

12-1-2014

The Lived Experience of Nursing Students During Their Psychiatric Nursing Education: Does It Influence View of Psychiatric Nursing as a Career Choice?

Lisa Mcconlogue

University of Nevada, Las Vegas, mcconlog@unlv.nevada.edu

Follow this and additional works at: <https://digitalscholarship.unlv.edu/thesesdissertations>



Part of the [Education Commons](#), and the [Psychiatric and Mental Health Nursing Commons](#)

Repository Citation

Mcconlogue, Lisa, "The Lived Experience of Nursing Students During Their Psychiatric Nursing Education: Does It Influence View of Psychiatric Nursing as a Career Choice?" (2014). *UNLV Theses, Dissertations, Professional Papers, and Capstones*. 2282.

<https://digitalscholarship.unlv.edu/thesesdissertations/2282>

This Dissertation is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Dissertation in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Dissertation has been accepted for inclusion in UNLV Theses, Dissertations, Professional Papers, and Capstones by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

THE LIVED EXPERIENCE OF NURSING STUDENTS DURING THEIR
PSYCHIATRIC NURSING EDUCATION: DOES IT INFLUENCE
VIEW OF PSYCHIATRIC NURSING AS A CAREER CHOICE?

by

Lisa McConlogue

Bachelor of Science in Nursing
The College of New Jersey
1996

Master of Science in Nursing
Temple University
2000

A dissertation submitted in partial fulfillment

of the requirements for the

Doctor of Philosophy -- Nursing

**School of Nursing
Division of Health Sciences
Graduate College**

**University of Nevada, Las Vegas
December 2014**

We recommend the dissertation prepared under our supervision by

Lisa McConlogue

entitled

The Lived Experience of Nursing Students During Their Psychiatric Nursing Education: Does It Influence View of Psychiatric Nursing as a Career Choice?

is approved in partial fulfillment of the requirements for the degree of

Doctor of Philosophy - Nursing

School of Nursing

Tish Smyer, D.N.Sc., Committee Chair

Alona Angosta, Ph.D., Committee Member

Michele Clark, Ph.D., Committee Member

LeAnn Putney, Ph.D., Graduate College Representative

Kathryn Hausbeck Korgan, Ph.D., Interim Dean of the Graduate College

December 2014

ABSTRACT

The Lived Experience of Nursing Students During Their Psychiatric Nursing Education: Does it Influence View of Psychiatric Nursing as a Career Choice?

By Lisa McConlogue

Dr. Tish Smyer, Examination Committee Chair
Associate Professor of Nursing and Associate Dean for Academic Affairs
University of Nevada, Las Vegas

Using a van Manen phenomenological approach combined with a Colaizzi step-wise data analysis procedure, this study seeks to describe the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice.

Inclusion criteria for participants were registered nurses (RN) who graduated from their entry level nursing program within the last three years; graduated from a United States RN program; and are currently working as an RN in an inpatient setting. Two groups of participants were selected; one group of nurses who chose psychiatric nursing as their first post-graduation employment after RN licensure and another group of nurses who did not choose psychiatric nursing as their first post-graduation employment.

An overall essence of “Quality of Exposure to Psychiatric Nursing” was identified. Four main themes and five subthemes were identified: (1) fear & anxiety, (1a) unpredictability, (1b) external fear factors of friends & family, (2) clinical exposure, (2a) limited clinical time, (2b) negative role models, (2c) ambiguity of psych nurse skills & role, (3) peer & non-psych faculty not valuing psych, and (4) psych instructor teaching methods. A mitigating factor also emerged associated with all five participants who went into psychiatric nursing having psychiatric exposure prior to their nursing program.

This study contributes to the overall science of nursing related to psychiatric nursing education. Studying this experience provides psychiatric instructors and schools of nursing the opportunity to develop learning experiences that foster future psychiatric nurses.

ACKNOWLEDGEMENTS

There are so many people that I want to thank for making this possible. First, my dissertation committee members for the support and guidance all along the way. Dr. Tish Smyer for honoring me by saying yes to being my chair. For her patience, knowledge and mentorship throughout this journey. And for reminding me (frequently) that research is never done until it's disseminated. Dr. Michelle Clark, Dr. Alona Angosta and Dr. LeAnn Putney for their questioning and ideas that all contributed to a successful first research project.

Second, the person who pushed me to start a PhD program in the first place, Patricia Cavanaugh, my Chief Nursing Officer when I started the program. I will never forget the day she first mentioned it to me. I immediately said “never, I have no interest in research”. She continued to push for about a year before I finally gave in; reminding me of all the doors it could open and trying to get me to see where my future could lead. She definitely saw something in me before I even knew it was there. Equally influential in my professional career is Ruthann Tobolski, a.k.a. “my work mom”. She has taught me everything I know about being a good leader. Her support and frequent “better you than me” and “I feel your pain” comments helped get me through the worst of days with laughter.

To my family, friends and co-workers for their unwavering support throughout the four-year PhD journey. My mom, Elaine Murl, for providing such a strong, amazing role model and always teaching me that I can complete anything I set my mind to. My grandparents, Dan & Ruth Delacourt for being the best grandparents a girl could ask for; this PhD truly would never have been possible without them. My dad and stepmom,

Mark & Carron Albert, for loving and supporting me through life's transitions, and providing me a home away from home on my many trips to UNLV. To Denny for your love, support and always pitching in at home. You've given me the best gift of my life this year, our little man, Jake.

Finally, I am dedicating this dissertation to the two most significant men in my life, my grandfather and stepfather in heaven. I lost them both this year but they will be in my heart forever. They both taught me that nothing is handed to you on a silver platter; to achieve something you must put in the hard work and at the end it's so worth the effort. Love you Pop Pop & Daddy.

Daniel C. Delacourt
July 9, 1924 - September 1, 2014

Richard G. Murl
August 13, 1938 - May 30, 2014

TABLE OF CONTENTS

ABSTRACT _____	iii
ACKNOWLEDGEMENT _____	v
CHAPTER I INTRODUCTION _____	1
Background and Significance _____	2
Problem Statement _____	10
Purpose of Study _____	11
Research Question _____	11
Chapter Summary _____	11
CHAPTER II REVIEW OF RELATED LITERATURE _____	13
Psychiatric Nursing Education Influence _____	13
Psychiatric Nursing Specialty Choice _____	17
Chapter Summary _____	18
CHAPTER III METHOD OF INQUIRY: GENERAL _____	19
Historical Foundations of Phenomenology _____	19
Researching Lived Experience by Max van Manen _____	23
Phenomenological Activities Related to this Study _____	25
Research Plan _____	29
Ensuring Trustworthiness _____	32
Chapter Summary _____	34
CHAPTER IV METHOD OF INQUIRY: APPLIED _____	35
Sample _____	35
Gaining Access _____	35
Data Generation and Analysis Procedures _____	37
Ensuring Trustworthiness _____	39
Chapter Summary _____	40
CHAPTER V FINDINGS _____	41
Description of the Participants _____	41
Data Collection _____	41
Data Analysis _____	43
Essence, Themes and Subthemes _____	44
Cross-Case Analysis _____	57
Overall Essence _____	60
Chapter Summary _____	60

CHAPTER VI DISCUSSION AND INTERPRETATION _____	61
Findings as They Relate to Current Literature _____	62
Implications for Nursing _____	67
Limitations _____	68
Recommendations for Further Research _____	69
Chapter Summary _____	69
CHAPTER VII CONCLUSION _____	71
APPENDICES _____	72
Appendix A: Literature Review Summary Table _____	72
Appendix B: Recruitment Flyer _____	80
Appendix C: Interview Questions _____	81
Appendix D: Informed Consent, University of Nevada, Las Vegas ____	82
Appendix E: UNLV IRB Approval _____	84
Appendix F: Capital Health IRB Approval _____	85
Appendix G: Carrier IRB Letter _____	86
Appendix H: Participant Demographics _____	87
REFERENCES _____	88
VITA _____	95

Chapter I

Introduction

The U.S. nursing shortage is projected to grow to 260,000 registered nurses by 2025, a shortage twice as large as shortages within the past fifty years (American Association of Colleges of Nursing [AACN], 2010). As of March 2008 there were approximately 3,063,163 licensed registered nurses living in the United States (U.S. Department of Health and Human Services, 2010). Additionally, in December 2009, the Bureau of Labor Statistics projected an additional 581,500 RN positions through 2018 (AACN, 2010). These statistics could result in a 7-8% national RN vacancy rate by 2025.

It is estimated that 1 in 4 adult Americans have a diagnosable psychiatric illness (Hanrahan, 2009). Unfortunately, only 1% of nurses select psychiatric nursing as their specialty; in contrast to 24% of nurses selecting critical care (Stuart, 2002). In one study, surveying 200 nurses on specialty preference, psychiatric nursing was ranked lowest of ten specialties (Halter, 2008). Problems with recruitment to psychiatric nursing include the de-emphasis being placed on psychiatric nursing, lack of knowledge of the psychiatric nurse role and negative attitudes of psychiatric nursing (Hanrahan, 2009; Poster, 2004; Stuhlmiller, 2006; Holmes, 2006).

The psychiatric portion of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) currently accounts for only 6%-12%, which is approximately 50% lower than it was 7 years ago (Poster, 2004). In addition to the de-emphasis on the NCLEX-RN, a de-emphasis on the psychiatric didactic and clinical component in nursing programs has also been seen, evidenced by decreased hours within

curriculums for psychiatric material (Poster, 2004; McCabe, 2000). Furthermore, nursing students report exposure to negative attitudes towards psychiatric nursing from other nurses, nursing instructors and society in general (Stuhlmiller, 2006).

Background & Significance

History of Psychiatric Nursing. A review of psychiatry depicts five poignant periods of time associated with the development of psychiatric care. Interestingly, while there are key nursing figures associated with the advancement of psychiatric nursing as a profession, little was documented regarding psychiatric nursing care in general, particularly in the United States (Harmon, 2005). The first period of psychiatric care is the Period of Enlightenment in the 1790's. Societal views of psychiatric patients prior to the 1790's consisted of banishment, confinement in chains and carnival displays for amusement purposes (Keltner, Bostrom & McGuinness, 2011). During the period of enlightenment, asylums were created with the intent of providing protection and support (Keltner et al., 2011). Dorothea Dix, a nurse, emerged as a reform leader in the United States with the opening of 32 state hospitals created with the asylum concept (Keltner et al., 2011). In the state hospitals Dix insisted on providing shelter, nutrition, and warm clothing as means of alleviating the suffering experienced by psychiatric patients (Keltner et al., 2011). Despite the intentions of the asylums, by the 1870's they were viewed as places of torture rather than solace (Keltner et al., 2011).

The second poignant period, the Period of Scientific Study, was sparked by scientists that sought to develop treatments for mental illness rather than just asylums for housing psychiatric patients (Keltner et al., 2011). Concurrently, in 1882 the first School of Nursing for working with the mentally ill was established in Massachusetts (Nolan,

1992). At the school, students were expected to be modest, quiet, and devoted to aiding those suffering from mental illness. (Nolan, 1992). They were discouraged from taking part in any scientific or thesis work, reassuring physicians that the nurses would not pose a threat to their status (Nolan, 1992).

In 1917 nursing program curriculum consisted of 595 theoretical hours, of which only 20 hours were dedicated to “the study of mental hygiene and nervous disorders” (Rosenthal, 1984, p. 21). At this time textbooks used included *Nervous Women* and *Nursing the Insane*, while instruction was provided by physicians (Rosenthal, 1984). In 1937 nursing students were taught to apply cold packs, wet sheets, leather restraints and to place violent patients in seclusion (Rosenthal, 1984). In addition, “skills of persuasion, suggesting and habit training” were added to nursing student curriculum (Rosenthal, 1984, p. 22). Physicians continued as the instructors but the theoretical content hours increased to 48 hours (Rosenthal, 1984).

By 1946 psychiatric nursing education was finally being provided by nursing instructors rather than physicians (Rosenthal, 1984). The National Mental Health Act was signed in 1946, which included providing funds for the training of psychiatric professionals (Rosenthal, 1984). At that time the American Nurses Association estimated that approximately 25,000 psychiatric nurses were needed based on a ratio of 1 nurse for every 25 patients (Rosenthal, 1984). However, the United States had only one-fourth of the needed 25,000 psychiatric nurses (Rosenthal, 1984). These 6,250 psychiatric nurses comprised only 1.4% of all nurses (Rosenthal, 1984). Based on the average daily census of psychiatric hospitals, this provided a ratio of one nurse for every 105 patients

(Rosenthal, 1984). By the late 1940's advanced psychiatric nursing study was only available at four universities (Rosenthal, 1984).

The third period, Psychotropic Drugs, does not begin until the 1950's with the introduction of the first three psychotropic medications, Thorazine, Lithium and Tofranil (Keltner et al., 2011). Therapies used to this point had not been effective in curing mental illness. As a result, nurses described focusing more on the physical care of the patient and the nurse-patient relationship (Harmon, 2005). Hildegard Peplau is regarded as one of the pioneers of psychodynamic nursing in both the United States and the United Kingdom (Winship, Bray, Repper & Hinshelwood, 2009). Concepts important to Peplau included social and group therapy activities, interpersonal interactions and therapeutic community (Winship et al., 2009). Peplau published *Interpersonal Relations in Nursing* in 1952, which outlined her beliefs regarding the nurse-patient relationship, phases of the relationship, and the role of psychiatric nurses (Ryan & Brooks, 2000). Peplau's theory became core curriculum content in the 1950's for training new nurses (Winship et al., 2009). Peplau is still considered the creator of modern psychiatric nursing with her focus on the nurse-patient relationship (Ryan & Brooks, 2000). Peplau's contributions to psychiatric nursing also include the development of the first graduate program in psychiatric nursing at Rutgers University (Ryan & Brooks, 2000). By 1955 almost all university undergraduate nursing programs included a psychiatric/mental health nursing course, despite interest in psychiatric nursing remaining low (Rosenthal, 1984). "Throughout the 1950's, less than 5% of all registered nurses worked with the mentally ill" (Rosenthal, 1984, p. 29).

The Period of Community Mental Health of the 1960's is distinguished by legislature criticizing state psychiatric hospitals and establishing community mental health services to deinstitutionalize the state hospitals (Keltner et al., 2011). Psychiatric nurses described feelings of frustration and decreased job satisfaction related to a focus on medical interventions at the state hospitals and a sense of devaluation for care and compassion (Nolan & Hopper, 2000). General hospitals began developing psychiatric units, patient length of stay was shortened, and psychiatric nurses were moved into outpatient settings (Nolan & Hopper, 2000).

Finally, the Decade of the Brain in the 1990's was distinguished by an increase in brain research, changes with the diagnostic manual, and public awareness (Keltner et al., 2011). It was in the 1990's that psychiatric nursing textbooks began to include information on the psychobiological and psychopharmacology aspects of care (Keltner et al., 2011).

Stigma of Psychiatric Nursing. Despite significant advancements in research, understanding, and treatment of psychiatric patients, the psychiatric nursing profession remains a mystery to many. Psychiatric nursing is a profession that has a difficult time garnering respect and value from both the public and health care professionals. Many studies have been done related to the stigma of people suffering from mental illness; however, few studies have been completed examining the stigma associated with psychiatric nursing as a profession (Gouthro, 2009; Halter, 2002). As early as the 1790's, during the Period of Enlightenment, there is documented stigma related to the low status associated with those caring for the "insane" (Nolan, 1991). The stigma is

perpetuated by stereotypical perceptions, media and professional attitudes towards psychiatric patients and nursing (Gouthro, 2009; Holmes, 2006).

Both film and television have stereotyped psychiatric nurses as unprofessional, uncaring, irrational, and controlling while portraying psychiatric nursing as a low-skill and ineffective profession (Gouthro, 2009; Holmes, 2006). De Carlo (2007) found psychiatric nursing was portrayed in 19 American films as abnormal and dangerous work, while depicting psychiatric nurses as “custodial companionship” (p. 388).

In 2008, using a Nursing Specialty Area Inventory, Halter found that when ranking nursing specialties, registered nurses ranked psychiatric nursing lowest. Psychiatric nursing is seen as more of a caring and nurturing profession making it less desirable to new students who are more interested in specialty areas involving the use of skilled technologies (Rushworth & Happell, 2000). Stuhlmiller (2006) found that the classroom and clinical teaching environments, as well as instructors, are influential in students forming opinions of the psychiatric specialty area as a potential career option. Nursing student lack of interest in psychiatric nursing has been attributed to minimal course content and negative clinical experiences leading to a lack of preparedness in psychiatric settings (Gouthro, 2009). Finally, students reported having both nurses and nursing instructors contributing to negative attitudes with remarks such as “don’t waste your brain on mental health nursing” (Stuhlmiller, 2006, p. 356).

Demographics & Salary. Based on the 2008 National Sample Survey of Registered Nurses, of the total 1.57 million nurses employed in hospital settings, 5.1% are employed in psychiatric/mental health compared to 29.3% employed in general medical surgical settings, 19.2% in critical care, 16.7% in cardiac care and 11.9% in

emergency/trauma settings (U.S. Department of Health and Human Services, 2010). The total RN population consists of 90.4% females and 9.6% males (U.S. Department of Health and Human Services, 2010). In psychiatric nursing approximately 86% are female and 14% male while emergency room RN's are 75% female and 25% male; critical care 73% female and 27% male; med/surg 80% female and 20% male; maternity 100% female; and operating room 85% female and 15% male (Payscale, 2013; Bernard Hodes Group, 2005). Nurse anesthetists have the highest percentage of males with 41.1% (U.S. Department of Health and Human Services, 2010).

