FACTORS AFFECTING STUDENT SELECTION OF PSYCHIATRIC/ MENTAL HEALTH NURSING FOR SPECIALTY PRACTICE

A Thesis

Presented to

The Oregon Health Sciences University

School of Nursing

In Partial Fulfillment

of the Requirements for the Degree

Master of Nursing

---

by

Nancy R. Clark, R.N., B.S.N.

June 1986

APPROVED:

[redacted]

Shirley A. Murphy, RN, PhD, Professor, Thesis Advisor

[redacted]

Florence F. Hardesty, RN, PhD, Associate Professor, First Reader

[redacted]

Jo Anne Horsley, RN, PhD, Professor, Second Reader

[redacted]

Carol A. Lindeman, RN, PhD, Dean, School of Nursing

This study was supported in part by a United States
Department of Health, Education, and Welfare
Traineeship from
Grant Number MH 15595-02

ACKNOWLEDGEMENTS

To my advisor, Shirley Murphy, whose continued support, guidance, and patience were invaluable throughout the years, trials, and tribulations of this thesis.

To my readers, Florence Hardesty and Jo Anne Horsley, for their guidance and critiquing.

To a special friend, Gwen Gould, who so willingly and capably gave of her time and expertise in helping me to develop my proposal clearly and concisely.

To my husband Jim for his love, patience, and understanding, including giving up vacations throughout this long, arduous project.

To my children, Joanne, David and Rikki, Sandra and Don, Lois and Beth, for their love and support while I pursued by Master's degree.

And special appreciation to two faculty members who were there both as I began the outreach Master's program and at my defense when I completed it: Florence Hardesty, who gave continued support throughout my struggle and was a reader on my committee, and Susan Will, who was chairperson at my defense.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

The discipline of nursing has evolved over the past century from a semi-skilled occupation to a highly complex profession requiring knowledge and technology, which brings challenges, responsibilities, and rewards to the practitioner. Graduate level preparation for nurses has become necessary to meet changing health care needs. Nurse specialists must acquire theoretical and clinical expertise in advanced practice to meet societal needs and increase nursing knowledge through research (American Nurses' Association, 1980).

Despite evidence of an increasing need for psychiatric clinical nurse-specialists and availability of federal funding for graduate study in the field of psychiatric/mental health nursing, the percentage of graduate students who have chosen this specialty area has steadily decreased since 1968 (Fagin, 1981; Mitsunaga, 1982). Their reports are further substantiated by Chamberlain and Marshall (1982), Chamberlain (1983), and the National League for Nursing (1959-1982), who noted a steady decline in the percentage of graduates from psychiatric/mental health specialty programs since 1973.

Several authors (Fagin, 1981; Lowery, Banchik, & Miller, 1982; Mitsunaga, 1982) have suggested that the decline in the percentage of nurses prepared at the graduate level may be related to the advent of

the integrated curriculum in undergraduate nursing programs. A search of nursing education literature on the subject revealed that few studies have comprehensively compared the differences between the traditional block-content curriculum and a curriculum with an integrated design, and none have examined the relationship between the type of undergraduate curriculum design and student recruitment to graduate study in psychiatric/mental health nursing.

Purpose of the Study

This study examined the clinical specialty preferences of recent graduates from two generic baccalaureate schools of nursing, one with an integrated curriculum design and the other with a nonintegrated curriculum design. The specific purpose of the study was to examine factors that influence selection of clinical nursing specialty practice and advanced study in psychiatric/mental health nursing.

Review of the Literature

As graduation approaches, senior nursing students generally concern themselves with selecting the clinical nursing specialty area in which they will be employed. Prenursing and nursing education factors such as family members' career choices, employment experiences prior to entry into nursing, role models in nursing, and curriculum design have been thought to influence their choices. Employment opportunities at the time of graduation may be a factor also, but

no single influencing factor has been identified. These factors are addressed in this chapter.

Preprofessional Personal and Demographic Factors

Personal factors present prior to entry into a school of nursing may play a role in influencing specialty choice. Prenursing work experience was associated with subsequent clinical practice choice in a survey conducted by Mitsunaga and her associates (1982). Family members' involvement in a given specialty area may also stimulate interest within the same specialty. While there is some literature that identifies reasons individuals give for entering nursing in general, little systematic inquiry has been made into preprofessional specialty choices.

Employment Considerations

The potential for employment in a given setting may influence choice. For example, availability of work within a nearby geographic location, availability of transportation, and working hours compatible with other responsibilities may be factors that affect choice. When considering psychiatric/mental health nursing, geographic location may well be the deciding factor since psychiatric facilities are often located in areas outside those served by public transportation or necessitate a longer commute time that may be judged undesirable by the new graduate. Moreover, if a small psychiatric unit is located in a general hospital, previous experience may be a requirement for

employment. However, there is no literature concerning these potentially influencing factors on specialty choice.

Nursing Education Factors

Student Educational Experience

During the nursing education experience, students are typically exposed to both the theory and clinical practice of common areas of specialization in nursing. Personal feelings related to specialty areas include likes and dislikes of tasks, staff, and patients, feelings of competency associated with specialties, and perceptions about the challenges offered by the specialty. The influence of other persons such as teachers, advisors, and peers may affect specialty choice (Lowery et al., 1982; Mitsunaga, 1982).

There is concern among some authorities that curriculum design in undergraduate nursing programs, specifically the integration of psychiatric/mental health content into the curriculum, has directly affected the decline in graduate study in this specialty area (Fagin, 1981; Lowery et al., 1982; Maloney, 1982; Mitsunaga, 1982). Since integration is the most frequently cited reason for the decline of interest in psychiatric/mental health nursing, this literature is reported in detail.

Recent Changes in Nursing Education Curricula

The evolution of the integrated curricula. For many years the medical, or subject-centered, model for curriculum organization prevailed as the standard for schools of nursing and was recommended by

the National League of Nursing Education (NLNE) in curriculum guides published in 1917 and 1927 (Veith, 1978). It was not until NLNE published their 1937 Curriculum Guide for Schools of Nursing, that the recommendation for integrated curricula appeared. The following quote from the NLNE guide explained their view:

> As far as possible the learning experiences of the students should be in terms of adjustment of a whole individual to whole situations. This does not mean everything should be taught together in one course. It does mean that all courses should be taught in such a way that integration can readily take place in the student's mind and personality (Veith, 1978, quoting the Guide, p. 5).

The NLNE's recommendation, however, seems only to speak to the assimilation and integration of related concepts within the mind of the learner. Many changes had to occur within the system of nursing education before the concept of integration as we think of it today (i.e., the blending of biopsychosocial concepts within the curriculum design) could be realized.

As nursing educators began to identify the need for inclusion of knowledge in the liberal arts and the behavioral sciences in nursing curricula, nursing programs began to move out of hospitals and into institutions of higher education. The emphasis upon a broader understanding of the social and emotional aspects of patient care, which began in the mid 1930's, led to an increased awareness of the unique body of knowledge in psychiatric nursing (Diers, 1978).

Schools of nursing were encouraged to improve the quality of psychiatric nursing content at both the undergraduate and graduate levels in order to increase the number of graduates prepared to provide leadership in the specialty (Dolan, 1978; Kalkman & Davis, 1974) and to integrate psychiatric nursing concepts into other nursing specialty areas.

In 1946, the National Mental Health Act provided financial support for psychiatric/mental health nursing in three areas: (a) the improvement of quality of psychiatric content in basic nursing programs; (b) the integration of psychiatric principles into all curricular areas; and (c) the promotion of clinical specialist education and research preparation for psychiatric nurses (Dolan, 1978; Kalkman & Davis, 1974; Sills, 1973). By 1948, courses in psychiatric/mental health nursing were being incorporated into the curricula of many university schools of nursing. Curricula of this period tended to be of the traditional block design rather than the integrated design (Maloney, 1982).

The meaning of integration. The literature reveals two different conceptualizations of the term "integration." The New College Edition of the American Heritage Dictionary (1979) defined integration as the "bringing together of all parts into a unified whole." According to Heidgerken (1955), educational psychologists seemed to agree with this definition but limited it to a process that occurs within the mind of the individual student. Heidgerken (1955) also stated that nurse educators defined integration as the patterning of curricular content

designed to facilitate the process within the student. Heidgerken also believed that the term integration can be used to describe both points of view, if the meaning is "unification." Schmahl and Ullman (1963) supported this view, declaring it to be both "the goal" and "the method of accomplishing that goal."

Torres (1974) may have given the most representative definition of the concept of integration as it relates to nursing education when she described it as "a blending of the nursing content in such as way that the parts of specialties are no longer distinguishable . . . concentrating on the generalizations relating to nursing rather than on the specifics" (p. 2).

The methods of curriculum integration. The lack of consensus surrounding the definition and goal of integration led to a variety of integrated curriculum designs. For example, the Department of Nursing at Skidmore College in New York integrated psychiatric concepts into the generic curriculum, in 1957, but continued to maintain their psychiatric hospital affiliation as a separate block (Schmahl, 1966). In contrast, Maloney (1982) reported that some nursing education programs had the clinical fields so "unified" that the word "psychiatric" does not appear.

Integration of the other specialty areas in nursing has also occurred in a variety of ways. For example, Columbia University School of Nursing developed a plan similar to that described by Zaweckis and Westfall (1976) using the nursing process as a major thread, while organizing curriculum content on a continuum of health promotion,

from intervention in illness to restoration of well-being (Jaffe & Flanagan, 1979). The Virginia Commonwealth University's Medical College of Virginia School of Nursing integrated "basic concepts common to all specialties" into four "core foundations of nursing" courses that are offered in addition to separate "clinical specialty" courses (Bach, Bell, & Fernandez, 1979). Other schools have eliminated specialized content courses and have organized their curricula around "key concepts" such as "the promotion of health" (Pardue, 1979; Styles, 1976).

Although the goal of education seems clearly to be that of assisting the learner to achieve integration of knowledge, skills, and values in an efficient, economical manner (Styles, 1976), the most effective method of achieving that goal within the learning environment remains obscured.

During the past 25 to 30 years, integration has consecutively been embraced, rejected, and compromised, as nursing school faculties have struggled to implement the concept (Styles, 1976). As a result of curriculum integration, a variety of teaching-learning methods have been developed for use in both the classroom and clinical areas. For example, there has been an increased emphasis on teaching concepts basic to nursing practice, such as the concepts of loss, anxiety, and self-esteem. Some integrated curriculum specialists have suggested that these basic concepts could be taught in any clinical nursing setting, thereby reducing repetition and expense (Styles, 1976). However, Byrne and Bauer-O'Connell (1984) and Stevens (1979) suggested

that too few program evaluations are currently available to support this assumption.

Some nurse educators suggest that students need to be allowed some responsibility for their own integration. Jaffe and Flanagan (1979) pointed out that the "over-refinement" of curricula in schools of nursing may actually have hindered the process whereby students develop their own integrative, logical thinking. A study by Richards (1977) indicated that students in one integrated program were not as adept at "logical thinking" as their predecessors who had been in a blocked curriculum, but a study by Pardue (1979) regarding critical thinking did not demonstrate this to be the case in other settings. Thus the evidence to date is conflicting.

Team teaching has become a common means for achieving curriculum integration. In order to form teaching teams that included representation from all major clinical specialties, faculty members were assigned to teach in either classroom or clinical situations that were not within their precise area of specialization and expertise (Jaffe & Flanagan, 1979). As a result, some faculty members reportedly have difficulty keeping expertise current and further believe their talents have not been used to the fullest advantage (Styles, 1976).

Socialization/Role Modeling as an Influencing Factor

Socialization is the process by which knowledge, skills, and attitudes associated with a role are acquired (Watson, 1981). Thus, the goal of education for professions is to instill knowledge, skills,

attitudes, and values of the profession in the learner (Blomquist, Cruise, & Cruise, 1980; Watson, 1981). Education for a role is best learned by students in a supportive setting by observing and working with competent practitioners in a appropriate milieu (Archer & Fleshman, 1981; Stevens 1979). According to Stevens (1979), the instructor's credibility can lead to the internalization of the nursing role by students. To provide a positive image of the role of the psychiatric/mental health nurse for baccalaureate students, psychiatric mental/health nursing should be taught by the specialty's most talented faculty (Fagin, 1981).

