

CAREER IN MENTAL HEALTH NURSING: THE KENYAN EXPERIENCE

by

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DECLARATION

I declare that **CAREER IN MENTAL HEALTH NURSING: THE KENYAN EXPERIENCE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Elizabeth Oywer

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ABSTRACT

The purpose of this study was to determine the factors associated with choosing mental health nursing as a career, and to explore the possible ways of improving recruitment and retention of mental health nurses in Kenya. Quantitative, explorative descriptive research was conducted. Data collection was done by using questionnaires and focus group discussions. Three groups participated in the study: practicing mental health nurses (n=10), post-basic mental health nursing students (n=10) and final year basic nursing students (n=184). The findings revealed that basic nursing students do not intend to pursue a career in mental health nursing, and that there is an aging population of mental health nurses. The barriers to the mental health field include stigma, a poor working environment and inadequate career guidance. Marketing, policy and regulatory reforms, as well as positive work environments have been identified as strategies for improving the recruitment and retention of mental health nurses in Kenya.

KEY CONCEPTS

Key concepts used in this study include the following: mental health, mental health nursing, psychiatric nursing, nursing, nursing education, career choice, database, recruitment and retention.

PSYCHIATRIC HOSPITALS/UNITS IN KENYA

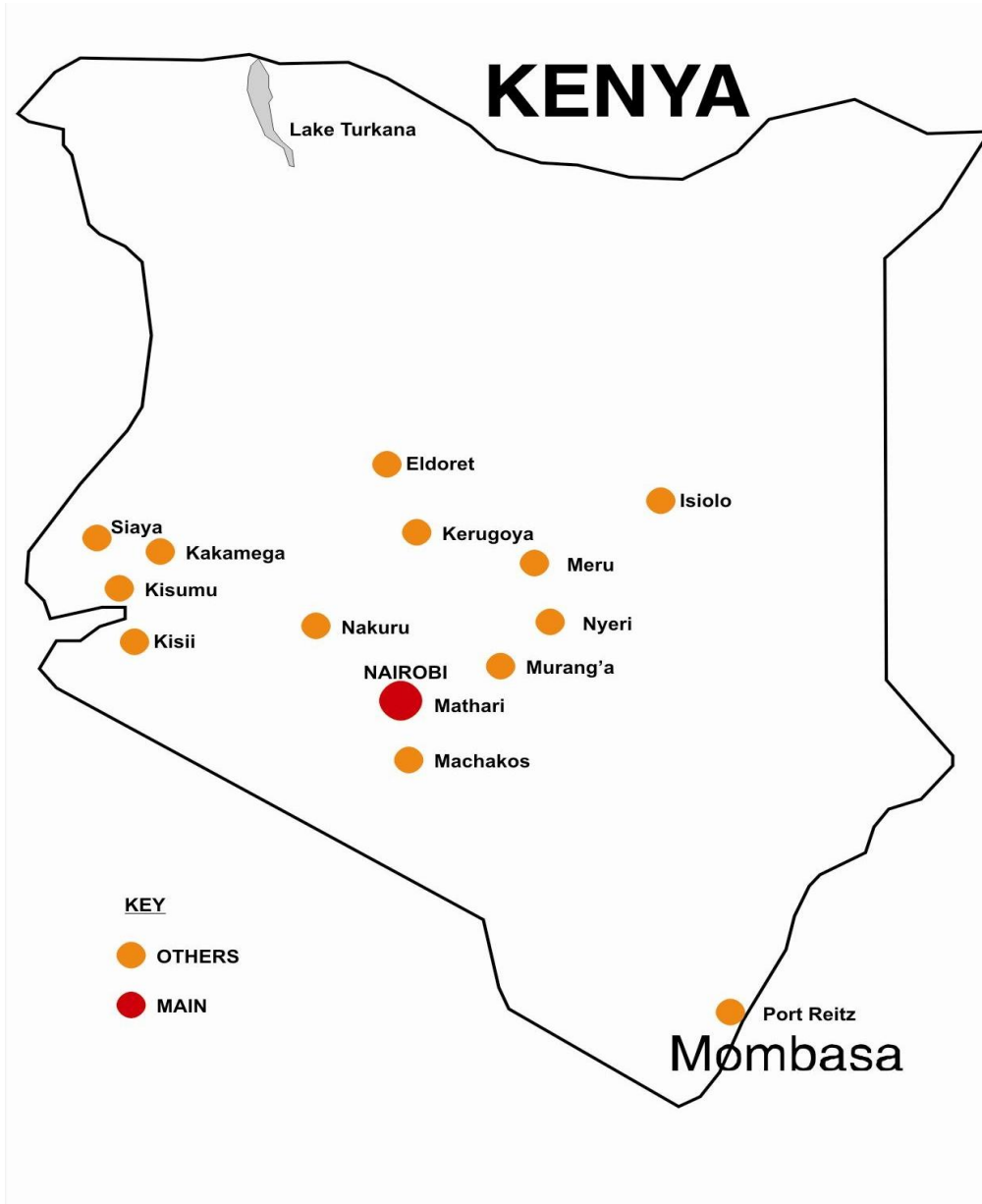


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LIST OF ABBREVIATIONS

AHWAC	Australian Health Workforce Advisory Committee
BScN	Bachelor of Science in Nursing
CDC	Center for Disease Control
CIHI	Canadian Institute for Health Information
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CPD	Continuing Professional Development
DAN	Advanced Diploma in Nursing
DETYA	Department of Employment, Education, Training and Youth Affairs
DON	Department of Nursing
FBO	Faith Based Organization
FGD	Focus Group Discussions
HRH	Human Resources for Health
ICN	International Council of Nurses
ICU	Intensive Care Unit
KMTC	Kenya Medical Training College
MOH	Ministry of Health
NCK	Nursing Council of Kenya
NCST	National Council for Science and Technology
NHS	National Health Service
PEPFAR	President's Emergency Plan for AIDS Relief
RCN	Royal College of Nurses
SAS	Statistical Analysis System
SPSS	Statistical Package for Social Sciences
UK	United Kingdom
UNISA	University of South Africa
USA	United States of America
WHA	World Health Assembly
WHO	World Health Organization

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The World Health Organization (WHO), recognizing the important role played by health workers, devoted the 2006 World Health Report to Human Resources for Health (HRH) (WHO 2006a). The report highlighted the growing crisis in human resource capacity, particularly in Sub Saharan Africa where the shortfall is estimated at about 1 million workers in 36 countries. The shortfall is felt among all health workers in general, but it is more pronounced among the mental health nurses who are in short supply, apparently due to issues of recruitment and retention. The shortage of mental health nurses is worse in the poorest countries and those with the greatest burden of mental ill health (WHO 2006a, WHO Atlas 2007:51-52, ICN 2009:8). A number of discussions have taken place to identify actions required to attend to the shortfall. Some of the discussions include the need for improvement plans for HRH, funding mechanisms, performance and databases.

In Kenya, there is a nursing workforce database kept at the NCK and the Department of Nursing (DON) of the Ministry of Health (MOH). The database is able to provide personal and professional detail of the nurses registered in Kenya. This is useful since it allows health workforce planners to conduct a review of the nursing workforce situation, with a view to identify existing gaps and to take appropriate action. Currently, there are concerns that there are too few nurses offering mental health services to meet the demands of the community. Coupled with this, there are inadequate numbers of nurses applying to undertake the post basic mental health nursing course, whilst the available qualified mental health nurses are aging, with the majority 176 (76.6%) currently aged between 41 and 55 years. Figure 1.1 below shows the age distribution of mental health nurses. The retirement age of nurses in Kenya has been raised from 55 years to 60 years. Figure 1.2 shows that the main

cause of attrition is retirement, which highlights the urgent need for the replacement of mental health nurses who retire.

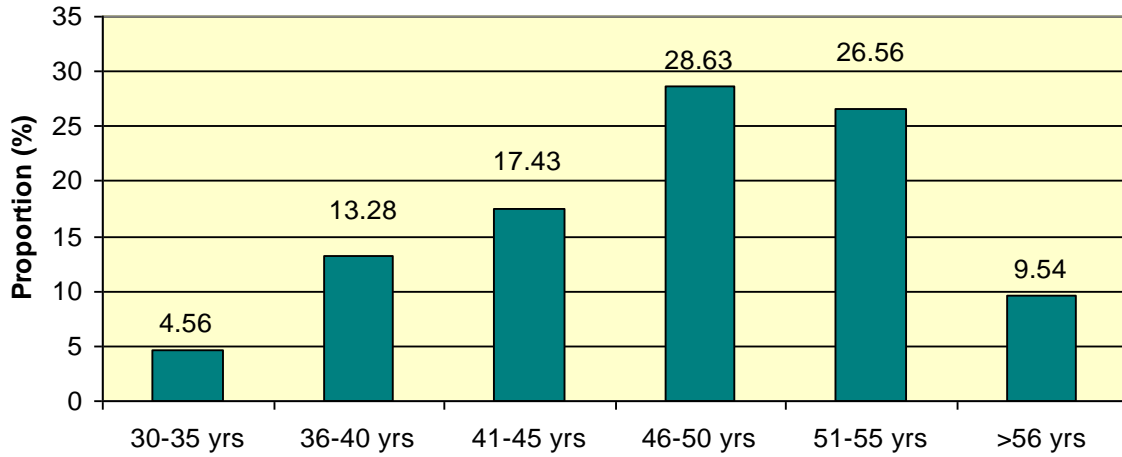


Figure 1.1 Age distribution of deployed mental health nurses in Kenya (N=510)

NCK/DON database July 2010

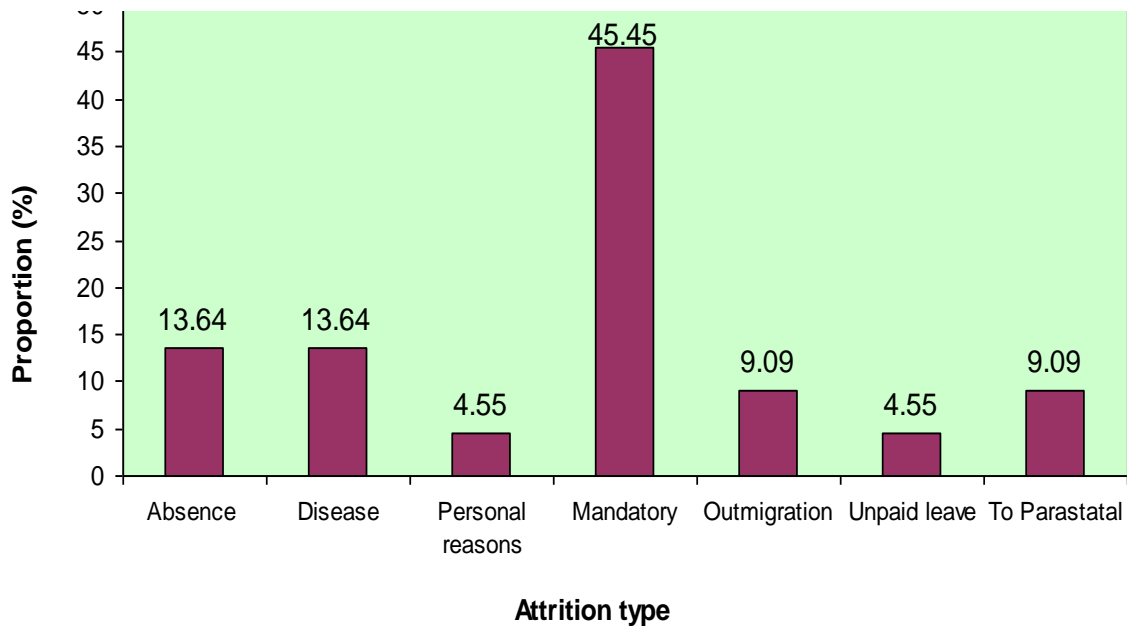


Figure 1.2 Reasons for attrition amongst mental health nurses (N=22)

NCK/DON database July 2010

It is documented (Cutcliffe 2003:344) that recruitment into mental health nursing is very challenging, and yet mental health nurses are often the core members of the mental health team. In many developing countries they provide the majority of mental health related care. They play a critical role in the assessment of individuals with mental disorders; planning and evaluating therapies; provision of services to the ill and safeguarding the human rights of such persons both in the hospital and the community (CIHI 2008:4, ICN 2009:8, NCK 2007: 12 &20, WHO Atlas 2007:51-52). Considering these factors, the purpose of this study is to determine the factors influencing the choice of mental health nursing, and to explore possible ways of improving the recruitment and retention of mental health nurses in Kenya.

1.2 BACKGROUND INFORMATION

1.2.1 History of mental health nursing in Kenya

Mental health services in Kenya began in 1910 when a smallpox isolation centre was established as a mental hospital, which is now known as the Mathari hospital, situated in the capital city, Nairobi. Being a British colony at that time, the laws that governed Kenya, including mental health services, were based on British laws. Staff mainly consisted of expatriates who came to Kenya on an ad-hoc basis (Ndirangu 1982:51). The state of affairs remained like this for quite some time. In 1951, decentralization was started by building psychiatric units in each of the six provincial hospitals in Kenya.

At the time of conducting this study, Kenya was divided into 8 regions (Provinces) and 208 Districts. Currently, there are 7 (seven) additional psychiatric units and several psychiatric clinics at district level. A unit, which is mainly situated at one section of a District Hospital, has a bed capacity of 25. Apart from in-patient services, staff at the various district units offer outpatient services as well as

community outreach services. Table 1.1 below shows where the Hospitals and the units are situated:

Table 1.1: Mental hospitals and psychiatric units by regions

No	Region/province	Psychiatric units (bed capacity = 25)	Hospital
1	Nairobi		Mathari
2	Central	Nyeri Murang'a Kerugoya	
3	Eastern	Machakos Meru Isiolo	
4	Western	Kakamega	
5	Rift Valley	Nakuru Eldoret	Gilgil
6	Coast	Port Reitz	
7	Nyanza	Kisumu Siaya Kisii	
8	North Eastern	Nil	Nil

At the time of independence in 1963, a few Kenyans, through international collaboration, started training abroad for mental health nursing (MOH, 1994:6). The training was mainly in the United Kingdom (UK). These arrangements continued but were very slow in producing results. To address the problem, the MOH, in conjunction with the Kenya Medical Training College (KMTC), launched the Kenya Enrolled Mental Health Nursing (Certificate) Course in 1964 and the Kenya Registered Mental Health Nursing (Diploma) course in 1979 (Ndirangu 1982:77 & 108, Nyangena 2006:35). Each course was offered at post basic level for a period of one year. In addition to the mental health nurses trained in this manner in Kenya, there are some who were trained elsewhere and who may be operating in the country.

Records available at the NCK indicate that there are several nurse training programmes in Kenya at post basic level, including: midwifery; community health; critical care; and mental health nursing. The mental health nursing course is

supposed to be offered both at certificate (enrolled) and diploma (registered) level. In practice, very few nurses enroll for the mental health nursing programme. Consequently, the intake for the course has been reduced from twice in a year to once a year. The certificate programme has been stopped altogether which means that there is only one level of mental health nurse being trained. Sadly, there are very few applicants, even though there now is only one intake per year. Each class has a capacity for 25 students. At the moment, the school enrolls an average of 25 students per year, and yet the country could benefit from the enrolment of a total of 50 students per year for the diploma programme. It has been observed that the interviews with applicants are just a formality, and that the candidates are assured of a place since there is no competition. Figure 1.3 illustrates the registration trends for mental health nurses.

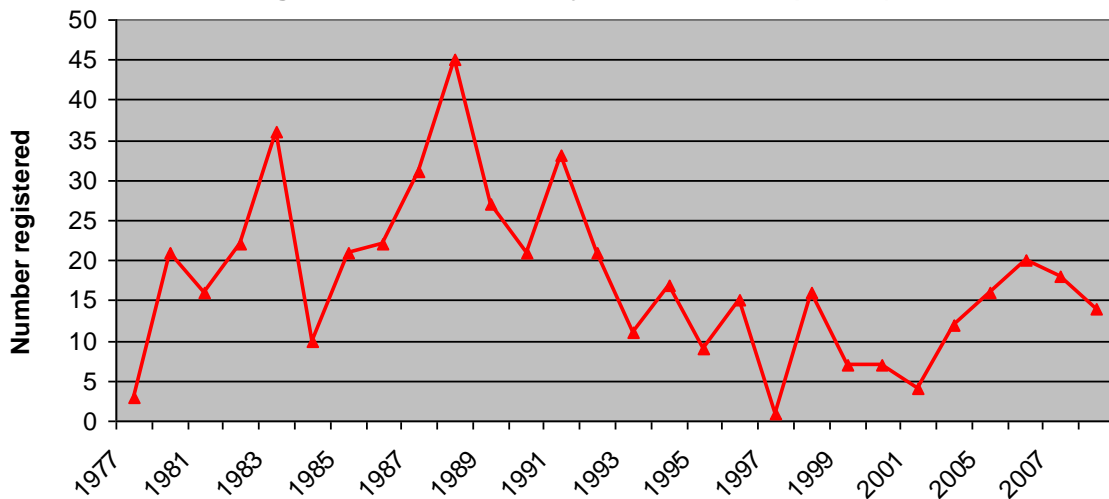


Figure 1.3 Registration trend for the registered mental health nurses

NCK/DON database July 2010

Another factor that requires attention in the recruitment of mental health nurses is gender. Figure 1.4 shows that the proportion of male mental health nurses is slightly higher than female nurses. This is in sharp contrast to the general population of nurses, as the NCK database indicates that females comprise the majority (75%) of nurses in Kenya. The general population of female nurses in any country is higher

than the male population, since nursing is seen by many as a female dominated occupation (Cutliffe 2003:340). The Canadian Institute for Health Information (CIHI) identified only 5.8% males out of the total of all registered nurses in that country (CIHI 2008:158). Similarly, the AHWAC report (2003:3) noted that the proportion of male to female nurses working in mental health, has historically been higher than other nursing specialties. In the year 2001, when the national proportion of registered male nurses stood at 34%, South Australia had 40.7 % males working in mental health. This suggests that perhaps more males are attracted to mental health nursing, and they could possibly be targeted for future recruitment campaigns.

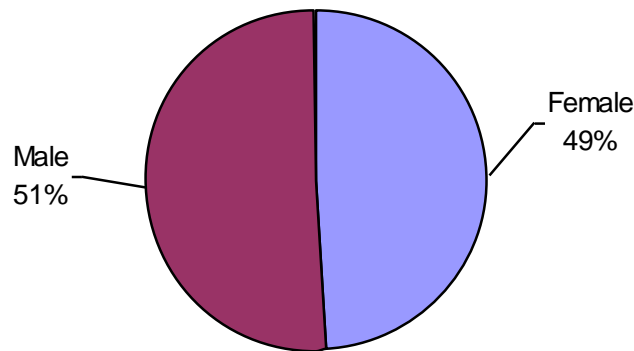


Figure1. 4 Distribution of deployed mental health/ psychiatric nurses by gender

The scope of nursing practice (2007) available at the NCK, as well as the practice on the ground, indicates that mental health nurses have a very broad scope. They manage the psychiatric units, diagnose the patients, prescribe treatment, discharge patients and follow the clients up in the community. This makes them very important members of the mental health workforce, and they are indeed the backbone of mental health services in Kenya. It is therefore important to examine and document reasons for career choices for nursing in general and mental health nursing in the particular.

1.2.2 Current databases for health care workers in Kenya

The annual health information data available at the MOH, which reflect data on disease trends, service utilization as well as available personnel, are not necessarily accurate since there are no appropriate tools to collect data on mental health. But assuming that the main mental hospital and the psychiatric units are filled to capacity (1200 beds), the country would require seven hundred nurses for in-patient care alone. This calculation is based on the MOH/NCK Policy (2007) of one nurse to six in-patients per shift and one nurse to fifty outpatients per shift.

In an effort to develop a comprehensive human resource strategy, the MOH commissioned a consultancy to conduct a human resource mapping and verification study (Olum, Otieno & John 2006:2). The study identified the need for accurate, timely, up to date and reliable human resource and payroll data in order to determine the staffing and utilization profile. The consultants were able to establish that the nurses generally make up 45.3% of the total health care workforce, while medical doctors account for 3.4% (Olum et al 2006:13, 17). However, although the study did not identify nurses by specialization, it at least provided data on cadres, age and attrition of nurses, and in addition, it provided evidence that the nursing workforce is the back bone of health services in Kenya.