The mean age of all RN's is 46.7 years, however the average age of psychiatric nurses is 50.3 years (Hanrahan, 2009). Utah (41) and Idaho (44) have the youngest mean age of psychiatric nurses while Nevada (59), South Carolina (59) and the District of Columbia (60) have the highest mean age of psychiatric nurses (Hanrahan, 2009). In addition, only 4% of psychiatric nurses are 30 years of age or younger compared to 10.6% of all RN's (Hanrahan, 2009; U.S. Department of Health and Human Services, 2010).

The average earnings of all full-time RN's was \$66,973, however this average includes management, administration, advanced practice and nurse anesthetists (U.S. Department of Health and Human Services, 2010). The average salary for a staff level RN was \$61,706 but was not broken down by specialty (U.S. Department of Health and Human Services, 2010). The American Psychiatric Nurses Association's website provides a link to a Payscale website for salary and demographic information. The median salary for all RN's is reported as \$55,583 while the median salary for nursing

specialties include psychiatric/mental health \$56,929; emergency room \$60,721; operating room \$63,269; and maternity \$68,273 (Payscale, 2013).

Funding for Psychiatric Care. In 2005 total psychiatric services expenditures reached \$135 billion with the largest expenditures for outpatient services (33%) and prescription medications (27%) (Garfield, 2011). In contrast, in 1986 a total of \$32 billion was spent on psychiatric services with the largest expenditures being for inpatient services (42%) (Garfield, 2011). From 1986 to 2005, overall healthcare expenditures increased at a 7.9% annual rate while psychiatric services increased at only a 6.9% annual rate (Garfield, 2011). It is estimated that state mental health authorities reduced mental health funding by \$3.5 billion between 2009 and 2012 (Martone, 2012).

Reimbursements for psychiatric care are more publicly funded than medical services, 61% and 46% respectively (Garfield, 2011). Public funding for psychiatric care consists of Medicaid, Medicare, and other federal, state and local benefits (Garfield, 2011). Federal and state Medicaid is the largest source of reimbursements for psychiatric care today with 26%, followed by Medicare with 7% (Garfield, 2011). Other federal, state and local resources (28%), private insurance (24%), out-of-pocket expenses (11%) and other private funding (3%) comprise the other 66% of psychiatric care funding (Garfield, 2011). Out-of-pocket patient expenses for psychiatric care vary based on the insurance provider (Garfield, 2011). Psychiatric care for low-income adults with private insurance averaged \$261 a year out-of-pocket expenses compared to \$100 a year for those with Medicaid and \$519 a year for the uninsured (Garfield, 2011).

Several policy changes have impacted psychiatric care funding recently including the Affordable Care Act of 2010 and the Mental Health Parity Act of 2008 (Garfield,

2011). The Affordable Care Act expands those eligible for insurance coverage, removes the pre-existing condition exclusions, and establishes health homes for psychiatric patients and educational training grants for psychiatric providers (Garfield, 2011). The Mental Health Parity Act requires insurance coverage parity for medical and behavioral health conditions (Garfield, 2011).

Psychiatric Care Today. There is a broad range of psychiatric care available today including various psychotherapies, psychopharmacology, inpatient, outpatient, residential, partial hospitalization, assertive community treatment, mobile crisis, short-term and long-term treatment modalities (Garfield, 2011). The U.S. Supreme Court Olmstead decision affirmed “the civil rights of individuals to live in the least restrictive, most integrated settings” (Martone, 2012, p. 11). Although the number of psychiatric services has significantly increased in recent decades, utilization and accessibility of services remain care issues (Garfield, 2011). Approximately 60% of adults with a diagnosable psychiatric disorder do not receive care (Garfield, 2011). The number of individuals with unmet psychiatric care needs increased from 4.3 million in 1997 to 7.2 million in 2011 (Roll, Kennedy, Tran & Howell, 2013). Of those with unmet psychiatric care needs, 45.7% indicate affordability as the barrier (Garfield, 2011).

The 2003 President’s New Freedom Commission on Mental Health called for a transformation of the mental health system to “enable individuals with serious mental illness to live, work, learn and participate fully in their communities” and described the current mental health system as a system in shambles (Garfield, 2011, p. 21; National Alliance for Mental Illness [NAMI], 2009). This transformation included addressing stigma, raising awareness, promoting consumerism, eliminating disparities, enhancing

screening, assessment and referral processes, improving quality of psychiatric care and advancing technology (Garfield, 2011). In 2006 the National Academy of Sciences' Institute of Medicine also targeted a significant overhaul of the existing mental health system describing it as "untimely, inefficient, inequitable, and at times unsafe" (NAMI, 2009, p. 1). Challenges to successfully meeting this call have been the fragmented funding and provider agencies, as well as a lack of additional funds to achieve the goals (Garfield, 2011). In 2011, an annual mental health fiscal survey found 81% of participating states reported budget reductions for mental health services despite an increased call for services (Martone, 2012).

NAMI (2009) has published two reports, in 2006 and 2009, grading states on their mental health care based on four categories: Health Promotion & Measurement; Financing & Core Treatment/Recovery Services; Consumer & Family Empowerment; and Community Integration & Social Inclusion. In the 2006 report the overall national grade was a D with five states earning a B and eight states receiving F's (NAMI, 2009). The 2009 report indicates minimal progress from 2006 with the national grade remaining a D, 23 states receiving the same grade, 12 states receiving lower grades and only 14 states increasing their grade (NAMI, 2009). There were no states with an A grade in either report (NAMI, 2009).

Problem Statement

Recruitment has been challenging throughout the history of psychiatric nursing related to stigma, de-emphasis on NCLEX and education, lack of knowledge of the psychiatric nurse role, negative attitudes of psychiatric nursing, salary and quality of psychiatric care. The majority of the literature related to these recruitment challenges has

been done in Australia, Canada and the United Kingdom. There were no studies found that link the lived experience of nursing students or graduates during the psychiatric education to choice of psychiatric nursing as a specialty profession in the United States.

Purpose of Study

The purpose of this proposed study is to describe the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice. Studying and understanding this experience may assist the profession in recruiting nursing students into psychiatric nursing within the United States. Additionally, psychiatric instructors and schools of nursing can develop a learning experience that fosters future psychiatric nurses. This study will contribute to the overall science of nursing related to psychiatric nursing education.

Research Question

What is the lived experience of recent nursing graduates during the psychiatric didactic and clinical portion of their nursing education program and it's influence on their first job selection?

Chapter Summary

This chapter provides an introduction to the topic of nursing shortages and issues with recruitment into psychiatric nursing. Background and significance is addressed with in depth information specific to the history of psychiatric nursing, stigma of psychiatric nursing demographics and salary information of psychiatric nurses, funding for psychiatric care today, and the state of psychiatric care today. A problem statement is

then provided with a description of the purpose for the study. Finally, the research question for the study is provided.

Chapter II

Review of Related Literature

Psychiatric Nursing Education Influence

Psychiatric nursing has a focus on interpersonal and therapeutic communication skills rather than psychomotor skills associated with most other nursing specialties (Bondy, Jenkins, Seymour, Lancaster & Ishee, 1997). As a result, students have reported not being clear on what they are supposed to be doing during psychiatric clinical experiences or what they learn from the clinical experience (Bondy et al., 1997). Bondy et al. (1997) developed the Psychiatric Nursing Performance Appraisal Instrument (Psych NPAI) to address these concerns by creating standardized objectives and means of evaluation for psychiatric nursing students. The Psych NPAI identified six competency subscales: knowledge base/critical thinking, nursing process, nursing interventions, communications skills, professional socialization and self-evaluation (Bondy et al., 1997). Similarly, Gilje, Klose and Birger (2007) address eight critical competencies for psychiatric nursing education: therapeutic communication, nursing process, safety, clinical learning, dialogue, faculty guidance, and professional conduct. Gilje et al. (2007) validated their instrument with a group of 18 psychiatric nurses and psychiatric nursing educators who rated their agreement with the 190 items contained within the eight subscales. Both competency tools provide structure to clinical experience and form a basis of assessing competency with psychiatric nursing skills.

Stuhlmiller (2006) conducted a research study involving the revision of an undergraduate mental health nursing course from being a teacher-only delivered curriculum to one that included mental health professionals and consumers as guest

lecturers, a workbook intended to be completed by the student with mental health patients and clinical experience at a mental health camp (Stuhlmiller, 2006). Using the questionnaire “Becoming a Mental Health Nurse”, nursing students were asked what they found interesting about mental health nursing and what they would find difficult or challenging about mental health nursing (Stuhlmiller, 2006). A total of 419 students over a two-year period completed the survey, which was then reduced to a random sample of 160 surveys to elicit common themes (Stuhlmiller 2006). The themes identified as interesting areas of mental health nursing included learning about different mental illnesses; working with a diverse patient population in a variety of settings; working in an environment that is less routine and not task oriented; the excitement of unpredictable events on any given day; and working holistically with people using interpersonal communication skills rather than technological and task oriented interventions was believed to be potentially rewarding (Stuhlmiller, 2006). In contrast, the different or challenging themes identified by the students included their families and friends not supporting psychiatric nursing as a specialty choice related to stigma; working with patients suffering from sensitive and potentially dangerous symptoms; negative views of mental health nursing depicted by nurses and instructors; and the view that few interventions other than medications appeared to exist (Stuhlmiller, 2006). Results suggest the classroom and clinical teaching environments and instructors are influential in students’ views of psychiatric nursing as a specialty choice.

In another study, a time-series quasi-experimental design was utilized to determine whether the theoretical and/or clinical placement in the mental health component of a Bachelor of Science in Nursing (BSN) program influenced students’ self-

report of knowledge, skills and attitudes and interest in psychiatric nursing (Henderson, Happell & Martin, 2007). This study was completed at a school of nursing in Victoria, Australia using a convenience sample of 192 students (Henderson et al., 2007). The surveys were conducted in three stages: prior to any mental health education, immediately after the theoretical component and, again, immediately after completion of the clinical component (Henderson et al., 2007). Each participant completed surveys to obtain demographic and background information and perceptions of caring for patients with mental health problems (Henderson et al., 2007). One finding of the study was a statistically significant increase in 14 of the 22 items on the self-report of students' knowledge and skills necessary to care for patients with mental health problems when completing the longer duration (35 hours) theoretical component compared to the shorter duration (25 hours) (Henderson et al., 2007). However, neither post-test indicated an influence on increasing a student's interest in caring for patients with mental health problems (Henderson et al., 2007).

O'Brien, Buxton and Gillies (2008) conducted a study of baccalaureate nursing students' interest in mental health nursing based on their education experience by examining four key issues: 1) evaluating the effectiveness of using clinical site-based facilitators to assure facilitators were familiar with the clinical site, staff and patients; 2) educating the nursing staff to the needs of undergraduate students in their clinical placement; 3) assisting units in creating clinical placement packages that can be used by the staff and students as a resource; and 4) increasing the collaboration between the mental health units and the baccalaureate nursing program. Both quantitative and qualitative data were obtained from questionnaires and focus groups (O'Brien et al.,

2008). Participants included 257 undergraduate nursing students from four campuses of the participating university in Australia (O'Brien et al., 2008). Noteworthy results of the study include an increase in the number of students who rated themselves as “seriously interested” (from 16% to 31%) and “totally interested” (from 11% to 17%) in mental health nursing (O'Brien et al., 2008). Length of time of clinical placements was not evaluated, nor was any classroom component.

Using a cohort of 23 junior undergraduate nursing students in the United States, Rohde (1996) compared perceptions and understandings of psychiatric nursing. The students received theoretical instruction and seven weeks of clinical instruction on acute adult inpatient psychiatric units at either private community hospitals or a county mental health center (Rohde, 1996). Students were asked to provide a narrative description of how their perceptions and understanding of psychiatric nursing changed since the beginning of the instruction (Rohde, 1996). While the survey results did show an improvement in perceptions and understanding of psychiatric nursing, limitations include the single cohort and no analysis related to the type of clinical placement or any other extraneous variables (Rohde, 1996).

Happell and Gough (2009) developed a questionnaire to explore the relationship between psychiatric nursing student preparedness, attitudes toward mental health nursing and patients, and interest in mental health nursing as a career, as well as the impact of clinical experience on these relationships. The study was conducted in Australia, involved pre- and post-clinical questionnaires with a sample size of 784 pre-clinical surveys and 687 post-clinical surveys (Happell & Gough, 2009). The primary purpose of

the study was to validate the questionnaire instrument for future research use (Happell & Gough, 2009).

Psychiatric Nursing Specialty Choice

Stevens, Browne and Graham (2013) completed a longitudinal mixed method study in Australia to examine nursing career preferences in nursing students by measuring their nursing career preferences at the beginning, middle and end of their BSN program using a questionnaire to rank specialty choices. The qualitative portion of the study asked for information related to reasons for top and bottom ranked specialty choices (Stevens et al., 2013). A total of 150 surveys were used with valid matching for all three time points (Stevens et al., 2013). Psychiatric nursing was ranked 8th, 7th and 7th at each time point respectively and showed no statistically significant change over time (Stevens et al., 2013). Reasons cited for not choosing psychiatric nursing were characterized as negative views of clients, negative views of the institutions and the type of work, negative effect on self esteem, negative effect of career path and negative experience specific to the course (Stevens et al., 2013).

Hoekstra, van Meijel and van der Hooft-Leemans (2010) conducted a descriptive qualitative study in the Netherlands to determine the perceptions of nursing students related to psychiatric nursing, factors that influence these perceptions and how those perceptions affect specialty choice. Many of the perceptions found related to stereotypical views of psychiatric patients as aggressive, unpredictable criminals who could not participate in communication or society (Hoekstra et al., 2010). Perceptions about psychiatric nursing included a low view from society, a deterrent to other nursing

specialties and a low skill profession (Hoekstra et al., 2010). Participants traced their perceptions back to media and parental influences (Hoekstra et al., 2010).

Chapter Summary

There are a limited number of studies that have examined the psychiatric component of nursing education with various purposes including improving competency in mental health nursing, improving nursing students' perception of mental health nursing, and psychiatric nursing as a specialty choice (Bondy et al., 1997; Gilje et al., 2007; Stuhlmiller, 2006; Henderson et al., 2007; O'Brien et al., 2008; Rohde, 1996; Stevens et al., 2013; Hoekstra et al., 2010). Limitations of the studies reviewed include location and samples. Multiple studies have examined these concepts in Australia and Canada, but few studies exist on this topic from the United States. Further studies would need to be completed to determine if similar results are found for programs in the United States. In addition, no studies were found that examine the lived experience of recent nursing graduates during their psychiatric nursing classroom and clinical experiences and how that experience impacts the choice of psychiatric nursing as a specialty profession.

Chapter III

Method of Inquiry: General

Historical Foundations of Phenomenology

Phenomenology has been noted as both a philosophy and a scientific methodology to describe phenomenon or experiences (Creswell, 2009; Streubert & Carpenter, 2011). Phenomenology is the means of seeking the essence of an experience through the individual experiences of study participants (Creswell, 2009). The early beginnings of phenomenology can be traced back to the philosophical work of Nietzsche and Kant. Nietzsche's view of the metaphysical defined a distinction between knowing and sensing (Lewis & Staehler, 2010). Nietzsche stated the appearance or sense of an event changed based on experiences and opinions, however, thought could counteract the appearance of an event to produce certain knowledge (Lewis & Staehler, 2010). Kant, however, stated that although we can intellectually think about an event occurring differently than we sensed it, we couldn't know the event in that perspective (Lewis & Staehler, 2010). Four significant historical figures in the development of phenomenology include Edmund Husserl, Martin Heidegger, Jean-Paul Sartre, and Maurice Merleau-Ponty. Husserl and Heidegger were German philosophers, while Sartre and Merleau-Ponty were French philosophers (Lewis & Staehler, 2010).

Edmund Husserl. Edmund Husserl was the first to provide structure and process to phenomenology in the early twentieth century (Lewis & Staehler, 2010). Husserl continued the work of Nietzsche and Kant in their attempts to understand consciousness by bracketing preconceived ideas that one has of a particular phenomenon (Lewis & Staehler, 2010). According to Husserl, this bracketing leads to one suspending judgment

of an experience because the nature of the experience will be presented without further analysis needed (Lewis & Staehler, 2010). “Epochē is a Greek word meaning to refrain from judgment, to abstain from or stay away from the everyday, ordinary way of perceiving things” (Moustakas, 1994, p. 33). Epochē is a principal component of Husserl’s phenomenology methodology (Lewis & Staehler, 2010). Husserl stated that beliefs about an event are frequently a result of what we are told about that event rather than analyzing the event for ourselves, or an individual interpretation based on prior experiences that resulted in prejudices (Lewis & Staehler, 2010).

