

**ASSESSMENT OF CORRELATES OF STIGMA IN MENTAL HEALTH NURSING  
PRACTICE AMONG NURSING STUDENTS IN TWO UNIVERSITIES IN NAIROBI-KENYA**

BY  
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H56/74246/2014

OCTOBER, 2016

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE  
DEGREE OF MASTER OF SCIENCE IN NURSING (MENTAL HEALTH AND PSYCHIATRY) OF  
THE UNIVERSITY OF NAIROBI

## DECLARATION

I declare that this is my original work and has not been presented for the award of a degree or diploma in any other University.

Signature.....

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## **ACKNOWLEDGEMENT**

I thank God for making it possible for me to successfully develop this thesis. My sincere gratitude also goes to the following for their wonderful contribution; The University of Eastern Africa Baraton-School of Nursing staff for their support during my studies. My supervisors Mrs. Wagoro C. A. Miriam and Mrs. Theresa Odero for not only being patient with me during my thesis writing, but also for their knowledge and advice that has made this work possible. My fiancée Jackline Ndunge Mutinda for her support and encouragement. My Uncle Joshua Oteko Gogoh and Cousin Mrs. Judith Okungu for their financial support and prayers. My statisticians Mr. Emmanuel Owino and Mr. Timothy Makori for their help in data analysis.

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## **LIST OF ABBREVIATIONS**

**BScN:** Bachelor of Science in Nursing

**HIS-MMTC:** Health Information Systems-Mathari Medical Training College

**ICN:** International Council of Nurses

**MBAQ:** Modified Ballon Attitudes Questionnaire

**MHN:** Mental Health Nurse

<b>MHPN:</b>	Mental Health and Psychiatric Nursing
<b>NCK:</b>	Nursing Council of Kenya
<b>PU:</b>	Participant University of Nairobi
<b>PUE:</b>	Participant University of Eastern Africa- Baraton
<b>RNs:</b>	Registered Nurses
<b>SPSS:</b>	Statistical Package for Social Sciences
<b>UEAB:</b>	University of Eastern Africa-Baraton
<b>UN-SGDs:</b>	United Nations- sustainable Development Goals
<b>UON:</b>	University of Nairobi
<b>WHO:</b>	World Health Organization

## **DEFINITION OF TERMS**

**Correlates:** factors associated with stigma towards mental health nursing practice (this include socio-demographic characteristics, teaching and clinical experience, knowledge and attitude towards mental illness)

**Mental health Nursing Clinical Experience:** Integration of knowledge, attitude and skills acquired in classroom into clinical area.

**Mental Health and Psychiatric Nursing practice:** The claim to fame of nursing that watches over people of each of the a while with mental infection or mental trouble, for example, schizophrenia, bipolar confusion, psychosis, melancholy or dementia.

**Nursing students:** persons admitted in the school of nursing to undergo a four year curriculum in order to acquire the necessary knowledge, skills and attitude regarding the nursing profession hence become nurses upon completion of their studies.

**Stigma:** The exclusion, rejection and devaluation resulting from previous experience or anticipation of social judgment towards mental health and psychiatric nursing practice

## ABSTRACT

**Background:** Mental health and psychiatric nurses are important and integral members of the mental health care team offering 90% of mental health services. Stigma towards mental health nursing practice has led to acute shortage in mental health nursing workforce and consequently poor quality of mental health care. **Aim:** to assess the correlates of stigma towards mental health nursing practice among undergraduate Nursing students. **Benefits:** To appreciate the level of stigma in mental health nursing with an aim of destigmatizing the practice and thus increase the workforce in mental health nursing. **Method:** A cross-sectional study was conducted among 90 students at the Universities of Nairobi and Eastern Africa Baraton. A structured questionnaire and focused group discussions were used. Ethical approval was sought form the UON/KNH ERC. Data were collected for a period of 2 weeks. **Data**

**analysis:** The SPSS version 22 was used to analyze the quantitative data whereas the qualitative data from the focus group discussion were analyzed using deductive approach. The correlates were tested using chi-square test. The associations between variables were determined at a P-Value of  $\leq 0.05$ . Final data are presented using frequency distribution tables, pie charts, bar graphs. **Findings:** Stigma in mental health nursing practice stands at 85.6% (n=87). Marital status significantly correlated with stigma towards mental health nursing practice  $p=0.04$  ( $\chi^2 = 7.731$ ). Belief that mental illness is due to demonic possession, shorter clinical placement, lack of motivation by the course lecturers and poor environment of practice correlated positively with stigma towards mental health nursing practice.

**Recommendations:** Improve minimum clinical placement hours, over emphasize on general psychopathology of mental disorders, encourage thorough orientation of students in clinical area, improve sanitation of the environment of clinical practice. **Dissemination:** Results will be presented in scientific conferences, the two schools of nursing and other relevant stakeholders.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background Information

Contemporary literature has revealed that stigma towards mental health profession is a growing concern. A study done in the United Kingdom by Holmes (2006) demonstrated significant level of stigma towards mental illness and mental health profession within general hospital settings. Essentially, stigma towards psychiatry and psychiatric issue are found among London undergraduate students (Holmes, 2006; Mukherjee et al. 2002), emotional wellness medical attendants (Bertram and Stickley 2005), and psychological well-being experts (Lauber et al. 2006). In Australia, it was noted that psychiatrists, psychologists and nurses also try to avoid work in the public health facilities hence more burden in mental health care (Holmes, 2006). The Royal Australian and New Zealand College of Psychiatrists' submission to the Productivity Commission (2005) observed with concern that stigma associated with mental illness was a major issue that impacted negatively on the status and desirability of psychiatry as a profession.

The media pictures and reviews enhance a trust that psychiatric care is a low-skill activity, involving domination, an excessive stage of interpersonal unpleasantness and threat to non-public security (Cutcliffe, 2013). Researchers have reported psychiatry as the least attractive option for nursing students, medical students, qualified doctors and nurses in Australia and New Zealand as well as other parts of the world (Malhi *et al.* 2002, 2003; McParland *et al.* 2003; Hsu *et al.* 2005; Surgenor *et al.* 2005; Happell & Rushworth 2008; Happell 2009).

In Africa, a study conducted among the psychiatrists concerning stigmatization associated with the profession, documented a significantly higher perceived stigma and discrimination experiences (Ndeti et al. 2009). The report recommended that the sustainability of psychiatry as a profession should endeavor to train younger graduates who are molded to address issues concerning stigmatization of mental health illness and profession and develop a better profession-related self-assertiveness. This picture of stigmatization of psychiatry as a profession can be extrapolated to mental health nursing practice. The study done in Kenya on stigma towards mental health nursing practice among mental health nurses in Mathari National teaching and referral Hospital in Kenya, revealed that nurses experiences stigma by association (Kamunge, 2011).

The shortage of mental health and psychiatric nurses globally, has been attributed to stigma towards mental health profession (Gouthro, 2009; Harrison & Hoffman, 2014; Stevens & Graham, 2013). This shortage of mental health and psychiatric nurses has led to poor mental health outcome among the mental health consumers, poor leadership and governance in mental health care, reduced recruitment and retention of mental health nurses (Wagoro, et al 2009; KNCHR, 2011; Stevens & Graham, 2013; Harrison & Hoffman, 2014;). Stigmatization of mental health profession and mental illness has impact on health outcomes of clients with mental illness. This is because stigma contributes to acute shortage of mental health nursing workforce who provides 90% of mental health services (Jenkin, 2010). In addition stigma is a key barrier to seeking health services and therefore to prompt treatment (WHO, 2001). For instance (WHO, 2005; WHO, 2011 & Jenkin 2010) observed that under 30% of the individuals who suffer from mental disorder seek for treatment, and less than 40% of the individuals who get treatment hold fast to it (World Health Organization 2001)

Stigma towards mental health nursing practice is primarily attributed to stereotypical perceptions of people suffering from mental illnesses, media images regarding mental health professionals, the attitude and perception of nursing students, nursing staffs and nursing faculty towards mental health nursing practice (Halter, 2002; Stuhlmiller, 2003-; Halter, 2008; Stuart, 2006; Dearing & Stedman, 2008;; Happel, 2009).

Mental Health/ psychiatric nurses are the largest single component of any hospital staff working as the primary providers of mental health care both in the hospital and in the community (Boswel C and Cannon S. 2011). However, with increased stigma associated with the profession, the shortage in mental health nursing practice workforce is expected to be worse (Whitehead *et al.* 2007; Ng *et al.* 2010). Studies have indicated that undergraduate nursing students have stigmatized the mental health profession (Charleston & Happell 2006; Björkman 2008; Halter 2008; Ross & Goldner 2009). Consequently, Halter (2002) noted that there is a need for the recognition of the presence of negative perceptions and attitude towards mental health nursing practice among baccalaureate nursing students. Mental health Nursing practice is a critical component of Nursing practice in Kenya, over 80% of mental health care services are provided by psychiatric nurses (KNCHR 2011; Jenkins *et al.* 2010).

Therefore, this study sought to assess the correlates of stigma in mental health nursing practice among nursing students in two Bachelor of Science Nursing (BScN) institutions in Nairobi.

## **1.2 Problem Statement**

Modern literature has revealed that there is acute shortage in mental health nursing workforce globally (Stevens et al. 2013; Graham & Duffield 2010; Nadler-Moodie & Loucks 2011), yet the mental health and psychiatric nurses are considered a very vital workforce in mental health care both in the community and in the general hospital (Jesson & Bissell, 2006). Researchers have attributed the shortage of the mental health nurses to stigma associated with the mental illness and mental health practice (Stevens & Graham, 2013; Harrison & Hoffman, 2014). The stigma has negative impact on the health outcome of the mental health consumers leading to morbidity and mortality of the mentally ill clients. The increased morbidity and mortality of the mentally ill as observed by the WHO (2001) is because of the stigma-induced barrier to seeking mental health services. This stigma negatively impact the achievement of the United Nation's Sustainable development goal number three, the Kenyan constitution of 2010 as well as the ambition of the Kenya Health policy framework which all stipulates that every individual (whether mentally ill or not) have a right to access to quality and affordable healthcare and wellbeing (UN-SDGs, 2015).

Globally, few studies have been done to assess attitude and stigma associated with mental health nursing practice (Hapel & Gaskin, 2013; Plattania et al. 2014; Hunter & Shattel, 2015). However, several studies done have focused on stigma associated with mental illness (Angermeyer et al. 2003; Sadow & Ryder 2008; Stevens & Grahams, 2013). In Kenya, the few studies done on stigma towards mental health practice have targeted the health care professionals who are already in service (Ndeti, 2009; Kamunge, 2011). Halter (2002) noted that there is a need for the assessment and recognition of the existence of negative perceptions and stigmatization of mental health nursing by undergraduate nursing students and address the implications of stigmatization of the mental health profession for future practice. No documented studies to my knowledge have been done among baccalaureate nursing students in Kenya to establish the determinants or the correlates of stigma towards mental health nursing practice among nursing students. Therefore, this study sought to assess the correlates of stigma in mental health nursing practice among Baccalaureate nursing students.

### **1.3 Justification of Study**

Current literature has revealed that stigma towards mental health nursing practice and mental illness is a real phenomena among the general public, health professionals, nurse educators, mental health nurses and nursing students (Halter, 2002, 2008; Gouthro, 2015). This has led to reduction in recruitment and retention in mental health workforce globally (Harrison & Hoffman, 2014; Stevens & Graham, 2013).

According to the Kenya Nursing Workforce report (2012), there are a total of 19,591 nurses deployed in various institutions of practice and training. However, only 323 psychiatric nurses have been registered and deployed into the public mental health care institutions. Study conducted by Oywer (2011) revealed a trend in reduction in registration of trained mental health nurses from 45 in the year 2007 to 18 in the year 2009. This statistics depicts that mental health nursing in Kenya is still an unfavorable career in nursing. In fact, a tremendous reduction in enrollment of students pursuing mental health nursing at Mathari National hospital Medical training college from 80 students in the year 2008 to 42 in the year 2015 (HIS-MTC, 2015).

The Kenya National commission on human rights (KNHRC) identified insufficient training opportunities for mental health personnel, stigma and discrimination towards people with mental disorders and mental health profession as some of the limitations to quality and effective mental health care in Kenya. It therefore recommended to the ministry of health and stakeholders in mental health (including training institutions) to create human resources for the emotional well-being part, bolster inquire about on psychological wellness and bolster activities to battle shame and bring issues to light about mental issue even in training institutions (KNHRC, 2011). About 20-25% of the outpatients and 40% of inpatients in general medical facilities have identifiable mental health problems (KNCHR 2011; Jenkins et al. 2010, yet Kenya has less than 1000 psychiatric nurses for the population of approximately 40 million people (KNCHR, 2011). Jenkin et al (2010) stated that only one or rarely two psychiatric nurses exist for every population of 1,500 people mental disorders in Kenya.

The public service commission stipulates that specialization starts at Masters Level. This not only ensure practice at a higher level, but also ensures that there is adequate personnel in the training of students within the nursing profession, mental health nursing included. Therefore this study will explore and assess the correlates of stigma associated with mental health nursing practice and come up with



empirical data and information on how to destigmatize the mental health nursing practice among the nursing students so as to promote recruitment and retention of mental health nursing workforce.

#### **1.4 Significance of Study**

The study sought to identify the reasons for reduction in choice of career in mental health nursing through identification of the correlates of stigma towards mental health nursing practice.

The evidence generated will help policy makers in mental health care to come up with feasible mechanisms of addressing stigma in mental health profession in order to increase recruitment and retention of mental health nursing workforce. The recommendations will be done to curriculum designers on how best to approach stigmatization of mental health and psychiatric nursing in nursing schools.

#### **1.5 Research Questions**

- i. What is the level of stigma towards mental health nursing practice among nursing students at the University of Eastern Africa Baraton and the University of Nairobi?
- ii. What are the socio-demographic correlates of stigma towards mental health nursing practice among nursing students at the university of Eastern Africa Barton and University of Nairobi?
- iii. How does the attitude towards mental illness correlate with the stigma towards mental health nursing practice among nursing students at the University of Eastern Africa Baraton and the University of Nairobi?
- iv. How does teaching and clinical experience in mental health and psychiatry correlates with stigma towards mental health nursing practice among nursing students at the University of Eastern Africa-Baraton and the University of Nairobi?

## 1.6 The Study objectives

### The Main Objective

To assess the correlates of stigma towards Mental Health Nursing Practice among Bachelor of Science Nursing students in two universities in Nairobi-Kenya.

