



**UNIVERSITY** *of the*  
**WESTERN CAPE**

Faculty of Community and Health Science  
School of Nursing

**Investigation of the placement readiness of final-year nursing at a university in the Western Cape, South Africa students toward mental health nursing**

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A mini thesis submitted in partial fulfillment of the requirement for the degree of Master of Nursing (Advanced Psychiatric Nursing) in the School of Nursing, Faculty of Community and Health Sciences, at the University of Western Cape.

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## **ABBREVIATIONS**

Preparedness for the mental health field (PMHF)

Knowledge about mental illness (KMI)

Course effectiveness (CE)

Future course (FC)

Valuable contributions (VC)

Anxiety surrounding mental illness (ASMI)

## **ABSTRACT**

**Background:** In South Africa, mental health nursing forms part of the basic (pre-registration) education of professional nursing under the current regulation (R425) and is incorporated in the final year of training. The student nurses are prepared with the theory of mental health nursing and clinical placement in a psychiatric hospital or clinic. Despite this inclusion in undergraduate training, there are concerns about the perception of the unpopularity of mental health nursing as a future career.

**Aim:** This study aimed to investigate the placement readiness of final-year nursing students in mental health nursing at a selected university in the Western Cape, South Africa.

**Methodology:** A quantitative descriptive survey design was used, using questionnaires based on the Psychiatric/Mental Health Clinical Placement scale for the First Day of Placement (Preplacement). The population was final-year undergraduate nursing students (n = 263) at a selected university in the Western Cape, selected using all-inclusive sampling. Self-administered questionnaires were distributed, and one hundred and fifty-three (153) completed questionnaires were returned. The data were analysed using the Statistical Package for Social Science version 28. Descriptive statistical analysis was used to generate frequencies, mean values, and standard deviations of observations for each of the scale domains.

**Results:** The results of this study showed that the respondents valued mental health nursing's contribution to health but had a very low level of interest in mental health nursing as a future career. Respondents had positive perceptions of their preparedness for mental health placement, with evidence of internalization of key

mental illness concepts and course effectiveness being equivalent to courses for medical and general nursing. However, the respondents had moderate levels of anxiety towards people with mental illness and a high level of negative stereotypes.

**Conclusion:** Though students felt well prepared for placement and valued the contribution of mental health nursing, some poor attitudes and low interest in mental health nursing as a career remain.

**Recommendations:** There is a need to develop a concise guideline to address the identified gaps in the placement readiness of final-year nursing students for mental health nursing. Mental health placement readiness should be consistently evaluated to fill knowledge gaps, and students' input is recommended. More quantitative and qualitative studies need to be conducted to determine the perceptions and attitudes of student nurses toward mental health illness, including negative stereotypes.

## **KEYWORDS**

Attitude toward mental illness

Attitude toward mental health nursing

Career preference

Preparedness for mental health placement

## DECLARATION

I, Leonie Koopman declare that the study entitled “investigation of the placement readiness of final-year nursing students towards mental health nursing at a Western Cape University, South Africa” is my own work and that it has not been submitted to any university for a degree or examination. All the sources utilized or quoted have been listed and acknowledged by complete references.

Signed \_\_\_\_\_ on this day of 21 March 2023

A handwritten signature in black ink, appearing to read 'L. Koopman', written over a horizontal line.

## **ACKNOWLEDGEMENTS**

This thesis would not have been possible without the guidance and help of several individuals who, in one way or another, contributed and extended their valuable assistance in the preparation and completion of this study. First, I want to thank God almighty, my creator and strong pillar. Who is my source of inspiration, wisdom, knowledge, and understanding. He has been the source of my strength throughout this program.

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## **DEDICATION**

This thesis is dedicated to my family, who have been a constant source of support and encouragement during the challenges of life. My mother (Margaret) taught me to work hard for the things that I aspire to achieve. My sister (Pauline) inspired me to pursue my master's and finish my thesis. This work is also dedicated to my fiancé, Mr. Sibisi, who has unconditionally loved and supported me throughout my journey for this thesis, and to my daughter, Leilani, and my unborn baby, who are my strength and portion.



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## **Chapter one**

### **Orientation to the study**

#### **1. Introduction and Background**

As defined by the World Health Organization (WHO), health includes mental well-being (World Health Organization, 2004) and therefore is an important part of nurse training. Like all placement environments, the mental health placement environment provides learning opportunities where student nurses can put theory into practice and develop clinical confidence, but the uniqueness of the environment could leave a student uncomfortable and with a poor learning experience (Gaberson, Oermann, & Shellenbarger., 2014). One of the main concerns in this environment is that the interest in the mental health nursing profession among undergraduate nursing students globally has remained low despite improvements in the mental health care environment (Jack-ide, Amiegheme, & Ongutubor., 2016). According to a study by Thonpriwan, Leuck, Powell, Young, Schuler, & Hughes (2015) among junior and senior nursing students, those who had never worked in a clinical or academic context had more unfavourable perceptions of those who had mental illnesses and showed higher anxiety related to them. A study conducted by Bekhet, Murrock, Mu, and Singh-Gill (2017) indicated that some students reported not feeling comfortable with mentally ill patients as they did not know much about them. Several studies have revealed that psychiatric nursing and mental illness are often not seen favourably by nursing students (Bekhet et al., 2017; Ong, Seow, Chua, Xie, Wang, Lau, & Subramaniam., 2017). Tertiary nursing education programmes aim to produce

novice nurses able to meet the South Africa Nursing Council (SANC) competency standards for registration, which until recently included mental health nursing as part of the comprehensive training programme under Regulation 425 (R425). Two issues have emerged in the literature, namely the importance of preparing students to be competent in mental health nursing through time and mentoring (Woods, West, Mills, Park, Southern, & Usher., 2015) and the fact that interest in mental health nursing among undergraduate nursing students has remained low despite improvements in the care environment (Jack-ide et al., 2016).

Please note that in this study; the term "mental health nursing" will be used to reflect both psychiatric and mental health nursing, as both terms are normally used interchangeably.

## **2. Problem statement**

Very little is known about the final-year student nurses' perceptions of their preparedness and mental health nursing and their selection of mental health as a career preference related to the selected university. In a review conducted by Happell and Gaskin (2013), mental health was rated as one of the least preferred areas of nursing for a potential career. Other studies also showed that psychiatric nursing had been ranked by students as one of the least preferred career options (Happell and Gaskin, 2013; Stevens, Browne, and Graham., 2013). Zaccheaus and Iruo (2022) reported that nursing institutions previously holding negative beliefs, misconceptions, and stereotypes about mental illness have resulted in most nursing students showing the least preference for the psychiatric nursing specialty after graduation. Furthermore, pre-conceived negative beliefs are believed to have a significant influence on the attitudes of students toward people with mental health

problems and their future career choices (Zaccheaus & Iruo, 2022). Nursing students' negative attitude towards mental illness and mental health care users is also thought to have contributed to a lack of interest in psychiatric nursing and deterred student nurses from choosing careers in mental health (Onge et al., 2017; Furr, 2014; Happell & Gaskin, 2013). This study aims to investigate the placement readiness of final-year nursing students at a selected university in the Western Cape, South Africa, and students' attitudes toward mental health nursing as a future career.

### **3. The study**

#### **3.1. Aim of the study**

To investigate the placement readiness of final-year nursing students in mental health nursing at a selected university in the Western Cape, South Africa.

#### **3.2. Objectives**

The aim is addressed using the seven objectives organized under three domains: Readiness for Mental Health Placement, Anxiety and Negative Stereotypes around Mental illness, and Focus on Mental Health Nursing as a Career.

##### **Readiness for Mental Health Placement**

1. Determine the level of preparedness of final-year nursing students for their mental health placement.
2. Determine final-year nursing students' level of knowledge about mental health illnesses.
3. Examine final-year nursing students' perceived effectiveness of the mental nursing modules in preparing them for practice.

##### **Anxiety and Negative Stereotypes around Mental illness**

4. Describe final-year nursing students' anxiety surrounding the placement in mental health or psychiatric nursing facilities.
5. Describe any negative stereotypes held by final-year nursing students around people with mental illness

### **Focus on Mental Health Nursing as a Career.**

6. Determine final-year nursing students' beliefs about the value and contribution of mental health/psychiatric nurses
7. Examine final-year nursing students' future career orientations toward mental health/psychiatric nursing.

### **3.3. Operational definitions**

Table 1 set out the operational definitions for this study.

**Table 1: Operational Definitions**

<b>Term</b>	<b>Operational definition</b>
<b>Preparedness for mental health placement</b>	Preparedness for the mental health nursing field with a specific focus on prior first mental health placement (Hayman-White & Happel, 2005)
<b>Knowledge about mental illness</b>	Knowledge and anxiety around mental illness (Hayman-White & Happel, 2005)
<b>Course effectiveness</b>	Effectiveness, of course, to prepare students for the area of nursing (Hayman-White & Happel, 2005)
<b>Career preference</b>	Desire to pursue a career in mental health nursing (Hayman-White & Happel, 2005)
<b>Anxiety around placement</b>	Anxiety around working with people with mental health problems and anxiety around placement in mental health facilities (Hayman-White & Happel, 2005)
<b>Negative stereotypes</b>	Negative views about people with mental illness (Hayman-White & Happel, 2005)
<b>Attitudes towards mental health nursing</b>	Beliefs about the value of mental health nursing to consumers, the community, and students' own careers (Hayman-White & Happel, 2005)

### **3.4. Brief summary of research methodology**

A quantitative research approach using a descriptive survey design was used to gather information regarding the preplacement readiness of final-year nursing students at a selected university in the Western Cape using the Psychiatric/ Mental Health Clinical Placement Survey for the First Day of Placement (Preplacement Survey) scale (Hayman-White &Happel, 2005). The research approach, study design, setting, population and sampling, data collection, data management, and ethical considerations will be discussed in detail in Chapter 3

### **3.5. The significance of the study**

The finding of this study may assist in the preparation of students in mental health facilities and the appropriateness of the courses to prepare them for practice for the university being surveyed.