Other Husserl concepts related to epochē include essences, intuiting, and phenomenological reduction (Streubert & Carpenter, 2011). Essences are elements of an experience that give understanding to the phenomenon (Streubert & Carpenter, 2011). Husserl regarded intuition as the ultimate principle of phenomenology involving an experience without interpretation or judgment (Lewis & Staehler, 2010). Husserl believed that intuition is the only method of knowing from a phenomenological perspective because it is devoid of things we have been told or inherited from other sources (Lewis & Staehler, 2010). “Phenomenological reduction is a return to original awareness regarding the phenomenon under investigation” (Streubert & Carpenter, 2011, p. 76). In other words, removing pre-existing beliefs, judgments or biases in order to become aware of the true meaning of an experience (Streubert & Carpenter, 2011).

In addition to epochē, core concepts to Husserl’s phenomenological methodology include intentionality, lifeworld and intersubjectivity (Lewis & Staehler, 2010). Intentionality refers to always being conscious of something or an attitude that exists toward an object as it is experienced based on expectations (Lewis & Staehler, 2010).

Lifeworld is regarded as one of the most widely used concepts by Husserl and is defined as “the historical world, which contains nature as well as culture” (Lewis & Staehler, 2010, p. 40). Finally, intersubjectivity is the most criticized of Husserl’s concepts and is defined as a type of inquiry that encompasses the holistic human experience to include science, culture and the lifeworld (Lewis & Staehler, 2010).

Martin Heidegger. Heidegger was a student of Husserl, however, differs from Husserl in his view of history as an essential element of phenomenology (Lewis & Staehler, 2010). For Heidegger, phenomenological meaning is “not done by a human subject in the present moment of intuition, but by a historical process, which gradually deposits new layers of significance” (Lewis & Staehler, 2010, p. 68). Core concepts to understand about Heidegger’s philosophy is his view of the Dasein, the world, being and time. Dasein is Heidegger’s term for a human being made up of “da” which is a location, i.e., there or here and “sein” meaning to be (Lewis & Staehler, 2010). To exist as an individual being, Heidegger stated, beings need to be part of an interconnected larger structure (Lewis & Staehler, 2010). Hence, Heidegger views the world as this interconnected structure, linking beings together yet allowing them to exist as individuals (Lewis & Staehler, 2010). Finally, Heidegger describes time as the foundation that supports being; without time there is no being (Lewis & Staehler, 2010).

In addition, Heidegger defines four types of causes or elements for every usable item that exist in the world: 1) in-order-to; 2) towards-which; 3) whereof; and 4) for-the-sake-of-which (Lewis & Staehler, 2010). The in-order-to function is the multiple ways an item can be used while the towards-which is the intended result of the action (Lewis & Staehler, 2010). The whereof is the material that the item is made of and the for-the-

sake-of-which is the ultimate goal for the use of the item (Lewis & Staehler, 2010).

These four elements describe the relationships between different items and how they combine to make up the world (Lewis & Staehler, 2010).

Jean-Paul Sartre. The uniqueness of Sartre's work is his attempt to relate phenomenology and psychology, as well as his interest in empirical sciences (Lewis & Staehler, 2010). Sartre pays particular attention to the human consciousness and how consciousness is displayed in human beings (Lewis & Staehler, 2010). Sartre believes intentionality and significance are the two key factors that separate the being of consciousness from the physical world (Lewis & Staehler, 2010). Intentionality refers to the ability of consciousness to signify something else while significance refers to Sartre's belief that in order for something to be meaningful, facts must form a whole and finite understanding (Lewis & Staehler, 2010). Sartre also has a strong existentialism component to his work, defining existentialism as human life developed based on the facts, events and choices in one's world rather than a pre-determined path (Lewis & Staehler, 2010).

Maurice Merleau-Ponty. Merleau-Ponty sought an existence, which he titled the lived body, where the focus of the body is on the experience of the individual (Lewis & Staehler, 2010). Merleau-Ponty expands on Husserl's work with an additional emphasis on phenomenology being a perpetual reassessment and revisions based on experiences (Lewis & Staehler, 2010). Merleau-Ponty acknowledges a limitation of phenomenology as one that will never be able to fully define any single concept because a "complete reduction of the world is impossible" (Lewis & Staehler, 2010, p. 163). Experiences, for Merleau-Ponty, are a combination of empiricism defined as measurable physical realities,

and intellectualism defined as spiritual and unconscious interpretations (Lewis & Staehler, 2010).

Unique to Merleau-Ponty is his inclusion of the arts in phenomenological interpretation. According to Merleau-Ponty, language interpretation based solely on written and verbal communication leads to misinterpretations and fails to capture meaning in other forms of expressions, such as arts, painting and body language (Lewis & Staehler, 2010).

Modern phenomenology and beyond. In many respects, phenomenology continues to struggle with its identity and science. From a research perspective, phenomenological research is viewed by many as less important than quantitative research approaches. In nursing and other similar professions, the focus on technology and measurement is so strong that qualitative types of research are not valued (van Manen, 2007). Criticisms include phenomenologists having presuppositions regarding the nature of the experience under study (Lewis & Staehler, 2010). Critics believe phenomena should show itself rather than being elicited and interpreted with inherent restrictions due to the presuppositions of those studying the phenomenon (Lewis & Staehler, 2010).

Researching Lived Experience by Max van Manen

Phenomenology is defined by Max van Manen as “a project of sober reflection on the lived experience of human existence – sober, in the sense that reflecting on experience must be thoughtful, and as much as possible, free from theoretical, prejudicial and suppositional intoxications” (van Manen, 2007, p. 11). Van Manen (1990) uses a human science approach that is a combination of phenomenological, hermeneutic and

language based inquiry. Intentionality is a core concept accepted by van Manen as the need to become part of the world under study in order to question and study the phenomena of interest (van Manen, 1990). Van Manen (1990) distinguishes between phenomenology and hermeneutics with phenomenology being purely a description of lived experience and hermeneutics as an interpretation of experience.

Van Manen (1990) uses eight statements to define all that is encompassed in phenomenological research. He states that phenomenological research is: 1) the study of lived experience; 2) the explication of phenomena as they present themselves to consciousness; 3) the study of essences; 4) the description of the experiential meanings we live as we live them; 5) the human scientific study of phenomena; 6) the attentive practice of thoughtfulness; 7) a search for what it means to be human; and 8) a poetizing activity (van Manen, 1990, pp. 9-13). The goal of phenomenological study is to create a rich written description of actions, behaviors and experiences as they occur (van Manen, 1990).

The van Manen approach begins by “explicating assumptions and pre-understandings” (Streubert & Carpenter, 2011, p. 80). Van Manen (1990) outlines six activities essential to phenomenological research: 1) turning to a phenomenon that seriously interests us, 2) investigating experience as we live it rather than as we conceptualize it, 3) reflecting on the essential themes, 4) describing the phenomenon through the art of writing, 5) maintaining a strong pedagogical relation to the phenomenon, and 6) balancing the research context by considering parts and the whole (pp. 30-31).

Phenomenological Activities Related to this Study

This study will follow the van Manen methodological structure beginning with investigating a topic of interest to this researcher. The topic chosen by the researcher is of significant interest to the researcher as interest and recruitment into psychiatric nursing is extremely challenging. Therefore studying the nursing school experience may provide insight into recruitment issues stemming from the psychiatric nursing education experience. The procedural step of explicating assumptions and pre-understandings is essential for this study for two reasons. First, the researcher's expertise and professional experience in psychiatric nursing provides the basis for "knowing too much" and the risk of interpreting the phenomena prior to actually completing the study (van Manen, 1990). A significant part of phenomenological research is ensuring the researcher is aware of their own biases during data collection and analysis (Streubert & Carpenter, 2011). Reflexivity is defined as "the responsibility of researchers to examine their influence in all aspects of qualitative inquiry – self-reflection" (Streubert & Carpenter, 2011, p. 34). DiCicco-Bloom and Crabtree (2006) also stress the importance of reflexivity stating that it is essential for the researcher to "give thought to his or her own social role and that of the interviewee, acknowledging power differentials between them and integrating reciprocity into the creation of knowledge" (p.317). From this perspective, the researcher must be aware of her role as Psychiatric/Mental Health Clinical Nurse Specialist and Director of Mental Health Services to ensure the roles do not guide interview questions and/or influence responses of participants.

For the second activity, the data gathering process will include interviews to investigate the phenomenon as experienced by participants rather than as conceptualized

by the researcher. The use of interviews will provide additional depth and meaning to the phenomena of study based on each participants' individual experience (van Manen, 1990). Interviews in phenomenology also include the participants as active members in the identification of meaning in experiences (van Manen, 1990). A series of pre-determined questions will be used to guide the interview process in order to thoroughly explore the phenomena of interest.

Van Manen's (1990) third activity states that data analysis will include reflecting on the essential themes. Van Manen (1990) describes themes as the experiential structure involved in experiences. Isolating themes is accomplished in one of three ways: the holistic approach, the selective approach and/or the detailed approach (van Manen, 1990). The holistic approach seeks a phrase that captures the overall meaning of the entire transcript (van Manen, 1990). The selective approach involves multiple readings of a transcript to determine which statements seem most relevant to the experience (van Manen, 1990). Finally, the detailed approach looks at every statement in the transcript to determine how each sentence contributes to the overall meaning of the experience (van Manen, 1990).

To then reflect on the essential themes, van Manen (1990) offers four guides by which all individuals experience the world: lived space, lived body, lived time and lived human relation. Lived space is the way we feel in a specific space or location (van Manen, 1990). Lived body indicates "the phenomenological fact that we are always bodily in the world" (van Manen, 1990, p. 103). Lived time is subjective time, or how we experience the passing of time (van Manen, 1990). Finally, lived human relation refers to the sharing of space with others (van Manen, 1990). These four essential

concepts can guide the reflecting process of themes to distinguish between essential themes that are unique to the phenomena being studied versus incidental themes that can be found in multiple situations (van Manen, 1990).

The fourth activity, describing the phenomenon through the art of writing a narrative, is the purpose of the phenomenological research process (van Manen, 1990). The act of writing the narrative phenomenological research findings involves expressing the essence of a lived experience in a way that is understandable to others (van Manen, 1990). Van Manen (1990) stresses the significance of silence and anecdotes in writing, particularly when developing the phenomenological narrative. Silence can be described in one of three ways: literal silence, epistemological silence and ontological silence (van Manen, 1990). Literal silence in writing refers to leaving information out for the purpose of making the narrative quality rather than quantity (van Manen, 1990). Epistemological silence refers to moments that are unspeakable or beyond description in words (van Manen, 1990). Ontological silence refers to “the silence of Being or Life itself” frequently occurring after a fulfilling moment (van Manen, 1990, p. 114). Meanwhile, anecdotes are stories used to make difficult concepts or experiences more easily understood (van Manen, 1990). Anecdotes have the ability to compel, lead to reflection, transform, and enhance interpretative abilities (van Manen, 1990).

Fifth, the researcher will ensure a strong pedagogical relation to the phenomenon is maintained. Van Manen (1990) states that too often researchers and theorists lose focus on the pedagogical requirements of research, leading to the profession also being lost. Van Manen’s (1990) criticism of traditional research is its tendency to result in abstract, fragmented and theoretical outcomes with little use in daily practice. Instead, he

stresses the importance of having a balance between researcher and educator (van Manen, 1990). From van Manen's (1990) perspective, an educator who wants to conduct educational research with the intent of improving an educational process must develop the research study and outcome summary to have a strong orientation to the educational phenomenon of interest. Phenomenology's descriptive nature has the potential of also being a change agent for thinking and acting (van Manen, 1990). Van Manen (1990) offers many suggestions for strengthening the relationship between knowledge and action including: using phenomenological results as a "valid basis for practical action" and targeting a personal understanding of the knowledge (p. 155).

Van Manen's (1990) sixth and final activity involves having a balance of the research context by considering parts, as well as the whole. In phenomenological research the research plan must be open enough to accommodate the evolving nature of the lived experience interviews, however, must have enough structure to make it acceptable to the professional and research communities (van Manen, 1990). To ensure this balance, the researcher must be aware of a few things. First, the researcher may elicit both positive and negative responses from the professionals reading the research report evidenced by feelings of discomfort, anxiety, guilt, improved insight, and/or thoughtfulness (van Manen, 1990). Second, there could also be ramifications to the institution where the research occurs, for example, challenging existing practices (van Manen, 1990). Third, the interview activity may have sustained effects on the participants, including but not limited to, anger, anxiety, disgust, increased self-awareness, changes in life-style, and realigned priorities (van Manen, 1990). Finally, the research activity may also have a "transformative effect on the researcher" leading to

enhanced perceptiveness and thoughtfulness (van Manen, 1990, p. 163). In addition, it is important for the researcher to accurately and thoroughly articulate the research context (van Manen, 1990). To balance the research context in the written narrative van Manen (1990) suggests organizing the narrative either by themes, analytically based on broad to narrow approach, exemplifying the essence of the experience, exegetically as outlined by prior phenomenological researchers, and/or existentially using lived time, lived space, lived body and lived relationship to others.

Research Plan

Participant selection. Participant selection with phenomenology is based on the participant having experienced the phenomenon under study and being interested in participating in the study (Moustakas, 1994). This type of sampling is known as purposeful or purposive because the researcher is seeking out participants who have the specific experience desired for the study (Streubert & Carpenter, 2011). In contrast to quantitative research, participants in qualitative research do not need to be randomly selected because manipulation, control and generalization are not purposes of the study (Streubert & Carpenter, 2011). It is important that participants understand the purpose of the study and the requirements for participation, i.e., interview process and audio recordings (Moustakas, 1994). In phenomenological research, the sample size is not pre-determined; data collection continues until data saturation occurs (Streubert & Carpenter, 2011). Data saturation occurs when repeated information is obtained and no new themes emerge (Streubert & Carpenter, 2011).

Data generation methods. In qualitative research data analyzed are words, perceptions and attitudes rather than an identified set of variables (Glesne, 2011).

“Variables in a qualitative study cannot be pre-determined, but the variables must emerge from the study and they take their shape in the process of data collection” (Mantzoukas, 2008, p. 374). For this study the variables related to the lived experience of nurses during their student psychiatric didactic and clinical education and how their experiences influenced their view of psychiatric nursing as a specialty choice will emerge as the data analysis is completed.

To collect data regarding the lived experience interview questions will guide the conversation without a set structure so that the researcher can obtain emerging ideas rather than rote answers to specific questions (Richards, 2009). It is important for researchers to “ask questions that will cause them to recapture time, place, feeling and meaning of a past event” (Glesne, 2011, p.108). Furthermore, qualitative research interviews should be open and change based on the individual participant responses rather than each interview following the same path (Knox & Burkard, 2009). Van Manen (1990) stresses the importance of providing structure to the interview process to avoid obtaining too little or too much information from the participant.

Data analysis methods. Data analysis in phenomenological research requires the researcher to become immersed in the data (Streubert & Carpenter, 2011). The van Manen approach views data analysis as phenomenological reflection with the purpose of uncovering the essential meaning of a concept (van Manen, 1990). This phenomenological reflection involves “conducting thematic analysis, uncovering thematic aspects in life-world descriptions, isolating thematic statements, composing linguistic transformations and gleaning thematic descriptions from artistic sources” (Streubert & Carpenter, 2011, p. 80).

While van Manen's approach has a philosophical premise for data analysis and theme development, Colaizzi provides a concrete systematic approach to data analysis that is more user-friendly, particularly for beginning qualitative researchers (Streubert & Carpenter, 2011). Colaizzi's (1978) approach includes seven steps to qualitative data analysis: (1) reading all descriptions, (2) returning to the protocols to extract significant statements, (3) formulating meanings of significant statements, (4) organizing formulated meanings into clusters of themes, (5) integrating the results, (6) formulating an exhaustive description of the phenomenon, and (7) validating the findings with the participants. As part of the data analysis, van Manen (1990) also suggests providing the developed written themes back to the participant for validation that the themes capture the essence of the experience. Using a combination of van Manen's philosophical approach and Colaizzi's concrete step-wise approach facilitates the researcher's data analysis process. Colaizzi provides some guidelines for each step of the data analysis process as outlined below.

Reading all descriptions. Colaizzi (1978) recommends the researcher begin by carefully reading and re-reading the transcripts to identify the essence of the description.

Extracting significant statements. Colaizzi's data analysis process continues with extracting statements that "directly relate to the phenomenon under investigation" (Edward & Welch, 2011, p. 165). These statements are extracted from each transcription to be compiled and organized for later theme development (Colaizzi, 1978; Edward & Welch, 2011).

Formulating meanings of significant statements. At this point, Colaizzi recommends taking each significant statement and re-stating the general meaning

(Edward & Welch, 2011).

Organizing formulated meanings into theme clusters. This step involves organizing the re-stated meanings into groups of similar meanings (Colaizzi, 1978; Edward & Welch, 2011).

Integrating the results. This step involves the researcher integrating results into a “comprehensive description of the experience as articulated by participants” (Edward & Welch, 2011, p. 165). To do so, theme clusters are integrated to provide the overall meaning of the experience (Colaizzi, 1978; Edward & Welch, 2011).

Formulating a description of the fundamental structures of the phenomenon. Colaizzi views the fundamental structure as “the essence of the experiential phenomenon as it is revealed by explication through a rigorous analysis of the exhaustive description of the phenomenon” (Edward & Welch, 2011, p. 165).

Validating findings with the participants. Colaizzi’s (1978) last step is returning the written summary to the participants to validate the findings and ensure the summary captures the essence of their experience. If additional findings emerge from that interaction those new themes should be integrated into the summary (Colaizzi, 1978; Edward & Welch, 2011).