### Specific Research objectives

- i. To assess the level of stigma towards mental health nursing practice among Bachelor of Science Nursing students in two universities in Nairobi-Kenya.
- ii. To establish how the gender of nursing students in two universities in Nairobi-Kenya correlates with the stigma towards mental health nursing practice
- iii. To assess how attitude towards mental illness correlates with the stigma towards mental health nursing practice among Bachelor of Science Nursing students in two universities in Nairobi-Kenya.
- iv. To establish how teaching and clinical experience in mental health and psychiatry correlates with stigma towards mental health nursing practice among Bachelor of Science Nursing students in two universities in Nairobi-Kenya.

## 1.7 Research Hypothesis

**H<sub>0</sub>:** Classroom teaching and clinical experience is not associated with reduction of stigma in mental health nursing practice among Bachelor of Science Nursing students in two universities in Nairobi-Kenya.

**H<sub>1</sub>:** Classroom Teaching and clinical experience is associated with reduction of stigma in mental health nursing practice among Bachelor of Science Nursing students in two universities in Nairobi-Kenya.

## **CHAPTER TWO: THE LITERATURE REVIEW**

### **2.1 The Concept of Stigma**

Several researchers have agreed that there is no consensus on the definition of stigma (Dardas et al. 2015, Gouthro, 2010). WHO (2001) states that stigma is a mark of shame, disgrace, or disapproval that results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society. Croker et al. (1998) considers stigmatization to occur when a person possesses (or is believed to possess) some attribute or characteristic that conveys a social identity that is devalued in a particular social context. Considering all the above point of views, it is evident that the definition of stigma takes a given direction considering what is being addressed and who addresses it. Some researchers consider stigma to be a problem of knowledge whereas others considers it as an element of negative attitude (Dards & Simons, 2015).

Stigmatization in mental health nursing takes into consideration several attributes of stigma as described in Corrigan (2004) model of stigma: 1) hurtful representations of the mental health nursing practice, (2) discrediting the individuals in mental health practice by treating them as different from other healthcare workforce.

### **2.2 Stigma in mental health Nursing Practice and its effect**

Nursing is the largest healthcare profession globally, with 2.6 million registered nurses (Boswel & Cannon, 2011; ICN, 2013). Nurses are the largest single component of any hospital staff working as the primary providers of hospital patient care (Boswel C and Cannon S. 2011). However, globally, there is a reported shortage of mental health nurses which is even expected to worsen as the current workforce ages (Graham & Duffield 2010; Nadler-Moodie & Loucks 2011). Among the attributed factors towards this shortage is stigma towards mental health nursing illness and mental health nursing practice (Gouthro, 2015). Stigma towards mental health profession has been well studied among health professionals and students in general. A study conducted by Gouthro (2015) revealed that stigma in mental health nursing practice is associated with negative attitude towards clients with mental illness and media presentation of the mentally ill and the mental health profession.

Mental towards psychological wellness calling as per Cutcliffe (2013) has negative effect on medical caretakers' profession decisions in the UK and Canada, while various examiners report that psychiatry is the slightest alluring alternative for understudy and qualified attendants in Australia and New Zealand (Happell and Rushworth 2008, Happell 2009; Hsu et al . 2005). It is additionally disregarded by specialists and restorative understudies: subsequently, Surgenor et al. (2005) take note of that ' . . . imitating discoveries somewhere else (McParland et al. 2003), a late investigation of Australian therapeutic understudies demonstrated that understudies appraised psychiatry as one of their slightest appealing or regarded profession choices (Malhi et al . 2002, Malhi et al . 2003) With the expanding disgrace connected with psychological well-being calling, it is clear that watching over the rationally malevolence be risked as a result of decrease in enrollment and maintenance of attendant graduates into emotional wellness hone.

## **2.4 The correlates of stigma towards mental health nursing practice**

### **2.4.1 Socio-demographic correlates of stigma towards mental health nursing practice**

Several socio-demographic variables have been correlated with stigma toward mental health profession. This include socioeconomic conditions, quality of living conditions, knowledge about mental illness, familiarity with the mentally ill, personal or family experience with mental disorder, parental attitudes and the culture of affiliation (Giasuddin & Gal, 2014; Pescosolido et al., 2013). With regard to medical students, for example, age (Al-Ansari & Alsadadi, 2002), gender (Al-Ansari & Alsadadi, 2002; Korszun et al., 2012), contact with the mentally ill (Giasuddin & Gal, 2014) were found to be highly associated. From the above studies, female students, the younger students and those who came from rural and low income families highly stigmatized mental illness and had negative attitude towards psychiatry.

### **2.4.2 Attitude towards mental illness and choice of mental health nursing as a career**

Researchers have demonstrated that undergraduate nursing students are less likely to pursue a career in mental health and psychiatric nursing (Stevens et al. 2013; Björkman 2008; Charleston & Happell 2006;

Halter 2008; Ross & Goldner 2009). Part of the reason for this, is that the care for clients with mental health nursing is considered a routine responsibility as compared to manipulation of technology and daily challenging duties in medical-surgical units as well as in critical care nursing (Happell 2001; Ross & Goldner 2009). A longitudinal study conducted by Stevens et al (2013) in Australia revealed that majority of undergraduate students would rank least mental health nursing as a career of choice, because of the stereotypical beliefs towards mental illness.

There is longstanding proof of medical caretakers showing antagonistic demeanors towards individuals with emotional instability. In a writing audit of emotional well-being clinicians' mentality to patients with marginal identity issue, Sansone and Sansone (2013) reported that a large portion of the studies investigated demonstrated attendants for the most part see people with a conclusion of marginal identity issue as risky and more hard to watch over. Another late investigation of emotional wellness experts' demeanor towards individuals with mental issue, where medical attendants constituted the biggest extent (81.9%) of the example of 140 clinicians, discovered negative states of mind were pervasive among staff in psychological well-being consideration (Hansson et al. 2013). It is along these lines clear that the cliché convictions connected with maladjustment, insufficient presentation to clinical territory and shameful tutoring of understudies to seek after emotional well-being nursing are the key difficulty towards the decision of psychological wellness nursing as a vocation of decision.

### **2.4.3 Nursing education as a correlate of mental health nursing practice**

Studies have demonstrated that nursing faculty's negative perceptions of mental health nursing plays a key role in impacting negative attitude to students considering pursuing mental health nursing practice as a career. Shattel (2009) noted that faculty members in many schools of nursing deliberately shape the nursing curriculum that ensures students acquire skills and knowledge in medical-surgical units before working in mental health and psychiatric units.

Nursing workforce as indicated by shattel (2009), are more worried with the physical needs of the psychological well-being customers than the emotional well-being necessities of restorative surgical nursing customers. The conclusion is that physical needs are more vital than the emotional wellness needs in this manner convey to the supposition that genuine nursing abilities are not accomplished by

rehearsing in psychological well-being consideration. Thusly, nursing personnel ought to utilize a multifaceted way to deal with address disgrace inside nursing instruction. Gouthro (2015) takes note of that if shame connected with emotional well-being nursing is established in disgrace of dysfunctional behavior, it is vital that both marks of shame be tended to together in nursing instruction.

## **2.5 Mental Health Nurses' perception towards mental health nursing**

Generally, nurses are among the most available members of the mental health team available to the community for consultation regarding mental health issues (Jesson & Bissell, 2006). In 2008, Patterson *et al.* (2008; p. 410), stated that mental health nurses (MHN) 'play a major role in the care and treatment of people experiencing mental health problems' and are pivotal to the success of any management strategies (WHO 2007). Nurses play a role in every level of prevention of illnesses generally. Primary, tertiary and secondary prevention of mental illnesses are key primary functions of a mental health nurse. Yet Happel (2008) documented that mental health nurses just like other general nursing workforce experiences workload, stress and burnout, and workplace aggression and violence, might affect the sustainability of the mental health nursing workforce.

The current nursing workforce is ageing as observed by Graham & Duffield (2010). This therefore requires shaping and mentoring the young nurse graduates who will carry the mental health workforce. However, because of the stigma that mental health nurses go through, this effort might be jeopardized.

The mental health nurses have also demonstrated contrary state of mind towards individuals with emotional instability, yet demeanors of wellbeing experts are a key determinant of access to treatment and clinical results in maladjustment (De Hert *et al.* 2011). As indicated by Angermeyer, Schulze and Deitrich (referred to in Gyllensten *et al.* 2011), the most segregating background reported by individuals with emotional instability was contact with wellbeing experts. Facilitate, relatives of individuals with dysfunctional behavior guaranteed they encountered wellbeing experts as narrow minded, with an absence of information and comprehension in cooperating with patients.

Mental health nurses are victims of stigma associated with mental illnesses they therefore experience stigma by association (Stevens & Graham, 2013; Harrison & Hoffman, 2014). This interferes with their professional identity. It has been observed that alteration of strategy, expanded slander of dysfunctional behavior and psychological well-being calling, wellbeing administration conveyance, and undergrad nursing instruction have consolidated to build part equivocalness in emotional wellness nursing, and has affected on MHN professionals in ways which contrarily influence their continuous enrollment and maintenance. This therefore has direct implications for recruitment and retaining of qualified mental health nurses to meet the growing demand of mental health consumers.

## **2.6 Theoretical framework**

The theory used in this study is the attribution theory. This is a cognitive social model that is underpinned on the belief stigma are as a result of processing human knowledge structures since human beings seek for causal understanding of human events (Corrigan, 2000). The knowledge structures are considered means of grouping people within the social domains. Stereotypes are considered "social" due to the fact they symbolize collectively agreed upon notions of organizations of persons. They are "efficient" due to the fact people can rapidly produce impressions and desires of individuals who have a place within stereotyped group (Corrigan, 2000).

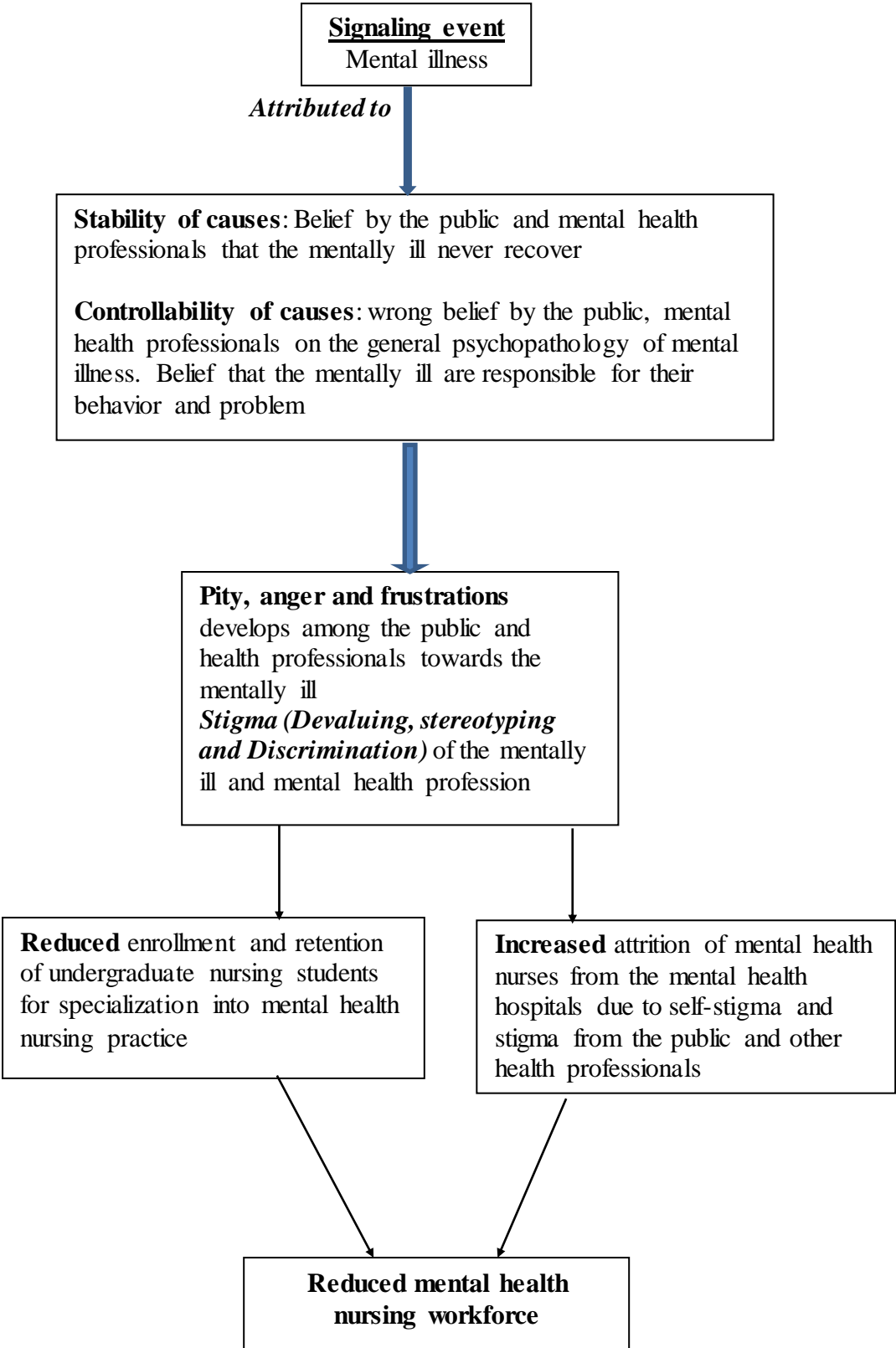
The attribution theory further explains that labeling, devaluing and stereotyping individuals (e.g. those suffering from a mental illness or those in mental health profession) is based on the cognitive, social and emotional constructs an individual has created. The constructs of stability of causality and controllability of causality of mental illness are key constructs in understanding the attribution theory. Stability of causality is a belief that mental illness is a chronic problem and that the victims will never improve thus there is no need to associate or take care of them as mental health professionals. On the other hand, the controllability of cause indicates that humans with intellectual illnesses are accountable for their personal behaviors.

Controllability and stability attributions are useful for identifying how people respond to a signaling event like mental illness and the profession associated with caring for people suffering from a mental illness. However, "these attributions differ from the attitudes about mental illness that have been found in factor analyses of public and professional perceptions of mental illness, namely, that persons with

mental illness are incapable of caring for themselves and that they need to be segregated from society because they are dangerous” (Brockington et al., 1993). The diagram below indicates how a signal event (e.g. mental illness) is cognitively mediated (based on stability and controllability of cause) leading to reduced mental health nursing workforce.