## **4. Thesis outline**

The outline of the Thesis is as follows:

**Chapter 1:** Introduction and background to the research. The Chapter describes the problem statement, significance, aims, objectives, operational definitions, and the overview of the research methodology for the proposed study.

**Chapter 2:** Literature review

**Chapter 3:** Research methodology used in this study to address the aims and objectives of the study. The Chapter describes the research approach and design, setting, population and sampling, research instrument validity and reliability, data collection methods, data analysis, and ethical considerations.

**Chapter 4:** Presentation of the findings or results of the study.



**Chapter 5:** Discussion of findings of the study in the context of the current literature

**Chapter 6:** Summary of the study, conclusion, recommendations, and limitations.

## **5. Summary**

In this chapter, an introduction and background to the study were presented along with a problem statement and a description of the proposed study. The following chapter will address the literature review related to the topic of interest in the current study.

## **Chapter two:**

### **Literature review**

#### **1. Introduction**

The purpose of a literature review is to inform the researcher about the available literature and information on the topic of research interest that has been published by other scholars (Brink, Van der Walt, & Van Rensburg., 2017). The goal of a literature review further is to gain a wide theoretical background and explore the existing understanding of a subject (Gray, Grove & Sutherland., 2017). This chapter reviews the literature that is related to this study and will first review the general literature on preparedness and readiness for practice and future career choice, and thereafter, an overview of the undergraduate nursing students' attitudes to people with mental illness and mental health nursing.

#### **2. Preparedness and readiness for practice in nursing**

Readiness for practice in specific settings enables nursing students once they graduate to provide safe, quality nursing care for patients in that specific setting and potentially further their career in this setting (Hunter, Weber, Shattell, & Harris., 2015). Dlamini, Mtshali, Dlamini, Mahanya, Shabangu, and Tsabedze (2014), in their research exploring new nursing graduates 'readiness for practice in Swaziland, found that new graduates were perceived as not being ready for practice, could not work independently, and needed continuous supervision (Dlamini et al., 2014). According to a study done in Australia by Happell and Hayman-White (2008, p. 850), having more anxiety was linked to having less interest in pursuing a career in the

field. The researcher thought it was crucial to assess how well-prepared student nurses were for their placement in a psychiatric facility. There was also a chance that this educational approach might increase the number of people hired for the mental health field. This study also claims that students' beliefs, concerns, readiness, and decision to work in the mental health area may be impacted by sufficient educational preparation (Happell & Hayman-White, 2008, p. 185). Nursing students, who felt unprepared for the transition to registered nurses, expressed high levels of anxiety regarding their lack of knowledge and confidence to practice independently (Kaihlanen, Strandell-Laine, & Salminen., 2016). To prepare nursing students for practice, they are exposed to different clinical areas in hospitals and institutions (Dela Rosa & Maniago, 2018). Adequately preparing students for this clinical practice is important to fulfil the academic goals of integration of theory and practice and improve clinical performance (Dela Rosa & Maniago, 2018). Teaching and learning activities in the classroom and skills laboratory can be structured, but in the clinical learning environment, additional support and preparation are required due to the unpredictable nature of the clinical environment (Msiska, Smith, & Fawcett., 2014). Hunter, Weber, Shattell, & Harris (2015, p. 5) further recommend that curricular techniques to boost students' readiness and motivation to engage with those suffering from mental illness should be examined. Insufficient course content relevant to mental health nursing and unconstructive clinical placement experiences is suggested to contribute to students' ambivalent and/or /or unfavourable views towards both mental health nursing and the consumers of mental health services (Darweesh, Mohamed, El-Magd, and Omar, 2014, p. 160).

Foster, Withers, Blanco, Lupson, Steele, Giandinoto, & Furness (2019) regard mental health clinical placement as a key factor in shaping students' attitudes

towards mental health, nursing, and people with mental illness. Foster et al. (2019) indicated that clinical placement is a prime opportunity to recruit students; this can help attract students into the field during the placement as a positive and competent role model. In mental health, reports have indicated that some staff in the clinical environment may lack appropriate qualifications, resulting in poorly organized teaching and learning activities in the clinical learning environment (Jamshidi et al., 2016), which is compounded by challenging patients in this setting.

### **3. Undergraduate nursing students' attitudes to people with mental illness and mental health nursing.**

A study by Jack-ide et al. (2016) showed that students often enter mental health with a preconceived image of people with mental illness as dangerous and should be feared. It is of concern as negative and stigmatizing beliefs among undergraduate nursing students may result in a negative view of mental health nursing and working with people with mental illness (Jack-ide et al., 2016). Zacchaeus and Iruo (2022) also add to this view by stating that context also plays a role, with most of the research examining mental health nursing placements and attitudes towards mental illness predominantly coming from developed western countries where mental illness-related stigma may not be that prevalent.

These attitudes may result in mental health nursing being one of the least chosen fields of practice for undergraduate nurses, which could be addressed through education and clinical placement (Happell & Gaskin, 2013). This is supported by Zacchaeus and Iruo (2022), who report that research evidence shows that pre-conceived negative beliefs about mental illness can be reduced among student

nurses by providing them the opportunity to directly engage with psychiatric clients. There is potential to reform undergraduate nursing programs by increasing exposure to people with mental health problems, which may also improve the care provided to mental health care users (Thonpriwan et al., 2015). Gillespie (2013) supports this and believes that a shift in nursing education is required to change attitudes and levels of compassion toward people with mental illnesses. A second outcome of negative attitudes is that mental health nursing is also often reported as boring; with students' reporting a desire to work in 'exciting' areas such as surgical and critical care areas (Happell & Gaskin, 2013). This is further supported by a study that showed that if student nurses were exposed to positive attitudes in their clinical experiences, this could have a positive impact on care and future recruitment to the profession (Gerrity, 2012).

According to Tibebe and Tesfey (2015), cultural norms, beliefs, and conventions have an impact on how people perceive or identify mental diseases. Several African societies believe that mental illness is the result of a genetic defect or a demonic spirit, making individuals who suffer from it outcasts or persons who need to be isolated (Ndetei, Khasakhala, & Mwayo., 2011). In another study, Salve, Goswami, Sagar, Nongkynrih, & Sreenivas (2013) indicated that participants felt behavioral changes were the most prevalent sign of mental disease, whereas mental stress was the most common cause behind mental illness. Also, the findings revealed that 25% of individuals thought that bad spirits were to blame for mental illness (Salve et al., 2013). Albuquerque-Sendin, Ferrari, Rodrigue-de-Souza, Paras-Bravo, Velarde-Garcia, & Palacios-Cena (2018) assert that a significant obstacle to mental health care is the existence of traditional healers who discourage the use of medication in the treatment of mental illness.

Wedgeworth, Ford, and Tice (2020) stated that the future of mental health nursing and the ensuing quality of care for those suffering from mental health disorders are placed directly on the shoulders of nurse educators and practicing nurses from all disciplines. The role of education in addressing these negative views toward mental health nursing and presenting mental health nursing as a dynamic and rewarding career option is of vital importance to the survival of the mental health profession (Jaganath, 2019).

#### **4. Summary**

This chapter reviewed the literature on placement readiness for practice and future career choices, as well as attitudes toward people with mental illness and mental health nursing among undergraduate nursing students. There appears to be a lack of research on preplacement readiness in South Africa higher education institutions with no current literature from South African institutions on this topic. This study, therefore, aimed to investigate the placement readiness of final-year nursing students toward mental health nursing at a university in the Western Cape, South Africa. The next Chapter presents a detailed description of the research methodology for this study.

## Chapter three:

### Research Methodology

#### 1. Introduction

This study used a quantitative research approach with a self-administered questionnaire to investigate the placement readiness of final-year nursing students in mental health nursing at a selected university in the Western Cape, South Africa. This chapter describes the research approach and design, setting, population and sampling, the instrument, and the study's validity, reliability, data collection process, data analysis, and ethical considerations.

#### 2. Domains and objectives of the study

Domain	Objectives
Readiness for Mental Health Placement	<ol style="list-style-type: none"><li>1. Determine the level of preparedness of final-year nursing students for their mental health placement.</li><li>2. Determine final-year nursing students' level of knowledge about mental health illnesses.</li><li>3. Examine final-year nursing students' perceived effectiveness of the mental nursing modules in preparing them for practice.</li></ol>
Anxiety and Negative Stereotypes around Mental illness	<ol style="list-style-type: none"><li>1. Describe final-year nursing students' anxiety surrounding the placement in mental health or psychiatric nursing facilities.</li><li>2. Describe any negative stereotypes held by final-year nursing students around people with mental illness</li></ol>
Focus on Mental Health Nursing as a Career.	<ol style="list-style-type: none"><li>1. Determine final-year nursing students' beliefs about the value and contribution of mental health/psychiatric nurses</li><li>2. Examine final-year nursing students' future career orientations toward mental health/psychiatric nursing.</li></ol>

### **3. Research approach**

A quantitative research approach underpins this study. A quantitative approach specifies numerical data that aims to classify features, count them, and construct statistical models to explain a phenomenon (Green & Thorogood, 2018). This method is used to describe variables, examine relationships between variables, and determine cause-effect interactions between variables. The researcher aimed to investigate the placement readiness of final-year nursing students in mental health nursing at a selected university in the Western Cape, South Africa (Jonker & Pennink, 2006).

