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The relation between self-reported educational, professional, and personal experiences in mental health care and choosing to specialize in mental health for nursing students

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Abstract

Background: A large shortage of mental health nurses is noticeable worldwide. Mental health nursing has also shown to be less popular than other nursing fields at Avans University of Applied Sciences.

Purpose: A better understanding of what influences choosing a minor in mental health for second-year bachelor of nursing students.

Method: A quantitative survey-based method was used. The sample consisted of 177 second-year bachelor of nursing students.

Results: Multiple linear regression showed four variables significantly correlated with the selection of a minor in mental health: students' interest in mental health care, which teachers taught about mental health care, previous internships in mental health care, and students' close relative's experience with mental health issues.

Conclusion: The data confirm that a minor in mental health is rarely chosen. Not all topics found in previous qualitative studies were found to correlate with choosing a mental health care minor. Some questions were poorly understood and excluded from analysis. Overall effect sizes were small.

Keywords: Self-reported; Educational; Professional; Personal experiences; Mental health care; Nursing students

INTRODUCTION

A worldwide shortage of mental health nurses is noticeable (Ong et al, 2017). In the Netherlands this shortage leads to the risk of a stop on admissions and/or the (temporary) closure of inpatient units (Happell, & Gaskin, 2013) In addition, mental health care appears to be the least chosen sector within the nursing profession (Duman et al, 2017).

Mental health issues are common and contemporary nursing students need to be well prepared to meet the mental health care needs of Australians. This study explored the influence of

the mental health component of a Bachelor of Nursing course on second-year undergraduate nursing students' self-reported knowledge, skills, and attitudes in relation to mental health nursing (Henderson, Happell, & Martin, 2007).

Mental illness is the leading cause of non-fatal disease burden in Australia and while there have been improvements in the mental health literacy of the Australian public over the past 10 years stigma remains the major barrier to receiving effective mental health care. Mental health stigma is not restricted to members of the public and can extend

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to health care professionals, including pharmacists. Medicines are a major modality of treatment for most mental illnesses and pharmacists are frequently consulted for advice on psychotropic medicines (O'Reilly et al, 2011).

Serious mental illnesses can lead to significant distress and disability that undermines quality of life, many people with serious mental illness do not seek out treatment when in need or fully participate once interventions have begun (Corrigan et al, 2014). The mental health workforce described in this report includes three groups of individuals. The first is composed of specialist workers, such as psychiatrists, neurologists, psychiatric nurses, psychologists, mental health social workers, and occupational therapists. The second group is formed of non-specialist health workers, such as doctors, nurses and lay health workers, affected individuals, and caregivers. In the third group, other professionals are included, such as teachers and community-level workers (Kakuma et al, 2011).

To find the cause of this shortage and the reason why mental health care is the least chosen field within the nursing profession, qualitative research has been conducted in recent years (Auerbach et al, 2018). In various countries nursing students were questioned about topics that influenced their choice whether or not to study mental health care. Looking at the results of these studies several factors were identified that influenced the choice for mental health nursing, such as taboo and stigma surrounding mental health and personal experiences as a mental health care recipient (Wathelet et al, 2020; Hamaideh, 2017)

The factors that were mentioned by the studies most often were internship experience and teaching methods (Günüşen et al, 2017;

McConlogue, 2014; Ong et al, 2017). Found that internship experience influences the choice of the student also named teaching methods as a topic go further and say that as students learn more about mental health care, they have a more positive opinion about this field and are therefore more likely to opt for it (McConlogue, 2014; Edward et al, 2015; Happell & Gaskin, 2013; Thongpriwan, 2015).

In the study of the influence of two different teaching methods was investigated. A problem-based teaching method was compared with the traditional teaching method. The problem-based teaching method was based on the students learning to get a grip on their learning process (Koops, & Kuebel, 2021). Using practical cases in groups of 13 students, they worked on problem-solving skills and taking responsibility. In the traditional teaching method, the teacher played an active role by giving theory lessons, courses and preparing students for practice (Doherty, & Kartalova-O'Doherty, 2010). It was found that when students were taught through a Problem-based teaching method, they were more positive towards mental health care (Duman, Günüşen, İnan, İnce & Sari, 2017).

