or psychiatric nursing, or the poor reputation associated with this field.

A positive view of psychiatric nursing was less frequently evident. Positive views were most commonly related to an interest in this area of practice, particularly in relation to mental illness and related disciplines such as psychology. The image of psychiatric nursing as interesting

Table 4

Reason for ranking of psychiatric nursing where ranked other than first or last

Reason	Frequency	Percentage	Cumulative percentage
Unrewarding/unsatisfying/boring/depressing	116	20	20
Scared/Intimidated/Couldn't cope	95	17	37
Previous negative experience or feedback/poor reputation of the field	37	6	43
Lack the personal characteristics necessary to work in this area	33	6	49
Interest in mental illness/psychology	79	14	63
Positive experience or feedback/positive reputation	12	2	65
Challenging/rewarding area of practice, emphasizes personal contact	57	10	75
Prefer other areas of practice	89	15	90
Don't know enough about the area at present	60	10	100

Table 5

Reasons for selecting psychiatric nursing as most preferred option

Reason	Frequency	Percentage	Cumulative percentage
Interesting/challenging/rewarding area	25	68	68
Positive experience or feedback	5	13	81
Posses necessary personal characteristics	2	6	87
Desire to make a difference in needy area	5	13	100

and challenging, with characteristics such as personal contact and the importance placed on communication often being specifically mentioned. Positive experiences with or feedback regarding the mentally ill and/or psychiatric nursing were less frequently mentioned.

The remaining responses were indicative of a more neutral attitude: a greater interest in other areas of nursing, particularly medical/surgical nursing, and insufficient knowledge about this area at the present stage to make an informed decision. This information is presented in Table 4.

The 28 students who ranked psychiatric nursing as their most preferred career option provided 37 responses in support of their decision. An impression of the area as interesting, challenging and rewarding was by far the most common. Other responses included the influence of positive experiences in the field and positive feedback; the belief that one could make a real and much needed difference in this area of practice; and a belief that they had the personal characteristics to do well in this area. This information is presented in Table 5.

Post-test

The results of stage two of the study indicate some significant changes in the career preferences of students on completion of their course. The students now appear to favour the more highly technical areas, particularly surgical nursing and intensive/critical care nursing (ranked at numbers 1 and 2, respectively). Working with children and midwifery

Table 6

The relative popularity of nursing career choices (post-test)

Rank	Nursing specialty	Mean	Median	Mode
1	General surgical	3.90	4	2
2	Intensive/critical care	4.28	4	1
3	Children	4.31	4	2
4	Midwifery	4.53	4	3 & 4
5	Operating theatre	4.78	5	2
6	Community health	4.78	5	7
7	General medical	4.86	5	5
8	Psychiatric nursing	5.95	7	9
9	With elderly	7.45	8	9

has experienced some decline in popularity from rankings of 1 and 2, respectively, to 3 and 4, respectively. Community health nursing has become more popular (ranked at 6). Aged care and psychiatric nursing continue to be the least popular choices (ranked at 9 and 8, respectively). Despite changes in career preferences, it is still apparent that students continue to value the more technologically driven areas and the care of mothers, children and babies, more than the low-tech areas of nursing practice. This information is presented in Table 6.

A closer examination of psychiatric nursing demonstrates a decrease in the mean score from 6.92 to 5.95, representing an increase in the popularity of this area of practice. A *t*-test with a *p*-value of 0.000 indicates the mean difference of 0.97 to be highly significant. The median has also shown a decrease from 9 to 7, while the mode remains at 9.

In comparing the individual rankings, a greater improvement in the popularity of psychiatric nursing can be detected. Fifty-two students now rank psychiatric nursing as their first preference. Nearly 24% of the students now rank this area within their top three preferences. At the opposite end of the scale, there is less improvement noted: more than half of the students continue to rank psychiatric nursing within their last three preferences (53.4% post-test as opposed to 54.7% pretest). This information is presented in Table 7.