### **4. Research design**

A descriptive quantitative survey design was used in this study to gather data, with respondents answering a set of questions (Polit & Beck, 2017). The descriptive design is suitable because each variable will have values addressing the questions (Brink et al., 2017). Descriptive designs serve to perceive, outline, and record the results of the investigated problem as they occur without any intervention (Polit & Beck, 2017). Furthermore, descriptive designs may be used to detect problems within the practice (Brink et al., 2012).

### **5. Study setting**

Brink et al. (2017) describe the research setting as the location where data will be collected and assembled by the researcher. This study was conducted at a selected



school of nursing in the Western Cape, South Africa. The school forms part of a Faculty of Community and Health Sciences and offers a Bachelor of Nursing (four-year or five-year extended curriculum) programme, a Master's in Nursing, and PhD programmes. The school offers both the new R174 programme and the phasing-out R425 programme. The school has fourth-year students who have completed 620 hours of clinical practice in mental health facilities as part of the qualification for psychiatric nursing as part of the R425 programme. The School of Nursing employed primary-level clinics and secondary and tertiary hospitals for mental health clinical practice. This setting was chosen because it will provide proper access for the researcher to obtain study participants.

## **6. Population and sampling**

The target population is the entire set of individuals or elements, who meet the sampling criteria (Polit & Beck, 2017). In this study, the population consisted of final-year student nurses at the school of nursing doing their Bachelor of Nursing (R425). (N=263).

Polit and Beck (2017) describe sampling as a method by which a part of the population is selected to represent the entire population. All-inclusive sampling will be used. The following inclusion and exclusion criteria were used:

**Inclusion criteria:** Final year nursing students who engaged in their psychiatric nursing module in Bachelor of Nursing.

**Exclusion criteria:** Repeat students who have completed a psychiatric placement.

## 7. Instrument

The questionnaire was based on the Psychiatric/Mental Health Clinical Placement Survey for the First Day of Placement (Preplacement Survey) scale (Hayman-White & Happell, 2005). The scale is a valid and reliable 24-item self-administered Likert scale developed by Hayman-White and Happell (2005). Minor amendments to the tool were made with the addition of four demographic questions and changing from pre- to placement (see Addendum C: Questionnaire). The questionnaire was divided into two sections. Section A: Demographic data of participants this section consisted of questions related to students' gender, placement type, number, university attended, year of the course, and receipt of information about a career in mental health. Section B included the Preplacement Scale, which has seven domains related to the objectives under three subheadings: 1) Readiness for mental health placement with three (3) domains, namely: preparedness for the mental health field (PFMH); knowledge of mental illness comprising (KMI); and course effectiveness (CE); 2) anxiety and negative attitudes towards with two (2) domains: anxiety surrounding mental illness (ASMI) and negative stereotypes (NS); and 3) career orientation with two (2) domains: valuable contribution of mental health nursing (VC) and focus of future career (Hayman-White & Happell, 2005). Please note that the author recommends these abbreviations. The students were required to respond to each of the 25 items using a seven-point Likert-type scale with the following values: 1: strongly disagree; 2: quite strongly disagree; 3: disagree; 4: neither agree nor disagree; 5: agree; 6: quite strongly agree; 7: strongly agree. The questionnaire took 30 minutes to complete.

## 7.1. Validity

Polit and Beck (2017) describe validity as a more complex concept that broadly concerns the soundness of the study evidence and the degree of inferential support the evidence yields. Two types of validity were established, namely, face validity – where the questionnaire was assessed by a mental health lecturer to ensure it was readable, clear, viable, and asked what should be asked. Content validity related to objectives and the domains can be seen in Table 2.

**Table 2: Content validity**

<b>Domains</b>	<b>Objectives</b>	<b>Questionnaire</b>
Readiness for Mental Health Placement	Determine the level of preparedness for the mental health placement.	1, 4, 7, 10 & 25
	Determine the level of knowledge about mental health illness	9, 18, 19, 23 & 26
	Examine the effectiveness has the course been in preparing them for practice	14, 16
Anxiety around mental illness and negative stereotypes	Describe the negative stereotypes	17, 21
	Describe the anxiety surrounding the students' placement in the mental health field	3, 5, 15 & 22
Focus on mental health nursing as a career	Determine the beliefs about the value of the contribution of mental health nurses	2, 11, 20 & 27
	Examine the future career orientations toward mental health nursing	6, 12 & 28

## 7.2. Reliability

Reliability refers to “the accuracy and consistency of information obtained in a study” (Polit & Beck, 2017). The scale in this study’s internal consistency ranged from .51 (negative stereotypes) to .92 (Future career), calculated for this study (Table 3).

**Table 3: Internal consistency of domains**

<b>Domains</b>	<b>Cronbach’s alpha</b>
Preparedness for the Mental Health Field	.608

Anxiety around mental illness and stereotypes	.535
Focus on mental health nursing as a career	.523

### 7.2.1. Pre-test

The questionnaire was pre-tested using a small sample of nursing students (n=10) to ensure that the questions were unambiguous. The researcher randomly selected nursing students about four were invited for the briefing session at Stikland hospital. The pre-test respondents were briefed about the purpose, aims, and objectives of the study. The information sheet and consent form were explained, and they were invited to participate in the pilot. The researcher informed the respondents that they will be included in the study if no changes were made to the tool.

## 8. Data collection

Data collection was conducted by the researcher. Once the proposal was approved and ethical clearance was granted (see addendum E), the researcher received permission from the Director of the nursing school and the Registrar of the university (see addendum F). After permission was obtained from the Head of the School of Nursing of the university who was selected (see addendum G), the researcher emailed the final-year level coordinator to discuss the aims and objectives of the study and requested assistance with the distribution and collection of the questionnaire. The coordinator advised the researcher to contact the clinical supervisors and set up a day when the students are receiving skills lab. Self-administered questionnaires were distributed to one hundred and fifty (150) respondents during class time by a research assistant and to fifty (50) at a hospital. The research assistant was trained in the data collection procedure. The questionnaire was collected on the same day it was administered. The researcher

checked for completeness and sorted, cleaned, and organised the questionnaires. Each survey questionnaire was assigned a code.

## **9. Data analysis**

Before data analysis begins, all questionnaires will be evaluated to check for completeness and errors. Each questionnaire was coded to capture the data in the SPSS v28 program. The means and standard deviations for each item and the subscales were calculated with the following guidance: Preparedness for the mental health field (PFMH) (statements 1, 4, 7, 10, and 25; higher scores represent a greater sense of preparedness); Knowledge of mental illness (KMI) (statements 9, 18, 19, 23, & 26; higher scores represent a more informed attitude); negative stereotypes (NS) (statements 8, 13, 17, 21, & 24; lower scores represent less stereotyped beliefs); Future career (FC) (statements 6, 12, and 28 (reversed scored)—higher scores represent a greater desire to pursue a career in mental health nursing; course effectiveness (CE) (statements 14 and 16; higher scores represent the degree to which students university courses had prepared them for various areas of nursing); anxiety surrounding mental illness (ASMI) (statements 3, 5, 15 (reversed scored), and statement 22—higher scores represent a lower level of anxiety; and valuable contributions (VC) (statements 2, 11, 20, and 27; higher scores represent a stronger belief that psychiatric nurses provide a valuable service to consumers, the community, and the students nursing careers Cronbach's alphas were calculated for each subcomponent and the total scale (see reliability above).

## 10. Ethics statement

Ethics clearance was granted by the Humanities and Social Sciences Research Ethics Committee (HSSREC/ref: HS21/10/46), with an approval period of 17 January 2022–17 January 2025. Permission to conduct the study was granted by the University Registrar (ref: UWCRP411921) and the Head of the School of Nursing at the university of interest. The main principles, as emphasized by the Nuremberg Code, the Declaration of Helsinki, and the World Health Organisation, were always respected. These are the rights to privacy and confidentiality, autonomy, beneficence, and justice.

**10.1 Right to privacy and confidentiality:** The identity of the student will not be revealed, and the name of the facility will be removed. The questionnaire will have code numbers in place of student names. Only the principal investigator, the supervisor, and the statistician will have access to the information collected from the students.

**10.2 Autonomy:** The researcher will make sure that the participants are aware that they have the right to choose whether to participate or not in the study. Besides, this will be achieved when the researcher gives the information sheet outlining the purpose of the study and what their contribution will entail before signing a consent form (Polit & Beck 2017).

**10.3 Beneficence:** The researcher will explain to the students that there is no direct benefit they will gain from the study, though they will receive incentives for participating in the study. However, the findings of the study might be useful for curriculum development and improving student support.

**10.4 Principle of Justice:** To ensure anonymity and confidentiality, the questionnaire was assigned a number /code after collection, and only the researcher and research supervisor had access to the data. The soft data was protected with a password on the computer. Both soft data and hard copies of the data would be destroyed after five (5) years.

## **11. Summary**

In this chapter, the researcher described the research approach, study design, setting, population, Sampling, data collection process, data collection instrument, instrument validity, reliability and Pre-test, data analysis, and ethical considerations. The next chapter presents the results of the study.

## Chapter four

### Results

#### 1. Introduction

The results or findings of the study are presented in this chapter. The study aimed to investigate the placement readiness of final-year nursing students in mental health nursing at a university Western Cape, South Africa.

#### 2. Domains and objectives of the study

Domain	Objectives
Readiness for Mental Health Placement	<ol style="list-style-type: none"><li>1. Determine the level of preparedness of final-year nursing students for their mental health placement.</li><li>2. Determine final-year nursing students' level of knowledge about mental health illnesses.</li><li>3. Examine final-year nursing students' perceived effectiveness of the mental nursing modules in preparing them for practice.</li></ol>
Anxiety and Negative Stereotypes around Mental illness	<ol style="list-style-type: none"><li>1. Describe final-year nursing students' anxiety surrounding the placement in mental health or psychiatric nursing facilities.</li><li>2. Describe any negative stereotypes held by final-year nursing students around people with mental illness</li></ol>
Focus on Mental Health Nursing as a Career.	<ol style="list-style-type: none"><li>1. Determine final-year nursing students' beliefs about the value and contribution of mental health/psychiatric nurses</li><li>2. Examine final-year nursing students' future career orientations toward mental health/psychiatric nursing.</li></ol>

The results are organized by these three domains: Readiness for Mental Health Placement, Anxiety and Negative Stereotypes around mental illness, and Focus on Mental Health Nursing as a Career.



