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Effects of Education and Exposure on Associative Stigma of Psychiatric Nursing in Junior Level Nursing Students

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Author Note

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Abstract

Stigma towards mental illness affects not only persons with mental illness but the psychiatric nursing professionals who care for them. Education and exposure may affect this associative stigma. The purpose of this study was to examine the effect of an eight-week undergraduate mental health nursing rotation on associative stigma towards psychiatric/mental health nursing in students. The study was guided by attribution theory and used a non-experimental design and convenience sampling of undergraduate nursing students enrolled in the mental health nursing course. Associative stigma was measured utilizing the *Psychiatric/Mental Health Clinical Placement Survey for First Day of Placement,* (Hayman-White & Happell, 2005), modified for this study. Nursing specialty preferences were ranked with a ranking system (Halter, 2008). Data was collected before and after the mental health nursing rotation. Independent sample t-tests were used to determine differences in pre- and posttest data. The study determined significant changes in two areas-- preparedness for the mental health field and anxiety surrounding mental illness-- indicating students felt more prepared for mental health nursing but more anxious about mental illness. There were several areas that had no significant changes from pretest to posttest, indicating that this nursing course had no significant impact in these areas.

Introduction

Research has shown that mental illness is not the result of moral failings or supernatural judgment but is in fact related to brain chemistry and other scientific causes (Natan, Drori, & Hochman, 2015). Despite these findings, persons with mental illness are often targets of fear and

misunderstanding. According to Crawford, Brown, and Majomi (2008), health care professionals, including nurses, despite receiving mental health education, still hold stigma about the mentally ill, fear for their own safety, and report an associative stigma about psychiatric nurses. Crawford and his colleagues concluded that nurses believed that the specialty of psychiatric/mental health nursing is not "real" nursing, citing its focus on mental health rather than physical health (2008).

The specialty of mental health nursing holds negative connotations within the profession of nursing and in the general public (Natan et al., 2015). Nurses that choose to help this subset of the population often are targets of stigma themselves (Natan et al., 2015). Moreover, there is a critical shortage of psychiatric nurses, and this shortage is expected to continue to grow as the current mental health nurses reach retirement age (Browne, Cashin, Graham, & Shaw, 2013). There are fewer nurses who specialize in mental health than most other specialties in nursing. For example, only 3.7% of all nurse practitioners specialize in psychiatric/mental health nursing (American Association of Nurse Practitioners, 2015). According to the American Nurses Association [ANA] (2010), only 1.3% of nurses are employed in psychiatric and substance abuse hospitals and 0.4% are employed in residential homes for mental retardation, mental health and substance abuse patients. The ANA (2015) compared this to the 57.7% of nurses employed in medical/surgical hospitals to show that there are significantly fewer nurses employed as psychiatric/mental health nurses than nurses employed in non-psychiatric specialties.

Some scholars argue that baccalaureate nursing programs have contributed to the decrease in the number of graduates going into the specialty of mental health nursing as they

have shorter clinical rotations and more intense, less integrative exposure to this field (Browne et al., 2013). Brown and his colleagues argued that nursing students are unable to appreciate the knowledge, skill set, and holistic approach of mental health nursing across populations (2013). To prevent this impending shortage, the authors proposed that students should be better introduced to the field of mental health nursing. Students also need more exposure to patients with varying types and severity of mental illness across rotations to give students a better understanding about holistic nursing perspective and skills, mental health and illness, and the specialty of mental health nursing. Further, lack of exposure to the field of mental health nursing, especially as it pertains across nursing specialties, may be discouraging students from pursuing this underlooked specialty (2013).

This shortage of mental health nurses may also be a consequence of stigma toward mental illness. Students may hesitate to enter this field because they are aware of stigma towards nurses who work in this area, further increasing the shortage. This stigma of mental health nursing is known as associative stigma and is important to address in order to try to alleviate the stigma associated with mental illness as a whole. Stigma results when people are perceived as having negative characteristics and are then looked down upon as an entire group for exhibiting these characteristics (Martensson, Jacobsson, & Engstrom, 2014). These characteristics are often misunderstood, with people frequently believing they can be controlled with enough willpower or that they are punishments for moral failings. Individuals who then interact with stigmatized groups can also be stigmatized by association. This is the basis for associative stigma (Natan et al., 2015). In the case of mental health nursing, by choosing to help those patients who are

stigmatized, the healthcare professionals are subject to stigma as well. Having associative stigma is not limited to people outside the healthcare community; the bias towards nurses, families, and others who help persons with mental illness can also be held by people who work within the healthcare community. When mental health professionals are stigmatized not only by the general public but also fellow healthcare professionals, both stigma toward the mentally ill and associative stigma of psychiatric nursing are perpetuated (Halter, 2008).

Although researchers have examined the effect of exposure and education on stigma of mental illness, fewer have investigated the effect of exposure and education on stigma by association (Natan et al., 2015). Hayman-White and Happell (2005) developed a questionnaire to measure nursing students' stigmas toward the mentally ill and evaluate their perspectives on the specialty before starting a mental health nursing clinical rotation. They found that students generally viewed psychiatric nurses positively and that they were hesitant to accept negative stereotypes of the mentally ill, they did not indicate an overwhelming interest in pursuing psychiatric nursing as a career (2005). Their study did not investigate on how student perspectives change or the reasons why a student might change their mind regarding mental health nursing after their placement in the psychiatric rotation. However, the questionnaire measures student perspectives, mental illness stigma, and stigma by association of mental health nursing (2005).

The purpose of this study is to explore the effect of an undergraduate mental health nursing rotation on the potential stigma of psychiatric/mental health nursing in baccalaureate nursing students. This study used a pretest-posttest survey to collect online data about attitudes

towards psychiatric/mental health nursing and rankings of nursing specialties. This study addresses the question: Does education and exposure to the field of mental health nursing affect stigma towards and ranking of mental health nursing by nursing students?

Review of Literature

Stigma of Mental Illness in Nursing

Researchers have examined stigma of mental illness in nurses and found that stigma is greater in nurses working with patients in psychiatric inpatient settings due to the severity of mental illness (Martensson, Jacobsson, & Angstrom, 2014). In comparison, nurses who work in psychiatric nursing have less stigma towards mental illness than those who care for psychiatric patients in somatic care locations (Martensson et al., 2014). Sercu, Ayala, and Bracke (2013) found that psychiatric nurses may use the stigma that other healthcare workers have towards the mentally ill to motivate themselves, believing that a major role as a nurse is to counteract the poor treatment that this group experiences. Further, they may be more dedicated to support mentally ill patients as a vulnerable population, in spite of awareness of associative stigma from the general population and healthcare professionals in other specialties.

Exposure to co-workers with mental illness has been found to not decrease stigma and may actually increase stigma. For example, researchers in Japan found that exposure to co-workers with mental illness actually increased stigma of mental illness and towards co-workers who returned from sick leave due to mental illness (Tei-Tominaga, Asakura, & Asakura, 2013). In another study of nursing personnel in the U.S. Air Force, researchers found that respondents felt uncomfortable seeking mental health services (MHS) due to possible stigma

and judgment from their peers and superiors. Hernandez, Bedrick, & Parshall (2014) reported that participants expressed fears that their peers would not trust them with the same tasks they were performing before seeking help and that their superiors would treat them differently if it was known that they sought care for mental health issues. Hernandez et al. (2014) provide evidence that even nursing personnel may not recommend seeking mental health services to patients who are in need of it because of the stigma-driven treatment they may receive due to seeking these services. Thus, while some literature showed that mental health nurses can be knowledgeable of both mental health stigma, and associative stigma of their profession, other areas of research showed that psychiatric nursing personnel can be as vulnerable to holding stigmatizing attitudes and being influenced by stigma.