Available records from the Royal College of Psychiatrists indicate that in 2007, there were 9 Kenyan Psychiatrists practicing in the UK, leaving only 65 in the country (Jenkins, Kydd, Mullen, Thomson, Scully, Kuper, Carroll, Gueje, Hatcher, Brownie, Carroll, Hollins & Wong 2010:6). This fact was confirmed by a verbal report provided to the researcher on 29th May 2009 by the Director of Mental Health in Kenya, who said that 5 psychiatrists have passed on, and that the total compliment of Psychiatrists at that stage was 92. Out of these, 22 were practicing abroad, 47 were in public service and the rest were in private practice. In practice, the Psychiatrists in public service concentrate on working in Nairobi and Eldoret where there are medical schools. Only 23 of them are employed by the MOH, that is, the public sector. Many regions therefore do not have any Psychiatrist at all. Considering these

facts, the need to know how many mental health nurses can be recruited and retained cannot be underscored.

1.2.3 Relevance for mental health nurse training

Mental disorders are as common in Kenya as they are anywhere else in the world. The World Health Organization (WHO) report 2001 launched by the Director General in Kenya in October 2001, presented disturbing statistics about the state of mental health in the world. It indicated that 400 million people in the world suffer from mental disorders, 20% of the global disease burden is attributable to mental disorders, and depression is the 4th leading cause of mortality (WHO 2001a). Anecdotal reports in Kenya and elsewhere in the world indicate that the mental health workers who are expected to deal with the problem are few, and cannot meet the service demands.

According to Happell (1999: 479), available global research findings indicate that nursing students do not regard psychiatric nursing as a desirable future career option. The study referred to was conducted in Australia to determine the preference of undergraduate nursing students to the nine areas of nursing specialty. The intention of the study was to determine the popularity of psychiatric nursing in relation to other areas of nursing practice. The result demonstrated that psychiatric nursing was unpopular, whereas there was clear interest in midwifery and working with children. The second phase of Happell's study recorded different findings. This time, the students were in year three, and some had completed the required course unit in psychiatric nursing. The exposure to mental health significantly impacted upon the attitudes towards psychiatric nursing as a future career option, and the ranking improved from number eight to number three. Furthermore, following the exposure, the students had more clarity regarding the required roles/functions of psychiatric nurses.

There are several reasons quoted in the literature for or against the decision to choose mental health nursing. Wells, Ryan & McElwee (2000:83 & 84) set out to investigate and evaluate the reasons for the choice of psychiatric nursing amongst school leavers in Ireland. This was a qualitative study using focus group discussions. The researchers found that the participant's families did not approve psychiatric nursing as a career choice, as it was viewed and portrayed negatively, especially by the media. The only students who were motivated to select psychiatric nursing as a career choice had some previous work experience. On the basis of this study, it was concluded that where there was no career guidance; the result was either lack of, or negative information being given to potential students. The result was that students therefore had to rely on the media, which tended to portray a negative image of psychiatry.

Rushworth and Happell (2000: 128 & 129) examined the relationship between exposure to theory and practice of psychiatric nursing and the desirability of psychiatric nursing as a future career choice. This was an excellent quasi-experimental study. A significant increase in the popularity of psychiatric nursing was evident in the experimental group. A positive clinical placement under an experienced mentor was found to be an important consideration in increasing the interest of students in this area of study. Unfortunately, even in this group, a large number indicated their reluctance to undertake a career in mental health nursing without first consolidating their skills in medical and/or surgical areas. As has been demonstrated, once the students have been exposed to clinical experience in the mental health units, their attitude towards mental health nursing tend to change, and the chance that they would choose it as a future career option increases.

It is important to attract people into mental health nursing. One of the ways put forward by Wells et al (2000:86) in Ireland is the provision of school talks by professionals. Secondly, as has been mentioned, positive exposure as part of a marketing strategy can help the potential recruits so that they do not rely on stereotyped views to make decisions. In Ireland, the Department of Health and

Health Boards published career information advice for school leavers and those wishing to train as nurses. However, there is still no published information as yet on mental health nursing. Finally, Robinson and Murrells (1998: 79 & 85) in a longitudinal study, also identified the need for career guidance, as well as the desire to receive the same, especially from tutors involved in that area.

1.3 STATEMENT OF THE RESEARCH PROBLEM

There appear to be a shortage of mental health nurses in Kenya, and secondly, there is an inadequate number of nurses who enrol for the diploma in mental health nursing. This is compounded by the fact that the available numbers of psychiatrists are too few to cover the mental health services. This is a disturbing trend, since nurses cover 90% of the psychiatric units in Kenya, where they are expected to diagnose, prescribe treatment, discharge and follow up both in patients and out patients.

Therefore, the central research question can be stated as follows: What are the factors associated with the choice of mental health nursing as a career in Kenya, and how do students in the basic and post basic programmes experience mental health nursing?

1.4 PURPOSE OF THE STUDY

The purpose of this study was therefore to determine the factors influencing the choice of mental health nursing as a career option, and to explore the possible ways of improving the recruitment and retention of mental health nurses in Kenya. The data generated may be of value in identifying the motivating factors for a career in mental health nursing, and to make recommendations with regard to strategies that could attract and retain people in this field of specialization.

1.5 OBJECTIVES

The objectives of this research study were to:

- Identify the reasons for the choice of mental health nursing as a career option
- Describe how students experience their exposure to mental health nursing
- Explore how students can be recruited into and retained in mental health nursing.

1.6 SIGNIFICANCE OF THE STUDY

It is envisaged that the study results could be used by the trainers of mental health nurses and the NCK, which is the regulatory body of nursing, in Kenya, to build a case about the future recruitment of individuals into training as mental health nurses. Similarly, the study will add to the growing body of knowledge regarding the recruitment and retention of nurses.

1.7 DEFINITIONS OF KEY CONCEPTS

The key terms used in this study are defined below.

Mental health nursing

Mental health nurses deal with the study and treatment of mental illness. In other words, they deal with the mentally ill (Longman Dictionary 2003:1321; The Concise Oxford Dictionary 1991: 741). The Australian Health Workforce Advisory Committee (AHWAC Report 2003:13) defines mental health nursing as a “specialist field of nursing which focuses on meeting the mental health needs of the consumer, in partnership with family, significant others and the community. It is a specialized interpersonal process embodying a concept of caring which is designed to be therapeutic...” Mental health nursing in Kenya is a specialty at post basic diploma level (registered nurses) or certificate level (enrolled nurses) that prepares a nurse to

manage clients/patients with mental health problems and at the same time manage psychiatric units. The term mental health nursing corresponds to the term psychiatric nursing in Kenya. The two terms mental health nursing and psychiatric nursing will be used interchangeably in this study to mean one and the same thing. This will be maintained throughout the study, because certain studies cited in the research refer to psychiatric nurses while others use the term mental health nursing.

Basic nursing course

A basic nursing course is a course undertaken at diploma level by a person who has not been to any nursing school before. It is formally approved by the NCK to provide a broad and sound foundation for the practice of nursing. It is a programme that runs for three and a half years, and the graduates of the programme register as general nurses, but can undertake a post basic programme after working for a minimum of two years.

Basic nursing students

These are the students who enrol in a basic nursing school for an approved nursing course. They are individuals who have come directly from high school to undergo a three and a half year training course in nursing that leads to achieving a diploma in registered nursing.

Mental Health

Health was originally defined by the WHO as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (WHO 2008a: 1). The definition was expanded on by the International Council of Nurses (ICN) who defined mental health as “a state of well being in which the individual realizes his or her own capabilities, can cope with the normal stresses of life, can

work productively and fruitfully, and is able to make a contribution to his or her community (ICN 2009:5).

Deployment

The Concise Oxford Dictionary (1991:312) defines the word deploy as “causing troops to spread out from a column into a line”. Deployment of HRH is the selection and distribution of the appropriate skill mix among the various areas of health service provision (WHO, Europe 2006b: 23). In this study, deployment refers to the institution and department where a mental health nurse is posted to work for a period of not less than one month.

Career

Career is one’s advancement through life, especially in a profession. The other words that can be used to refer to a career include occupation, profession and line of business (Oxford Thesaurus 1991:49). The Concise Oxford Dictionary (1991:168) defines career as a course or progress through life to advance oneself. In this study, career refers to the first course a nurse would wish to undergo or has undergone after the initial basic general nursing course.

Retention

Longman Dictionary of Contemporary English (2003:1405) defines retention as keeping something or continuing to have something. In this study, retention relates to retaining mental health nurses within the mental health nursing workforce.

Attrition

Longman Dictionary of Contemporary English (2003:83) uses attrition to explain when people leave a company and are not replaced. Staff reductions are achieved

through attritions and early retirements. In this study, attrition relates to the factors that are likely to make people want to leave the area of mental health.

Health facilities

These are buildings where there are many health workers, and where people can go for medical treatment (Longman Dictionary for Contemporary English 2003:750). In this study, mental health facility refers to a public institution where mental health nurses are deployed to offer mental health services.

Database

Database is a large amount of data stored in a computer for easy use (Longman Dictionary of Contemporary English 2003: 397). In this study, database will include an organized collection of data regarding all the nurses who have been registered in Kenya since the NCK started keeping records in 1960, and which are now in digital form.

Experience

According to The Concise Oxford Dictionary (1982:365), experience refers to the observation of, or practical acquaintance with facts. This study seeks to provide the facts about mental health nursing as a career in Kenya. An experienced person is the one who possess skills and knowledge due to the fact that they have done it for a long time (Longman Dictionary of Contemporary English 2003: 548). In this study, nurses will be referred to as experienced if they have been nursing for five years or more.

1.8 RESEARCH DESIGN AND METHODOLOGY

A brief discussion of the research design for the study as well as the methodology used is provided below. The design and methodology used are discussed in detail in Chapter 3.

1.8.1 Research approach

A quantitative approach was viewed as appropriate for this study. Quantitative research is grounded in the positivist paradigm, which postulates that it is only science that can lead to an understanding of what is true or false (Holzemer 2010:22). Positivists believe that reality can be studied objectively and that their biases can be held in check to avoid contaminating the phenomena they study (Polit & Beck 2008:15,762). The empirical investigation in this study was done objectively without personal opinion, and the results were verified using descriptive and inferential statistics (Babbie & Mouton 2007:20-27). The data collection instruments used included a self-administered questionnaire (Annexure E) and structured interview schedules used during focus group discussions (Annexure D) to supplement the data. Both quantitative and qualitative methods for collecting data were therefore used.

1.8.2 Research design

An explorative descriptive design was used for this study (Babbie & Mouton 2007:80). This assisted to get data on the factors associated with the choice of mental health nursing and the experiences of nurses/students in mental health nursing (Burns & Grove 2005:37; Taylor, Kermode and Roberts 2007:173). The researcher used a questionnaire for basic nursing students in four selected nursing schools in order to elicit their experiences in the field of mental health nursing. Additionally, four focus group discussions, held with three different groups of participants yielded rich information regarding career choice, as well as about retention and recruitment into mental health nursing (Stommel & Wills 2004:283).

1.8.3 Research methodology

1.8.3.1 Research setting, Population and Sample

Research setting

The research was conducted in different sites in Kenya. The background data was obtained from databases kept in the NCK and the DON of the MOH of Kenya. The only hospital used for focus group discussions (FGD) was the Mathari Hospital in Nairobi. Regarding the Schools of Nursing included in the study, the researcher used Mathare School of Mental Health Nursing and four nursing schools which were identified by means of an appropriate sampling method. The schools were all situated within a radius of 100 Kilometres from Nairobi, and were Kijabe (School A, Faith Based Organization) and Machakos, Murang'a and Thika (Schools B, C and D – Public nursing schools).

Population

Population refers to all the individuals or elements that meet the sampling criteria (Burns & Grove 2005:342). The study population included three different populations, namely all the registered mental health nurses who are deployed in Mathari hospital, all the students taking a diploma course in mental health nursing and all final year students in the basic nursing course offered by nursing schools situated within a 100 Kilometre radius from Nairobi.

Sample

A sample refers to the group of people that a researcher selects from a population, and includes the individuals from whom information will be collected (Cormack 2000:264). Three groups participated in this study, namely basic nursing students

(n=184), students in a post-basic diploma in mental health (n=10), and practicing registered mental health nurses (n=10). Convenience sampling was used to select both the mental health nursing schools and hospitals for the study. Purposive sampling was employed to select practicing nurses and students of mental health nursing for the focus groups, because of the need to collect information from individuals with the required experience and exposure (Polit & Beck 2006:264). Similarly, the four basic nursing schools used for the purpose of the questionnaire distribution were conveniently sampled. However, the schools and the students to be included in the FGD were selected using a simple random sampling approach for the schools, and a systematic random sampling approach for the students to be included in the focus groups. Systematic sampling was employed to select every 4th student for the FGD in the two sampled schools for the purposes of the FGD (Basavanthappa 1998:140; Taylor, et al 2006:204).

1.8.3.2 Phases of data collection

The researcher and the assistant (a nurse with further specialization in mental health) collected the required data during July 2010. The process of data collection was done in two phases.

The first phase involved the distribution of questionnaires to the final year basic nursing students who are in Schools of Nursing situated within a 100 Kilometre radius from Nairobi. The students already completed their clinical placement in mental health and had covered the required theory in class. The second phase involved 4 focus group discussions. The participants in the first focus group discussion were nurses who chose to do mental health nursing, and who were still in college (n=10). The second and third groups comprised of student nurses who were in their final year of study and who have had experience in mental health (one with participants at a faith based institution and the other with participants in a public school, n=22), while the third group consisted of practicing registered mental health nurses (n=10).

1.8.3.3 Data collection instruments

A questionnaire was used to collect data from the basic nursing students in the four selected Nursing Schools situated around Nairobi. The questionnaire used in the post placement survey was adapted from Happell et al (2008a: 529) and consisted of 39 questions and 9 sub scales testing the preparation of participants for the mental health field, their knowledge of mental illness, negative stereotypes, future career options or decisions, course effectiveness, anxiety of participants surrounding mental illness, valuable contribution provided, as well as the clinical skills and readiness of students. Participants were asked to respond to questions based on a five point Likert scale, starting from strongly agree (5), agree, strongly disagree, disagree, to not sure (1).

Structured interview schedules were developed by the researcher to collect data during the focus group discussions. The questions for the basic students concentrated on their experience in their mental health placement and their choice of careers for the future. The practicing mental health nurses were expected to give reasons for their choice of mental health nursing as well as their views regarding the recruitment and retention of nurses in the mental health nursing field. In order to allow the interviewer to concentrate, the sessions were tape recorded and a research assistant, who is also a specialist in mental health, was engaged to capture other details regarding body language, non participating members and so forth.

1.8.3.4 Data analysis

Quantitative data from the questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS) and Statistical Analysis System (SAS) version 8.2 with the assistance from two qualified statisticians. Descriptive and inferential statistics were used and the data are illustrated in tables and histograms.

1.8.3.5 Reliability and validity

Design validity as well as the reliability and validity of the data collection tools are discussed in detail in Chapter 3.

1.9 ETHICAL CONSIDERATIONS

The College of Human Sciences Research and Ethics Committee at the University of South Africa (UNISA) gave ethical clearance, since the research is for academic purposes. Secondly, the necessary authorization was obtained from the National Council for Research and Technology to allow the researcher to conduct the study in Kenya. Finally, the MOH and the NCK Research Committee gave permission to the researcher to enter health institutions for data collection, and to use the NCK database (Annexure G). Ethical considerations will be discussed in detail in Chapter 3.

1.10 OUTLINE OF THE STUDY

This study consists of 5 chapters. In chapter 1, an overview and background of the study is provided. Chapter 2 presents a review of the literature concerning nursing education and mental health nursing in particular. Pertinent issues affecting career choice, recruitment and retention of mental health workers are also discussed. In chapter 3 the research design and methodology used in his study are discussed.

Chapter 4 presents the data analyses and findings, and in chapter 5 a summary of the findings and the conclusions and recommendations of the study are presented. The contribution of this study and limitations are also referred to.

1.11 SUMMARY

Chapter 1 focussed on setting the scene for this study. In addition to providing background information relevant to mental health nursing, and the availability and preparation of nurses to function in this field of health care delivery,

In the next chapter findings of the literature study that was conducted will be presented.

CHAPTER 2

THE LITERATURE REVIEW

2.1 INTRODUCTION

A literature review helps the researcher to know what is already known about the topic. This will enable the researcher to focus on important issues, and provides guidance towards the design and methodology for the study (Taylor et al, 2006:73). For the purposes of this study, all major electronic sources of relevant information were systematically searched to identify peer reviewed published studies and reports. The search strategy comprised searches of the following: CINAHL (Cumulative Index to Nursing and Allied Health Literature), Proquest, Science Direct, PubMed and Hinari, using the keywords: mental health, mental health nursing, psychiatric nursing, nursing, nursing education, career choice, database, recruitment, and retention.

In this chapter the global shortage of nurses, issues relevant to available databases, recruitment of nurses, trends in mental health nurse training in Kenya, and the supply and demand for mental health nurses are discussed.

2.2 GLOBAL SHORTAGE OF MENTAL HEALTH NURSES

Mental health is fundamental to health and is a concern for many countries (WHO 2008a: 1). The importance of mental health has been recognized by the WHO since its origin, and this is reflected in the WHO definition of health, where health is described as "...a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" (WHO 2008a: 1). Health can no longer be viewed as simply the absence of illness or injury, but must be determined within the broad social context (Wynaden 2010:203). For that reason, the definition of health has recently been expanded on by the ICN (2009:5), to include a state of well

being where an individual realizes his capabilities, can cope with normal stresses of life, can work productively and fruitfully and make a contribution to his community. This makes mental health care of paramount importance to well being, family relationships and successful contributions to society. Conversely, mental ill health impedes people's ability to learn and engage in a productive life. This leads to poverty, the inability to gain access to health services and poor mental health outcomes (WHO 2008a:1, Wynaden 2010:204).

The burden of mental illness is on the increase and it is estimated that the global burden will account for 15% of the total burden of disease by 2020, and that depression will become the highest determinant of the global burden of disease by the same year (ICN 2009:6). Unfortunately, despite the alarming statistics, there is still a global shortage of nurses, particularly also of mental health nurses. The AHWAC Report (2003:13) defines mental health nursing as a "specialist field of nursing which focuses on meeting the mental health needs of the consumer, in partnership with family, significant others and the community. It is a specialized interpersonal process embodying a concept of caring which is designed to be therapeutic..."). According to the AHWAC report, mental health nurses are in short supply apparently due to issues of recruitment and retention.

The shortage of mental health nurses is worse in the poorest countries and those with the greatest burden (WHO 2006a, WHO Atlas 2007:51-52, ICN 2009:8). It is documented (Cutcliffe 2003: 344) that recruitment into mental health nursing is very challenging and yet mental health nurses are often the core members of the mental health team. In many developing countries, they provide the majority of care. They play a critical role in assessment of individuals with mental disorders; planning and evaluating therapies; provision of services to the ill and safeguarding the human rights of such persons, both in the hospital and the community (CIHI 2008:4, ICN 2009:8, NCK 2007: 12 & 20, WHO Atlas 2007:51-52). Because of their small numbers, more often than not, they provide institutional care and neglect the

community care including follow up which are essential components of a comprehensive care package (ICN 2009:9).

The WHO, recognizing the important role mental health nurses play, recommended a way forward as to how this problem of shortage can be addressed. One of the things it mentioned is that nurses have to be recognized as essential human resources for mental health. Secondly, countries must ensure that adequate numbers are trained and are available to provide mental health care and finally, that the mental health component has to be incorporated in both basic and post basic curricula (ICN 2009:12, WHO Atlas 2007:51-52). The WHO contends that there should be adequate human resources, so that available care is proportionate to the amount of need. Countries need to invest in training and should put to efficient use the available workforce. It is therefore important to address issues of the recruitment of nurses into training; curricula used to train nurses; employment and deployment of qualified nurses; and the retention of human resources for sustainable quality of care at all levels. Evidence shows that the provision of quality health care is dependent on adequate numbers of equitably distributed and supported HRH (WHO 2008a). Before this can be done, it is necessary to use evidence regarding the situation on the ground, the requirement process and the gaps that do exist.

2.3 DATABASES

Data refers to raw observations such as population figures and projections; current workforce numbers; workforce classification; training costs and budget available for each of the different categories of the workforce.

