

## Nursing Students' Attitudes toward Psychiatric Nursing and Psychiatric Patients

Alzahraa Abd El-Aziz Omar<sup>(1)</sup>, Manal Hassan Abo El-Magd<sup>(2)</sup>, Ikram Ibraheem Mohamad<sup>(3)</sup> & Alaa El-deen Mohamad Darweesh

<sup>(1)</sup>B. Sc. Nursing- Faculty of Nursing- El-Minia University,<sup>(2)</sup> Lecturer of Psychiatric & Mental health Nursing- Faculty of Nursing-El-Minia University,<sup>(3)</sup>Assistant professor of Psychiatric & Mental health Nursing - Faculty of Nursing- Assiut University,<sup>(4)</sup>Assistant professor of Psychiatry - Faculty of Medicine - Assiut University.

### Abstract:

**Background:** Psychiatric nursing and working with those with psychiatric disorders represent unpopular career preference in relation to other areas of nursing. **Aim:** The aim of this study was to identify nursing students' attitudes toward psychiatric nursing and psychiatric patients. **Research design:** A descriptive design was utilized in this study. **Setting:** This study was conducted at the Faculty of Nursing in El-Minia and Assiut Universities. **Sample:** Total sample was 369 nursing students the sample included all 1<sup>st</sup> grade students who did not study psychiatric nursing course in both Universities and all 4<sup>th</sup> grade from El-Minia University and all 2<sup>nd</sup> grade from Assiut University who studied psychiatric nursing course recently. **Tools:** Three tools were utilized to measure the variables of the study: Personal data questionnaire, self report scale for measure nursing students' attitudes toward mental health nursing and attitude scale for mental illness. A semi structured interview was used to collect data from students. **Results:** results of this study revealed that, females represent 88.9% of the sample. Concerning the nursing students' attitude toward psychiatric nursing, there was a significant improvement in students' attitudes toward preparedness for mental health field and anxiety surrounding mental illness components. While there was a slight decline in nursing students' attitudes toward psychiatric nursing services after studying psychiatric nursing course. In relation to attitude toward psychiatric patients, there was a significant improvement in the attitude of nursing students toward benevolence and stigmatization subscales while there was a decline in students' attitude toward restrictiveness subscale after studying psychiatric nursing course. Based on the results of the present study it can be **concluded** that, there was a slightly improvement in students' attitudes toward preparedness for mental health field and anxiety surrounding mental illness components. However, there was a decline in students' attitudes toward future career and valuable contribution components after studying psychiatric nursing course. It is **recommended** that, Projects and programs for decreasing stigma and promoting mental health issues include symposiums on mental health policy is needed to improve the attitude about psychiatric nursing career and psychiatric patients.

**Key words:** Nursing Students', Attitude, Psychiatric Patients, Psychiatric Nursing

### Introduction

In general a feeling is a transitory experience. A feeling hold over a period of time is called an attitude, an attitude linked to an idea or belief becomes an opinion and then involves both thinking and feeling. So people are more comfortable when their beliefs are consistent with their attitudes. In

addition, people repress any belief or attitude that seems inconsistent, they distort their perceptions to fit an existing attitude or belief, and keep their actions consistent with attitudes, these things take place to keep their attitudes and beliefs consistent (El-Defrawi et al., 2001).

Attitudes are developed in various ways. They may be the result of interaction with the environment; assimilation of others' attitudes; life experiences; intellectual processes; or a traumatic experience. Attitudes can be described as accepting, caring, prejudiced, judgmental, and open or closed minded. An individual with a negative or closed-minded attitude may respond with, "it won't work" or "it's no use trying." Conversely the individual with a positive or open-minded attitude may state, "why not try it? We have nothing to lose" (Louise, 2008).

Psychiatric mental health nursing is a specialized area of nursing practice that uses theories of human behavior as scientific framework and requires the purposeful use of self as its art of expression (Louise, 2008).