**Stigma in mental health Nursing Practice based on the attribution theory**



## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Study Area**

This study was conducted at the University of Nairobi and the University of Eastern Africa-Baraton-schools of nursing. The two universities were purposively selected for study because of the ease of accessibility of the study participants as well as to meet a substantial sample size for this type of study design. The two universities also have the potential candidates for mental health nursing specialization following completion of undergraduate studies.

The University of Nairobi is one of the main public universities in Kenya. The university has 35 faculties, institutes, schools and centers. It offers 584 programs inclusive of nursing. The school of Nursing is located at the Kenyatta National Teaching and Referral Hospital- the Kenya's largest national referral hospital serving the 47 counties. Among the programs offered, is the Bachelor of Science degree in Nursing.

The University of Eastern Africa-Baraton is a private university under the administration of by the Seventh Day Adventist Church. It was chartered in 1991 by the Kenyan government as a training institution for various degree programs.

### **3.2 Study Population**

The study population consisted of direct entry (those admitted from high school) Bachelor of Science nursing students who had passed both the practicum and theory of the introduced to the Mental health and Psychiatric course in the two universities.

### **3.3 Study Design**

A descriptive cross-sectional study design was used since the study sought to describe a phenomenon (stigma towards mental health nursing practice). This design was also preferred since it is cheap, quick to perform and easy accessibility of study respondents.

### 3.4 Sample Size Determination and Sampling Procedure

#### 3.4.1 Sample size determination

The researcher used Yamen taro's sample size determination formula. It was developed by Yamen Taro in 1967. It is the simplest way to determine the sample size in a situation when there is a known and definite study population (Yamen, 1967).

$$n = \frac{N}{1+N(e)^2}$$

Where;

n = desired sample size

N = accessible population size

e = desired level of precision at 95% confidence interval (0.05)

$$n = \frac{115}{1 + 115(0.05)^2}$$

$$n = 89.32$$

Thus, a total of 90 nursing students were used as study participants.

#### 3.4.2 Sampling procedure

The stratified sampling was used to select the 90 nursing students' participants from the population of 115 nursing students. The students were divided into the two strata: UON and UEAB. The number of participants selected from each stratum was proportional to the population of the strata as illustrated below. A list of all students from each stratum was obtained from the administration in the two schools of nursing and then a numerical number was assigned to each name and then participants were selected by random sampling method from each stratum.

The students sampled from each stratum was allocated using the following sampling frame.

$$\text{Sample size from each strata} = \frac{\text{Total Number of students in that stratum}}{\text{Total Number of students in all the strata}} \times \text{Sample size}$$

Stratum	Total number of nursing students	Sample size determination	Sample size
UON	70	70/115 x 90	55
UEAB	45	45/115 x 90	35
Total	115		90

### 3.5 Inclusion Criteria and Exclusion Criteria

#### 3.5.1 Inclusion Criteria

- i. UON and UEAB- BScN students who had completed by passing both the practicum and the course work of mental health and psychiatric course unit
- ii. Those who consented to study
- iii. Both male and female BScN nursing students

#### 3.5.2 Exclusion criteria

- i. Those who were away from the campus for any reason during the time of this research study.
- ii. Those in-service students (RNs) upgrading to BScN. This is because some of these students have worked in a mental health unit and thus, the information they would give may not objectively be used to assess the stigma associated with the mental health nursing practice due to their perhaps previous exposure to mental health practice.

### 3.6 Recruitment and Consenting procedure

The researcher requested the administration of the two schools of nursing a list of all students (those who had completed and passed the mental health and psychiatry nursing course. Each university was considered a stratum. The researcher then asked for permission from administration to have a meeting with all the students in the list in their various schools. During the meeting, the researcher highlighted the purpose of the study. Then simple random selection from each stratum was achieved by assigning a numerical value to each participant in each stratum and then a research randomizer computer package was used to generate the desired sample size from the two strata. The researcher approached the sampled participants and organized an appointment with them for the administration of questionnaire. During the data collection day, the respondents gathered in their respective lecture halls. The researcher took the students through the participant information

sheet (see appendix I). The respondents signed the consent form if they agreed to participate. There were no any research assistants employed during this study.

### **3.7. Data Collection Instruments and procedures**

The researcher used a self-administered structured questionnaire and focus group discussion (FGD) to collect data from the Bachelor of Science nursing students. The researcher then pretested the tool at University of Eastern Africa- Baraton School of nursing, of which the statistical analysis of reliability of the tool yielded an alpha cronbachs's of 0.78.

#### **3.7.1. The Self-Administered Questionnaire**

It has a total of seventy one (71) item distributed in the four sections (See Appendix II)

**(1) Section one: Socio-demographic Data and Previous exposure to mental health care:**

Section one will include the socio-demographic characteristics of the study respondents. This includes age, gender, marital status, academic year and previous consultation for mental/neurological complaints by the respondent/family member.

This part of the questionnaire was developed in order to capture the socio-demographic correlates of stigma towards mental health nursing practice.

**(2) Section two: Involves Assessment of attitude towards mental illness:** This section was developed by the researcher himself in order to assess the level of stigma towards mental illness and was used to ascertain how it correlates with stigma towards the mental health nursing practice. The respondents responded on a five-point Likert scale. The total score is 50. The cut points have been determined to illustrate the magnitude of stigma towards mental illness.

Less than 10	Absence of stigma
10-24	Low level of stigma
25-39	Moderate level of Stigma
Above 40	High level of Stigma

(3) **Section three will include the perception and attitude of the respondents concerning classroom teaching and clinical experience at Mathari national teaching and referral hospital:** This tool had some questions adopted from Happell et al (2008) to ascertain how classroom teaching and clinical experience correlates/influence stigma towards mental health nursing practice. The respondents will give their response on a five-point likert score depending on how they strongly agree or disagree with the statements.

(4) **Section four: The 33-item ‘Modified Balon Attitudes Questionnaire’ (MBAQ) for assessing attitude toward Mental Health Nursing practice.** The original version of this questionnaire was developed by Balon et al (1999), which assessed attitude towards psychiatry. The original scale showed an internal reliability (Cronbach’s alpha = 0.79). The researcher however, has adopted this to assess the attitude towards mental health nursing practice among the nursing students. For example, the terms Psychiatrists have been replaced by mental health and Psychiatric nurses and psychiatry profession replaced by psychiatric nursing. Other have been added by the researcher in order to explore more on the job availability, grant opportunities and perceived political support in mental health.

The responses are given on a 1 (strongly disagree) to 5 (strongly agree) Likert scale. The responses of each statement will be summed into a total score (range: 33– 165).

The determination of stigma towards mental health nursing practice was as follows;

33- 66 denote no stigma hence higher attitude towards mental health nursing practice.

67-100 denotes moderate level of stigma towards mental health nursing practice

101- 165 Denotes high level of stigma towards mental health nursing practice

### **3.7.2 Focus group discussion**

The qualitative data was collected using the focus group discussion. The focus group discussion guide was developed by the researcher himself. The respondents from the UEAB were coded as PUE whereas the respondents from the UON were coded as PU.

Students were requested to volunteer to be part of the FGD. The respondents during the focus group discussion, were from the group that had also filled the structured questionnaire. Seven (7) participants from UON and seven participants from the UEAB sample volunteered to create a FGD. Data was then collected from the respondents using audio-recording and field notes during the FGD.

### **3.9 Data Management and Analysis**

Analysis of quantitative data: Following data collection, questionnaires were checked for completeness, validity and clarity and entered into statistical package for social sciences (SPSS) version 22.0 software for analysis.

Associations between variables (gender versus stigma towards mental health nursing practice, level of stigma towards mental illness and choice of career in mental health nursing, attitude towards coursework and clinical experience in mental health unit versus choice of mental health nursing as a career) were tested using *chi-square*. Associations between the variables was calculated at 95% confidence interval (P-value of  $\leq 0.05$ ), to minimize the statistical error and hence have credible findings. The final data presented using the pie charts, frequency distribution tables, histograms (see Chapter 4) for the results.

The confounding variables were managed using the exclusion criteria as highlighted above.

The qualitative data from focused group discussion was collected, transcribed and coded. Results were analyzed using the deductive approach and based on the frequency of how the students described the subject matters, four main themes emerged: Socio-demographic factors' (age and gender) influence on choice of mental health Nursing practice, The attitude towards the mentally ill and the choice of career in mental health Nursing practice, the impact of classroom teaching and clinical experience in the choice of mental health nursing practice and finally, the future of mental health nursing practice in the nursing profession.

### **3.10 Study variables and Conceptual Framework**

#### **3.10.1 Independent Variables**

- i. Student's gender and age as a Socio –demographic characteristic
- ii. General attitude towards the coursework and clinical experience in the mental health unit
- iii. Knowledge and attitude towards mental illness.

#### **3.10.2 Intervening Variables**

- i. Student's religion and ethnic group
- ii. Previous personal or family experience with a mental illness, age of the student

#### **3.10.3 Dependent Variable**

Stigma towards Mental health Nursing Practice (as indicated by devaluing, labeling and stereotyping mental health nursing practice)

#### **3.10.4 Outcome Variables**

Increase or decrease in mental health work force

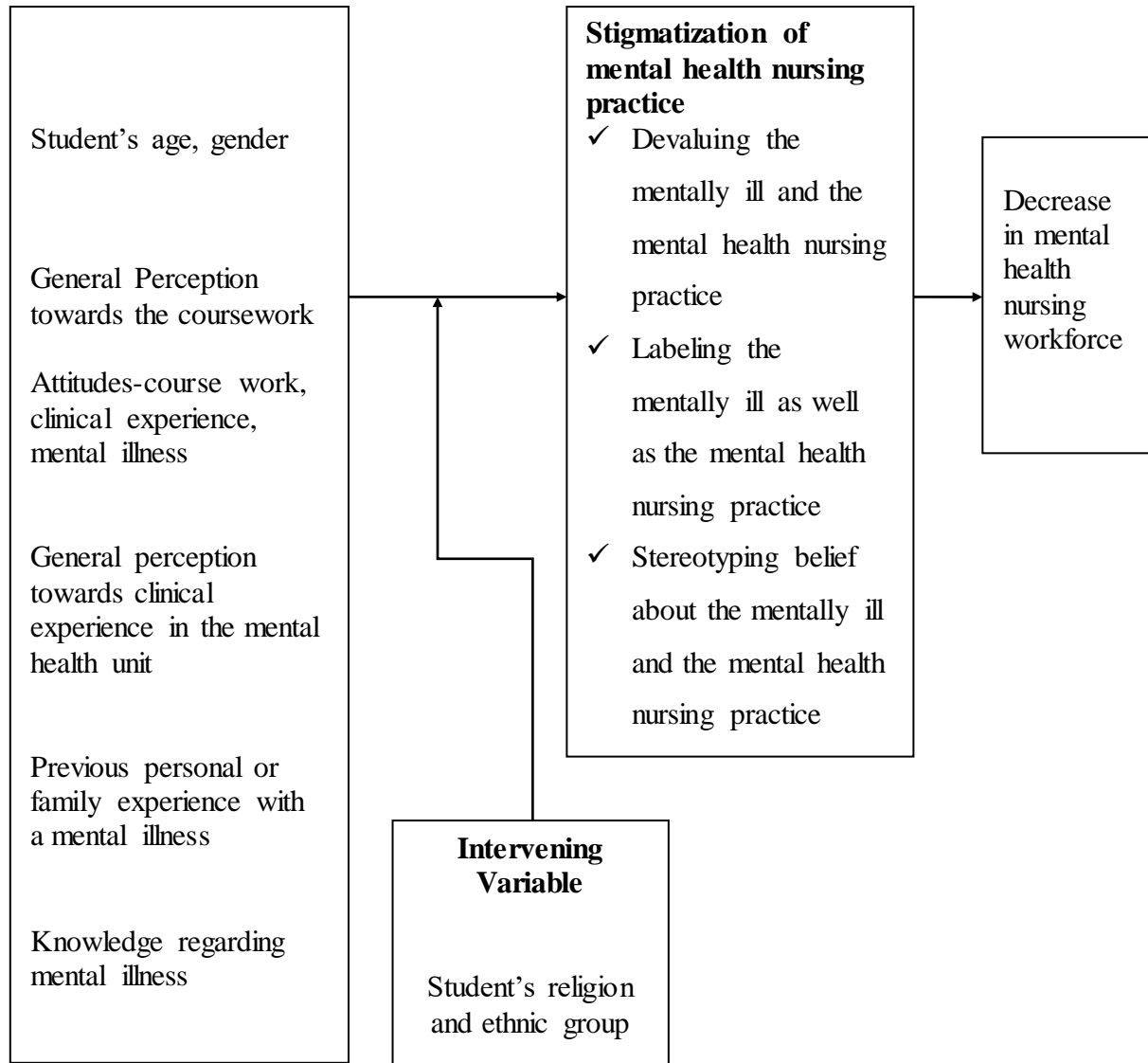


### 3.10.5 Conceptual Framework

#### Independent variables

#### Dependent variable

#### Outcome Variable



### 3.11 Dissemination Plan

- i. The ethics and review committee will be supplied with a copy of the entire research report.
- ii. The findings will be delivered to the school of nursing sciences faculty and students during the thesis defense and in the school websites.
- iii. A copy of the final research report will be made available at the UON and UEAB libraries for future reference.
- iv. It will be published in one of the international journals.
- v. Report of this finding will be presented during the annual psychiatric Nurses chapter association general conference as a scientific evidence for mental health nursing practice and training regarding anti-stigma campaign on mental illness and attitude towards mental health nursing in training institutions.
- vi. The findings has been presented at the 55<sup>th</sup> National Nurses association-Kenya (NNA-K) scientific conference. The abstract was accepted at the 3<sup>rd</sup> International Conference on mental health and human resilience in Rome-Italy. The manuscript has also been submitted and awaits publication in the Journal of advances in Nursing (**Manuscript Identity Number-8320412**).

### **3.12 Ethical Considerations**

The study was approved by the University of Nairobi- Kenyatta National Hospital Ethics and Research Committee (appendix IV), UON and UEAB schools of nursing administration (Appendix V and VI respectively). Participants signed the voluntary informed consent prior to participation having known the details and purpose of the study. In addition, there was no any coercion or inducement to participate. Anonymity of participants was ensured by serializing the structured questionnaires. No form of identification was required from participants or any markers to identify participants noted on any questionnaires or recorded discussion during FGD. All research tools were only be accessible by the researcher only. They were stored under lock and key and research information in computers under passwords.

The contact of the member of the ethics review committee and that of the research supervisor were made available on the consent form just in case the participants felt that their rights were impeded during the course of the study.