Databases consist of the organized collection of data for one or more use, typically in digital format. The databases are classified according to the content thereof, for example: bibliographic database, academic database and so forth., It is possible to calculate from a comprehensive database issues such as projections, attrition rate, salary cost, workforce requirements and supply projections, including surplus or

deficits (Longman Dictionary 2003: 397, Measure Evaluation 2009; WHO 2008b). The importance of quality information on human resources in health cannot be underscored. A reliable data source can be used to monitor key health workforce information (for example, numbers, development and deployment); make policy decisions (for example, recruitment and replacements); and identify solutions to avert a crisis (Fritzen 2007; Riley, Vindigni, Arudo, Waudu, Kamenju, Ngoya, Oywer, Rakuom & Salmon 2007:1402-1403). The WHO Global Atlas of the Health Workforce (2008) identifies several data sources, which include registration and licensure registers that are mainly obtained from regulatory bodies.

The CIHI collects and analyzes information on health and health care in Canada and makes it publicly available. The aim is to provide timely, accurate and comparable information to inform health policies. They periodically publish useful information on regulated nurses (CIHI 2008: 97). This kind of information is necessary, especially to the policy makers to guide evidence based decision-making. Well functioning units are required to ensure the production, analysis, dissemination and use of reliable and timely HRH information needed for workforce planning, management and evaluation (WHO 2008b).

Unfortunately, attempts to get the exact numbers of health workers available are often hampered by incompleteness, inconsistencies and lack of comprehensiveness of databases. The WHO Atlas study reports that in 2005, more than 25% of countries did not have any system for collecting and reporting mental health information. The WHO's Assessment Instrument for Mental Health Systems (WHO-AIMS) is a new tool for collecting essential information on mental health system of a country or region. It is mainly designed for low and middle-income countries. Many other countries have information systems but these are in some cases limited in scope and quality (WHO-AIMS 2005:1). The goal for collecting this information is to identify the gaps and address them in order to improve mental health systems. The WHO Western Pacific and South East Asia project, in collaboration with the Sydney University of Technology's Faculty of Nursing and Midwifery, WHO headquarters

and other partners, designed a system for projecting the workforce needs of a country. The WHO supports the view that a well functioning health information system is necessary to inform policy for the production of a workforce that will be responsive, fair and effective for the delivery of quality health interventions (WHO 2008 b:5-7). The good news is that the WHO/Sydney project aims to support Ministries of Health to have a well functioning HRH system, and to develop minimum databases that can assist in measuring and predicting workforce imbalances (WHO 2008b:13).

In the United States of America (USA) and indeed in many other countries, there is an absence of a national integrated registry with a capacity to coordinate workforce assessments, or to deploy and track professionals (Robiner 2006: 604-605). Where a semblance of a database exists, it usually captures only the medical doctors and nurses, and that is also not done according to areas of specialization (Olum, Otieno & John 2006:13, 17). A good example published in literature is by the CIHI, which stipulates all health workers by cadre, jurisdiction and responsibilities. The CIHI database supports effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health (CIHI 2008:104). In May 2007, the Royal College of Nurses (RCN) of the UK commissioned a study to identify the nurses working in mental health services in May. The study described the profile of mental health nurses, roles and deployment, skills and training, plus morale of nurses working in the mental health field (RCN 2007:4). Similarly, the American Psychiatric Nurses Association has at least approximated their members to be 800, of whom, 30% have been developed up to doctoral degree level. However, despite the high numbers, as much as they are much better than is the case in many countries, it does not translate to access for underserved areas and populations (Robiner 2006:608). There is a concentration of workers in urban rather than underserved areas, where one can find one mental health provider to 6,000 of the population or one psychiatrist to 20,000 of the population.

Many regulatory authorities don't have reliable databases either and, without this, the global evidence remains weak (Gupta and Dal Poz 2009, Knight-Madden & Gray 2008). This view was echoed by Clemens and Pettersson (2008), who were concerned about the African brain drain, and were following up on the causes and effects of migration of health workers from developing countries. Their efforts were hampered by a lack of systematic data on the extent of the movement of African health workers. They were forced to use destination country census data to establish how many African born doctors and professional nurses are working abroad. This had a major weakness, since the census data only capture the individual's occupation at the time. This means that those who have gone abroad and are working outside the health sector are not counted (Clemens & Pettersson 2008). Their study however identified 70,000 African born nurses working overseas in the year 2000, which was approximately one tenth of the African born professional nurses at that time.

In 2001, the NCK, which is the regulatory body for nurses, having identified the gaps in maintaining a database (for example, not being able to give the numbers of nurses in training) wrote proposals for funding to establish a computerized database which would be more efficient. The NCK received funding from Center for Disease Control (CDC) Atlanta and technical support from the Lillian Carter Centre based at Emory University in the USA. The project ran from 2002-2005, and since then the NCK has entered all the supply side data that available in hard copies into an electronic database. The database captures information on personal detail of student nurses, as well as qualified nurses, registration number and status, recertification status, detail regarding approved schools of nursing, and so forth. Right now, with funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR), the project has moved to the DON at the MOH to capture data on the demand side, to include employment and deployment status, career progression, transfers and reasons for attrition. This detail is contained in the quarterly reports from the field, which are mainly submitted as hard copies and then entered into the electronic database.

The purpose of the nursing database in Kenya was twofold. In the first place, there was a move towards establishing a minimal dataset from which policy questions (like deployment status, how many have been trained or needs to be trained, what is the skill mix) could be answered. Secondly, the database would provide a platform where the capacity of nurses could be built in the area of research and policy development. This means that the nurses, with the help of local faculty can identify research questions from the database (like the one being undertaken by this researcher) and can conduct research to improve workforce planning, recruitment and retention. The researcher used the database of the NCK and the DON to get background information on the age distribution of mental health nurses, the reasons for attrition, annual registration numbers for the mental health nursing programme, and the gender distribution of mental health nurses in Kenya. This information is presented in chapter 1 to place the study in context and to support the rationale for the study.

2.4 RECRUITMENT

2.4.1 Recruitment into nursing

Education for nurses in many countries is offered at different levels. Many countries have basic education, post-basic training, advanced specialist level training, and also offer graduate and post-graduate degrees. Basic nursing education is a formally recognized programme of study, which provides a broad and sound foundation for the practice of nursing. On the other hand, post-basic education develops specific competencies like midwifery, mental health and critical care nursing (ICN 1996:2). Some countries, for example, Kenya started nurse training from very rudimentary levels called dressers which mainly consisted of “on the job” training, and basic subjects were being covered before formal nursing education was recognized. In 1953, Kenya started training registered nurses and much later in 1968, the Advanced Diploma in Nursing (DAN) was initiated to prepare educators and

administrators involved in the field of nursing (Ndirangu 1982:66, 102, 108 & 109; Nyangena 2006:34&35).

Part of the rationale for higher education was to reform nursing by developing critical and reflective practitioners able to act as agents of change. Such a move would attract a wider range of recruits to nursing (Robinson, Murrells & Smith 2005:231). The development of nursing education has been influenced by several factors. The main factors are the general development of education and health care reforms in any country, political and policy reforms, technological changes as well as religious influences. Literature identifies national health systems that have undergone several reforms to improve care and nursing. Literature relevant to Kenya and Greece indicates that the response needs to be in tandem with the overall health reforms in the two countries respectively (Nyangena 2006:37 & 38; Patelarou, Vardakas, Ntzilepi & Sourtzi 2009). Similarly, Australia, having adopted the philosophy of integration, adopted a three-year comprehensive nursing programme at undergraduate level in 1985. This philosophy emphasized the need to prepare a nurse who could work in a variety of health settings (Curtis 2007:285; Wynaden, Orb, McGowan & Downie 2000:139). Following the adoption of the PHC concept, Kenya started training comprehensive nurses in 1987 at diploma level for the same reasons as in Australia. The only difference being that the graduates from Kenya would, in addition to the basic comprehensive course still have a chance to undertake a specialization in mental health at post basic level. A lot of questions are being asked as to whether the comprehensive nurses in Australia are adequately prepared to handle the mentally ill (Curtis 2007:285).

Recruitment and retention of health professionals are issues of global concern. Entry requirements to nursing schools are linked to several parameters, including the level of education and age of applicants. It is documented that many countries of the world experience problems with attracting students into schools of nursing. In 1992 the Director General of the WHO reported on the need for strengthening nursing and midwifery (ICN 1996:10). Some of the reasons for the shortage of nurses in the

Western Pacific region included inadequate facilities for training, emigration and inability to advise individuals on possible career choices. In the UK, nursing is facing unique challenges, and recruitment barriers include the stereotyped image of nursing and misconception about academic demands. A high rate of attrition is found among pre-qualifying students (Miers, Rickaby and Pollard 2006: 1197). The Americas, on the other hand, reported on low salaries, poor working conditions and low prestige of nursing (ICN 1996:11). As a result of these concerns, recruitment campaigns have been launched, going hand in hand with the improvement of working conditions.

Professional image has been reported as a major determinant in recruiting appropriate numbers of the right persons into a career in nursing. This view is supported in the literature (ICN 1996:11) where it is reported that Israel in 1989 had a 10% decrease in recruitment of nurses due to the negative image of the profession. Sadly, the WHO report of 1989 noted that, when people at undergraduate level are not able to enter into prestigious professions like law and medicine, then they opt for nursing. This stereotype may be largely due to ignorance or personal prejudices. It is not uncommon to find all the best performing students opting to do medicine, law or engineering out of their own accord or through family pressure. According to Kariuki (2009:38), when students are forced by their parents or teachers to pursue the “ideal careers”, sometimes it becomes disastrous, because they are not doing it out of passion, but for the sake of their parents and teachers (Annexure F). The other factor that is viewed to be working against the profession is the fact that nursing is female dominated and this may be responsible for low status in society, low pay and few prospects for promotion. In the UK, for example, under the Project 2000 initiative, a deliberate effort was put in place to take nursing education to higher levels in the 20th century, and it was actually aimed at raising the status of women (Cutcliffe 2003:340).

A national survey conducted by Buerhaus, Donelan, Norman and Dittus (2005:75, 77 & 82) presented different findings regarding gender and a career in nursing. The

survey was part of an evaluation of a Johnson & Johnson campaign for the future of nursing. The objective of the campaign was to raise public awareness of nursing as a career, and to attract and retain current nurses in clinical practice. There was concern that the number of enrolments and graduations from nursing schools had declined drastically. The campaign used the media a lot - both print and electronic. The initiative was successful and the positive impact it had on the potential nurses was estimated to be over 90%. The results of the study also indicated that nursing is a good career for men and at the same time, it is a profession for high achievers. However, the students reported that it is physically challenging, although there is job security when they are employed as nurses. Unfortunately, the sample used for the study only included student nurses, many of whom had seen the campaign materials and many who were recruited during the various campaigns. It would have been interesting to compare practicing nurses' perceptions with those of the study respondents. Limitations notwithstanding, the study offered very useful conclusions that the future of nursing rests on the success of attracting, training and retaining the workforce.

A related study by Mullan & Harrison (2008: 528 & 529), this time with potential nurses, and dealing with gender as it relates to attitudes and preferences to nursing, showed that men are more successful than women in nursing, and yet at the beginning they shared the same goals and aspirations. The study outlined very interesting findings, for example, males make up 5-10% of the nurses in the UK, Canada and USA, however, when it comes to leadership positions, they occupy as many as 35% of the slots. The study also indicated that most female nursing managers are single and centre their lives around their careers. The database maintained by the NCK, however, indicates that males make up about 25% of the nurses in Kenya. As discussed in more detail in chapter 1, mental health nursing is particularly well off in this regard, with males forming 51% of the nursing workforce in that area of specialization in Kenya. It would be interesting to identify how many of these male nurses are in management and leadership positions.

2.4.2 Recruitment into mental health and psychiatric nursing

A review of mental health nursing in the UK (Robinson, Murrells & Smith 2005:231) concluded that there was a shortage of mental health nurses, and that the current staff numbers could not meet the demands for the national, private and voluntary sectors. The reasons for the shortage were identified as inadequate recruitment and poor retention, secondary to poor/stressful working conditions, lack of career opportunities, inadequate preparation of students, the perceived lack of support to students during placements, and the prejudices and anxieties of students regarding mental illness (Curtis 2007; 2850; Lynch & Happell 2008:57). Another survey with staff from nine mental health service organizations identified other factors responsible for the state of affairs, to include work overload, lack of management support, violence to staff, and anxieties about adapting new approaches to care (Robinson et al 2005:231).

Available global research findings, as indicated by Happell (1999:479), indicate that nursing students do not regard psychiatric nursing as a desirable future career option. The study by Happell was conducted in Australia to determine the preference of commencing undergraduate nursing students to the nine areas of nursing specialty. The intention of the study was to determine the popularity of psychiatric nursing in relation to other areas of nursing practice. The result demonstrated that psychiatric nursing was unpopular.

Apparently, mental health nursing suffers from an image problem and association with that area of specialization may stigmatize individuals. Studies have shown that mental health nurses are likely to be most affected by stigma since they are least likely to be described as skilled, logical, dynamic and respected. In the Hoekstra, Meijel & Van Der Hooft-Leeman's (2009:4) study, it was evident that nurses in the general hospital were motivated to join nursing to help other people. For instance, they preferred the technical aspects like emergency room care where they see immediate results. In addition, they said, forming therapeutic relationships with

psychiatric patients was difficult, and institutions for the mentally ill do not offer a welcoming environment, since some patients are strapped to the beds. Such students associated mental health with aggression and criminal behaviour

Stigmatization occurs when people are viewed as possessing a negative attribute that is misunderstood and exaggerated resulting in global devaluation (Halter 2008:20). Mental health nurses may suffer from this due to their close association with the mentally ill. They may therefore be stigmatized based on their work relationship. Evidence of this stigma is evident when medical professionals describe psychiatry as lacking science, its work as depressing, futile and dangerous (Halter 2008:21). In the study by Halter, nurses ranked specialty area preferences based on their opinion and their perception of societal respect. The results indicated that psychiatric nursing was least preferred with 75% indicating that the society also ranked it last. Nurses in the study by Halter believed that society most respected nurses who work in acute, technical and fast paced environments like the Intensive Care Unit (ICU), education, midwifery and working with children. According to the ICN (2009:12), mental illness continues to be stigmatized, and the general public has theories about how people with mental illness should be treated. Cultural issues, personal contacts with the mentally ill and media reports also influence these theories.

There are other reasons quoted in the literature (Happell 1999:480; Wells, Ryan & McElwee, 2000:83&84; Wells & McElwee 2000:10) for or against the decision to choose psychiatric nursing as a career option. These include stigma associated with mental illness, the work itself and the negative stereotypes portrayed, especially by the media. Wells and McElwee (2000:10) in a review, sought to find out why mental health nursing recruitment was declining, while the area in which social care workers are engaged in similar work, had overwhelming applications. The review isolated negative prejudices about mental illness and stereotypes as the main problem. The review came at a crucial time when 50% of mental health workers were over 40 years of age and there were, for instance many vacancies in the nursing schools in

Ireland. Following this review, Wells et al (2000:83 & 84) set out to investigate and evaluate the reasons for the choice of psychiatric nursing amongst school leavers in Ireland. This was a qualitative study using focus group discussions. The researchers found out that the participant's families did not approve of psychiatric nursing, as it was viewed negatively, especially by the media. The only students who were motivated to join the career had some previous work experience in that area. On the basis of this study, it was concluded that, where there was no career guidance, the result was either lack of or negative information being given to potential students. The students therefore had to rely on the media, which tended to portray a negative image of psychiatry.

In the Netherlands, students do general courses in the first year of their 4-year BScN programme. At the end of the second year, they choose one major, either public health, general health care or mental health care. It was observed that few students chose mental health and the schools had little insight into the motivating factors. Hoekstra et al (2009:5) therefore did a study to investigate whether first year student's perception of psychiatric patients and mental health care influence their choice of specialization and future working in the sector. The results indicated that the students have stereotyped, and mostly negative perceptions of the patients and mental health care. The stereotypes influenced future professional choices. On the basis of this study, it was concluded that schools offering Bachelor of Science in Nursing (BScN) programmes ought to sufficiently inform and guide students about mental health care.

From the studies reviewed above, it is apparent that many nursing students do not regard mental health nursing as intellectually challenging, so they would rather specialize in the so called technical fields. The need therefore for mental health nurses and teachers to advocate for mental health specialization, cannot be underscored.

Another area that needs further research is violence in the work place. Violence in the workplace has been shown to work against recruitment and retention of experienced nurses into the workforce (Jackson, Clare & Mannix 2002: 13). This is particularly so in the specialized areas such as emergency and mental health services. The violence takes many forms, ranging from physical violence and assault, bullying, to sexual harassment. Unfortunately, in many instances, nurses are the main recipients of violence meted out by patients, their relatives and other nurses, especially line managers (Jackson, Clare & Mannix 2002:15 & 16). The effects of violence can be devastating, and the literature suggests that there is a direct link between aggression and sick leave, drug and alcohol abuse, attrition, as well as impaired performance by nurses.

Despite the difficulty in attracting students into mental health nursing, positive clinical exposure has been identified as one of the strategies to enhance the confidence of students, and to encourage students to regard mental health more positively (Cutcliffe 2003:344, Cleary & Happell 2005:109, Clinton & Hazelton 2000:4, Miers et al 2007: 1206, Happell 2008c:333). The second phase of Happell's (1999) study recorded different findings. This time, the students were in year three of the programme, and some had completed the unit in psychiatric nursing. The exposure to mental health significantly impacted upon their attitudes towards psychiatric nursing as a future career option and the ranking improved from number eight to number three. Furthermore, following the exposure, the students were clearer regarding the roles/functions of mental health nurses. Further evidence shows that the exposure to mental health nursing leads to more favourable perceptions, increase in knowledge and confidence.

According to Cleary and Happell (2005: 114), the Central Sydney hospital provided exposure that is challenging, rewarding and productive, leading to a substantial increase in interest of nurses in mental health nursing. In this study, students' perceptions were recorded prior to the programme of exposure. At that time, 36% were not interested in psychiatric nursing, 26% had little interest, and only 12% were

interested. On completion of the programme, 33% were very interested, 39% were moderately interested and only 11% indicated no interest. This confirmed two things. In the first place it showed that positive clinical experience provides a valuable opportunity for recruitment through increasing nursing student's knowledge of, and confidence in the field through presenting a positive image of mental health nursing. On the other hand, it points out that students were influenced by stereotypes and unrealistic information regarding mental health care and patients before their exposure to mental health care.

A related study was conducted by Rushworth and Happell (2000:128) to examine the relationship between exposure to theory and practice of psychiatric nursing and the desirability of psychiatric nursing as a future career choice. This was an excellent quasi-experimental study. A significant increase in the popularity of psychiatric nursing was evident in the experimental group. A positive clinical placement under an experienced mentor was found to be an important consideration in increasing student's interest in this area of study. Unfortunately, even in this group, a large number indicated their reluctance to undertake a career in mental health nursing without first consolidating their skills in medical and/or surgical areas (Rushworth & Happell 2000: 128 and 129).

Finally, a study by Surgenor, Dunn & Horn (2005:104,106) regarding attitudes to psychiatric nursing and psychiatric disorders by nursing students was conducted in New Zealand. The purpose of the study was to explore attitudes to mental illness and psychiatric nursing in a cohort of first and final year students, and to examine the association between attitudes, demographic variables, mental illness exposure and career specialization aspirations. The findings suggest that the students in the final year reported a significantly more positive attitude than those in the first year. It was concluded that the prior contact with the mentally ill improved the attitude of the students in their final year of study.

2.5 CAREER CHOICE

Miers et al (2006:1197,1198), maintain that young adults in the 21st Century delay in making career choices, or switch career paths and that, motivational differences for health care have been found to exist according to age, gender and the profession. The researchers further affirmed that girls are likely to choose nursing as an ideal career since it is perceived as a female occupation.

What is already known is that public perceptions can positively or negatively affect career choice. The reasons for choosing nursing include, but are not limited to service orientation, job security and a long standing motivation to join the profession. Questions are being asked of late whether nursing is an ideal career. This is because from observations, the majority of the applicants for mid-level health training in Kenya are applying for nursing, pharmacy or clinical medicine. The assumption is that applicants are able to secure jobs in any sector upon graduation, or worse still, they are able to emigrate. This may be true since the preliminary analysis of the database at the NCK indicate that, on average 840 nurses apply for emigration every year.