The present study serves to quantify the relation of the various factors found in previous qualitative studies to influence choosing for mental health nursing. To this purpose, a questionnaire was constructed based on all the factors identified in the abovementioned studies. This questionnaire was distributed amongst all 313 second-year bachelor of nursing students from Avans University of Applied Sciences, after they had decided about their choice for a minor for the third year of their education.

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Table 1. Factors Influencing Choosing Mental Health Nursing Education

Previous Studies	Education	Professional Experience	Taboo/Stigma	Personal Experience
Duman et al. (2017).	Psychiatric nursing courses	N/A	N/A	N/A
Edward et al. (2015).	N/A	Professional experience	N/A	Personal experience
Günüşen et al. (2017).	Nursing courses	Professional experience Clinical exposure	N/A	Personal experience
Happell & Gaskin (2013).	Nursing education	N/A	N/A	N/A
McConlogue (2014).	Psychiatry instructor teaching methods	Clinical exposure	Fear & Anxiety Unpredictability Fear from friends & family	N/A
Ong et al. (2017).	Current education Teaching methods	Prior work interest	Parents' wishes Positive attitude towards psychiatry	Loved ones experience with mental illness Ethnicity Interest in Psychiatry
Thongpriwan et al. (2015).	Teaching methods	N/A	N/A	N/A

RESEARCH METHOD

A quantitative research method was chosen for this study. Previous qualitative research has focussed on topics and factors that influenced nursing students and their ideas about mental health care. For this study, those topics and factors that were found to influence choosing mental health in previous studies were incorporated into a single survey. This survey was distributed amongst all 2nd year nursing students at Avans University of Applied Sciences with the aim of investigating the

extent to which these factors are related to the choices made by nursing students

The research population of this study consisted of all 313 second-year bachelor of nursing students at Avans University of Applied Sciences of the year 2017-2018. All respondents were full-time students and included students who had previously finished lower level nursing education. During the first two years of the bachelor of nursing curriculum, students followed introductory courses in which they learned the basics of the nursing profession

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and sectors, including mental health care. On 15 February 2018, students chose which minor they would like to take in their third year. This was the first point in their education that students were able to make their own choice on whether they wanted to specialise in mental health nursing.

A digital survey, made in Google forms, was distributed among the respondents. The survey consisted of multiple choice questions, dichotomous questions, open questions and questions with a Likert scale as the answer option. In the introduction the respondents were informed about the purpose of the study and that by completing and returning the survey, they gave permission to use the collected data for this study. Data gathering was anonymous and only used for this study.

In the survey, students indicated whether they opted for mental health nursing as their first or second choice for a minor. Following this question, the survey was divided into four main topics, based on the findings of previous studies (see Table 1). These topics were: (1) education, (2) professional experience, (3) taboo/stigma and (4) personal experience. The topics were divided into statements in which all factors that were part of the topic were included. These statements were presented to the respondents on the basis of a 4-point Likert scale or a 5-point Likert scale when "not applicable" had to be included as an option. The options given were very much, much, little and very little. The respondents were asked to what extent the statement applied to their selection process for a mental health minor, or a different one. Open questions gave the respondents the

opportunity to suggest topics and factors that were important to them personally, when making their choice, that had not already been included in the survey.

A link to the digital survey was distributed by e-mail. In order to achieve the highest possible response rate, the researcher went to classes and lectures to personally encourage respondents to fill in the survey. It was known that 21 students selected a minor in mental health as their first choice and 40 students as their second choice. Because this was a much smaller group of respondents than the students who did not choose a minor in mental health, these students were contacted personally by e-mail in order to optimise their response rate.

The data was converted into a file for Statistical Package for the Social Sciences (SPSS). First, descriptive statistics were requested in SPSS for questions on the amount of working days the respondents had and how many internship days. After that a multiple linear regression analysis was conducted using a backward strategy. An alpha of 0.05 was used for the backward strategy. Minor choice was introduced as a dependent variable in which the first choice or second choice were combined to represent 'choosing mental health' and the other options as 'not choosing mental health'. First and second choice were combined because of their small sample sizes. Separate analyses on first or second choice only showed to yield similar beta's, justifying this pooling of respondents. The other factors were entered as independent variables.