Integration of mental health concepts into the general curriculum may have resulted in minimizing the role of psychiatric/mental health nurse specialists as instructors of psychiatric/mental health nursing to undergraduate students (Fagin, 1981). Maloney (1982) expressed concern that faculty who are not psychiatric/mental health nursing specialists may confuse "psychiatric concepts" with the more general "mental health" concepts, or believe that both concepts were being integrated when in fact they were not. In addition, Maloney (1982) pointed out that when faculty who are not psychiatric/mental health specialists supervise students during their clinical experience, students may not have had a competent and/or positive role model who encouraged interest and enthusiasm in psychiatric/mental health nursing as a specialty area.

A pilot study conducted by Mitsunaga, Bloch, and Burckhardt (1982) surveyed 155 Bachelor of Science in Nursing (BSN) students at

two baccalaureate schools of nursing in Colorado regarding their choice of an area for specialization after graduation. Although only 51% (n = 80) of the target population responded, role modeling and a number of variables of interest in the current research problem were examined.

Of those responding, 90% (n = 72) indicated they had a positive role model in psychiatric nursing and 65% of those responding (n = 52) indicated their nursing instructor was this role model. The remaining 39% (n = 31) named a nurse in the clinical setting as a positive role model. Even though 60% (n = 46) stated their undergraduate clinical experience in psychiatric/mental health nursing was positive and only 14.5% (n = 11) viewed it as negative, only 5% (n = 4) of the respondents expressed an intention to practice in the field of psychiatric/mental health nursing. Of the students surveyed, 26% (n = 21) reported that they had determined their choice of an area for specialization prior to entrance into nursing and 40% (n = 32) reported selecting their specialty area during student clinical practice. Sixty-four students responded "yes" or "maybe" to plans for graduate education, but only 4.7% (n = 3) selected psychiatric/mental health nursing.

Lowery, Banchik, and Miller (1982) surveyed nursing students in BSN and Masters of Science in Nursing (MSN) programs as well as BSN nurses employed in public and private, general and psychiatric hospitals throughout the United States. The study response rate was 20% (N = 965). Of those responding, 322 were BSN students, 223 were MSN students, 249 were BSNs working in general hospitals, and 171 were

BSNs working in psychiatric hospitals. Of the BSN student respondents, 95% (n = 315) expressed interest in specialty areas other than psychiatric/mental health nursing, while 32% (n = 71) of the MSN students indicated psychiatric/mental health nursing as their area of least interest. Of the general hospital BSN respondents, 43% (n = 103) also listed psychiatric/mental health nursing as their area of "least" interest. "Negative undergraduate experience" was given as the reason for lack of interest in psychiatric/mental health nursing by 38% of the MSN students (n = 85) and 46% of the general hospital working BSNs (n = 115) in the sample (no results were reported in this area for BSN students). In discussing the findings, the investigators reported that negative undergraduate experience appeared to be significantly associated with respondents' lack of interest in a specific specialty area and that "undergraduate nursing experience is viewed negatively by too many nurses" (p. 23).

The low response rates to these studies do not allow any conclusions to be drawn. Both the Lowery et al. (1982) and the Mitsunaga et al. (1982) studies questioned the impact of the integrated curriculum on psychiatric/mental health nursing, but neither reported any specific findings related to that issue. Both studies, however, did suggest that aspects of undergraduate clinical experience were important factors in the choice of the specialty.

Specialty Choice: Competing Specialties as a Factor

According to publications by the National League for Nursing (NLN) and the American Nurses Association (ANA), a decrease in percentage (26%) of graduate nurse enrollees in psychiatric nursing programs occurred between 1968 and 1982. During this same period of time, the percentage of enrollees in each of three other specialty areas (medical-surgical, maternal-child, and public health) showed increases (1.3%-7.4%) (see Table 1, p. 14). Other statistics reflecting percentages of graduates from masters level specialty programs in nursing during a similar time period (1966-1982) also revealed a decline, although only 6%, in psychiatric/mental health nursing and a slight increase of 1.5% to 3.1% in other specialty areas (ANA, 1970-75; NLN, 1976-1983; NLN, 1966-1976) (see Table 2, p. 14).

The rates of decline in enrollment and graduations are difficult to accurately assess since early reports considered only enrollment in clinical specialty programs, while more recent reports considered the number of graduates (including those enrolled in functional areas such as teaching and administration, in addition to a clinical specialty). Despite these inconsistencies, there has been a noticeable decline of interest in psychiatric/mental health specialization since the mid-1960's, and the question of whether or not this is related to curriculum integration has been raised by many (Fagin, 1981; Lowery et al., 1982; Mitsunaga, 1982). A search of the nursing education and psychiatric/mental health nursing literature did not demonstrate any studies that considered this question directly.

Table 1

Full Time Enrollment --Advanced Clinical Practice (by Nursing Content Area) in Masters Level Graduate Programs

Year	Total # Enrolled	Psychiatric #	Psychiatric %	Medical-Surgical #	Medical-Surgical %	Maternal-Child #	Maternal-Child %	Public Health #	Public Health %	Other* #	Other* %
1967-68	1035	433	41.8	343	33.1	173	16.7	86	8.3	0	0.0
1968-69	1261	499	39.6	426	33.8	209	16.6	125	9.9	2	0.2
1969-70	1590	558	35.1	501	31.5	279	17.5	162	10.2	90	5.7
1970-71	1897	667	35.2	622	32.8	328	17.3	193	10.2	87	4.5
1971-72	2340	795	34.0	760	32.5	400	17.1	241	10.3	144	6.2
1972-73	2365	745	31.5	758	32.1	507	21.4	256	10.8	99	4.2
1973-74	3015	810	26.9	982	32.6	657	21.8	293	9.7	273	9.1
1974-75	3729	903	24.2	1213	32.5	729	19.6	436	11.7	448	12.0
1975-76	3780	905	23.9	1186	31.4	682	18.0	418	11.1	589	15.6
1976-77	4544	971	21.4	1287	28.3	876	19.3	377	8.3	1033	22.7
1977-78	4878	946	19.4	1430	29.3	984	20.2	382	7.8	1136	23.3
1978-79	5203	941	18.1	1891	36.3	1279	24.6	796	15.3	296	5.7
1979-80	5480	1049	19.1	2020	36.9	1255	22.9	845	15.4	311	5.7
1980-81	5418	850	15.7	1856	34.3	1287	23.7	787	14.5	638	11.8
1981-82	4863	760	15.6	1672	34.4	1038	21.3	765	15.7	628	13.0

(NLN, Some Statistics, 1959-77; NLN, Data Book, 1978-83; ANA, Facts, 1970-75)
*Sciences, Fundamentals, Inservice, Combined Majors, and Rehabilitation, or "none or not designated."

Table 2

Nursing Degrees granted by Masters Level Programs

Year	Total # Graduates	Psychiatric #	Psychiatric %	Medical-Surgical #	Medical-Surgical %	Maternal-Child #	Maternal-Child %	Public Health #	Public Health %	Other* #	Other* %
1966-67	1534	327	21.3	490	31.9	254	16.6	225	14.7	238	15.5
1967-68	1615	314	19.4	539	33.4	277	17.2	242	15.0	243	15.0
1968-69	1766	436	24.7	573	32.4	257	14.6	222	12.6	278	15.7
1969-70	1988	405	20.4	605	30.4	347	17.5	277	13.9	354	17.8
1970-71	2083	508	24.4	680	32.6	378	18.1	323	15.5	194	9.3
1971-72	2135	493	23.1	701	32.8	365	17.1	308	14.4	268	12.6
1972-73	2446	601	24.6	781	31.9	389	15.9	309	12.6	366	15.0
1973-74	2643	568	21.5	776	29.4	470	17.8	202	7.6	547	20.7
1974-75	2694	551	20.5	811	30.1	487	18.1	359	13.3	486	18.0
1975-76	3437	620	18.0	969	28.2	524	15.2	329	9.6	995	28.9
1976-77	3830	678	17.7	1007	26.3	579	15.1	364	9.5	1202	31.3
1977-78	4271	732	17.1	1271	29.8	695	16.3	284	6.6	1289	30.2
1978-79	4621	726	15.7	1642	35.5	756	16.4	526	11.4	971	21.0
1979-80	4778	781	16.3	1678	35.1	823	17.2	627	13.1	869	18.2
1980-81	5026	791	15.7	1793	35.7	942	18.8	655	13.0	845	16.8
1981-82	5193	787	15.2	1775	34.2	942	18.1	742	13.9	965	18.6

(NLN, Some Statistics, 1959-76; NLN, Data Book, 1976-82; ANA, Facts, 1970-75)
*Sciences, Fundamentals, Inservice, Combined Majors, and Rehabilitation, or none or not designated."

Similarly, competing factors among the four major areas of specialization in nursing that could draw or repel generic graduates to graduate study or clinical practice have not been systematically addressed.

Summary

The literature reviewed suggested that a number of factors may be related to the declining interest in psychiatric/mental health nursing. Among these are: (a) that the choice may be made prior to exposure to both theoretical and clinical content experience; (b) there may be perceived lack of competence in psychotherapeutic skills; (c) students may have had negative undergraduate experiences in psychiatric/mental health nursing; (d) students in recent years may have experienced a decrease in the length of exposure to the specialty area and thus inadequate faculty role modeling. Factors that have not been considered in past studies are the availability of a position, transportation, personal demands, and greater appeal of the other specialties.

Many positive changes have occurred in nursing education that may be a result of integration, such as improved teaching methods, and the development and use of conceptual frameworks. However, concern has been expressed about the kind of impact that this approach may have had upon student learning of specific academic and clinical skills. Of particular concern is the possibility of a negative impact on recruitment to psychiatric/mental health nursing as a specialty.

Conceptual Framework

The major concepts selected to guide the design and analysis of the study were socialization/role modeling and curriculum design. Although factors such as family, peers, and work experience during adolescence and young adulthood when the majority of individuals seriously consider career choices may be influential, nursing education factors per se can be manipulated for research purposes and thus offer a framework for further examination of the problem.

Socialization/Role Modeling

Social learning theory specifically acknowledges that human thought, behavior, and affect are influenced by both observation and direct experience (Latham & Saari, 1979). Since socialization is known to result from the interaction of behavior and environment with cognition (Bandura, 1977), it is important to provide the learner with experiences that best allow acquisition of knowledge, skills, and attitudes that relate to a specific role. It has been found that the best way to accomplish this goal is through direct observation and experience in the role because these behaviors provide a means for cognitive internalization of the norms and values of the role and help the learner to take on these behaviors (Brief, Van Sill, Aldag, & Melone, 1979; Watson, 1979).

Role modeling, therefore, provides examples for the learner to imitate so that specific behaviors are promoted (Bandura, 1977; Meleis, 1985). It is believed that education for the professional role best

occurs by observation and practice in an appropriate milieu under the direction of a competent practitioner. Students learn to adapt to the new role by watching and working with the specialist in action (Archer & Fleshman, 1979; Stevens, 1979). According to Stolte (1978), students identify with an "attractive" instructor and gradually develop into the norms imposed by that instructor.

Role socialization implies that student interest in a specialty is affected by their perceptions of the settings in which they practice nursing and by the role models that they encounter in those settings. Furthermore, Stolte (1978) states that students gradually come into the role portrayed by role models, implying that length of time in a specialty influences perception of a specialty.

Therefore, in this study, variables examined are related to settings, number of days, and overall length of time in specialty areas, and to role models and related clinical and classroom experiences. Student perceptions of these factors seemingly would influence their choice of specialty in which to practice after graduation.