Individuals are supposed to have a broad image of what they would like to pursue later on in life. As they grow older, they become more focused and make concrete choices (Miers et al 2007:1197). It is therefore believed that nursing, though considered to have low status and low pay, it is fairly well known and a lot of people may choose nursing in the first instance. Another line of thought emphasizes the contextual issues that affect career choice rather than developmental ones. These include financial concerns, negative social/ family influences and ability limitations.

The role of significant others in decision-making concerning career choice is gaining importance, as suggested in the literature (McLaughlin, Moutray & Moore 2009:404). The McLaughlin et al study identified that, whereas altruism/desire to care is a major theme in career choice, other factors such as future opportunities, personal/self

development, and having family members in the health profession were perceived to be a major factor in decision-making and support. It is also indicated that parents and friends can have either a positive or negative influence on career choice, and that men are more influenced by family than women (McLaughlin et al 2009:406).

2.6 TRENDS IN MENTAL HEALTH NURSES TRAINING IN KENYA

The training of mental health nurses in Kenya evolved from “on the job training” to a systematic one. In 1955, the formal training of Kenya Enrolled Mental Health Nurses was commenced. This was a post basic course offered to individuals who had completed a general nursing course at certificate level. This brought some change to the situation in 1964 when Kenya started training fresh school leavers in a direct entry mental health nursing course. At the same time, there were plans to start a post basic diploma in mental health nursing for registered general nurses interested in pursuing mental health nursing, leading to registration by the NCK as a Kenya Registered Mental Health Nurse. This plan was hampered by lack of teachers qualified in mental health nursing. The situation started to improve when the Kenya Government, in consultation with KMTC launched the diploma course in mental health nursing in 1979, using a few teachers who had been trained in Britain (Ndirangu 1982: 99; Nyangena 2006:35). The two programmes continued with two intakes per year until 1991, when they changed to one intake per year, due to the scarcity of students. At this stage, the programme for certificate holders has been suspended altogether due to scarcity of applicants. There are, therefore, vacancies for 100 applicants per year for the two programmes, however, only a maximum of 25 nurses apply to do the relevant programmes.

Some Kenyan students feel that the two programmes, referred to in the previous paragraph are indeed the same. This, however, is not true because the enrolled nurse is trained to be hands on while the curriculum followed by the registered nurse offers more depth and complexity on the subject of mental health nursing. The graduates of the diploma course literally manage the psychiatric units and are

enabled to undertake much needed research. Therefore, it can be argued that the diploma holders do a research project, and consequently are more entitled to receive placements in the various psychiatric units where their management skills will be assessed (NCK Curriculum 1993).

2.7 THE SUPPLY AND DEMAND FOR MENTAL HEALTH NURSES

In the USA, just like in the case in many countries, the mental health team comprises of the core disciplines of psychology, psychiatry, social work and psychiatric nursing (Robiner 2006:600). The demand for the services of the team is great. It is estimated that 14.7% of the USA adults seek mental health services and 6% seek addiction services on an annual basis. The reasons are probably due to effects of poverty, unemployment and effects of HIV/AIDS. They therefore need professionals who can provide a continuum of services to meet their needs (Robiner 2006:601).

The Director General of WHO launched a report in Kenya in October 2001 that presented disturbing statistics about the state of mental health in the world. It indicated that 400 million people in the world suffer from mental disorders, 20% of the global disease burden is attributable to mental disorders, and depression is the 4th leading cause of mortality in the world (WHO 2001a). These numbers, coupled with the associated disabilities due to mental illness and the fact that treatments are available, makes it even more urgent to address issues of mental health workers, especially nurses.

The WHO (2008a: 9) shows data from the WHO Atlas 2005 which reported on the inadequacy of human resource for mental health across different income categories. At that time, there were 0.16 psychiatric nurses to 100,000 of the population in low income countries; 1.05 for the lower middle; 5.35 for the upper middle and 32.95 for the high income countries. Unfortunately, most of the low income countries are the developing regions where there is a high burden of disease attributable to mental,

neurological and substance abuse, and therefore, meet the criteria by WHO for intensified support (WHO 2008a:13).

It is noted that human resources with adequate and appropriate training are necessary for scaling up mental health interventions. Quite often, even countries which have adequate numbers of health care workers have problems with their distribution (WHO 2008a:18). It is often reported that they have more workers in the urban areas where less people live. Egypt, for example, which is better endowed with mental health workers, still has specialists concentrated in the major urban areas, thereby severely curtailing access to care in the other regions (Jenkins, Heshmat, Loza, Siekkinen and Sorour 2010). In addition, there may be other challenges of infrastructure and skills development to be considered. The goal is, therefore, to have the right persons with the right skills at the right place doing the right jobs at the right times.

2.8 RETENTION STRATEGIES

An earlier study by Happell (2006:850) noted that a lot had been studied regarding the importance of clinical exposure to mental health nursing. However, no specific studies had targeted the aspects of exposure that actually made a difference. The Happell study was, therefore, intended to identify factors that influenced attraction and retention in the mental health field. Following the study, it was concluded that issues of preceptorship, support and opportunity to actually participate in patient care, length of placement and type of setting played a major role. These factors are supported in the literature by Robinson et al (2005:239), who investigated retention strategies for mental health nursing and found several factors come into play, including favourable working conditions, good working relationships, aspects of work (e.g. providing direct patient care), availability of Continuing Professional Development (CPD) opportunities and demographic factors like age, ethnicity and level of education. During the first six months of employment, attrition was found to be very low and job satisfaction levels were high. Further analysis was done, looking

at nursing in 5 years time and 10 years time, and white British and Irish women indicated that only ethnicity and gender in combination were associated likelihood of them remaining in nursing for that long. As for remaining in the profession for ten years, respondents aged 20-29 indicated that they were less likely to do so, particularly if they had children living with them. Those who were above thirty and have no children, indicated that they were more likely to stay (Robinson et al 2005: 235). Conversely, the levels of dissatisfaction were associated with pay in relation to responsibility, overcrowding; poor inter and intra professional relationships and the perception that services are less important (Robinson et al 2005:231).

2.9 A LOOK INTO THE FUTURE

The WHO has recognized the need for action to reduce the burden of mental ill health and to improve the capacity of member states to respond to the growing challenge. As a consequence, the WHO Mental Health Global Action Programme was endorsed by the 55th World Health Assembly (WHA) in 2002. The programme has led to support and advocacy initiatives to countries, and mental health has been placed on the global agenda (WHO 2008a: 3). One of the outcomes of this initiative was the development of an Assessment Instrument for Mental Health systems. This is a tool for collecting essential information on the mental health system of a country or region. Member states are supposed to proactively apply it to assess their systems. Unfortunately, reports from the WHO Department of Mental Health and Substance Abuse, based at the WHO headquarters in Geneva, indicate that few countries apply for support and very few have applied the tool to assess their systems. It would be useful to get official reports on this apparent apathy and to design a method to engage WHO Regional Offices to take the lead in the exercise. This would enable countries take actions targeted at identified issues.

There is a need to raise the profile of mental health nursing. One of the ways fronted by Clinton & Hazelton (2000:7), Happell, Robins & Gough (2008a: 533), Happell (2008a: 851) and Olade (1977:63) in Australia and Nigeria respectively, is to

improve the nursing curriculum, to put a lot of emphasis on mental health, and to devote more time to mental health nursing. High quality theoretical and clinical experiences are likely to develop more positive attitudes towards mental health nursing as a career (Happell et al 2008a: 533, Happell 2008b: 851). In the Nigeria case, there was a suggestion to make psychiatric nursing as a compulsory subject at basic level. The Nursing Council of Nigeria approved the inclusion of psychiatric nursing in the curriculum and spelt out the need for clinical placement as a requirement. Unfortunately, the results of the study indicated a lack of compliance with the minimum requirements, as only 16% of the students were exposed to the 8 weeks prescribed for both theory and practice. The curriculum for basic programmes in nursing in Kenya includes both theory and practice in mental health. The subject is even included in examinations, and in this regard the compliance rate of training institutions is 100%. Nursing managers should particularly play a big role in ensuring a safe and supportive work environment where violence is not meted out on nurses, as this may improve the chances of nurses choosing and staying in a mental health field (Jackson et al 2002:19).

Some innovative programmes have been proposed in Australia in an effort to salvage mental health nursing. Cutler (2007:33) described a two-year joint initiative on mental health nursing workforce skills acquisition project between the Nursing and Midwifery office and the Mental Health office. The initiative sought to address issues of recruitment, retention and skills development by enabling retired nurses, or nurses from other specialties to enter mental health nursing through a supportive environment. Secondly, the initiative also offered scholarships for nurses working in, or seeking employment in mental health in the public sector. Individual scholarships were valued at \$5000 each, while the mental health innovation project scholarships were valued at up to \$10,000 each. Finally, the team also concentrated on acquisition of foundation level knowledge and ensured there was capacity building for qualified and skilled workforce in mental health. This is to ensure mental health nurses are skilled and qualified for the important role of caring for people with mental health problems. It is envisaged that the impact of the programme will be felt across

the full range of mental health programmes. Further, the Department of Employment, Education, Training and Youth Affairs (DETYA) in Australia has been asked to act on the issues of recruitment and retention of mental health workers (Clinton & Hazelton 2000:7). One of the things they were asked to do is to encourage Universities to form consortia so that they are able to fill available space. Secondly, the need to exempt fees was expressed, plus the need to promote research in mental health by making research in the field a priority.

It is important to attract people into mental health nursing. One of the ways fronted by Wells et al (2000:86) in Ireland is the provision of school talks by professionals. Secondly, as has been mentioned, positive exposure as part of a marketing strategy can help the potential recruits, so that they do not rely on stereotyped views to make decisions. In Ireland, the Department of Health and the various Health Boards, published career information advice for school leavers and those wishing to train as nurses. However, there is still no published material on mental health nursing as a career. Robinson and Murrells (1998: 79 & 85), in a longitudinal study identified the need for career guidance especially from tutors. The researchers established that career guidance was lacking especially in the National Health Service (NHS), which argued that the turn over for nurses was quick and there would be no need to invest in career progression. The literature has however suggested that one of the retention strategies is to make nurses aware of the career options available, and to provide them with guidance as to how these options can be pursued. Fortunately, seven years later, the NHS listened to the ideas being expressed, and changed its approach by placing a lot of emphasis on career guidance (Robinson & Murrells 1998:80).

2.10 CONCLUSION

Mental health is fundamental to health, and the burden for mental ill health is on the increase. Unfortunately, there are few workers, including mental health nurses to deal with the problems. Mental health nurses form the largest part of the mental

health team, therefore it is important that sufficient numbers are recruited and retained to provide the right service at the right places, and to improve coverage of mental health care. This chapter has looked at some of the factors affecting recruitment into nursing in general, and mental health nursing in particular.

In the next chapter, the data analyses and findings of this study will be presented.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter the research design, methodology and the ethical considerations are discussed. Research design is an overall plan or blueprint for implementing a particular study including specifications for enhancing the internal and external validity of the study. A research design implies the use of specific methods associated with that design and addresses the general research approach to be used. Research methods focus on the process and tools, procedures as well as specific tasks (Burns & Grove 2005: 73, 74, 211; Cormack 2000:68).

3.2 RESEARCH APPROACH AND DESIGN

A quantitative approach was viewed appropriate for this study. Quantitative research uses numerical data to obtain information about phenomena, in this case, mental health nursing training in Kenya (Cormack 2000:165; Punch 2006:3). The design used for the study was exploratory descriptive (Babbie & Mouton 2007:80; Cormack 2000:217). The purpose of the research was to determine the factors associated with choosing mental health nursing as a career and to explore the possible ways of improving recruitment and retention of mental health nurses in Kenya (Burns & Grove 2005:37; Cormack 2000:20; Taylor, Kermode and Roberts 2006:173). Descriptive studies set out to collect, organize and summarize information about the matter being studied, which in this case relate to the mental health nurses (Punch 2006:33). An exploratory approach is known to be sensitive to the specific complexities and emerging issues involved (Lynch & Happell 2008:58). A self administered questionnaire adapted from Happell et al (2008a:531-532) was used to describe the experiences of nurses/students in mental health placement. In addition, focus group discussions, using structured interview schedules yielded rich information regarding career choice (Stommel & Wills 2004:283). The post placement survey/questionnaire yielded quantitative data, making it the paradigm of

choice. However, data gathered from the FGD was analyzed qualitatively in order to identify the perceptions of the nurses.

3.3 RESEARCH SETTING

The research setting is the environment where the research takes place (Cormack 2000:172). This research was conducted in Nairobi and the area surrounding Nairobi. The setting comprised the main mental hospital and the mental health nursing school in Nairobi, as well as four schools of nursing which are situated within a 100Km range from Nairobi. . There are a total of 68 approved schools of nursing spread all over Kenya. For purposes of this study, only the 4 schools, Kijabe, Machakos, Thika and Murang'a, which are within a 100kms radius from Nairobi, and which had 4th year basic students who already had exposure to both theory and practical placement in mental health nursing, were selected. Since the NCK dictates the final examination calendar, it was easy for the researcher to determine the period that the whole group would be in class, and once this was established, arrangements were made to visit the schools to collect the required data. Since the researcher already obtained permission to conduct the study (see Annexure G), there was no problem in setting specific dates and to obtain entry to the various sites.

3.4 POPULATION

The population is the entire set of individuals having some common characteristics. The accessible population comprises the individuals who conform to the eligibility criteria and are available for a particular study (Burns & Grove 2005:342; Daniel & Longest 1977:37). The population in this study comprised all the fourth year students in the four schools identified as the sample for the study, and who had undergone both theory and clinical placement in mental health nursing, and all the students who are undertaking the diploma in mental health nursing specialization at the Mathari

School of Nursing in Nairobi as well as all the practicing registered mental health nurses of Mathari Hospital in Nairobi.

3.5 SAMPLE AND SAMPLING

A sample refers to the group of people that a researcher selects from a population, and consists of the individuals about whom the information will be collected. Sampling on the other hand refers to the process by which a sample is selected (Cormack 2000:264, Stommel & Wills 2004:296). Since it is not feasible to include the whole population in the study, a sample that is accessible to the researcher is selected from the study population. There are two types of sampling procedures, namely probability and non-probability sampling. Probability procedures have some form of random sampling while in non-probability sampling there is a lack of random selection procedures (Daniel & Longest 1977: 40, Stommel & Wills 2004: 300). Table 3:1 illustrates the type of sampling method applied in each phase of this study, as well as the applicable sample size.

Table 3:1 Sampling

Phase	Sample size	Sampling method	Data collection instrument	Institution
Phase1: Questionnaire	184	Convenience	Structured questionnaire	*School A,B,C,D - convenience sampling
Phase 2: FGD Practicing registered mental health nurses	10	Purposive	Structured interview schedule	Mathari Hospital.
Students of mental health nursing	10	Purposive	"	Mathari School.
Basic nursing students School A	10	Systematic random sampling for students		School A simple random sampling
Basic nursing students school B	12	Systematic random sampling of students	Structured interview schedule	School B Simple random sampling

*School A= AIC Kijabe (n=44); B=KMTC Machakos (n=50); C=KMTC Murang'a (n=43); D=KMTC Thika (n=47)

Phase 1: Respondents who completed the questionnaire

Convenience sampling was used to select School A, B, C and D from a list of 68 approved by the NCK. Convenience sampling refers to the selection of the most readily available subjects for inclusion in a study (Polit & Beck 2008:750). In this study, the selected schools were within easy access for the researcher. For a school to be selected, it had to be within a 100 Kilometre radius from Nairobi. Secondly, there had to be 4th year basic nursing students who already had both theory and practice in mental health nursing. Using the NCK records, the total population of basic students was estimated at 200 in the four selected schools. However, as is always the case, some students fail their college examinations, and are therefore not eligible to sit for the final NCK licensing examinations. Therefore, during data collection, all students in each school were asked to assemble in their classrooms, and it was established that only 186 students were available for the study. Out of the 186 students, a total number of 184 students completed the questionnaire while two students declined to participate in the study

Phase 2: Focus Group Discussions

Purposive sampling was employed to select institutions for the FGD involving the practicing mental health nurses and the students of mental health nursing. Purposive sampling is a type of sampling where a researcher hand picks the cases (Stommel & Wills 2004: 302, Sykes 2003:67). The researcher needed information from individuals who met the selection criteria and who could discuss mental health nursing with confidence. Since there is only one major hospital where appropriate numbers of practicing registered mental health nurses could be obtained, namely Mathari Hospital, this was the obvious choice. Similarly, there is only one school for mental health nursing training that enrolled 12 students in September 2009, and therefore this too was an automatic choice. In order to select a group of practicing mental health nurses out of the total group in the hospital, the researcher made use

of the services of the nursing officer in charge of the hospital for the purposive selection of appropriate persons. The nursing officer in charge of the hospital also identified a suitable venue for the discussions.

The focus groups, comprising of final year basic nursing students as participants, were selected from two of the four schools of nursing which are within a radius of 100 Kilometres from Nairobi, and which were part of the identified sample. Since it was not possible to conduct focus group in all schools due to cost and time constraints, two schools were selected by means of the random sampling method to form part of the focus group discussions. To do so, the names of all the schools were placed in a hat, mixed up and then the assistant randomly drew out two names of the schools. One was a Faith Based Organization (FBO) whilst the other one was a Public School. Contact was made with the relevant principals of the schools to verify whether they had students at final year level who met the selection criteria. For students to be included in the sample, they were supposed to be basic students and not students who were upgrading from certificate level to diploma level. Secondly, they were required to have had both theory and practical placement in mental health.

Once inside the school on the appointed date and time, systematic random sampling was employed to select every 4th student in the group to participate in the group discussions. Systematic sampling refers to selecting from a population (for example 40 students in a class) every nth case. In a group of 44 students, every 4th student was picked so that if one or two declined to participate, the researcher would still get an adequate number of participants for the group discussion (Stommel & Wills 2004:304, Taylor 2006:204). A total of 23 students were selected to participate in the exercise (11 in school A and 12 in school B). One of the selected students declined, resulting in 22 students agreeing to participate in the group discussions. Four group discussions were held in total, with all the participants being knowledgeable about the career choice they had made, and all of them being able to

provide in-depth information on the subject (Holzemer 2010:87; Polit & Beck 2006:264).

3.6 DATA COLLECTION INSTRUMENTS

A self-administered questionnaire was used for data collection from basic nursing students in the four selected nursing schools, and structured interview schedules were used for the focus group discussions.

Self-administered questionnaire

The self-administered questionnaire was adapted from Happell et al (2008a:531 & 532). The Psychiatric/Mental Health Clinical Placement Survey is a brief self report survey to assess student's perceived level of preparedness for mental health nursing, their attitudes and beliefs relevant to mental health nursing in general and the degree of satisfaction with clinical experience in particular (Happell et al 2008a: 529). It was chosen because it had been pre-tested and it allowed for the collection of a broader range of data. Happell et al (2008a: 527) used the questionnaire to compare 2 cohorts of second and third year students from the same university in Australia. This post placement survey, administered to students who already had placement in mental health, consists of the following sub scales: the preparation of nurses for the mental health field; their knowledge of mental illness; negative stereotypes; future career options and intended choices; course effectiveness; experience of anxiety surrounding mental illness; valuable contribution and clinical skills of the mentors; and the readiness of students. Participants were asked to respond to a five point Likert scale ranging from strongly agree (5), agree (4), disagree (3), strongly disagree (2), to not sure (1). Self-administered questionnaires have the advantage that many participants can be reached and in addition, they do not involve the interviewer. They are also easy to analyze especially when the responses are standardized. However, the disadvantage is that a misconception is

difficult to correct and many questions may go unanswered (Stommel & Wills 2004: 256).

Structured interview schedules (used in FDGs)

The researcher developed structured interview schedules for the collection of data during the different FGD (Polit & Beck 2006:283). The interview schedules included questions related to attraction/barriers to mental health nursing; career guidance; perceptions regarding mental illness; and suggestions for recruitment and retention. The FGD are well-established qualitative methods of gathering information on a variety of health and policy related issues (Wells et al, 2000:82). It is an exploratory technique for topics about which little is known and the members are chosen because they have some knowledge and/or experience of the subject. The researcher was exploring reasons for the choice of mental health nursing, to gain insight into the student nurses' perceptions concerning mental health nursing and mental illness, as well as to gather suggestions for the improvement of the recruitment and retention of nurses in mental health nursing. The choice of the FGD was therefore most appropriate in this study. One of the main advantages of this method of data collection is that the information obtained is often most valuable for the purposes of the study. However, it does have some limitations, mainly related to the size of the groups, and the possibility that the groups might not be representative (Stommel & Wills 2004:283).