Ensuring Trustworthiness

The quality and value of qualitative research has been the subject of much controversy over the years, particularly when compared to the rigorous reliability and validity procedures that are done in quantitative research (Streubert & Carpenter, 2011). “Rigor in qualitative research is demonstrated through researchers’ attention to and confirmation of information discovery” and involves “accurately representing study

participants' experiences" (Streubert & Carpenter, 2011, p. 48). This rigor in qualitative research focuses on the trustworthiness as measured by four key concepts: credibility, dependability, confirmability and transferability (Streubert & Carpenter, 2011).

Credibility. Credibility refers to the tasks that increase the likelihood of achieving credible study results (Streubert & Carpenter, 2011). Activities that enhance credibility include increased interaction with participants, participant validation and peer debriefing (Streubert & Carpenter, 2011). Increased interaction simply implies the longer the researcher interacts with the participants a stronger rapport is developed, leading to the researcher having a deeper understanding of the participants' experience (Streubert & Carpenter, 2011). Participant validation involves returning the narrative summary to each participant to validate that it captures the essence of the experience for the participant (Streubert & Carpenter, 2011). Finally, peer debriefing involves providing the narrative study summary to an independent colleague to ensure the themes developed are inherent in the data of the study (Streubert & Carpenter, 2011).

Dependability. Dependability involves the likelihood that results could be repeated if used on a similar participant population and is only achieved after credibility has been established (Streubert & Carpenter, 2011). Triangulation of data is a strategy used to ensure dependability (Streubert & Carpenter, 2011). Data triangulation involves using different sources or groups of participants to obtain data (Guion, Diehl & McDonald, 2002). Each group of participants is interviewed to obtain similarities and differences in their experience and knowledge of the topic (Guion et al., 2002). Each group would then also be part of the validation phase of data analysis to determine similarities and differences amongst their experiences (Guion et al., 2002).

Confirmability. Confirmability is ensuring the researcher has a tracking mechanism, or audit trail, for the study process, participants, and data analysis steps (Streubert & Carpenter, 2011). This process allows other researchers to confirm the study findings.

Transferability. Transferability refers to the likelihood of study findings to be meaningful or valuable to others (Streubert & Carpenter, 2011).

Chapter Summary

This chapter provides an overview of the historical foundations of phenomenology including Edmund Husserl, Martin Heidegger, Jean-Paul Sartre, and Maurice Merleau-Ponty. In addition, a summary of modern phenomenology and the future of phenomenology are provided. An overview of van Manen's phenomenological perspective is provided with specific phenomenological activities related to this study. A research plan is outlined including participant selection, data generation methods, and data analysis methods. Colaizzi's data analysis approach is summarized and provides the structure for data analysis for this study. Finally, methods for ensuring trustworthiness are reviewed which include credibility, dependability, confirmability and transferability.

Chapter IV

Method of Inquiry: Applied

Sample

Participant Selection Criteria. The criterion for the selection of participants was nurses who graduated from their entry level-nursing program in the United States within the past three years who were actively working as an RN in an inpatient setting. The participants were chosen from local hospitals within New Jersey. Two groups of participants were selected; one group of nurses who chose psychiatric nursing as their first post-graduation employment after RN licensure and another group of nurses who did not choose psychiatric nursing as their first post-graduation employment. This sampling procedure resulted in discrepant case sampling (Glesne, 2011). The discrepant sample provided unique information related to how the psychiatric nursing education experiences differed between those that chose psychiatric nursing as their first post-graduation employment after RN licensure and those that did not choose psychiatric nursing as their first post-graduation employment, as well as whether the differences in experiences influenced their view of psychiatric nursing as a profession.

Sample size. The sample size was not pre-determined, meaning participant recruitment continued until data saturation occurred. As a general guideline for this study with discrepant case sampling, the sample size was anticipated to be 10-15 participants. The final sample size was ten participants.

Gaining Access

Protection of human subjects. Institutional Review Board (IRB) approval was obtained from the University of Nevada Las Vegas (UNLV) (see Appendix E). Prior to

the interviews, participants were informed of the purpose and design of the study, as well as interview expectations. One hospital, Carrier Clinic, agreed to the study without the need for their own IRB approval since it did not involve patient care (see Appendix G). The second hospital, Capital Health, completed their own IRB review and approval (see Appendix F).

Recruitment. A flyer was used to recruit participants from two area hospitals (see Appendix B). Snowball recruitment procedures were used to obtain additional participants. Upon completion of the second interview, participants were compensated for their participation with a \$20 gift card. Ten participants contacted the researcher and agreed to participate in the study; all 10 completed the study.

Privacy and Confidentiality. Interviews were scheduled at a time and place convenient for the participant. Privacy during interviews was maintained by using a private, locked room or office with a “Do Not Disturb” sign on the door during the course of the interview. Two interviews were conducted at public libraries at the request of participants. These interviews were done in a private secluded area of the library with a “Do Not Disturb” tent card on the table. Participants were told the interviews were being audio recorded but that no one other than the researcher would hear the recordings. The recordings will be destroyed at the end of the study following IRB procedure.

Confidentiality was maintained by keeping the information obtained during the interview accessible to only the researcher and only aggregate data being presented in the study summary. True anonymity is not possible in qualitative studies due to the face-to-face interactions between the researcher and participant, however written transcripts and

the study report use pseudonyms to enhance anonymity (Streubert & Carpenter, 2011; Glesne, 2011).

Consent. Informed consent was obtained by the researcher in writing using the consent in Appendix D. Participants were informed that participation was completely voluntary and they could withdraw at any time.

Data Generation and Analysis Procedures

Data generation. For this study, the first question involved asking participants to summarize their psychiatric nursing school experience in one word or phrase. This was followed with a “grand tour” question of “Tell me about your experience in the psychiatric part of your nursing program”. It is important to ask questions that are open-ended, yet not so broad that the interviewee provides a short or narrow response (Glesne, 2011; van Manen, 1990). Follow up questions related specifically to the didactic and clinical experiences were used if the participant did not address these two areas in their reply. Participants were then asked, “How did this experience as a nursing student affect your views of psychiatric nursing now?” A closing question asked participants “If you could have your student psych experience all over again, what would you want that experience to be?” A full list of interview questions is provided in Appendix C. A digital audio recorder was used to record all interviews for later transcription.

Data analysis. The phenomenological reflection for this study involved the researcher listening to the recorded participant interviews along with reading and re-reading the typed transcripts using van Manen’s holistic, selective and detailed approaches to theme isolation (Streubert & Carpenter, 2011; van Manen, 1990). Themes developed for each transcript were then analyzed for similarities and differences amongst

participants (van Manen, 1990). A combination of van Manen's philosophical approach and Colaizzi's concrete step-wise approach was used to facilitate the data analysis process. Specific activities related to each of Colaizzi's data analysis steps are described below.

QSR Nvivo software was used to organize the data transcriptions, analyze the data, develop themes and analyze the themes developed. Using software to assist with qualitative data analysis allows a deeper and more organized analysis by providing the researcher with tools to record, store, index, sort and code data (Leech & Onwuegbuzie, 2011).

Reading all descriptions. The researcher carefully read and re-read the transcripts to identify the essence of the description.

Extracting significant statements. Through the reading and re-reading process, the researcher extracted those statements that directly related to the experience of the recent nursing graduates during their psychiatric nursing rotation and how those experiences influenced their view of psychiatric nursing as a profession. Such statements identified were organized for later theme development.

Formulating meanings of significant statements. Each significant statement extracted was re-stated into general meanings to begin theme development.

Organizing formulated meanings into theme clusters. The researcher used the re-stated meanings to form groups or clusters of themes of similar meanings.

Integrating the results. The researcher used the theme clusters developed to organize and integrate the findings into a narrative summary of the essence of the experience, as articulated by the participants.

Formulating a description of the fundamental structures of the phenomenon.

The researcher ensured that the fundamental structure of the phenomenon was thoroughly and exhaustively described based on the themes and the narrative summary developed.

Validating findings with the participants. The written summary developed was returned to individual participants' to ensure the summary captured the essence of their experience. Additional findings that emerged during these interactions were integrated into the summary.

Ensuring Trustworthiness

Credibility. Credibility was addressed in this study by personally interviewing all participants, spending time with each participant to develop a rapport and actively listening during the interview to ensure the essence of their experience was understood. Participants reviewed the written narrative summary to validate that it captured the essence of their experience. In addition, peer debriefing was completed through the submission of the narrative study summary to the dissertation chair and committee members to ensure the themes developed are inherent in the data of the study.

Dependability. Dependability was ensured through first achieving credibility and by using two different groups of participants, one group of nurses who chose psychiatric nursing as their first post-graduation employment after RN licensure and another group of nurses who did not choose psychiatric nursing as their first post-graduation employment. The value of this sampling was to obtain similarities and differences in their experience. Each participant was then also part of the validation phase of data analysis.

Confirmability. The researcher ensured confirmability by maintaining a record of participants, steps taken throughout the research process, and the data analysis process.

The information kept will enable other researchers to confirm the study findings, if desired.

Transferability. Transferability occurred with this study in the contribution it provides to nursing education in the realm of psychiatric nursing education. Nursing instructors and schools of nursing can use this study to identify how the psychiatric nursing educational experience influences the students' view of psychiatric nursing as a profession. This insight can provide opportunity to alter educational opportunities that will improve the experience and increase recruitment into psychiatric nursing as a profession.

Chapter Summary

This chapter provides detailed information related to participant selection and recruitment procedures. Details related to the protection of human subjects, privacy, confidentiality and consent process are also provided. Data generation methods and data analysis methods are outlined in detail including specific activities related to Colaizzi's seven steps for data analysis. Finally, specific activities for ensuring trustworthiness are reviewed including credibility, dependability, confirmability and transferability activities.

Chapter V

Findings

The purpose of this qualitative study was to describe the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice. Acquiring a deeper understanding of this experience can assist the profession in recruiting nursing students into psychiatric nursing within the United States and assist psychiatric instructors and schools of nursing to develop a learning experience that fosters future psychiatric nurses. The research question guiding this study was: What is the lived experience of recent nursing graduates during the psychiatric didactic and clinical portion of their nursing education program and its influence of their first job selection?

Description of the Participants

A total of 10 recent nursing school graduates were interviewed, five that chose psychiatric nursing as their first post-graduation position and five that did not choose psychiatric nursing as their first post-graduation position. Nine of the participants were female and one was male. The age of the participants ranged from 23 to 43 years, with an average age of 31.5 years. Individual participant demographic information is included in Appendix H.

Data Collection

The initial 10 participant interviews were conducted between February and April 2014. None of the participants were known to the researcher prior to the study interview. All interviews were scheduled at a time and location convenient to the participant. Eight of the interviews were held in private conference rooms at the hospitals where the

participants were employed. Two interviews were held in a quiet, private location at public libraries. To minimize distractions Do Not Disturb signs were used for all interviews. In addition, for each interview the participant and researcher silenced their cell phones.

During the consent process, participants were given a consent form to read. Once the participant had adequate time to read the entire consent, the researcher reviewed each section verbally and asked if the participant had any questions. The researcher ensured the participant that participation was completely voluntary and that he/she could withdraw from the study at any time with no repercussions. The participant then signed the consent form once all questions had been answered.

Prior to the formal interview beginning, the researcher engaged in 5-10 minutes of open dialogue with each participant to build rapport. Each participant was asked if they were ready to start the interview prior to the researcher turning on the audio recorder. Each participant was asked the interview questions as outlined in Appendix C. Before ending an interview the researcher asked each participant if there was anything the researcher hadn't asked that they would like to share. After all questions had been answered and the participant indicated they had nothing more to share the interview ended and the audio recorder was turned off.

Follow-up sessions were conducted in October 2014 to validate the transcriptions and themes developed. These sessions were performed using email, telephone conversations, and face-to-face meetings based on the convenience of the participants. Participants were asked, once again, if they had anything they would like to add about their experience. All 10 participants who started the study completed the study.

Data Analysis

Each of the interviews was transcribed from the digital audio recorder to a Microsoft Word document by the researcher. Data was coded and analyzed using Nvivo software and Colaizzi's 7-step method as outlined below.

Reading all descriptions. The process of the researcher typing the transcriptions allowed an additional listening and typing after the interviews. Once the transcripts were typed the researcher also listened to the audio recordings again to ensure the transcripts were accurate. Finally, the researcher read and re-read all transcripts multiple times to obtain the overall essence of the descriptions.

Extracting significant statements. Each of the 10 interviews produced between 5 to 13 pages of transcription, for a total of 36,195 words. Using Nvivo coding, the 10 interviews resulted in 552 significant words, statements, or phrases related to the nursing student experience during their psychiatric didactic and clinical rotation and how that experience influences their view of psychiatric nursing as a profession.

Formulating meanings of significant statements. Within Nvivo, each of the 552 significant words, statements and phrases were coded into general groupings based on formulated meanings by the researcher.

Organizing formulated meanings into theme clusters. The general groupings formulated in the previous step were then further analyzed and broken down into similar meanings. From these similar meanings theme clusters were developed to represent the participant experiences during the psychiatric didactic and clinical rotation in their nursing education and its influence on psychiatric nursing as a profession. The theme clusters developed were returned to the participants for feedback and validation as to

whether this accurately represented their individual experiences.

Integrating the results. The researcher then used the theme clusters developed to organize and integrate the findings into a narrative summary of the essence and themes of the experience, as articulated by the participants. The essence, themes and subthemes developed are discussed in detail in the next section.

Formulating a description of the fundamental structures of the phenomenon.

The researcher ensured that the fundamental structure of the phenomenon was thoroughly and exhaustively described based on the essence, themes and subthemes developed.

Validating findings with the participants. Most participants stated the themes did represent their experiences, however, there were two participants that stated the Fear & Anxiety theme did not apply to their personal experience as much as the other themes. Both of these participants had chosen psychiatric nursing as their first post-graduation position and both had exposure to mental health prior to their nursing school experience. However, both also stated that while they were not personally fearful or anxious, their peers had been. One participant stated: “I was happy to see that I wasn’t the only one that had some anxiety regarding my psych rotation”.

All of the other themes were validated by the participants who stated the summary captured their experiences well. Both groups of participants were particularly intrigued by the mitigating factor of prior exposure to mental health.

Essence, Themes and Subthemes

The researcher identified an overall essence of “Quality of Exposure to Psychiatric Nursing”. Four main themes and five subthemes were identified that reflected the experience of nurses during the psychiatric portion of their nursing student

experience and its impact on choosing psychiatric nursing as a profession. The themes and subthemes include (1) fear & anxiety, (1a) unpredictability of the patient population, (1b) external fear factors of friends & family, (2) clinical exposure, (2a) limited clinical time, (2b) negative role models, (2c) ambiguity of psych nurse skills & role, (3) peer & non-psych faculty not valuing psych, and (4) psych instructor teaching methods. In addition, a mitigating factor emerged associated with all five participants who went into psychiatric nursing having psychiatric exposure prior to their nursing program. The model in Figure 1 depicts the overall essence, themes and subthemes identified influencing psych nursing as a profession based on student psych experience.

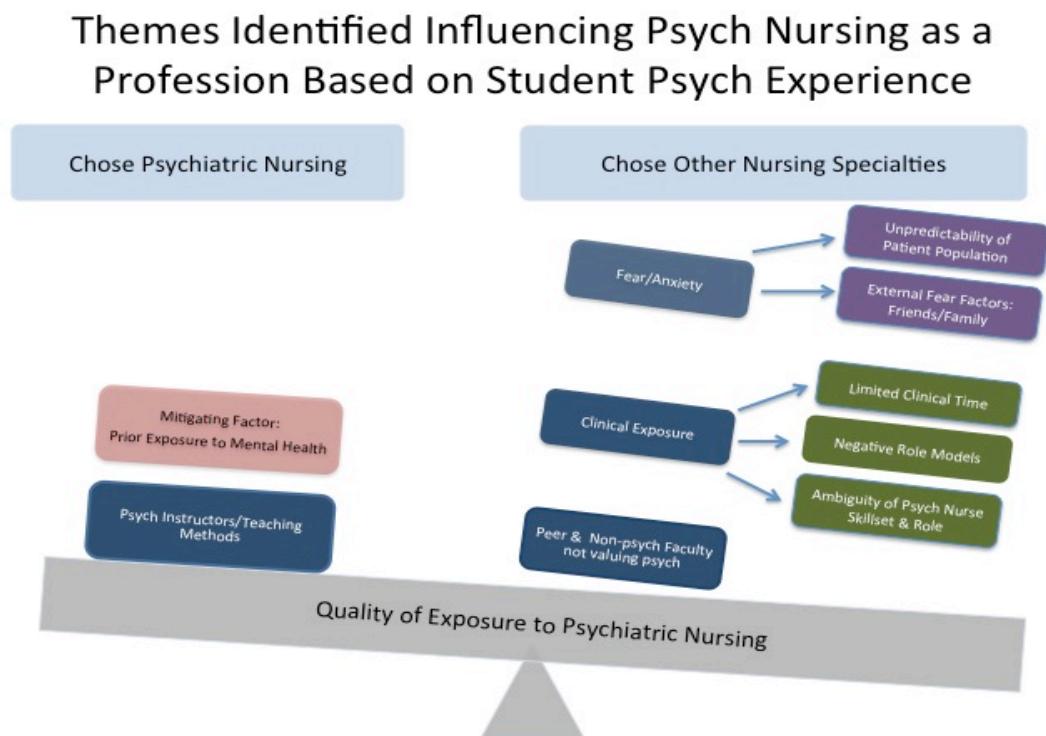


Figure 1. Themes Identified Influencing Psychiatric Nursing as a Profession Based on Student Psychiatric Experience

Theme: Fear & Anxiety

This main theme emerged based on the researcher asking two key questions: Describe what the clinical experience was like during your psychiatric nursing instruction and tell me what you found most challenging about this experience. For many participants fear and anxiety were part of their clinical experience and, for some, the most challenging part of the experience. In analyzing the fear and anxiety experiences two subthemes developed: (1) unpredictability of the patient population, and (2) external fear factors associated with family and friends.