Curriculum Design

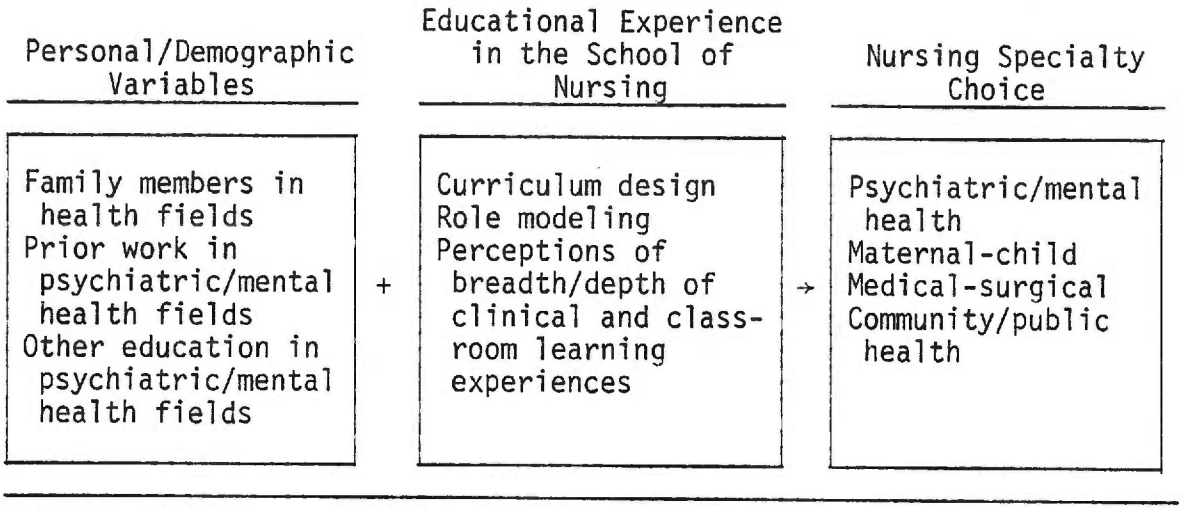
Curriculum design is a deliberate attempt to structure student learning activities according to a set of beliefs about teaching and learning. Nonintegrated curriculum designs are organized around clinical specialty departments while integrated curriculum designs are guided by concepts central to nursing.

If the integrated curriculum style has brought about a decrease in student exposure to specialty areas and instructor expertise, role socialization, as depicted, may not occur. Students may not have the opportunity to adapt to a new role, such as that of the psychiatric/mental health nurse.

The study conceptual framework is shown in three major categories of constructs and their relationships are depicted. Personal/ demographic factors that influence career decision-making during maturational development are exposure to family members who have selected the same careers and specifically the same specialization, personal work experience prior to entering nursing, and other educational experiences. These factors precede the nursing educational experiences and can be positive or negative. A second set of factors thought to influence specialty choice are curriculum design, role socialization, particularly in the clinical setting, and the type and amount of exposure to the specialty. While this category of factors is expected to have more influence than developmental factors, it is assumed to be additive rather than interactive for the purposes of this study. Finally, the selection of a preferred specialty might be dependent on the other choices available from which to select, that is, three other areas of specialization with which to compare areas of opportunity.

FIGURE 1

CONCEPTUAL MODEL



Research Questions

The review of literature, availability of a study sample, and goals of a research project for the Master's degree requirement led to the following research questions:

1. Are there statistically significant differences on personal demographic characteristics between students who attended school "A" (an integrated curriculum) and those who attended school "B" (a nonintegrated curriculum)?

2. Are there statistically significant differences on selected educational variables between students in school "A" who expressed an intention to work in psychiatric/mental health nursing and those who expressed an intention to work in another nursing specialty area (e.g.,

medical-surgical nursing, maternal/child nursing, and community health nursing)? Do these same difference exist in school "B"?

3. To what extent do students' perceptions of number of clinical days, perceptions of exposure, perceptions of clinical role models, perceptions of clinical experience, and perceptions of class experience discriminate between those expressing an intention to work in psychiatric/mental health nursing and those expressing an intention to work in another nursing specialty area, for example, medical-surgical nursing, maternal-child nursing, or community health nursing?

In order to directly examine the influence of curriculum on student nursing specialty preference, a four group research design would be required. The setting available made it impossible to obtain the sample to carry out such a study.

Definition of Terms

1. Integrated curriculum model, or program with an integrated curriculum: a curriculum in an NLN accredited baccalaureate school of nursing that is organized so nursing content blends in such a way that parts of specialties are not distinguishable. Key concepts of nursing that cut across specialties and deal with the person as a holistic being are evidenced. Clinical experience is related to concepts being studied, not to a specific nursing specialty area (Pardue, 1979; Styles, 1976).

2. Nonintegrated curriculum model, or program with a nonintegrated curriculum: a curriculum in an NLN accredited

baccalaureate program that is organized according to the medical model and medical specialties. Students take separate courses in medical/surgical, pediatric, obstetrical, community, and psychiatric nursing (Pardue, 1979). Clinical experience is directly related to, and concurrent with, the medical specialty theory being taught (Styles, 1976). This model is also called the medical model, logistic model, blocked-content curriculum model, subject-centered nursing, and the "big five" (Maloney, 1982; Smyth & Elder, 1968; Stevens, 1971; Stevens, 1979).

3. Generic nursing program: a program to prepare individuals with no previous professional nursing experience for entry into the field of nursing at the baccalaureate level (Urdang, 1983).

4. Specialty area of nursing: clinical specialty areas of nursing based on the medical model, including medical-surgical nursing, maternal-child nursing, psychiatric/mental health nursing, and community/public health nursing (ANA, 1970-75; NLN, 1978-82; Smyth & Elder, 1968; Urdang, 1983).

5. Psychiatric nursing: specialized area of nursing practice that employs theories of human behavior as its scientific aspect and the therapeutic, purposeful use of self as its art (ANA, 1982; Haber, Leach, Schudy, & Sedeleau, 1978).

6. Psychiatric clinical nurse specialist: a registered nurse who through study and supervised practice at the graduate level acquires advanced knowledge and clinical skills in psychiatric nursing (ANA, 1980; Johnson, 1964; Urdang, 1983).

7. Mental health concepts: those concepts related to coping effectively with life processes (Critchley & Maurin, 1985; Haber et al., 1978; Olade, 1983).

8. Psychiatric concepts: those concepts dealing with the maladaptation to life processes, i.e., mental illness (Critchley & Maurin, 1985; Haber et al., 1978; Olade, 1983).

9. Medical-surgical nursing: nursing specialty caring for people whose conditions or disorders are treated pharmacologically or surgically (Urdang, 1983). In this study, this includes all medical-surgical areas, including operating room and related areas, intensive care areas, extended care, senior citizen, and outpatient areas.

10. Maternal-child nursing: nursing specialty related to care of mothers and children, including those in prenatal, labor and delivery, postnatal, nursery, and pediatric areas (Urdang, 1983).

11. Community health nursing: the field of nursing that conducts continuing, comprehensive health care to all ages that is preventive, curative, and rehabilitative in a variety of settings, usually noninstitutional (McGraw-Hill Nursing Dictionary, 1979; Urdang, 1983).

12. Family members in the health field: refers to parents, siblings, spouse, children, aunts, uncles, or cousins employed in health care fields.

13. Prior education in psychiatric fields: refers to educational degrees in fields related to psychiatric/mental health, such as psychology, social work, and counselling, prior to entry into the generic nursing program.

14. Work experience in psychiatric/mental health fields: refers to work experience in fields related to psychiatric/mental health prior to entry into the generic nursing program.

15. Perception of number of clinical days: the student's remembrance of the number of clinical days spent in any given clinical specialty area.

16. Perception of breadth of exposure: the student's remembrance of the number of different types of clinical settings experienced in a given specialty.

17. Role model: The student nurse's perception of person(s) who transmitted the actions, thinking, and values of a nursing specialty to them through the role model's practice, performance, and behavior during the student's clinical experience in the specialty area (Blomquist, Cruise, & Cruise, 1980; Stevens, 1979).

18. Perception of clinical experience: the student nurse's perception of her/his clinical experience in a specialty area on a feeling level as positive, neutral, or negative.

19. Perception of class experience: the student's perception of her/his classroom experience in the specialty subject matter as positive, neutral, or negative.

CHAPTER 2

METHODOLOGY

Design of the Study

A descriptive survey design was used to examine the clinical nursing specialty interests of graduating students who received their nursing education in integrated and nonintegrated baccalaureate nursing programs.

Sample and Setting

Participants (N = 100) were a nonrandom convenience sample of generic senior nursing students who graduated at the end of the 1985 Spring term from two baccalaureate schools of nursing in a Northwest metropolitan city. Participants were predominantly young, single, Caucasian, and female. About 50% had health-related work experience prior to entering nursing and 59% had family members in health-related occupations, primarily the medical-surgical areas. About 30% had postsecondary education prior to entering the baccalaureate nursing major. See Tables 3, 4, and 5 (pp. 25-27) for a complete summary of background information.

Of the 86 graduates of school "A," 71 were generic nursing students and 90 of the 100 graduates from school "B" were generic students. One hundred eight students responded, but eight

TABLE 3

DEMOGRAPHIC DATA FOR THE SAMPLE

Variable Name	School "A"		School "B"		Total
	No.	%	No.	%	No.
Age					
20-25	38	67	26	60	64
26-30	8	14	9	21	17
31-35	7	12	2	5	9
36-45	3	5	5	12	8
Over 45	1	2	0	0	1
TOTAL	57	100	42	98	99
MISSING DATA			1		1
Gender					
Female	50	88	37	86	87
Male	6	11	5	12	11
TOTAL	56	99	42	98	98
MISSING DATA	1		1		2
Marital Status					
Single	37	65	25	58	62
Married	16	28	14	33	30
Divorced/Separated	2	4	2	5	4
Widowed	1	2	1	2	2
TOTAL	56	99	42	98	98
MISSING DATA	1		1		2
Ethnicity					
Caucasian	51	89	42	98	93
Hispanic	1	2	0	0	1
Native American	1	2	0	0	1
Asian American	2	4	0	0	2
Other	1	2	0	0	1
TOTAL	56	99	42	98	98
MISSING DATA	1		1		2

TABLE 4

PRIOR EXPERIENCE AND EDUCATION IN HEALTH CARE FIELDS
FOR PARTICIPANTS AND FAMILY MEMBERS

Variable Name	School "A"		School "B"		Total
	No.	%	No.	%	No.
Area of Prior Work Experience					
Medical-Surgical	18	32	17	40	35
Maternal-Child	3	5	3	7	6
Psych-Mental Health	0	0	0	0	0
Community Health	3	5	1	2	4
Other	4	7	3	7	7
Specialty Areas of Family Members*					
Medical-Surgical	29	51	17	40	46
Maternal-Child	11	19	2	5	13
Psych-Mental Health	1	2	2	5	3
Community Health	1	2	1	2	2
Total Family Members in Health Fields					
Range	0-4		0-3		0-4
Mean	1.05		0.79		0.99
Standard Deviation	1.34		0.84		1.17

General Categories of Prior Degrees Earned

DEGREE	AD			BS			MS			OTHER			TOTAL #
	Total #	# A	# B	Total #	# A	# B	Total #	# A	# B	Total #	# A	# B	
Physical science	1	1	0	2	2	0	0	0	0	1	0	1	4
Behavioral science	1	0	1	7	5	2	0	0	0	0	0	0	8
Non-health related	2	1	1	3	1	2	0	0	0	2	0	2	10
Other	1	0	1	4	2	2	3	0	3	2	0	2	10
TOTAL	5			16			3			5			32

TABLE 5

HIGH SCHOOL, LOWER DIVISION, AND NURSING MAJOR
ACADEMIC PERFORMANCE BY GRADE POINT AVERAGE

Variable Name	School "A"	School "B"
GPA		
High School		
Range	2.0-4.0	2.7-4.0
Mean	3.32	3.64
Standard Deviation	0.49	0.29
Lower Division		
Range	2.5-3.9	2.9-4.0
Mean	3.29	3.52
Standard Deviation	0.33	0.28
Nursing Major		
Range	2.5-3.9	2.9-4.0
Mean	3.17	3.35
Standard Deviation	0.50	0.28

questionnaires were excluded from the study (one was incompletely filled out, one indicated a graduation date after the spring of 1985, and six were from registered nurse students). Of the 100 acceptable responses, 57 were from school "A" and 43 were from school "B". The response rate for subjects from school "A" was 80%, the response rate for subjects from school "B" was 48%, and the overall response rate was 62%.