The participants were allowed to ask questions and answers provided to their satisfaction. The researcher also asked the participants questions on the information provided to ascertain their comprehension about the study before they could sign the consent forms. The researcher gave feedback and recommendations after the study was completed to ensure the participants benefited from the study findings. Furthermore, the participants were assured that researcher has no any conflict of interest regarding this study.

Participation in this was voluntary and there is no compensation for participating in the study. Refusal of participants to take part will not attract any penalty. The participants retained the right to withdraw from the study without any consequences. They were free not to answer any question they felt uncomfortable answering.

The researcher and the supervisors declares no conflict of interest regarding this study.

## CHAPTER FOUR: RESULTS

### 4.1 Introduction

This chapter presents the findings from both the qualitative and quantitative data. The results have been organized based on the research objectives which included: i) to assess the level of stigma in mental health nursing practice among nursing students; ii) to establish how the gender of nursing students correlates with the stigma towards mental health nursing practice; iii) to assess how knowledge and attitude towards mental illness correlates with the stigma towards mental health nursing practice and iv) to establish how teaching and clinical experience in mental health and psychiatry correlates with stigma towards mental health nursing practice.

In this study, a total of 90 nursing students who were sampled to participate in this study responded to the questionnaire representing 100 % response rate. Regarding FGD however, one student did not turn up for the discussion, leaving a response rate of 93%.

### 4.2 Demographic Profile of Respondents

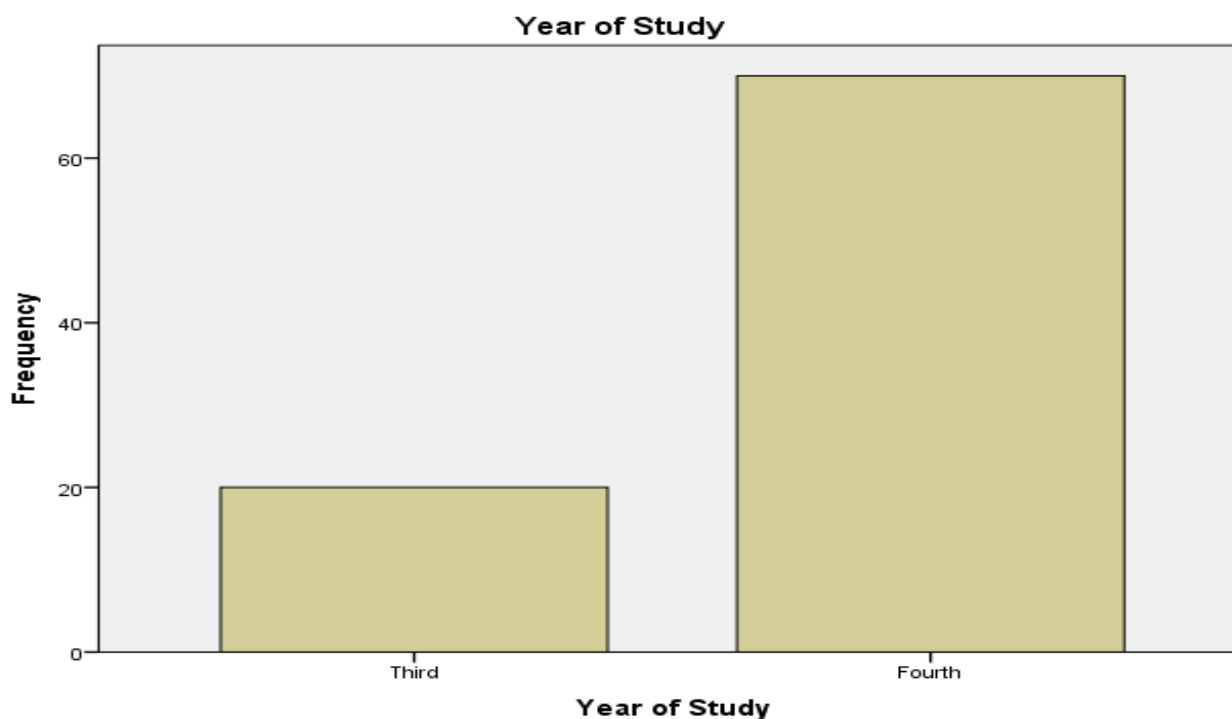
Table 1: Demographic Characteristics of Respondents

Demographic Factor	Categories	N	%
Age	16-20	4	4.4
	21-25	71	78.9
	26-30	10	11.1
	31-35	2	2.2
	36 and above	3	3.3
Gender	Male	37	41.1
	Female	53	58.9
Marital Status	Single	76	80
	Married	13	18.9
	Separated/Divorced	1	1.1
Year of Study	Third	20	22.2
	Fourth	70	77.8
Institution	UoN	55	61.1
	UEAB	35	38.9

Permanent Address	Urban	35	38.9
	Rural Area	55	60.0

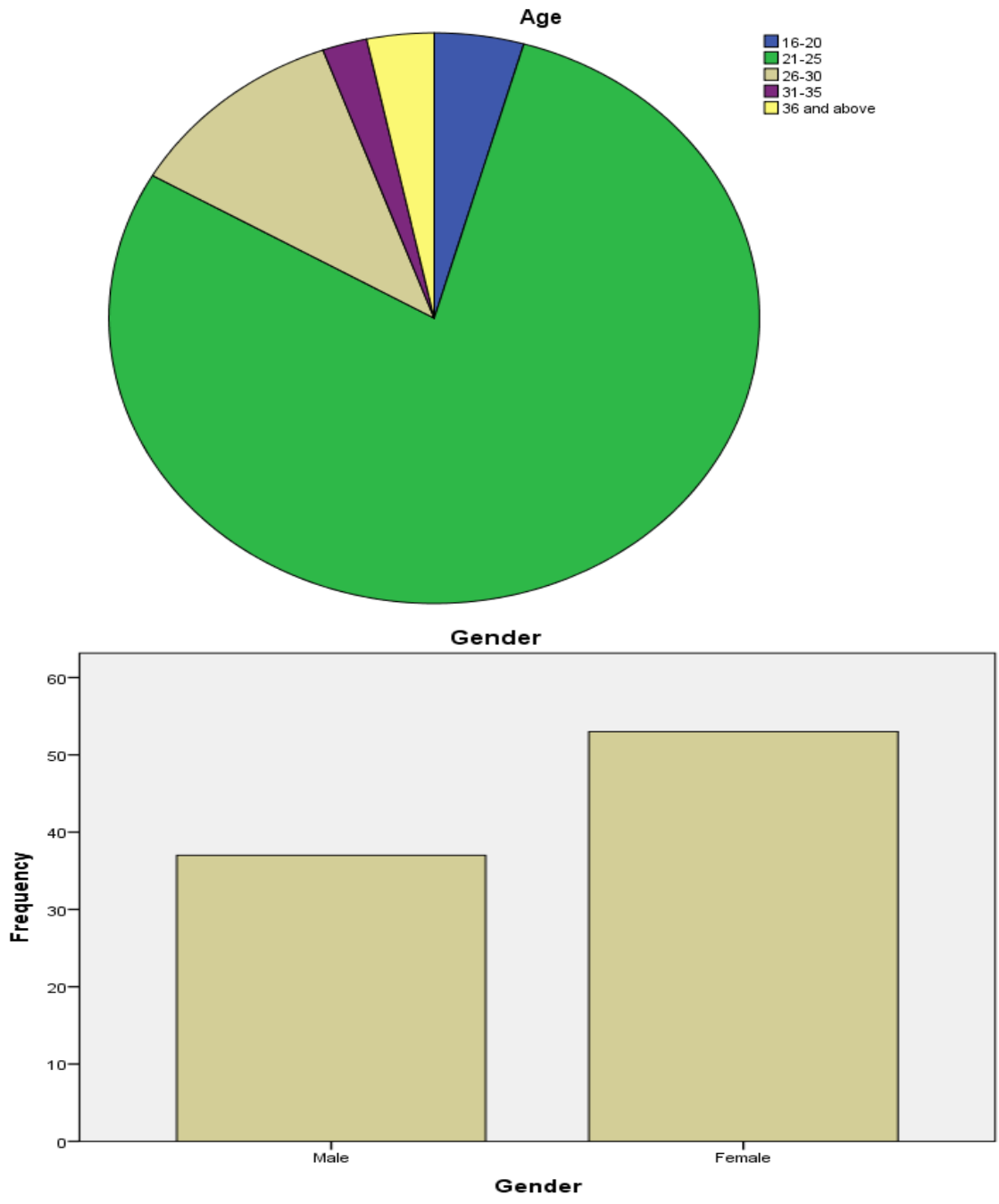
As indicated in table 1.0, majority of the respondents (n=71) were aged between 21-25 years. Most of whom single as represented by 80% (n=76) while 18.9% (n=13) were married. In this study most respondents were in fourth year of study as represented by 77.8% (n=70) while 22.2% (n=20) were in third year of study. In terms of residence 60.0% (n=54) had a permanent rural address while 38.9% (n=35) had a permanent urban address. In this study 94.4% (n=85) had not consulted a mental health professional due any mental health problem while a similar proportion of 94.4% (n=85) indicated that none of family members has ever visited a mental health professional due to any mental health problem.

The diagrams below illustrate more on the distributions as far as the socio-demographics as well as those respondents who have either visited a mental health professionals or those whose relatives have visited a mental health professional.

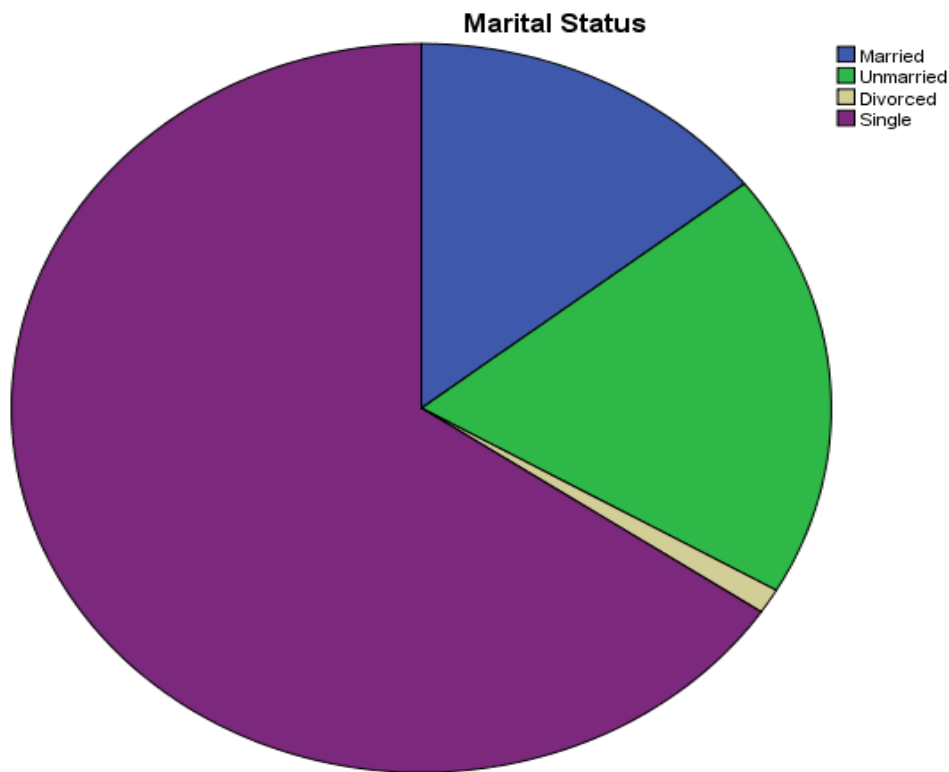


***Diagram 1: Year of study of the Nursing students***

***Diagram 2. The age of the undergraduate nursing students who responded***



*Diagram 3. The Gender of the Nursing students in terms of their response to the questionnaire*



*Diagram 4: The diagram indicating the marital status of the Nursing Students*

#### **4.3 Level of stigma in mental health nursing practice**

This was assessed using the general perception of nursing students towards mental health nursing practice. Those who negatively perceived the practice were considered to highly stigmatize the mental health nursing practice. Some statements were scored using the Likert scale of 1-5. The total score for each respondent was determined and ranked using the scale highlighted in the methodology above. The Table 2.1 and 2.2 below, illustrates the result.

Table 2.1: Level of stigma in Mental health Nursing practice

Level of stigma	Categories	N	%
33- 66	No stigma	13	14.4
67-100	Moderate level of stigma	28	31.1
101- 165	High level of stigma	49	54.4

Table 2.1 above illustrates the level of stigma towards mental health nursing practice. As illustrated, it indicates that stigma in mental health nursing practice stands at 85.6% (N=77). This is the total number of those who moderately stigmatized the practice and those who highly stigmatized the practice. Whereas those who did not stigmatize mental health nursing and thus were willing to specialize in mental health nursing practice upon completion of undergraduate study was 14.4% (N=13).

Table 2.2: Perception of nursing students towards mental health nursing practice

Elements on mental health practice	Mean	SD
Although I am interested in psychiatry nursing, no effort was made by my Psychiatry lecturer to encourage my becoming a mental health-psychiatric nurse at my nursing school.	3.49	1.37
My psychiatry nursing lecturer encouraged to pursue mental health and psychiatry.	3.44	1.31
My mental health and Psychiatry nursing teachers are too frequently apologetic on the sorry state of mental health services when teaching psychiatry nursing	3.42	1.24
Compared to other courses, there was a better support in this courses than others while I was in clinical area.	3.37	1.26
My clinical placement was long enough to help my understanding of psychiatric/mental health nursing.	3.08	1.47



My clinical experience with the mentally ill clients made me change my negative attitude towards them.	2.94	1.33
Nursing staff were familiar with the learning objectives of my course.	2.94	1.05
The environment of practice was conducive for both me and my clients.	2.88	1.23
I always looked forward to my next day of my clinical experience	2.86	1.29
The nursing staff demonstrated a high level of clinical skill.	2.78	1.15
Generally, I enjoyed my psychiatric/mental health placement.	2.76	1.29
The orientation to my clinical area on arrival was very thorough	2.74	1.26
The nursing staff supported in the clinical area	2.71	1.17
The nursing staff were sensitive to the needs of psychiatric clients, hence I was motivated to care for the clients with dignity too	2.69	1.25
I always looked forward to my next class session on Mental Health and Psychiatry Nursing Unit	2.68	1.27
My theory lessons prepared me well for the clinical experience	2.53	1.16
Most non-mental health nursing lecturers and staff at my nursing school are respectful of psychiatry and mental health nursing	2.5	1.19
My psychiatry lecturer/clinical teacher supported me in the clinical area, thus it was easy for me to integrate theory into practice	2.5	1.23
The clinical objectives given to me by my psychiatry lecturer were achievable thus it made my learning easier in the clinical area	2.47	1.09
My theory in mental health nursing gave me a good understanding on the roles of a psychiatric nurse	2.17	1.11
My clinical experience with the mentally ill clients made me change my negative attitude towards them	2.03	1.25

*Likert scale: 1 = Strongly Disagree, 2 = moderately disagree, 3 = uncertain, 4 = agree, 5 = strongly agree*

In table 2.2, it was observed that student perception that their clinical experience made them change their attitude towards mentally ill clients had the lowest mean rank of 2.63 in contrast to the notion that

“no effort was made by their psychiatry lecturer to encourage them to become a mental health-psychiatric nurse at my nursing school’ which had a highest mean rank of 3.49. This indicates clinical experience had a strong effect in changing the attitudes of students towards patients with mental illness hence reduce stigma towards mental health nursing practice.