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RESULTS

Table 2. Independent Variables' Association With Choosing Mental Health Nursing.

Model (R-squared = ,242)	Standardized beta	T	Significance
<i>Interest in mental health care</i>	,378	5,547	,000
<i>Experience of loved ones as mental health care consumers</i>	,223	2,633	,009
<i>Internship in mental health care during training</i>	,184	2,590	,010
<i>Teacher who taught mental health care</i>	,154	2,252	,026
Non significant associations			
<i>Personal consumer experience</i>	-,147	-1,713	,089
<i>Opinions of family and friends</i>	-,046	-,651	,516
<i>Lessons in mental health care</i>	-,026	-,289	,773
<i>Opinions of classmates</i>	,002	,021	,983

Open-ended question

For the last question of the survey, respondents were given the opportunity to put forward their own reasons for choosing mental health nursing by means of an open question. They had three answer possibilities, namely 'my preference was for a different minor', 'everything is mentioned' and 'otherwise, namely...'. The answers under 'otherwise, namely...', can be subsumed under the four main themes included in the questionnaire, despite the fact that respondents had the option to answer 'everything is mentioned'. This is likely to indicate that respondents used this field to emphasize certain factors over others.

Additionally, respondents were given the option to give advice on how to make the choice for mental health care more interesting. Most frequently mentioned was that those with an internship in mental health are more inclined to opt for the mental health sector. Another advice was that they wanted more information about education and the nursing profession in mental health care.

Respondents

Of the 313 students, 177 completed the survey, which is equivalent to 56.6% of the total population. Respondents were predominantly female ($n = 168$, 95%) as is common in nursing school in the Netherlands. The majority of students had had no internship (66,6%) or work experience (89,8%) in mental health care. Mental health nursing was chosen by 46 of the respondents as either their first choice ($n=20$) or their second choice ($n=26$), for a combined 26% of the total sample.

Regression analysis

A personal interest in mental health care proved to have the strongest relation with choosing mental health care ($\beta = ,378$, $t = 5.547$, $p = ,000$). From the factors related to education, only teachers had a positive relation with choosing mental health nursing ($\beta = .154$, $t = 2.252$, $p = ,026$). Lessons on mental health had no significant relation to minor selection ($\beta = -.026$, $t = -.289$, $p = ,773$). Having had an internship in mental health was positively correlated to choosing the mental

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healthcare minor ($\beta = .184, t = 2.590, p = .010$). Due to the small number of students with work experience in the field of mental health nursing this factor was excluded from the analysis.

Students were asked if they themselves had consumer experiences with mental health care or had any friends or family members who had experience with mental health care as a consumer. Consumer experience turned out to have no significant relation with choosing a minor in mental healthcare ($\beta = -.147, t = -1.713, p = .089$). In so far as a trend can be observed consumer experience is most likely to have a negative association with choosing a minor in mental health nursing. Having experience with loved ones with mental health problems had a positive association with choosing a minor in mental health ($\beta = .223, t = 2.633, p = .009$). Other than direct experiences with loved ones with mental health problems, the opinions of family and friends ($\beta = -.046, t = -.651, p = .516$) or classmates ($\beta = .002, t = .021, p = .983$) showed to have no relation with choosing mental health nursing.

The influence of students' cultural context was also surveyed. Most respondents indicated that this had had no influence (76%). However, an open question on the cultural factors that had influenced choosing for mental health nursing or not reveals that many students did not have a clear idea about what was meant with the questions on culture. For example, many respondents claimed not to have any culture. Based on these open ended questions the decision was made to drop the questions on culture and stigma from the analysis.

DISCUSSION

The results of this study are in line with earlier findings that mental health nursing is not popular among nursing students. Several qualitative studies have found factors that contribute to choosing for mental health nursing. The present study aimed to quantify the relation of the various factors found in previous qualitative studies to influence choosing for mental health nursing

(McConlogue, 2014; Edward et al, 2015; Happell & Gaskin, 2013; Thongpriwan, 2015).