University catalogs were examined to specify the curriculum designs of the two schools of nursing from which the study sample was drawn. School "A" is a private, liberal arts university, whereas school "B" is a state-supported health sciences university.

The 1983-84 catalog of school "A" described the nursing curriculum design as encompassing a group of core concepts upon which all nursing judgment and action is based. It further stated that the study of humanities is blended with that of sciences to enable students to construct a substantial framework on which they may continue to build through experience and further academic study, and that the program in nursing uses a broad-field integrated curriculum style (p. 86). Since this description matched the definition of an "integrated curriculum" described in the literature, school "A" was considered, for the purpose of this study, to have an integrated curriculum design. Student data from school "A" further corroborated this since no particular relationship between theory classes and clinical experience in nursing specialty areas was indicated. In fact,

one student wrote that "our classroom theory was not correlated with clinical experience" (see Appendix E).

The 1983-84 catalog of school "B" revealed no precise statement of curriculum design. An examination of course content, however, revealed that courses were organized by a traditional blocked curriculum design implemented by clinical departments such as psychiatric/mental health nursing and community health nursing, and that the subject matter areas of didactic portions of courses and clinical experiences were concurrent. Since this description matched the literature definition of a nonintegrated curriculum, school "B" was considered, for the purposes of the study, to have a nonintegrated curriculum. The definition was substantiated by student data from school "B" that indicated that theory classes and clinical experience were concurrent (see Appendix E).

Study Variables

Personal and demographic study variables were: age, gender, marital status, work experience, prior college education, and previous exposure to health-related fields. Educational variables of interest were: curricula design, perceptions of number of clinical days, perceptions of breadth of experience, perceptions of class experience, perceptions of clinical experience, and perceptions of role models. The outcome variable was nursing specialty preference.

Data Collection Instrument

Description

The survey instrument was a 60 item questionnaire constructed by the investigator and designed to answer the research questions. The data collection instrument consisted of four sections: (a) student perceptions of factors affecting clinical learning experience; (b) student preference rating of clinical nursing specialties; (c) student career plans; and (d) demographic data (Appendix D).

Development

The questionnaire was developed to enhance clarity of content, ease of administration, scoring and analysis, and to minimize fatigue and boredom (Dillman, 1978; Polit & Hungler, 1978). Although the intent of the study was to examine specialty interest related primarily to psychiatric/mental health nursing, data were collected in the four commonly named specialty areas so that the specific specialty interest area of the study would not be detected by respondents. Psychiatric/mental health nursing questions were purposely placed in midposition of the specialty choices so answers were given after participants were familiar with the format but before they became fatigued or bored with the response process.

Student perceptions were elicited for all study variables because perceptions influence decisions and choices individuals make. Specifically, student perceptions related to number of clinical days

and breadth of exposure may differ from the actual number of days or areas, but these data were not kept on file at either school "A" or school "B".

The questionnaire was pretested for clarity of instructions and applicability to the intended population with a group of senior students (n = 9) in an associate degree nursing program in the state from which the study sample was drawn. Although these students were not in a baccalaureate school of nursing, they were nearing completion of entry level requirements for registered nurse licensure during the same year as the target population and were readily accessible to the investigator.

The validity of the instrument was examined in light of the following definitions: validity is the degree to which the instrument measures what it is supposed to measure (Polit & Hungler, 1978) and face validity refers to the evaluators' appraisal of what the content measures (Borg & Gall, 1979). Face validity was judged to be adequate for the purposes of this study following the review of the instrument by several psychiatric/mental health nurse educators, one of whom is ANA certified. Criterion validity of the instrument was demonstrated during data analysis by the similarity of results on Pearson's correlational coefficient for all clinical specialty areas examined.

Data Collection Procedure

Permission to conduct the study was obtained from Assistant or Associate Deans responsible for curriculum in the respective schools of

nursing (Appendix A). One week prior to data collection, notices were sent to senior nursing students to inform them about the study, its general content, and the date, time, and place planned for administering the questionnaire (Appendix B).

Since several authorities (Brink & Wood, 1983; Polit & Hungler, 1978) state that personal contact with participants results in higher completion rates of questionnaires than on surveys done by mail, questionnaires were distributed by the investigator. This was done at the end of regularly scheduled classes 3 weeks prior to the end of the 1985 spring term in both school "A" and school "B". The average completion time was 20 min with a range of 10 to 30 min.

Human Subjects

The study was exempt from human subjects review since it met Department of Health and Human Services exemption category #1. The anonymity of the subjects was preserved since no names were sought. Completion of the questionnaires was considered evidence of subject consent to participate in this study (Appendix C). To help protect the schools' anonymity, their location and student graduation dates were not given. However, information necessary to describe the schools and their curriculum designs, coupled with the investigator's location, could reveal their identity.

Data Analysis

Using the computer program Statistical Package for Social Sciences (SPSS) (Nie, 1975 & 1979), the following tests were computed for data analysis.

Student's t-test

The t-test is a statistical model that tests the significance of difference between means of two populations based on the means and distributions of the two samples (Williams, 1979). The t-test was used to determine differences between study respondents in the two schools on the demographic characteristics of marital status, ethnicity, age, gender, total family members in health-related fields, and GPA in high school, lower division, and nursing school.

Pearson Product-Moment Correlation

The Pearson product-moment correlation coefficient was used to measure direction and magnitude of relationships between study variables (Polit & Hungler, 1979). In this study, Pearson correlation coefficients were computed to examine the direction, magnitude, and significance between the five selected study variables: perceptions of number of clinical days, perceptions of breadth of experience, perceptions of clinical role model, perceptions of clinical experience, and perceptions of classroom experience.

CHAPTER 3

RESULTS

Senior nursing students from two baccalaureate schools of nursing in a Northwest metropolitan city were participants in a study that focused on factors thought to contribute to the differences between those students who expressed intention to work in psychiatric/mental health nursing and those who expressed intention to work in another nursing specialty area. Three questions were explored.

Research Question One

The first question was: "Are there statistically significant differences on selected personal/demographic variables between students attending school "A" and those attending school "B"?"

Participants from school "A" were compared with participants from school "B" on the following characteristics: marital status, ethnicity, age, gender, total number of family members in health-related fields, and grade point average (GPA) in high school, college lower division, and in the nursing major. Means and standard deviations are shown in Table 6. The only statistically significant differences found were related to GPA. Students in school "B" reported higher GPAs than those in school "A" in all three areas:

TABLE 6

COMPARISON OF MEANS AND STANDARD DEVIATIONS BETWEEN PERSONAL AND DEMOGRAPHIC DATA OF STUDENTS IN SCHOOL "A" AND SCHOOL "B"

Variable	School "A" mean	S.D.	School "B" mean	S.D.	t-value	Comparison
Age	1.55	(.91)	1.67	1.03	-.57	n.s.
	n = 56		n = 42			
Gender	1.11	.31	1.12	.33	-.18	n.s.
	n = 56		n = 42			
Total Number of Family Members in Health	1.05		.79	.84	1.13	n.s.
	n = 57		n = 42			
GPA						
High School	3.32	.47	3.64	.29	-3.80***	B > A
	n = 52		n = 40			
Lower Division	3.29	.33	3.52	.28	-3.45***	B > A
	n = 48		n = 38			
Nursing Major	3.17	.30	3.35	.28	-2.92**	B > A
	n = 53		n = 39			

* $p < .05$
** $p < .01$
*** $p < .001$

Note: Other demographic data elicited no pertinent data.

high school (t = -3.80, p < .01); lower division (t = -3.45, p < .001); and nursing major (t = -2.9, p < .01) (see Table 6).

Research Question Two

The second research question was: "Are there statistically significant differences on selected educational variables between students in school "A" who express an intention to work in psychiatric/mental health nursing and those who express an intention to work in another nursing specialty area (medical-surgical nursing, maternal-child nursing, or community health nursing)? Do these same differences exist in school "B"?"

Study participants were compared on the following variables: perceptions of number of clinical days in each specialty area, perceptions of breadth of exposure in each specialty, and perceptions of clinical role models, classroom experience, and clinical experience in each specialty area with the following findings. Means and standard deviations are shown on Table 7. The t-tests conducted to examine statistical differences between specialty preferences (psychiatric/mental health nursing compared with the combined other three specialties) within school "A" and within school "B" are not reported due to small n's among the psychiatric/mental health preference in both schools. A complete listing by specialty of the five variables (perceptions of clinical days, perceptions of breadth of exposure, perceptions of role model, perceptions of clinical experience, and perceptions of classroom experience) is shown in Appendix F.

TABLE 7

TABULATIONS OF MEANS AND STANDARD DEVIATIONS ON SELECTED VARIABLES FOR THE SPECIALTY OF PSYCHIATRIC/MENTAL HEALTH NURSING BETWEEN THE GROUP CHOOSING PSYCHIATRIC/ MENTAL HEALTH NURSING AND THE GROUP CHOOSING ANOTHER NURSING SPECIALTY IN BOTH SCHOOL "A" AND SCHOOL "B" SEPARATELY

	SCHOOL "A"				SCHOOL "B"			
	Chose Psych/ Mental Health		Chose Other		Chose Psych/ Mental Health		Chose Other	
Variable	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Clinical days	26.50	(14.18)	15.06	(5.25)	26.00	(8.49)	20.81	(4.96)
	$n = 4$		$n = 52$		$n = 2$		$n = 40$	
Breadth of exposure	1.50	(0.58)	1.28	(0.53)	2.00	(1.41)	1.24	(0.54)
	$n = 4$		$n = 53$		$n = 2$		$n = 41$	
Role model	4.00	(0.82)	3.04	(1.19)	4.50	(0.71)	3.63	(1.90)
	$n = 4$		$n = 53$		$n = 2$		$n = 41$	
Class experience	3.25	(0.96)	3.68	(0.85)	2.59	(2.12)	2.46	(1.20)
	$n = 4$		$n = 53$		$n = 2$		$n = 41$	
Clinical experience	4.25	(0.96)	3.40	(1.06)	4.00	(0.00)	3.76	(1.07)
	$n = 4$		$n = 53$		$n = 2$		$n = 41$	

In addition to asking students' specialty preferences for clinical practice following graduation, they were also asked their specialty preferences should they attend graduate school. Of the 83 students who expressed interest in attending graduate school, only 6% (n = 5) indicated that psychiatric/mental health nursing was their preferred specialty area. Of these, two were from school "A" and 3 were from school "B" (see Table 8).

TABLE 8

SPECIALTY AREA PREFERENCE FOR GRADUATE SCHOOL

Nursing Specialty Area	No.	%
Medical-surgical	30	36
Maternal-child	22	27
Psychiatric-mental health	5	6
Community health	19	23
Other	7	8
TOTAL	83	

Research Question Three

The third research question was: "To what extent do the perceptions of number of clinical days, perceptions of the breadth of exposure, perceptions of clinical role model, perceptions of classroom experience, and/or perceptions of clinical experience discriminate between those expressing intention to work in psychiatric mental/health

nursing and those expressing an intention to work in another nursing specialty (medical-surgical nursing, maternal-child nursing, and community health nursing?"

Discriminant function analysis was the statistical test of choice to examine this question; however, when the dependent variable, nursing specialty preference, was examined by nominal variable categories appropriate for discriminant function analyses, the group of students selecting psychiatric/mental health nursing was too small for analysis. The unequal group sizes (n = 6 and n = 92) were also problematic.

Pearson's correlation coefficients were computed to analyze relationships between selected variables within each specialty for the study sample as a whole. The five educational variables selected and examined indicated that they were indeed pertinent variables for the purposes of this study. The correlation of greatest magnitude was between perception of exposure to a positive role model and perception of a positive clinical experience in all specialties, with a range of 0.58 to 0.71 ($p < .001$). This correlation reached the greatest magnitude (r = .71) within psychiatric/mental health nursing. The greatest number of significant relationships occurred in psychiatric/mental health nursing and maternal child nursing, each with 8 out of 10 significant correlations (see Table 9).