Subtheme: Unpredictability of the patient population. This subtheme emerged as eight of the participants discussed their clinical experience. The two participants that did not have fear and anxiety as part of their experience had prior exposure to mental health and did not verbalize any fear or anxiety related to unpredictability of the patient population. The following examples illustrate their experience.

...it's a little bit frightening when they're having all the auditory hallucinations and you know visual hallucinations because you don't know that when you approach them you're not a threat at that time (Kelly)

Yes, there was one time when I felt not safe. I was in a room. I wanna say they were I don't even know. I guess maybe they had given her IM Haldol or something after, this was not before and there was another student. And the patient just kept saying I just wanna shut the door. Like, can you just come in my room and I wanna shut the door. And I was like, yeah, no and it was just me and her. I'll just stay here so I was kind of staying by the doorway and she was like no I just want you to shut the door. I need to tell you something. I need you to shut the door. And, I'm like oh my god and I'm a student. I'm like I have no idea what to do right now. (Kelly)

I just remembered not knowing what to expect. I think I expected the worse... Definitely nerve wrecking at first (Danielle)

It was very uncomfortable. I felt very unsafe because I did not know this patient, other than by reading the medical record prior to sitting down with the patient and I felt a little scared. Scared, I was scared. (Stephanie)

Some of the patients you can tell anything could set them off at any minute and some of them were aggressive patient, which we were told ahead of time which patients really not to you know, interact with or stay clear of. I remember one of commitment hearings, the Sherriff's officer had put his hand on the patient and the patient started swinging...Hey these people really have their lives you know in danger at some point. Some of these patients you don't know what's going to set them off (Tammy)

...first time you go into a involuntary unit or a crisis unit and you see just a mattress on the floor and they look the way they look (Maggie)

If you're alone with patients, it just makes it scary. I mean the nature of psych is a little bit unpredictable, it makes it a little intimidating... That was the impression I had of that, intimidating and anxious. It's not what people get into nursing for. (Arlene)

Old school you know, the hospital everybody is just walking around these are long term inpatient umm, you know people institutionalized I should say, so first I was scared (Molly)

I really don't feel I can communicate very well with actual like psych patients. I don't think I know exactly what to say, like the right things to say to keep them calm... (Amy)

Subtheme: External fear factors of friends and family. This subtheme emerged as five of the participants discussed comments made by friends and family about fear and anxiety related to their psychiatric experience. The following excerpts are offered.

I think they were just maybe a little concerned for your safety or you know...they would say..."do you know how they are going to act? Do you know certain things that are going to happen to you?"...I think my mom was just "Make sure you're careful. Don't go in there with scissors or sharp objects". (Tammy)

She would come home with like the crazy stories from like Norristown, she would have these crazy patients. She got snowed in one night and was like terrified for her life cause there were only like 3 or 4 of them (Amy referring to her mom)

Definitely my family had concerns about safety issues as well. (Stephanie)

My boyfriend was like "that is not happening in a million years"...my mom is a nurse and she was like petrified of her psych rotation...when I told her I liked psych she's like "Are you crazy" (Kelly)

A lot of people just get like afraid when they hear about it, say “oh my God psych nursing that’s scary... but most part of it I think people don’t understand (Molly)

Theme Summary. Eight of the ten participants verbalized fear and anxiety in the psychiatric clinical setting related to the uncertainty of the mental health population. Five of those same participants also verbalized external fear factors from their family and friends. Of the five with external fear factors, four did not choose psychiatric nursing as their first position after nursing school graduation.

Theme: Clinical Exposure

This main theme surfaced as the researcher and participants discussed the various aspects of their psychiatric experience during nursing school. While the participants attended eight different nursing programs, similarities amongst their clinical experience were seen. In analyzing the clinical exposures of each participant individually and as a group, three subthemes developed: (1) limited clinical time, (2) negative role models, and (3) ambiguity of psych nurse skills & role.

Subtheme: Limited clinical time. This subtheme emerged as six of the participants discussed their psychiatric clinical experience being shorter than other clinical experiences. Four participants stated their psych time was a full semester or equal to the rest of their nursing experiences. Three of the four participants who stated the psychiatric clinical time was equal to the rest of their nursing experiences chose psychiatric nursing as their first post-graduation position. The following examples demonstrate this subtheme.

Much, much shorter. We would do like 8 weeks of Med Surg, where this was only really the 2 weeks... definitely our shortest. (Danielle)

I wish the psych rotation was be a little bit longer and maybe we had some more opportunities to do things... unfortunately I think it was too short. We would have

benefited from having a longer rotation, especially since with the psych patient you see them in all arenas...It was a lot shorter. It was definitely a lot shorter. (Tammy)

I think it was probably half a semester then. It was like 8 weeks (Amy)

It was much shorter. Psych was short... maybe like two and half weeks of psych... total two days on the floor with patients and then one day we just had to go to like a meeting, like a group meeting they had offsite. (Carla)

Two months for psych... (same as) Peds and OB yes, but adults 1 and 2 is longer. (John)

...same as OB and Peds (Molly)

In addition, two participants spoke about the end of program experience when they get to return to a specialty of their choice:

Trying to think what transition before we got ready to graduate. There was like you spent 5 or 6 weeks in an area that you were able to choose. Can't even remember if psych was even an option for that. If it was I would have selected it. (Tammy)

...wanted to do cap stone at the end, she had wanted to do a nurse psych one and it was not available and she really fought for it. She ended up going to the ER (Maggie)

Subtheme: Negative role models. In discussing their clinical experience, six of the participants communicated negative interactions and/or impressions they had of staff. Some of their comments are included below to illustrate this subtheme.

I did not think that the nurses...They were just disconnected and not helpful I felt.... psych staff was like more disconnected... I felt like it was like here's your meds, take them and goodbye...I felt like whatever the patient said they were just like next. OK. Your time's up. (Kelly)

...they didn't seem to have as much interaction with the patient... weren't able to do meds or anything. It was more an observation (Tammy)

Everyone was nice there on that unit, like the techs, except the nurses. We were more of like a nuisance to them...if you asked them a question you were more like a nuisance. (Carla)

...general feeling was people were not sure about their jobs... There wasn't much nurse interaction. (Molly)

...there's a difference between leaving it at work and I feel like not being compassionate when you're there. And I didn't think they were at all... I just felt that the staff I felt like they shouldn't be there. Like that they didn't like their jobs (Kelly)

They were very quiet, not as friendly as other units...It was very stand offish...there were a couple like I could engage in conversation, as a whole they were not very interested in the students. (Arlene)

Like I said when we got on the floor they would stick us with the patient. They didn't really watch what we were doing. (Amy)

Subtheme: Ambiguity of psychiatric nurse skills and role. This subtheme emerged as eight of the participants articulated a sense of not getting exposure to the psychiatric nurse role and not understanding their role or purpose. The following examples illustrate this subtheme.

...get report from the nurse that was looking out for that patient but, it was pretty much independent once we were on the floor. Not too too much (referring to exposure to psychiatric nurses). (Danielle)

there was only 1 nurse...and the nurses they're busy with giving meds and um so we really didn't have that hands off communication, as much as we would in the hospital (Stephanie)

They did a lot with like I guess the medications and monitoring for the side effects and everything. It was definitely different than having our like med surg rotations where the nurses were out more on the floor interacting with the patients. It seems they stay more so in the inner box area. (Tammy)

I really didn't have much of an experience with psychiatric nursing... I would have liked to have gotten more into the nursing part of it and how the nurses dealt with certain situations. Maybe how they administered the medication. What would you do when you have a patient that isn't taking the medications? How do you convince them to take the medication? (Tammy)

would have liked to have seen more nursing aspect of it then maybe I would have been able to get some more skills in my toolbox (Tammy)

The nurses? Umm, well they were good. I don't, I mean nothing really like stands out for me... Psych was just a lot of talking, (Amy)

...you couldn't really distinguish between who was the nurses (John)

They were charting, their paperwork whatever it was...we were kind of told to stay out of the nurses' station. (Molly)

...med surg clinical...more technical. I don't think so cause you have more leeway there, how it's going to go. (referring to communication not being a technical skill in psych nursing) (Molly)

It seems like it was more like housing them than really treating other than medicating...We didn't do anything; it was the only unit we did not give medication out on...we didn't do any vital signs...this was the first time we didn't touch patients. (Arlene)

the patients just mainly came to them for medications when they called them up to the counter for like medications... it wasn't um hands on you couldn't really do anything except talk to the patient, it was a lot of paperwork, you know afterwards you know follow up, it was a lot of paperwork. (Carla)

we would go on walks and kind of look at the facility and just talk about our cases and possibilities, but in terms of the actually time interacting with the patients it was very minimal and from what I heard that was the experience of all the other clinicals students as well. (John)

It's not too much hands on with the psychiatric nursing, and it's to me from my understanding it's more psychological and how you speak to patients and how you get to know them (Stephanie)

Theme Summary. Within the main theme of clinical exposure the three subthemes of limited clinical time, negative role models and ambiguity of psych nurses skillset and role were consistent amongst participants. Six of the ten participants expressed the psychiatric portion of their nursing program being shorter, in some cases much shorter, than the rest of their nursing classes. In addition, two participants explained that psychiatric nursing was not even an option for the final capstone/clinical experience where students' choose a clinical area to return to for a more intensive experience. A total of six participants described experiences with negative role models in the clinical setting; three from each group of participants. Finally, eight of the ten

participants commented about their clinical experience their lack of a clear understanding of the psychiatric nurses role. Four of the five participants in each group verbalized the same phenomenon despite attending different nursing programs and being at different clinical sites.

Theme: Peer and non-psych faculty not valuing psych

As participants were sharing their experiences during the psychiatric portion of their nursing program a theme emerged related to peers and non-psychiatric nursing faculty not valuing psychiatric nursing as a profession. Examples that illustrate this theme are presented below.

It wasn't quite as rosy. In fact I remember the head of the department who's a very nice guy, very funny, very cynical, kind of has a dark sense of humor, in one of our first classes, I'll never forget this. He is talking about nursing, he's like blah, blah, blah, and then there's psych nursing but who wants to do that? And he was serious, and I thought oh my God this guy is saying this in front of young, vulnerable students? I didn't say anything it was not my place and maybe he was joking but I felt like, that left an impression to me till this day that 4 years ago I'm telling somebody about it. (John)

Just that it needs to you know, the recognition that it deserves cause it is, I mean during school I heard that you know, some other myths, professors would kind of negate it like it's not really nursing. For me I think need to be more awareness...med surg is real nursing...psych nursing is not real nursing (Molly)

Most people (peers) had no interest in it at all (Arlene)

...these are the people I'm going to be competing with for jobs, they want nothing to do with psych (John)

...because you lose all your med surg. You lose those things like when you're in psych you're doing psych meds, you're just concerned about psych and that I feel like you know, sometimes when people are there they have other medical issues especially an older adult, if you're not familiar with those things, you're just concerned about the psych you just, I feel like you kind of overlook that stuff then. (Molly)

...seeing if I could get her a job out of desperation which I found a lot too. People that had no interest in psych all of a sudden; well I can't get a job in maternity, maybe I can get a job here. (John)

...and they always say psych nurses are crazy right (Kelly)

they would say you're going to see psych everywhere, but there isn't a lot of focus on that. (John)

It's not highly looked upon as a professional choice at all... it's definitely not a career path a lot of people take or interested in even looking at. (Arlene)

You know even when the psych professor was doing her lectures other people would kind of butt in and I could tell she got annoyed because she probably felt like her side of things is maybe neglected and to add insult to injury she would have these people coming into her classes and disrupting the flow. (John)

It's my humble opinion and no offense but I think you have to have a certain level of cuckoo to work with those types of patients. (Amy)

All of the people I worked with were like: Absolutely not, don't be a psych nurse...you know what they say about psych nurses; they are on the wrong side of the nurses' station. (Maggie)

I was discouraged by how a lot of my peers, umm, interacted with them. Like I said a lot of them were afraid to shake their hands, the questions they asked "well can I do this, can I do that "and I'm thinking you know these aren't rapists, these aren't criminals these are just psych patients that. (John)

In addition, many students reported having instructors tell them they had to do medical/surgical nursing first, before any specialty. Examples of this include:

instructors all the time and their always telling you have to get this experience. You have to do this first (referring to med/surg)...I was warned by a lot of people and figured I'll just do something med/surg first. (Kelly)

They all said that it'll be best to probably start on Med/Surg to get your foundation and then branch off into a specialty. (Danielle)

most instructor would advise us to do Medical Surgical for the first year to get our fundamentals and our skills...that was their number one advice to do Medical Surgical. (Stephanie)

no you need to do med-surg or do something else (Maggie)

had already known that I really liked psych but I had been warned by people (laughing) that if I become a psych nurse right away I would never do anything else (Kelly)

you have to do at least one year med/surg (Carla)

they said, try to go get into med surg initially, just to see how it's like and then figure out. (Molly)

Theme Summary. Overall, nine of the ten participants had influences against psychiatric nursing from peers or non-psychiatric faculty and three participants from both. In fact, one participant (Kelly) stated she wanted to be a psychiatric nurse but did medical/surgical nursing out of nursing school because of the comments made to her.

Theme: Psychiatric Instructors/Teaching Methods

All ten of the participants had positive things to say about their psychiatric instructors and/or their teaching methods. Examples of these experiences are offered.

It was a good learning experience, because the instructor would go through the medications and the side effects and the different behaviors depending on their diagnosis. She would prepare us mentally in a way to eventually go to these clinicals site. (Stephanie)

She was a psychiatric nurse for a long time, that's what she did. She was very, very knowledgeable about the field, which helped to teach the course...Case studies, her own experience and lectures. (Stephanie)

Virginia was good. She's, I don't know, she was a good instructor. Very one of the few. But she was very good. She's just a good, she was very good. (Carla)

She did not lecture off of a power point. Power points were available but she it was all in her head. She used a lot of journal articles as references. She chose really interesting ones that were not terrible to read. She did use case studies. She used some of her own like from her past (Maggie)

And then my professor, she's I guess a DNP, a psych nurse practitioner, and she has her PhD. But she just gave a whole new outlook on it. She was so compassionate and smart but very witty (Maggie)

she really focused on the negative outlook that society has on mental health and she really tried hard to turn that around my professor she was just sensational I don't have enough positive things to say about her. She was very passionate and really nice. She was not a boring professor. (Maggie)

She was wonderful. I really liked her...case studies were helpful (John)

The teachers, they were very into what they were doing obviously. It was educational, it was a lot of group discussion (Molly)

She never like made it sound intimidating. Like she was just like you know they want to be talked to. Don't be afraid. Don't. You're fine. And you have all this staff around you if you're not fine. I really liked her. She had so much psych experience it was like unreal. And she had such a passion for it. (Kelly)

It wasn't just a job for her. I felt like she always showed a genuine interest in the patients and she just made it not scary. I think it totally, totally changed my view where before I probably thought it was intimidating I do not feel that way now and...would have been different if I had a different instructor... (Kelly)

It was great she had a lot of knowledge of the psych history. I believe she was a psych nurse...put us at ease...was always very positive (Danielle)

Awesome. She was awesome, she was one of my favorite instructors during nursing school. She really brought everything to life, and definitely gave us a lot of stories, brought the material to life for us. She was amazing. (Tammy)

She was a Nurse Practitioner. She was very friendly, easy to talk to. She was very easy to work with and she was very helpful (Arlene)

...she was nice, I liked her. She was one of the better ones. (Amy)

Theme Summary. Despite their personal feelings about their psychiatric nursing rotation, all ten participants had positive things to say about their psychiatric nursing instructors and/or their teaching methods.

Mitigating Factor: Prior Exposure to Mental Health

In performing the data analysis and cross case analysis an interesting mitigating factor was revealed: the five participants that chose psychiatric nursing as their first

position after graduation all had either prior personal or professional exposure to mental health. These exposures are demonstrated in the following excerpts.