The unpopularity of psychiatric/mental health nursing in relation to other areas of nursing has been extensively documented in the literature (Happell, 2001; Stevens & Dulhunty, 1997). This situation has undoubtedly contributed to the contemporary crisis in the recruitment of sufficient nursing graduates to the mental health nursing field (Clinton, 2001; Department of Human Services, [DHS] 2001; McCabe, 2000).

An understanding of the reasons underlying this unpopularity is of utmost importance to the development of effective strategies to overcome nursing shortfalls in this specialty area. Inadequate course content relevant to mental health nursing and unconstructive clinical placement experiences are thought to contribute to students' ambivalent and/or negative attitudes toward both mental health nursing and consumers of mental health services (Arnold, Deans &

Munday, 2004; Clinton & Hazelton, 2000a; Mullen & Murray, 2002).

#### **Aim of the study**

1. Identify nursing students' attitudes toward psychiatric nursing.
2. Evaluate nursing students' attitudes toward psychiatric patients.

#### **Research questions:**

- What is nursing students' attitudes toward psychiatric patients?
- Are there differences in nursing students' attitudes toward psychiatric patients after studying psychiatric nursing course?

#### **Significance of study:**

Psychiatric nursing and working with those with psychiatric disorders represent unpopular career preference comparing to other areas of nursing. So data generated from this study may be helpful in identifying misperception concepts held by nursing students and investigate their attitudes toward working with psychiatric patients.

#### **Subjects and methods:**

##### **Research design:**

A descriptive design was utilized for the study; such design fits the nature of the problem under investigation.

##### **Setting:**

This study was conducted at the faculty of nursing in Assiut and El-Minia Universities.

##### **Sample:**

**The sample was selected according to the following criteria:**

- Nursing students who had no formal nursing education in psychiatric nursing (1<sup>st</sup> grade students) in both Assiut and El-Minia Universities their number 193 student.
- Nursing students who studied

psychiatric nursing course recently (2<sup>nd</sup> grade) in Assiut University and (4<sup>th</sup> grade) students in El-Minia University, their number 203 students

### ***Tools of the study:***

Data were collected by the following three tools:

1. **Questionnaire sheet:** A semi structured questionnaire was developed by the researcher and covered personal data of the sample such as age, sex, university, grade, residence and source of information about psychiatric nursing and psychiatric patients (T.V, radio, news paper, special reading & others).
2. **Self-report scale for measure nursing students' attitudes toward mental health nursing which was developed by Wynaden and Popescu (1999):** This scale was utilized to assess nursing students' attitudes relevant to the mental health field, preparedness, and career preference. It includes 21 items that subdivided into seven components (preparedness for mental health field, knowledge of mental illness, negative stereotypes, future career, course effectiveness, anxiety surrounding mental illness and valuable contribution). For each item, the participants responded on a 5-point Likert scale (1=totally disagree to 5=totally agree) in which higher scores represent more positive attitude except negative stereotypes component.
3. **Attitude scale for mental illness (Ng & Chan, 2000):** The scale is a modified version of the questionnaire, opinions about

mental illness in Chinese community (OMICC). This modified version included 34 items that subdivided into six factors or subscales (separatism, stereotyping, restrictiveness, benevolence (reversed scored), pessimistic prediction and stigmatization). For each item, the participants responded on a 5-point Likert scale (1= totally disagree to 5= totally agree) in which lower scores represent more positive attitude. The second and third tools were translated into Arabic language by the researcher and tested for validity and clarity by "5" experts in the field of psychiatric and psychiatric nursing.

### ***Field work:***

Data was collected in May, 2009 through interviewing participants using a structured questionnaire that was conducted after students finishing their clinical time in both Assiut and El-Minia universities. The investigator assured the voluntary participation and confidentiality to each subject who agreed to participate and time taken from students to complete the study tools was about 25 minutes.