The variables, perceptions of number of clinical days and perceptions of exposure, strongly predicted the choice of psychiatric/mental health nursing for all students. The variable, positive role modeling, correlated with positive clinical experience

TABLE 9

SUMMARY OF PEARSON'S CORRELATION COEFFICIENTS BETWEEN VARIABLES

	Medical-Surgical Nursing					Maternal-Child Nursing				
Variable	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
Number of Clinical Days (1)	---	.01 n=95	.06 n=95	.10 n=95	.23** n=95	--- ---	.29** n=97	.18* n=97	.23** n=97	.56*** n=97
Role Model (2)	---	---	.62*** n=100	.32*** n=100	.11 n=100	---	---	.58*** n=100	.37*** n=100	.15 n=100
Perceived Clinical Experience (3)	---	---	---	.29*** n=100	.33*** n=100	---	---	---	.43** n=100	.10 n=100
Perceived Class Experience (4)	---	---	---	---	.01 n=100	---	---	---	---	.19* n=100
Number of Areas of Exposure (5)	---	---	---	---	---	---	---	---	---	---

* $p < .05$
** $p < .01$
*** $p < .001$

(Table 8 Continued Next Page)

TABLE 9 (Continued)

SUMMARY OF PEARSON'S CORRELATION COEFFICIENTS BETWEEN VARIABLES

	Psychiatric/Mental Health Nursing					Community Health Nursing				
Variable	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
Number of Clinical Days (1)	---	.31*** n=98	.29** n=98	-.13 n=98	.16 n=98	---	-.13 n=98	-.07 n=98	-.19* n=98	.34*** n=98
Role Model (2)	---	---	.71*** n=100	.18* n=100	.18* n=100	---	---	.58*** n=100	.40*** n=100	-.05 n=100
Perceived Clinical Experience (3)	---	---	---	.22** n=100	.17* n=100	---	---	---	.41*** n=100	-.13 n=100
Perceived Class Experience (4)	---	---	---	---	.31*** n=100	---	---	---	---	.01 n=100
Number of Areas of Exposure (5)	---	---	---	---	---	---	---	---	---	---

* $p < .05$
** $p < .01$
*** $p < .001$

for students in both schools. However, results do not suggest that differences in curriculum style are associated with students' choice of a specialty.

Summary of Findings

The only statistically significant difference between student responses in the two schools on personal/demographic factors was on the GPA variable at all educational levels. Respondents from school "B" reported higher GPAs at all levels than did respondents from school "A". Differences between students who chose psychiatric/mental health nursing and those who chose another nursing specialty could not be examined statistically because of small n's.

The extent to which five educational variables predicted specialty preferences could not be examined statistically either because of small n's. However, both the magnitude and levels of significance of the correlations between these five variables, perceptions of number of clinical days, role models, positive or negative feelings about clinical experience, classroom experience and extent of areas of exposure within each specialty, suggested that the variables selected for study were pertinent to the issue of specialty preference.

CHAPTER 4

DISCUSSION

Question One

An important study finding was that the two groups of students educated in integrated and nonintegrated curricula were similar on personal/demographic background characteristics. Since differences in background data might affect findings related to specialty choice, question one asked what differences existed in the background data obtained from the students in school "A" and the students in school "B". After examining comparisons on all background variables, the only item on which the two groups differed significantly was grade point average (GPA). This difference was apparent at all three levels on which data were collected: high school, college lower division, and nursing major. The reason for these differences are not readily apparent. Since students at both universities come from a broad representation of high schools, GPAs from high school should be comparable. Although different admission criteria might explain the differences in lower division GPAs between students in the two schools, examination of the students' admission year catalog for each school revealed that both schools required a minimum lower division GPA of 2.50. However, only 2% (n = 1) of school "B" respondents indicated a GPA below 3.00, while 11% (n = 6) of school "A" respondents indicated

GPAs below 3.00. Considering the lower response rate from school "B", it may be that students with higher GPAs completed the questionnaire and those less academically able chose not to complete it. Other factors that could have influenced differences are: the number of actual nursing applicants in each school, university funding that may influence type of students selected, and the type of college or university attended for prenursing classes (state or private, community college or four-year university). There may also have been differences in students choosing the two schools related to cost per credit hour as school "A" is a private school with higher tuition than school "B", a state supported school. The differences in the nursing major GPAs might be due to differences in assessment and grading within each school. However, this cannot be validated by any data collected in this study.

Question Two

Question two asked what differences existed between respondents who chose psychiatric/mental health nursing as their intended work specialty and those who chose another nursing specialty on five selected educational variables (perceptions of number of clinical days, perceptions of breadth of exposure, perceptions of roles, models, perceptions of classroom experience, and perceptions of clinical experience within each curriculum design). Of particular interest was whether variables on which significant differences occurred between the two specialty choice groupings (those choosing psychiatric/mental

health nursing and those choosing other nursing specialties) also occurred in nursing specialties other than psychiatric/mental health nursing. Unless significant "negative" perceptions contributed to students choosing other specialties, these results would not appear to affect psychiatric/mental health nursing.

Unfortunately, the t-test planned to answer this question could not be carried out because of the small number of students who selected psychiatric/mental health nursing as their preferred specialty. The small numbers selecting psychiatric/mental health nursing is consistent with the alarming downward trend noted by others (Chamberlain & Marshall, 1982; Lowery et al., 1982; Mitsunaga, 1982). Further study of the influence of curriculum design on specialty choice should be conducted. It is interesting to note that in both schools the students who selected psychiatric/mental health nursing as the preferred specialty had rated positive perceptions of role models and positive perceptions of clinical experience highest. These two factors appear to be more significant than the other variables, indicating that quality of experience may outweigh other education factors.

Question Three

Question three was designed to identify factors that discriminated between students choosing psychiatric/mental health nursing and students who choose other nursing specialties. These analyses could not be conducted due to the small number of students

preferring psychiatric/mental health nursing in both integrated and nonintegrated curricula. The significant correlation between perception of exposure to a positive role model and a positive perception of clinical experience seems to indicate that positive role models in the clinical area highly influence students' positive perception of psychiatric/mental health nursing. Finally, students that selected psychiatric/mental health nursing as their preferred specialty appeared to be drawn to the specialty by a positive clinical experience in the specialty in general, and by the observations and interactions with positive role models in particular.

Implications for Nursing Education

Maloney (1982) suggested that lack of a strong role model may lead to less interest in the specialty of psychiatric/mental health nursing. Study results seem to support Maloney's beliefs. Study participants favoring psychiatric/mental health nursing as a specialty in both schools rated "role models" more positively than the group that did not favor psychiatric/mental health nursing, but not significantly so (see Appendix F).

When the analysis was done to explore relationships between the selected variables using Pearson's correlation, significant relationships were found in 8 out of 10 possible significant correlations in psychiatric/mental health nursing (see Table 9). The relationship of greatest magnitude was between role modeling and perceptions of clinical experience, and although strongest in

psychiatric/mental health nursing, this relationship between role modeling and perceptions of clinical experience was also the most significant correlation found in the other three specialties. This finding has implications for selection of clinical faculty and exposure to nursing staff. The findings also suggest importance in examining the role of the clinical nursing instructor and the type of clinical settings in which students are placed.

These findings support a major study construct, role socialization. The increase in positive perception of clinical experience when students in the study perceived positive role models seems to uphold the premise of Archer and Fleshman (1979) and Stevens (1979) that education for socialization into a professional role best occurs when the student is able to observe and practice under the direction of a competent practitioner in an appropriate setting. The study findings indicating that students are more likely to choose the specialty of psychiatric/mental health nursing when they have greater exposure to it supports Stolte's (1978) view that students are gradually socialized into the role norms. Therefore, it seems that increased clinical exposure to psychiatric/mental health nursing under the direction of carefully selected competent clinical specialists as instructors could lead to more students developing a positive identity with the role of a psychiatric/mental health nurse and thus an interest in working in the specialty. As suggested by Fagin (1981) and Mitsunaga (1982), it is difficult to develop an interest in a specialty to which there is little exposure.

In this study, 30% of the participants (n = 30) indicated that they decided on their work preference area prior to entering nursing school, a slightly higher percentage than the 26% (n = 21) reported by Mitsunaga (1982). Forty-six percent (n = 46) reported determining their work preference during their clinical experience, compared to 40% (n = 32) in the Mitsunaga study (1982). Although 30% had chosen their specialty before entering the nursing major, 70% were influenced by experiences in the school of nursing. Of those choosing psychiatric/ mental health nursing as a work preference, 33% (n = 2) chose the specialty prior to entering the nursing major and 68% (n = 4) chose it during clinical experience in the area. Study findings did not disclose reasons why students chose work preference areas prior to the nursing major. It would seem pertinent to explore reasons for these choices to determine if they were based on exposure to specialty areas prior to entering the nursing major through work experience, illness, acquaintance with individuals having work experience in the specialty, influence of media, or if these choices were emotionally based.

Educators are concerned with determining the types of clinical experiences that are appropriate and conducive to student learning. To increase attraction to a particular specialty, it seems important to determine which clinical settings offer students a positive experience and thus increase the probability that they will choose to work in a similar setting.

In the current study, several students indicated that they chose to work in general medical-surgical areas of nursing instead of their

preferred specialty area in order to gain technical experience. Whether this choice was related to their own perceived need or the result of counseling by advisors was not determined. These reasons have been suggested as influencing students' choice of a specialty other than psychiatric/mental health nursing in which to work after graduation. Maloney (1982) states that new graduates may need to come to terms with other life factors before dealing with psychiatric/mental health nursing. Regardless of the reason for students' work choice, once they develop feelings of confidence in an area, they may be reluctant to move into a specialty in which they feel incompetent. In a study conducted by Gould (1982), nurses' anxiety concerning psychiatric/ mental health nursing was related to a perceived lack of personal psychotherapeutic ability for working in a psychiatric setting.

Finally, data from students who indicated psychiatric/mental health and a second preference were not included in the psychiatric mental health analyses. Additional analyses will be undertaken to include these data.

Implications for Clinical Nursing Practice

Study results indicated a continued lack of interest in psychiatric/mental health nursing of senior nursing students in these two schools of nursing. Psychiatric/mental health nursing was not a highly preferred specialty, substantiating the decline of interest in the specialty reported in the review of literature. Only 6% (n = 6)

expressed intention to work in psychiatric/mental health nursing. This was fairly comparable to the results reported in the study by Mitsunaga (1982), 5%, and in the study by Lowery et al. (1982), 4.9%. Fifty-eight percent (n = 58) indicated that psychiatric/mental health nursing was their area of least interest compared to 43.2% of respondents in the Mitsunaga study (1982). Six percent (n = 5) chose psychiatric/mental health nursing as their preferred specialty for graduate school, which is similar to the 4.7% reported by Mitsunaga (1982) (see Table 8). These findings are cause for concern primarily for clients who need psychiatric care and also for the survival of the specialty. Unless more students are attracted to psychiatric/mental health nursing, there will be too few competent psychiatric/mental health clinical specialists for the future. Current members of the specialty need to explore creative recruitment strategies at both the undergraduate and graduate levels of education.

The specialty is in the process of defining its boundaries and subspecialties. Perhaps specialty parameters and differences between mental health nursing concepts and psychiatric concepts are unclear to students, conveying ambiguity to them at a time when they are in need of a feeling of competency in practice. Also, conflicts that exist among the four mental health professions regarding varied methods of treating individuals with mental health or psychiatric problems may overwhelm or intimidate new graduates. The end result of all of this is lack of attraction of nurses to the specialty. As stated by Fagin (1981) and Mitsunaga (1982), unless nurses are attracted to psychiatric/mental health nursing, the specialty cannot survive.

Limitations

Two major limitations exist. The sample size was small and the questionnaire items may have missed an important aspect of the problem. Each is discussed briefly.

Although there is no evidence to indicate that students participating in the study differed from those who did not participate, the sample was relatively small and may not have been representative of the population of 1985 generic graduates from schools of nursing in the United States. Also, the response rate from school "B" was only 48%, compared to 80% from school "A". The 100 participants comprised 62% of the total population of the two schools. Participants were from only one geographic area and they represented only one school with each curriculum design. Furthermore, the two specialty choice groups were very uneven in size, 6% (n = 6) in the group choosing psychiatric/ mental health nursing and 94% (n = 94) choosing other nursing specialty areas. A small subgroup and unequal group sizes prevents conclusive study results (Borg & Call, 1979).