Stigma of Mental Health Nursing

Associative stigma is the stigma of a group of people who are in close, frequent contact with a population that itself is negatively viewed and stereotyped by the general population (Halter, 2008). The stigma is the result of association with the stigmatized population. Compared to other health professionals,researchers have consistently found that psychiatric and mental health nurses are the target of this associated stigma, due to their contact with patients that are negatively viewed by society. This stigma may affect self-perception in psychiatric and mental health nurses (Crawford, Brown, & Majomi, 2008). Natan, Drori, and Hochman (2015) found that nurses outside of mental health nursing hold more stigma toward nurses who care for people with mental illness. Crawford et al. (2008) found that many psychiatric and mental health nurses reported feeling unappreciated and undervalued, wondering if their work was even a profession.

Desire for recognition is a common theme, similar to the invisibility reported by those with mental illness. For example, psychiatric and mental health nurses gain upward career mobility as an escape from the specialty (Halter, 2008).

Researchers have consistently found that stigma affects how nurses and students rate mental health nursing as a specialty. Additionally, nurses' awareness of the public perception influences where nurses rank mental health nursing compared to other specialties (Halter, 2008). Psychiatric nurses, and nurses in general, recognize that societal stigma of the mentally ill affects the perception of those who care for them, with psychiatric nurses perceived as introverted, judgmental, and incompetent (Halter, 2008). In a study of Bachelor of Nursing (BSN) students, Stevens, Browne, and Graham (2013) found that students, over a three year period, did not change opinions of mental health nursing, regardless of clinical hours spent in the field or preference at the start of the study. Conversely, Jansen and Venter (2014) found that nursing students had many reasons for disinterest towards mental health nursing, such as: fear of burnout, loss of nursing skills, lack of progress seen in patients, fear of dangerous patients, and seeing staff as lazy or unmotivated.

Interventions on Mental Illness Stigma

Researchers have examined the effect of exposure to mental illness on stigma (Martensson, Jacobsson, & Engstrom, 2014). In general, the findings are mixed about the effect of education and exposure to mental illness on stigma. Bulanda, Bruhn, Byro-Johnson, and Zentmyer (2014) studied middle school students and found that an educational intervention decreased stigma of the mentally ill. The students reported that after learning more about mental

illness, they would be less afraid to talk to someone with a mental illness for the first time, and that they would be more likely to try befriend individuals with a mental illness. However, these findings are inconsistent with the findings of Zellmann, Madden, and Aguiniga (2013), who found that as social work students progressed in their academic programs, their opinions of the mentally ill became more negative. Furthermore, as the social work students increased in class level, they were more likely to view the mentally ill as unable to accomplish meaningful goals and without cognitive abilities to hold most jobs (Zellmann et al., 2013).

Summary

The aim of this study is to address gaps in the literature on how exposure to and education on mental health nursing, in an eight-week formalized course, affects attitudes of mental health nursing as a career path. The university course blends experiences of classroom, clinical, online group discussion, guest lectures, presentations by persons with mental illness, and individual virtual reality assignments. Currently, researchers have found that education and exposure have little effect, if any, on stigma of mental illness and associative stigma of mental health nursing. By examining student stigma and ratings of nursing specialties before and after completing a mental health nursing course in a longitudinal fashion, this study may bring further understanding about the problem of associative stigma, identify benefits of psychiatric nursing as a career, and describe strategies to tackle the stigma associated with the specialty. More information regarding the literature reviewed for this study can be found in the table of evidence located in Appendix E.

Theoretical Framework

One theory that supported and guided our research was attribution theory (Corrigan, 2000). Attribution theory describes the way in which people explain the cause of behavior or events, i.e., how perceptions of characteristics in others are used to understand behaviors and events. The theory is based on the human need to find causal understanding for normal events, even when those causal relationships do not exist. In other words, humans feel the need to see and explain relationships, e.g., to explain by indicating a cause. They use their knowledge and experience with attributes to categorize a social group, in this case, persons with mental illness. Also included in this group are those who associate with or care for those in the group. The social group and those who associate with them are stigmatized by others. The reason this stigma exists, according to attribution theory, is a result of two dimensions when discussing illnesses. First, people generally relate illness based on its severity, which in the general public, is determined by a disease's relationship to morbidity and how it affects the patient's quality of life. Second and related to controllability, people relate illness to whether or not those with the illness have control over the onset of the disease and how they then cope with the illness. Ultimately, the factor that led to discrimination between mental illness and other types of diseases was the controllability issue. People tend to believe that those with psychological-behavioral illnesses have more personal control over their disorders (Corrigan, 2000).

It is often believed by others that those with mental illness are unable to overcome it, despite examples of people becoming successful while coping with mental illnesses (Corrigan, 2000). This belief may relate to perceptions that resources may be wasted if those with mental illness are unable to overcome the illness, even with interventions. This again, is an area that

leads to associative stigma experienced by mental health care professionals. Since it is generally thought that patients with mental illness do not need the same type of care that patients with other types of illnesses need, the healthcare professional may be stigmatized for not helping those who are thought to be in more need of their care (Corrigan, 2000). That is, others may wonder why psychiatric/mental health nurses use their knowledge and skills to help someone who is unable to recover or who is responsible for their own illness. Based on attribution theory and the reason it states for why stigma exists towards the mentally ill population, several strategies are identified to reduce stigma. This challenges the cause for the stigma rather than the results of the stigma (Corrigan, 2000). One study found that education and exposure help people decrease stigma (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014). When people are exposed to and interact with patients suffering from a mental illness who are successful members of society or those associated with persons with mental illness, the exposure may decrease stigma. Education on mental illness, increasing a person's understanding of the various disorders, also may decrease the stigma towards persons with mental illness (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014).

The theory of attribution contributed insights into the present study. Attribution Theory describes why stigma exists and gives insight into why people with mental illness are stigmatized. People categorize persons with mental illness into the same group and in doing so cast a negative connotation on those in and associated with this group. If people think that patients with mental illness are able to control their disorder, it may contribute to their stigma towards individuals with mental illness and to those associating or taking care of these patients.

Based on Attribution Theory and findings that exposure and education can help decrease stigma towards the mentally ill, the authors hope to support the hypothesis that exposure to the field of mental health nursing and education on mental health will decrease stigma towards the nurses who choose to spend their lives caring for patients suffering from mental illness.

Methods

Design

The design of pretest-posttest was used. The study was non-experimental, because no intervention was delivered by the researchers and no control group or random assignment was used. Two data collection times occurred throughout both the first and second Fall Semester eight-week mental health rotations, surveying subjects at the start and at the end of the course. Both rotations were then combined for a unified sample analysis. The proposal for this experiment was submitted to the IRB of the University of Akron during the summer of 2016. After approval was granted, the study began at the start of the Fall Semester of 2016.

Setting and Sample

This study took place at a large urban, public university in the Midwest of the United States. In the Fall Semester 2015, the student body population consisted of 25,177 students (Quick facts and figures, 2016). The School of Nursing consists of three classes of approximately 150 traditional BSN students, which does not include RN-to-BSN and accelerated BSN students. The target population consisted of traditional BSN nursing students in their junior year mental health nursing course during the Fall Semester of 2016 and convenience sampling was used. Junior level BSN students at the University of Akron undergo two course rotations per semester,

each with its own clinical practicum. Approximately fifty students enroll in the mental health course each 8-week rotation, making the target population of approximately 100 students. Only 27 students actually participated in the pretest and 19 in the posttest in the Fall semester 2016.