### 3. Sample Realization and demographics

At the time of the actual survey, there were a total of two hundred and sixty-three (263) fourth-year students studying at the school. A total of 200 questionnaires were handed out to the fourth-year students at the university and one hundred and fifty-three (153) completed surveys were returned, yielding a response rate of 71%. There were 129 (84.3%) female respondents and 21 (13.7%) male respondents with an average age of the respondents was 23.9 years ( $\pm 4.16$ ) (Table 4)

**Table 4: Demographic (n=153)**

Items	Statistic
<b>Sex</b>	
Female	129 (84.3%)
Male	21 (13.7%)
Age	Mean 23.9, ( $\pm 4.16$ )

The placement had commenced at the time of the survey, with 39 (25.5%) of the respondents reporting a past mental health placement, and 96 (62.7%) a current mental health placement, indicating a total of 109 (71.2%) of the respondents who were in some form of mental health placement. In terms of the current placements, the average duration of the respondents' current placement was 2.7 weeks (sd 1.2) and most of the respondents reported that they were satisfied with their last clinical placement (74, 48.4%), 57(37.3%) very satisfied. Only 8 (5.3%) respondents indicated that they were dissatisfied with their last clinical placement.

### 4. Domain 1: Readiness for Mental Health Placement

Perceptions about the readiness for mental health placements were measured through perception on three (3) subscales, namely, Preparedness for mental health

placement (PMHF), Knowledge about mental illness (KMI), and Course effectiveness (CE).

#### 4.1 Preparedness for psychiatry/ mental health placements (PMHF)

Determining the preparedness of final-year nursing students for their mental health placements was the first objective of the study. Five statements measured the perceptions of preparedness for mental health placements, with higher scores indicating higher levels of preparedness (Table 5). The overall PMHF score was 4.89 ( $\pm 0.98$ ) out of a possible 7. The highest-rated statement was *'I have a good understanding of the role of a psychiatric/mental health nurse'* (5.20,  $\pm 1.16$ ) and the lowest-rated statement was *'The theoretical component of psychiatric/mental health nursing has prepared me well for my clinical placement'* (4.62,  $\pm 1.50$ ) (Table 5).

**Table 5: Preparedness for the mental health field (PMHF) (n=153)**

Statement	Mean	Standard deviation
I have a good understanding of the role of a psychiatric/mental health nurse	5.20	1.16
I am familiar with the need of people with mental illness	5.15	1.19
I feel confident in my ability to care for people experiencing a mental health problem	4.79	1.25
I feel well-prepared for my psychiatric/mental health clinical placement	4.71	1.49
The theoretical component of psychiatric/mental health nursing has prepared me well for my clinical placement	4.61	1.50

#### 4.2 Knowledge about mental health illness (KMI)

The respondents were asked about their level of knowledge when it comes to mental health illnesses. Five statements measured the knowledge about concepts about mental illness with higher scores indicating higher perceptions of knowledge about mental illness (Table 6). The overall KMI score was 5.76 ( $\pm 0.92$ ) out of a possible 7. The highest rated statement was knowledge on the concept that *'Mental illness can*

affect people from all walks of life (6.25,  $\pm$ 1.10), while the lowest rated statement was ‘Someone I know has experienced a mental health problem’ (5.31,  $\pm$ 1.78) (Table 6).

**Table 6: Knowledge about mental health illness (KMI) (n=153)**

Statement	Mean	Standard deviation
Mental illness can affect people from all walks of life	6.25	1.10
Mental illness is not a sign of weakness in a person	5.87	1.55
The way people with mental illness feel can be affected by other people’s attitudes toward them	5.59	1.19
When a person develops a mental illness, it is not their fault	5.43	1.63
Someone I know has experienced a mental health problem	5.31	1.78

### 4.3 Course effectiveness (CE)

The respondents were asked about their perceptions of how effective the course was in preparing for practice with two questions, one for working in general health as a graduate and one for working in mental health as a graduate (Table 7). Higher scores indicate perceptions of course effectiveness. The overall CE score was 5.38 ( $\pm$ 1.10) out of a possible 7.

In measuring the Course Effectiveness (CE), the higher-rated statement was “My course has prepared me to work as a graduate nurse in a medical-surgical graduate program” (5.54,  $\pm$ 1.27), while the lowest-rated statement was “My course has prepared me to work as a graduate nurse in a psychiatric/mental health graduate program” (5.25,  $\pm$ 1.30) (Table 7).

**Table 7: Course effectiveness (CE) (n=153)**

Statement	Mean	Standard deviation
My course has prepared me to work as a graduate nurse in a medical-surgical graduate program	5.54	1.27
My course has prepared me to work as a graduate nurse in a psychiatric/mental health graduate program	5.25	1.34

## 5. Domain 2: Anxiety and Negative Stereotypes around Mental Health Illness

Anxiety and negative stereotypes around mental illness were measured with two subscales namely Anxiety surrounding mental illness (ASMI) and Negative stereotypes (NS).

### 5.1 Anxiety surrounding mental health illness (ASMI)

The respondents were asked to rate their anxiety surrounding mental illness. Four statements measured the anxiety surrounding mental illness (ASMI) (Table 8) with higher scores representing a lower level of anxiety. The overall ASMI score was 4.03 ( $\pm 0.99$ ) out of a possible 7. The highest-rated statement was *"I feel safe about this psychiatric/ mental health placement"* (4.71,  $\pm 1.42$ ). The lowest-rated statement (reversed) was *"I am concerned that I may be harmed by a person with mental illness"* (3.31,  $\pm 1.51$ ) (Table 8).

**Table 8: Anxiety surrounding mental illness (ASMI) (n=153)**

Statement	Mean	Standard deviation
I feel safe about this psychiatric/mental health placement*	4.71	1.42
I am uncertain how to act towards someone with a mental illness*	4.26	1.61
I am anxious about working with people experiencing a mental health problem*	3.87	1.72
I am concerned that I may be harmed by a person with mental illness	3.31	1.51

\*statements score reversed

### 5.2 Negative Stereotypes (NSI)

The respondents rated five (5) negative stereotype statements (NS) (Table 9) with lower scores representing lower negative stereotypes. The overall NS score was 4.57 ( $\pm 0.94$ ) out of a possible 7.

The lowest-rated negative stereotype statement is “*if I developed a mental illness, I wouldn’t tell people unless I had to*” (3.65, ±1.70). The highest-rated negative stereotype was “*People with mental illness are unpredictable*” (5.52, ±1.38) (Table 9).

**Table 9: Negative stereotypes (NS) (n=153)**

<b>Statement</b>	<b>Mean</b>	<b>Standard deviation</b>
If I developed a mental illness, I wouldn’t tell people unless I had to	3.65	1.70
People with mental illness are more likely to commit offences or crimes	4.48	1.46
People with mental illness can’t handle too much responsibility	4.59	1.30
People with mental illness are more likely to be violent	4.61	1.42
People with mental illness are unpredictable	5.52	1.38

## **6. Domain 3: Focus on Mental Health Nursing as a Career.**

Attitudes toward mental health nursing were measured on two subscales, namely perceptions of the value of the contribution of mental health nursing (VC) and their future career orientations toward mental health nursing (FC).

### **6.1 Beliefs about the value of the contribution of mental health/ psychiatry nurses**

In measuring the perceptions of the value of the contribution of mental health nursing and nurses, respondents were asked to rate four statements (VC), with higher scores indicating perceptions of mental health nursing being held in higher regard (Table 10). The overall score of VC was 5.85 (±0.85)/ out of 7.

The highest-rated statement was “*Mental health nursing can assist people with mental illness in their recovery*” (5.95, ±1.10), and the lowest-rated statement was

*“Psychiatric/ mental health nursing makes a positive contribution to people experiencing a mental health problem” (5.64, ±1.27).*

**Table 10: Valuable contribution (VC) (n=153)**

<b>Statement</b>	<b>Mean</b>	<b>Standard deviation</b>
Mental health nursing can assist people with mental illness in their recovery	5.95	1.10
Mental health services provide valuable assistance to people experiencing mental health problems	5.93	1.17
This clinical placement in psychiatric/mental health nursing will provide valuable experience for my nursing practice	5.86	1.10
Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problems	5.64	1.27

## **6.2 Future career orientations toward mental health/ psychiatry nursing**

The future career focus on mental health nursing was measured through three (3) statements on Career focus (FC) (Table 11) with higher ratings indicating a preference for focusing on a mental health nursing career as a nurse graduate. The overall score for FC was 3.55 (±1.24).

The highest level of agreement among the final year nursing students was with the statement *“I intend to pursue a career in psychiatric/ mental health nursing”* (3.86, ±1.92), while the lowest rated statement (reversed) was for *“I will work in a medical-surgical setting for at least a year before considering a career in mental health nursing* (3.16, ±1.51) (Table 11).