A greater understanding of the attitudes of students towards psychiatric nursing as a career choice was gained through an analysis of the open-ended questions. The 52 students who ranked psychiatric nursing as first preference provided 72 responses in support of their choice. Psychiatric nursing as an interesting field for practice was the most popular. Other common responses included: a challenging and rewarding area of practice; the opportunity to give holistic care and enjoy more personal contact with patients; positive feedback, positive experience as either a patient or significant other of a patient. Fifteen per cent indicated that they had decided to pursue this area of practice as a direct result of undertaking the psychiatric nursing component of their undergraduate course (13% specifically mentioned clinical experience as the influential factor). Less common

Table 7
The popularity of psychiatric nursing as a career choice (post-test)

Rank	Frequency	Percentage	Cumulative percentage
1	52	10.1	10.1
2	31	6.0	16.1
3	40	7.7	23.8
4	43	8.3	32.1
5	40	7.7	39.8
6	40	7.7	47.6
7	64	12.4	60.0
8	80	15.5	75.4
9	127	24.6	100.0
Total	517	100.0	100.0

Table 8
Students' reasons for ranking psychiatric nursing as first preference (post-test)

Reason	Frequency	Percentage	Cumulative percentage
Interesting	25	21.7	21.7
Greater interest in another area of nursing	97	21.0	42.7
Negative attitude towards the mentally ill	82	17.8	60.5
Negative attitude towards working environment	64	13.9	74.4
Fear of/discomfort with the mentally ill	56	12.1	86.5
Sad, depressing or stressful nature of the work	53	11.5	98.0
No specific reason/no response	9	2.0	100.0

responses included a desire to improve or change conditions in an area that tends to be less privileged than other areas of the health care system, and the belief that they have the personal characteristics required to do well in the psychiatric area. These results are presented in Table 8.

The following quotes are selected from student responses to illustrate the rationale behind their preference for psychiatric nursing:

'I find the field of psychiatry/mental illness fascinating, less task oriented, more people oriented. Even the way staff liaise is impressive.'

'After completing the semester in psychiatric nursing, I enjoyed the therapeutic nature of the work and assisting others with counselling and living with mental illness. I was encouraged by my tutors that I would make a good "psychiatric nurse".'

The 127 students who ranked psychiatric nursing as number 9 provided 156 responses to explain why this is the area where they would least like to work following graduation. The view that this area is not sufficiently exciting or rewarding area was the most common response. Other common responses included: insufficient knowledge or understanding of the mentally ill or a perception that they lacked the personal characteristics or qualities to perform in this environment; the belief that psychiatric nursing is a depressing, sad, stressful and/or demanding place to work; and a preference for other areas of practice, particularly medical/surgical nursing. The psychiatric nursing unit within the undergraduate program was specifically mentioned in 1% of responses as having a negative impact on interest in this area. A further 10% indicated a negative clinical experience as adversely effecting the image of this specialty. Only 2% of responses referred to fear of or intimidation by the mentally ill as affecting the popularity of this area. These responses are presented in Table 9.

The following quotes emphasize some of these factors that contribute to the relative unpopularity of psychiatric nursing:

'I don't find that my personality fits into the psych [sic] area.'

Table 9
Students' reasons for ranking psychiatric nursing as last preference (post-test)

Reason	Frequency	Percentage	Cumulative percentage
Area not sufficiently exciting or rewarding	57	37	37
Insufficient knowledge/understanding of the mentally ill/lack required personal characteristics	35	22	59
Psychiatric nursing is depressing/sad/stressful/demanding	15	10	69
Prefer other areas (particularly medical/surgical)	20	13	82
Negative experience/image or feedback	8	5	87
Fear of/intimidation by the mentally ill	3	2	89
Negative impact of undergraduate course	2	1	90
Negative impact of clinical experience	16	10	100

'There has been psychiatric illness in my family and that is the reason why I would avoid it. I would feel too vulnerable in that situation.'

'I have completed my psych [sic] nursing and I found that there was little job satisfaction for me, something that I didn't enjoy.'

'Psychiatric nursing is the area which interests me the least – I believe it would be very difficult and draining to work with such clients who have psychiatric difficulties regularly. It is in area which frightens me a little as some clients would be unpredictable and uncontrollable.'

'Too slow and it is talking to people, not much practical.'

'I did clinical placement in psychiatric nursing and did not enjoy it at all.'

'Not interested in this field at all. Whole different area of nursing that I just don't think I'd enjoy doing.'

Fear and apprehension towards working with the mentally ill was much less characteristic of the students who ranked psychiatric nursing neither first nor last than had been the case during the pre-test phase. Physical or emotional fear of working with the mentally ill was now much less characteristic of attitudes towards psychiatric nursing. Similarly, fewer students described the area as stressful, or as sad, depressing, or uninteresting. A small proportion of the students perceived themselves as lacking the characteristics or attributes that would be required for a nurse to work effectively in this area. Very few of the responses suggested their negative view of this area of practice was the result of negative feedback or a negative image of this specialty. These attitudes are reflected in the following quotes:

'Would do it but find it boring, have little understanding of patients' conditions or desire to change them.'