The sample was junior-level baccalaureate nursing students. Inclusion criteria included: at least 18 years of age and first-time enrollment in the mental health nursing course. Exclusion criteria included: enrollment in accelerated nursing program or RN-to-BSN nursing program or re-taking of the mental health course. No subjects were excluded due to age, race/ethnicity, or gender, as long as they met the inclusion age criterion.

Sampling Procedures

The researchers visited the mental health class at the beginning of each eight week rotation. They described the details of their project in and expressed that a link to the online survey was embedded in an email to the students. The students were asked to complete the survey on their own time after the researchers responded to any questions and described the research procedures (what was expected of subjects), time burden, and rights as human subjects. Further, students were told that participation was completely voluntary and had no impact on their evaluation in the course; instructors did not have access to survey data until the course was completed. Participants were encouraged to complete the survey start to finish, but it was made clear that they may choose to stop taking the survey at any time. The online recruitment email, distributed to each student in the course, was sent by the researchers based on the class list provided by course instructors and it included the online consent form (see Appendix A). Whether or not students opened the link was not known to the researchers or course instructors.

Survey submissions were not linked to subjects, maintaining anonymity.

Data Collection Procedure

The researchers created pretest and posttest surveys using Qualtrics (an online survey software that allows for the creation, distribution and analysis of surveys) and embedded a link to the survey in an email to all of the students on the class list, provided by course instructors. Procedures were similar at both data collection points. The first question of the survey presented the students with a consent form that provided information about the project and informed them that their answers were anonymous and only assessed and analyzed by the researchers (see Appendix A). If the student agreed to give consent, they continued on to take the remainder of the survey. If the student did not agree to give their consent, the survey was designed to stop there and they would not continue on to participate in the survey. Subjects progressed through surveys at their own pace and completed them outside of class. Reminder emails were sent to all potential students (subjects were unknown) periodically throughout data collection as a reminder to participate in the study and complete the surveys. No identifiers were collected in the surveys. The data was then collected and stored in Qualtrics, and only the researchers had access to the data file. Sponsors and course faculty did not have access until participants completed the course and received a grade. Data was imported into SPSS for analysis and stored in a password-protected computer (IBM Corp., 2016). All data will be destroyed after the completion of the study. Excluding open-ended questions that participants declined to answer, any questionnaires from the sample that were not fully completed were discarded.

Measures

Stigma by association was measured using two tools. The first was designed by Halter for her 2008 study analyzing the associative stigma of nurses toward psychiatric nursing as a specialty (see Appendix B). The researcher used this tool to measure associative stigma towards the specialty of psychiatric nursing. The tool consisted of ranking ten common areas of nursing according to personal preference and perceived societal preference from 1-10, with 1 being the most preferred and 10 being the least. The specialty areas were pediatrics, maternity, labor and delivery, oncology, intensive care unit (ICU)/coronary care unit, psychiatry, emergency department (ED), operating room, medical/surgical (M/S), and telemetry/stepdown (telemetry). Subjects were then asked to describe each discipline on a continuum with eight pairs of favorable/unfavorable attribute groups. These included: skilled/unskilled, accepting/judgmental, caring/disinterested, logical/illogical, dynamic/idle, extroverted/introverted, autonomous/dependent, and respected/disrespected. Students were asked to rate each specialty on a four point scale, 0 being the unfavorable side of the trait pairing, 1 and 2 being intermediate values, and 3 being the favorable side of the trait pairing.

The second tool was an itemized survey designed by Hayman-White and Happell (2005) for their study regarding the perspectives of Australian student nurses on mental illness and the field of mental health nursing (see Appendix C). The tool was a 24-item survey that measured the subjects' emotional, behavioral, and cognitive reactions to the psychiatric clinical placement. Wording was adjusted to fit the setting of the nursing program at the University of Akron rather than the Australian system. The tool rated responses on a 7-point likert scale, ranging from 1 (strongly agree) to 7 (strongly disagree). This second tool measured the students' stigma toward

psychiatric patients and stigma by association toward mental health nursing. Items 1, 4, 7, and 10 evaluated preparedness for the mental health field (higher scores indicated more preparation); items 9, 18, 19, and 23 evaluated knowledge of mental illness (higher scores indicated a better informed participant); items 8, 21, and 24 evaluated stigma towards the mentally ill (lower scores indicated less negative stereotyping); items 6 and 12 evaluated desire to pursue mental health nursing as a profession (higher scores indicated greater interest); items 14 through 17 measured the nursing program's influence in preparing students for the mental health course (higher scores indicated better preparedness); items 3, 5, and 22 measured anxiety due to exposure to mental illness (items 3 and 5 were reverse scored, whereas with item 22 higher scores indicated less anxiety); and items 2, 11, and 20 measured students' evaluation of mental health nursing (higher scores represented a greater appreciation for the services mental health nursing provides for patients) (2005). This tool was slightly modified to better fit the program at the University of Akron and retain relevancy to the aims of this study (see Appendix C).

Demographic information included: age, gender, having a family member or friend with mental illness (yes/no), having personal experience with mental illness (yes/no), and having work experience in mental health nursing (yes/no). In addition, several open-ended questions were included in the surveys regarding students' reasons as to why they were or were not interested in psychiatric nursing, their explanations of their ratings of the different specialties, and what they expected to learn and gain from the mental health course. Open-ended questions were included with the posttest survey asking which experiences were most influential in the students' ratings of the specialties, and psychiatric nursing in particular, such as the clinical

location or the clinical instructor.

Data Analysis

Data was imported into SPSS and cleaned, with outliers and missing data identified and managed. Descriptive statistics were used to describe the sample and study variables. Independent sample t-tests were used to determine pre- and post- group differences in stigma toward mental health nursing and rankings of nursing specialties. Significance was determined by p values<0.05. Any outstanding or notable answers to the open-ended questions were reported to provide a qualitative context to the results. Comparisons were made between demographic groups, such as between students who have familial experience with mental illness, and those who do not have that familial experience.

Results

After collecting and evaluating pre- and posttest surveys, the sample sizes were n=27 for the pretest sample and n=19 for the posttest sample. Surveys that were significantly incomplete were discarded and not considered in the analysis. Subjective data collected in the surveys is reviewed in the Discussion section. The mean age of the samples was 20.98 years. Three participants out of 27 (11%) were male in the pretest, and two out of 19 (11%) for the posttest. Seven out of 27 (26%) pretest participants confirmed personal experience with mental illness, and four out of 19 (21%) posttest participants indicated this past experience. 19 out of 27 (70%) pretest participants confirmed having a relative or friend with mental illness, while 14 out of 19 (74%) posttest participants indicated this exposure. Lastly, 12 out of 27 (44%) pretest participants and 11 out of 19 (58%) posttest participants indicated they had prior exposure to or

experience in the mental health field through family, work, coworkers, or shadowing.

The tool created by Hayman-White and Happell was used to determine stigma towards mental illness and towards the mental health profession. This tool was used to determine changes in seven categories related to mental health professions and stigma that are measured separately rather than being summed up in one score. These categories include preparedness for mental health field (three items), knowledge of mental illness (four items), negative stereotypes (three items), anxiety surrounding mental illness (three items), future career (two items), course effectiveness (one item), and valuable contributions (three items). An independent-T test was performed for each category determining whether or not there was a significant change from pretest to posttest. The p-values can be found in table 1.