3.7 RELIABILITY AND VALIDITY

3.7.1 Validity and reliability of instruments

Validity measures the truth or accuracy of a claim (Burns and Grove 2005:214). It refers to whether an instrument measures what it intends to measure (Polit & Beck 2008:768). Content validity was verified by a senior faculty member with expertise in health systems research, to ensure it conformed to quality standards (Burns & Grove 2005:219 and 401). The literature review assisted the researcher to ascertain that

the questionnaire contains relevant items to recruitment and retention in mental health nursing for the purposes of the current study. Content validity refers to adequate representation of items in an instrument to measure a concept (Polit & Beck 2008:750). Content validity for the structured interview schedule was established from the literature review.

A measure is said to be reliable if there is consistency. That is, if it gives the same results each time the same situation or factor is measured. A reliable instrument enhances the power of a study to detect significant differences or relationships actually occurring in a population under study (Burns & Grove 2005: 215 and 374). Each item of the sub-scales that were used in the study instrument, such as testing regarding preparation to work in the mental health field; knowledge of mental illness; negative stereotypes; future career opportunities or intentions; course effectiveness; anxiety surrounding mental illness; valuable contributions; clinical skills; and readiness of students were measured with a 5-point scale to indicate frequency of exposure, thereafter responses were dichotomized and summed up. In a paper by Happell et al, the alpha reliability estimate for each of the sub-scales was not indicated in part 2 of the study. However it had been tested in part 1 and a good level of reliability was indicated by a Cronbach's Alpha of 0.89 (Happell et al 2008b: 851). Alpha reliability is expressed in the form of correlation coefficient with 1.00 being perfect reliability.

Regarding the focus group discussions, the research team gave adequate notice, had the rooms prepared and the purpose of the study explained in the same way to all the groups, thus ensuring the same conditions for all participants. The discussions were held in a friendly atmosphere, making the participants feel at ease and able to express themselves freely. The interview schedules yielded similar responses from the various groups.

3.7.2 Pre-testing the instruments

The validity of the questionnaire was tested during the pre-test of the instrument using a group of five students based in a school in Nairobi, which is similar to the schools included in the sample. No adjustments were made to the original questionnaire, but two questions were added to provide more clarity regarding career guidance, as this was indicated as being a major theme during the literature review. The results of the literature review also informed the development of the interview schedules. The interview schedules were pre-tested in the Kenyatta National Hospital in Nairobi, using two qualified registered mental health nurses employed by the hospital. During the pre-testing exercise, it became clear that there were several problems with the wording of the questions, such as referring to third parties and not the participants. For example, a question on career attraction was worded as “what attracted them to mental health nursing” instead of “What attracted you to mental health nursing.” The questions were changed accordingly, and were stated in the first person for clarity.

3.7.3 Design Validity

This is mainly a quantitative study, and therefore issues of external validity are very important. External validity measures to what extent the findings can be generalized to other settings or samples (Burns & Grove 2005:218; Cormack 2000:30). External validity is normally enhanced by means of random sampling and ensuring an adequate sample size to obtain a representative sample. In this study, an adequate sample size was used for the questionnaire group. In addition, the schools and the students who were to participate in the FGD were randomly selected. Rigor was also ensured through method triangulation (Polit & Beck 2006:264) since the researcher used more than one method for data collection.

3.8 DATA COLLECTION PROCESS

Data collection was done in two phases. The first phase involved the distribution of questionnaires to the final year basic nursing students who were in the 4 schools of nursing included in the sample, all situated within a 100 Kilometer radius from Nairobi. The students already had their clinical placement in mental health and had covered the required theory in class. The heads of nursing schools assembled the students in their classrooms. The research team (researcher and assistant), explained the purpose of the research for purposes of obtaining written consent from all the respondents. It was explained to the respondents that consent was voluntary and that they could withdraw at any time without being discriminated against or penalized in any manner. An explanation on how confidentiality and anonymity would be maintained was also given. The students then completed their response to the items included in the questionnaire in the presence of the researcher and the assistant, who then collected the completed questionnaires from the students.

The last phase of data collection involved four FGD with participants who represented three different groups (registered mental health nurses, students of mental health nursing and basic nursing students from the two schools selected to form part of the sample). The participants in the first and second focus groups were practicing registered mental health nurses and those registered for the mental health nursing course and who were still undertaking the programme. The third and fourth groups comprised of student nurses who are in their final year of study in the basic nursing programme and who have had experience in mental health. The focus groups were held during the period 6th to the 21st July 2010 in specific rooms identified by the persons in-charge of the respective institutions. In order to ensure that the interviewer gave her full attention to the discussions, the sessions were tape recorded and the research assistant was engaged in capturing other details such as body language, non participating members and so forth. In all instances, only the participants, the researcher and assistant were present in the room during the discussions. Each of the discussions took between one and a half and two and a half hours. The discussions in each case went on until all questions included in the

interview schedule had been addressed, saturation had been reached and no more contributions were forthcoming from the participants.

3.9 DATA ANALYSIS

Data was analyzed with the assistance of 2 qualified statisticians, using the SPSS and SAS. The researcher used descriptive and inferential statistics to present and interpret the data. Descriptive statistics allow for organization of data to give meaning, facilitate insight and allow for examination of phenomena (Burns & Grove 2005:461; Wilson & Butterworth 1998:24). In addition, inferential statistics were tested on relationships so that the researcher would be able to say with confidence that the correlations were significant, but not by chance (Happell et al 2008a:530).

Student responses to the questionnaire were coded and entered on an excel sheet, and then imported to SAS. Prior to data analysis, all variables were subjected to exploratory data analysis. Missing data relevant to the 39 statements, was replaced by a mean which is a standard method used to replace missing values. The mean of the sub-scale items was estimated for each of the sub-scales. Statistical analysis included calculating Cronbach's alpha (Cronbach 1951) for all the subscales (preparation for the mental health field; knowledge of mental illness; negative stereotypes; future career options and possibilities; course effectiveness; anxiety surrounding mental illness; valuable contribution; clinical skills; and readiness for students) using ALPHA function in SPSS version 12.0.1 (SPSS Inc. Chicago IL, USA). Logistic regression models were generated that use the categorized variables adjusted for the identified potential explanatory or confounding factors. Statistical significance was identified for the regression analyses determined for $p < 0.05$ (Nunally, 1978).

The data obtained from the FGD were audio taped, transcribed, organized, and themes were drawn independently by the researcher and the assistant. These were then compared and discussed with the analysts. The final themes, mainly derived

from the interview questions, were agreed upon through a process of content analysis, and were then interpreted (Polit & Beck 2006:397).

3.10 ETHICAL CONSIDERATIONS

The research study is meant for academic purposes. Therefore the first authorization required was from UNISA. The College of Human Sciences Research and Ethics Committee gave ethical clearance for the study. In order for the researcher to comply with Kenya Laws, authorization was obtained from the NCST, the MOH and the NCK Research Committee, to allow the researcher to conduct research in Kenya in general. Such authorization was also required to use the database of the NCK and to gain entry into the sampled nursing schools and the mental hospital. All the ethical principles of beneficence (protection from harm), respect for persons (including flexibility to withdraw), privacy (determine what information can be shared), and justice (fair treatment) were observed (Polit & Beck 2006; Stommel & Wills 2004: 377-378).

The issues defined below were particularly important to adhere to in the study.

Beneficence

This means doing good to the research participants as opposed to doing harm. In this study, no emotional or physical harm was anticipated or expected, and participants and respondents were not exploited. The research proposal was approved by the Review Boards for UNISA, Aga Khan University in Nairobi, as well as the NCST of Kenya, all of which are very strict in regard to issues of harm. No vulnerable populations were used in the study (Holzemer 2010:170; Stommel & Wills 2004: 379).

Respect for persons

Respect for persons encompasses the right to self-determination and full disclosure. Respect for persons is exercised when the researcher explains the purpose of the study and obtains consent for the study, as was done in this study. At the same time, participants are treated as autonomous beings, appointments are kept, and the researcher was flexible and provided the option to participants to withdraw at any time during the study without being discriminated against. All the appointments made by the researcher were kept, participants did not have to wait for the arrival of the researcher and they were treated as autonomous beings (Stommel & Wills 2004:373).

Justice

Justice concerns the right to privacy and the right to fair treatment in the context of research participation. This means to be fair to all participants and not to treat any group in a different manner to others (Holzemer 2010:170; Stommel & Wills 2004: 378). In this study, the right to privacy was ensured. Care was taken to treat the participants with fairness, and because the researcher had limited resources, no allowances were paid to any group.

Confidentiality and anonymity

Confidentiality is being able to safeguard data sources and personal information collected during the study and making sure others who are not part of the research group, do not have access to the information collected. All the completed questionnaires are kept locked up in a safe place to maintain confidentiality. The findings of the research cannot be traced to participants at a specific nursing school except for one reference to differences in admission requirements between a public and faith based nursing school. Ensuring anonymity on the other hand, means that no one can identify the research participants by name, in other words, the names of

the participants are not made available to anyone. In this study, codes, rather than names were used during the analysis of data (Basavanthappa 1998:149; Burns & Grove 2005:181-206; Holzemer 2010:170; Mugenda & Mugenda 1999:191). Complete anonymity was not possible during the focus group discussions, but the researcher did not link any names to data provided during the data analysis process and the reporting of findings.

Informed consent

As stressed by Holzemer (2010:17), informed consent is the cornerstone of ethically sound research. It allows the participants to have an opportunity to make decisions without duress based on complete information. In this study, informed consent was obtained in writing after explaining the purpose of the study to the participants and respondents. The participants were treated as autonomous beings and they were informed that they had the right to withdraw from the study if they so wished without any penalty. Signing the informed consent form meant that the facts about the research had been explained to the participants, and that they were making informed decisions having agreed to participate in the study (Stommel & Wills 2004:381).

Privacy

The right to privacy is exercised even after informed consent has been obtained, and should the participants feel uncomfortable about the questions being asked, they have a right to refuse to respond to some questions (Holzemer 2010:174). In this respect for this particular study, all participants gave informed consent to participate. The right of participants to privacy was further respected by not using individually identifiable information in the process of sharing results of the study with persons outside the research team or even during report writing (Burns and Grove 2005:186).

3.12 CONCLUSION

In this chapter, issues relevant to the research design and methodology were discussed. The study was mainly of a quantitative nature, in which use was made of a self-administered questionnaire and structured interview schedules for conducting focus group discussions. The necessary approvals were obtained to ensure compliance with ethical standards.

In Chapter 4 the findings of the study will be discussed.

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter provides a discussion of the data analysis and the findings from the four FGD with a total of twenty two basic nursing students, ten practicing mental health nurses and ten students of mental health nursing respectively. The results of the psychiatric/mental health clinical placement survey questionnaire with nine subscales and 39 statements, distributed to 186 basic nursing students, are also discussed. Only 2 students did not complete the questionnaires giving a response rate of 99%. The database kept at the NCK and DON provided background information, as well as some data to support the findings in this section. Analysis of the database traced 510 out of a total of 734 mental health nurses registered with the NCK between 1977 and 2010.

4.2 DATA ANALYSIS

Preparations for data collection started immediately after ethical approval from UNISA was obtained. Necessary approvals were sought in Kenya and initial contact was made with heads of relevant institutions. Once the approvals were obtained, further contacts were made and appointments firmed up. Data from the database were analyzed using the SPSS package. Questionnaires and semi-structured interview schedules were produced, research assistants were trained and data was collected over a three-week period in July 2010. After the data collection process, the questionnaires were handed over to the identified data entry clerk from the NCK who had been trained for the purpose, and who entered the data in excel sheet and handed over the hard copies to be locked at by the researcher. The excel sheet was only handled by the researcher and the two analysts for analysis using SAS.

Regarding the focus group discussions, the tapes and tape recorder was given to a data clerk for transcription. Once completed, the tapes and the notes were used by the researcher and assistant to work independently in order to generate themes that were compared and agreed upon. The themes were generated through a process of content analysis (Wood 2005:189) and shared with 2 analysts from the Aga Khan University in Nairobi and the Emory project analyst. The broad themes agreed on included the following: attraction to mental health, barriers to mental health, experience during mental health placement, career guidance, recruitment and retention. The notes, completed questionnaires and the tapes/ tape recorder have been held in a safe place by the researcher, who is the only person who has access to it.

4.3 RESEARCH RESULTS

The results of the data collection process for this study are presented in two parts. The first part considers the results from the questionnaires, while the second part looks at the outcomes related to the focus group discussions. The purpose of the research was to determine the factors associated with choosing mental health nursing as a career, and to explore the possible ways of improving recruitment and retention of mental health nurses in Kenya (Burns & Grove 2005:37), Cormack 2000:20; Taylor, Kermode and Roberts 2006:173).

To put this in perspective, the objectives of the research were to:

- Identify the reasons for the choice of mental health nursing as a career option
- Describe how students experience their exposure to mental health nursing
- Explore how students can be recruited into and retained in mental health nursing.

The questionnaire used addressed objective number 2, while the rest of the objectives were achieved through focus group discussions.

4.3.1 Questionnaire

4.3.1.1 Distribution according to training schools

Table 4.1 shows the schools of nursing where the participants were drawn from. The students responded to each item in the questionnaire plus two supplementary questions added by the researcher on career guidance seeking for a yes or no answer. Each item of the sub-scales that was used in the study instrument, such as testing on preparation for the mental health field, existing knowledge of mental illness, negative stereotypes, future career; course effectiveness, anxiety surrounding mental illness, valuable contribution by individual health care workers, clinical skills, and readiness of students provided for responses according to a 5-point scale ranging from strongly agree, agree, not sure, disagree, strongly disagree. Responses were dichotomized and summed (for ease of the interpretations) on a three point scale varying from agree, disagree to not sure. Questions number 14, 15 and 17 were deleted during the analysis process since they indeed did not measure aspects of mental illness.

Pearson's correlation coefficient test for subscale average scores for the two groups (public schools and FBO) institutions, including p_values are presented at the conclusion of this chapter. The Bivariate correlation procedures compute Pearson's correlation coefficient, Spearman's Rho, and Kendall's tau_b with their significant levels achieved. Pearson's correlation coefficient is a measure of linear association (Polit & Beck 2008: 761, 766, 756).

Table 4.1 Distribution by training schools

Institution	Frequency	Percent
AIC Kijabe School of Nursing (A)=FBO	44	23.9
KMTC Machakos (B)=Public	50	27.2
KMTC Murang'a (C)=Public	43	23.4
KMTC Thika (D)=Public	47	25.5
Total	184	100.0

(NB: public schools are part of the Government of Kenya health care system)

4.3.1.2 Preparations for mental health field

Table 4.2 Preparations for mental health field (N=184)

Preparedness for mental health field			
Questions/Items	Agree (%)	Disagree (%)	Not sure (%)
1. I feel prepared for the psychiatric nursing placement	165 (89.7)	19 (10.3)	-
4. Good understanding of the role of a psychiatric nurse	169 (91.8)	11 (6.0)	4 (2.2)
7. I feel confident in my ability to care for people experiencing a mental health problem	141 (76.6)	33 (18.0)	10 (5.4)
10. My theoretical component of psychiatric nursing prepared me well for my clinical placement	162 (88.0)	22 (12.0)	-
16. My course has prepared me to work as a graduate nurse in psychiatric nursing programme	166(90.2)	16(8.7)	2(1.1)
28. My clinical placement was long enough to consolidate my understanding of psychiatric nursing	123(66.8)	61(33.2)	-

Table 4.2 presents the responses of participants to items 1, 4, 7, 10, 16 and 28 of the questionnaire. It demonstrates that the majority of the students 169 (91.8%), had a good understanding of the role of mental health nurses, since the theoretical component prepared them very well for the placement 162 (88%) and future work in psychiatric nursing programme 166 (90.2%). Although 141 (76.6%) of students said that they were confident to care for the mentally ill, it is important to note that a sizeable number 61 (33.2%) felt that the exposure was not long enough to enable them to consolidate their understanding of psychiatric nursing. Further, it was evident that the students 165 (89.7%) felt they were prepared for psychiatric nursing placement. The need for adequate preparations and emphasis in mental health nursing has been identified in the literature as a way to increase interest in this area of practice (Clinton & Hazelton 2000:7; Happell 2008a: 851).

4.3.1.3 Knowledge of mental illness

Table 4.3 Knowledge of mental illness (N=184)

Knowledge of mental illness			
Questions/Items	Agree (%)	Disagree (%)	Not sure (%)
9. Mental illness not a sign of weakness in a person	145 (78.8)	34 (18.5)	5 (2.7)
18. Someone I know has experienced a mental health problem	149 (81.0)	31 (16.8)	4 (2.2)
19. When someone develops a mental illness it is not their fault	146 (79.4)	24 (13 .0)	14 (7.6)
23. The way people with mental illness feel can be affected by other people's attitude towards them	169 (91.8)	9 (5.0)	6 (3.2)

The extent of the basic nursing student's knowledge of mental illness indicates that they do not view mental illness negatively. First of all, 169 (91.8%) of the students indicated they are aware that the mentally ill are affected by the way other people view them and 149 (81%) of them have known someone who is affected by mental illness. Furthermore, 146 (79.4%) and 145 (78.8%) respectively are aware of the fact that mental illness is a sickness, like any other, and not an individual's fault or a sign of weakness. This could mean that, possibly, the exposure they had in mental health may be responsible for their knowledge and positive attitude towards the mentally ill. A study by Cleary and Happell (2005:114) was able to demonstrate that, as the level of knowledge is increased, there is resultant change in attitude towards the mentally ill, as well as a level of confidence to work in mental health nursing related environments,

4.3.1.4 Perceptions of mental illness

The findings reported in Table 4.4 sends mixed signals regarding the perception held by students towards mental illness. The majority 157 (85.3%) students agree that people with mental illness are likely to commit offences, while 144 (78.3) feel that they cannot handle too much responsibility. A further 126 (68.5%) students believe that the mentally ill are unpredictable. These are signs of negative stereotyping. Strangely, a huge number 132 (71.7%) of students indicated that they would tell others if they were mentally ill and yet they perceive the mentally ill in a

negative way. It appears as though these students associate mental illness with aggression and criminal behaviour as has been reported in the literature by Hoekstra et al (2009:4).

Table 4.4 Perceptions of mental illness (N=184)

Perceptions of mental illness			
Questions/items	Agree (%)	Disagree (%)	Not sure (%)
8. People with mental illness are unpredictable	126 (68.5)	50 (27.2)	8 (4.3)
13. If I develop mental illness I wouldn't tell people unless I had to	30 (16.3)	132 (71.7)	22 (12.0)
21. People with mental illness cannot handle too much responsibility	144 (78.3)	37 (20.1)	3 (1.6)
24. People with mental illness are more likely to commit offences or crimes	157 (85.3)	24 (13.1)	3 (1.6)

4.3.1.5 Anxiety surrounding mental illness

Table 4.5 shows that the majority 141(76.6%) of students disagreed that they are uncertain on how to act towards someone with mental illness. This could perhaps confirm their adequate level of preparation (Table 4.2) and level of knowledge (Figure 4.3). This apparent level of certainty translated into having many 113 (61.4%) of the students feeling safe in the psychiatric placement, whereas almost an equal number 108 (58.7%) have a high level of anxiety about working with the mentally ill in future. This could be due to the fact that basic nursing students do not work in mental health nursing for a long enough period to overcome levels of anxiety. Hoekstra, Meijel and van der Hooft-Leeman (2009:4), reported in their study that nurses found it difficult to form therapeutic relationships with psychiatric patients, as they perceived the patients as difficult and aggressive.