In my own life there is family members with mental illness. I suffer from depression. I worked with adults development disabilities with psych diagnosis. I also worked with children with Schizophrenia. I liked working with the children. I like working with the adults a lot. Personal experiences are not as positive as my work experience. It is mostly working with the patients I like. Always like working with people one on one and since I had a background where I worked with people with mental illness before it wasn't such a cultural shock. (Arlene)

Bachelor's in Psychology (prior degree)... I was a tech (prior job)...my aunt developed a depression in recent years to the point that she can't work, where her whole life has gone to shambles (John)

Like personal experience wise, I have my mother –in- law who had, suffered from depression this was happening while I was in school, she relapsed into depression and umm, my father in law who was a surgeon, did not want to put her on meds and that had to do with obviously stigma. It took a long time before like, I think that really helped cause I think I was in my psych rotation while that was happening, so I would just become like you can't, it a real disease, she's not acting. Now she is doing better, she is on her meds. Yea, and on the other side I have like from my side of the family we have depression in my family which is always under looked at as well. And we're just learning about it, seeing about it first-hand. Kind of helps me a better advocate for them as well, to tell them if you are feeling this way you can reach and get help. (Molly)

I worked in a group home, but not as a nurse. Oh, I loved it. I loved it. Totally loved it. It was all adults, ranged in age like 25 to about 55. It was a residential group home in East Brunswick. Loved it! I found it fun. I enjoyed going to work. I enjoyed working there. I enjoyed going to work, so. Because you know you went out into the population. You did things within their environment. You did things, so I enjoyed that. (Carla)

Interestingly, one participant that had prior exposure to mental health and chose psychiatric nursing as her first position after graduation did not describe her prior exposure as a positive experience:

I worked as a tech in an ER in Atlantic City so we had a very high homeless mentally ill population. So I felt I was a little jaded in the mental health area. Overall it was just a rough experience so I had no desire to go into psych nursing at all...the Crisis nurses that I've worked with are a little worn out, run down (Maggie)

And one participant who did not go into psychiatric nursing upon graduation also had prior exposure to mental health.

I had a pretty good comfort level just because when I was in college the first time around I had worked in juvenile prison, and I did mental health assessments for a research facility. I wasn't afraid of anything of it because I had been working with similar population in the past. (Tammy)

Cross-Case Analysis

The analysis, themes and subthemes along with associated participant comments provides a description of the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice. A cross-case analysis of themes in relation to participants that chose psychiatric nursing and those that did not is provided in Table 1.0. The participants were from eight different nursing programs and four different degree-type programs. The experiences of the students during their psychiatric didactic and clinical rotation had many similarities despite the program and degree-type variations.

During data analysis, the theme of fear and anxiety emerged as eight of the ten participants described these feelings when discussing their psychiatric clinical experience. These feelings tended to be a result of the perceived unpredictability of the mental health setting and patient population. Five of those same eight participants also described external fear factors from their family and friends. Of note, four of the five with external fear factors, did not choose psychiatric nursing as their first position after nursing school graduation. Interestingly, the two participants that did not describe feelings of fear and anxiety during their clinical experience had prior exposure to mental health in acute mental health treatment facilities.

The second main theme that emerged during data analysis involved details related to the participants' clinical exposure experience. Subthemes that emerged from this main theme included limited clinical time, negative role models and ambiguity of psych nurses skillset and role were consistent amongst participants. Six of the ten participants expressed the psychiatric portion of their nursing program being shorter, in some cases much shorter, than the rest of their nursing classes. Of these six participants, three were from the group of participants that chose psychiatric nursing and three were from the group that did not. In addition, two participants described being interested in a final capstone clinical experience in psychiatric nursing, however, psychiatric nursing was not an option for this experience. Negative role models emerged as six participants described experiences with staff in the clinical setting; three from each group of participants. Finally, eight of the ten participants concluded their psychiatric didactic and clinical experience in nursing school without a clear understanding of the psychiatric nurses skillset and role. Four of the five participants in each group verbalized the same phenomenon despite attending different nursing programs and being at different clinical sites.

Peers and non-psychiatric faculty not valuing psychiatric nursing was identified as a main theme when six participants described directly negative experiences and an additional three participants had non-psychiatric nursing faculty pressure students to do med/surg positions after graduation. In fact, one participant (Kelly) stated she wanted to be a psychiatric nurse but did medical/surgical nursing out of nursing school because of the pressure she felt to do med/surg first.

All ten participants had positive things to say about their psychiatric nursing instructors and/or their teaching methods. Many of the comments related to the psychiatric nursing instructors had to do with the personality traits of the instructor and their ability to make the content interesting.

During the data analysis phase a mitigating factor was also identified. Five participants that chose psychiatric nursing as their first position after graduation had prior exposure to mental health, either personal or work related. However, one participant that had prior exposure to mental health and chose psychiatric nursing as her first position after graduation did not describe her prior exposure as a positive experience. One participant who did not go into psychiatric nursing upon graduation also had prior exposure to mental health.

		Participants									
		Non-Psych					Psych				
		Kelly	Danielle	Stephanie	Tammy	Amy	Carla	Maggie	Arlene	John	Molly
Themes & Subthemes	Fear and Anxiety										
	Unpredictability of the patient population	X	X	X	X	X		X	X		X
	External Fear Factors of Family & Friends	X		X	X	X					X
	Clinical Exposure										
	Limited Clinical Time		X		X*	X	X	*		X	X
	Negative Role Models	X			X	X	X		X		X
	Ambiguity of Psych Nurse Skillset & Role		X	X	X	X	X		X	X	X
	Peers & Non-Psych Faculty not Valuing Psych	X+	+	+		X	+	X+	X	X	X+
	Psych Instructor/Teaching Methods	X	X	X	X	X	X	X	X	X	X
Mitigating Factor: Prior Exposure to Mental Health				X		X	X	X	X	X	

* capstone experience

+ med/surg first

Table 1.0 Cross-Case Analysis of Themes Across All Participants

Overall Essence

The overall essence captured from the participants involved the “Quality of Exposure to Psychiatric Nursing”. Each participant’s description of their experience involved specific aspects that were positive and negative. The majority of their descriptions involved troubling perceptions including fear, anxiety, lack of clinical time, negative role models, ambiguity of the psychiatric nurse skillset and role, and peers/non-psych faculty not valuing psychiatric nursing. The most positive part of the psychiatric rotation in their nursing program appeared to be the instructor and teaching methods. In addition, those that had prior exposure to mental health described overall positive perceptions from those experiences. Thus, the quality of exposure to psychiatric nursing plays a significant role in the view of psychiatric nursing as a specialty choice.

Chapter Summary

The lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice was described with four main themes and five subthemes were obtained from ten participants, five that chose psychiatric nursing as their first employment post-graduation and five that did not choose psychiatric nursing. A mitigating factor also emerged associated with all five participants who went into psychiatric nursing having psychiatric exposure prior to their nursing program. All of the themes, subthemes and mitigating factor contributed to the overall essence of the experience: “Quality of Exposure to Psychiatric Nursing”. A model depicting this experience was also developed.

Chapter VI

Discussion and Interpretation

The purpose of this qualitative study was to describe the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice. In this study, four main themes and five subthemes were obtained from ten participants, five that chose psychiatric nursing as their first employment post-graduation and five that did not choose psychiatric nursing. A mitigating factor also emerged associated with all five participants who went into psychiatric nursing having psychiatric exposure prior to their nursing program. All of the themes, subthemes and mitigating factor contributed to the overall essence of the experience: “Quality of Exposure to Psychiatric Nursing”.

Attribution theory asserts that the way an individual interprets events influences their thoughts and behaviors. Attribution theory has three core premises: (1) a behavior is observed and/or perceived by an individual, (2) the individual assumes the behavior was intentional, and (3) the individual determines whether the person performing the behavior was forced to do so or not which determines whether the cause is the situation or the person performing the behavior. Future behavior of the individual is then based on these attributions that a person places on that event (Weiner, 1972). Weiner (2010) outlines an attribution-based theory of motivation that essentially bases a person’s motivation for a task on the level of difficulty associated with the task, which then attributes a higher sense of pride for those considered difficult tasks. In the case of recent nursing graduates, how did their interpretation of events during their psychiatric nursing school rotation influence their thoughts and behaviors related to psychiatric nursing?

Findings as They Relate to the Current Literature

Psychiatric nursing has traditionally been one of the least desirable specialties within nursing; ranking lowest of ten specialties (Halter, 2008). Only 1% of nurses select psychiatric nursing as their specialty; in contrast to 24% of nurses selecting critical care (Stuart, 2002). Problems with recruitment to psychiatric nursing include the de-emphasis being placed on psychiatric nursing, lack of knowledge of the psychiatric nurse role and negative attitudes of psychiatric nursing (Hanrahan, 2009; Poster, 2004; Stuhlmiller, 2006; Holmes, 2006). There is limited research available that examines the nursing student experience during their psychiatric didactic and clinical rotation; the majority of studies that do exist were performed outside of the United States. This study aimed to describe, interpret, and gain a deeper understanding of these lived experiences within the United States. The findings of this qualitative, phenomenological study expand and support existing literature, however, the participant population is unique.

Student demographics. In the 2012 Annual Survey of Schools of Nursing, a total of 1839 nursing schools participated that included 1084 (59%) associate degree programs, 696 (38%) baccalaureate programs and 59 (3%) diploma programs (NLN, 2013). In addition, the American Association of College of Nursing (AACN) reports 230 accelerated second-degree nursing programs are operational (2013). The participants in this study represent this variety of nursing education programs available today with two baccalaureates, one accelerated second degree BSN, five associates and two diploma program graduates. The percent of students over the age of 30 for each of these program types is 16%, 50%, 33% and 71% respectively (NLN, 2013). The average age of participants for this study was 31.5.

Theme: Fear and anxiety. Fear and anxiety emerged as a theme in this study as participants described the unpredictable nature of mental health, as well as the fear expressed by family and friends. Yamauchi et al. (2010) found the word ‘scary’ to be the most frequently used word to describe students’ attitudes towards mental health and unpredictable the fourth most common prior to their training. However, after a six-week training program ‘not scary’ was the most frequently used word. (Yamauchi et al., 2010). Hayman-White and Happell (2005) found anxiety working with the mentally ill to be an issue identified by undergraduate nursing students in Victoria, Australia when considering mental health nursing as a profession. Stuhlmiller (2006) cited family and friends not supporting psychiatric nursing as a specialty choice and working with patients suffering from potentially dangerous symptoms as things nursing students found challenging about psychiatric nursing as a profession. Hoekstra, van Meijel and van der Hooft-Leemans (2010) also found nursing student views of psychiatric patients as aggressive and unpredictable. Anxiety was also found to be a significant predictor for not choosing psychiatric nursing as a career by Happell, Platania-Phung, Harris and Bradshaw (2014). Interestingly, they found a high correlation between preparedness for psychiatric nursing and anxiety indicating that the more prepared students feel for psychiatric nursing the lower their anxiety, thus the higher their likelihood to consider psychiatric nursing as a profession (Happell et al., 2014).

Based on attribution theory, the fear and anxiety these nursing students, friends and family attributed to the psychiatric patient population, was not motivating to the nursing students to choose psychiatric nursing as their profession. The students’ attributed the feelings of fear and anxiety to this profession, which contributed to their

future professional choice. Furthermore, the unpredictability of the psychiatric patient population is associated with a chance aspect that is not without the students' control, making psychiatric nursing seen as an unstable career choice (Weiner, 2010).

Theme: Clinical exposure. Participants described several factors from their clinical experiences that seemed to contribute to psychiatric nursing not being a specialty choice for them. These factors included limited clinical time, negative role models, and ambiguity of psych nurse skills & role.

Henderson et al. (2007) found a statistically significant increase in students' knowledge and skills for mental health nursing when completed a longer (35 hours) theoretical component compared to the shorter duration (25 hours). In contrast, Fiedler, Breitenstein and Delaney (2012) found no statistical differences in comparing student competence self-report between those receiving 120 hours of clinical time and those receiving 80 hours of clinical time. Students exposed to a six-week community mental health clinical reported higher levels of understanding of mental health and saw psychiatric nursing as the valuable integration of mind, body and spirit (Ross, Mahal, Chinnapen, Kolar & Woodman, 2014).

One of the reasons cited for not choosing psychiatric nursing as a profession include negative views of the institutions and the type of work, negative effect of career path and negative experience specific to the course (Stevens et al., 2013). In contrast, students in a community mental health clinical setting found the community psychiatric nurses to be more "warm, welcoming and understanding towards the learners" than in any of their other clinical settings (Ross et al., 2014, p. 25).

Nurses tend to choose specialties that they perceive as highly skilled or highly

valued. Participants in this study expressed feelings of uncertainty regarding psychiatric nursing skills and role responsibilities. In previous studies, students reported not being clear on what they are supposed to be doing during psychiatric clinical experiences or what they learn from the clinical experience (Bondy et al., 1997). During student interviews, Hoekstra et al. (2010) found that students strived to be nurses who could efficiently solve problems and saw the treatment of psychiatric patients as a negative, slow process where quick results were not possible (Hoekstra et al., 2010). Perceptions about psychiatric nursing include it being a low skill profession involving counseling and support as the two most common nursing interventions in psychiatric nursing stating “talking took up most of the time in psychiatric settings” (Hoekstra et al., 2010, p.6). Other students see the treatment of mental illness as having few treatments other than medications (Stuhlmiller, 2006).

Weiner (2010) highlights the importance of the connection between attributions and motivations. The perception that the psychiatric portion of the nursing program is less than other nursing specialties places a negative attribute on psychiatric nursing as being less valuable. The students experiencing ambiguity regarding the role of the psychiatric nurse attributes low level tasks to the profession, leading to less internal control over success, hence lower levels of pride associated with psychiatric nursing (Weiner, 2010).

Theme: Peer & non-psych faculty not valuing psych. All participants reported being told by nursing faculty that they should start in a medical/surgical setting immediately out of school, discouraging the option of specializing in psychiatric nursing as a first position after graduation. In addition, participants reported directly negative

comments made by non-psych faculty regarding psychiatric nursing. Stuhlmiller (2006) found similar results when students reported nurses and instructors portraying negative views of mental health nursing. Hoekstra et al. (2010) found participants in their study felt their nursing program did not provide enough information about mental health and instead emphasized general medical care settings.

Faculty has an influential role over the students' where students' typically want to make the faculty happy and align themselves in a position to be successful (Weiner, 1972). In this case, the higher value being placed on medical/surgical nursing by the faculty motivates the students to choose that specialty after graduation as it becomes the profession with the higher sense of value, potential self-esteem and high level of pride (Weiner, 2010).

Theme: *Psychiatric instructor teaching methods.* The majority of participant perceptions of their psychiatric nursing instructor and their teaching methods were positive. Some participants did report finding lecture components boring, however, had positive feedback when case studies, personal experiences and interaction exercises were used. Positive feedback from students was received when consumers, i.e., mental health patients, were included in the teaching of psychiatric content with the experience making the interaction with mental health patients more comfortable for students (Neville & Goetz, 2014). Similarly, students reported feeling more prepared and more confident when practicing psychiatric nurses were included in the education program to present scenarios and role plays for the students to work through (Neville & Goetz, 2014). There were no studies found that link this positive experience to a higher likelihood of choosing psychiatric nursing as a specialty though.

Mitigating factor: Prior exposure to mental health. In this study, the five participants that chose psychiatric nursing as their first position after graduation all had either prior personal or professional exposure to mental health. Of those five, two participants had both prior personal and professional exposure, one participant had just personal exposure, and two with just professional exposure. Of the four participants that had prior professional exposure, one of the participants with just professional exposure did not describe her prior exposure as a positive experience. And, finally, one participant who did not go into psychiatric nursing upon graduation also had prior exposure to mental health. There were no studies found that investigated the influence that prior exposure to mental health has on career choice.

Implications for Nursing

There are several nursing implications from the findings of this study. This phenomenological research study contributes to the science of nursing education by offering psychiatric nursing educators and schools of nursing information related to the nursing student experience during their psychiatric didactic and clinical experiences in the United States. This information can assist the profession in recruiting nursing students into psychiatric nursing within the United States by providing information to faculty and to current psychiatric nurses.

Building the results of this study with the attribution-based theory of intrapersonal motivation shows us how influential a nursing student didactic and clinical experience can be on future career choice. The causal attributes associated with the phenomenon being studied include the feelings of fear and anxiety associated with unpredictability, the role models and skills observed during the clinical exposure and the lack of support from

non-psychiatric faculty. These attributes lead nursing students to be less motivated to choose psychiatric nursing as this profession is seen as unstable, less valued, less skilled, and associated with lower levels of pride in their work (Weiner, 2010).

Schools of nursing are encouraged to use the information from this study to analyze their current psychiatric nursing curriculum and the value placed on psychiatric nursing within their program by faculty and curriculum. Psychiatric instructors can develop a learning experience that fosters future psychiatric nurses. Teaching strategies that can be used to decrease the fear and anxiety related to the unpredictability of the mental health population would be one potential effort. Including consumers and interactional exercises as teaching methods have been shown to decrease this fear and anxiety. Related to the clinical exposures, the students need to be exposed to more positive role models and receive a better understanding of the psychiatric nurses skillset and role. Nursing instructors can select clinical sites that will foster these experiences for students and perhaps even prepare the nurses for the student clinical experience. Psychiatric nurses can use the information from this study to adjust how they interact with nursing students to become better role models for students while articulating and demonstrating more detail regarding their skillset and role.

Limitations

This study was conducted using nurses currently working at two different healthcare facilities in one geographical location within the United States. While there was a good representation of different cultural backgrounds, nine of the ten participants were female.