'Because the previous areas I have worked in I have really enjoyed and found personal satisfaction in [it].'

'I worked in this area for four weeks and found it "totally different" to general nursing. It is a lot slower in pace. I don't think I would like it.'

Psychiatric nursing is now more commonly viewed as an interesting and challenging area of practice. The opportunity to focus more on the interpersonal relationship with clients was considered one of the strong points of this area. The most frequent response referred to psychiatric nursing as an interesting area of practice but it was either not their first choice or they wish to specialize in this area after gaining skills and experience in the medical/surgical area. Other responses indicated a greater interest in other areas of nursing, with surgical or acute care nursing most commonly mentioned, as the following quotes illustrate:

'At this stage of my career I have a desire to gain med/surg [sic] experience. However, I may have an interest for psych [sic] nursing in the future.'

'I've enjoyed my psych [sic] placement but at the moment I want to develop my med/surg [sic] skills.'

'I really want to focus on clinical nursing first, gain some experience and then move into the psych [sic] field.'

It was evident from responses that the psychiatric nursing component of the course had an impact on student's image of this practice area. Eleven per cent of students stated that their attitudes towards psychiatric nursing had become more positive as the result of this unit of study. A positive clinical experience was specifically mentioned in 28% of responses. Conversely, only 4% stated that their attitudes towards psychiatric nursing had become more negative as a result of the theoretical and/or clinical program. A further 3% suggested that they had enjoyed the psychiatric nursing component but that this was still not an area they wanted to pursue a career in. The impact of the psychiatric nursing component is illustrated through the following quotes:

'I picked it second. Whilst on placement I didn't think I'd enjoy it but I loved [being] with both the patients and staff.'

'I enjoyed my clinical placement in psych [sic], therefore it would be an area I would like to further explore.'

Table 10

Reasons for ranking of psychiatric nursing where ranked other than first or last (post-test)

Reason	Frequency	Percentage	Cumulative percentage
Fear of/apprehension towards mentally ill	21	5	5
Stressful area	10	3	8
Sad, depressing or uninteresting place to work	41	11	19
Lack required personal characteristics	16	4	23
Negative experience/feedback/negative image	6	2	25
Positive experience/feedback/positive image	5	1	26
Interesting/rewarding/highly skilled area	67	17	43
Interesting but prefer other area/need med/surg experience first	93	24	67
Insufficient knowledge of/experience with the area	10	3	70
More interested in other areas of nursing (particularly med/surg)	51	13	83
Attitude more positive due to psychiatric nursing component (theory and clinical)	34	9	92
Attitude more negative due to psychiatric nursing component (theory and clinical)	17	4	96
Enjoyed psychiatric nursing component but still don't want to work in this area	13	4	100

'Psychiatric nursing still appeals to me because of the challenge of mental illness.'

Further information regarding these responses is presented in Table 10.

Discussion

The results of this study do little to alleviate the concerns raised in the recent Scoping Study of the Psychiatric Nursing Workforce (Clinton & Hazelton 2000), at least within the State of Victoria. It is clear that only a very small proportion of undergraduate nursing students commence such a program with a desire for or even a genuine interest in a career in psychiatric nursing. These results are comparable with similar studies (Stevens & Dulhunty 1992, Happell 1999) in demonstrating the tendency for students to favour working in areas which involve either the care of babies and children, or a high level of technological involvement. Areas that rely more on the more interpersonal or so-called basic skills do not tend to be highly regarded by beginning nursing students.

The attitude of undergraduate nursing students towards psychiatric nursing is undoubtedly more important at the completion of the course. If education proves to be affective in altering attitudes towards this area of practice then attitudes at the commencement of the course would be of lesser concern. The results of this study suggest that the popularity of psychiatric nursing increases significantly over the duration of the undergraduate nursing course. While this increased popularity is pleasing, it must be viewed in context. Psychiatric nursing continues to be ranked at number 8, with only care of the elderly being a less popular choice. More than half of the participants have continued to rank this area within their last three preferences.

In examining the overall changes to the career preferences throughout this study, the tendency towards 'high-tech' nursing is clearly evident. Surgical nursing has become the most popular with intensive care second. While care of children and midwifery remain popular, they have shown a significant decrease in popularity. These results support the findings of Stevens & Dulhunty (1997), and raise some serious issues regarding the content and delivery of undergraduate nursing programs in Australia. Comprehensive nursing education must be placed under close scrutiny. Areas of nursing practice such as aged care and psychiatric nursing must be more highly emphasized within curricula that place major importance on medical/surgical and highly technical nursing (Stevens & Dulhunty 1997, Happell 1999).