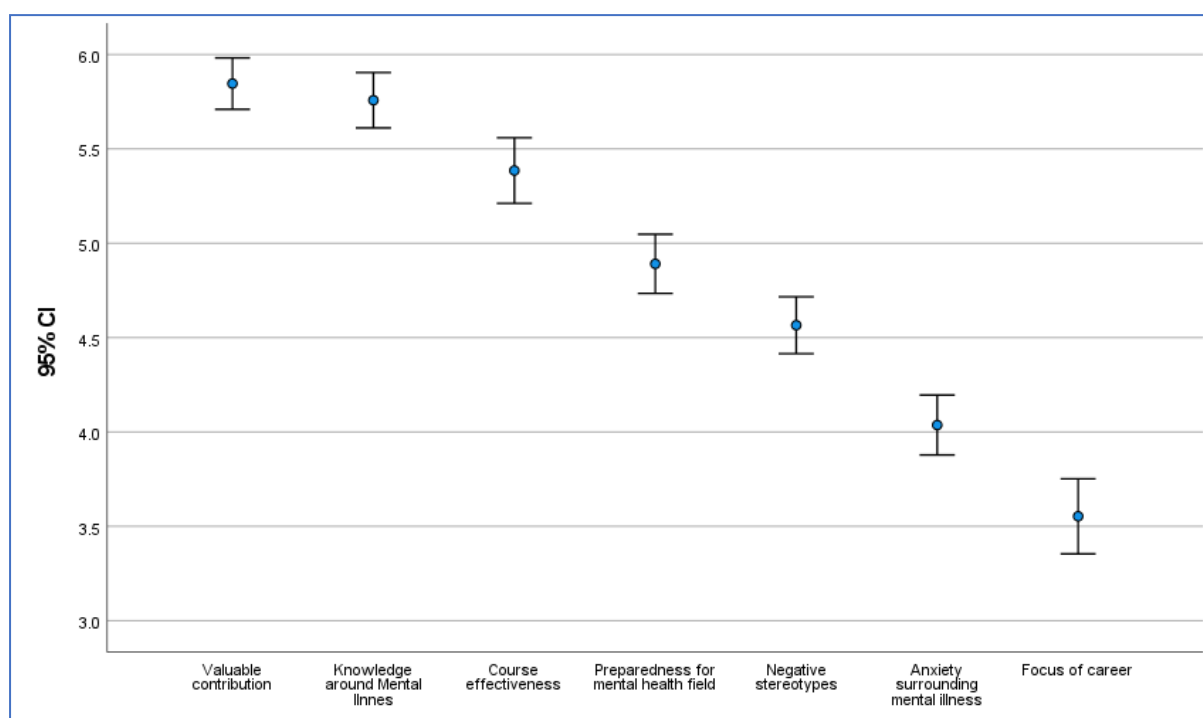
**Table 11: Focus of Career (FC) (n=153)**

<b>Statement</b>	<b>Mean</b>	<b>Standard deviation</b>
I intend to pursue a career in psychiatric/mental health nursing	3.86	1.92
I will apply for a Graduate Program in psychiatric/mental health nursing	3.64	1,86

I will work in a medical-surgical setting for at least a year before considering a career in mental health nursing	3.16	1.51
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## 7. Overall Placement Readiness for Mental Health Nursing.

Comparing the different sub-domains used to measure placement readiness for mental health nursing, Valuable contribution (VC) and Knowledge of Mental Illnesses (KMI) were rated significantly higher than all the other domains (Figure 1).



**Figure 1: Placement readiness (Confidence Intervals)**

Similarly, Course Effectiveness (CE) and Preparedness for Mental Health Nursing (PFMH) were rated significantly lower than VC and KMI but significantly higher than Negative stereotypes (NS) and Attitudes toward mental illness (ASMI) (Figure 1).

**Table 12: Placement readiness for mental health nursing (n=153)**

Factor	Mean	Standard deviation
Valuable contribution	5.85	0.85
Preparedness for mental health field	4.89	0.98
Knowledge around Mental Illness	5.76	0.92
Course effectiveness	5.39	1.10

Negative stereotypes	4.57	0.94
Anxiety surrounding mental illness	4.03	0.99
Focus of career	3.55	1.24

Of concern was the low focus on mental health nursing as a career with Focus on Career (FC) being rated significantly lower than all other domains and specifically significantly lower than VC – perceptions of the valuable contribution of mental health nursing which was rated the highest and significantly higher than all sub-domains, except KMI (Table 12).

## 8. Summary

This study described the results of the study, addressing the readiness for placement in mental health nursing through the six objectives of the study. Chapter five presents a discussion of results, where the literature was used as a control.



## Chapter five

### Discussion of the results

#### 1. Introduction

In chapter four the study findings were presented, and, in this chapter, the findings are discussed around the domains and objectives of the study.

Domain	Objectives
Readiness for Mental Health Placement	<ol style="list-style-type: none"><li>1. Determine the level of preparedness of final-year nursing students for their mental health placement.</li><li>2. Determine final-year nursing students' level of knowledge about mental health illnesses.</li><li>3. Examine final-year nursing students' perceived effectiveness of the mental nursing modules in preparing them for practice.</li></ol>
Anxiety and Negative Stereotypes around Mental illness	<ol style="list-style-type: none"><li>1. Describe final-year nursing students' anxiety surrounding the placement in mental health or psychiatric nursing facilities.</li><li>2. Describe any negative stereotypes held by final-year nursing students around people with mental illness</li></ol>
Focus on Mental Health Nursing as a Career.	<ol style="list-style-type: none"><li>1. Determine final-year nursing students' beliefs about the value and contribution of mental health/psychiatric nurses</li><li>2. Examine final-year nursing students' future career orientations toward mental health/psychiatric nursing.</li></ol>

#### 2. Domain 1: Readiness for Mental Health Placement

The readiness for mental health placements was measured through the perception of three (3) sub-domains, namely, Knowledge about mental illness (KMI), Course effectiveness (CE), and Preparedness for mental health placement (PMHF). Overall readiness for mental health placement was rated very high with these sub-domains being the second, third, and fourth highest-rated sub-domains.

## 2.1. Knowledge about mental health illness

In this study, the overall KMI score was 5.76 ( $\pm 0.92$ ), the second highest sub-domain, indicating that the respondents' knowledge about mental illness was significantly higher than other domains, preparing them well for their exposure to mental health nursing theory and clinical learning. Knowledge about mental illness included elements of knowledge derived from lived experience, personal mental illness, or having a friend or family member with mental illness, to which they may have been exposed to basic knowledge of symptoms, treatment, and risk factors of mental disorders.

This finding that the respondents at the selected university generally had good knowledge of mental illness was based on the findings that most of the respondents felt that they could correctly understand that mental illness can affect people from all walks of life, that it is not a sign of weakness in a person, and that the way people with mental illness feel can be affected by other people's attitudes toward them. The findings of this study were significant differences from the current study. The findings of this study, conducted by Puspitasari, Garnisa, Sinuraya, and Witriani (2020) among students in an Indonesian university, found that most of the respondents agreed that "people with mental health problems tend to be blamed for their conditions" (55.87%) and "anyone can suffer from a mental illness (92.03%) (Table 6).

Undergraduate nursing students should feel ready to start their clinical rotations with knowledge, skills, and attitudes that mentors and lecturers can build on, thereby reducing stress and anxiety. A study carried out in the Philippines by Dela Rosa and Maniago (2018) showed that their readiness for placement was strongly linked to

knowledge (categorizing mental disorders, recognizing the nurse-patient interaction phase, stating components of therapeutic communication, describing patients' mental status examination, and drug naming), skills prior to their exposure to psychiatry (ability to set up a therapeutic environment, build rapport with their patients, stop nurse-patient interaction, use therapeutic communication, give prescribed medication, and carry out psychotherapies), and attitudes (self-awareness activities, and adherence to facility rules and regulations) (Dela Rosa & Maniago, 2018). In this study by Dela Rosa & Maniago (2018), most of the students had an average level of learning and performance in mental health nursing, but, had a common understanding of the subject being covered in class and as experts in the field (Dela Rosa & Maniago, 2018).

## **2.2. Course effectiveness**

The overall CE score was 5.38 ( $\pm 1.10$ ) which showed that the respondents perceived their overall programme as effective for practice including to be effective in terms of mental health nursing modules in preparing for practice. The respondents in this current study rated that the course has prepared them to work as graduate nurses in a medical-surgical graduate program higher than mental health nursing, though both were rated above 5 out of a possible 7.

Nurses' knowledge and competence are based on their knowledge and the curriculum that is taught in universities (Atashzadeh-Shoorideh, Mohtashami, Pishgooie, Jamshidi, and Sedghi., 2018). The mental health training program is crucial for acquiring nursing values and accomplishing academic objectives, as these skills and information will directly affect the student's future career and their ability to

find employment immediately after graduation (Atashzadeh-Shoorideh et al., 2018). The authors hypothesized that more hours spent in school and clinical placement, particularly in nursing education programs, would promote decision-making abilities, better professional performance in people, and collaboration experience in the actual working environment (Atashzadeh-Shoorideh et al., 2018). Nevertheless, the findings in their study were in contrast with ours, with only 48.7% of research participants reporting that they had clinical competence (Atashzadeh-Shoorideh et al., 2018).

The academic curricula in mental health nursing face challenges in adapting to globalization, economic factors, global mental health issues, and events such as migration and natural disasters related to climate change (Mendes, Marques, Monteiro, Barroso, & Quaresma., 2018). As a result, the authors postulate that it is necessary to train nurses with a strong foundation in mental health to enable them to comprehend these complexities (Mendes et al., 2018).

### **2.3. Preparedness for psychiatry/ mental health placement**

According to Garvey, Willetts, Sadoughi, and Olasoji (2021), clinical placements in mental health are available to undergraduate nursing students. However, before beginning their placement, nursing students are adequately prepared to work in mental health settings. Students must be ready to work in a mental health context in the areas of communication, assessment, and developing therapeutic relationships. Students' confidence in clinical placement is increased by mental health stimulation, which may ultimately impact the treatment given to patients (Garvey et al., 2021).