Recommendations for Further Research

This study demonstrates phenomenological findings from two groups of participants. The experiences of these participants are individual perceptions, which does not mean that every student experiences this phenomenon in the same way (van Manen, 1990). Further research will hopefully be done within the United States to obtain an even deeper understanding of the nursing student experience during their psychiatric didactic and clinical rotation and its influence on their choice of psychiatric nursing as a profession. Future replication studies could be done with other groups of students representing different geographical areas and more males. It is further recommended that studies be done on specific strategies to decrease the student fear and anxiety and improve the clinical exposure. Finally, studies regarding the mitigating factor found during this study would be beneficial to evaluate how these experiences influence the nursing student experience during their psychiatric didactic and clinical rotation, as well as its influence on their choice of psychiatric nursing as a career choice. It is unclear whether these prior exposures destigmatize the characteristics associated with psychiatric nursing and/or the patient population.

Chapter Summary

This chapter presented discussion and interpretation of the qualitative, phenomenological study of the student nurses' experience during their psychiatric didactic and clinical rotation and how that experience influenced their view of psychiatric nursing as a profession. The findings are similar to other research findings, however, the majority of the prior research studies were done outside of the United States. This study validates those findings within the United States. Implications for nursing practice and

recommendations for future research were provided. In addition, there were minimal studies found in the United States and no studies that explored this research question with discrepant participant groups. Finally, Weiner's attribution theory was used to explain how the perceptions of nursing students regarding their exposure to psychiatric nursing influences their view of psychiatric nursing as a profession

Chapter VII

Conclusion

This research study involved ten voluntary participants who shared their experiences during their psychiatric didactic and clinical rotations in nursing school and how that experience influenced their view of psychiatric nursing as a profession. The ten participants included five that chose psychiatric nursing as their first employment post-graduation and five that did not choose psychiatric nursing. Four main themes and five subthemes were developed forming a deep description of the phenomenon. In addition, a mitigating factor also emerged associated with all five participants who went into psychiatric nursing having psychiatric exposure prior to their nursing program.

Validation of these themes occurred through feedback from the ten participants. All of the themes, subthemes and mitigating factor contributed to the overall essence of the experience: “Quality of Exposure to Psychiatric Nursing”. Based on the participant descriptions, themes developed and validation, a model depicting the phenomenon was created. Understanding the meaning and significance of the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice has implications for nursing education, nursing research and the psychiatric nursing profession. Nursing educators and schools of nursing can use this information to develop a learning experience that fosters future psychiatric nurses. This information can also assist psychiatric nurses in recruiting nursing students into psychiatric nursing within the United States. Future nursing research can focus on developing experiences that enhance the education and development of the psychiatric nursing profession.

Appendix A - Literature Review Summary Table

Reference	Description of Study	Results/Conclusions
<u>General Information</u>		
American Association of Colleges of Nursing, 2010	Expository (United States)	Provided data regarding nursing shortage, impact on patient care and strategies to address shortage.
Halter, 2008	A descriptive study of 122 nurses to determine perceptions of nurses toward nurses that choose psychiatric nursing using a ranking tool and a tool to measure eight attributes of each specialty. In addition, the researchers completed correlational analysis to see if there is any relationship to age, sex, race or education. (United States)	Psychiatric nursing was ranked lowest of the ten specialties respondents were asked to rank. The only positive correlation was with age and four of the attributes (skilled, logical, dynamic and respected). Limitations included the use of a convenience sample of two area hospitals; one of which was a children's hospital.
Hanrahan, 2009	Expository (United States)	Analysis of the US psychiatric nurse workforce including demographics, education, employment characteristics, retention, turnover, geographical variables.
Holmes, 2006	Expository (Australia)	Information related to the status of psychiatric nursing in Australia, United States, UK & Canada including: stigma, workforce demographics, and recruitment challenges.
McCabe, 2000	Expository (United States)	Provided information about the current crisis of psychiatric nursing and strategies to revise psychiatric nursing education to improve recruitment.
Poster, 2004	Editorial (United States)	Review of changes made to the NCLEX-RN to decrease psychosocial content and the potential impact to psychiatric nursing education.
Stuart, 2002	Editorial (United States)	Commentary on the state of psychiatric nursing today.
Stuhlmiller, 2006	Qualitative study of 160 students after completion of a 3 credit mental health nursing course using a "Becoming a Mental Health Nurse" questionnaire that	The themes identified as interesting areas of mental health nursing included learning about different mental illnesses; working with a diverse patient population

	asked students to identify things they found interesting about mental health nursing and things they found difficult or challenging about mental health nursing (United States)	in a variety of settings; working in an environment that is less routine and not task oriented; the excitement of unpredictable events on any given day; and working holistically with people using interpersonal communication skills rather than technological and task oriented interventions was believed to be potentially rewarding. The different or challenging themes identified by the students included their families and friends not supporting psychiatric nursing as a specialty choice related to stigma; working with patients suffering from sensitive and potentially dangerous symptoms; negative views of mental health nursing depicted by nurses and instructors; and the view that few interventions other than medications appeared to exist.
U.S. Department of Health and Human Services, 2010	Descriptive study based on 2008 National Sample Survey of Registered Nurses (United States)	Demographics and statistics related to the RN population in the United States.
<u>History of Psychiatric Nursing</u>		
Harmon, 2005	Expository (United States)	A review of the history of psychiatric nursing at state hospitals from 1950-1965 as antipsychotic medications were introduced.
Keltner, Bostrom & McGuinness, 2011	Textbook	Psychiatric Nursing textbook used for history of psychiatric nursing information.
Nolan, 1992	Expository (UK)	Provides a review of the history of psychiatric nursing and education/training.
Nolan & Hopper, 2000	Expository (UK)	A review of psychiatric nursing in the 1960's.
Rosenthal, 1984	Expository (United States)	Information related to the history of psychiatric nursing education in the US from 1917-1956.
Ryan & Brooks, 2000	Expository (United States)	A review of Hildegard Peplau's contributions to psychiatric nursing.
Winship, Bray, Repper &	Expository (UK)	A review of three prominent

Hinshelwood, 2009		psychiatric nurses and their contributions to the profession.
<u>Stigma of Psychiatric Nursing</u>		
DeCarlo, 2007	Ethnographic content analysis of psychiatric nursing in film (Australasian author)	A review of 19 American films from 1942-2005 depicting psychiatric nursing as dangerous, mysterious and low-skill.
Gouthro, 2009	Expository (Canada)	Provides analysis of stigma related to psychiatric nursing.
Halter, 2002	Expository (United States)	Provides analysis of stigma related to psychiatric nursing.
Halter, 2008	A descriptive study of 122 nurses to determine perceptions of nurses toward nurses that choose psychiatric nursing using a ranking tool and a tool to measure eight attributes of each specialty. In addition, the researchers completed correlational analysis to see if there is any relationship to age, sex, race or education. (United States)	Psychiatric nursing was ranked lowest of the ten specialties respondents were asked to rank. The only positive correlation was with age and four of the attributes (skilled, logical, dynamic and respected). Limitations included the use of a convenience sample of two area hospitals; one of which was a children's hospital.
Holmes, 2006	Expository (Australia)	Information related to the status of psychiatric nursing in Australia, United States, UK & Canada including: stigma, workforce demographics, and recruitment challenges.
Nolan, 1991	Expository (United States)	Provides a review of psychiatric nursing history in the US from 1845-1890.
Rushworth & Happell, 2000	Quasi-experimental study to examine relationship between psychiatric nursing education and view of psychiatric nursing as a career choice (Australia)	Final results were analyzed from a total of 57 matched pre- and post-surveys; 30 from the experimental group and 27 from the control group. Pre-surveys indicated psychiatric nursing ranked 7 out of 9 for the experimental group and 8 out of 9 for the control group. Post-survey indicated psychiatric nursing ranked 3 out of 9 for the experimental group and remained 8 out of 9 for the control group. Limitations include use of one small sample from one BSN program in Australia.
Stuhlmiller, 2006	Qualitative study of 160 students after completion of a 3 credit mental health nursing course using a "Becoming a Mental Health Nurse" questionnaire that asked students to identify things	The themes identified as interesting areas of mental health nursing included learning about different mental illnesses; working with a diverse patient population in a variety of settings; working in

	they found interesting about mental health nursing and things they found difficult or challenging about mental health nursing (United States)	an environment that is less routine and not task oriented; the excitement of unpredictable events on any given day; and working holistically with people using interpersonal communication skills rather than technological and task oriented interventions was believed to be potentially rewarding. The different or challenging themes identified by the students included their families and friends not supporting psychiatric nursing as a specialty choice related to stigma; working with patients suffering from sensitive and potentially dangerous symptoms; negative views of mental health nursing depicted by nurses and instructors; and the view that few interventions other than medications appeared to exist.
<u>Demographics & Salary</u>		
Bernard Hodes Group, 2005	Descriptive study of men in nursing (United States)	Results from 498 respondents across the US include demographic breakdown, specialty choice (7% in psychiatric nursing), a breakdown of reasons for choosing nursing, challenges to being men in nursing and perceptions of men in nursing.
Hanrahan, 2009	Expository (United States)	Analysis of the US psychiatric nurse workforce including demographics, education, employment characteristics, retention, turnover, geographical variables.
Payscale, 2013	Internet data source	Provided income statistics related to nursing and nursing specialties.
U.S. Department of Health & Human Services, 2010	Descriptive study based on 2008 National Sample Survey of Registered Nurses (United States)	Demographics and statistics related to the RN population in the United States.
<u>Funding for Psychiatric Care</u>		
Garfield, 2011	Expository (United States)	Report on the mental health financing in the US providing data on prevalence of mental health problems, types of mental health

		services, funding and policy issues.
Martone, 2012	Editorial (United States)	Effects of the economy on state mental health systems.
<u>Psychiatric Care Today</u>		
Garfield, 2011	Expository (United States)	Report on the mental health financing in the US providing data on prevalence of mental health problems, types of mental health services, funding and policy issues.
Martone, 2012	Editorial (United States)	Effects of the economy on state mental health systems.
National Alliance for Mental Illness, 2009	Expository (United States)	Systematic review and grading of state mental health systems across the US based on four criteria: Health Promotion & Measurement; Financing & Core Treatment/Recovery Services; Consumer & Family Empowerment; and Community Integration & Social Inclusion.
Roll, Kennedy, Tran & Howell, 2013	Study to estimate unmet mental health needs in the US from 1997-2010 using the National Center for Health Statistics (NCHS) survey and a multivariate logistic model. (United States)	The number of individuals with unmet psychiatric care needs increased from 4.3 million in 1997 to 7.2 million in 2011. Limitations include a retrospective survey asking individuals to recall perceived mental health needs and financial status.
<u>Psychiatric Nursing Education Influence</u>		
Bondy, Jenkins Seymour, Lancaster & Ishee, 1997	Reliability study of the Psychiatric Nursing Performance Appraisal Instrument (United States)	The final version of the instrument had an overall alpha coefficient of 0.96. Cronbach's alpha for each subscale ranged from 0.81-0.92.
Gilje, Klose & Birger, 2007	Exploratory descriptive survey to validate instrument (United States)	Survey of 18 nurses employed as psychiatric nurses or psychiatric nursing instructors to comment on the Psychiatric-Mental Health Nursing Critical Clinical Competencies instrument. 80% of items were rated strongly agree or agree. Limitations include small sample size.
Happell & Gough, 2009	Non-experimental pre- & post-survey design with two purposes: 1) analyze psychometric properties of a questionnaire and 2) explore relationships between preparedness, attitudes toward	Results indicate the post-placement survey is an effective measurement of the impact of clinical placement on nursing students. Limitations include location (Australia) and lack of

	mental health nursing and interest in mental health nursing (Australia)	matching of pre- and post- surveys for repeated measures testing.
Henderson, Happell & Martin, 2007	Quasi-experimental time series design to determine whether the theoretical and/or clinical placement in the mental health component of a BSN program influenced students' self-report of knowledge, skills and attitudes and interest in psychiatric nursing (Australia)	A statistically significant increase in 14 of the 22 items on the self-report of students' knowledge and skills when completing the longer duration (35 hours) theoretical component compared to the shorter duration (25 hours). Neither post-test indicated an influence on increasing a student's interest in psychiatric nursing. Limitations include use of a convenience sample from one school of nursing in Australia.
O'Brien, Buxton & Gillies, 2008	Mixed method study of baccalaureate nursing students' interest in mental health nursing based on their education experience. Both quantitative and qualitative data were obtained from questionnaires and focus groups (Australia)	Noteworthy results of the study include an increase in the number of students who rated themselves as "seriously interested" (from 16% to 31%) and "totally interested" (from 11% to 17%) in mental health nursing. Limitations include sample selection from 4 universities in Australia, non-experimental design, clinical placement at one mental health facility only, length of time of clinical placements was not evaluated, nor was any classroom component.
Rohde, 1996	A qualitative study to compare perceptions and understandings of psychiatric nursing. After receiving theoretical instruction and seven weeks of clinical instruction on acute adult inpatient psychiatric units at either private community hospitals or a county mental health center, students were asked to provide a written narrative description of how their perceptions and understanding of psychiatric nursing changed since the beginning of the instruction.	Survey results did show an improvement in perceptions and understanding of psychiatric nursing. Limitations include a small single cohort and no analysis related to the type of clinical placement or any other extraneous variables.
Stuhlmiller, 2006	Qualitative study of 160 students after completion of a 3 credit mental health nursing course using a "Becoming a Mental Health Nurse" questionnaire that asked students to identify things they found interesting about mental health nursing and things they found difficult or	The themes identified as interesting areas of mental health nursing included learning about different mental illnesses; working with a diverse patient population in a variety of settings; working in an environment that is less routine and not task oriented; the excitement of unpredictable

	challenging about mental health nursing (United States)	events on any given day; and working holistically with people using interpersonal communication skills rather than technological and task oriented interventions was believed to be potentially rewarding. The different or challenging themes identified by the students included their families and friends not supporting psychiatric nursing as a specialty choice related to stigma; working with patients suffering from sensitive and potentially dangerous symptoms; negative views of mental health nursing depicted by nurses and instructors; and the view that few interventions other than medications appeared to exist.
<u>Psychiatric Nursing Specialty Choice</u>		
Hoekstra, van Meijel & van der Hooft-Leemans, 2010	Qualitative study with semi-structured interviews to determine students' perceptions of psychiatric nursing and psychiatric nursing as a career choice. (Netherlands)	Perceptions about psychiatric nursing included a low view from society, a deterrent to other nursing specialties and a low skill profession.
Stevens, Browne & Graham, 2013	A longitudinal mixed method study measuring student nursing career preferences at the beginning, middle and end of their BSN program and reasons for top and bottom ranked specialty choices. (Australia)	Psychiatric nursing was ranked 8 th , 7 th and 7 th at each time point respectively and showed no statistically significant change over time. Reasons cited for not choosing psychiatric nursing were characterized as negative views of clients, negative views of the institutions and the type of work, negative effect on self esteem, negative effect of career path and negative experience specific to the course.
<u>Study Approach</u>		
DiCicco-Bloom & Crabtree, 2006	Expository (United States)	A review of qualitative research interview principles and techniques.
Glesne, 2011	Textbook	Qualitative research principles and techniques.
Knox & Burkard, 2009	Expository (United States)	A review of qualitative research interview principles and techniques.

Leech & Onwuegbuzie, 2011	Expository (United States)	Information related to using Nvivo software for qualitative data analysis.
Mantzoukas, 2008	Expository (Greece)	Provided a review for developing qualitative research questions.
Richards, 2009	Textbook	Principles and techniques related to qualitative data analysis.
Streubert & Carpenter, 2011	Textbook	Qualitative research techniques in nursing.
van Manen, 1990	Textbook	van Manen's text on phenomenological research principles and techniques.

Appendix B - Recruitment Flyer

Recent Nursing Graduates Wanted for Research Study



- My name is Lisa McConlogue. I am a Psychiatric/Mental Health Clinical Nurse Specialist and the Director of Patient Care Services at Capital Health.
- I am a doctoral student at the University of Nevada, Las Vegas conducting a research study titled "The Lived Experience of Recent Nursing Graduates During Their Psychiatric Nursing Education: Does it Influence View of Psychiatric Nursing as a Career Choice"
- To be part of the study you need to have graduated from your entry level nursing program in the United States within the last three years and be currently employed as an RN
- Participation requirements include a face-to-face and audio-recorded interview. Follow up interviews will also occur to review transcription accuracy, data analysis and interpretation results.
- Total time involved is approximately two hours (one hour for each session).
- A \$20 gift card will be provided after the follow-up interview.
- Please consider being part of this important research. If you would like to participate or have any questions please contact me at mcconlog@unlv.nevada.edu or 609-214-3219
- Tish Smyer, faculty chair
702-895-5952

Appendix C - Interview Questions

Demographics

1. What is your age?
2. What is your gender?
3. What is your ethnic background?
4. What is your level of nursing education (i.e., diploma, ADN, BSN)
5. What type of facility/unit do you work on?
6. What is your role at the facility?

Semi-Structured Interview

7. Think back to your psychiatric nursing education experience. If you could sum up your experience in one word or phrase what would it be? (repeat again at end)
8. Tell me about your experience in the psychiatric part of your nursing program.
9. Describe what the classroom experience was like during your psychiatric nursing instruction.
10. Describe what the clinical experience was like during your psychiatric nursing instruction.
11. Tell me what you found most positive about this experience.
12. Tell me what you found most challenging about this experience.
13. How did this experience as a nursing student affect your views of psychiatric nursing?
14. If you could have your student psychiatric nursing experience all over again, what would you want that experience to be?