Table 1

Independent Samples Test: Change in Associative Stigma of Mental Health Nursing in Nursing Students

		t-test for Equality of Means				
		Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
					Lower	
Preparedness for mental health field	Equal variances assumed	*<.0001	2.21248	.52417	1.15607	
	Equal variances not assumed	<.0001	2.21248	.49682	1.21115	
Knowledge of mental illness	Equal variances assumed	.160	1.13450	.79393	-.46556	
	Equal variances not assumed	.175	1.13450	.82004	-.53166	
Negative Stereotypes	Equal variances assumed	.437	.73879	.94123	-1.15814	

	Equal variances not assumed	.445	.73879	.95749	-1.20225	
Future career	Equal variances assumed	.236	-.81092	.67494	-2.17118	
	Equal variances not assumed	.235	-.81092	.67298	-2.17182	
Valuable contributions	Equal variances assumed	.823	.13840	.61593	-1.10293	
	Equal variances not assumed	.826	.13840	.62364	-1.12505	
Anxiety surrounding mental illness	Equal variances assumed	*.002	2.94347	.90657	1.11639	
	Equal variances not assumed	.002	2.94347	.90419	1.11497	

*an asterisk next to a value denotes significance with an alpha of less than 0.05

The p-value for preparedness for mental health field was significant in the positive direction with a p-value of <.0001. The p-value for anxiety surrounding mental illness was also significant in the positive direction with a p-value of .002. No other items demonstrated significant change.

Independent t-tests were also performed for the tool developed by Halter to determine if there were significant changes in students' perceptions of mental health nursing from pretest to posttest. A t-test was performed for the students' rankings of mental health nursing based on personal preference, how they perceived society would rank mental health nursing, and on the categories describing desirable and unfavorable traits in mental health nursing. The students also ranked positive and negative pairings for several different nursing specialties to provide comparison and context but t-tests were only performed for psychiatric nursing's rankings. The trait pairings included skilled/unskilled, accepting/judgmental, caring/disinterested,

logical/illogical, dynamic/idle, extroverted/introverted, autonomous/dependent, and respected/disrespected. The p-values can be found in table 2; an asterisk next to a value denotes significance with an alpha of less than 0.05. The average personal ranking out of 10 for psychiatric nursing in the pre-test was 7.59, and in the post-test it was 8.28. For societal ranking, psychiatric nursing was rated 9.08 in the pretest and 9.33 in the posttest.

Table 2

Independent Samples Test:

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference		
Please rank the following nursing specialties from 1-10 according to your personal preference, 1 being your most preferred and 10 being your least preferred. - Psychiatric	Equal variances assumed	.717	.402	-1.014	43	.316	-.685	.676		
	Equal variances not assumed			-1.063	41.623	.294	-.685	.645		
Please rank the following specialties based on how you think society would rank them, 1 being what you think is most preferred by others, 10 being what you think would be least preferred by others. -	Equal variances assumed	.764	.387	-.527	42	.601	-.256	.487		
	Equal variances not assumed			-.562	41.997	.577	-.256	.456		

Psychiatric										
Please rank each specialty based on how skilled you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric nurses are	Equal variances assumed	10.030	.003	-1.556	40	.128	-.271	.174		
	Equal variances not assumed			-1.408	23.076	.173	-.271	.192		
Please rank each specialty based on how accepting you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric nurses are	Equal variances assumed	1.165	.287	-1.974	41	.055	-.419	.212		
	Equal variances not assumed			-1.900	29.951	.067	-.419	.220		
Please rank each specialty based on how caring you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric	Equal variances assumed	.252	.618	-.254	41	.801	-.045	.178		
	Equal variances not assumed			-.248	31.892	.806	-.045	.182		

nurses are										
Please rank each specialty based on how logical you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric nurses are	Equal variances assumed	4.879	.033	1.044	41	.302	.152	.145		
	Equal variances not assumed			1.148	40.944	.258	.152	.132		
Please rank each specialty based on how dynamic you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric nurses are	Equal variances assumed	3.099	.086	-.459	41	.648	-.106	.231		
	Equal variances not assumed			-.431	27.151	.670	-.106	.247		
Please rank each specialty based on how extroverted you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric nurses are	Equal variances assumed	.358	.553	-1.252	40	.218	-.325	.259		
	Equal variances not assumed			-1.213	30.657	.234	-.325	.268		

Please rank each specialty based on how autonomous you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric nurses are	Equal variances assumed	.902	.348	.425	40	.673	.064	.149		
	Equal variances not assumed			.449	39.524	.656	.064	.141		
Please rank each specialty based on how respected you view the nurses in this field (if you are taking the survey on your phone, click the down arrow next to the statement to view your options). - Psychiatric nurses are	Equal variances assumed	.183	.671	-.517	41	.608	-.154	.298		
	Equal variances not assumed			-.520	35.183	.606	-.154	.296		

The p-values were insignificant for each of these independent t-tests, meaning that students' perceptions of the characteristics of psychiatric nurses remained about the same compared to before taking the course.

Discussion

The goal of this research was to see how completion of a university course focused on the care of patients with mental health problems would change students' perceptions of the mental

health nursing field, and their attitudes toward those who choose to specialize in the psychiatric field. The findings were unexpected in that they did not strongly corroborate the researchers' hypothesis that education and exposure would reduce associative stigma of the mental health field. The means of the students' responses did not change significantly for the majority of stigma tool categories after completion of the course, with the exception of anxiety surrounding mental illness and preparedness for the mental health field. Items that asked whether the student felt prepared by the nursing program to work in mental health changed in the positive direction significantly following the course, indicating that students' education and exposure throughout the course made them feel better prepared for handling patients with mental illness and improved their ability to operate in such an environment. This outcome was expected and is not particularly surprising given the expectations of students taking such a course. However, none of the other stigma by association categories saw a similar improvement. These categories include, knowledge of mental illness, negative stereotypes, future career, course effectiveness, and valuable contributions. These findings show that perhaps the one course at this university is insufficient to change students' attitudes towards the mentally ill and psychiatric nursing, in regards to their desire to pursue this career path and their stereotypes about nurses and patients in the field. The students' rankings for psychiatric nursing personally and as for as society perceives the specialty were in the lower echelons for both pretest and posttest; while the tool by Halter (see Appendix B) did not provide a method for evaluating respondents' reasons for why the rankings of specialties differ in regards to personal versus societal, the fact that for both questions the students' rated the psychiatric nursing low could be evidence of their own stigma

toward psychiatric nursing as a career. Again, the change in perception of both personal and societal preference of psychiatric nursing from pretest to posttest was not significant, which suggests the course did not affect their own stigma surrounding the specialty, or how they think society feels about the specialty. The most outstanding result from the tool by Hayman-White (see Appendix c) was that Anxiety Surrounding Mental Illness actually increased after completion of the course, the opposite effect intended by the course and this study. It is possible that increased knowledge about and exposure to mental illness serves to confirm the biases that students have, and the brevity of an eight week course does not allow for sufficient development of different perspectives. Students may have continued to see psychiatric nursing through their own personal lenses, rather than focusing on the less concrete portions of the course that try to broaden the horizons of the students. This assessment is backed up by some of the negative reviews of the course lecture compared to the mostly positive reviews of the clinical sites; some surveys indicated the lecture fell short of their expectations, but it is impossible to evaluate the extent of which this influences the data as it was not considered in the tools that evaluate associative stigma. Every group of students is different and brings different expectations and experiences with them. The subjective data from the pretest showed that many students felt it takes a “special person” to go into mental health nursing. Some said they were open to changing their minds; others were frank and reported that mental health nursing would not be for them.