Taking into consideration the high ratings of KMI and CE, respondents reported that they felt well prepared for mental health placement (PMHF), with respondents in this current study scoring preparedness for the mental health field third highest (overall PMHF score = 4.89 ( $\pm 0.98$ ), but lower than KMI and CE. This can be seen in the high rating for the individual item '*I have a good understanding of the role of a psychiatric/mental health nurse*' 5.20 ( $\pm 1.16$ ). These results support the notion that the respondents perceived that they had a good understanding of the role of mental health nurses and a good sense of preparedness. Similarly, in the study by Foster et al. (2019), students reported moderate to high marks for readiness to begin a mental health clinical placement, including tertiary mental health theoretical units. This was also confirmed in the study in the Philippines by Dela Rosa and Maniago (2018), which showed that they were well-prepared for placement, especially in terms of knowledge and skills prior to their exposure to psychiatry and attitudes (Dela Rosa & Maniago, 2018).

### **3. Domain 2: Anxiety and negative stereotypes around mental health illness**

The anxiety and stress related to mental health placements were measured through perception on two (2) sub-domains, namely, Negative Stereotypes (NS) and Anxiety around mental illness (ASMI). Overall, these were the lowest-rated sub-domains (except for career focus (CF)), indicating that these sub-domains are areas that still require addressing in readiness for practice.

#### **3.1. Negative stereotype**

The respondents had a high level of negative stereotypes about mental health or psychiatric nursing facilities, with an overall score of 4.57 ( $\pm 0.94$ ) out of a possible 7.

The highest-rated negative stereotype was *People with mental illness are unpredictable* 5.52 ( $\pm 1.38$ ) and the lowest-rated negative stereotype statement is that *if I developed a mental illness, I wouldn't tell people unless I had to* 3.65 ( $\pm 1.70$ ). These findings are similar to those of other studies, which found that most students agreed with some common false preconceptions about mental illness stereotypes, such as that mentally ill people tend to be violent and dangerous (73.7%), that people with mental illness were dangerous (96%), and that 82% expressed hesitancy in engaging with a patient who had a mental illness (Chukwujekwa, 2018). Foster et al. (2019) also stated that stigmatizing attitudes and beliefs about people with mental illness have been discovered among nurses.

The influence of professional or healthcare provider stigma on patients' recovery is extensive and has a negative impact on the quality of care, which in turn affects patients' experience with the disease, well-being, and outcomes (Foster et al., 2019). Perceptions of people with mental illness as being aggressive, dangerous, violent, unpredictable in their behavior, unable to handle too much responsibility, and more likely to commit offenses or crimes cause fear and anxiety (Poreddi et al., 2015). Experiencing negative stereotypes may result in poor outcomes for people with mental health disorders and can lead to poor treatment compliance, isolation, challenges in education, employment, and housing, as well as an increased risk of substance misuse (Altindag, Yanik, Ucok, Alptekin, & Ozkan, 2006; Bennet & Stennett., 2015).

It is important to reduce these negative stereotypes. Poreddi et al. (2015) stated that theory and positive clinical experiences in the field of mental health have a substantial influence on how nursing students improve their views about those who

have mental illnesses and the field of mental health nursing. Similarly, Zacchaeus and Iruo (2022) highlighted that research evidence showed that pre-conceived negative beliefs about mental illness were perhaps reduced among student nurses by providing them the opportunity to directly engage with psychiatric clients.

Foster et al. (2019) research show that mental health clinical placements are beneficial in lowering students' mental health stigma and recovery attitudes while also offering a fantastic opportunity to attract students into the field. During clinical rotations, peer workers may offer co-produced or consumer-led education to students to reduce their stigmatizing attitudes and increase their interest in the field (Foster et al., 2019). The findings of this study, according to Periman, Moxham, Patterson, Cregan, Alford, and Tapsell (2020), have important ramifications for nursing facilitators and preceptors. Students' stigmatized views of mental health are more likely to be favourably influenced by those who encourage autonomy in future nursing professions. Those who do not promote an autonomy-supportive setting may worsen mental health stigma. The educational setting in which a clinical placement occurs can influence nursing students' mental health stigma (Periman et al., 2020).

### **3.2. Anxiety surrounding mental illness (ASMI)**

With the negative stereotypes being rated highly, the overall ASMI score was 4.03 ( $\pm 0.99$ ) indicating moderate anxiety surrounding mental illness. Though the highest-rated statement in this sub-domain was "*I feel safe about this psychiatric/ mental health placement*" 4.71( $\pm 1.42$ ), the overall results indicated that the respondents had higher scores representing anxiety towards people with mental illness. According to a study by Higgins and McCarty (2005), the main causes of anxiety among students in Ireland appeared to be a fear of the unknown and a reluctance to interact with

those who have mental health issues. Every time they approach their clinical placement, students' self-confidence is questioned according to their descriptions of stress and anxiety, which have elements of fear, bewilderment, and panic (Perry, Press, Rohatinsky, Compton, and Sedgwick., 2016). Self-confidence is the most important factor influencing clinical skill performance, according to numerous studies (Jayasekara, Smith, Hall, Rankin, Smith, Visvanathan, & Friebe., 2018; Dubrowolska, McGonagle, Jackson, Kane, Cabrera, Cooney-Miner, Di Cara, Pajnkihar, Prlic, Sigurdardottir, Kekus, Wells, & Palese., 2015). According to additional research, having self-confidence not only enhances clinical performance but also makes nursing students and nurses more productive (Chesser-Smyth & Long, 2013). Lack of stimulation training has been linked in studies to lower levels of confidence and higher levels of anxiety in the clinical learning setting (Mills, Carter, Rudd, Claxton, & O'Brien., 2016). According to Sharp, Newberry, Fleishauer, and Doucette (2014), students who participated in guided practice in simulation laboratories had successful clinical placements because they felt prepared and in control. This was confirmed in other studies. In a study in the USA on nursing students' attitudes about mental health nursing, most students reported that most of the students felt uncertain while interacting with clients with mental illnesses, although when asked specifically about anxiety, only 24% reported feeling anxious during interactions with a mentally ill client (Hunter, Weber, Shattel & Harris., 2014). A study on undergraduate medical and nursing students reported that students encountered a variety of emotionally difficult situations, mostly during clinical placement, related to patient illness, mortality, unethical behaviour on the part of healthcare workers, ethical quandaries surrounding patient care, responding to patients as individuals rather than diagnoses, and using patients for their learning



(Weurlander, Lonn, Seeberger, Brooberger, Hult, & Wernerson., 2018). This is compounded in mental health placements, where students are also confronted with anxiety related to mental illness, as shown in this study. Simpson and Sawatzky (2020) reported that most of the anxiety that students experience is related to clinical placement and that strategies to prevent or decrease clinical placement anxiety should be done through pre-clinical knowledge and skill development sessions, orientations, simulations, mindfulness, and peer support.

#### **4. Domain 3: Focus on mental health nursing as a career.**

Focusing on mental health as a nursing career was measured by two (2) sub-domains, namely, the perceptions of the valuable contribution (VC) of mental health nursing (rated the highest of all sub-domains) and future career (FC) orientation, rated significantly the lowest of all the sub-domains.

##### **4.1. Valuable contributions (VC)**

The results of this study indicated that the respondents had a strong belief that mental health nurses provide a valuable service to consumers, the community, and students' nursing careers, with an overall score of VC of 5.85 ( $\pm 0.85$ ) and the highest-rated statement of "*Mental health nursing can assist people with mental illness in their recovery*" 5.95 ( $\pm 1.10$ ). This finding was similar to that of the study by Jack-ide et al. (2016), which showed that most of the participants appreciated the importance of psychiatric care and the effectiveness of treatment, upholding the fact that psychiatric hospitals are making important contributions toward treating mental health disorders. This may be due to the evidence that psychiatric treatment has become more effective in recent years with psychopharmacology, psychotherapy,

counselling, social and workplace support, self-care management, and general resources for all community members available (Jack-ide et al., 2016).

#### **4.2. Future career**

Future career (FC) in mental health nursing was rated significantly lower than all other domains, with an overall score of 3.55 ( $\pm 1.24$ ). The highest level of agreement was for the statement "*I intend to pursue a career in psychiatric/mental health nursing*", 3.86 ( $\pm 1.92$ ), which was rated barely above 3.5 out of 7. These results indicated a concern, with respondents indicating a low desire to pursue a career in mental health nursing. This was like a study in the Niger Delta region of Nigeria, where the students' preferences for a field of specialization showed that only 5.7% of the students were eager to pursue psychiatric nursing as a career, while the majority chose midwifery (31.1%) (Jack-ide et al., 2016). This leads the author to the conclusion that nursing students typically select a specialization they believe requires a high level of expertise or value (Jack-ide et al., 2016) and that mental health nursing is not viewed as such. Hoekstra, Van Meijel, & van der Hooft Leemans (2010) also found that because the nursing school did not offer thorough information and in-depth consultation about mental health nursing and options for developing a career in mental health, nursing students' unrealistic and stereotypical perceptions of mental health care could prevail.

However, in the study in the Niger Delta region of Nigeria of undergraduate nursing students' attitudes towards mental health nursing as a career choice in the Niger Delta region of Nigeria, it was found that clinical experience in psychiatric nursing has a favourable influence on student nurses' views of the field and those who suffer from mental illness (Jack-ide et al., 2016). Also, a study by Slemon, Jenkins,

Bungay, and Brown (2020) found that the experiences of undergraduate nurses during their mental health practicum can impact their decision to work in mental health. Negative experiences and practices had an impact on students' decisions to forgo a career in mental health nursing. There is a need to make mental health nursing more attractive to motivate students to choose it as a future career, as this may assist with the recruitment and retention of the mental health nurse workforce in the future (Jack-ide et al., 2016).