### ***Pilot Study:***

A pilot study was conducted at the beginning of the study. It included 10% of the total sample to investigate the feasibility of data collection tools and their clarity. The pilot study revealed that some items not applied for students in 1<sup>st</sup> grade because they did not study psychiatric nursing as (my theoretical component of psychiatric nursing prepared me for my clinical placement, I feel well prepared for my psychiatric placement & I feel safe during this psychiatric placement). Subjects included in the pilot study were excluded from the actual study.

***Ethical and administrative******Considerations:***

An official permission from authorities of both universities and from the dean of each faculty to precede the study. The purpose of the study was explained to the study sample. Confidentiality was assured and written informed consent was taken from the students for participation in the study.

***Statistical design:***

The content of each scale was analyzed, categorized and then coded by investigator. Subjects' responses to each category were tabulated separately by using statistical package for social science (SPSS) version 15. Descriptive statistics were calculated as frequencies, percentage, were also used. Comparison between variables was done by Chi-square (for non-parametric data). P-value is considered significant at or less than 0.05 and considered highly significant at or less than 0.001.

***Results:***

**Figure (1)** reveals that, 88.9% of the samples were females, while 11.1% were males. **Figure (2)** shows that, 63.9% of the samples were resided in rural area, while 36.1% were from urban area. From **table (1)** it can be noted that students who studied psychiatric nursing course reported a significantly more positive attitude toward "preparedness for mental health field" and "less anxiety surrounding mental illness" components with mean  $\pm$ SD equal  $3.23 \pm .91$  &  $2.95 \pm .85$  than those who did not study it with mean  $\pm$ SD equal  $2.99 \pm .85$  &  $2.88 \pm 1.04$  respectively with  $P = .000$  for both components.

**Table (2)** reveals that, after studying psychiatric nursing, there was a significant more positive attitude regarding "benevolence and

stigmatization subscales" with mean  $\pm$ SD equal  $1.86 \pm .61$  &  $1.68 \pm .58$  than those who did not study psychiatric nursing with mean  $\pm$ SD equal  $2.01 \pm .62$  &  $1.91 \pm .71$  with  $P = .014$  &  $.000$  respectively.

**Table (3)** illustrates a significant positive attitude toward "future career component" in females before studying psychiatric nursing course with mean  $\pm$  SD  $3.23 \pm 1.42$  than males with mean  $\pm$  SD  $2.34 \pm .97$  with  $P = .006$ . However, there was a significant positive attitude toward "valuable contribution component" in males after studying psychiatric nursing course with mean  $\pm$  SD  $3.31 \pm 1.23$  than females with mean  $\pm$  SD  $2.60 \pm .91$  with  $P = .016$ .

It was shown in **table (4)** that there is a significant positive attitude toward separatism and pessimistic prediction subscales" among males before studying psychiatric nursing course with mean  $\pm$  SD equal  $2.44 \pm .37$ ,  $2.38 \pm .63$  than females with mean  $\pm$  SD equal  $2.76 \pm .50$  &  $2.82 \pm .82$  and with  $P = .001$  &  $.006$  respectively. While, there was a significant positive attitude toward "benevolence and stigmatization subscales" among females before studying psychiatric nursing course with mean  $\pm$  SD equal to  $1.96 \pm .57$  &  $1.84 \pm .67$  than males with mean  $\pm$  SD equal  $2.30 \pm .79$  &  $2.33 \pm .81$  with  $P = .007$  .001 respectively.

As observed from **table (5)** that, there were a positive and significant correlation between separatism and stereotyping, pessimistic prediction, stigmatization and restrictiveness with total score ( $r = .458$ ,  $.591$ ,  $.418$  &  $.586$  at  $P = .000$ ,  $.000$ ,  $.019$  &  $.000$  respectively). While there were negative and significant correlations between benevolence and stigmatization and restrictiveness ( $r = -.498$  &  $-.571$  at  $P = .000$  for both variables respectively).

