Newly Graduated Registered Nurses’ Perception of Psychiatric Nursing

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Disclosures

• Presenters disclose that are no conflicts of interest or biases related to the presentation. No sponsorships or commercial support was given to the presenters.
Objectives

• Describe newly graduated nurses perception of psychiatric nursing
• Describe factors affecting new graduate nurses perceptions of psychiatric nursing
Statement of the Problem

- Psychiatric nursing less desirable than other subspecialties of nursing
- Fewer new graduate nurses choose psychiatric nursing as a career choice
- Creates a real problem for recruitment
- Workforce trajectory is of concern – psychiatric RNs over age 50 is greater and the number under the age of 30 is fewer
Purpose

• To examine newly graduated RNs:
  – Rating of psychiatric nursing
  – Perceptions of psychiatric nursing, their undergraduate psychiatric nursing educational experience and mental illness

• To examine relationships between the rating of psychiatric nursing and perceptions of psychiatric nursing, undergraduate psychiatric nursing educational education experience and mental illness
Review of the Evidence

• Positive clinical experience will advantageously influence the nursing students perception of persons with mental illness and of psychiatric nursing

• Nursing staff on the psychiatric units whom the nursing students see interact with can also play an important role in how the students perceive psychiatric nursing

• Instructors can either inspire or deter a student from choosing psychiatric nursing as a career choice

• According to Nadler-Moodie many of the entry level nursing programs are either eliminating or decreasing their psychiatric nursing content
Methodology

• Cross sectional correlational survey design
• Survey tool – in person, self complete
• Population - new graduated nurses
• Sample – summer cohort of 124 nurse residents at a large academic health system
• IRB approval from University Medical Center
New Nurses Perception of Psychiatric Nursing Questionnaire

- Developed from literature review and focus group of former nurse residents
- Questionnaire was composed of:
  1. Demographics – age, gender, and highest nursing educational degree earned
  2. Rating nursing subspecialties (Likert 5-point scale)
  3. Perception Subscales (Likert 5-point scale)
     - Perception of psychiatric nursing
     - Perception of undergraduate psychiatric nursing education experience
     - Perception of mental illness
## Sample Characteristics

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<td>Gender</td>
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<tr>
<td>Male</td>
<td>13</td>
<td>10.6</td>
</tr>
<tr>
<td>Female</td>
<td>110</td>
<td>89.4</td>
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<tr>
<td>Level of Nursing Education</td>
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<tr>
<td>Bachelors</td>
<td>121(2)</td>
<td>99.2</td>
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<td>Considered Psych as Career</td>
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<tr>
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<td>29</td>
<td>23.6</td>
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<td>No</td>
<td>94</td>
<td>76.4</td>
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<td>Age (missing = 15)</td>
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<tr>
<td>Median</td>
<td>22</td>
<td>Min-Max 21-54</td>
</tr>
<tr>
<td>Min-Max</td>
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# Nurse Resident’s Valuation of Nursing Specialties

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<tr>
<th>Nursing Specialty (missing)</th>
<th>Highly Valued</th>
<th>Valued</th>
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<th>Devalued</th>
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<tbody>
<tr>
<td>Pediatric</td>
<td>101(82.1)</td>
<td>22(17.9)</td>
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<tr>
<td>Obstetrical</td>
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<td>43(35.0)</td>
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<tr>
<td>Oncology</td>
<td>99(80.5)</td>
<td>23(18.7)</td>
<td>1(0.8)</td>
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<td>-</td>
</tr>
<tr>
<td>Critical Care(1)</td>
<td>107(99)</td>
<td>15(15)</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Psychiatric</td>
<td>65(52.8)</td>
<td>42(34.1)</td>
<td>7(5.7)</td>
<td>9(7.3)</td>
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<tr>
<td>Emergency</td>
<td>103(83.7)</td>
<td>19(15.4)</td>
<td>1(0.8)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Perioperative</td>
<td>62(50.4)</td>
<td>46(37.4)</td>
<td>11(8.9)</td>
<td>4(3.3)</td>
<td>-</td>
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<tr>
<td>Med/Surg</td>
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<td>47(38.2)</td>
<td>8(6.5)</td>
<td>5(4.1)</td>
<td>-</td>
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<tr>
<td>Cardiac</td>
<td>89(72.4)</td>
<td>32(26)</td>
<td>2(1.8)</td>
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Nurse Resident’s Perception of Community Valuation of Nursing Specialties

