

Assessment of Correlates of Stigma in Mental Health Nursing Practice Among Nursing Students in Two Universities in Nairobi-Kenya

Willis Odhiambo Ombete*

Department of Nursing, University of Eastern Africa-Baraton, Kenya

Abstract: Mental health and psychiatric nurses are considered important and integral members of the multidisciplinary mental health care team offering 90% of mental health services in Kenya. 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 Bachelor of Science Nursing students.

Research Method: Cross-sectional study was conducted among 90 Undergraduate nursing students at the Universities of Nairobi and Eastern Africa-Baraton. Only students who had completed and passed both theory and clinical experience in mental health nursing course were selected for the study. A structured questionnaire and focus group discussion were used. Ethical approval was sought from the UON/KNH ERC.

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 and at a P-Value of ≤ 0.05 . The final data presented using frequency distribution tables, pie charts, 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, a motivation by the course lecturers and poor environment of practice correlated significantly with stigma towards mental health nursing practice.

Recommendations: Improve minimum clinical placement hours, over emphasize on psychopathology of mental disorders, encourage thorough orientation of students in clinical area upon arrival.

Dissemination: Results will be delivered in scientific conferences, the schools of nursing and to policy makers in mental health care to guide policy development.

Keywords: Stigma, Nursing students, Correlates, Mental health Nursing, Clinical Experience, Mental Health, and Psychiatric Nursing.

INTRODUCTION

Modern literature has revealed that there is an acute shortage in mental health nursing workforce globally [1] 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 [2]. Researchers have attributed the shortage of the mental health nurses to the stigma associated with the mental illness and mental health practice [3]. The stigma has a 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 [4] are because of the stigma-induced barrier to seeking mental health services. This therefore negatively impact the achievement of the United Nation's Sustainable development goal number three that seeks to ensure good health and wellbeing for all [4].

MATERIALS AND METHODS

Study Design

A descriptive cross-sectional study design was adopted.

Study Area Description

The study was conducted at the University of Nairobi-school of Nursing and the University of Eastern Africa-Baraton-school of nursing.

Study Population

The study population consisted of all direct entry (those admitted from high school) Bachelor of Science nursing students in the two universities.

Sample Size Determination and Formula

Yamen Taro's formula was used to arrive at a sample size of 90.

*Address correspondence to this author at the University of Eastern Africa-Baraton, P.O. Box 2500-30100, Eldoret, Kenya; Tel: +2547243789856; E-mail: wuombete@gmail.com

Sampling Method

The stratified random sampling was used to select the 90 nursing students' participants from the population of 115 nursing students.

Data Collection Methods

The researcher used a self-administered structured questionnaire and focus group discussion (FGD) to collect quantitative and qualitative data from the Bachelor of Science nursing students.

Data Analysis

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, the level of stigma towards mental illness and choice of a 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 were calculated at 95% confidence interval (P-value of ≤ 0.05), to minimize the statistical error and hence have credible findings. The final data presented using the pie charts, frequency distribution.

The qualitative data from focused group discussion was collected, transcribed and coded. Results were analyzed under the following four main themes: 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.

RESULTS

Demographic Profile of Respondents

As indicated in Table 1, the majority of the respondents 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 the fourth year of study as represented by 77.8% (n=70) while 22.2% (n=20) were in the 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 to any mental health problem while a similar proportion of 94.4% (n=85) indicated that none of the family members has ever visited a mental health professional due to any mental health problem.

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	54	60.0

General Perception of Nursing Students Towards Mental Health Nursing Practice

The general perception of nursing students towards mental health nursing practice was the dependent variable that was used to measure the stigma in mental health nursing practice. The Tables 2 and 3 below, illustrates the result.

Table 2: Level of Stigma in Mental Health Nursing Practice Based on the General Perception Towards the 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 above illustrates the level of stigma towards mental health nursing practice. As illustrated, it indicates that stigma in mental health nursing practice

Table 3: Perception of Nursing Students Towards Mental Health Nursing Practice

Elements of 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
I was encouraged by nursing staff to consider psychiatric/mental health nursing as a career.	3.44	1.31
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.

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).

In Table 3, 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).”

Socio-Demographic Profile of Nursing Students and Stigma Towards Mental Health

The age and gender were the key variables which the researcher was interested in. Table 4 below illustrates the findings as well as the views of the nursing students regarding how the choice of mental health nursing practice is influenced by age and gender.

In Table 4 it was observed that marital status at $p=0.04$ ($\chi^2 = 7.731$, $df=6$) was significantly related to the level of stigma on mental health. 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

Table 4: 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.

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.

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 5 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.

According to Table 5 below, 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

Table 5: Respondents Attitude vs. Stigma on Mental Health Nursing Practice

Attitude	Categories	Level of Stigma on mental health nursing practice		
		Moderate	High	Chi-Square test
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 $p<0.05$.

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 PU1 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.

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

According to Table 6 below, 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.

Table 6: Learning Experience Versus Stigma on Mental Health Nursing Practice

Attitude	Categories	Level of Stigma on mental health nursing practice		
		Moderate	High	Chi-Square test
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.

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.” PU5.

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, the 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.

DISCUSSION

General Perception of Nursing Students Towards Mental Health Nursing Practice

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. The literature has it that students and non-mental health staffs stigmatize mental health profession due to negative attitude towards the mentally ill [5]. Majority of them feeling that the mentally ill clients are violent as well as having demonic possession [6,7]. 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 [8].

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 divorced/separated individuals are likely to stigmatize mental health and psychiatric illness more than the married or the never unmarried (single). The finding is contrary to that conducted by Lyons and Whitehead 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 [9,10]. 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 [3,11].

Attitude and Mental Illness Stigma in 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 Gouthro and Kassam *et al.* that those who have negative attitude towards the mentally ill are more likely to fear practicing mental health [12,13]. There was no literature to my knowledge, that disagreed with my study finding.

Classroom Teaching and Clinical Experience in Relation with Stigma in 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 support by previous researches [14-16] that reported a change of attitude towards the mentally ill and mental health profession following exposure to a mental health unit placement. This can be attributed to contact theory in social psychology that states that any contact/exposure to a given stereotyped phenomenon leads to adaptation and a positive change of attitude [17-19]. 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 psychopathology and client presentation in reality within the mental health unit [20,21].

CONCLUSION

The stigma towards mental health nursing practice among the undergraduate nursing students stands at 85.6%. The stigma towards the mental health nursing practice correlates with the shorter period of clinical placement. The respondents failed to have adequate contact with the mentally ill in the clinical setting. 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. 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. Orientation given to students into a mental health facility is key in reducing stigma towards mental health nursing practice. 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.

ACKNOWLEDGEMENT

I would like to express my sincere appreciation to the following people who assisted and guided me until now. My supervisors Mrs. Wagoro and Mrs. Odero for their guidance support and follow up on my research project. The University of Nairobi, School of Nursing Sciences, Master of Science Nursing teachers and classmates for the encouragement and support.

N/B

The authors declare that there is no conflict of interest regarding the publication of this paper.

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Received on 13-01-2017

Accepted on 18-04-2017

Published on 21-04-2017

DOI: <https://doi.org/10.12970/2310-8231.2017.05.03>

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