Variables selected may not have included all possible factors contributing to specialty choices. Items included were developed as a result of a literature review, but other variables may have been missed in this study.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study examined the relationship between selected personal/demographic and educational experiences and the selection of psychiatric/mental health nursing as a preferred specialty area among senior generic nursing students in schools of nursing whose curriculum designs were integrated and nonintegrated. This is an important area for exploration, since there has been a decline in the percentage of nurses choosing psychiatric/mental health nursing as their specialty during the past several decades, while the need for psychiatric/mental health nurses is increasing.

Study questions were formulated to explore differences between students in the two schools of nursing that had differing curriculum patterns. Of specific interest were the differences between students who chose psychiatric/mental health nursing as a specialty and those who chose another nursing specialty area, as well as the factors that affected the choice of specialty. To answer these questions, a survey questionnaire was designed to obtain data thought to influence selection of psychiatric/mental health nursing as a specialty. One hundred acceptable questionnaires were completed by participants from two schools of nursing. Although the review of literature seemed to

indicate that that a smaller percentage of students from the school of nursing with an integrated curriculum would choose psychiatric/mental health nursing as their preferred specialty area than from the school with a nonintegrated curriculum design, analysis of the data from this study showed no significant differences. In this study, the favored specialty correlated significantly with positive perceptions of clinical role models and positive perceptions of clinical experience as well as with perceptions of increased breadth of exposure to psychiatric/mental health nursing in the clinical area. Only 6% (n = 6) of the respondents in this study expressed intention to work in psychiatric/mental health nursing and for those indicating plans to attend graduate school, only 6% (n = 5) indicated psychiatric/mental health nursing was their preferred area of specialization.

This study differed from other studies in that the relationship between curriculum design and choice of psychiatric/mental health nursing as a specialty had not been considered heretofore. Therefore, it is not possible to make precise comparisons with past studies. The results did, however, support findings of other studies that few senior nursing students favored working in psychiatric/mental health nursing (Lowery et al., 1982; Mitsunaga, 1982).

Conclusions

Results from this study support data showing a decline in the percentage of nurses who select psychiatric/mental health nursing as an area for clinical practice and a field of graduate study (Chamberlain,

1983; Chamberlain & Marshall, 1982; Fagin, 1981; Lowery et al., 1982; Mitsunaga, 1982). The integrated curriculum design has been frequently cited as a potential influence in the decline of interest in the specialty. Study results showed no relationship between curriculum design and choice of psychiatric/mental health nursing as a specialty. Rather, other factors thought to be a part of any clinical education setting, such as role models who function as psychiatric/mental health nurses and the amount of exposure to a given specialty were found to be influential. These findings support the suggestion by Lowery et al. (1982) that assessment of faculty assigned to the specialty and selection of agencies to serve as examples of psychiatric/mental health care is of prime importance to continuation of the specialty.

Recommendations

Future research related to selection of psychiatric/mental health nursing as a specialty and the specific influence of curriculum design should be carried out using a four group research design in which two groups of subjects would be enrolled in integrated curriculua and two groups of subjects would be enrolled in nonintegrated curricula. If it is found that curricular design, per se, is not a major factor in decline, the research should focus on other factors such as both pre- and posteducational influences. Up to this time the focus of inquiry has been on prenursing education factors and educational experiences.

Questions that elicit information related to curriculum design, classroom and clinical experiences, as well as questions related to

specialty choices, need to be refined. Since role modeling was a significant factor, more questions designed specifically to explore that aspect might disclose what attributes were important influences and whether agency staff or faculty provided examples of attributes that students tended to value. Next, since clinical experience was another significant aspect related to choice of specialty in this study, questions related to types of experiences and settings that are optimal for student learning seem critical. In light of these findings, it would be helpful if schools of nursing kept accurate records of number of clinical days and hours or objective data could be compared with student perceptions. Further, it would seem useful to obtain data to determine which aspects of psychiatric/mental health nursing students find attractive. One aspect that possibly should be explored is the relationship between student perception of the attractiveness of the specialty and their emotional response to mentally ill persons, including the students' ability to cope with their own feelings. Another aspect that may be pertinent to explore is the reason why so many chose their preferred specialty prior to entering the nursing major.

Finally, psychiatric/mental health nurses need to examine their own specialty and the role of its practitioners in promoting a positive image in order to attract future practitioners.

REFERENCES

American Heritage Dictionary. (1979). Boston: Houghton-Mifflin.

American Nurses' Association. (1970-75). Facts about nursing: A statistical summary. New York: ANA.

American Nurses' Association. (1980). Nursing: A social policy statement. Kansas City, MO: ANA.

American Nurses' Association. (1982). Standards of psychiatric and mental health nursing practice. Kansas City, MO: ANA.

Archer, S. E., & Fleshman, R. P. (1981). Faculty role model. Nursing Outlook, 29, 586-589.

Bach, C. A., Bell, L., & Fernandez, T. (1979). Who teaches foundations in an integrated curriculum? Nursing Outlook, 27, 112-115.

Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice Hall.

Blomquist, B. L., Cruise, P. D., & Cruise, R. J. (1980). Values of baccalaureate nursing students in secular and religious schools. Nursing Research, 29(6), 379-383.

Borg, W. R., & Gall, M. D. (1979). Educational research. New York: Longman.

Brief, A. P., Van Sill, M., Aldag, R. J., & Melone, N. (1979, June). Anticipatory socialization and role stress among registered nurses. Journal of Health and Social Behavior, 161-166.

Brink, P. J., & Wood, M. J. (1983). Basic steps in planning nursing research, from question to proposal. Monterey, CA: Wadsworth Health Sciences Division.

Byrne, M. W., & Bauer-O'Connell, L. L. (1984). Integrated associate nursing curriculum: Toward cohesion or confusion? Journal of Nursing Education, 23, 219-221.

Chamberlain, J. G. (1983). The role of the federal government in development of psychiatric nursing. Journal of Psychiatric Nursing and Mental Health Services, 21(4), 11-18.

Chamberlain, J. G., & Marshall, S. (1982). Recruitment problems from psychiatric nursing education branch perspective. In Proceedings: Psychiatric/Mental Health Nursing: Recruitment to the Specialty, Philadelphia, Pennsylvania, April 30-May 1, 1981 (pp. 8-15). Philadelphia, PA: University of Pennsylvania, School of Nursing.

Critchley, D. L., & Maurin, J. T. (Eds.). (1985). The clinical specialist in psychiatric mental health nursing. New York: John Wiley.

Diers, D. K. (1978). Graduate education. In J. Haber, A. M. Leach, S. M. Schudy, & B. F. Sedeleau (Eds), Comprehensive psychiatric nursing (pp. 690-691). New York: McGraw-Hill.

Dillman, D. A. (1978). Mail and telephone surveys: The total design method. New York: John Wiley.

Dolan, J. (1978). Nursing in society: A historical perspective. Philadelphia: W. B. Saunders.

Fagin, C. M. (1981). Psychiatric nursing at the crossroads: Quo vadis. Perspectives in Psychiatric Care, 19(3-4), 99-106.

Gorman, L. (1978). Federal funding. In J. Haber, A. M. Leach, S. M. Schudy, & B. F. Sedeleau (Eds), Comprehensive psychiatric nursing (pp. 688-690). New York: McGraw-Hill.

Gould, G. K. (1982). A survey of nurses' feelings about caring for patients with psychiatric symptoms in the general hospital setting. Unpublished master's thesis, Oregon Health Sciences University, Portland, OR.

Haber, J., Leach, A. M., Schudy, S. M., & Sedeleau, B. F. (Eds.). (1978). Comprehensive psychiatric nursing. New York: McGraw-Hill.

Heidergerkin, L. (1955). When is a course integrated? Nursing Outlook, 3(3), 128-129.

Jaffe, M., & Flanagan, M. K. (1979). Specialists in an integrated curriculum: An odyssey. Journal of Nursing Education, 18(6), 46-48.

Johnson, D. E. (1964). Directions of graduate education for nursing and the development of psychiatric mental health programs. In Work Conference in Graduate Education, Psychiatric Mental Health Nursing, November 9-13, 1964, Western Psychiatric Institute and Clinic, University of Pittsburgh (pp. 51-54). Pittsburgh, PA: University of Pittsburgh, School of Nursing, Department of Psychiatric Nursing.

Kalkman, M. E., & Davis, A. J. (1974). New dimensions in mental health, psychiatric nursing. New York: McGraw-Hill.

Klecka, W. R. (1980). Discriminant analysis. Beverly Hills, CA: Sage Publications.

Latham, G. P., & Saari, L. M. (1979). Application of social learning theory to training supervisors through behavior modeling. Journal of Applied Psychology, 64, 239-246.

Lowery, B., Banchik, D., & Miller, J. (1982). National survey of clinical and educational interests of nursing. In Proceedings: Psychiatric Mental Health Nursing: Recruitment to the Specialty, Philadelphia, Pennsylvania, April 30-May 1, 1981 (pp. 16-54). Philadelphia, PA: University of Pennsylvania, School of Nursing.

Maloney, R. (1982). Undergraduate curriculum issues. In Proceedings: Psychiatric Mental Health Nursing: Recruitment to the Specialty Philadelphia, Pennsylvania, April 30-May 1, 1981 (pp. 55-61). Philadelphia, PA: University of Pennsylvania, School of Nursing.

McGraw-Hill nursing dictionary. (1979). New York: McGraw-Hill.

Meleis, A. I. (1985). Theoretical nursing. Philadelphia: J. B. Lippincott.

Mitsunaga, B. K. (1982). Designing psychiatric mental health nursing for the future: Problems and perspectives. Journal of Psychosocial Nursing and Mental Health Services, 20(12), 15-21.

National League for Nursing. (1976-83). Data book (Annual publication). New York: NLN.

National League for Nursing. (1966-76). Some statistics on baccalaureate and higher degree programs in nursing (Annual publication). New York: NLN.

Nie, W. H., Hull, C. H., Jenkins, J. G., Steinbrenner, K., & Bent, D. H. (1979). Statistical package for the social sciences. New York: McGraw-Hill.

Olade, R. A. (1983). Attitudes toward mental illness: Effect of integration of mental health concepts into a post basic nursing degree programme. Journal of Advanced Nursing, 8(2), 93-97.

Oregon Health Sciences Center. School of Nursing. (1982). School of Nursing Catalog. Portland, OR: OHSU.

Pardue, S. F. (1979). Blocked and integrated content in baccalaureate nursing programs: A comparative study. Nursing Research, 28, 305-311.

Polit, D. F., & Hungler, B. P. (1978). Nursing research. Philadelphia: J. B. Lippincott.

Richards, M. A. (1977). One integrated curriculum: An empirical review. Nursing Research, 26(2), 90-95.

Schmahl, J. A. (1966). An experiment in change: An interdisciplinary approach to the integration of psychiatric content in baccalaureate nursing education. New York: MacMillan.

Schmahl, J. A., & Ullman, M. (1963). The three phases of psychiatric integration in nursing education. Integration of psychiatric nursing concepts in baccalaureate basic programs. New York: National League for Nursing.

Sills, G. M. (1973). Historical developments and issues in psychiatric mental health nursing. In M. Leininger (Ed.), Contemporary issues in mental health nursing (pp. 125-135). Boston: Little, Brown.

Smyth, M. P., & Elder, N. (1968). Nursing curriculums: Direction or drift? Nursing Outlook, 16(9), 41-43.

Stevens, B. (1979). Nursing Theory. Boston: Little, Brown.

Stevens, B. J. (1971). Analysis of structural forms used in nursing curricula. Nursing Research, 20, 388-397.

Stolte, J. F. (1978). Internalization: A bargaining network. Journal of Theory of Social Behavior, 8, 297-312.

Styles, M. M. (1976). In the name of integration. Nursing Outlook, 24, 738-744.