As observed from **table (6)** that, there were a strong positive and significant correlations between preparedness for mental health field and future career, course effectiveness and valuable contribution with total score ( $r = .510, .902 \text{ \& } .453$  at  $P = .000$ ) for all variables respectively. In addition, it can be noted that future career has significant, positive correlation with course effectiveness and valuable contribution ( $r = .429, .542$  at  $P = .010 \text{ \& } .000$ ) respectively. While there were negative and significant correlations between future career and anxiety surrounding mental illness and negative stereotypes ( $r = -.429, -.435$  at  $P = .000$  for both variables respectively).

#### **Discussion:**

The majority of participants of the current study were females. This could be attributed to that, in Upper Egypt, faculty of nursing is predominantly attended by females more than males. In addition, faculty of nursing at Assiut University still restricted for females only but few faculties in Egypt accept males to attend as El-Minia, Alexandria, Sohag & Bani-Swift Universities.

Psychiatric nursing, is not an area favored by healthcare providers. Research revealed that healthcare providers feel unprepared to support mental health needs (**Reed & Fitzgerald, 2005**). However in the current study, there was an improvement in the students' attitudes as regards preparedness for mental health field, knowledge of mental illness and anxiety surrounding mental illness after studying psychiatric nursing course. This is consistent with **Happell (2001)** study in Victoria, Australia who found that, many nursing students cited the psychiatric nursing component of their

undergraduate course and positive clinical experiences as the reasons for their improved attitudes toward mental health nursing. However, **Rushworth and Happell (2000)** indicated that, the mental health nursing profession has difficulty attracting nurses to their discipline because as nurse graduates emerge from their undergraduate programs, they are more focused on medically or surgically oriented practices. Similarly, **Wynaden et al., (2000)** who assessed students' attitudes and beliefs before and after their mental health theoretical and clinical experience demonstrated that students do not consider themselves to be adequately prepared to work in the psychiatric nursing field and, indeed, consider themselves less prepared than they are in the general nursing field.

In the current study, nursing students before studying psychiatric nursing course female students tend to pursue a career in psychiatric nursing more than male students, while after studying psychiatric nursing, no improvement in males' tendency to pursue a career in psychiatric nursing and females become having lower tendency to pursue a career in this specialty area. These findings could be attributed to female students' uncertainty about feeling safe during psychiatric placement. While male students had more positive attitude toward valuable contribution of both mental health services and psychiatric nursing for mentally ill patient as well as for their experiences in nursing practices after studying psychiatric nursing course. From another point of view; **Happell, (2002)** study that was conducted in Australia; suggested that the impact of nursing education on students' attitudes towards the desirability of specific areas of nursing practice as future career choices is limited.

People with mental illnesses are often wrongly accused of being violent, unpredictable, helpless, less competent and less trustworthy, and they are confronted with misrecognition, prejudice, confusion and fear. This prejudice may also influence the attitudes and career choices made by young people. In the present study an improvement was noticed in the students' benevolence and stigmatization subscales after studying psychiatric nursing course. This could be due to; the greater contact and interaction with mentally ill persons in their clinical areas. These findings are consistent with **Hahn (2002)** who investigated eighty psychology students that randomly assigned to one of two conditions. One condition read an article giving facts of mental illness and the other article on interaction. In both conditions, people were measured on their attitudes towards the mentally ill and prior contact with a person with mental illness was also assessed. Results found that participants giving information on mental illness had significantly less negative attitudes towards the mentally ill.

There was a more negative attitude regarding the aspect of restrictiveness after they were finished their psychiatric nursing course and clinical training. This may be due to the influence of what presented in media about mental illness that affect a large part of population as well as creates major expectations by the inexperienced nurse.

Contrary to the current findings, **Evangelou et al., (2005)** examined undergraduate nursing students' attitudes toward mental illness before and after the completion 105 hours course of psychiatric nursing. They reported that, after the course; students were against the social

restriction of the mentally ill, and they have more positive attitude toward social integration of the mentally ill.