### **The FGD on the future of mental health nursing practice**

In one subset of the participants in the FGD, the views about the outlook of mental health were mixed with uncertainty and negative views amidst some glimmers of hope. Only two respondents, PU1 and PU5, were confident to state clearly that there is a bright future. The rest were negative, especially regarding the ongoing trend in the career path. Out of these, there were recommendations that changes have to be made in teaching and clinical areas if more students and nurses are to be motivated to take up mental health as a field. In addition to that, the contribution of the government was called for to ensure that the facilities and equipment in mental health are of the right standard. In the other FGD, every respondent was convinced that mental health has a bright future save for PUE1. According to their collective views, many nurses will take up mental health in the future, there is a promising future, the remuneration is encouraging, and greater technologies are being developed. PUE6 was even convinced that the career path is at its peak. However, there is need to ensure favorable conditions to continue with the promising trend and motivate more nurses to join the field. With the above views, only 2 out of the 13 participants pledged their approval to the extent that they could choose mental health as a practice. The following is an excerpt from one of the participants who strongly agreed to consider specializing in psychiatry;

*PU4: “to me, I would really want to specialize in mental health and psychiatry because I found it a challenging experience for me. And me, I like working very much in a challenging environment (smiles broadly).”*

### 4.3 Sociodemographic profile of nursing students and stigma towards mental health

The age and gender were the key variables which the researcher was interested in. table 3 below illustrates the findings as well as the views of the nursing students regarding how the choice on mental health nursing practice is influenced by age and gender.

**Table 3: Demographic profile versus level of stigma**

Demographic Factor	Categories	Level of Stigma			Chi-Square test
		Low	Medium	High	
Age	16-20	0	4	0	$\chi^2=5.226$ df=8 p=0.883
	21-25	6	61	4	
	26-30	0	8	2	
	31-35	0	2	0	
	36 and above	0	3	0	
Gender	Male	3	30	4	$\chi^2=2.041$ df=2 p=0.360
	Female	3	48	2	
Marital Status	Single	0	13	0	$\chi^2=7.731$ df=6 p=0.04*
	Married	0	14	3	
	Separated/Divorced	0	1	0	

\*Significant at  $p < 0.05$

In table 3.0 it was observed that marital status at  $p=0.04$  ( $\chi^2 = 7.731$ ,  $df=6$ ) was significantly related to level of stigma on mental health. The respondents who were single and unmarried, highly stigmatized mental health nursing practice. On the other hand age  $p=0.883$  ( $\chi^2 = 5.226$ ,  $df=8$ ), gender at  $p=0.360$  ( $\chi^2 = 2.041$ ,  $df=2$ ) were not statistically significant.

#### The FGD on age and gender and how it correlates with choice of mental health nursing practice

The participants presented varied views regarding age, gender, and the impact of these socio-demographics on mental health as a field of study and career path. From the outset, it was clear that the respondents perceived age and gender as significant factors that could influence the attitude and perception towards mental health. Several participants noted that older people or nurses are more likely to choose mental health as a career path as opposed to younger ones. For instance, one participant stated that “older nurses have more understanding of what ideal nursing is than younger ones and would

therefore choose mental health more easily than younger ones”. A view that was echoed by three other participants. The striking notion was that with age, nurses realize that mental health is a career course like any other. The following is an excerpts from participant number 4 (PU4).

*PU4. “...with time, one realizes that mental health is similar to other fields of nursing.”*

The gender of the nurses was also highlighted as an important influencing factor. There was marked discrepancy as gender is concerned. Several participants believed that male persons would choose to specialize in mental health nursing practice because of their masculine nature to handle violent mental health patients than for female nurses (PUE1, PUE2, and PUE6). On the other hand, PUE3 and PUE4 proposed that females can take better care of mental health patients because of their motherly nature and their ability to connect emotionally.

#### **4.4: Attitude towards mental illness and stigma towards mental health nursing practice**

Attitude towards mental illness was measured and correlated with stigma towards the choice of mental health nursing practice. Table 4 below illustrates the attitude towards mental illness and stigma in mental health practice. This is followed by the discussion on the same and how it influences their choice of specialization in mental health nursing practice.

**Table 4: Respondents attitude vs. stigma on mental health nursing practice**

Attitude	Categories	Level of Stigma on mental health nursing practice		Chi-Square test
		Moderate	High	
Mental ill clients are violent	Agree	10	54	$\chi^2=0.177$ ; df=1, p=0.677
	Disagree	5	21	
Mental ill clients are risk to family	Agree	13	57	$\chi^2=0.690$ ; df= 1 p=0.406
	Disagree	2	17	
Mental illness is due to demonic possession	Agree	6	8	$\chi^2=8.188$ ;df=1, p=0.004*
	Disagree	9	67	
I would share transport with mental ill patient	Agree	12	56	$\chi^2=0.129$ ;df=1, p=0.719
	Disagree	3	18	
I would rent an apartment to a mentally ill client on treatment	Agree	11	47	$\chi^2=0.621$ ;df=1,p=0.431
	Disagree	4	28	

I would employ a mental ill person as a casual worker	Agree	5	28	$\chi^2=0.086;df=1,p=0.769$
	Disagree	10	47	
It is the fault of the mentally ill that they are in their present condition	Agree	6	12	$\chi^2=4.373; df=1,p=0.037^*$
	Disagree	9	62	
Mental illnesses are generally controllable	Agree	13	60	$\chi^2=0.363; df=1,p=0.547$
	Disagree	2	15	

\*Significant at  $p<0.05$

According to table 4.0 above, the perception that mental illness is due to demonic possessions was statistically significant at  $p=0.004(\chi^2=8.188;df=1)$ . Also, the belief that it is the fault of the mentally ill to be in their present condition was also found to be statistically significant at  $p=0.037(\chi^2=4.373; df=1)$  hence correlated with stigma towards mental health nursing practice. On the other hand, sharing transport, employing a mentally ill, the belief that the mentally ill are generally controllable, renting an apartment to the mentally among others, were all found out to be non-significant.

### **The FGD on attitude towards the mentally ill and influence on mental health nursing career**

The general attitude towards mental health career appeared to be different from the particular attitude towards mental health patients but both were perceived to contribute to the selection of MH as a career path. At least three of the participants had their perceptions changed by taking mental health classes and clinical experience. The following are what participants number 3 and four said respectively.

“...I may not take mental health as a career although my perception has changed.” PU3

“...I had stereotyped psychiatric patients before going to Mathari, but my attitude changed.”  
PU4

PU 6 also denoted that the attitude towards mental health patients changed after seeing how medications are able to help them get back to the community and lead fairly normal lives while PU7 stated that the attitude before and after taking mental classes was different. Several participants – PU1, PU2, and PU5 considered mental health patients are violent and abusive. For these reasons, they are unlikely to take mental health as a career path. According to PU6, the recurrent nature of mental illnesses is discouraging

the relapses have led to a negative perception to the career path. While PUI expressed liking mental health practice, its demanding nature is discouraging.

Other respondents recorded that mental health patients are demon possessed, recurrent, and violent hence discouraged them from taking mental health nursing practice.

The most positive perception came from PUE5 who viewed the mental illness patients are normal humans and stating that the field would be something to yearn for. Interestingly, while PUE6 expressed the perception that patients may be violent, it is still something worth pursuing.

#### 4.5 Classroom teaching, clinical experience and stigma towards mental health nursing practice.

Table 5 and the focused group discussion guide below illustrates the attitude and perception towards classroom teaching and clinical experience among nursing students and how they influenced student's perception towards mental health nursing practice.

Table 5: Learning experience versus stigma on mental health nursing practice

Learning/placement experience	Categories	Level of Stigma on mental health nursing practice		Chi-Square test
		Moderate	High	
I always looked forward to my next class session on Mental Health and Psychiatry Nursing Unit.	Disagree	8	58	$\chi^2=3.682$ ; df=1, p=0.05*
	Agree	7	17	
I always looked forward to my next day of my clinical experience.	Disagree	9	54	$\chi^2=.857$ ; df= 1 p=0.355
	Agree	6	21	
Theoretical component of mental health nursing prepared me for clinical placement.	Disagree	11	59	$\chi^2=0.206$ ;df=1, p=0.650
	Agree	4	16	
My mental health and Psychiatry nursing teachers are too frequently apologetic on the sorry state of mental health services.	Disagree	9	33	$\chi^2=4.188$ ;df=1, p=0.027*
	Agree	6	41	
The duration of stay in clinicals was long enough to help me practice better	Disagree	12	39	$\chi^2=3.991$ ;df=1,p=0.046*
	Agree	3	36	

I enjoyed mental health nursing clinical experience.	Disagree	11	56	$\chi^2= 0.012;df=1,p=0.914$
	Agree	4	19	
I was well oriented to my placement.	Agree	12	53	$\chi^2= 14.92; f=1,p=0.005^*$
	Disagree	2	22	
My Psychiatry lecturer encouraged me to become a psychiatric nurse.	Agree	9	32	$\chi^2= 2.000;df=1 p=0.157$
	Disagree	6	42	
I was well guided in clinical placement for this course than any other courses I have done	Disagree	10	35	$\chi^2=2.000; df=1,p=0.156$
	Agree	5	40	

\*Significant at  $p<0.05$

According to table 5 above, majority of the students who highly stigmatized mental health never anticipated for their next class session on mental health and psychiatric nursing practice  $p=0.05(\chi^2=3.682; df=1)$ , they believed that their mental health and psychiatric lecturers were frequently apologetic on the sorry state of mental health services at  $p= 0.027 (\chi^2=4.188;df=1)$ , they also reported that the clinical placement was not long enough to enable them meet their clinical objectives  $p=0.046 (\chi^2=3.991;df=1)$ , they also believed that they were well oriented to their clinical area  $p=0.005 (\chi^2=14.92; df=1)$

### **The FGD on classroom teaching, clinical experience and choice of mental health practice**

The predominant perception was that class teachings were inadequate and did not provide sufficient impetus whilst clinical experience brought in the reality but failed in myriad ways some being the violent nature of patients while others including the poor sanitation of wards. Even though PU1, PU2 and PU4 reported that clinical experience exposed them well to the field of mental health practice, they however stated that mental health lectures did not have much effect on them because class material was hard to grasp and teaching modes were inadequate. Participant number 4 (PU4) condemned the violent clinical handling of mental health patients. On the other hand, PU5 appeared positive about mental health lecturers and class sessions alluding that they were of great help in providing motivation to care for mentally ill. The following is an excerpt from Participant number 5.

*“...Class motivated me, showing me that it is normal to be abnormal. It motivated me to take care of mentally ill better.” PUE5.*

Despite the negative, the general perception of class experience amongst other set of respondents, denoted positive and some linked the theory they received to their motivation in clinical practice. PUE1, PUE2, PUE5, and PUE6 agreed that class sessions were motivating although PUE6 may have been demotivated when group sessions started taking shape. Amongst these respondents, only PUE1 was later demotivated by clinical experience while the rest expressed an increase in their motivation for mental health. On the other hand, PUE2 and PUE3 were demotivated during their class sessions of mental health and they further cited that clinical experience was motivating due to the touch of reality.

Every respondent seemed to agree that the environment in the clinical areas they were attached to was of poor sanitation and the condition deplorable. Common complaints included dirty beddings, presence of vectors and rodents, poor drainage, and foul smell coming from the aggregate condition from the environment. The perceptions were only positive when it came to expressing views regarding the competence of the nurses working in the wards. Almost everyone agreed that the nurses are competent but the prevailing concern was the handling of the patients, which to some was harsh and violent. The following is an excerpt from respondent number 4.

*“...Some staffs were harsh to patients and patients were in fear of their treatment especially with regards to being given a ‘stopper’.” PUE4*

### **Research Hypothesis Testing for statistical significance**

At a P- Value of  $\leq 0.05$ , the assessment as to whether clinical teaching and clinical experience correlated with reduction of stigma in mental health nursing practice among the undergraduate nursing students, yielded a P- value of 0.004\* at a chi-square value of 4.373.

The researcher therefore rejects the null hypothesis and accepts the alternative hypothesis.



## **CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

### **5.1: Introduction**

This chapter presents the discussion of the main findings of the study. It is organized in terms of the objectives of the study. It has considered other studies whose findings either corresponded to or disagreed with the findings of this study. This chapter also gives the basic rationale behind the findings of this study. The conclusions based on the significant findings have been withdrawn and recommendations given.

### **5.2: Discussion**

#### **5.2.1: Level of stigma in mental health nursing practice among undergraduate students**

This study revealed that the students still negatively perceives mental health nursing practice and thus indicating high level of stigma towards mental health nursing practice. The result indicates that stigma towards mental health nursing practice stands at 85.6%. In this study, those who had stigma towards mental health nursing practice correlated it to shorter duration of mental health nursing clinical placement and lack of motivation from the course lecturers. This corresponds to studies conducted by Happel (2008) and Lyons (2013) that revealed that stigma towards mental health practice among undergraduate medical students stood at 82.4% (N=134) and 87(N=101). The literature has it that students and non-mental health staffs stigmatize mental health profession due to negative attitude towards the mentally ill. Majority of them feeling that the mentally ill clients are violent as well as having demonic possession (Brian, 2008; Whitehead, 2007). Those who spend longer time in clinical placement have lower level of stigma as compared to those who spent longer time (at least 2 months) in clinical placement. However contrary to another study conducted by Kessler et al. 2010, it noted low level of stigma towards the mental health practice at 16.2% (N=45). However, this is because this study was conducted among those who were already in practice and thus had experience with the mentally ill and environment of mental health practice.