Table 4.5 Anxiety surrounding mental illness (N=184)

Anxiety surrounding mental illness			
Questions/items	Agree (%)	Disagree (%)	Not sure (%)
3. I am anxious about working with people experiencing mental health problem	108 (58.7)	69 (37.5)	7 (3.8)
5. I am uncertain about how to act towards someone with mental illness	38 (20.7)	141 (76.6)	5 (2.7)
22. I felt safe about psychiatric placement	113 (61.4)	66 (35.9)	5 (2.7)

4.3.1.6 Career choice

The findings of this study suggest that the students are not interested in mental health as a future career (Table 4.6). The majority 73 (39.7%) felt that they were not sure whether they intend to pursue a career in mental health nursing while another 65 (35.3%) are completely sure that they do not intend to pursue mental health nursing in future. Fortunately 60 (32.6%) said they would apply to do the post basic programme in mental health nursing. This trend is consistent with earlier studies (Rushworth & Happell 2000:128) where psychiatric nursing was not attractive to many students who would rather further their studies in more technical fields like critical care nursing or paediatrics. The supplementary questions asked specifically regarding career guidance, and the results indicate that there was little career guidance though the level of awareness regarding post basic courses was apparently high as can be seen in Figure 4.1 and Figure 4.2. This lack of career guidance was further confirmed by the focus groups (see 4.3.2.5).

Table 4.6 Career choice (N=184)

Career choice			
Questions/items	Agree (%)	Disagree (%)	Not sure (%)
6. I will apply for a post basic programme in psychiatric nursing	60 (32.6)	57 (31.0)	67(36.4)
12. I intend to pursue a career in psychiatric nursing	46(25.0)	65(35.3)	73(39.7)

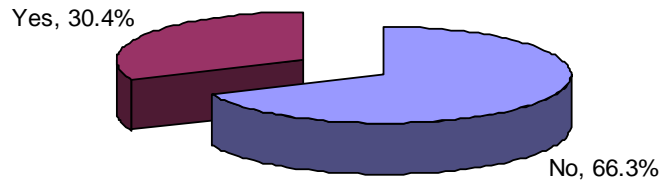


Figure 4.1 Career guidance (N=184)

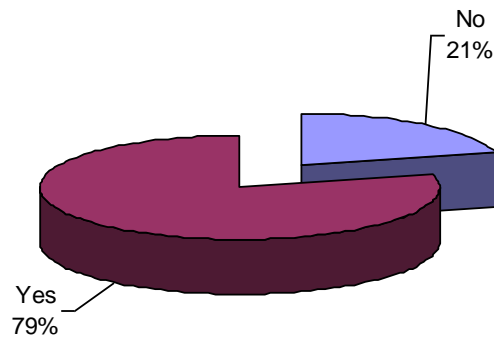


Figure 4.2 Awareness of post basic courses (N=184)

Most student nurses 145 (79%) are aware of available post basic courses including mental health nursing. However, not much attracted them to mental health nursing as can be seen from the subsequent sections.

4.3.1.7 Value of mental health nursing

Table 4.7 suggests that there was agreement with regard to the value of mental health nursing. The majority of nurses 170 (92.4%) said that psychiatric nursing makes a positive contribution to people with mental illness. This was followed by a further 169 (91.9%) who indicated that mental health services are valuable and another 167 (90.8%) indicating that the clinical exposure provide valuable experience for nursing practice. The WHO (WHO Atlas 2007:51-52) and the ICN

(2009:12) recognizes the important role played by the mental health nurses in the midst of high disease burden and in the light of the fact that mental health nurses are the core of the mental health team. On many occasions, mental health nurses are the only members of the mental health team available in a district (county) or a province (region).

Table 4.7 Value of mental health nursing (N=184)

Value of mental health nursing			
Questions/items	Agree (%)	Disagree (%)	Not sure (%)
2. Psychiatric nursing makes a positive contribution to people with mental illness	170 (92.4)	10 (5.4)	4 (2.2)
11. The clinical placement in psychiatric will provide valuable experience for my nursing practice	167 (90.8)	14 (7.6)	3(1.6)
20. Mental health services provide valuable assistance	169 (91.9)	14 (7.6)	1(0.5)

4.3.1.8 Experience during clinical placement

Clinical exposure to the mental health environment has been identified as a major factor in promoting a more favourable attitude towards mental health nursing (Happell 2008a: 849). In the current study, the students' experience in mental health was generally favourable. Table 4.8 illustrates that most 167 (90.8%) students commended the nursing staff for being responsive to their requests for assistance and 164 (89.1%) enjoyed their placement. Further, 144 (78.3%) and 136 (73.9%) of students respectively reported that the nursing staff treated patients with dignity and that they demonstrated high level of clinical skills. On the other hand, a considerable number 79 (43%) of students indicated that the nursing staff did not encourage them to take on mental health nursing. This is a missed opportunity for the staff not to have used this chance to create awareness about mental health nursing training. Happell (2008b: 327) suggested the need to identify and utilize all approaches that encourage a more positive attitude towards mental health nursing, since it is more likely for students to consider a career in this field under such circumstances.

Table 4.8 Experience during clinical placement (N=184)

Experience during clinical placement			
Questions/items	Agree (%)	Disagree (%)	Not sure (%)
25. I was encouraged by the nursing staff to consider psychiatric nursing	103 (56.0)	79 (43.0)	2(1.0)
36. I enjoyed psychiatric/mental health placement	164 (89.1)	18 (9.8)	2 (1.1)
37. The nursing staff demonstrated a high level of clinical skill	136(73.9)	46(25.0)	2(1.1)
38. The nursing staff treated patients with dignity and respect	144(78.3)	37(20.1)	3(1.6)
39. The nursing staff were responsive to my requests for clarification or assistance	167(90.8)	16(8.7)	1(0.5)

4.3.1.9 Clinical support

Table 4.9 suggests that the nursing staff were very supportive during the clinical placements (though not as much as in the other placements) except in the area of dedicated mentorship where there were reservations. The majority 172 (93.5%) students were encouraged to participate in the care of patients, 157 (85.3%) were well oriented during the placements and another 149 (81%) felt supported. This support is shown especially by the substantial number 134 (72.8%) of students who disagreed that the nursing staff were too busy to provide proper support and a further 129 (70.1%) and 147 (79.9%) of students who respectively indicated that the staff were ready for their arrival and were aware of their objectives. This support is crucial since it has been established that positive clinical exposure is one of the strategies to enhance the confidence of students and may encourage students to regard mental health more positively (Cutliffe 2003:344; Cleary & Happell 2005:109; Clinton & Hazelton 2000:4; Miers et al 2007:1206).

The issue of dedicated mentors/clinical instructors for purposes of students' learning has been discussed in the literature. Wood (2005:190) discussed the role of effective mentorship and reported that there are crucial factors in deciding to be a mental health nurse or not. However, the participants in the Wood study were cognizant of the many challenges facing the mentors who have their usual clinical work load and the mentorship is therefore seen as extra work load. Happell (2008a: 850-852),

explored the importance of preceptorship as a source of guided teaching and support to students, especially with regard to enhancing student's satisfaction with clinical placements in the mental health field. The study identified aspects of preceptorship that made a difference including time spent with the preceptor, the number of clinical hours per day and the number of placement days.

Table 4.9 Clinical support (N=184)

	Agree (%)	Disagree (%)	Not sure (%)
Clinical support			
26. I was well oriented during my placement	157 (85.3)	26 (14.2)	1(0.5)
27. I felt supported by the nursing staff during my clinical placement	149 (81.0)	35 (19.0)	-
29. Nursing staff were too busy to provide me with proper support	48(26.1)	134(72.8)	2(1.1)
30. I felt better supported in mental health nursing placement than I have on other placements	53(28.8)	123(66.8)	8(4.4)
31. I felt supported by the mentor/clinical instructor	111(60.3)	71(38.6)	2(1.1)
32.I was encouraged to become involved with patients care while on placement	172(93.5)	11(6.0)	1(0.5)
33. Nursing staff were welcoming to students on placement	154(83.7)	27(14.7)	3(1.6)
34. Nursing staff were prepared for my arrival	129(70.1)	43(23.4)	12(6.5)
35. Nursing staff were familiar with the learning objectives	147(79.9)	29(15.7)	8(4.4)

4.3.1.10 Correlations

Analyzing data for public schools yields Pearson's correlation coefficients that are significant at both 0.01 and 0.05 levels. Table 4.10 shows a very significant relationship between preparedness for mental health placement with course effectiveness ($r=0.4$, $p<0.0001$); valuable contribution($r=0.3$, $p<0.0001$); clinical skills ($r=0.5$, $p=<0.0001$) and readiness ($r=0.5$, $p<0.0001$). This shows that the more students are prepared, the more they find the mental health nurses as valuable and ready for students. Furthermore, there is a strong relationship between clinical skills and readiness ($r=0.7$, $p=0.0001$). This means that students perceive the value of mental health based on the readiness of staff to assist them in terms of clinical support. Finally, there is a significant relationship between anxiety surrounding mental illness and clinical skills ($r=0.3$, $p=<.0001$). Since the scores for this domain were reversed, it means that when students have anxiety, they perceive that the

Table 4.11 Pearson Correlation FBO school (N=44)

Pearson Correlation Coefficients, N = 44 Prob > r under H0: Rho=0									
	Prepare	Attitude	Stereo	Future	Coeffect	Anxiety	Valuable	Clinskills	Ready
Prepare preparedness for mental health		- 0.01218 0.9375	- 0.05022 0.7461	0.39740 0.0076	0.30218 0.0462	0.07737 0.6177	0.49525 0.0006	0.53517 0.0002	0.30461 0.0444
Attitude knowledge of mental illness			0.16003 0.2994	- 0.31473 0.0375	0.21162 0.1679	0.13926 0.3673	0.24226 0.1131	0.08504 0.5831	0.00671 0.9655
Stereo negative stereotypes				- 0.05354 0.7300	-0.11079 0.4740	0.12101 0.4339	0.17564 0.2541	0.16392 0.2877	0.14311 0.3540
Future future career					0.15182 0.3252	0.13686 0.3757	0.01553 0.9203	0.11805 0.4454	- 0.11792 0.4459
Coeffect course effectiveness						0.16328 0.2896	0.35434 0.0183	0.08917 0.5649	- 0.07776 0.6159
Anxiety anxiety surrounding mental illness							0.26948 0.0769	0.32568 0.0310	0.12202 0.4301
Valuable valuable contributions								0.43069 0.0035	0.46665 0.0014
Clinskills clinical skills									0.60979 <.0001
Ready readiness for students									

Analyzing data for a FBO School yields Pearson's correlation coefficients that are significant at both 0.01 and 0.05 levels. Clinical skills was significantly correlated with readiness for students ($r=0.6$, $p<.0001$). Preparedness for mental health field was positively correlated with clinical support ($r=0.53$, $p=0.0002$) and future career choice ($r=0.39$, $p=0.0076$). The students who were well prepared for mental health found clinical support more beneficial and they are likely to consider a future career in mental health. Similarly, when members of staff are ready for students, they are likely to provide more clinical support. Furthermore, there is a negative correlation between knowledge of mental illness and future career choice ($r=-0.31$, $p=0.00037$),

which makes sense in that when students don't have adequate knowledge regarding mental health, chances become less for them to choose mental health nursing as a career choice.

Table 4.12 Cronbach Coefficient Alpha

Domains	Alpha	
	GOK (Public Schools)	FBO
Preparedness for mental health	0.487877	0.433597
Knowledge of mental illness	0.571556	0.573752
Negative stereotypes	0.620307	0.540923
Future career	0.707301	0.647451
Course effectiveness	0.536883	0.510006
Anxiety surrounding mental illness	0.562508	0.482295
Valuable contributions	0.549651	0.458228
Clinical skills	0.473601	0.419785
Readiness for students	0.502222	0.523322

Table 4.12 presents the comparison of Cronbach between the two groups (public and FBO) within the domains under study. This is done to test the reliability of the instrument used. A reliable instrument enhances the power of a study to detect significant differences or relationships actually occurring in a population under study (Burns & Grove 2005: 215 and 374). In the paper by Happell, the alpha reliability estimate for each of the sub-scales was not indicated in part 2 of the study. However it had been tested in part 1 and a good level of reliability was indicated by a Cronbach's Alpha of 0.89 (Happell et al 2008b: 851). Alpha reliability is expressed in the form of correlation coefficient with 1.00 being perfect reliability. In this current study, the overall Cronbach Alpha was 0.6, which is acceptable.

4.3.2 Focus Group Discussions

The FGD mainly addressed objectives number 1 and 3. The presentation is arranged according to the major themes that were identified: attraction to mental health; barriers to mental health; experiences while undergoing training; career

guidance; recruitment and retention. The first section will, however, present characteristics of the participants.

4.3.2.1 Characteristics of respondents

Age

Table 4.13 illustrates that the mean age for basic students was 24.55 years, mental health nursing students, 32.3 years and the practicing nurses, 44.9 years. This confirms that the practicing nurses are aging.

Table 4.13 Age distribution of participants

Groups	Age in years		
	Minimum	Maximum	Mean
Basic nursing students (n=22)	21	37	24.55
Mental health nursing students (n=10)	29	46	32.3
Practicing mental health nurses (n=10)	34	56	44.9

Educational background

All the participants (students and practicing mental health nurses) for the FGD had obtained form 4 level (12 years of schooling) of education except one who had gone up-to form 6. Most 14 (70%) of the practicing nurses and students of mental health nursing had upgraded from certificate to diploma before embarking on specialization in mental health.

Length of service for the practicing nurses and students of mental health nursing

Table 4.14 illustrates that both the students of mental health nursing and the practicing mental health nurses were experienced and had practiced nursing for many years. Further discussions regarding specific experience in mental health field revealed that the practicing nurses had been in mental health nursing for several years ranging from five years to twenty years, during which time they served in acute

wards, amenity ward, outpatient department, forensic psychiatry and community mental health. They can therefore be described as being knowledgeable in mental health issues. From the database, it is apparent that once the nurses come to mental health, they tend to settle and stay in one place for a long time, as can be seen in Figure 4.3 below. Further discussions revealed that only 30% had requested to be posted to a mental institution. The rest had requested for transfers to Nairobi for various reasons, and only one was posted according to service need. The findings of this study therefore suggest that once the nurses were posted, they settled at the mental health institution, even though it was not their choice in the first place. This could perhaps be due to the fact that most of the mental health nurses are males. It is a tradition that female nurses in Kenya keep on seeking transfers to follow their husbands.

Table 4.14 Experience in years (N=20)

Group	Minimum years	Maximum years	Mean
Students of mental health nursing (n=10)	4	19	12.9
Practicing mental health nurses (n=10)	10	30	20.4

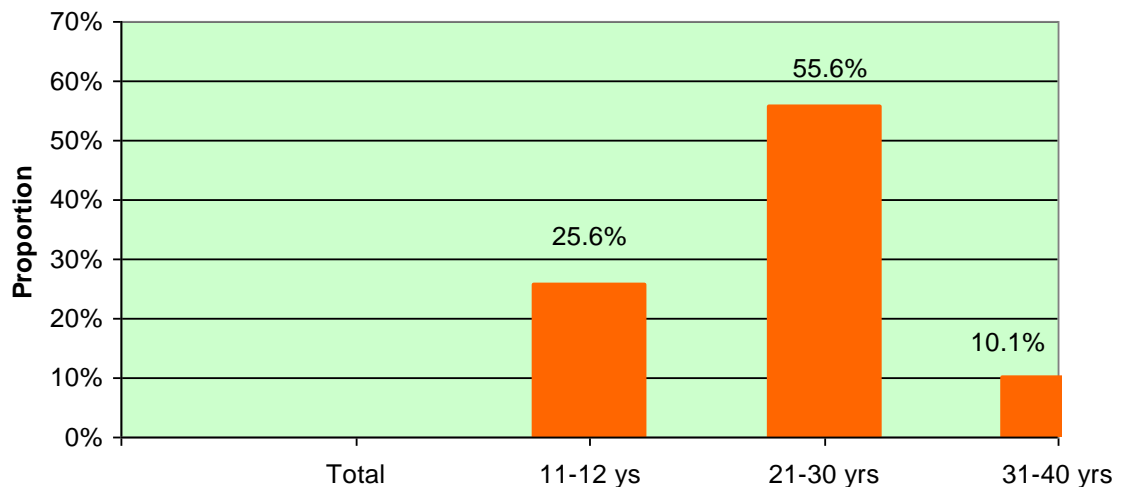


Figure 4.3 Length of stay in a facility (N=97)

NCK/DON database July 2010

4.3.2.2 Attraction to nursing

Objective number 1 was to identify reasons for the choice of mental health nursing as a future career. The basic student nurses were asked about what attracted them to nursing before the researcher could discuss attraction to mental health specifically. Different responses were recorded and some students gave more than one response. The majority came into nursing by choice and wanted to assist other people. They either wanted any course in the medical field in general or nursing in particular, having been motivated by a role model. As one student said “I wanted to do medicine but did not qualify, so I came for nursing”. Another one said “I got sick after Form 4 and the lady looking after me was a nurse who motivated me to go for nursing”. Many said they were born nurses while others had very good role models / mentors or some inspiration to be nurses. Nursing was just “within me and I am the first one in the family” one student said. One student said that she really used to admire the nurses “they were very smart especially the caps” she said, to the extent that even when her uncle tried to discourage her, she just had to defy him and go for nursing. One student was “mentored by an uncle who was a nurse and was doing a great job in the community and I used to admire him”. The fact that most people go into a profession by choice and that the choice is based on different motivational factors is consistent with what was studied by Miers et al (2006: 1197).

The rest of the basic nursing students came into nursing by chance. Either they had several options, applied and were taken for nursing or were pressurized by parents. This group has to struggle to adapt to pressures of nursing. Out of this group, only one came into nursing hoping to get a chance to go abroad. This is contrary to the belief the researcher held at the beginning, that most people go into nursing because they would like to go abroad or other similar motives. The issue surrounding the influence of others during decision-making has also been discussed by Kariuki (2009:38) and McLaughlin et al (2007:404), who reported on an earlier study seeking to identify reasons for career choices. The desire to care was

mentioned as one of the reasons. However, the influence of family members who worked in the health sector was also highlighted. Further analysis of the data from the respondents of the current study reveals that, out of the group that came to nursing by choice, a bigger number came from school A which is a faith based institution where selection of students are based on interviews, aptitude tests and academic achievement as opposed to public institutions where selection is only based on academic achievements.

4.3.2.3 Attraction to mental health nursing

All participants of the FGD were asked about what attracts or what attracted them to mental health and psychiatric nursing. The results suggest that there is hardly any attraction to mental health nursing, particularly among the basic students and one of them said “nothing attracts me to mental health, I never saw anyone recover”. Again a lot of differences were recorded in school A where at least some enjoyed interacting with patients and it was “not as stressful as say, critical care nursing”. Secondly in the same school, they reported on the change of attitude after exposure to mental health placement. They came to realize that people actually get better and go back to society unlike the popular view held by the community that they are ‘mad’ people. “The community talks of mad people but after going there, I realized they get better and can go back to the society”. This view is similar to the one reported in the literature regarding change of attitude towards the mentally ill following clinical exposure (Cutcliffe 2003: 344; Cleary and Happell 2005:109; Rushworth & Happell 2000: 128-129; Miers et al 2007:1206; Happell et al 2008:527).

The students of mental health nursing gave different reasons for choosing mental health nursing. Four of the students had a passion for caring for the mentally ill, felt mentally ill were neglected and therefore it was their choice and they felt they needed to assist patients. One student of mental health said “mentally ill are neglected and in venturing in this field I would help them”. Three students came because there was a history of mental illness in the family or they had a nasty

experience in the neighbourhood, and they were often called upon to help. One of the notable experiences shared by a student of mental health is “I was called psychotic by my mother in-law...” Two of the students said it was out of necessity, the fact that they worked in a mental institution; they felt inadequate dealing with patients as evidenced by this statement “having worked in a psychiatric ward for nine years, I thought I was not offering appropriate care to patients”. The remaining one just needed some form of career development so that after retirement, she would have something to fall back on.

Finally, the practicing mental health nurses gave their views regarding what attracted them to mental health nursing. Four nurses came into mental health nursing training by choice. They wanted to assist those many mentally ill persons in the community. They had someone close to them who was mentally ill and felt that they were neglected. As evidenced by the following statement by a practicing nurse “a fellow nurse was a patient and was not being understood; therefore I needed to have more knowledge”. Strangely, only three had requested to be posted to a mental institution. The rest had requested for transfers to Nairobi for various reasons while one nurse had not requested to be posted but it was done on service need. This means only a few went to the mental institution by choice, however, once there, they went in for the training.

Exposure to mental health

Exposure to mental illness played a big role in the choice of mental health as a career. Of specific significance was the role played by the teachers and supervisors of basic nursing. A mental health nursing student had this to say: “The teachers insisted in a case study on a mental health area. Subsequently, they guided the students through the case studies”. Secondly, the supervisors who had training in mental health played a role, as another mental health student nurse said, “My immediate boss was a mental health nurse and was very instrumental in my choice”.