When comparing males and females students, there were significant differences between males and females as regards mental illness opinions. Males had more positive attitude toward separatism and pessimistic prediction of mentally ill persons than females; these results are contradicted with **Diana and Alex (1998)** who suggested that males have a tendency to be more authoritative, and tend to regard the mentally ill as a danger to society more than women. On the other hand, females were found to have tendency to be more benevolence with mentally ill persons before studying psychiatric nursing course, resist stigmas and stereotypes associated with mentally ill persons. This could be related to females' nature that more empathetic and have warm affection regarding mentally ill persons. These results are slightly consistent with the study of **Diana and Alex, (1998)** who found that, more females than males have the tendency to be supportive of the mentally ill, resist stigmas associated with mental illness, and believe that mental illness results from bad interpersonal experiences.

### **Conclusion:**

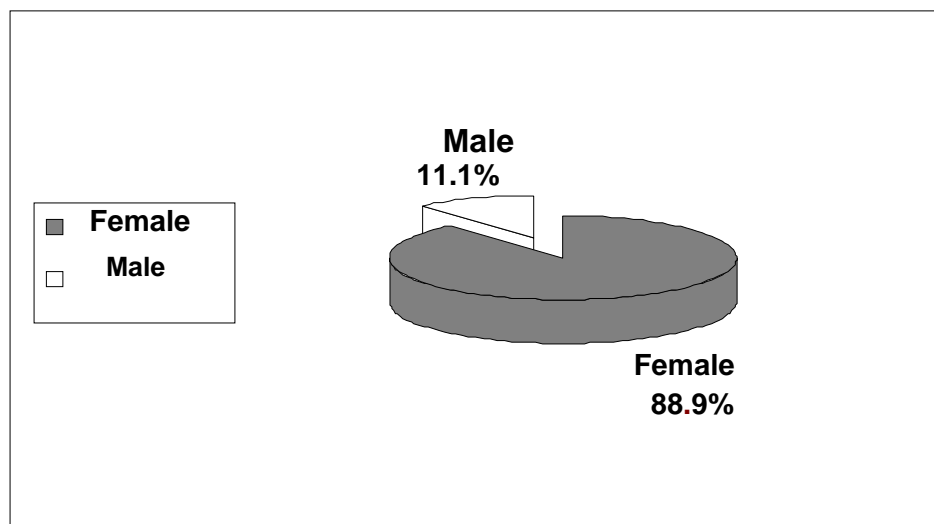
Based on the results of the present study it can be concluded that, there was a slightly improvement in students' attitudes toward preparedness for mental health field and anxiety surrounding mental illness components. However, there was a decline in students' attitudes toward future career and valuable contribution components after studying psychiatric nursing course. Also, there was a slightly improvement in students' attitudes toward benevolence and stigmatization subscales. While there

was a decline in students' attitudes toward restrictiveness subscale after studying psychiatric nursing course.

### Recommendations:

Based on the findings of the current study, the following recommendations are suggested:

- Projects and programs for decreasing stigma and promoting mental health issues include symposiums on mental health policy are needed, to improve the attitude about psychiatric nursing career and psychiatric patients.