The goal of the present study was to determine if a course that incorporated both education and exposure to the field of mental health nursing decreased student’s associative stigma towards the field. This study showed that education combined with exposure had little

impact on students' perceptions of mental illness and mental health nursing. Although there were some significant values, in the cases of preparedness for mental health field and anxiety surrounding mental illness, there were more areas in which there were no significant changes. One study in the review of literature found that exposure to co-workers with mental illness did not decrease stigma and may actually increase stigma (Tei-Tominaga, Asakura, & Asakura, 2013). This finding was supported by our research since one of the significant findings was increased anxiety surrounding mental illness following the course. This trend is similar to what Zellman et al. found in social work students that held more stigma after completing their program (2013). Overall, the literature was mixed in their results; some studies stating that education decreased stigma, some stating that there was no impact, and some stating there was an increase in stigma following education and exposure to mental illness. This study supported those previous studies that indicated education and exposure had little to no impact on associative stigma. There were changes in only two areas out of the many tested, showing little change in attitudes and rankings of psychiatric nursing from pretest to posttest.

The theoretical framework was based on attribution theory, which tells us that people who work with a stigmatized population, such as mental health patients, will also receive the same stigma even if they do not belong to that said group. This is because, according to attribution theory, individuals attempt to understand the behavior of others, such as selecting to work with the mentally ill, by attributing feelings, beliefs, and intentions to them (Corrigan, 2000). This is something that has been proven to be very hard to combat, even with an increase in exposure and education. Attribution theory was supported by our study because even with our

interventions of education and clinical experience, the level of stigma that students held toward psychiatric nurses and the mentally ill did not show a significant change.

The results of this study were not the expected outcomes. One explanation for the lack of significant changes is that the pretest and posttest survey answers were unpaired, resulting in an inability to determine whether individual perspectives on mental illness changed as a result of the course. There was no way to determine which students, if any, were the same pretest and posttest to determine whether a change really occurred. Another factor is several variables in student experiences, especially in the clinical setting that are difficult to control. This course provides different experiences for different students. Some students are in more typical mental health settings, like a hospital unit, where patients are in for medication adjustments or exacerbations of mental health issues. Others were in forensic settings treating patients displaying criminal behavior and mental illness. There were also some students that worked with patients struggling with addiction and substance abuse. These differences in experiences could have contributed to the overall increase in anxiety surrounding mental illness if the students who responded to the survey were those in a clinical setting with criminals. It is also possible that the course, being that it was only eight weeks, was not long enough to have an impact on students' perceptions. The exposure throughout this course may not have been enough to really change any preconceived notions and increase students' desires to pursue a career in mental health nursing.

Conclusion

Overall, the information obtained from this study did not support the hypothesis that increased education and exposure to mental health nursing decreased associative stigma and

increased nursing students' desires to pursue mental health nursing as a career. The only significant results were for preparedness for mental health field and anxiety surrounding mental illness. Students reported feeling more prepared following the mental health course for a career in the mental health field. There was no significant change, however, in their desire for a career in mental health nursing. Surprisingly, the other area in which there was a significant change from pretest to posttest was in anxiety surrounding mental illness. The change in this category, however, was in the opposite direction than the researchers predicted. The anxiety surrounding mental illness actually increased following the course, indicating that education and exposure not only did nothing the alleviate the anxiety of working with patients with mental illness, but also made students more anxious working in this field.

Several limitations were observed throughout the course of conducting research for this study. One of the major limitations noted was the sample size. The sample of students used for this study was small, only yielding 27 participants in the pretest and 19 participants in the posttest. Having such a limited number of responses to the survey, particularly in the posttest, makes it more difficult to determine if students' perceptions of the mental health profession was impacted by education and exposure throughout the course. Performing the study with a larger sample size could provide data that is more reliable. Another limitation in this study was the use of unpaired data. By choosing not to pair the pretest data with the posttest data in an effort to increase sample size and allow for more students to participate, the researchers were unable to identify changes in perceptions on an individual level. The students who participated in the posttest may have been an entirely new group of students compared to those who participated in

the pretest. By pairing the data, the researchers would have been able to see the changes on a student to student basis which may have been more significant than looking at the changes exhibited in each group of students as a whole. The choice to not pair the data also made some demographic questions less meaningful, namely the questions regarding personal experience with mental illness or experience via a friend, family member, or coworker. Due to this limitation, it was not possible to see if personal experience affected one's answers to the survey as only the means of the samples were used for the tools to evaluate associative stigma.

The study's focus on one university's mental health nursing course is also a limitation. The course evaluated in this study is an eight-week course designed to give the nursing students basic education and exposure to what the field of mental health nursing does on a day to day basis and a basic understanding of the diseases that are included in care for the mentally ill. Evaluating students' perceptions based on just one course at one school may not be the most effective way to determine whether or not education and exposure to mental health nursing has an impact on the stigma students have towards the field of mental health nursing. The overall reviews of this course in this study were negative. Although some students had positive words about certain aspects of the course, namely clinical sites, the general perception of the course was that it was not helpful to them as nursing students and their expectations were not met. Performing this study at various schools with different approaches to a mental health nursing course may impact the outcome of the study. Evaluating several mental health nursing courses would also help to increase the sample size which could have an impact on the outcome of the study. The students in this course are also placed at various clinical sites which could also limits

the measurement of the course's effects on stigma. Some students were placed at clinical sites with mental health patients who were also criminals, a situation that may have been frightening to them. The students at these sites may have a different perspectives on the mental health profession than those students who were placed in different locations. Overall, there were several limitations to this study, both controllable and uncontrollable, that could be adjusted to make future studies testing similar hypotheses more significant.

The results of this study indicated that this particular mental health course did not significantly change the preconceived views students have towards the field of mental health nursing. There was no significant change from pretest to posttest in how students ranked mental health nursing among other nursing specialties. There are several reasons that contributed to these findings. The decreased sample size was a major factor in the findings of this study, along with the unpaired data from pretest to posttest and the differences in clinical sites that the students attended throughout the semester. In future studies, these methodological problems with the study could be adjusted to get more accurate results. Although there is no significant change, this information can still be used to impact nursing practice. Based on this information, continued research into other programs can help to increase the sample size while also determining what teaching strategies are successful in decreasing associative stigma among nursing students. Looking at various nursing programs that offer mental health education and exposure can improve the education nursing students are receiving related to the mental health field in order to better prepare students for a career in mental health nursing. Evaluating several nursing programs and their strategies for teaching students about mental illness and mental

health nursing can be used to implement changes into other programs in order to improve the overall mental health education of the students and increase students' desire to pursue a career in mental health nursing.

Regarding future studies, it would be recommended that the researchers gather a larger sample size. This would make the impact of exposure and education on associative stigma more obvious. Also, with this sample size, the researchers should match students responses from the pretest and posttest. By doing this, the researchers would be able to see changes in associative stigma on an individual as well as a group level. In addition, if they asked any open response questions, it would make them much more meaningful because they could compare the same individuals responses pre- and post education and exposure. Finally, if possible, the studies should be expanded to include multiple universities, while providing more similar clinical experiences. Including multiple universities in a study would allow for different approaches to teaching mental health nursing to be included, possibly increasing the positive effect that education has on associative stigma. However, although multiple universities should be included, it would be best to pick clinical sites that are relatively the same. As stated in the limitations, many students worked with clients that were violent and had committed crimes, which could have had a negative impact on their anxiety and exposure. Changing any of these factors in future studies could cause that study to show that education and exposure has a greater impact on associative stigma than what we were able to present. In summary, while this study may have raised more questions than provided answers, it is novel in how it attempts to prevent stigma at the source: trying to evaluate how student nurses learn and change in their education. It is the

researchers' hope that this study provides a framework for those who also are interested in growing the mental health nursing profession and providing sensitive, empathetic care to the patients who need it most.

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Appendix A: Consent Form

Title of Study: Effects of Education and Exposure on Associative Stigma of Psychiatric Nursing in Junior Level Nursing Students

Introduction: You are invited to participate in a research project being conducted by Hayley Groubert, Gabrielle Glandorf, and Geoffrey George, nursing students in the College of Health Professions, School of Nursing at The University of Akron.