## **5. Summary**

This chapter provided a discussion of the research findings, as framed by the current literature reviewed, relating to the perceptions of nursing students, regarding the readiness for mental health placement, anxiety surrounding mental illness, and mental health nursing career choice. The results show that the respondents value mental health nursing's contribution and perceived themselves to have high levels of readiness for mental health placement, though still had moderate anxiety regarding placement (possibly related to holding negative stereotypes) and a low focus on mental health nursing as a career.

## Chapter six

### Summary of the key findings, limitations, and recommendation

#### 1. Introduction

The study aimed to investigate the placement readiness of final-year nursing students toward mental health nursing at a university of Western Cape, South Africa. The previous chapters presented the background to the study, the study, the literature, methodology, results, and discussion of results. This chapter provides a summary of the results, a discussion of the limitations of the study, the recommendations from the research, and a conclusion to the study.

#### 2. Summary of results

Comparing the different sub-domains used to measure placement readiness for mental health nursing, **Valuable Contribution** was rated significantly higher than the other sub-domains, with an overall score of 5.85 ( $\pm 0.85$ ) which indicated a strong belief that psychiatric nurses provide a valuable service to consumers, the community, and the students nursing careers. However, the main concern of the study was the low focus on mental health nursing as a career, with **Future Career** being rated significantly lower with an overall score of 3.55, which indicates a low desire to pursue a career in mental health nursing. Readiness for practice was high, with **Knowledge of Mental Illness** rated significantly high with an overall score of 5.76 ( $\pm 0.92$ ), followed by **Course Effectiveness**, also significantly high with an overall score of 5.38 ( $\pm 1.10$ ) which indicated that student university courses have prepared them for various areas of nursing. **Preparedness for mental health**

**placements** was also rated highly, with an overall score of 4.89 ( $\pm 0.98$ ). However, **Negative Stereotypes** were high with an overall score of 4.57 ( $\pm 0.94$ ) and **anxiety surrounding mental health illness** was rated high with an overall score of 4.03 ( $\pm 0.99$ ) which indicates that some respondents were experiencing a level of anxiety. The summary below addresses each of the six study objectives.

### **3. Recommendations**

There is a need to develop concise guidelines to address the identified gaps in the placement readiness of final-year nursing students for mental health nursing as identified in this study. The following recommendation is made based on the results of the study.

#### **3.1. Nursing Education**

1) Continue to ensure that mental health nursing programmes address the perceptions and attitudes towards mental health illness, address negative stereotypes, educate people about specific disorders, and encourage acceptance of persons with mental illness.

#### **3.2. Promotion of mental health nursing**

2) Have an active programme to ensure that students are well informed about mental health nursing by providing more information, clinical training, and career opportunities.

3) Ensure high-quality clinical placement in mental health to prevent negative experiences.

### **3.3. Research**

4) It is recommended that further research investigating the perceived preparedness of final-year nursing students for mental health practice in South Africa be conducted. Such research should include an exploration of the low career attraction of mental health nursing.

### **4. Limitations**

The purpose of this study was to investigate the placement readiness of final-year nursing students toward mental health nursing at a selected university in the Western Cape, South Africa. The experience of one university cannot be extrapolated to other universities. The tool used in the current study, although validated, has not been used in South Africa previously, and although it has been used to assess placement readiness, it would have been useful to administer the tool preplacement to minimize the impact of actual placements. However, this was not feasible in this study due to the course programme for mental health nursing and the split classes due to class size.

### **5. Conclusion**

The findings show that respondents value mental health nursing's contribution and perceive themselves to be highly prepared for mental health placement, despite having moderate anxiety about placement (possibly due to negative stereotypes) and a low focus on mental health nursing as a career.

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## ADDENDUM A: INFORMATION SHEET



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### INFORMATION SHEET

**Project Title:** Investigation of the preplacement attitude of final-year nursing at a university in the Western Cape, South Africa students towards mental health nursing.

#### **What is this study about?**

This is a research project being conducted by Leonie Koopman at the University of the Western Cape. We are inviting you to participate in this research project because you are an Undergraduate Nursing Student at The University of the Western Cape, and you are in either the third or fourth year of your academic career. You have previous clinical experience in various clinical settings and this research study is grateful for your contribution. The purpose of this Research project is to investigate the preplacement attitudes of final-year at a university in the Western Cape, South Africa students towards mental health nursing.

#### **What will I be asked to do if I agree to participate?**

You will be asked to be available at a predetermined venue as agreed upon by your year-level Coordinator. A research questionnaire to share the preplacement attitudes of final-year nursing at a university in the Western Cape, South Africa students towards mental health nursing. Please bring a black ballpoint pen with you. The research study will be explained to you on this day, and the questionnaire that you will be required to complete will also be explained. You will be given time to ask questions if needed. Consent forms will be distributed to all participants and require you to complete the form and submit it before you Begin answering the questionnaire. The questionnaire will be distributed. This questionnaire consists of twenty-eight (28) questions in total. This questionnaire will require you to choose the most appropriate selection for yourself by placing an (X) Accordingly. It will take twenty to twenty-five minutes (20-25min) to complete the Questionnaire. Once you have completed the questionnaire you will need to return it in the Self-sealing envelope, to the researcher

#### **Would my participation in this study be kept confidential?**

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the questionnaire is anonymous and will not contain information that may personally identify you. The questionnaire will be coded so that the researcher may only identify which program and year level the returned questionnaires are from. The same code will be used in data analysis and reporting and therefore no identifiable information relating to the campus will be included. Only the researcher will have access to the code's identification key. To ensure your

confidentiality, returned anonymous questionnaires will be stored in a locked Cabinet for five (5) years, and thereafter they will be shredded. Only the researcher and supervisor will have access to the cabinet. Information that is stored electronically will be stored with password protection and will only be accessible by the researcher, supervisor, and statistician for data analysis purposes. If we write a report or article about this research project, our identity will be protected.

### **What are the risks of this research?**

There may be some risks to participating in this research study. All human interactions and talking about self or others carry some amount of risk. We will nevertheless minimize such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. We do not anticipate any risk in participating in the study, in the event of emotional or psychological disturbances participants will be referred to a prearranged counseling service. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

### **What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about the preplacement attitudes of final-year nursing at a university in the Western Cape, South Africa students towards mental health nursing and its impact on the nursing student. We hope that, in the future, other students might benefit from this study through an improved understanding of the preparation of students into mental health facilities and help students enjoy this experience. This study intends to bring awareness of the challenges and satisfaction levels of undergraduate nursing students in their preparedness for mental health placement. With this knowledge, there will be an understanding of how the clinical learning environment impacts the student and educators can use this knowledge for designing the appropriateness of the courses to prepare students for practice

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits for which you otherwise qualify.

### **What if I have questions?**

This research is being conducted by Leonie Koopman at the University of the Western Cape. If you have any questions about the research study itself, please contact Researcher: Leonie

Koopman, Student number: 3979221, University of the Western Cape; Private Bag X17, Bellville 7535, Telephone: 021 959 2258; Cell: 0737473003 Email: 3979221@myuwc.ac.zaLeonie

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. Chipps

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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

Humanities and Social Sciences Research Ethics Committee

University of the Western Cape

Private Bag X17

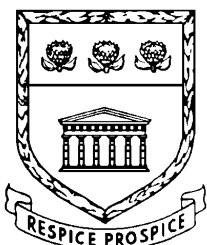
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## **ADDENDUM B: CONSENT FORM**



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## CONSENT FORM

**Title of Research Project:** Investigation of the preplacement attitudes of final-year nursing at a university in Western Cape, South Africa students towards mental health nursing.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I agree to be [videotaped/audiotaped/photographed] during my participation in this study.

I do not agree to be [videotaped/audiotaped/photographed] during my participation in this study.

Participant's name.....

Participant's signature.....

Date.....

Humanities and Social Sciences Research Ethics Committee

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## ADDENDUM C: QUESTIONNAIRE

Dear students

You are invited to part in the study investigating the placement readiness of final-year nursing at a university in the Western Cape, South Africa students towards mental health nursing. This study will assist educators to improve the CLE for better learning. Your participation is confidential and voluntary. Thank you for your participation.

Questionnaire number.....

### Section A: Demographic data of the participant

1 Date and place of practice

--	--

2 Sex

Female	Male
--------	------

3 Age in years \_\_\_\_\_

4 Duration of placement in weeks .....weeks

5 What was your last clinical placement?

6. How satisfied were you with your last clinical placement

Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
1	2	3	4

7. Where are you currently placed? \_\_\_\_\_

### Section B

For each of the statements below, please indicate the degree to which you disagree/agree by CIRCLING the appropriate number: 1 = *Strongly disagree*, 2 = *Quite strongly disagree*, 3 = *Disagree*, 4 = *Neither agree nor disagree*, 5 = *Agree*, 6 = *Quite strongly agree*, and 7 = *Strongly agree*.