**Figure (1): Frequency distribution of the studied sample according to gender**

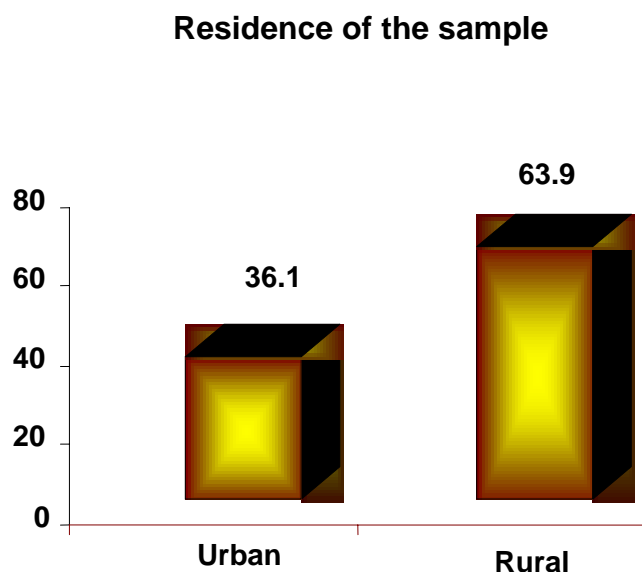


Figure (2): Frequency distribution of the studied sample according to residence

Table (1): Mean scores of the main components of nursing students' attitudes toward mental health nursing (n=396)

Variables		Assiut (265)	El-Minia (131)	Total sample (396)	T	P
		Mean± SD	Mean± SD	Mean± SD		
• Preparedness for mental health field	Not study	2.83±1.55	3.11±1.27	2.99±.85	3.949	.000
	Study	3.29±.92	3.08±.89	3.23±.91		
• Knowledge of mental illness	Not study	3.64±.78	3.50±.80	3.59±.79	1.589	.113
	Study	3.68±.72	3.78±.64	3.71±.69		
• Negative stereotype	Not study	3.41±.84	3.29±.81	3.37±.83	.276	.783
	Study	3.34±.86	3.36±.77	3.35±.83		
• Future career	Not study	2.44±.28	2.86±1.32	2.59±1.31	.977	.329
	Study	2.46±1.38	2.44±1.22	2.46±1.33		
• Course effectiveness	Not study	-	-	-	-	-
	Study	3.14±1.04	2.71±1.04	3.00±1.18		
• Anxiety surrounding mental illness	Not study	2.69±.72	2.97±1.12	2.88±1.04	3.086	.000
	Study	2.93±.89745	2.98±.75	2.95±.85		
• Valuable contribution	Not study	3.67±.94	3.66±.91	3.66±.93	7.336	.000
	Study	3.05±.94	2.78±1.04	2.96±.98		

*N.B: The higher scores represent more positive attitude for all components except negative stereotype component*



**Table (2): Scores of the subscales of nursing students' attitudes toward mental illness (n=369)**

Variables		Assiut (265)	El-Minia (131)	Total (396)	T	P
		Mean± SD	Mean± SD	Mean± SD		
1. Separatism	Not study	2.76±.49	2.64±.49	2.72±.50	.825	.410
	Study	2.79±.52	2.69±.41	2.76±.48		
2. Stereotyping	Not study	3.04±.70	3.04±.71	3.04±.70	.485	.628
	Study	3.02±.73	2.98±.62	3.00±.69		
3. Restrictiveness	Not study	2.09±.81	2.04±.81	2.08±.81	2.999	.003
	Study	2.41±.84	2.12±.67	2.32±.80		
4. Benevolence	Not study	1.90±.56	2.21±.67	2.01±.62	2.472	.014
	Study	1.78±.56	2.03±.67	1.86±.61		
5. Pessimistic prediction	Not study	2.81±.84	2.66±.75	2.76±.80	.985	.325
	Study	2.95±.87	2.59±.75	2.84±.85		
6. Stigmatization	Not study	1.85±.64	2.02±.81	1.91±.71	3.539	.000
	Study	1.67±.60	1.71±.53	1.68±.58		

*N.B: Lower scores represent more positive attitude*

**Table (3): Comparison between male and female groups regarding mean scores of the main components of attitude scale toward mental health nursing in El-Minia university (n=131)**