Purpose: The purpose of this study is to determine whether education and exposure to mental health nursing decreases stigma towards mental health nursing and increases students' desire to pursue a career in mental health nursing.

Procedures: If you volunteer to participate in this study, you will be asked to complete two short, online surveys about stigma related to mental illness and mental health nursing, along with ranking various specialties in nursing in the order in which you would like to pursue them. There will be several open ended questions asking your reasoning for certain rankings. This survey will be given once at the beginning of the mental health nursing course and once upon completion of the course. The survey will take approximately 15 minutes to complete. You will be asked information about age and level of education. You will not be asked to give any identifying information.

You can participate in this study of you are enrolled in the traditional undergraduate nursing program and are at least 18 years old. You cannot participate if you are an accelerated nursing student or a student in the RN-to-BSN, LPN-to-BSN, or graduate nursing programs. No persons will be excluded based on gender, ethnicity, race, sexual orientation, marital status, or age as long as they are at least 18 years old. Additionally, you have been chosen based on your first-time enrollment in the mental health nursing course. You cannot participate if this course is being repeated.

Benefits and Risks: You will receive no direct benefit from your participation in this study, but your participation may help us better understand the relationship between education and exposure and the stigma related to mental illness and mental health nursing. There are some possible risks involved in completing the survey because you are asked to answer questions about personal attitudes towards those with mental illness. Although we hope you respond to each item on the survey, whether or not you do is your choice. Because no identifying information is collected in the survey, and because survey distribution and submission occur anonymously and online, there is very minimal risk of participant identification. Course faculty and sponsors will not have access to survey data until the course is complete and you have received your grade. You will complete the surveys at your leisure and in a comfortable, secure, and private environment. In case you feel the need to talk with a counselors and health care provider after completing this survey, please contact: (1) The Counseling Center, Simmons Hall 306, Phone: 330-972-7082, Website: http://www.uakron.edu/counseling/ and/or (2) Student

Health Services, Student Recreation and Wellness Center, Suite 260, Phone: 330-972-7808 Website: http://www.uakron.edu/healthservices/

Right to Refuse or Withdraw: Participation in this study is voluntary. Refusal to participate or withdraw from the study will result in no penalty. Failure to participate in no way affects your academic standing.

Anonymous and Confidential Data Collection: No identifying information will be collected, and your anonymity is protected further by not asking for you to sign and return the informed consent form.

Confidentiality of Records: The survey is loaded into Qualtrics, an electronic survey software program. You will complete the survey electronically and at your own convenience. Electronic survey completion means that data are automatically entered into a data set. Disconnecting participants from their surveys is also related to protection of human participants.

Who to contact with Questions: If you have any questions about this study, you may contact Hayley Groubert (hng11@zips.uakron.edu), Gabrielle Glandorf (gmg18@zips.uakron.edu), Geoffrey George (gpg4@zips.uakron.edu), or Dr. Lori Kidd, PhD (Sponsor) at kidd@uakron.edu. This project has been reviewed and approved by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330)-972-7666.

Acceptance & Signature: I have read the information and voluntarily agree to participate in this study. My completion and submission of this survey will serve as my consent. I may print a copy of this consent statement for future reference.

Now, begin to complete the survey!

Appendix B: Rankings Tool

Nursing Specialty Area Inventory by Margaret J. Halter, modified for this study.

The following section lists specialties of nursing that focus on certain aspects of health and the patient population. For this first table, please rank the specialties from rank 1-10 according to your personal preference, 1 being your most preferred and 10 being your least preferred.
Specialties:
Pediatrics
ICU (Intensive care)
M/S (Medical/surgical)
ED (Emergency department)
Psychiatry (Mental health nursing)
Labor and delivery
Telemetry
Operating
Maternity
Oncology

Ranking by personal preference	Specialty
1	
2	
3	
4	
5	
6	
7	
8	
9	

10	

For this second table, list the specialties from rank 1-10 according to how you think society prefers them, 1 being the most prefered and 10 being the least prefered.

Specialties:

Pediatrics
ICU (Intensive care)
M/S (Medical/surgical)
ED (Emergency department)
Psychiatry (Mental health nursing)
Labor and delivery
Telemetry
Operating
Maternity
Oncology

Ranking by societal preference	Specialty
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Now, please describe each of the disciplines based on the following favorable/unfavorable continuums. There are eight attribute groups to describe the disciplines; they are skilled/unskilled, accepting/judgmental, caring/disinterested, logical/illogical, dynamic/idle, extroverted/introverted, autonomous/dependent and respected/disrespected. Rate each specialty on a four point scale for each attribute group, 0 being the unfavorable side of the trait pairing, 1 and 2 being intermediate values, and 3 being the favorable side of the trait pairing. Follow the example, "Nurses in pediatrics are (skilled = 3, more skilled than unskilled = 2, more unskilled than skilled = 1, unskilled = 0)."

Rank the following specialties on how skilled you view the nurses (check one box per specialty).

	Skilled	More skilled than unskilled	More unskilled than skilled	Unskilled
Pediatrics				
ICU				
M/S				
ED				
Psychiatry				
Labor and Delivery				
Telemetry				
Operating Room				
Maternity				
Oncology				

(7 more tables like the preceding example would follow for the remaining traits)

Modifications: The researchers thought placing psychiatry last in the list of specialties would create a confirmation bias. It has been rearranged into the middle of the items for this reason.

Permission to use and modify this tool was granted by Margaret J. Halter July 20, 2016 via email.

Appendix C: Associative Stigma Tool

Psychiatric/Mental Health Clinical Placement Survey for First Day of Placement by Karla Hayman-White and Brenda Happell (modified for this study)

Measured on a 7-point Likert scale; 1 = Strongly disagree, 2 = Quite strongly disagree, 3 = Disagree, 4 = Neither agree nor disagree, 5 = Agree, 6 = Quite strongly agree, and 7 = Strongly agree.

Items

1. I feel my nursing program (has) prepared for my psychiatric nursing course
2. Psychiatric nursing makes a positive contribution to people with mental illness
3. I am anxious about working with people experiencing a mental health problem
4. I have a good understanding of the role of a psychiatric nurse
5. I am uncertain how to act toward someone with a mental illness
6. I will apply for a graduate program in psychiatric nursing
7. I feel confident in my ability to care for people experiencing a mental health problem
8. People with mental illness are unpredictable
9. Mental illness is not a sign of weakness in a person
10. (Deleted, see modifications below)
11. This clinical placement in psychiatric nursing will provide valuable experience for my nursing practice
12. I intend to pursue a career in psychiatric nursing
13. If I developed a mental illness, I wouldn't tell people unless I had to
14. (Deleted, see modifications below)
15. (Deleted, see modifications below)
16. My course has prepared me to work as a graduate nurse in a psychiatric health graduate program
17. (Deleted, see modifications below)
18. Someone I know has experienced a mental health problem
19. When a person develops a mental illness, it is not their fault
20. Mental health services provide valuable assistance
21. People with mental illness can't handle too much responsibility
22. I feel safe about/felt safe during this psychiatric placement
23. The way people with mental illness feel can be affected by other people's attitudes toward them
24. People with mental illness are more likely to commit offenses or crimes

Modifications: The following items have been modified or removed from the tool as they are not relevant to the purpose of this study. Some of these items are also inapplicable to the nursing program at the University of Akron and have been removed or modified to be more applicable to this group of study participants. Remaining items will be kept in their existing order but renumbered to adjust for the removed items.