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<th>Neither Valued or Devalued</th>
<th>Devalued</th>
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</tr>
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<tr>
<td>Pediatric</td>
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<td>17(13.8)</td>
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<tr>
<td>Obstetrical</td>
<td>68(55.3)</td>
<td>48(39)</td>
<td>4(3.3)</td>
<td>3(2.4)</td>
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<tr>
<td>Oncology</td>
<td>97(78.9)</td>
<td>25(20.3)</td>
<td>1(0.8)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Critical Care</td>
<td>100(81.3)</td>
<td>21(17.1)</td>
<td>1(0.8)</td>
<td>1(0.8)</td>
<td>-</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>4(3.3)</td>
<td>40(32.5)</td>
<td>40(32.5)</td>
<td>30(24.4%)</td>
<td>9(7.3)</td>
</tr>
<tr>
<td>Emergency</td>
<td>78(63.4)</td>
<td>37(30.1)</td>
<td>5(4.1)</td>
<td>3(2.4)</td>
<td>-</td>
</tr>
<tr>
<td>Perioperative(2)</td>
<td>121(98.4)</td>
<td>11(8.9)</td>
<td>41(33.3)</td>
<td>9(7.3)</td>
<td>1(0.8)</td>
</tr>
<tr>
<td>Med/Surg</td>
<td>16(13)</td>
<td>72(58.5)</td>
<td>25(20.3)</td>
<td>10(8.1)</td>
<td>-</td>
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<tr>
<td>Cardiac</td>
<td>61(49.6)</td>
<td>52(42.3)</td>
<td>7(5.7)</td>
<td>3(2.4)</td>
<td>-</td>
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Perceptions Subscales

• Factor analysis
  – Perception of psychiatric nursing (Cronbachs 0.93)
  – Perception of undergraduate psychiatric nursing education experience (Cronbachs 0.88)
  – Perception of mental illness (Cronbachs 0.84)
• Total scores generated for each subscale
Data Analysis

• t-test and Pearson’s Correlations run between perceptions of psychiatric nursing and key variables

• Linear Regression Model included:
  – Clinical experience subscale
  – Perceptions of mental illness subscale
  – Number of clinical hours
  – RN contributed to learning experience
  – Prior experience with mental illness
  – Rating of value of psychiatric nursing
Results

• Overall model: \( r^2 = .36 \)

• Three variables remained significant
  – Perceptions of clinical experience (Beta=.26, \( p=.004 \))
  – Perception of mental illness (Beta=-.19, \( p=.023 \))
  – Overall rating of psychiatric nursing (B=.33, \( p=.001 \))
Discussion

• Psychiatric nursing was rated lower than 75% of the other nursing specialties which is similar to previous studies.

• Positive clinical experiences advantageously influenced perception of psychiatric nursing and perception of mental illness which supports previous studies – role of nurses in clinical and educational settings to decrease stigma.
Impact on Practice

• Need for examination of psychiatric nursing education, clinical placement sites, and faculty preparation to ensure that the student experience is positive and rewarding
• Nursing executives need to work with educators to ensure that clinical sites are made available and that the clinical experience with nursing staff is positive
• Nursing leaders in clinical and educational settings need to address stigma towards mental illness
• Recognizing and connecting with nursing students who demonstrate interest in psychiatric nursing and opportunities for encouragement and support
Future Implications for Research

• Further research using these subscales in heterogeneous nursing populations
• Further examination of factors that influence the didactic and clinical experience
• Interventional research to assess impact of stigma reduction strategies in clinical and educational organizations
References

Questions?