Just like the students of mental health nursing, many of the practicing nurses did mental health out of necessity. They had asked for transfer to Nairobi and were posted to a mental institution; they felt inadequate to assist patients, students and other team members. "Being a teaching hospital, one needs to be able to engage with other members of the health team and articulate issues of diagnosis and care and in the process teach students". The untrained nurses felt challenged by "Jargon". Some of them remarked, "Students expected me to help them, being in a teaching hospital, so I felt inadequate" and another one said "I had inadequate knowledge, therefore needed specialized skills and knowledge to help patients better".

Of particular interest is the fact that getting a place in mental health nursing training was very easy; all of them were selected on first attempt. No one struggled, as there was no competition. However, the training prepared them for the job of mental health nursing, and they are feeling confident to cope.

Preparation for mental health placement

Basic nursing students from the public school shared that there was inadequate theoretical preparation for the mental health placement and lamented that "students should be well taught about conditions and the nurses in the ward should be trained to guide students". This is different from the FBO where students said the theoretical preparation was good "the tutor was very knowledgeable, a wonderful teacher who prepared us psychologically with realistic examples". For the FBO School, the objectives are discussed very well for all placements, not just the mental health placement. The basic nursing students reported that only the trained registered nurses in-charge of the units were aware of their objectives and were ready for them. Further, it was evident that only qualified nurses in mental health could sit with them and teach. The rest perhaps felt inadequate as one student said, "Only those trained should be posted to psychiatric hospitals". This was confirmed by the practicing mental health nurses whom, though four of them went into mental health

by choice, three did mental health out of necessity. They had asked for transfers and had been posted to a mental institution. They therefore felt inadequate to assist patients, fellow staff and students alike.

Mentorship

There is a difference in mentorship programmes in different schools. Basic nursing students from school A felt that, apart from the classroom teaching which was very good, the follow up was also equally good. They all shared objectives before any placement and because they didn't have to commute everyday from their college, which was a bit far from the clinical placement site, they had enough time to consult. Wood (2005:190) discussed the role of effective mentorship and clinical instructors, and reported that they are crucial factors in deciding to be a mental health nurse or not.

A constant theme that kept emerging was the shortage of staff that was seen as interfering with mentorship. An example was given of a male ward with 72 patients having a maximum of 4 nurses in the morning, 3 in the afternoon and 1 at night. Another disturbing example was also reported in a forensic ward with 79 criminal patients with a similar number of staffing. The qualified mental health nurses confirmed that staffing is a huge challenge and an impediment to effective mentorship as "there may be just one or two qualified nurses in the ward expected to mentor the students as well as other untrained nurses. Therefore due to workload, we are not giving what we are supposed to give". Where staffing levels are low, and many of them are not trained in mental health, staff tend to concentrate on giving service rather than assisting students as reflected in the next comment from a basic student where it was obvious that there was a significant difference between the training schools and the students feeling that qualified nursing staff were welcoming to students on placement; "Some staff members who have specialized in mental health nursing are very useful, they teach. Many do not teach, their primary objective is to provide service. Clinical instructors are not available from the school". A mental

health nursing student expressed the same sentiment “those who have done psychiatry are more useful than those who have not done it”.

4.3.2.4 Experience in mental health placement

The basic nursing students expressed mixed feelings, both positive and negative. On the positive side, the experience helped them to change attitude towards the mentally ill. In the first instance they experienced fear. Following the experience and after having had a chance to interact with the patients, they appreciated the predisposing factors to mental illness and empathized with the patients. One basic nursing student had this to say: “My attitude drastically changed, I thought the people were out of reality, but I came to know they are patients like any other. Some confessed to having taken drugs of abuse”. Another one said: “the first experience was horrible, frightening as the patients were violent”. One of the students who enjoyed the mental health experience found patients “entertaining and fun” to work with.

The students in School B did not see the mental health nurses as an encouragement and nothing really attracted them to mental health. One of them said: “I don’t want to be like a psychiatric patient, some of the staff are quiet the whole day and their lab coats are very dirty”. Another student in School B had this to say: “what we were taught in class was so shallow and outdated, when we went to the clinical area, we found different conditions”. The students therefore suggested that the course should be taught by persons who are qualified in mental health nursing, but above that, have a passion for the subject matter. For the FBO students (School A), it was different, as there was also a clinical instructor following them up. The only problem the FBO sector had was that the environment was not conducive and, according to them, some violent patients were not handled well.

The students of mental health nursing were asked what their experience was so far. They reported that the experiences in the mental health field have been useful and

all of them would recommend the course to other people. They have been exposed, now understand the patients more and have had a change of attitude towards the mentally ill. However, there is lack of essential items for treating the patients nicely (opposite of what qualified staff felt). Regarding the curriculum, they feel the curriculum is tight, though the content is enough, but there is a lot of repetition in clinical placement “The world is changing so, there is need to change ways of doing things including how to deliver the learning” one of them said. The need to embrace IT, newer books and better methodology (for example skills labs) was also mentioned. Further, they also recommended the application of adult learning theories to increase flexibility. Finally, the male nurses felt unsafe with the uniforms they have to wear, and recommended exclusion of ties and introduction of a different design of dust coats.

Perceptions held by students regarding mental illness

For most basic nursing students, the first experience with psychiatric patients was just “horrible and frightening” due to the patient’s conditions. After exposure, many students especially from School A found the experience useful and they were able to understand the patients more and their attitudes changed. Unfortunately, this apparent change of attitude coupled with adequate preparation in the FBO School did not translate to mental health nursing as a future career choice. This is consistent with Rushworth & Happell’s (2000:128) study where even after exposure followed by positive attitude change, the students still wanted to be “real nurses” first before considering mental health.

Most students in this study seemed like they did not enjoy the placement as there was a significant difference between the training school and students enjoying psychiatric/mental health placement. School B had students who were less likely to enjoy the experience than those in School A. Their personal statements regarding the environment attest to the feeling that “patients are not handled well”. Another one from school A said: “patients are not treated with dignity, young patients undress

and bath together with the older ones”. Another difference regarding perceptions was noted as the students from the FBO School had a more positive attitude and saw patients like those with any other illness, and who require humane treatment. They appreciated the role played by mental health nurses as independent professionals relied upon by doctors. The students from the FBO School however, recommended longer theory and practical periods in mental health nursing and that the subject should be taught by specialists in mental health.

Experience with colleagues and students

The practicing mental health nurses reported that they got on well with colleagues other than the doctors with whom there is a gap in communication apparently due to attitude. With regard to the students, they commented as follows: “there is an issue with students who just want their XY (end of placement report) forms filled” However, this is different for different schools, where lecturers follow up on their students, it is okay but some schools have problems. The nurses recommended that there are guidelines on how and what they should learn and for how long. One nurse practitioner had this to say: “The University of Nairobi follows up on their students but, they bring their students for a short time and we don’t know how long the students are meant to be in for mental health experience”. “Many government trainees come for very few hours per day, sometimes just 2 hours because they may be dropped at 10 am and picked up at midday since it is the same vehicle that goes picking up students from other placement areas. Coming to Mathari is like a holiday”. The Distance Education students also cover very few hours in a week. The frustration with the students can be summed up in the following statement from one practicing mental health nurse:

“They are placed when they are very senior revising and doing their research and don’t know how many hours to cover in psychiatry. Baraton, Kenyatta University and Kenya Methodist University students have objectives, they ask questions, and they do assessments and follow up patients. Generally, the private and FBO schools are strict and make sure the students cover what is required.”

There was therefore a very strong recommendation that basic students do an assessment and a case study while in mental health placement. Additional to that, they should have assignments, for example, admit an agreed upon number of patients during their stay. This would help them to concentrate, become serious and to really get to know the patients.

4.3.2.5 Career guidance

Career guidance emerges from the literature as an issue that needs investigation (Wells et al 2000:84). The basic students, the students of mental health nursing and the practicing mental health nurses were asked whether they received any guidance regarding their future career, and very few answered in the affirmative, indicating clearly that there is inadequate career guidance. When asked further who should be best placed to provide such guidance, the nurses believe strongly that the mentors who are trained mental health nurses should play a big role in career guidance.

Robinson and Murrells (1998:79 & 85), in a longitudinal study identified the need for career guidance to increase the interest of students in mental health nursing. The students in the Robinson and Murrells (1998) study said they would appreciate if the guidance was from their tutors. Further, the students in the current study mentioned that positive exposure to the area of mental health plays a big role. One student of mental health nursing gave an example of her time during basic nursing where there was a passionate lecturer in mental health that made them conduct case studies in the subject and the teacher was able to guide them to completion. This, according to her, made her develop interest in mental health from the beginning. The students recommended that the lecturers must also follow up students, but individual students should be willing to take up mental health training. They also believe that the Division of Mental Health should organize awareness creation seminars. Available literature, such as Wells et al (2000:86) discusses the importance of marketing

mental health nursing as a non-institutional, autonomous and dynamic occupation, as this may attract people to the career.

Awareness about post basic courses

Most basic student nurses are aware of available post basic courses including mental health nursing. However, not much attracted them to mental health nursing as can be seen from the subsequent sections.

Future career choice

None of the basic nursing students wanted to specialize in mental health nursing. The only student that expressed some liking for mental health, was one who had family members who suffered from mental illness. Even so, there was a condition attached, that she would consider mental health nursing if she could register for a Masters degree straight away. When the students were asked what course they would like to consider after general nursing (n=22), Paediatric nursing emerged the most popular with 7 responses, followed by theatre and critical care nursing with 4 responses each, then palliative nursing, military nursing, anaesthesia and teaching with 1 response each. The rest of the students were undecided about what they would like to do after general nursing. When asked what was so special in paediatric nursing, most students indicated that the teaching and the clinical supervision were particularly good. Apart from that “the environment in the unit was conducive and the doctor is excellent in resuscitation”, commented one student from school A. This is consistent with available literature which indicate that the students prefer technical aspects of nursing like paediatrics, critical care nursing and emergency rooms where there are immediate results in patient responses seen (Hoekstra et al 2009:4, Rushworth and Happell 2000:128).

4.3.2.6 Barriers to mental health nursing

Each focus group of participants was asked about what they felt made nurses not to choose mental health nursing as their preferred career. Several barriers to mental health nursing were shared. The main barrier they said is stigma attached to mental illness and negative attitudes of communities towards the mentally ill. The other factor concerns patients themselves - "frequent relapses and long stay for up-to six years, so nurses have no hope as opposed to paediatrics where the patients come in when very sick and have dramatic recovery". The following statements by the students demonstrate their level of frustration during mental health placement. One student said: "the joy of nurses is to see a patient going home, seems like you are doing nothing". Another said: "the environment is not conducive; staff come late and put patients to bed early. Food was plenty but not palatable".

The basic students described a ward which is "like a prison" where patients were locked up and as a result, they used to scale the wall to see the outside environment "let me peep to see what the outside looks like'. They also described some instances where they lacked water to bathe, and some staff members engaging in unethical behaviour like selling drugs to patients. On the other hand, they sympathized with the nurses whom they said were very few and overwhelmed with work in an environment lacking even the basic equipment. One basic nursing student put it this way: "mental health has never impressed me and I wouldn't like to be a psychiatric nurse".

From the qualified nurses' perspective, there are many barriers, including; lack of recognition and motivation (no salary increments); stigma associated with mental illness; non involvement in research; violence in a mental institution for example, being beaten up by patients; lack of security since the Mental Health Act only protects the patient and not the nurse. "A patient who was handcuffed is freed immediately they reach the ward" one nurse reiterated. Violence in the workplace

has been shown to work against recruitment and retention of experienced nurses into the workforce (Jackson, Clare & Mannix 2002: 13).

4.3.2.7 Suggestions for recruitment

Objective number 3 of this study was to make recommendations based on findings to improve the attraction and retention of mental health nurses in Kenya. Participants were required to give their opinions and suggestions for improvement of recruitment and retention into mental health nursing. Many suggestions touching on the environment, the workers and the work itself were given for the improvement of recruitment that if implemented may bring change and they include the following:

Emphasis on preparation of students

There was a very strong recommendation that basic students should do an assessment and a case study while in mental health placement. Additional to this, they should have specific assignments; for example, admit so many patients during their stay. "This would help them to concentrate, become serious and know patients" as one nurse put it. The training institutions were urged to place a lot of emphasis on mental health during the basic programme so that comments such as, "coming to Mathari is like a holiday" as remarked by a practicing nurse, do not arise. The need to put emphasis on mental health nursing and have more time devoted to the subject has been seen to increase interest in mental health nursing (Clinton & Hazelton 2000:7; Happell et al 2008: 851). The students would like to be equipped with current and detailed information. The students therefore suggested that the course should be taught by persons who are qualified in mental health nursing, but above that, who have a passion for the subject matter. Further, they indicated that mental health nursing requires people with some special skills and qualities and that they must be compassionate and have the ability to listen and provide care like it happens in a "hospital".

Scholarships for the courses and total reforms

The practicing nurses and students of mental health nursing suggested that there is a need to offer scholarships and sponsorships for those eligible to pursue the course. Related to this, the nurses would wish to have a paradigm shift by having mental health nursing as a basic course. This means it will have to be advertised alongside other basic courses. One student had this to say “make it a basic programme to last three years since there is a lot to learn”. Another one emphasized the issue by saying “mental health should be a basic course to enable it to get more nurses”. This will be a total policy shift, since Kenya trains general nurses who, upon qualification and a mandatory two year experience (Government policy) go back to school to specialize in other post basic courses. The second group qualifies as comprehensive (Kenya Registered Community Health) nurses, but still have a chance of pursuing mental health nursing later on. AHWAC (2003:11) identified the need for financial assistance to students entering mental health, either in the form of scholarships or work based programmes as a strategy to boost recruitment in mental health nursing.

The need to place a lot of emphasis on mental health during basic training was echoed by many students and practicing nurses. “Emphasis to be on basic programmes where during placements, there is follow up of students and case studies as they do in midwifery”. This will make the placements to be taken seriously. “During the basic course, let it not be at the bottom” one practicing nurse commented. Another basic student had this to say: “put emphasis on mental health earlier to students for them to make informed decisions”. As has been mentioned, the course is not taken seriously and is taught towards the end of the basic training. The priority of the students therefore changes at the end as they start revision for final exams, so many of them may not concentrate on mental health. In addition, the participants recommended that a waiver be introduced so that after completing general nursing, one doesn’t have to wait for the mandatory 2 years before taking up the mental health nursing course.

Marketing

Wells et al (2000:86) underscored the need for marketing mental health nursing as a non-institutional, autonomous and dynamic occupation in order to attract applicants to the career. In the current study, advertising in the media, especially on radio stations is recommended, so that the messages can reach a wider audience. At the moment, the basic courses are advertised in the print media only. There was a strong suggestion regarding public education by trained nurses, and the Division of Mental Health to “advertise the course on radios as newspapers don’t reach the rural areas” as one basic nursing student lamented. Coupled with this, the nurses also recommended career guidance and the need for, not only the tutors who are qualified, but tutors who are passionate and supportive. “The government should deploy only the qualified mental health nurses to allow transfer of knowledge to practice” one basic nursing student said. To emphasize the point even more, one basic student added “recruit only the trained nurses to provide quality care and who understand patients”

Awareness creation regarding future career choices

The participants suggested that the qualified nurses must act as role models, play their advocacy role with seriousness, offer career guidance and create awareness regarding mental health nursing. The students would have liked to have more information on the course, what it was all about, and when they could join the course after completing basic nursing. One basic student said: “the qualified nurses should visit colleges, educate them on the importance of mental health nursing and create awareness”. This finding is consistent with the findings of a study by Robinson & Murrells (1998:86) where the students said they did not know about career opportunities and had no facilities to discuss their future. When asked further what they would like to see, they suggested career guidance by nurse educators. A basic student suggested that “there should be guidance regarding expectations and future

job openings”. On a very sad note, the basic nursing students could not believe that members of the research team were actually mental health nurses, because “they didn’t look mental”. According to them, the research should have happened early so that they could ask questions and align themselves with role models.

4.3.2.8 Suggestions for retention

Once the nurses are recruited, it is equally important to retain them in the mental health field. The participants were therefore asked what they thought would keep the nurses in the mental health field. Again, the responses were varied and included: change in job group after the course; remuneration; appropriate deployment; opportunities for continuing education; awareness creation; and marketing of mental health nursing.

The nurses were further asked to comment about why they are still staying in the mental health field and what were their experiences while working with the mentally ill. Half of the respondents talked mostly about the challenges in the field, including stigma attached to mental illness, lack of career progression, poor prognosis of the patients and lack of recognition. “There is frustration, it is a chronic illness, you feel like you have not done enough” one practicing nurse said. They cited poor prognosis of the patients as a de-motivating factor as well.

The other half mentioned that they are so interested in mental health that they even miss the place when off duty. “The training helps one to understand self and community and brings about change in attitude”, said one practicing nurse. Another practicing nurse remembered her colleagues telling her that, “you wasted your time going for psychiatric nursing, you should have gone for theatre or critical care nursing”, meaning that the colleagues did not understand her passion for mental health. Finally, the practicing nurses said that they feel satisfied since they are able to help students who come for placement. This last group is happy that “Things have changed including the diagnosis, now we have students from the university “. The

assistance that they are able to give to the students was confirmed by most basic students who affirmed that the trained mental health nurses are useful, and recommended that all nurses deployed in the mental hospital should train in mental health nursing.

Conducive working environment

The working environment need to be conducive, safe and dignified, for example by providing security from prisons for the forensic side, offering special risk allowance as well as involvement of mental health nurses in mental health workshops. A conducive environment includes motivation and recognition of staff as well. The need for recognition was mentioned as a very important point. The nurses would like to be considered for promotions and opportunities for Continuing Professional Development. As discussed by Robinson et al (2005:231), an agenda for change need to include attractive pay packages, creation of more family friendly strategies and access to high quality education.

Improvement of staffing levels

The other important issue is the improvement of staffing levels. One of the disappointments regarding the shortage of mental health nurses pertains to the ratio of nurses to patients, which is unacceptable. "Nurses are few, one female nurse in a male ward and this made patients miss drugs" was one of the remarks. "Patients are also locked up throughout", one basic nursing student reported. According to While & Blackman (1998:236), it is very important to attract and retain sufficient numbers of nurses. They therefore asked management to recognize issues of concern to nurses and develop reward systems to make them feel valuable.

While talking about staffing, it is necessary to address quality and quantity for better student outcomes. Therefore, the other recommendation addressed deployment of mental health nurses and students. The students would like government to deploy

those trained appropriately to allow transfer of knowledge to practice. Regarding quality, the following statement by a basic student emphasizes the message: *“Nurses recruited for mental health and psychiatric nursing should have a great desire and interest to assist the patients with mental health problems so as to enhance the provision of high standard of care for the patients and to avoid negligence”*.

Separation of patients

An important issue touched on the separation of patients based on acuity. The participants would like to see acute patients nursed separately from the chronic and convalescent, the physically ill separated from the others, and so forth. They gave examples of cases where there was a real need for separation “imagine a pregnant mother delivered at night and she bled and the child died later”. In another ward where there was a physically ill patient, this is what happened “another patient on an intravenous infusion also had her (intravenous fluid giving set) drip pulled out”. Finally, the patients need to be treated in a humane manner as evidenced by what one student nurse said “mental hospitals should be equipped so that it looks like a hospital”.

Waiver system and improvement of patient care

The nurses recommended a waiver in fees levied to the mentally ill as is the case in HIV/AIDS. “The drugs should be provided free of charge since they are very expensive”. Government was urged to improve mental health services so that “it looks like a hospital equipped with items for basic nursing care”. One student remarked: “institutions have to be equipped. There are no blood pressure machines, no thermometers and so forth. After 10 years, one would forget how to read a thermometer, so you forget basic nursing care”.

Promotion of community health services

The participants said that if there is an increase in community health services, it would help in integrating the patients back to the community, and reduce relapses and stigma. Of utmost importance is the education of communities to create awareness about mental illness. They recommended that there is a need for continuity of care in the community to prepare them to receive the mentally ill in the community. One basic student was of the opinion that “community health should be included in the programme to assist in integrating patients back to the communities and reduce relapses”.