1. I feel well-prepared for my psychiatric/mental health clinical placement (PMHF)	1	2	3	4	5	6	7
2. Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem (VC)	1	2	3	4	5	6	7
3. I am anxious about working with people experiencing a mental health problem* (ASMI)	1	2	3	4	5	6	7
4. I have a good understanding of the role of a psychiatric/mental health nurse(PMHF)	1	2	3	4	5	6	7
5. I am uncertain how to act towards someone with a mental illness*(ASMI)	1	2	3	4	5	6	7
6. I will apply for a Graduate Program in psychiatric/mental health nursing (FC)	1	2	3	4	5	6	7
7. I feel confident in my ability to care for people experiencing a mental health problem(PMHF)	1	2	3	4	5	6	7
8. People with mental illness are unpredictable (NS)	1	2	3	4	5	6	7
9. Mental illness is not a sign of weakness in a person (KMI)	1	2	3	4	5	6	7
10. The theoretical component of psychiatric/mental health nursing has prepared me well for my clinical placement(PMHF)	1	2	3	4	5	6	7
11. This clinical placement in psychiatric/mental health nursing will provide valuable experience for my nursing practice (VC)	1	2	3	4	5	6	7
12. I intend to pursue a career in psychiatric/mental health nursing (FC)	1	2	3	4	5	6	7
13. If I developed a mental illness, I wouldn't tell people unless I had to (NS)	1	2	3	4	5	6	7
14. My course has prepared me to work as a graduate nurse in a <u>medical-surgical</u> graduate Program (CE)	1	2	3	4	5	6	7
15. <i>I am concerned I may be harmed by a person with mental illness*(ASMI)</i>	1	2	3	4	5	6	7
16. My course has prepared me to work as a graduate nurse in a <u>psychiatric/mental health</u> graduate program (CE)	1	2	3	4	5	6	7
17. <i>People with mental illness are more likely to be violent*(NS)</i>	1	2	3	4	5	6	7



18. Someone I know has experienced a mental health problem (KMI)	1	2	3	4	5	6	7
19. When a person develops a mental illness, it is not their fault(KMI)	1	2	3	4	5	6	7
20. Mental health services provide valuable assistance to people experiencing a mental health problem(VC)	1	2	3	4	5	6	7
21. People with mental illness can't handle too much responsibility (NS)	1	2	3	4	5	6	7
22. I feel safe about this psychiatric/mental health placement(ASMI)	1	2	3	4	5	6	7
23. The way people with mental illness feel can be affected by other people's attitudes toward them (KMI)	1	2	3	4	5	6	7
24. <i>People with mental illness are more likely to commit offences or crimes (NS)</i>	1	2	3	4	5	6	7
25. <i>I am familiar with the needs of people with mental illness(PMHF)</i>	1	2	3	4	5	6	7
26. <i>Mental illness can affect people from all walks of life (KMI)</i>	1	2	3	4	5	6	7
27. <i>Psychiatric/mental health nursing can assist people with a mental illness in their recovery (VC)</i>	1	2	3	4	5	6	7
28. <i>I will work in a medical-surgical setting for at least a year before considering a career in mental health nursing (FC)*</i>	1	2	3	4	5	6	7

\*Items to be reversed

*Italics – additional questions added.*

*PMHF            Preparedness for mental health field*

*VC                Valuable contribution*

*ASMI            Anxiety surrounding mental illness*

*FC                Future career orientation*

*NS                Negative stereotype*

*KMI              Knowledge about mental illness*

*CE                Course effectiveness*

## ADDENDUM D: PERMISSION TO USE QUESTIONNAIRE

RE: I am contacting you on behalf of one of my masters students, who would like to replicate the following study, published in 2005: Nursing Students' Attitudes Toward Mental Health Nursing and Consumers: Psychometric Properties of a Self-Report Scale She

External

Inbox



Brenda  
Happell <Brenda.Happell@newcastle.edu.au>

Tue, Jun 1, 2021, 9:53 AM

to Haaritha, me

Hi Haaritha,

Of course please find the questionnaires attached. Best of luck with the work.

Leonie, I have a very dear friend Rik Koopman is you related?

Regards  
Brenda

**From:** Haaritha Binkowski <hboltman@uwc.ac.za>  
**Sent:** Tuesday, 1 June 2021 3:59 PM  
**To:** Brenda Happell [Brenda.Happell@newcastle.edu.au](mailto:Brenda.Happell@newcastle.edu.au)  
**Cc:** LEONIE ELSIE KOOPMAN <3979221@myuwc.ac.za>  
**Subject:** I am contacting you on behalf of one of my masters students, who would like to replicate the following study, published in 2005: Nursing Students' Attitudes Toward Mental Health Nursing and Consumers: Psychometric Properties of a Self-Report Scale She ...

Dear Brenda

I am contacting you on behalf of one of my masters students, who would like to replicate the following study, published in 2005:  
Nursing Students' Attitudes toward Mental Health Nursing and Consumers: Psychometric Properties of a Self-Report Scale

She would be replicating the study as part of the work required for her thesis, and we would like to know if we have your permission to utilise the questionnaire.

We are based in South Africa, at the University of the Western Cape, and are the biggest nursing school at a University in Southern Africa. I would happily provide further information if that is required.

Haaritha Boltman-Binkowski  
Co-Ordinator Post Grad Diploma Midwifery

School of Nursing  
Faculty of Community and Health Sciences  
Office 614, University of the Western Cape Bellville Campus, 10 Blanckenberg Street, Bellville, 7535  
021 959 2271/ 021 959 3585

Disclaimer - This e-mail is subject to UWC policies and e-mail disclaimer published on our website  
at: <https://www.uwc.ac.za/disclaimer>

## 2 Attachments • Scanned by Gmail



Haaritha  
Binkowski <hboltman@uwc.ac.za>

Tue, Jun 1, 2021, 10:01 AM

to Brenda, me

Dear Brenda

Thank you so much - I will contact you with a copy of the thesis when we are done.  
Thank you again, we are very appreciative.

Kind

Regards

HaarithaBoltman-Binkowski  
Co-Ordinator Post Grad Diploma Midwifery  
School of Nursing  
Faculty of Community and Health Sciences  
Office 614, University of the Western Cape Bellville Campus, 10 Blanckenberg Street, Bellville, 7535  
021 959 2271/ 021 959 3585

## ADDENDUM E: UNIVERSITY ETHICAL CLEARANCE



UNIVERSITY of the  
WESTERN CAPE



17 January 2022

Ms L Koopman  
School of Nursing  
Faculty of Community and Health Sciences

**HSSREC Reference Number:** HS21/10/46

**Project Title:** Investigation of the pre-placement readiness of final-year nursing students towards mental health nursing at a Western Cape University, South Africa.

**Approval Period:** 17 January 2022 – 17 January 2025

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology, and amendments to the ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

**Please remember to submit a progress report by 30 November each year for the duration of the project.**

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via:  
<https://sites.google.com/uwc.ac.za/permissionresearch/home>

*The permission letter must then be submitted to HSSREC for record keeping purposes.*

The Committee must be informed of any serious adverse events and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Patricia Josias'.

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

NHREC Registration Number: HSSREC-130416-049

Director: Research Development  
University of the Western Cape  
Private Bag X 17  
Bellville 7535  
Republic of South Africa  
Tel: +27 21 959 4111  
Email: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

## ADDENDUM F: REGISTRAR'S PERMISSION TO CONDUCT RESEARCH



### UNIVERSITY OF THE WESTERN CAPE PERMISSION TO CONDUCT RESEARCH

DEAR **Leonie Koopman**

This serves as acknowledgement that you have obtained and presented the necessary ethical clearance and your institutional permission required to proceed with the project referenced below:

#### RESEARCH TOPIC

Investigation of the preplacement readiness of final-year nursing students towards mental health nursing at a Western Cape University, South Africa

**Name of researcher** : Leonie Koopman  
**Permission valid till** : 17 January 2025  
**Institution** : University of the Western Cape  
**Ethics reference** : HS21/10/46  
**Permission reference** : UWCRP411921

You are required to engage this office ([researchperm@uwc.ac.za](mailto:researchperm@uwc.ac.za)) in advance if there is a need to continue with research outside of the stipulated period. The manner in which you conduct your research must be guided by the conditions set out in the annexed agreement: Conditions to guide research conducted at the University of the Western Cape.

Please be at liberty to contact this office should you require any assistance to conduct your research or require access to either staff or student contact information.

Regards  
Dr Ahmed Shaikjee  
Deputy Registrar Academic Administration

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**Approval status:**      **APPROVED**      26 January 2022

To verify or confirm the authenticity of this document please contact the University at [researchperm@uwc.ac.za](mailto:researchperm@uwc.ac.za).



UNIVERSITY OF THE WESTERN CAPE  
Robert Sobukwe Road, Bellville, 7535, Republic of South Africa

# ADDENDUM G: PERMISSION TO CONDUCT STUDY- SCHOOL OF NURSING/ UNIVERSITY OF THE WESTERN CAPE



1 February 2022

Dear Ms Koopman

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE SCHOOL OF NURSING, UNIVERSITY of the WESTERN CAPE**

**Name of Researcher:** Ms Leonie Koopman

**Research Topic:** *Investigation of the preplacement readiness of final-year nursing students towards mental health nursing at a Western Cape University, South Africa*

**Ethics Clearance Reference No.:** HS21/10/46

**UWC Permission Reference Code:** UWCRP411921

**Target population:** B Nursing Final year students

**Validity Period:** 17 January 2022 – 17 January 2025

As per your request and evidence provided, we acknowledge that you have obtained the necessary permission and ethics clearance. Permission is therefore granted for you to conduct your research as outlined in your proposal.

Please note that while permission is granted to conduct your research (i.e. interviews and surveys) staff and students at the School of Nursing are not compelled to participate and may decline to participate or withdraw should they wish to.

Should you wish to make use of or reference the School's name, spaces, identity, etc. in any publication/s, you must first furnish the School with a copy of the proposed publication/s so that the School can verify and grant permission for such publication/s to be made publicly available.

As per your letter of permission to conduct research at the UWC from Dr Ahmed Shaikjee, Deputy Registrar, assistance to access student contact information, must be done through the office of the Deputy Registrar or be facilitated by your supervisor.

We wish you success with your research.

Yours sincerely

Prof Penelope Martin  
Director: School of Nursing  
Faculty of Community and Health Sciences  
UNIVERSITY of the WESTERN CAPE  
T: 021 959 9345  
E: [pmartin@uwc.ac.za](mailto:pmartin@uwc.ac.za)