- "1. I feel well prepared for my psychiatric placement" (original wording modified for relevance to pre- and posttests)
- "10. My theoretical component of psychiatric nursing prepared me well for my clinical placement" (Removed due to similarities to item 1 and irrelevancy to the nursing program at UA. Theory and clinical portions of the course occur simultaneously.)
- Items 14., 15., and 17. are not relevant to the purposes of this study and are thus deleted.
    - "14. My course has prepared me to work as a graduate nurse in a medical–surgical graduate program"
    - "15. My course has prepared me to work as a graduate nurse in a pediatric graduate program"
    - "17. My course has prepared me to work as a graduate nurse in an aged care graduate program"

Permission to use and modify the tool was granted by Brenda Happell on July 30th, 2016 via email.

Appendix D: Survey Open-ended Questions

Demographics

- Age
- Gender
- Race/Ethnicity
- Have you had personal experience with mental illness before? (yes/no)
- Have you had a family member or friend who experienced mental illness before? (yes/no)
- Have you had experience with psychiatric nursing before, either through family's work, shadowing, or coworkers? (yes/no)

Open ended questions

Pretest

- What is the reasoning behind your highest ranked specialty? Your lowest?
- Why did you rank psychiatric nursing where you did?
- If you answered "yes" to having personal experience with mental illness before, please elaborate
- If you answered "yes" to having a family member or friend with mental illness experience before, please elaborate
- If you answered "yes" to having experience with psychiatric nursing due to some working relationship, please elaborate
- Is there anything that interests you about psychiatric nursing? Disinterests you? Or are you impassive? Undecided?
- What are your expectations for this course? For the clinical rotation? For instructors?

Posttest

- Did your ranking for psychiatric nursing change? In which direction? Why?
- Which course factors would you attribute to a change, if any, in your ranking for psychiatric nursing? E.g. clinical area, clinical instructor, patient experiences, lecture, guest speakers, nurse coworkers, etc.
- Please tell us how your perspective of psychiatric nursing and mental illness prior to the course has changed. Would you say your prior experiences with mental illness, if any, were more influential than the course? Why?
- Were your expectations for the course met? For the clinical rotation? For instructors?
- Now that you have completed a university course in mental health nursing, would you consider psychiatric nursing a more appealing career option? Less so? Why?

Appendix E: Systematic Review Table of Evidence

APA formatted reference	Purpose statement. Research question.	Clinical Practice Setting, Sampling methods, Sample size.	Design. Level of Evidence.	Findings, Conclusion	Practice & Research Implications	Limitations of Findings
1 Stevens, J., Browne, G., & Graham, I. (2013). Career in mental health still unlikely career choice for nursing graduates: a replicated longitudinal study. *International Journal of Mental Health Nursing*, 22(3), 213-220.	Purpose Statement: This study investigates the career preferences of undergraduate nursing students by comparing preferences at the start, middle, and end of the Bachelor of Nursing program. Research question: What are the career preferences of undergraduate nurses in a BSN program?	Setting: Three college campuses in New South Wales, Australia Sampling method: Surveys were given out during lecture time, convenience sampling was used, all nursing students at 3 colleges received a survey during the first week, midterm, and last week of the Fall Semester. Sample size: 150	Design: longitudinal, non-experimental, repeated measures Level of Evidence: 4	Working in mental health is still the least desired field to go into for student nurses.	Nursing bachelor programs must change the way that they encourage nurses to go into mental health or else there will be no nurses left in the field.	Used data from only 150 out of the possible 300 people that took the survey for the first round
2 Crawford, P., Brown, B., & Majomi, P. (2008). Professional identity in	Purpose Statement: The purpose of this study was to explore how community	Setting: UK midlands, various hospitals Sampling Method: convenience	Design: semi-structured interviews based in thematic analysis	Community mental health nurses see themselves as having a negative identity in the community.	Many psych nurses feel underappreciated and are aware that many of their colleagues do not view them as	This study only used 34 participants and was a sample of convenience. Also, some nurses were teaching and practicing prn.

community mental health nursing: A thematic analysis. *International Journal of Nursing Studies*, 45(7), 1055-1063.	mental health nurses perceived their working lives. Research Question: How do nurses perceive their professional status in terms of public image compared with their understanding of their working lives?	Sample Size: 34 mental health nurses	Level of Evidence: 4		actual nurses.	
3 Martensson, G., Jacobsson, J. W., & Engstrom, M. (2014). Mental health nursing staff's attitudes towards mental illness: an analysis of related factors. *Journal of Psychiatric and Mental Health Nursing*, 21(9), 782-788.	Purpose Statement: The aim of the present study was to investigate factors associated with mental health nursing staff's attitudes towards persons with mental illness. Research Question: Does exposure and education reduce stigma?	Setting: County council and municipalities in central Sweden Sampling Method: convenience Sample Size: 256 mental health nurses staff employed by one county council in Sweden	Design: The study was cross-sectional, correlational, and comparative in design. Level of Evidence:3	The findings show that staff have more positive attitudes towards persons with mental illness if their knowledge about mental illness is less stigmatized, their work places are in the county council, and they currently have or have once had a close friend with mental health problems.	Exposure and education can reduce stigma of nursing staff towards mentally ill clients.	The sampling was not random.

4 Zellmann, K. T., Madden, E. E., & Aguiniga, D. M. (2013). Bachelor of social work students and mental health stigma: Understanding student attitudes. *Journal of Social Work Education*, 50(4), 660-677.	Purpose Statement: The purpose of this study is to evaluate the thoughts that social worker students have towards clients that are mentally ill. Research Question: What attitudes do social work students have towards those with mental health problems?	Setting: midsized Midwestern public university Sampling Method: convenience Sample Size: 198 undergraduate students	Design: cross sectional, non-experimental Level of Evidence: 4	Results of the analyses suggest that the majority of students do not hold stigmatizing attitudes toward mental illness. Students who believed mental health work is rewarding were less likely to be afraid or uncomfortable around people with mental illness. However, as students class level increased so did their stigma.	Understanding the benefits of improving mental health care can lead to decreased stigma.	Only collected data from one school. Convenience sampling was used.
5 Natan, M. B., Drori, T., & Hochman, O. (2015). Associative stigma related to psychiatric nursing within the nursing profession. *Archives of Psychiatric Nursing*, 29(6), 388-392.	Purpose Statement: The aim of this study was to compare stigma held by psych nurses vs. non-psych nurses. Research Question: What level of stigma do psych nurses vs. non psych nurses hold against patients with mental	Setting: two medical centers: a large psychiatric hospital in northern Israel and a general hospital in central Israel Sampling Method: Convenience Sample Size: 216 (108 psych nurses and 108 non-psych nurses)	Design: quantitative, cross-sectional Level of Evidence: 4	The results showed that non-psychiatric nurses hold more stigma against the mentally ill and the role of psychiatric nurses. However, both groups noted the associative stigma the field of psychiatric nursing receives due to its contact with the mentally ill.	Stigma towards the mentally ill needs to be minimized in order to optimize the care of individuals with mental illness and to prevent a shortage of nurses in psychiatry.	Convenience sampling, participants answering more favorably in order to look better