### **5.3. Establishment of how socio-demographic profile of nursing students correlates with stigma towards mental health**

This study clearly revealed that marital status of the respondents correlates significantly with stigma towards mental health illness and practice. The single and unmarried respondents highly stigmatized mental health nursing practice. The divorced/separated individuals are less likely to stigmatize mental health and psychiatric illness more than the married or the never unmarried (single). The finding is corresponding to that conducted by Lyons (2013) and Whitehead (2007) that revealed that those who were divorced and has had an experience of visiting a mental health professional for guidance and recovered from the psychological impact of divorce, less likely stigmatized the mental health profession. However, the results of this finding corresponds to that of Fredrick et al. (2013), Kassam (2011), Braunhaults (2007) and Graham (2010) that revealed that gender and age significantly impact perception and attitude towards mental health practice. The female and those who are young, are more likely to stigmatize the mental health practice respectively. Literature indicate that this could be due to the ‘violent’ nature of the mentally ill clients who can best be handled by male nurses as well those who are elderly and experienced in taking care of the mentally ill (Graham, 2010; Naddler, 2011)

### **5.4. Assessment of how attitude towards mental illness correlates with the stigma towards mental health nursing practice.**

This study has revealed that majority of the students who had negative attitude towards the mentally ill had negative perception towards the mental health nursing practice. The students still have the perception that mental illness is due to demonic possessions. Also, the belief that it is the fault of the mentally ill to be in their present condition. This finding corresponds to that of Giaasudin (2015) and Gouthro (2009) that those who have negative attitude towards the mentally ill are more likely to fear practicing mental health. There were no literature to my knowledge that disagreed with my study finding.

### **5.5 Establishment of how Classroom teaching and clinical experience correlates with stigma towards mental health nursing practice.**

The finding on this study regarding exposure to clinical area as one of the key correlates to stigma regarding mental health nursing practice is supported by previous researchers (Lyons & Janca, 2015; Oywer, 2011; Sajied et al. 2009; Happel, 2008; Holm-Peterson, 2007) who agree that longer clinical experience reduces stigma in mental health among students. This can be attributed to contact theory in social psychology that states that any contact/exposure to a given stereotyped phenomena leads to adaptation and a positive change of attitude (Corrigan & Penn, 1999). The students change their perception towards mental health and psychiatry if the mental health nurses becomes good role model in the mental health unit as well as when the students come into reality with the general psychopathology and client presentation in reality within the mental health unit.

The psychiatric lecturers act as mentors not only in classroom but also in the clinical area. The findings in this study corresponds to other studies that reported that failure to inculcate the principles of mental health and psychiatric practice to students lead to poor outcome regarding choice of mental health and psychiatry practice(Oywer, 2011;Kassam 2011, Happell, 2008). Therefore the key values of an ideal understanding of mental health and psychiatry is to be imparted to students by their mentors in classroom and clinical area. This reduces stigma towards the mental health ad psychiatric nursing practice.

## **5.3 Conclusion and Recommendations**

### **5.3.1 Conclusion**

Based on the findings of this study;

- i. The stigma towards mental health nursing practice among the undergraduate nursing students stands at 85.6%.
- ii. The stigma towards the mental health nursing practice correlates positively with the shorter period of clinical placement. The respondents failed to have adequate contact with the mentally ill in the clinical setting.
- iii. The psychiatry lecturers are apologetic on the sorry state of mental health nursing practice. Thus they did not encourage students to consider specializing in mental health and psychiatry nursing upon completion of their undergraduate studies.
- iv. The belief that mental illness is due to demonic-possession as well as it is the fault of the mentally ill that they are in their current state is still being held among nursing students hence this makes them not able to consider nursing practice.
- v. Orientation given to students into a mental health facility is key in reducing stigma towards mental health nursing practice
- vi. The environment of care of the mentally ill is non-hygienic for the patients and thus not even conducive for nursing students to practice mental health nursing.

### **5.3.2. Recommendations**

To improve positive attitude towards mental health and psychiatric nursing practice, the researcher recommends the following to the following key stakeholders;

#### **To the Nursing Council of Kenya;**

There is a need to increase the minimum contact hours that Bachelor of Science in nursing students are expected to meet in the clinical area. This should be a minimum of 8 weeks.

#### **To the BSN training institutions**

- a. The mental health and psychiatry lecturers should avoid being apologetic on the sorry state of the mental health services, contrary should speak positive and appreciate the bright future of mental health nursing practice.
  
- b. Adhere to the minimum 6 weeks rotation into the mental health unit as stipulated in the BSN curriculum. Since majority of the students felt that they spent shorter period in the clinical placement thus interfered with their practice
  
- c. Emphasize on the psychopathology of mental disorders in order to dispel the myths and beliefs associated with the etiology of mental disorders and that they are not due to demonic possessions.

**To Mathari National Teaching and Referral Hospital;**

- a. Improve on the general sanitation of the ward especially when it comes to pest control within the units
- b. Encourage the staffs to conduct thorough orientation to students upon arrival into the respective mental health units.

**Recommendation for further studies**

This study is a cross-sectional design. The researcher recommends a longitudinal design and that which compares the effect of exposure to mental health and psychiatry both theory and clinical experience to objectively ascertain and compare the level of stigma regarding mental health and psychiatry nursing.

#### **5.4 Study Limitation**

Study done in two training institutions. However, the results are relevant and can still be generalized to all undergraduate nursing students since the general entry to a Bachelor of Science nursing program is guided by the nursing council of Kenya that cuts across all institutions of BScN training. Also, these students share the same clinical experience site (Mathari National Hospital) where other BScNs get their experience.

## Bibliography

- Andrews G. (2005) The crisis in mental health: the chariot needs one horseman. *Medical Journal of Australia* **182**, 372– 373.
- Arboleda-Florez, J. (2003). Considerations on the stigma of mental illness [Electronic version]. *The Canadian Journal of Psychiatry*, *48*(10), 645–650.
- Bates L., & Stickley, T (2013) Confronting Goffman: How can mental health nurses effectively challenge stigma? *A critical review of literature. Journal of Psychiatric and Mental health Nursing*, *20* (569-575)
- Bertram G. & Stickley T. (2005) Mental health nurses, promoters of inclusion or perpetrators of exclusion? *Journal of Psychiatric and Mental Health Nursing* **12**, 387–395.
- Brian, O. L., Brokta, M. & Gillies, P. (2008). Improving the undergraduate clinical placement Experience in Mental Health Nursing. *Issues in mental health Nursing*, **29**(5)
- Braunholtz, S., Davidson, S., Myant, K., & O'Connor, R. (2007). Well? what do you think? (2006) The third National Scottish Survey of public attitudes to mental health, mental wellbeing and mental health problems. Edinburgh, Scotland: Scottish Government.
- Corrigan P. (2000) Mental Health Stigma as Social Attribution: Implications for Research Methods and Attitude Change. *Clinical Psychology, Science and Practice* , **60**, 310–315.
- Corrigan, P. W., Green, A., Lundin, R., Kubiak, M. A., & Penn, D. L. (2001). Familiarity with and social distance from people who have serious mental illness. *Psychiatric Services*, **52**, 953–958.
- Corrigan P. (2004) How stigma interferes with mental health care. *The American Psychologist* **59**, 614–625. doi: 10.1037/0003-066x.59.7.614.
- Corrigan, P. W., & O'Shaughnessy, J. R. (2007). Changing mental illness stigma as it exists in the real world. *Australian Psychologist*, **42**, 90–97.
- Crocker J., Major B. & Steele C. (1998) Social stigma: The psychology of marked relationships. *The Handbook of Social Psychology* **2**, 504–553.
- Cutcliffe J.R. (2003) The differences and commonalities between United Kingdom and Canadian psychiatric/mental health nursing: a personal reflection. *Journal of Psychiatric and Mental Health Nursing* **10**, 255–257.

- Dardas L. A & Simons, L.A (2015) The Stigma of Mental illness in Arab families: A concept analysis. *Journal of Psychiatric and Mental health Nursing*, **40** (3) 121-125.
- Economou, M., Peppou, L. E., Louki, E., & Stefanis, C. N. (2012). Medical students' beliefs and attitudes towards schizophrenia before and after undergraduate psychiatric training in Greece. *Psychiatry and Clinical Neurosciences*, **66**(1), 17–25. doi:10.1111/j.1440–1819.2011.02282.
- Friedrich B, Evans-Lacko S, London J, Rhydderch R, Henderson C, Thornicroft G. Anti-stigma training for medical students: the Education Not Discrimination project. *BJP*. 2013;202: 89–94.
- Giassudin, A. N., Levav, I., & Gal. (2015) Mental Health Stigma and attitudes to Psychiatry among Bangladesh Medical Students. *International Journal of social psychiatry*, **61**(2) 137-147
- Goffman E. (1963) *Stigma: Notes on the management of spoiled identity*. Simon & Schuster, New York.
- Gouthro, J. T. (2009) Recognizing and addressing stigma Associated with Mental Health nursing: A critical perspective. *Issues in Mental Health Nursing*, **30**(11)
- Graham, E. M. & Duffield, C. (2010). An ageing nursing workforce. *Australian Health Review*, **34**, 44–48.
- Halter, M. J. (2008). Perceived characteristics of psychiatric nurses: Stigma by association. *Archives of Psychiatric Nursing*, **22**, 20–26.
- Hansson L., Jormfeldt H., Svedberg P., et al. (2013) Mental health professionals' attitudes towards people with mental illness: do they differ from attitudes held by people with mental illness? *International Journal of Social Psychiatry* **59**, 48–54.
- Happell, B., Robina, A. & Gough, K., (2008) Developing more positive attitudes towards mental health nursing in undergraduate students: part 2-the impact of theory and clinical experience. *Journal of Psychiatric and mental health nursing*. **15**, 527-536.
- Happell, B. & Gaskin, C. J. (2013). The attitudes of undergraduate nursing towards mental health nursing: A systematic review. *Journal of Clinical Nursing*, **22**, 148–158.
- Harrison, A., Yvonne, H. & Hoffman, R. (2014). Choosing and Remaining in Mental Health Nursing: Perception of Western Australian es. *International Journal of Mental Health Nursing*. **23**(2), 561-569. Doi: 10.1111/inm.12094.



- Hercelinskyj, G., Cruickshank, M., Brown, P. & Phillips, B. (2012). Perceptions from the front line: Professional identity in mental health nursing. *International Journal of Mental Health Nursing*, **23** (1), 24–32.
- Holm-Petersen CS, Vinge S, Hansen J, Gyrd-Hansen J. The impact of contact with psychiatry on senior medical students attitudes toward psychiatry. *Acta Psychiatr Scand.* 2007;116:308–11.
- Holmes, C. A. (2006). The slow death of psychiatric nursing: What next? *Journal of Psychiatric and Mental Health Nursing*, **13**, 401–415.
- Hoekstra HJ, van Meijel BB, van der Hooft-Leemans TG. (2010) A nursing career in mental health care: Choices and motives of nursing students. *Nurse Education Today*, **30**:4–8.
- Hunter, L., Weber, T., & Shattell, M. (2015). Nursing students' attitudes about Psychiatric Mental Nursing. *Issues in mental health Nursing*, **36**(1) 2015
- Kassam A, Glozier N, Leese M, Loughran J, Thornicroft G. A controlled trial of mental illness related stigma training for medical students. *BMC Med Educ.*2011;11:51.
- Kenya National Commission on Human Rights. (2011) *.Silenced Minds: The systematic neglect on The Mental Health Systems in Kenya*, Nairobi, Author
- Korszun, A., Dinos, S., Ahmed, K., & Bhui, K. (2012). Medical student attitudes about mental illness: Does medical-school education reduce stigma? *Academic Psychiatry*, **36**, 197–204. doi:10.1176/appi.ap.10110159
- Lauber C., Nordt C., Braunschweig C. & Rössler W. (2006) Do mental health professionals stigmatize their patients? *Acta Psychiatrica Scandinavica* **113** (Suppl. 429), 51–59.
- Liggins J. & Hatcher S. (2005) Stigma toward the mentally ill in the general hospital: a qualitative study. *General Hospital Psychiatry* **27**, 359–364.
- Link, B. G., & Phelan, J.C. (2001). Conceptualizing stigma [Electronic version]. *Annual Review of Sociology*, **27**(1), 363–385
- Lyons, Z. (2013). Attitudes of medical students toward psychiatry and psychiatry as a career: A systematic review. *Academic Psychiatry*, **37**, 150–157. doi:10.1176/appi.ap.11110204
- Malhi G.S., Parker G.B. *et al.* (2002) Shrinking away from psychiatry? A survey of Australian medical students interest in psychiatry. *Australian and New Zealand Journal of Psychiatry* **30**, 416–423.

Malhi G.S., Parker G.B., Parker K. *et al.* (2003) Attitudes toward psychiatry among students entering medical school. *Acta Psychiatrica Scandinavica* **107**, 424–429.

Ministry of Health-Nursing Council of Kenya. The Kenya Nursing Workforce Report: the status of nursing in Kenya, 2012

McCabe, R., Nowak, M. & Mullen, S. (2005). Nursing careers: What motivated nurses to choose their profession? *Australian Bulletin of Labour*, **31** (4), 380–402.

McCann TV, Clark E, Lu S. (2010) Bachelor of Nursing students career choices: A three-year longitudinal study. *Nurse Education Today*. **30**, 31–36.

McCrae, N., Askey-Jones, S. & Laker, C. (2014). Merely a stepping stone? Professional identity and career prospects following postgraduate mental health nursing training. *Journal of Psychiatric and Mental Health Nursing*, doi:10.1111/jpm.12131.

Mental Health Workforce Advisory Committee (2011). *National Mental Health Workforce Strategy*. Melbourne, Vic.: Australian Government Department of Health and Ageing.

Nadler-Moodie, M. & Loucks, J. (2011). The implementation of a new-graduate nurse residency training program directly into psychiatric-mental health nursing. *Archives of Psychiatric Nursing*, **25**, 479–484.

Ng, S., Kessler, L., Srivastava, R. *et al.* (2010). Growing practice specialists in mental health: Addressing stigma and recruitment with a nursing residency program. *Nursing Leadership (Toronto, Ont.)*, **23**, 101–112.

Nursing Council of Kenya (2012) *Scope of Practice for Nurses in Kenya*. (3<sup>rd</sup> Ed)

Oywer, E (2011) *Career in Mental Health Nursing: The Kenyan Experience*. Unpublished Masters Thesis, University of South Africa, South Africa.