Variables	Gender	Male (44)	Female (87)	T	P
		Mean± SD	Mean± SD		
• Preparedness for mental health field	Not study	2.64±1.33	2.58±1.49	.834	.407
	Study	3.03±.88	3.10±.90		
• Knowledge of mental illness	Not study	3.30±.79	3.63±.79	1.684	.097
	Study	3.66±.77	3.82±.60		
• Negative stereotype	Not study	3.21±.67	3.35±.91	.673	.504
	Study	3.38±.74	3.36±.79		
• Future career	Not study	2.34±.97	3.23±1.42	2.864	.006
	Study	2.47±1.09	2.43±1.27		
• Course effectiveness	Not study	-	-	-	-
	Study	2.75±.93	2.70±1.08		
• Anxiety surrounding mental illness	Not study	5.00±.65015	4.90±.74	.984	.329
	Study	3.19±.76	2.91±.73		
• Valuable contribution	Not study	3.60±.86	3.70±.95	.463	.645
	Study	3.31±1.23	2.60±.91		

*N.B: The higher score represent more positive attitude for all components except negative stereotype component*

**Table (4): Comparison between male and female groups regarding scores of subscales of attitude toward mental illness in El-Minia university (n=131)**

Variables	Gender	Male (44)	Female (87)	T	P
		Mean± SD	Mean± SD		
• Separatism	Not study	2.44±.37	2.764±.50	3.266	.001
	Study	2.62±.48	2.71±.39	.814	.419
• Stereotyping	Not study	3.15±.71	3.02±.70	.898	.371
	Study	3.08±.60	2.95±.63	.701	.486
• Restrictiveness	Not study	1.83±.71	2.12±.86	1.764	.079
	Study	2.25±.64	2.07±.68	.905	.369
• Benevolence	Not study	2.30±.79	1.96±.57	2.704	.007
	Study	2.23±1.00	1.96±.52	1.375	.174
• Pessimistic prediction	Not study	2.38±.63	2.82±.82	2.771	.006
	Study	2.44±.86	2.64±.70	.953	.344
• Stigmatization	Not study	2.33±.81	1.84±.67	3.490	.001
	Study	1.91±.78	1.64±.40	1.769	.082

*N.B: Lower scores represent more positive attitude*

**Table (5): Correlation among Attitude for Mental Illness Subscales (n=396)**

Items	Separatism	Stereotyping	Benevolence	Pessimistic prediction	Stigmatization	Restrictiveness	
Separatism	R	1					
	P						
Stereotyping	R	.458**	1				
	P	.000					
Benevolence	R	-.536**	.058	1			
	P	.007	.250				
Pessimistic prediction	R	.591**	.038	.050	1		
	P	.000	.447	.322			
Stigmatization	R	.418*	.057	-.498**	.087	1	
	P	.019	.259	.000	.085		
Restrictiveness	R	.586**	.0530**	-.571**	.564**	.141**	1
	P	.000	.009	.000	.000	.005	

\* Significant correlation

\*\* Strong significant correlation

(-) negative correlation

**Table (6): Correlation among Components of Attitude Scale for Mental Health Nursing to each other (n=396)**

Items		Preparedness for mental health field	Knowledge of mental illness	Negative stereotypes	Future career	Course effectiveness	Anxiety surrounding mental illness	Valuable Contribution
• Preparedness for mental health field	R	1						
	P							
• Knowledge of mental illness	R	.011	1					
	P	.834						
• Negative stereotypes	R	-.014	-.011	1				
	P	.774	.831					
• Future career	R	.510**	.075	-.435**	1			
	P	.000	.135	.007				
• Course effectiveness	R	.902**	.078	-.009	.429*	1		
	P	.000	.120	.854	.010			
• Anxiety surrounding mental illness	R	-.769**	-.037	-.150**	-.429**	-.779**	1	
	P	.000	.458	.003	.000	.000		
• Valuable contribution	R	.453**	.026	-.043	.542**	.400**	-.389**	1
	P	.000	.608	.392	.000	.000	.000	

\* Significant correlation

\*\* Strong significant correlation

(-) negative correlation

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