Torres, G. (1974). Educational trends and the integrated approach to curriculum. In Faculty curriculum development, part IV: Unifying the curriculum--the integrated approach (pp. 1-6). (Publ. no. 15-1552). New York: National League for Nursing.

University of Portland. (1983, Summer). University of Portland Bulletin 1983-1984, 44(1). Portland, OR: UOP.

Urdang, L. (Ed.). (1983). Mosby's medical and nursing dictionary. St. Louis: C. V. Mosby.

Veith, S. (1978). Rethinking the integrated curriculum. Nursing Outlook, 26, 187-190.

Watson, I. (1981, Summer). Socialization of nursing students in a professional nursing education program. Nursing Papers, 13, 19-24.

Williams, F. (1979). Reasoning with statistics. New York: Holt, Rinehart, & Winston.

Zaweckis, C., & Westfall, U. E. (1976). A reason to integrate. Journal of Nursing Education, 15(3), 13-19.

APPENDICES

APPENDIX A

LETTER OF PERMISSION

On April 8, 1985, you granted me permission over the telephone to conduct a survey of your senior baccalaureate nursing students to elicit their nursing specialty preferences. As your school meets the study criteria, I appreciate the opportunity to ask your senior nursing students to participate in the study by filling out a questionnaire. The research project is being conducted under the supervision of my advisor, Dr. Shirley Murphy, and with the approval of the School of Nursing.

Dr. Anita Malen assisted me in setting up Monday, April 22, at 9:30 am to present the questionnaire. The survey seeks information related to student education and interest in potential areas of specialization in nursing practice along with some background information about the student. The questionnaire is expected to take about 30 minutes to complete. Anonymity will be assured as no names will be sought. Schools will not be specifically named in the study, but could be identified.

I would appreciate your written permission allowing me to conduct the study on your campus. If you are interested in results of the survey, I would be happy to share them with you. Please indicate your interest to me and a copy will be sent to you at the completion of the study.

Thank you for your assistance.

Nancy Clark, R.N., B.S.N.
Graduate Student
Masters Degree Program
Oregon Health Sciences University

APPENDIX B

MEMO

TO: Senior Nursing Students April 12, 1985

FROM: Nancy Clark, R.N., B.S.N.
Graduate Student, OHSU

SUBJECT: Participation of Senior Nursing Students in a Survey (by completing a questionnaire)

When: Monday, April 22, 1985
Where: Buckley Center Auditorium

Your School of Nursing has been selected to be included in a survey study designed to examine the nursing specialty interests of students approaching graduation from baccalaureate schools of nursing. This study is part of a master's degree thesis research project. As results obtained from a large portion of a group will more accurately reflect actual specialty interests, your participation will be greatly appreciated.

If you choose to participate, you will be asked to complete a questionnaire consisting of items related to your education and interests in specialty areas of nursing as well as background information about yourself. Your completion of the questionnaire will be taken as evidence of your willingness to participate and your consent to have the information used for the purposes of this study. You will not be required to participate and may withdraw from the study at any time, or decline to complete certain parts of the questionnaire. As no names will be sought, anonymity of each participant is assured.

For those interested, an opportunity to receive a summary of the results will be provided. Your help will be greatly appreciated.

Thank you.

Remember:

Date: Monday, April 22, 1985
Time: 9:30 am
Place: Buckley Center Auditorium

APPENDIX C

CONSENT TO PARTICIPATE IN STUDY

You have been selected to participate in a study designed to elicit the nursing specialty interests of students approaching graduation from baccalaureate schools of nursing. This study is part of a master's degree thesis research requirement. Your participation will be greatly appreciated because results obtained from a larger group will more accurately reflect actual specialty interests.

If you choose to participate, you are asked to complete the attached questionnaire consisting of items related to your education and interests in specialty areas in nursing, as well as some background information about yourself. Your completion of the questionnaire will be taken as evidence of your willingness to participate and your consent to have the information used for the purposes of this study.

It is estimated that completion of the questionnaire will take about 30 minutes of your time. It is important that you answer each question as completely and honestly as possible; however, you are not required to participate and may withdraw from the study at any time, or decline to complete certain parts of the questionnaire. The anonymity of each participant is assured as no names are requested.

Thank you for your help. If you wish to receive a summary of the results, print your name and address on the attached card and return it to me as you leave the room.

Nancy Clark, R.N., B.S.N.
Graduate Student, O.H.S.U.

CLINICAL NURSING SPECIALTY PREFERENCES QUESTIONNAIRE

Section I. NURSING EDUCATION INFORMATION

A. Nursing care of physically ill adults.

Questions 1-2: Circle ONE answer.

1. Did you have courses related to care of physically ill adults?
   a. Yes
   b. No
2. Did you have clinical experience related to care of physically ill adults?
   a. Yes
   b. No

Questions 3-4: Circle ALL answers that apply.

3. Classroom courses were taught in relation to clinical experience with physically ill adults:
   a. Before clinical experience
   b. Concurrent with clinical experience
   c. After clinical experience
4. In what type of setting(s) did you have clinical experience in caring for physically ill adults?
   a. Medical-surgical units of a general hospital
   b. Intensive/critical care units of a general hospital
   c. Operating room area of a general hospital
   d. Post anesthesia recovery room area of a general hospital
   e. Out-patient clinics associated with a hospital
   f. Extended care facility
   g. Senior citizen community center
   h. Other (specify) _____
5. Recalling as carefully as you can, how many clinical days did you spend caring for physically ill adults?

   _____

Questions 6, 7, and 8: Circle the ONE response that most clearly approximates your belief.

6. How would you rate your experience in classroom learning related to the care of physically ill adults?
   a. Very negative
   b. Somewhat negative
   c. Neutral
   d. Somewhat positive
   e. Very positive
7. How would you rate your clinical experience in caring for physically ill adults?
   a. Very negative
   b. Somewhat negative
   c. Neutral
   d. Somewhat positive

8. In caring for physically ill adults, to what extent did you have positive role models (individuals who set a positive example of competency and caring for clients)?

   a. No extent
   b. Some extent
   c. Moderate extent
   d. Great extent
   e. Very great extent

Question 9: Circle ALL answers that apply.

9. What roles did these persons occupy?

   a. Instructor/professor
   b. Head nurse/staff nurse in clinical area
   c. Nurse practitioner/clinical specialist
   d. Other (specify) _____
   e. Not applicable

B. Nursing care of child-bearing, child-rearing families.

Questions 1-2: Circle ONE answer.

1. Did you have courses related to the care of child-bearing, child rearing families?

   a. Yes
   b. No

2. Did you have clinical experience related to care of child-bearing, child rearing families?

   a. Yes
   b. No

Questions 3-4: Circle ALL answers that apply.

3. Classroom courses were taught in relation to clinical experience with child-bearing, child-rearing families:

   a. Before clinical experience
   b. Concurrent with clinical experience
   c. After clinical experience

4. In what type of setting(s) did you have clinical experience in caring for child-bearing, child-rearing families?

   a. Labor/delivery room
   b. Postpartum unit
   c. Nursery
   d. Prenatal/postnatal clinic
   e. Pediatric ward
   f. Out-patient clinic
   g. Well-child clinic
   h. School
   i. Other (specify) _____

5. Recalling as carefully as you can, how many clinical days did you spend caring for child-bearing, child-rearing familie

_____

Questions 6, 7, and 8: Circle the ONE response that most clearly approximates your belief.

6. How would you rate your experience in classroom learning related to care of the child-bearing, child-rearing family?
   a. Very negative
   b. Somewhat negative
   c. Neutral
   d. Somewhat positive
   e. Very positive
7. How would you rate your clinical experience in caring for child-bearing, child-rearing families?
   a. Very negative
   b. Somewhat negative
   c. Neutral
   d. Somewhat positive
   e. Very positive
8. In caring for child-bearing, child-rearing families, to what extent did you have positive role models (individuals who set a positive example of competency and caring for clients)?
   a. No extent
   b. Some extent
   c. Moderate extent
   d. Great extent
   e. Very great extent

Question 9: Circle ALL answers that apply.

9. What roles did these persons occupy?
   a. Instructor/professor
   b. Head nurse/staff nurse in clinical area
   c. Nurse midwife/nurse practitioner/clinical specialist
   d. Other (specify) _____
   e. Not applicable

C. Nursing care of mentally ill persons.

Questions 1-2: Circle ONE answer.

1. Did you have courses related to care of mentally ill persons?
   a. Yes
   b. No
2. Did you have clinical experience related to care of the mentally ill persons?
   a. Yes
   b. No

3. Classroom courses were taught in relation to clinical experience with mentally ill persons:
   a. Before clinical experience
   b. Concurrent with clinical experience
   c. After clinical experience
4. In what type of setting(s) did you have clinical experience in caring for mentally ill persons?
   a. Chronic care unit of a state hospital
   b. Short stay, intensive therapy unit in a state hospital
   c. Short stay, intensive therapy unit in a general hospital
   d. Short stay, intensive therapy unit in a psychiatric specialty hospital (specify specialty: _____)
   e. Community out-patient clinic
   f. Crisis unit
   g. Other (specify) _____
5. Recalling as carefully as you can, how many clinical days did you spend caring for mentally ill persons?

   _____

Questions 6, 7, and 8: Circle the ONE response that most clearly approximates your belief.

6. How would you rate your experience in classroom learning related to the care of mentally ill persons?
   a. Very negative
   b. Somewhat negative
   c. Neutral
   d. Somewhat positive
   e. Very positive
7. How would you rate your clinical experience in caring for mentally ill persons?
   a. Very negative
   b. Somewhat negative
   c. Neutral
   d. Somewhat positive
   e. Very positive
8. In caring for mentally ill persons, to what extent did you have positive role models (individuals who set a positive example of competency and caring for clients)?
   a. No extent
   b. Some extent
   c. Moderate extent
   d. Great extent
   e. Very great extent

Question 9: Circle ALL answers that apply.

9. What roles did these persons occupy?

   a. Instructor/Professor

   b. Head nurse/staff nurse in clinical area

   c. Nurse practitioner/clinical specialist

   d. Other (specify) _____

   e. Not applicable

D. Community health/public health nursing

Questions 1-2: Circle ONE answer.

1. Did you have courses related to community health/public health nursing?

   a. Yes

   b. No

2. Did you have clinical experience related to community health/public health nursing?

   a. Yes

   b. No

3. Classroom courses were taught in relation to clinical experience in community health/public health nursing:

   a. Before clinical experience

   b. Concurrent with clinical experience

   c. After clinical experience

4. In what type of setting(s) did you have clinical experiences in community health/public health nursing?

   a. Out-patient clinics

   b. Well-child clinics

   c. Home visits

   d. Senior citizen center

   e. School(s)

   f. Other (specify) _____

5. Recalling as carefully as you can, how many clinical days did you spend in community health/public health nursing?

   _____

Questions 6, 7, and 8: Circle the ONE response that most clearly approximates your belief.

6. How would you rate your experience in classroom learning related to community health/public health nursing?

   a. Very negative

   b. Somewhat negative

   c. Neutral

   d. Somewhat positive

   e. Very positive

7. How would you rate your clinical experience in community health/public health nursing?

   a. Very negative

   b. Somewhat negative

   c. Neutral

   d. Somewhat positive

8. In caring for clients in community health/public health nursing, to what extent did you have positive role models (individuals who set a positive example of competency and caring for clients)? 6.

   a. No extent
   b. Some extent
   c. Moderate extent
   d. Great extent
   e. Very great extent

Question 9: Circle ALL answers that apply.

9. What roles did these persons occupy?

   a. Instructor/Professor
   b. Head nurse/staff nurse in clinical area
   c. Nurse practitioner/clinical specialist
   d. Other (specify)_____
   e. Not applicable

Section II. AREAS OF CLINICAL NURSING INTEREST

Directions for Section II: Circle the ONE answer that most applies.