Platania, C. P., Harris, S., Bradshaw, J. & Hapell, B. (2014). It's the anxiety: Facilitator and Inhibitor of Nursing student's career interest in Mental Health Nursing. *Issues in mental Health Nursing*, **35**(1)

Pescosolido, B. A., Medina, T. R., Martin, J. K., & Long, J. S. (2013). The 'Backbone' of stigma: identifying the global core of public prejudice associated with mental illness. *American Journal of Public Health*. Advance online publication. doi:10.2105/AJPH.2012.301147

Romem P, Anson O, Kanat-Maymon Y, Moisa R.(2008) Reshaping students' attitudes toward individuals with mental illness through a clinical nursing clerkship. *Journal of Nursing Education*. **47**: 396–402

Sajid A, Khan M, Shakir M, Moazam-Zaman R, Ali A. The effect of clinical clerkship on students' attitudes toward psychiatry in Karachi. *Pakistan Acad Psychiatry*. 2009;33(3):212–4.

Sansone R.A. & Sansone L.A. (2013) Responses of mental health clinicians to patients with borderline personality disorder. *Innovations in Clinical Neuroscience* **10**, 39–43.

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.

Surgenor LJ, Dunn J, Horn J (2005) Nursing student attitudes to psychiatric nursing and psychiatric disorders in New Zealand. *International Journal of Mental Health Nursing*. **14**:103–108.

Tabuchi, T., Fukuhara, H., & Iso, H. (2012). Geographically based discrimination is a social determinant of mental health in a deprived or stigmatized area in Japan: A cross-sectional study. *Social Science & Medicine*, **75**, 1015–1021.

Wagoro M.C.A., Othieno C.J., Musandu J. & Karani A. (2008) Structure and Process Factors that Influence Patient's Perception of In-patient Nursing Care at Mathari Hospital. *Journal of Psychiatric and Mental Health Nursing*, **15**, 246–252

Whitehead, E., Mason, T. & Ellis, J. (2007). The future of nursing: Career choices in potential student nurses. *British Journal of Nursing (BJN)*, **16**, 491–496.

World Health Organization (2001) *Atlas: Child and Adolescent Mental Health Resources: Global Concerns, Implications for the Future*. World Health Organization, Geneva, Switzerland.

Yamauchi T, Semba T, Sudo A, Takahashi N, Nakamura H, Yoshimura K, et al. (2011) Effects of psychiatric training on nursing students' attitudes towards people with mental illness in Japan. *International Journal of Social Psychiatry*. **57**: 574–579.

## **APPENDIX I: PARTICIPANT INFORMATION SHEET AND CONSENT FORM**

### **Study Title: Assessment of Correlates of Stigma towards Mental Health Nursing Practice among Nursing Students in Two Universities in Nairobi -Kenya**

**Investigator:** Willis Odhiambo Ombete Tel: 0724379856.  
School of Nursing Sciences,  
University of Nairobi  
Po Box 19676, Nairobi.

**Introduction:** I am a student at the School of Nursing Sciences, University of Nairobi pursuing a Master of Science Degree in Nursing. I am conducting a study titled: **“Assessment of Correlates of Stigma in Mental Health Nursing Practice among Nursing Students in Two Universities in Nairobi -Kenya”**. This study is being conducted at University of Nairobi and University of Eastern Africa-Baraton Schools of Nursing

The purpose of this information is to give you details pertaining to the study that will enable you make an informed decision regarding participation. You are free to ask questions to clarify any of the aspects we will discuss in this information and consent form. The researcher will also ask you questions regarding the study before you sign the consent form to ascertain your comprehension of the information provided.

**Background and objective:** Studies have indicated that there is reduced choice in pursuing mental health and psychiatry nursing as a profession among Bachelor of Science nursing students. Among the key attributed factors to this decline, is because of perceived stigma associated with mental illness and mental health nursing. The purpose of this study is to explore the level of stigmatization of mental health nursing practice among nursing students. The study will identify the perceived issues associated with stigma regarding mental health nursing practices with a view of coming up with suggestions to improve positive attitudes towards mental health nursing and choosing of a mental health nursing as a career in nursing.

**Participation:** Participation in the study will entail answering questions which you will fill yourself using a structured questionnaire. The research involves participation of approximately 90 nursing students drawn from two nursing training institutions.

**Benefits:** There is no direct monetary benefit in participating in this study. However, the results of the study will be useful in facilitating the understanding of the level of stigmatization of mental health nursing practice among students. The findings will be availed to the school of nursing, other relevant decision makers and stakeholders to aid in putting in place measures that will improve the change of attitude towards mental health nursing practice.

**Risks:** There are no economic or physical risks to participating in the study. However, you will require approximately 20 minutes responding to the questions. Some questions will require you to disclose some personal information that might trigger some negative feelings and possibly anxiety. If this happens, the researcher will refer you to the University counselor.

**Confidentiality:** Confidentiality will be maintained and the information you provide will only be used for the intended purpose of the study. In addition, your name will not be required on any forms or used during publication of the final report thus ensuring your anonymity. All materials used during the study will be under lock and key and only the personnel involved in this study will have access to them. Electronic files will be saved on password and fire-wall protected computers.

**Voluntary participation:** Participation in this study is voluntary. Refusal to take part will not attract any penalty. You retain the right to withdraw from the study without any consequences. You are free not to answer any question during the interview.

**Compensation:** There is no compensation for participating in the study.

**Conflict of interest:** The research and the supervisors confirm that there is no conflict of interest amongst them.

## CONSENT FORM

If you Consent to Participate in the study please sign below:

I hereby consent to participate in this study. I have been informed of the nature of the study being undertaken and potential risks explained to me. I also understand that my participation in the study is voluntary and the decision to participate or not to participate will not affect my employment status at this facility in any way whatsoever. I may also choose to discontinue my involvement in the study at any stage without any explanation or consequences. I have also been reassured that my personal details and the information I will relay will be kept confidential. I confirm that all my concerns about my participation in the study have been adequately addressed by the investigator and the investigator have asked me questions to ascertain my comprehension of the information provided.

Participant's Signature (or thumbprint).....Date.....

I confirm that I have clearly explained to the participant the nature of the study and the contents of this consent form in detail and the participant has decided to participate voluntarily without any coercion or undue pressure.

Investigator's Signature..... Date .....

For any Clarification, please contact

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## APPENDIX II: STUDY INSTRUMENTS

### PART A: STUDY QUESTIONNAIRE

#### QUESTIONNAIRE ON “ASSESSMENT OF CORRELATES OF STIGMA TOWARDS MENTAL HEALTH NURSING PRACTICE AMONG NURSING STUDENTS IN TWO UNIVERSITIES IN NAIROBI –KENYA”

Serial Number \_\_\_\_\_ Questionnaire Status \_\_\_\_\_ (1=complete; 2= partially complete)

Your honest responses on the following questionnaire will greatly assist in the attempt to explore the level of stigmatization of mental health nursing practice among nursing students. All responses will be coded by an identifying number only, kept confidential, and analyzed in group form so that no personal information is revealed. Thank you for taking the time (estimated at 20 minutes) to complete the questionnaire.

#### SECTION I: SOCIO-DEMOGRAPHIC AND PREVIOUS EXPOSURE QUESTIONNAIRE

##### Tick in the box your correct response

1. What is your year of Study?:            A. Third [ ]            B. Fourth [ ]
  
2. What is the name of your training institution?    A. UoN [ ]    B. UEAB [ ]
  
3. What is your age (in years)?            A. 16-20 [ ]  
    B. 21-25 [ ]  
    C. 26-30 [ ]  
    D. 31-35 [ ]  
    E. 36 and above [ ]
  
3. What is your gender?                    A. Male [ ]    B. Female [ ]
  
4. What is your Permanent Address?    A. Urban Area [ ]    B. Rural Area [ ]





8. The mentally ill are generally irresponsible people					
9. It is usually the fault of the mentally ill that they are in their present condition					
10. Mental illnesses are generally controllable					

**SECTION III. PERCEPTION OF NURSING STUDENTS TOWARDS THE THEORY COMPONENT OF PSYCHIATRIC NURSING AND CLINICAL EXPERIENCE IN A MENTAL HEALTH AND PSYCHIATRIC UNIT.**

**Kindly tick the appropriate box for the following statements**

	<b>Strongly Agree</b>	<b>Moderately Agree</b>	<b>Agree</b>	<b>Moderately Disagree</b>	<b>Strongly Disagree</b>
1. I always looked forward to my next class session on Mental Health and Psychiatry Nursing Unit					
2. I always looked forward to my next day of my clinical experience					
3. My theoretical component of mental health nursing prepared me well for my clinical experience					
4. My mental health and Psychiatry nursing teachers are too frequently apologetic on the sorry state of mental health services when teaching psychiatry nursing					
5. Most non-mental health nursing lecturers and staff at my nursing school are respectful of psychiatry and mental health nursing					
6. Although I am interested in psychiatry nursing, no effort was made by my Psychiatry lecturer to encourage my becoming a					

mental health-psychiatric nurse at my nursing school					
7. My theory in mental health nursing gave me a good understanding on the roles of a psychiatric nurse					
8. During my mental health clinical placement, mental health nurses were good role models					
9. My clinical experience with the mentally ill clients made me change my negative attitude towards them					
10. My psychiatry lecturer/clinical teacher supported me in the clinical area, thus it was easy for me to integrate theory into practice					
11. The nursing staff were sensitive to the needs of psychiatric clients, hence I was motivated to care for the clients with dignity too					
12. The clinical objectives given to me by my psychiatry lecturer were achievable thus it made my learning easier in the clinical area					
13. The environment of practice was conducive for both me and my clients					
14. Compared to other courses, I felt better supported in this clinical placement than I have on other clinical placements.					
15. I was encouraged by nursing staff to consider psychiatric/mental health nursing as a career.					
16. I was well oriented to my placement.					

17. I felt supported by nursing staff during my clinical placement.					
18. My clinical placement was long enough to help my understanding of psychiatric/mental health nursing.					
19. The nursing staff demonstrated a high level of clinical skill.					
20. Nursing staff were familiar with the learning objectives of my course.					
21. Generally, I enjoyed my psychiatric/mental health placement.					

**SECTION IV: ASSESSMENT OF GENERAL PERCEPTION TOWARDS MENTAL HEALTH NURSING PRACTICE BY USE OF MODIFIED BALON ATTITUDES QUESTIONNAIRE**

**Kindly tick the appropriate box for the following statements**

	<b>Strongly Agree</b>	<b>Moderately Agree</b>	<b>Agree</b>	<b>Moderately Disagree</b>	<b>Strongly Disagree</b>
1. Mental Health and Psychiatry Nursing(MPHN) research has made good strides in advancing care of the major mental disorders					
2. MHPN is a rapidly expanding profession in Nursing					
3. MHPN is unscientific and imprecise					
4. If someone in my family was very emotionally upset and the situation did not seem to be improving, I would recommend a Mental Health and Psychiatry					

(MHP)consultation					
5. MHP consultation for medical or surgical patients is often helpful					
6. MHP treatment is helpful for most people who receive it					
7. Mental health nursing is not a genuine and valid branch of nursing					
8. Most MHP nurses are clear, logical thinkers					
9. Mental health and Psychiatry is too 'biologically' minded and not attentive enough to the patient's personal life and psychological problems					
10. Mental health and Psychiatry is too analytical, theoretical, and psychodynamic, and not attentive enough to patient's physiology					
11. Mental health nurses just like psychiatrists, frequently abuse their legal power to hospitalize patients against their will					
12. On average, psychiatric nurses make as much money as most other nurses					
13. Teaching of psychiatry at my nursing school is interesting and of good quality					
14. Mental health nursing has a high status among other nursing disciplines					
15. Many people who could not obtain a Permanent position in other specialties eventually enter mental health nursing					
16. Mental health nursing is a discipline filled with nursing graduates whose knowledge and skills are of low quality					

17. My family discouraged me from pursuing Mental health and psychiatric nursing					
18. Friends and fellow students discouraged me from pursuing psychiatry					
19. If a student expresses interest in MHP nursing, he or she risks being associated with a group of other would-be psychiatric nurses who are often seen by others as odd, peculiar, or neurotic					
20. I feel uncomfortable with mentally ill Patients					
21. Most mental health nurses at my clinical placement area were clear, logical thinkers					
22. Because my fellow students or other friends will laugh at me if I select psychiatry nursing, I would not go into it even if I am well paid.					
23. I think the Mental health hospital is not a place to treat patients					
24. To me, all MHPN are strange people					
25. I think the government and NGO's have neglected Mental health practice because of low resource allocation in the profession					
26. I think there are few grants allocated to mental health nursing research as compared to other areas in nursing					
27. Most psychiatric care centers are not conducive enough to protect the nurse from violent clients					
28. There are no many job opportunities for MHPN. They are only limited to psychiatric and mental health hospitals					

29. Developing a nursing care plan for a psychiatric client is difficult as compared to the medical-surgical clients					
30. Compared to other clients, Psychiatric clients never recover, thus it is demotivating to care for them					
31. In my own view, psychiatric and mental health nursing, should be left for the old nurses within the profession and not the young nurse graduates					
32. I would choose to work in a mental health unit upon qualifying					
33. I would choose to specialize in mental health and psychiatry nursing					

## **PART B: FOCUS GROUP DISCUSSION**

**Topic: Stigma associated with mental health nursing practice**

**Thank you for agreeing to be part of this discussion. The purpose of conducting this discussion is identifying the correlates associated with mental health nursing practice. The researcher needs your input and would want you to share your honest and honest thoughts with him. There is no RIGHT or WRONG answer. Every opinion is important. Whatever you say, will be kept confidential. The researcher will be tape recording this group during this discussion to ensure he gets all the information that you will say, but will ensure you remain anonymous.**

**Theme A: Socio-demographic factors(gender and age) influence on choice of mental health Nursing practice**

**Question 1:** How do you think gender and age influence the nursing student's future choice of mental health nursing practice?

**Theme B: The attitude towards the mentally ill and the choice of career in mental health nursing practice**

**Question 2:** What is your perception towards the mentally ill and how do you think, it affects your future choice of mental health nursing practice

**Theme C: The impact of classroom teaching and clinical experience in the choice of mental health nursing practice**

**Question 3:** How did classroom teaching by your lecturers and clinical experience in the mental health hospital motivate you/demotivate you for your future choice of mental health nursing practice?

**Theme D: The future of mental health nursing practice in the nursing profession.**

**Question 4:** With the existence of many areas of specialization in nursing, what do you think is the future of mental health nursing practice?