A review of the literature suggests that is not a new situation. As far back as the 1960s, the greater popularity of the more technical areas was observed (Delora & Moses 1969, Campbell 1971, Gunter 1971, Knowles & Faan 1985). In Australia, until the 1980s, psychiatric nurses were prepared via a separate preregistration training program. This enabled the profession to attract new recruits without directly competing with other areas of nursing specialty. The current problems have emerged following the introduction of comprehensive nursing education.

The lack of popularity of psychiatric nursing is a concern for two primary reasons. The first reason includes crucial workforce issues. Without sufficient nurses with the interest to pursue a career in the psychiatric nursing field, the quality of care received by the mentally ill will almost certainly be compromised. The fact that psychiatric nursing continues to remain an unpopular career choice at the completion of undergraduate nursing courses in Victoria provides little hope that a remedy for the current recruitment difficulties will be readily forthcoming. Furthermore,

changes to the structure of the health care system in Victoria, most particularly the mainstreaming of services, means that more than ever before registered nurses will find themselves caring for clients experiencing mental illness irrespective of the health care setting in which they are employed (Sharrock & Happell 2000). Limited research in this area suggests that general nurses do not consider themselves sufficiently knowledgeable or skilled to care for psychiatric clients within a non mental-health setting (Bailey 1994, 1998, Gillette & Bucknell 1996, Smart *et al.* 1999, Crowley 2000, Heslop *et al.* 2000). While psychiatric nursing continues to be viewed in a less than positive light, significant inroads in preparing registered nurses to work effectively with this client group are unlikely to be made.

The current state and federal government campaigns about nursing issues highlight the problems in the recruitment and retention of registered nurses almost universally across all practice areas. On the basis of this it might be argued that the situation in psychiatric nursing merely mirrors the issues of nursing in general. Undoubtedly there is currently a systemic problem that particularly affects the retention of nurses. The findings from this study, however, strongly suggest that in the area of recruitment there is not a level playing field. Psychiatric nursing is not highly regarded by new graduates. This means that this area of nursing specialty has the existing problem of attracting new graduates to start with.

The results of this study demonstrate the need for further research to address measures through which psychiatric nursing can be portrayed more positively in undergraduate nursing education. Such a study would require an extensive examination of undergraduate nursing education with the view to adopting a more comprehensive approach in which the relative merits of all areas of nursing practice are portrayed equally. Such research should not be restricted to theoretical education. The impact of clinical experience has been found in this study, as it was in the Stevens & Dulhunty (1997) study, to be of paramount importance to the image of psychiatric nursing. Strategies and approaches to maximize the learning potential of the clinical environment should be the subject of research activities. The effectiveness of programs which provide skills to clinicians in the areas of teaching and preceptorship should be implemented and thoroughly evaluated.

This study has limitations that need to be acknowledged. Although a broad geographical spread of universities was included, nevertheless not all universities were included and therefore the results are not fully representative of the career preferences of undergraduate nursing students in Victoria. Similarly, although the findings support those of Stevens & Dulhunty (1992, 1997), similar research would need to be undertaken in other states to

determine the extent to which these results are representative.

Conclusion

The results of this study support the findings of previous research conducted both nationally and internationally in suggesting that undergraduate nursing students commence their program with specific views about the most desirable areas of nursing practice. Areas such as psychiatric nursing and aged care are significantly less popular than the highly technical areas and the specialties which involve the care of mothers, babies and children.

At the completion of the nursing program some changes in career preferences are apparent. Surgical nursing and intensive/critical care nursing become more popular at the expense primarily of midwifery and children's nursing. Psychiatric nursing, which is the primary focus of this paper, became more popular. A decrease in the mean of 0.97 was found to be highly statistically significant using both parametric and nonparametric tests. This increase in popularity is obviously encouraging but is to some extent at least dampened by the fact that psychiatric nursing remains the second least popular career choice, with the majority of students ranking this area within their last three choices.

These results call into question the claim that undergraduate nursing education is truly comprehensive. Further research and an extensive review of undergraduate nursing curricula is urgently required to investigate and trial strategies through which psychiatric nursing can be profiled more prominently and positively in undergraduate curricula.

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