	health issues and the field of psychiatric nursing?					
6 Bulanda, J. J., Bruhn, C., Byro-Johnson, T., & Zentmyer, M. (2014). Addressing mental health stigma among young adolescents: Evaluation of youth-led approach. *Health Social Work, 39*(2), 73-80.	Purpose Statement: To present findings from an evaluation of the SPEAK initiative, a youth-led program to address mental health stigma in adolescents. Research Question: Does an informational session on mental illness and the mentally ill, led by youth for their peers, reduce stigma toward mentally illness in adolescents?	Setting: Semi-urban, Midwestern US city, after-school programs in the middle schools for students age 11-13. Sampling method: Convenience Sample size: 57 matched pretests and posttests	Design: quantitative and cross-sectional Level of Evidence: 4	Salutary results can be achieved with a brief intervention with youths on the topic of mental health awareness. Youth have more influence on their peers than educators.	Exposure to positive influences to counterbalance negative beliefs and stigma can take hold in young children and help reduce stigma in the general population in the future. Additionally, re-examining over a period of time could reinforce learning in future studies. Etiology in tools should be omitted as public understanding of mental illness etiology varies greatly.	Convenience sampling; nonexperimental design, no control group, instruments had never been tested on a population so young, only one school district used, small sample size.
7 Halter, M. J. (2008). Perceived characteristics of psychiatric nurses: Stigma by association. *Archives of Psychiatric*	Purpose Statement: To determine the effect of stigma by association on the specialty of psychiatric nursing, in	Setting: Two northeast Ohioan general hospitals; one acute adult care medical center, one pediatric hospital, both with psychiatric units.	Design: quantitative and cross-sectional. Comparative in respect to adult vs pediatric hospitals but no control groups.	Psychiatric nursing fared poorly in both personal preferences of nurses and perception of society's preferences. Psychiatric nurses rated lowest in four out of nine attributes, most often described as unskilled, illogical, idle, and disrespected.	Psychiatric nurses are not viewed favorably by their peers. Education is needed to emphasize the brain-related nature of mental illness. While mental health nurses may	small sample size compared to the breadth of the US nursing workforce. Both hospitals were comparable in educational composition and institutional goals, and located within 30 miles of each other, leading to less

Nursing, 22(1), 20-26.	regards to nurses' opinions of it and their perception of society's opinion of it Research Question: Does stigma by association influence of specialty preferences of nurses and their perceptions of psychiatric nurses?	Employed RNs and LPNs were included. Sampling method: Convenience Sample size: 122 useable responses.	Level of Evidence: 4		have an image problem, it must also be asked if there is any merit to the opinions of nursing of psychiatric nursing.	generalizability.
8 Sercu, C., Ayala, R. A., & Bracke, P. (2015). How does stigma influence mental health nursing identities? An ethnographic study of the meaning of stigma for nursing role identities in two Belgian psychiatric hospitals. International *Journal of Nursing Studies, 52*(1), 307-316.	Purpose Statement: To explore how stigma may give meaning to mental health nursing identities. Research Question: How does stigma influence psychiatric nurses' perceptions of their identities?	Setting: Two treatment wards in two psychiatric hospitals (A and B) in the region of Ghent Belgium. Ward A1 was for mood disorders. Ward B1 was also for mood disorders. A2 was for patients with combined psychosis and substance abuse while B2 was solely substance abuse. Sampling method: Convenience	Design: Qualitative, cross-sectional, and comparative in terms of the different wards and the two hospitals. Level of Evidence: 6	Nurses from the hospital with more emphasis on diagnosis and labelling the patients held more stigmatizing attitudes than the hospital that held a philosophy of treating the patient, not the disease. Stigma itself greatly influences why nurses choose psychiatric nursing, citing their beliefs that they must protect and empower this particular group of people because of how they are ostracized from society.	Education in the workplace or aligning hospital values in such a way that the diagnosis does not get overemphasized over patient identity and dignity. Focusing more on external frameworks like mental health stigma can help nurses counter stigma and treat patients better. Brings new insights to stigma theory in regards to identity construction.	Convenience sampling, limited sample to only two hospitals, small sample size.

		Sample size: 33 nurses between all the different wards.				
9 Tei-Tominaga, M., Asakura, T., & Asakura, K. (2013). Stigma towards nurses with mental illnesses: A study of nurses and nurse managers in hospitals in Japan. *International Journal of Mental Health Nursing, 23*(4), 316-325.	Purpose Statement: To examine the current situation of nurses with mental illnesses, the stigma associated with these illnesses, and to determine nurses' and managers' perceptions of workplace mental health issues. Research Question: Is there a difference in the stigma associated with absenteeism related to sick leave from physical health problems vs. mental health problems among nurse coworkers?	Setting: six nursing associations located in different prefectures in Japan agreed to the survey. Participants were nurse managers and nurses who were members and attended themed lectures related to administrative issues from September to November 2010. Sampling method: Convenience Sample size: 701 returned questionnaires.	Design: Quantitative, nonexperimental, cross-sectional, comparative Level of Evidence: 4	Stigma scores were higher for nurses who return from sick leave for mental health problems than those who return from sick leave for physical health problems. Nurses who had worked with a coworker with mental illness had higher stigma scores than those who did not have a coworker with mental illness.	Further effort must be made to destigmatize medical treatment for mental illness, promote workplace understanding of mental illness in nursing, and increase nurse coworker support. More help should be provided for nurses with mental illness to reduce absenteeism. Further escalation could result in nursing shortages.	No control group, convenience sampling.
10 Jansen, R. & Venter, I. (2014). Psychiatric	Purpose Statement: To identify the	Setting: South Africa, the Free State School of	Design: qualitative, explorative,	Personal factors included loss of general nursing skills, limitation of general nursing knowledge	There is a need to explore the concept of mental illness	Small sample size, convenience sampling, no comparison group, cultural

nursing: An unpopular choice. *Journal of Psychiatric and Mental Health Nursing, 22*(2), 142-148.	factors preventing undergraduate students from choosing psychiatric nursing as a career. Research Question: What are ways nursing schools can implement strategies to recruit future nurses for the field of psychiatric nurses?	Nursing and The School of Nursing at the University of the Free State Sampling method: inclusion criteria of working in two or more psychiatric nursing placements and indication of disinterest in psychiatric nursing (nonrandom, convenience sampling) Sample size: 12 men and 15 women (27)	descriptive Level of Evidence: 6	application, fear of burnout, observing poor prognosis of most patients, difficult managing other people's emotional issues, limited opportunities for upward mobility, and no interest. Work environment factors included safety and not feeling challenged. A third category of factors included unprofessional behavior on the part of staff. The fourth category consisted of the learning environment, students observing that staff was not knowledgeable of current interventions and nursing care.	patients as dangerous, as well as earlier introduction to the mental health setting to reduce anxiety. Closer relationships between the schools and health care facilities must be facilitated to prevent critical misconduct incidents. Workshops and introducing users of mental health care to students can help with knowledge and empathy as well.	differences.
11 Hernandez, S. H. A., Bedrick, E. J., & Parshall, M. B. (2014). Stigma and barriers to accessing mental health services perceived by air force nursing personnel. *Military Medicine, 179*(11), 1354-1360.	Purpose Statement: To investigate the perceptions of stigma and barriers associated with accessing mental health services among Air Force personnel and enlisted nursing personnel. Research Question: Does stigma affect the usage	Setting: USAF medical wing in the southern United States, online survey. Participants assigned to multiple in and outpatient locations. Sampling method: Convenience, survey sent to all nurses and personnel at the site	Design: qualitative, nonexperimental, exploratory Level of Evidence: 4	Half of the sample indicated they had sought mental health services (MHS) before. Average response did not agree nor disagree with the stigma of seeking MHS. Different items elicited different scores. Overall dichotomized. Most common concern was that seeking MHS would result in different treatment from peers and leaders, and decreased confidence in them.	The expression that seeking MHS may be damaging to one's reputation or career may influence whether these nurses would recommend MHS to their patients, resulting in poorer patient outcomes. Continued efforts to reduce stigma of seeking MHS needed.	respondents were more likely to be over the age of 30 and officers compared to the population. Convenience sampling. Did not ask about reasons for seeking MHS or when it occurred. Internal consistency or the Barriers to Care scale poor and limited comparisons across demographics. Conducted at a single site, representativeness uncertain.

	of mental health services by military personnel and enlisted nurses? Why?	Sample size: 211				