**APPENDIX III: SCOPE OF PRACTICE OF A MASTER OF SCIENCE IN NURSING  
(MENTAL HEALTH AND PSYCHIATRY) PROFESSIONAL**

**A mental health and psychiatric nurse qualified at masters level can practice as follows;**

1. Provide local and regional leadership in the area of mental health and psychiatry nursing for the community through advocacy, management and policy development.
2. Manage healthy programmes in areas of speciality.
3. Interpret the national health policy and facilitate its implementation.
4. Provide mentorship in mental health nursing to nurses and other health professionals.
5. Analyse ethical issues in mental health nursing and develop appropriate policies to address them.
6. Participate in policy development in area of mental health and psychiatry nursing in particular and healthcare in general.
7. Design and conduct research to generate knowledge.
8. Review research literature to improve practice in mental health and psychiatry Nursing.
9. Identify staff training needs in the speciality and develop appropriate human resource development programmes.
10. Publish and participate in scholarly activities.

**(Nursing Council of Kenya, 2012)**

## APPENDIX IV: APPROVAL FROM KNH-UON ETHICS COMMITTEE



UNIVERSITY OF NAIROBI  
COLLEGE OF HEALTH SCIENCES  
P O BOX 19676 Code 00202  
Telegrams: varsity  
Tel: (254-020) 2726300 Ext 44355



KNH-UON ERC  
Email: [uonknh\\_erc@uonbi.ac.ke](mailto:uonknh_erc@uonbi.ac.ke)  
Website: <http://www.erc.uonbi.ac.ke>  
Facebook: <https://www.facebook.com/uonknh.erc>  
Twitter: @UONKNH\_ERC [https://twitter.com/UONKNH\\_ERC](https://twitter.com/UONKNH_ERC)



KENYATTA NATIONAL HOSPITAL  
P O BOX 20723 Code 00202  
Tel: 726300-9  
Fax: 725272  
Telegrams: MEDSUP, Nairobi

Ref: KNH-ERC/A/101

Willis Odhiambo Ombete  
H56/74246/2014  
School of Nursing  
College of Health Sciences  
University of Nairobi

15<sup>th</sup> March, 2016

Dear Willis

**Revised Research Proposal – Assessment of correlates of stigma towards Mental Health Nursing Practice among Nursing students in two universities in Nairobi-Kenya (P1/01/2016)**

This is to inform you that the KNH- UoN Ethics & Research Committee (KNH-UoN ERC) has reviewed and **approved** your above proposal. The approval period is from 15<sup>th</sup> March 2016 – 14<sup>th</sup> March 2017.

This approval is subject to compliance with the following requirements:

- Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
- All changes (amendments, deviations, violations etc) are submitted for review and approval by KNH-UoN ERC before implementation.
- Death and life threatening problems and serious adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the KNH-UoN ERC within 72 hours of notification.
- Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH- UoN ERC within 72 hours.
- Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. (*Attach a comprehensive progress report to support the renewal*).
- Clearance for export of biological specimens must be obtained from KNH- UoN ERC for each batch of shipment.
- Submission of an *executive summary* report within 90 days upon completion of the study. This information will form part of the data base that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/ or plagiarism.

For more details consult the KNH- UoN ERC website <http://www.erc.uonbi.ac.ke>

**APPENDIX V: APPROVAL FROM THE SCHOOL OF NURSING- UON**



**UNIVERSITY OF NAIROBI  
COLLEGE OF HEALTH SCIENCES  
SCHOOL OF NURSING SCIENCES**

TELEGRAMS: VARSITY NAIROBI  
TELEPHONE: 020 2726300 EXT: 43390  
TELEFAX: 020 2711250

P.O. BOX 19676 00202  
KENYATTA NATIONAL HOSPITAL

1<sup>st</sup> April, 2016

H56/74246/2014

**OMBETE WILLIS OMBETE  
H56/74246/2014**

**RE: PERMISSION TO CONDUCT A RESEARCH IN THE SCHOOL OF NURSING SCIENCES**

Thank you for your letter of 30<sup>th</sup> March, 2016 on the above subject.

This is to inform you that your request has been approved and you can embark on the research.

*G. Moni*

**PROFESSOR GRACE M. OMONI  
DIRECTOR,  
SCHOOL OF NURSING SCIENCES**

**APPENDIX VI: APPROVAL FROM THE SCHOOL OF NURSING- UEAB**



**UNIVERSITY OF EASTERN AFRICA, BARATON  
P.O. BOX 2500-30100 ELDORET, KENYA, EAST AFRICA**

Tel: +254 20 8023084/6/7, +254 721 423592, +254 731 793934

Fax: +254 20 8023017

16/04/2016

Dear Mr. Ombete,

**RE: APPROVAL TO CONDUCT THE STUDY**

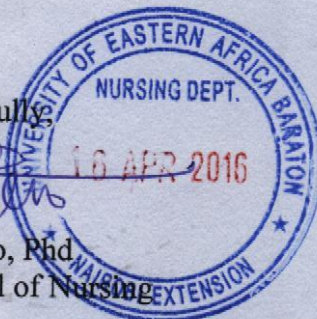
Following your request to conduct your study entitled "*Assessment of Correlates of Stigma towards Mental Health Nursing Practice among Undergraduate Nursing Students In two Universities in Nairobi-Kenya*" I have the pleasure to inform you that it has been approved. You may therefore go ahead to conduct the study among the students in the school of Nursing.

Wish you good luck!

Yours faithfully,

A handwritten signature in blue ink, appearing to read "Joyce Owino", is written over the printed name.

Joyce Owino, PhD  
Dean-School of Nursing



## APPENDIX VII: THE BUDGET

	Item	Units	Unit cost	Total cost (in Kshs)
Stationery	A4 Notebooks	2	200	400
	Reporter's Notebook	3	100	300
	Pens	10	25	250
	Pencils	4	10	40
	Erasers	2	30	60
	Folders	8	100	800
	Clip Boards	3	200	600
	Sharpeners	3	30	60
<b>Sub total</b>				<b>2, 510</b>
Services	Photocopy			
	Proposals			
	4 Drafts @ 50 pages	200	2	400
	5 Final copies @ 50 pages	250	2	500
	Thesis reports			
	4 Drafts @80	320	2	620
	1 Draft @80 pages for Ext. Examiner	80	2	160
	Printing			
	Proposals			
	4 Drafts @ 50 pages	200	10	2000
	5 Final copy @ 50 pages	250	10	2500
	Thesis reports			
	4 Drafts @80 pages	320	10	3200
	1 Draft @80 pages for Ext. Examiner	80	10	800
	6 Final Copies @ 80 Pages	480	10	4,800
	Binding			
Proposals				
5 copies	5	50	250	
Thesis Reports				
6 Copies	6	600	3,200	
Data Processing and Analysis			30,000	
Communication Airtime Researcher			5,000	
<b>Sub Total</b>				<b>53,430</b>
Transport	Data Collection Period 60 Days Researcher	60	200	12,000
Sub Total				12, 000
	Dissemination budget		20,000	20,000
Total				87, 460
Contingency	10% of Total			8,746
<b>Grand Total</b>				<b>96, 686</b>

**APPENDIX VIII: TIME SCHEDULE AND WORK PLAN**

<b>Activity weeks</b>	<b>8 weeks</b>	<b>5 weeks</b>	<b>1 week</b>	<b>2 weeks</b>	<b>2 weeks</b>	<b>2 weeks</b>	<b>1 week</b>	<b>2 weeks</b>	<b>1 week</b>
Proposal development and supervisor clearance									
Forwarding to KNH-ERC									
Questionnaire pretesting									
Data collection									
Data processing and Analysis									
Report Writing									
Draft report presentation and corrections									
Final report presentation and Submission									
Thesis Defense									

## APPENDIX IX: CURRICULUM VITAE

### WILLIS ODHIAMBO OMBETE

P. O. BOX 9327- 40141, KISUMU

Phone no: +254724379856 Email: wuombete@gmail.com

<b>Personal Information</b>	<b>Name:</b> Willis Odhiambo Ombete <b>Date of Birth:</b> 12 <sup>th</sup> May, 1987 <b>Marital Status:</b> Single <b>Gender:</b> Male <b>Nationality:</b> Kenyan <b>County:</b> Homa-Bay <b>Language:</b> English, Kiswahili. <b>Religion:</b> Christian
<b>Personal Profile</b>	I am a determined, creative, outcome oriented and dynamic person with the potential, skill and credibility to render service.
<b>Education</b>	<b>UNIVERSITY OF NAIROBI : Sept 2014 – Present</b> Masters of Science in Nursing(Mental Health and Psychiatry)  I have finished by coursework. Currently doing my research project  <b>UNIVERSITY OF EASTERN AFRICA, BARATON :Mar 2005 –July 2010</b> Bachelor of Science Degree in Nursing (BSc.N) 2 <sup>nd</sup> class upper division  <b>OTOK SECONDARY SCHOOL: Jan 2001 – Nov. 2004</b> Kenya Certificate of Secondary Education (K.C.S.E.) Attained mean grade <b>B</b> (Plain)  <b>PSYCHOLOGICAL TRAUMA FIRST AID- 17<sup>TH</sup>-19<sup>TH</sup> FEBRUARY, 2016</b> <b>Conducted by ISRAAID in partnership with Kenyatta National Hospital and University of Nairobi School of</b>
<b>Other Trainings</b>	

**Nursing Sciences.  
Certificate Awarded**

**MONITORING AND EVALUATION- 8<sup>TH</sup> MARCH,  
2015**

**Global Health E-Learning Centre.**

**DISEASE SURVEILLANCE- 25<sup>TH</sup> FEB-10<sup>TH</sup> MARCH,  
2013**

**Conducted by the ministry of Health  
Certificate of participation Awarded**

**COMMUNITY-BASED REHABILITATION –  
OCTOBER 2012**

**Conducted by ADRA-Finland  
Certificate of Participation Awarded**

**PREVENTION OF MOTHER TO CHILD  
TRANSMISSION(PMTCT)- 30<sup>TH</sup> JAN-10<sup>TH</sup> FEB, 2012**

**Conducted by NASCOP in conjunction with the  
KEMRI/CDC  
Certificate of participation Awarded**

**FOCUSED ANTENATAL CLINIC/MIP -  
DECEMBER 2011**

**Conducted by the Ministry of Health and KEMRI/CDC  
Certificate of participation Awarded**

**ADVANCED PEDIATRIC LIFE SUPPORT: MARCH  
2009**

**Conducted by the visiting lecturers from Loma linda  
University**

**Certificate of participation Awarded**

**Other Credentials**

**STUDENT LEADERSHIP AND GOVERNANCE-  
JULY, 2008**

**Conducted at Kabarak University during the Private  
Universities' student leaders convention**

**Certificate of Participation awarded**



	<p><b>ACADEMIC DEAN’S LIST AWARDS for Academic excellence</b></p> <p><b>CERTIFICATE OF BEING THE CHAPLAIN FOR THE BARATON UNIVERSITY NURSING STUDENTS ASSOCIATION</b></p> <p><b>CERTIFICATE OF PARTICIPATING AS THE FACILITATOR OF HEALTH ISSUES IN AN EVANGELISTIC CAMPAIGN</b></p>
<p><b>Work experience</b></p>	<p><b>UNIVERSITY OF EASTERN AFRICA-BARATON (August 2012- present)</b></p> <p>Graduate Assistant - Providing clinical teaching of skills to BSN students in the field of maternity and reproductive health Nursing, Pediatric Nursing, Community Health Nursing, Nursing Management/administration, Outpatient/Casualty Nursing and Psychiatry Nursing.</p> <p><b>ST MARY’S MISSION HOSPITAL, MUMIAS(May 2012- July 2012)</b> Nursing Officer, Outpatient/Casualty department</p> <p><b>JARAMOGI OGINGA TEACHING AND REFERRAL HOSPITAL (March 2011- April 2012)</b> Nursing officer 1(MOH,INTERN)</p> <ul style="list-style-type: none"> <li>• General nursing</li> <li>• Obstetric and midwifery</li> <li>• Theatre nursing</li> <li>• Community health/MCH</li> <li>• Administration</li> </ul>
<p><b>Research Experience</b></p>	<p><b><i>“FACTORS INFLUENCING NON-COMPLIANCE TO SHORT-TERM ORAL ANTIBIOTICS AMONG BARATON UNIVERSITY STUDENTS”</i></b></p> <p><b><i>“ASSESSMENT OF CORRELATES OF STIGMA TOWARDS MENTAL HEALTH NURSING PRACTICE</i></b></p>

	<b><i>AMONG NURSING STUDENTS IN TWO UNIVERSITIES IN NAIROBI-KENYA”(ongoing)</i></b>
<b>Computer Proficiency</b>	Skills in Microsoft Applications: Word, PowerPoint, Excel, Access, Outlook  & Publisher
<b>Professional membership</b>	<ul style="list-style-type: none"> <li>▪ Registered and licensed by the Nursing Council of Kenya.</li> <li>▪ Member of National Nurses Association- Kenya</li> </ul>
<b>Personal Attributes</b>	<ul style="list-style-type: none"> <li>• Fast and keen learner</li> <li>• An Empathetic Listener</li> <li>• Good communication skills; both written and verbal.</li> <li>• Good analytical skills.</li> <li>• Strong Team-working abilities and service orientation.</li> </ul>
<b>Hobbies</b>	<ul style="list-style-type: none"> <li>• Taking part in voluntary services for social &amp; health welfare.</li> <li>• Reading</li> <li>• Teaching</li> </ul>
<b>Referees</b>	<p><b>1. Mrs. Roseline Nderitu, MScN</b>  <b>Nursing Department-Coordinator</b>  <b>Nairobi Extension Campus</b>  University of Eastern Africa-Baraton,  P.O. Box 2500-30100,  Eldoret-Kenya.  Cell: +254729923185</p>

Email: [rodhiambo22@yahoo.com](mailto:rodhiambo22@yahoo.com)

**2. Dr. Argwins Otieno, PhD**

**Lecturer,**

Pwani University,

P.O. Box 195-80108

Kilifi.

Cell: +254702154466

Email: [oagwengeo@yahoo.com](mailto:oagwengeo@yahoo.com)

**3. Mr. David Deya, MScN**

**Assistant Lecturer, Nursing Department**

University of Eastern Africa-Baraton,

P.O. Box 2500-30100,

Eldoret-Kenya

Cell: +254712484706

Email: [deyad@ueab.ac.ke](mailto:deyad@ueab.ac.ke)