1. Which one of the following four major clinical specialty areas is now of most interest to you as you complete your baccalaureate nursing education?

   a. Nursing care of physically ill adults
   b. Nursing care of child-bearing, child-rearing families
   c. Nursing care of mentally ill persons
   d. Community health/public health nursing

2. The reason the clinical area in #1 was selected is:

   a. Positive clinical experience in the selected clinical area during generic education
   b. Positive role-model(s) in the clinical area
   c. Experience in the area prior to generic education
   d. Good job opportunities in the selected specialty
   e. Challenging and/or interesting area of practice
   f. Other (specify) _____

3. Which one of the following four major clinical specialty areas is now of least interest to you?

   a. Nursing care of physically ill adults
   b. Nursing care of child-bearing, child-rearing families
   c. Nursing care of mentally ill persons
   d. Community health/public health nursing

4. The reason the clinical area in #3 was selected is:

   a. Negative clinical experience in the selected clinical area during generic education
   b. Poor role-model(s) in that clinical area
   c. Negative experience in area prior to generic education
   d. Poor job opportunities in the selected specialty area
   e. Boring and/or non-challenging area of practice

Section III: NURSING CAREER PLANS

Directions for Section III: Circle the ONE most applicable answer.

1. Based primarily on your interest, in which one clinical specialty area would you prefer to work after you graduate?
   a. Nursing care of physically ill adults or one of its sub-specialties (i.e., ICU, CCU, OR, ER).
   b. Nursing care of child-bearing, child-rearing families or one of its sub-specialties (i.e., midwifery, women's health care).
   c. Nursing care of mentally ill persons or one of its sub-specialties (i.e., child/adolescent, young adult).
   d. Community health/public health nursing or one of its sub-specialties (i.e., developmental disabilities, education/prevention/promotion programs).
   e. No preference
2. When did you decide on your preferred clinical specialty area?
   a. Before entering the nursing major
   b. During student clinical experience in the specialty area
   c. After student clinical experience in the specialty area
   d. Have not decided
   e. Other (specify) _____
3. Do you plan to work within your preferred clinical area during the coming year?
   a. Yes (if Yes, go to #5)
   b. No (if No, go to #4)
4. If you do not plan to work in your preferred clinical specialization area, it is because:
   a. No jobs are available in preferred area
   b. No desirable hours available in preferred area
   c. Jobs in preferred specialty area are too far from your home
   d. Do not plan to work at this time
   e. Other (specify) _____
5. Do you plan to attend graduate school some time in the future?
   a. Yes (if Yes, go to #6)
   b. No (if No, go #7)
6. What is your preferred nursing clinical specialty area for graduate study?
   a. Nursing care of physically ill adults or one of its sub-specialties (i.e., ICU, CCU, OR, ER).
   b. Nursing care of child-bearing, child-rearing families or one of its sub-specialties (i.e., midwifery, women's health care).
   c. Nursing care of mentally ill persons or one of its sub-specialties (i.e., child/adolescent, young adult).
   d. Community health/public health nursing or one of its sub-specialties (i.e., developmental disabilities, education/prevention/promotion programs.
   e. Other (specify) _____
7. Is there anything else you would like to tell me about your choice of specialty that I have not asked? (Use reverse side of this page if necessary). _____

_____

Section IV: BACKGROUND INFORMATION 8.

Directions for Section IV:

Questions 1-3: Fill in the blanks.

1. School of nursing attended: _____
2. Month and year of entry into school of nursing: _____
3. Date you will graduate from school of nursing: _____
4. What is the last clinical nursing experience in which you are enrolled as you complete your nursing education?

   _____

Questions 4-8: Fill in the blanks and/or circle all the answers that apply (use the reverse side of page if needed).

5. Post high school education/degree earned:
   a. Associate degree Field: _____
   b. BS/BA Field: _____
   c. MS/MA Field: _____
   d. Other (specify) _____ Field: _____
   e. None
6. Work experience in health related fields prior to entering school of nursing:
   a. Volunteer (i.e., candy striper, health occupations student)
   b. Nursing assistant/orderly
   c. LPN
   d. Other (specify) _____
   e. No prior experience
7. If you had work experience in a health related field prior to entering your school of nursing, what was the major specialty area?
   a. Nursing care of physically ill adults
   b. Nursing care of child-bearing, child-rearing families
   c. Nursing care of mentally ill adults
   d. Community health/public health nursing
   e. Other (specify) _____
   f. No experience
8. Other family members in health professions (if not applicable, leave blank).

	Relationship	Health-care Field	Specialty area
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

9. Please indicate your approximate grade point averages: 9.

   a. High school: _____

   b. Undergraduate: _____

   c. Nursing major: _____

Questions 9-12: Circle the one most appropriate answer.

10. Your age:

   a. 20-25

   b. 26-30

   c. 31-35

   d. 36-45

   e. over 45

11. Your gender:

   a. Female

   b. Male

12. Your marital status:

   a. Single/never married

   b. Married

   c. Divorced/separated

   d. Widowed

13. Your ethnic background (optional answer)

   a. Caucasian

   b. Black

   c. Hispanic

   d. Native American

   e. Asian American

   f. Native-born Asian

   g. Other (specify) _____

APPENDIX E

NUMBER AND PERCENT OF STUDENTS WHO PERCEIVED THEIR CURRICULUM DEFINED AS INTEGRATED VERSUS NONINTEGRATED IN EACH NURSING SPECIALTY AREA

NURSING SPECIALTY AREA	SCHOOL "A" (n = 57)		SCHOOL "B" (n = 43)	
	#	%	#	%
Medical-Surgical				
Classes before clinical	55	96.5	13	30.2
Classes concurrent with clinical	42	73.7	42	97.7
Classes after clinical	56	98.2	8	18.6
Maternal-Child				
Classes before clinical	48	84.2	9	20.9
Classes concurrent with clinical	34	59.6	42	97.7
Classes after clinical	50	87.7	3	7.0
Psych-Mental Health				
Classes before clinical	47	82.5	6	14.0
Classes concurrent with clinical	33	57.9	41	95.3
Classes after clinical	42	73.7	5	11.6
Community Health				
Classes before clinical	48	84.2	5	11.6
Classes concurrent with clinical	40	70.2	42	97.7
Classes after clinical	40	70.2	4	93.3

Note: The number and percent represent those who answered "yes" to the term listed.

APPENDIX F

TABLULATIONS OF MEANS AND STANDARD DEVIATIONS BETWEEN THOSE CHOOSING PSYCHIATRIC-MENTAL HEALTH NURSING AND THOSE CHOOSING ANOTHER NURSING SPECIALTY FOR WORK AFTER GRADUATION ON SELECTED VARIABLES IN BOTH SCHOOL "A" AND SCHOOL "B" SEPARATELY

	School "A"				School "B"			
	Chose Psych-Mental Health (PMH)		Chose Other (O)		Chose Psych-Mental Health (PMH)		Chose Other (O)	
Variable	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Clinical Days								
Medical-Surgical	38.67	(16.17)	52.02	(21.72)	36.00	(5.66)	51.55	(35.41)
	n = 3		n = 52		n = 2		n = 38	
Maternal-Child	24.50	(9.00)	29.50	(11.03)	36.00	(5.66)	47.08	(18.68)
	n = 4		n = 52		n = 2		n = 39	
PMH	26.50	(14.18)	15.06	(5.25)	26.00	(8.49)	20.18	(4.96)
	n = 4		n = 52		n = 2		n = 40	
Community Health	19.00	(6.00)	15.06	(5.19)	26.00	(8.49)	20.05	(3.84)
	n = 4		n = 53		n = 2		n = 39	
Number of Areas of Exposure								
Medical-Surgical	3.75	(0.96)	3.38	(1.21)	1.00	(0.00)	2.37	(1.66)
	n = 4		n = 53		n = 2		n = 41	
Maternal-Child	4.50	(1.00)	4.75	(0.85)	5.50	(2.12)	6.34	(1.56)
	n = 4		n = 53		n = 2		n = 41	
PMH	1.50	(0.58)	1.28	(0.53)	2.00	(1.41)	1.24	(0.54)
	n = 4		n = 53		n = 2		n = 41	
Community Health	2.00	(0.00)	1.79	(0.82)	1.50	(0.71)	1.85	(0.91)
	n = 4		n = 53		n = 2		n = 41	
Role Model								
Medical-Surgical	3.25	(1.26)	3.60	(0.79)	3.50	(0.71)	3.37	(0.92)
	n = 4		n = 53		n = 2		n = 41	
Maternal-Child	2.75	(0.50)	3.66	(0.90)	4.00	(0.00)	4.12	(0.87)
	n = 4		n = 53		n = 2		n = 41	
PMH	4.00	(0.82)	3.04	(1.19)	4.50	(0.71)	3.63	(1.90)
	n = 4		n = 53		n = 2		n = 41	

APPENDIX F (Continued)

Variable	School "A"				School "B"			
	Chose Psych-Mental Health (PMH)		Chose Other (O)		Chose Psych-Mental Health (PMH)		Chose Other (O)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Community Health	3.25	(0.50)	3.62	(1.13)	4.50	(0.71)	3.10	(1.04)
	n = 4		n = 53		n = 2		n = 41	
Class Experience								
Medical-Surgical	3.00	(0.82)	3.87	(0.83)	4.50	(0.71)	3.88	(0.67)
	n = 4		n = 53		n = 2		n = 41	
Maternal-Child	3.25	(0.50)	3.79	(0.79)	4.00	(0.00)	4.05	(0.89)
	n = 4		n = 53		n = 2		n = 41	
PMH	3.25	(0.96)	3.68	(0.85)	2.50	(2.12)	2.46	(1.20)
	n = 4		n = 53		n = 2		n = 41	
Community Health	3.00	(0.82)	3.55	(0.91)	3.00	(1.41)	2.78	(1.04)
	n = 4		n = 53		n = 2		n = 41	
Clinical Experience								
Medical-Surgical	3.00	(0.82)	4.21	(0.86)	4.00	(1.41)	3.59	(1.14)
	n = 4		n = 53		n = 2		n = 41	
Maternal-Child	3.50	(0.58)	4.15	(0.93)	5.00	(0.00)	4.29	(0.84)
	n = 4		n = 53		n = 2		n = 41	
PMH	4.25	(0.96)	3.40	(1.06)	4.00	(0.00)	3.76	(1.07)
	n = 4		n = 53		n = 2		n = 41	
Community Health	3.75	(0.50)	4.06	(1.01)	3.50	(0.71)	3.93	(0.93)
	n = 4		n = 53		n = 2		n = 41	

AN ABSTRACT OF THE THESIS OF

NANCY R. CLARK

For the MASTER OF NURSING

Date of Receiving this Degree: June 1986

TITLE: FACTORS AFFECTING STUDENT SELECTION OF PSYCHIATRIC/MENTAL HEALTH NURSING FOR SPECIALTY PRACTICE

Approved: _____

Shirley Murphy, R.N., Ph.D., Thesis Advisor

Despite evidence of an increasing need for clinical specialists in psychiatric/mental health nursing, the percentage of nurses who have chosen this specialty has been decreasing since 1968 (American Nurses' Association, 1968-83; Fagin, 1981; Mitsunaga, 1982; ANA, 1968-83; National League for Nursing, 1968-83). Although it has been suggested that the decline of interest may have been influenced by the integrated curriculum design, past studies had not reported specific findings related to the impact of the integrated curriculum on selection of a clinical specialty in nursing (Lowery, Banchik, & Miller, 1983; Mitsunaga, 1982). The sample for this study was 1985 graduating seniors from two NLN accredited baccalaureate schools of nursing with distinctly different curriculum designs as described in the respective schools' catalogs. Fifty-seven participants were from school "A",

whose curriculum design was integrated, and 43 were from school "B", whose curriculum design was integrated. Participants from both universities completed a paper and pencil survey at a regularly scheduled class three weeks prior to their commencement. Survey items written by the investigator assessed personal, demographic, and educational experience variables such as student perceptions of amount of clinical experience, type of clinical settings, role modeling and classroom and clinical experiences in each of the current major specialties to prevent bias.

Data were analyzed by descriptive statistics, t-test, and Pearson product-moment correlation. Findings indicated that low interest in psychiatric/mental health nursing in both schools was unrelated to curriculum design. Increased interest in psychiatric/mental health nursing correlated with positive role modeling and an increase in number of clinical days and number of different settings within the specialty. These results suggest both selection of faculty and clinical settings that serve as examples of psychiatric/mental health nursing need to be examined.