Appendix D – Informed Consent



INFORMED CONSENT

Department of School of Nursing

TITLE OF STUDY: The Lived Experience of Nursing Students During Their Psychiatric Nursing Education: Does it Influence View of Psychiatric Nursing as a Career Choice

INVESTIGATOR(S): Dr. Patricia Smyer, DNSc, RN; Lisa McConlogue, MSN, PMHCNS-BC

For questions or concerns about the study, you may contact Dr. Patricia Smyer at **702/895-5952**.

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 877-895-2794 or via email at IRB@unlv.edu**.

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to describe the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice.

Participants

You are being asked to participate in the study because you meet the following inclusion criteria:

- Graduated from an entry level-nursing program in the United States within the past three years.
- Currently working as an RN in an inpatient setting.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: Participants will agree to a face-to-face, audio-taped interview. In addition, the participants will agree to a follow-up interview which will be used to clarify any errors of the verbatim transcription, misinterpretations of researcher regarding themes, and allow participants an opportunity to add any additional thoughts they may have had about their lived experiences. Participation is voluntary and confidential. Each interview will last approximately one hour and will be held at a private location that is convenient for the participant.

Benefits of Participation

There may not be direct benefits to you as a participant in this study. However, we hope to gain insight into factors that affect recruiting nursing students into psychiatric nursing within the United States. This research will contribute to the science of nursing education and assist nurse educators and administrators to develop learning experiences that foster future psychiatric nurses.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. Participants may experience some discomfort while discussing the feelings associated with school experiences. There will be an assurance that the participants may withdraw from the study at any time without penalty. This is no risk for declining participation.

Cost /Compensation

There will not be financial cost to you to participate in this study. At the completion of the second interview a \$20 gift card will be provided to each participant.

Confidentiality

All information gathered in this study will be kept confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for 3 years after completion of the study. After the storage time the information gathered will be destroyed.

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Participant Consent:

I have read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant

Date

Participant Name (Please Print)

Audio/Video Taping:

I agree to be audio or video taped for the purpose of this research study.

Signature of Participant

Date

Participant Name (Please Print)

Appendix E – UNLV IRB Approval



Biomedical IRB – Exempt Review Deemed Exempt

DATE: January 17, 2014

TO: Dr. Patricia Smyer, School of Nursing

FROM: Office of Research Integrity – Human Subjects

RE: Notification of IRB Action Protocol Title: Lived Experience of Recent Nursing School Graduates during their Psychiatric Nursing Education: Does it Influence View of Psychiatric Nursing as a Career Choice Protocol # 1401-4677

This memorandum is notification that the project referenced above has been reviewed as indicated in Federal regulatory statutes 45CFR46 and deemed exempt under 45 CFR 46.101(b)2.

PLEASE NOTE:

Upon Approval, the research team is responsible for conducting the research as stated in the exempt application reviewed by the ORI – HS and/or the IRB which shall include using the most recently submitted Informed Consent/Assent Forms (Information Sheet) and recruitment materials. The official versions of these forms are indicated by footer which contains the date exempted.

Any changes to the application may cause this project to require a different level of IRB review. Should any changes need to be made, please submit a **Modification Form**. When the above-referenced project has been completed, please submit a **Continuing Review/Progress Completion report** to notify ORI – HS of its closure.

If you have questions or require any assistance, please contact the Office of Research Integrity - Human Subjects at IRB@unlv.edu or call 895-2794.

Appendix F – Capital Health IRB Approval



- Capital Health
Regional Medical Center
750 Brunswick Avenue
Trenton, New Jersey 08638
609 394 6000
- Capital Health
Medical Center - Hopewell
One Capital Way
Pennington, New Jersey 08534
609 303 4000
- Capital Health - Hamilton
1445 Whitehorse-Mercerville Road
Hamilton, New Jersey 08619
609 588 5050
capitalhealth.org

Reviewing IRB Assurance No (assigned by OHRP) FWA # 000003248, Expires 11/07/2016, IRB Reg #00002877, Expires 11/09/2014

**CERTIFICATION OF REVIEW OF
RESEARCH
PROTOCOL INVOLVING HUMAN SUBJECTS**

Date: February 3, 2014

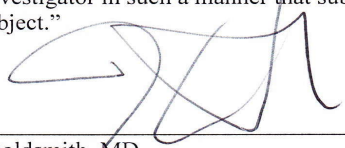
In accordance with policies and procedures of the Department of Health and Human Resources (HHS) and the Food and Drug Administration on protection of human subjects in research, it is hereby certified that:

PROTOCOL NUMBER: CH 683

PROJECT TITLE: The Lived Experience of Nursing Students During their Psychiatric Nursing Education: Does it Influence View of Psychiatric Nursing as a Career Choice

PRINCIPAL INVESTIGATOR(S): Lisa McConlogue, MSN

The above Protocol was reviewed, and determined that it meets the criteria for exemption per Code of Federal Regulations, Title 38, Part 16.101 (b) (3) **Secondary Use of Existing Data**—"Research, involving the collection or study of existing data, documents, records, survey or interview procedures, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subject."



Daniel Goldsmith, MD
Chairman, Institutional Review Board
Capital Health

February 3, 2014
Date

Appendix G – Carrier IRB Letter



December 13, 2013

To whom it may concern,

Lisa McConlogue, PhD student in the Nursing program at the University of Nevada, Las Vegas, has contacted our facility requesting to distribute recruitment flyers at our facility. We have agreed to allow this distribution to enable her to recruit RN's from our facility within the criteria set forth in her Dissertation Proposal. We understand the IRB approval for this study will be obtained through the UNLV IRB. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Carol Kosztyo".

Carol Kosztyo, Vice President of Patient Care Services
Carrier Clinic
252 Route 601
Belle Mead, NJ 08502

908-281-1381

Appendix H – Participant Demographics

Alias	Age	Gender	Race	Degree	School
Kelly	24	female	Caucasian	BSN	Holy Family
Carla	43	female	African American	ADN	Muhlenberg
Maggie	28	female	Caucasian	BSN	UMDNJ
Arlene	38	female	Caucasian	AAS	Trinitas
Danielle	24	female	Caucasian	diploma	Capital Health
Stephanie	37	female	Puerto Rican/Hispanic	ADN	Mercer County Community College
Tammy	34	female	Caucasian	AAS	Capital Health
Amy	24	female	Caucasian	BSN	Jefferson
John	30	male	Polish	ADN	Raritan Valley Community College
Molly	33	female	South Asia/Pakistan	ADN	Raritan Valley Community College

References

- American Association of Colleges of Nursing. (2010). Nursing shortage fact sheet. Retrieved September 19, 2010 from <http://www.aacn.nche.edu/media/factsheets/nursingshortage.htm>
- American Association of Colleges of Nursing (2013). Accelerated programs: The fast track to careers in nursing, Retrieved October 15, 2014 from <http://www.aacn.nche.edu/publications/issue-bulletin-accelerated-programs>
- Bernard Hodes Group. (2005). *Men in nursing study*. Retrieved June 5, 2013 from <http://aamn.org/docs/meninnursing2005survey.pdf>
- Bondy, K.N., Jenkins, K., Seymour, L., Lancaster, R., & Ishee, J. (1997). The development and testing of a competency-focused psychiatric nursing clinical evaluation instrument. *Archives of Psychiatric Nursing, 11*(2), 66-73.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York, NY: Oxford University Press.
- Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- De Carlo, K. (2007). Ogres and angels in the madhouse: Mental health nursing identities in film. *International Journal of Mental Health Nursing, 16*(5), 338-348.
- DiCicco-Bloom, B., & Crabtree, B.F. (2006). The qualitative research interview. *Medical Education, 40*, 314-321.
- Edward, K.L., & Welch, T. (2011). The extension of Colaizzi's method of

- phenomenological enquiry. *Contemporary Nurse*, 39(2), 163-171.
- Fiedler, R., Breitenstein, S. & Delaney, K. (2012). An assessment of students' confidence in performing psychiatric mental health nursing skills: The impact of the clinical practicum experience. *Journal of the American Psychiatric Nurses Association*, 18, 244-250.
- Garfield, R.L. (2011). *Mental health financing in the United States*. Washington, D.C.: The Kaiser Commission on Medicaid and the Uninsured.
- Gilje, F.L., Klose, P.E., & Birger, C.J. (2007). Critical clinical competencies in undergraduate psychiatric-mental health nursing. *Journal of Nursing Education*, 46(11), 522-526.
- Glesne, C. (2011). *Becoming Qualitative Researchers* (4th ed.). Boston: Pearson Education Inc.
- Gouthro, T.J. (2009). Recognizing and addressing the stigma associated with mental health nursing: A critical perspective. *Issues in Mental Health Nursing*, 30, 669-676.
- Guion, L.A., Diehl, D.C., & McDonald, D. (2002). Triangulation: Establishing the validity of qualitative studies. Retrieved September 23, 2013 from <http://edis.ifas.ufl.edu/fy394>
- Halter, M.J. (2002). Stigma in Psychiatric Nursing. *Perspectives in Psychiatric Care*, 38(1), 23-28.
- Halter, M.J. (2008). Perceived characteristics of psychiatric nurses: Stigma by association. *Archives of Psychiatric Nursing*, 22(1), 20-26.
- Hanrahan, N. P. (2009). Analysis of the psychiatric-mental health nurse workforce in the

- United States. *Journal of Psychosocial Nursing*, 47(5), 34-42.
- Happell, B., & Gough, K. (2009). Nursing students' attitudes to mental health nursing: Psychometric properties of a self-report scale. *Archives of Psychiatric Nursing*, 23(5), 376-386.
- Happell, B., Platania-Phung, C., Harris, S., & Bradshaw, J. (2014). It's the anxiety: Facilitators and inhibitors to nursing students' career interests in mental health nursing. *Issues in Mental Health Nursing*, 35, 50-57.
- Harmon, R.B. (2005). Nursing care in a state hospital before and during the introduction of antipsychotics. *Issues in Mental Health Nursing*, 26, 257-279.
- Hayman-White, K., & Happell, B. (2005). Nursing students' attitudes toward mental health nursing and consumers: Psychometric properties of a self-report scale. *Archives of Psychiatric Nursing*, 19(4), 184-193.
- Henderson, S., Happell, B., & Martin, T. (2007). Impact of theory and clinical placement on undergraduate students' mental health nursing knowledge, skills, and attitudes. *International Journal of Mental Health Nursing*, 16, 116-125.
- Hoekstra, H.J., van Meijel, B.B., & van der Hooft-Leemans, T.G. (2010). A nursing career in mental health care: Choices and motives of nursing students. *Nurse Education Today*, 30, 4-8.
- Holmes, C.A. (2006). The slow death of psychiatric nursing: What next? *Journal of Psychiatric and Mental Health Nursing*, 13, 401-415.
- Keltner, N.L., Bostrom, C.E., & McGuinness, T.M. (2011). *Psychiatric nursing* (6th ed.). St. Louis, MO: Elsevier.
- Knox, S., & Burkard, A.W. (2009). Qualitative research interviews. *Psychotherapy*

- Research, 19*(4-5), 566-575.
- Leech, N. L. & Onwuegbuzie, A. J. (2011). Beyond constant comparison qualitative data analysis: Using NVivo. *School Psychology Quarterly, 26*(1), 70-84.
- Lewis, M., & Staehler, T. (2010). *Phenomenology: An introduction*. New York: Continuum International Publishing Group.
- Mantzoukas, S. (2008). Facilitating research students in formulating qualitative research questions. *Nurse Education Today, 28*, 371-37.
- Martone, K. (2012). The impact of the economic downturn on public mental health systems. *Psychiatric Times, 29*(2), 1-11.
- McCabe, S. (2000). Bringing psychiatric nursing into the twenty-first century. *Archives of Psychiatric Nursing, 14*, 109-116.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications, Inc.
- National Alliance on Mental Illness. (2009). *Grading the states 2009: A report on America's health care system for adults with serious mental illness*.
- National League for Nursing. (2013). Annual survey of schools of nursing, Fall 2012. www.nln.org/research/slides/index.htm.
- Neville, C., & Goetz, S. (2014). Quality and substance of educational strategies for mental health in undergraduate nursing curricula. *International Journal of Mental Health Nursing, 23*, 128-134.
- Nolan, P. (1991). Looking at the first 100 years. *Senior Nurse, 11*(1), 22-25.
- Nolan, P. (1992). Trained for what? A history of mental nursing and its training. *History of Nursing Journal, 4*(3), 131-142.

- Nolan, P., & Hopper, B. (2000). Revisiting mental health nursing in the 1960's. *Journal of Mental Health, 9*(6), 1-12.
- O'Brien, L., Buxton, M., & Gillies, D. (2008). Improving the undergraduate clinical placement experience in mental health nursing. *Mental Health Nursing, 29*, 505-522.
- Payscale. (2013). *Nursing Salary Data*. Retrieved on June 5, 2013 from [http://www.payscale.com/research/US/job=registered_Nurse_\(RN\)/Hourly_Rate_by_Skill](http://www.payscale.com/research/US/job=registered_Nurse_(RN)/Hourly_Rate_by_Skill)
- Poster, E.C. (2004). Psychiatric nursing at risk: The new NCLEX-RN test plan. *Journal of Child & Adolescent Psychiatric Nursing, 17*(2), 47-48.
- Richards, L. (2009). *Handling Qualitative Data* (2nd ed.). London: Sage Publications.
- Rohde, D. (1996). Uncovering a world of mental illness: An analysis in perceptual transformation in undergraduate nursing students. *Archives of Psychiatric Nursing, 10*(6), 347-354.
- Roll, J.M., Kennedy, J., Tran, M., & Howell, D. (2013). Disparities in unmet need for mental health services in the United States, 1997-2010. *Psychiatric Services, 64*(1), 80-109.
- Rosenthal, T.T. (1984). University psychiatric nursing education in the United States: 1917-1956. *Issues in Mental Health Nursing, 6*, 21-33.
- Ross, C., Mahal, K., Chinnapan, Y., Kolar, M., & Woodman, M. (2014). Evaluation of nursing students' work experience through the use of reflective journals. *Mental Health Practice, 17*(6), 21-27.
- Rushworth, L. & Happell, B. (2000). 'Psychiatric nursing was great, but I want to be a

- “real” nurse’: Is psychiatric nursing a realistic choice for nursing students?
Australian and New Zealand Journal of Mental Health Nursing, 9, 128-137.
- Ryan, J.A., & Brooks, A.T. (2000). What effect has Dr. Peplau had on psychiatric nursing? *Journal of the American Psychiatric Nurses Association*, 6, 25-28.
- Stevens, J., Browne, G., & Graham, I. (2013). Career in mental health still an unlikely career choice for nursing graduates: A replicated longitudinal study.
International Journal of Mental Health Nursing, 22, 213-220.
- Streubert, H.J. & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative* (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Stuart, G. (2002). Psychiatric nursing: A specialty in spasm. *Journal of the American Psychiatric Nurses Association*, 8, 1-2.
- Stuhlmiller, C.M. (2006). Promoting student interest in mental health nursing. *Journal of the American Psychiatric Nurses Association*, 11(6), 355-358.
- U.S. Department of Health and Human Services, Health Resources and Services Administration. (2010). *The registered nurse population: Findings from the 2008 national sample survey of registered nurses*.
- van Manen, M. (1990). *Researching lived experiences: Human science for an action sensitive pedagogy*. Albany, N.Y.: State University of New York Press.
- van Manen, M. (2007). Phenomenology of practice. *Phenomenology & Practice*, 1(1), 11-30.
- Weiner, B. (1972). Attribution theory, achievement motivation, and the educational process. *Review of Educational Research*, 42, 203-215.

- Weiner, B. (2010). The development of an attribution-based theory of motivation: A history of ideas. *Educational Psychologist, 45*(1), 28-36.
- Winship, G., Bray, J., Repper, J., & Hinshelwood, R.D. (2009). Collective biography and the legacy of Hildegard Peplau Annie Altschul and Eileen Skellern; the origins of mental health nursing and its relevance to the current crisis in psychiatry. *Journal of Research in Nursing, 14*(6), 505-517.
- Yamauchi, T., Semba, T., Sudo, A., Takahashi, N., Nakamura, H., Yoshimura, K., Koyama, H., Ishigami, S., Takeshima, T. (2010). Effects of psychiatric training on nursing students' attitudes towards people with mental illness in Japan. *International Journal of Social Psychiatry, 57*(6), 574-579.

CURRICULUM VITA

Graduate College
University of Nevada, Las Vegas

Lisa Marie McConlogue

Degrees Earned

Bachelor of Science in Nursing, 1996
Trenton State College, Ewing, New Jersey

Master of Science in Nursing, 2000
Temple University, Philadelphia, Pennsylvania

Certification

Psychiatric Mental Health Clinical Nurse Specialist (September 2000-present)
RN in Pennsylvania and New Jersey (June 1996 – present)
Certificate in Distance Learning/Teaching (July 2014)

Special Honors and Awards

Sigma Theta Tau, 2000
Phi Kappa Phi National Honor Society, 2013

Dissertation Title

The Lived Experience of Nursing Students During Their Psychiatric Nursing
Education: Does it Influence View of Psychiatric Nursing as a Career Choice?

Dissertation Examination Committee

Chairperson, Tish Smyer, DNSc, RN, CNE
Committee Member, Michele Clark, PhD, RN
Committee Member, Alona Angosta, PhD, APRN, FNP, NP-C
Graduate College Representative, LeAnn Putney, PhD