Investigated factors, personal interest in mental health, the experience of loved ones as mental health care consumers, internship experience in mental health care and teachers who taught mental health care were found to have a significant positive association with choosing a minor in mental health care. Personal experience as a mental health care consumer, lessons on mental health care, and the opinions about mental health nursing from family, friends and classmates were not significantly associated with choosing a minor in mental health care. Too few students in the sample had work experience in mental health care to investigate the association with minor choice. The questions on stigma and cultural influences turned out to be too difficult to answer reliably by a large portion of the respondents and were hence dropped from the analysis (Hogan, 2003).

The positive association between choosing mental health nursing and internship experience corresponds to relations found in previous studies. Students who had completed an internship at a mental health care institution, were more likely to select a mental health care minor. This was also shown in studies The lack of internships in mental health was also cited as a reason for not opting for the mental health sector in the open questions of the survey (Günüşen et al, 2017; McConlogue, 2014; & Ong et al, 2017).

Another topic that emerged both in previous research and in this study was personal experience with mental health care (Ong et al, 2017). In the present study a difference was found between having personal experience with mental health care and having a loved one who has experience with mental health care. While the experience of having loved ones with mental health problems is positively correlated with choosing mental health nursing, no significant association was found for personal consumer experience. Insofar as a trend was apparent for personal consumer experience ($p = 0,089$), there appeared

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to be a negative relation with the selection of mental health care (Ong et al, 2017). investigated these two factors as one factor of personal experience and concluded that the chance of choosing mental health is increased when a student has such personal experience. A possible explanation for the disparities between the present study and that is that due to the more anonymous nature of the survey in the present study more students may have felt safe to indicate that they had (had) mental health issues (Tery, 2020). Those more likely to deny this during an interview may be the same students for whom these issues are precisely a reason not to choose mental healthcare. Furthermore, simply by the nature of its distribution, more students are likely to have loved ones with mental health problems than to have mental health issues themselves, possibly skewing the results of towards a positive correlation (Ong et al, 2017).

While lessons on mental health care in themselves were not positively correlated with choosing mental health nursing, respondents indicated that teachers had positively influenced their choice. What teachers did to influence this choice remains as of yet unclear, but appears to be unrelated to the teaching methods chosen (Henderson et al, 2007).

To place the findings of the present study in context, all significant correlations found were of small size (based on the standardised beta's) and all factors combined account for roughly a quarter of the total variance. Despite the fact the variables were found to correlate significantly, it appears only a small part of the variation in minor choice can be explained by the selected variables. This may partly be due to other factors that have yet to be identified as playing a role in choosing for mental health nursing (Gary, 2005). This suggests that the present line of research may benefit from focussing not so much on why students chose for mental health, but on why students choose mental health specifically over other options, or why those other option are preferred over mental health

Additionally, the present study is based on self-reports of factors that influenced choosing for mental health nursing, while it is well possible that students aren't fully aware of what influences their choice. A more comprehensive, longitudinal study would be necessary to account for the actual influence of factors that may suffer from a self-reported format, such as specific teacher characteristics versus self-reported influence of the teachers.

Examining the responses to the open-ended questions lead to the exclusion of the items on cultural influences. Many respondents indicated that they had no culture. It is likely that this reflects a lack of understanding about aspects of culture that makes self-reported items unreliable. This may partly be ameliorated in future studies by using more questions about specific aspects of culture that leave less to the interpretation of the respondents. Even so cultural influences may prove to be difficult to grasp for students. All in all it is likely that a large scale cross cultural study would be necessary to truly investigate the impact of cultural differences.

CONCLUSION

Despite several limitations, the present study found that previous interest in mental health, teachers who gave lessons on mental health nursing, previous internships in mental health care sector, and experience with a loved one who has mental health problems were positively associated with choosing for mental health nursing. Other factors found in previous studies to influence choosing for mental health nursing were either found to have no significant associated or proved to be problematic to assess in a self-reported format.

Based on the present results, the factor that is most amenable to practical improvement in educational practice is increasing the number of internships in mental health care in early stages of nursing school. By allowing more people to come in contact with the mental health care setting from

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a professionals perspective the number of students choosing to specialise in mental health care will hopefully increase.

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