4.4 CONCLUSION

This chapter presented the data analysis and discussion of the findings from the questionnaire and focus group discussions. The next chapter summarizes these findings with a view to draw conclusions and make recommendations.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This is the final chapter of the report on “Career in Mental Health Nursing: The Kenyan Experience”. The chapter summarizes the findings according to the objectives of the study; discusses the conclusions and recommendations and mentions the limitations of the study. The purpose of this study was to determine the factors influencing the choice of mental health nursing as a career, and to explore the possible ways of improving the recruitment and retention of mental health nurses in Kenya. The objectives of the research were to:

- Identify the reasons for the choice of mental health nursing as a career
- Describe how students experience their exposure to mental health nursing
- Explore how students can be recruited into and retained in mental health nursing.

5.2 RESEARCH DESIGN AND METHOD

A quantitative explorative descriptive design using a questionnaire and the FGD was selected as appropriate to conduct the study. The empirical investigation was done objectively and the results were verified using descriptive and inferential statistics (Babbie & Mouton 2007:20-27). One hundred and eighty four (184) basic nursing students from the 4 sampled schools of nursing, all located within a 100 Km radius from Nairobi completed the questionnaires. The researcher conducted the FGD with practicing mental health nurses (n=10); students of mental health nursing (n=10) and students of basic nursing (n=22) in their final year of study. The results from the FGD were analyzed qualitatively through a process of content analysis.

5.3 SUMMARY OF RESEARCH FINDINGS AND CONCLUSIONS

5.3.1 Characteristics of the participants

Educational background

All but one of the respondents had obtained form four level of education. The other notable factor was that 70% of the practicing mental health nurses and students of mental health nursing had upgraded from certificate level to diploma in general nursing before embarking in mental health nursing. This probably explains why there were no applicants for enrolled mental health nursing, leading to its phasing out in 2003. The practice in Kenya is that, if a nurse undertook mental health nursing at enrolled level and later they undertook diploma in general nursing, they would have to undergo another year of registered mental health nursing for recognition at a higher level and entry into the register of mental health nurses maintained by the NCK. The observation of this study therefore confirms the assumption that, may be, the enrolled nurses would wish to upgrade first before pursuing registered mental health nursing (See 4.3.2.1).

Age and experience

The findings of this study suggests that practicing mental health nurses and mental health nursing students were experienced nurses and were able to provide, not only views on mental health nursing, but also nursing in general. The mean age of student nurses was 24.55 years while it was 32.3 years for the students of mental health nursing. The practicing mental health nurses are aging since 64.73% were aged 46 years and above (see 4.3.2.1.). This has serious implications to the future of the mental health nursing workforce, especially if the trend of recruitment into the training school remains low. As has been discussed in 1.1, the main reason for attrition is retirement on age grounds.

5.3.2 Reasons for the choice of mental health nursing.

Attraction to nursing

The majority (64%) of the basic nursing students came into nursing by choice since they wanted to assist other people. They either wanted to enter a medical field in general, or nursing in particular having been motivated by a role model/mentor. Some admired the nurses especially their way of dress. The current study reveals that, out of the group who came to nursing by choice, over 60% came from school A which is a faith based nursing school where the selection of students is based on interviews, aptitude tests and academic achievement as opposed to public schools where selection is based on academic requirements only. Many students in the public schools applied for several courses, and settled for nursing after successful selection. Based on the results of this study, it appears that those who are selected into nursing based on additional criteria other and above from academic achievement, may turn out with a more positive attitude towards serving humanity (See 4.3.2.2; 4.3.2.3).

The rest of the basic students (36%) came into nursing by chance. Either they had several options, applied and were taken for nursing or were pressurized by parents. This group has to struggle to adapt to pressures of nursing. Out of this group, only one came into nursing hoping to get a chance to go abroad (See 4.3.2.2). On the other hand, the students of mental health nursing (focus group) went to the course by choice. The majority (40%) had a passion for caring for the mentally ill, felt the mentally ill were neglected and therefore it was their choice and need to assist patients. Some (30%) came because there was some prior exposure to mental illness. For example, there was a history of mental illness in the family or neighbourhood and they were often called upon to help. For others (20%), it was out of necessity, and the fact that they worked in a mental institution made them feel inadequate to deal with students and other team members. Similarly, the practicing mental health nurses had a passion for mental health and wanted to help

clients/patients. Altruism is therefore the main factor in the choice of mental health nursing among the students of mental health nursing (see 4.3.2.3).

Future career choice

Generally, nursing students do not regard mental health nursing as a future career of choice; they would rather pursue the other fields of nursing like paediatrics, operating theatre and critical care nursing which appear more technical, the environments more appealing and the patients having dramatic recovery. The findings of this study confirm the results of earlier studies (Happell 1999:479), which concluded that basic nursing students do not regard mental health nursing as an attractive choice. This, coupled with the fact that the practicing mental health nurses are aging, poses a real challenge to the future provision of mental health services (See 4.3.2.6; 4.3.1.6).

Support during clinical placement

The students in School A at least enjoyed interacting with patients, which was most probably related to the way, they were prepared for the mental health field. The teaching, the discussion of objectives and the subsequent clinical supervision was adequate. Conversely, in School B where the reverse was true, most students did not see any attraction to mental health nursing. Students of School B indicated a less positive attitude towards mental health nursing, less confidence in clinical placement and in their preparedness for mental health training. Preparation of the students and clinical supervision were therefore found to be very important in the choice of mental health nursing. Unfortunately, even the positive preparation and exposure in School A did not translate into the choice of mental health nursing as a future career, but at least, the students were able to appreciate and interact with the mentally ill (See 4.3.2.3; 4.3.1.9; 4.3.1.10).

The practicing mental health nurses did not think that some students from the public middle level colleges benefited from the placement in mental health since they came only for a short time each day and did not accord mental health the seriousness it deserves. It was evident that the laxity was not experienced across the board; it is different for different schools. Where lecturers follow up their students, students take the experience seriously and learning takes place. The difference is that the University students and those from private and FBO Schools have objectives, they ask questions and they do assessments and follow up patients. Generally, the private and FBO schools are strict and make sure the students cover what is required. The practicing mental health nurses recommended that there should be strict guidelines on how and what the students should learn and for how long. Apart from preparations, mentorship and clinical instruction are crucial to effective learning (see 4.3.2.3).

Barriers to mental health nursing

Several reasons were identified in the study for the apparent lack of interest in mental health nursing. These ranged from personal reasons (they don't want to look like psychiatric patients); the stigma attached to mental illness (people who don't recover and the experience is horrible/frightening) (See 4.3.2.7); the lack of motivation for the training and the trained (lack of awareness creation, no promotion after the course); and the environment where patients are nursed which was described as non conducive and lacking basic nursing equipment. There are negative stereotypes held by the students. They believe the mentally ill are violent and the nurses are just like their patients - unethical, unkempt and neglected (See 4.3.1.4.). Lack of role models and shortage of staff coupled with security concerns are a major source of anxiety for the students and the practicing nurses alike. Another barrier relates to lack of scholarship for the students wishing to undertake this specialized course, followed by a lack of recognition/promotion/special allowances after completion of the course, and so forth (see 4.3.2.8).

Exposure to mental health nursing

A big group developed interest due to some exposure with the mentally ill, either a neighbour or a relative was unwell. This makes exposure to mental health/illness another central point to the choice of mental health nursing. The other form of exposure occurred automatically following deployment. Many practicing mental health nurses and students of mental health nursing took mental health out of necessity. They had asked for transfer to the city and were posted to a mental hospital where they felt inadequate to handle colleagues, patients and students. Interestingly, once they were posted, they settled and stay for very long periods, even up-to retirement age (see 4.3.2.3).

Education

It is evident that education changes the attitude of nurses towards the mentally ill. Those who have been trained or are undergoing the courses are more positive and are ready to assist the students and patients more than those who are not trained (see 4.3.2.3).

Recruitment

Career guidance and mentorship were identified as very important factors for recruitment and effective learning. However, shortage of staff was singled out as hindrance to effective mentorship (see 4.3.2.3). Due to the foregoing, the need for training, the provision of positive work environments, public education and marketing, as well as effective clinical supervision cannot be underscored.

5.3.3 Summary of attractors and barriers to mental health nursing

Literature as well as results of this study has identified few attractions to mental health nursing. These include career guidance, mentorship, and clinical supervision;

adequate preparations for the experience; exposure to mental health and creation of awareness. There was a difference between the training schools and the preparation for mental health placement; mentorship programme; level of clinical supervision and staff preparedness for students. The barriers to mental health nursing are many and a lot of efforts need to be put in place to address them so as to improve recruitment to mental health field. The study identified that anxiety surrounding mental illness; security concerns; the shortage of staff and the non conducive environments in mental institutions as the main barriers

5.3.4 Students' experience of mental health nursing

It appears that the basic nursing students experience mental health nursing positively. The majority agreed that the theory prepared them adequately for practical placement and that they gained confidence and a good understanding of mental illness. However, the practical placement period was regarded as not sufficient (see 4.3.1.2). The majority of the students enjoyed the mental health placement part of their course mentioning that they were welcomed and oriented well to the clinical field and that the clinical staff were aware of the learning objectives. They found the clinical support adequate though they indicated that there is room for improvement and strengthening of mentorship and support from clinical instructors. The students agreed that mental health nursing makes a contribution to the mentally ill (see 4.3.1.8; 4.3.1.9). The student's comments show that the mental health part of the basic nursing course contributes towards clarifying uncertainties and negative stereotypes about mental illness and that when the environment is supportive they experience mental health nursing favourably, which brings along a change in their views about mental health illness.

5.3.5 Suggestions for recruitment

Many suggestions were proposed for the improvement of recruitment that, if implemented, may bring change and make mental health nursing more attractive as

discussed in 4.3.2.7. Preparation of students followed by mentorship was mentioned as very important. It was indicated that more emphasis must be placed in basic programmes so that, during placements, students should have higher expectations, do assignments and are supervised. It was suggested that students should be taught by faculty and supervised by nurses who are not only qualified, but who are also passionate about mental health, so that both theory and practical components are covered adequately (see 4.3.2.7).

The participants suggested that there should be scholarships offered to applicants to encourage them to pursue the course. Coupled with that, there should be other reforms, which demand policy direction. One of the things is to make mental health a basic course so that it is marketed and advertised together with other courses. This will pave the way for more applicants to apply especially when the advertisements are done on the local radios as well as newspapers to enable the message to reach a wider audience (see 4.3.2.7).

Career guidance, public education and marketing were singled out as being very important so that the community gets informed about mental health and that evidence based decisions can be made, especially regarding the training of mental health nurses. The trained mental health nurses were asked to go out and create awareness about the training and mental health in general. There was a strong suggestion regarding the need for public education offered by trained nurses and the Division of Mental Health. Further, an address was made to the Government to play its role to make hospitals habitable and provide essential equipment (see 4.3.2.7; 4.3.2.8).

It is equally important to motivate and recognize staff after the course. Secondly, a waiver should be introduced so that after completing general nursing, one doesn't have to wait for the mandatory 2 years before taking up the mental health nursing course. The participants requested that the Government be asked to improve staffing levels, not just in terms of quantity, but quality as well so that only nurses

trained in mental health and have special qualities (empathy, listening skills, passion for working with the mentally ill) will offer mental health services. Finally, it was suggested that a waiver system such as the one being enjoyed by patients suffering from HIV/AIDS, be introduced in mental health, so that the patients don't have to pay for drugs (see 4.3.2.8).

A conducive working environment which is safe and dignified, for example by providing security from prisons for the forensic side, and offering a special risk allowance as well as involvement of mental health nurses in mental health workshops were proposed. The mental health nurses must reciprocate by treating the patients in a humane manner, separate patients based on acuity, and make the environment attractive (see 4.3.2.8).

Promotion of community health services would help in integrating the patients back into the community and will also reduce relapses (see 4.3.2.8). Of utmost importance is the education of communities to create awareness about mental illness. Other changes proposed have to do with learning itself. The need to embrace IT, newer books, and better methodology, for example skills labs was also mentioned. In addition, they recommended the application of adult learning theories to increase flexibility (see 4.3.2.4).

5.3.6 Retention

The participants discussed several suggestions that would see mental health nurses retained to offer the essential services. The suggestions covered various issues to include: recognition (change in job group after the course/ remuneration); improvement of staffing levels and appropriate deployment of those who are trained; provision of opportunities for continuing education; awareness creation and marketing of mental health nursing. It is granted that there may be unique challenges in the mental health field; including stigma attached to mental illness; security concerns; lack of career progression, poor prognosis of the patients and

lack of recognition (see 4.3.2.8). A conducive working environment is seen to be important both for recruitment and retention of mental health nurses. Such an environment which is both safe and appropriate for the care of human beings, has adequate staffing and equipment, ensure patients are separated based on acuity and are nursed according to laid down standards (see 4.3.2.8).

5.4 RECOMMENDATIONS

Based on the results of this study, recommendations are made to the Kenya Government through the Division of Mental Health, the nursing schools, the NCK, the DON in the MOH and to the nurses themselves. Mental health services have been neglected for a long time, the recommendations (if implemented in a concerted effort) are meant to raise the profile of mental health nursing with a view to improve recruitment and retention to the field. The proposed recommendations pertain to nursing, nursing education and research.

Nursing

- The Government and the trained mental health nurses need to appreciate that there is no health without mental health by elevating the status and appearance of mental institutions so that they look like hospitals. There is a need to equip the mental health institutions with appropriate basic requirements of a hospital so that holistic care can be provided to the patients. The Division of Mental Health should organise awareness creation workshops, develop flyers and brochures, and use the media and the trained mental health personnel to market mental health as part of health and as a dynamic occupation. This awareness creation should be targeted especially at the basic nursing students, practicing nurses, and perhaps also the male nurses and the upgrading students.
- A conducive work environment is very important for recruitment and retention of workers. There is therefore a need for advocacy for positive practice

- environments so that the workers provide services in a suitable atmosphere while at the same time being considered for special working conditions and allowances. There is a need to collaborate with other Government departments such as prison services that are better endowed with security personnel, to provide security for the few patients who may be violent.
- Thirdly, the DON of the MOH should ensure that the trained mental health nurses are posted to the mental health care institutions and those who are working in mental health care facilities, but are not qualified mental health nurses, should be posted elsewhere. If possible, the ones trained should rotate in other units or community mental health services to avoid institutionalization and complacency. The first step towards improving staffing levels may require redistributing the mental health nurses who are deployed to areas without psychiatric units back to the units or rural health setting. Continuing professional education opportunities have to be provided, either through organized workshops or in-house training, so that the nurses comply with the NCK policy on CPD while at the same time, keeping abreast of current developments.
 - The trained mental health nurses must be supervised to ensure they dress and act appropriately so that they don't look "mental" and will be good role models to the upcoming nurses.

Nursing education

- The schools of nursing need to identify faculty who are, not only qualified mental health nurses, but are passionate about teaching mental health. Such faculty will ensure, positive attitude is passed on to students, specific objectives are shared, appropriate assignments are given and students are followed up/supervised. This will ensure that the students value mental health and such preparations may influence future career choice.
- The need to ensure that the clinical instructors or mentors are available in all clinical areas is critical.

- The NCK needs to take another look at the curriculum, study it and see if it is possible to have mental health as a basic nursing programme in the same way that the midwifery programme has been redesigned to produce a nurse/midwife at the same time. If this is done, the course will be advertised alongside others for direct school leavers. This will be a total policy shift and requires more evidence and buy in before implementation.
- Mental health nurses require special qualities. There is a need to consider interviews or aptitude tests to identify those that bear the qualities before candidates are selected.
- The NCK's mandate to regulate education and practice is in question. The requirements for training basic nursing students and the required supervision need to be considered to ensure compliance with the set standards. This means the Council has to ensure that the minimum mental health placement period is adhered to. If the students are meant to go for practical experience for six weeks, it has to be a minimum of six weeks. There is also an urgent need to look at requirements for training and to include more emphasis on assignments (for example, mental status assessment) and case studies.
- The NCK should work with the nurses' associations to have school talks and career guidance sessions for the students. This can be done during the candle lighting ceremonies, orientations or during graduations. This will assist the students to make decisions regarding their future careers
- Recently, the DON awarded scholarships for the nurses undertaking paediatrics and anaesthesiology in an effort to reduce neonatal and maternal deaths. In the same way, the DON needs to develop ways to financially support students entering mental health nursing through scholarships. One of the ways is to consider at least twenty scholarships for those wishing to take mental health nursing as a first step towards replacing those who are retiring in the next ten years. Secondly, the DON can waive the requirement of two years post registration before one can go for a post basic course.

Research

- The Government needs to commission a study to identify factors that influence positive practice/therapeutic environment for the patients and workers alike. The results of such a study may assist in motivating staff appropriately, separating clients and approaching the relevant arm of Government to provide security, especially for criminal patients.
- This study was able to identify certain differences in the two schools studied in terms of preparation and attitude towards mental health. To be able to generalize the findings to a wider a population, there would be need for a national study comparing public and FBO schools in terms of passion for nursing, preparation of students, attitude of teachers and future career choices.

5.6 CONTRIBUTION OF THE STUDY

Studies have been conducted elsewhere regarding mental health/psychiatric nursing, but none had been done in Kenya looking at the mental health nursing workforce. This study has contributed to nursing education and practice by identifying factors responsible for attracting and retaining nurses in mental health, which if implemented, will improve the recruitment into the field. The need for marketing, providing positive practice environments, quality education, advocacy and a possible paradigm shift to basic training, as opposed to the current post basic training in mental health nursing, has been identified.

5.7 LIMITATIONS OF THE STUDY

Due to time factors and costs involved, the study was only limited to institutions within a radius of 100 Km from Nairobi. This makes it difficult to generalize the findings to all the units and schools of nursing in Kenya. However, the random sampling employed to pick the schools and participants ensures that the study

findings are valid. At the same time, the lecturers and policy makers in mental health could have provided more valuable input to the study.

5.8 CONCLUDING REMARKS

This is important research for the future of mental health nursing in Kenya. The few limitations notwithstanding, the findings and recommendations may bring change to workforce planning in mental health nursing.

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Annexure B: Budget in US Dollars

NO.	Items	Cost
1.	Personnel costs; Data entry clerks Data analyst Data programmer Typist Editor Statistician	3,400
2.	Supplies; Photocopy and binding 4 exam copies Photocopy of final copy Binding exam and final copies Stationery-general and computer Reference books	350
3.	Communication; Telephone Postage Internet Fax	658
4.	UNISA registration; 2 nd year registration Foreign student fee Library access Study materials	1,300
5.	Total 5% contingency Grand total in US Dollars	5,708 285.4 6,000

Annexure C: Consent form

I-----has been explained the objectives as well as methodology of the study “Career in mental health nursing: the Kenyan experience” and I voluntarily agree to participate in this study.

I have also been assured that in case I do not want to continue with the discussions, I can do so without fear of intimidation. I have understood that the information given will remain confidential. However, the information may be used for presentation and publications. In any case, no names will be mentioned when data is presented as to ensure confidentiality and anonymity.

Participant’s signature_____

Date_____

Facilitator’s signature_____

Date_____

Witness_____

Date_____

Annexure D: Interview schedules

a) Basic student nurses

1. Attraction to nursing

- What attracted you to nursing?

2. Preparation for mental health placement

- Did the theoretical lessons prepare you for the experience?
- Were you familiar with the objectives?
- Were the nursing staff ready and prepared for your arrival?

3. Experience in the mental health placement

- What was your mental health experience like?
- How useful were the mentors and nursing staff?

4. Perceptions of mental nursing held by students and lecturers

- What broad perceptions are held by the students regarding mental health?
- What broad perceptions are held by the lecturers regarding mental health?

5. Choice for the future and the reasons

- Are you aware of available post basic courses in nursing?
- What course would like to apply for after general nursing?
- What sorts of things attract you to mental health?
- What are the barriers to mental health nursing?

6. Opinion regarding improvement in the recruitment into mental health nursing

- In your own opinion, how can the recruitment in mental health nursing be improved?

- Are there any other suggestions regarding mental health nursing in general?

b) Students of mental health nursing

1. Choice of mental health nursing and the reasons

- Are you aware of post basic nursing courses available?
- Was mental health nursing your first post basic course?
- How long have you practiced nursing?

2. Reasons for the choice of mental health nursing

- What attracted you to mental health nursing?
- Did you all have theory and clinical experience in mental health nursing during the basic nursing course?
- Where did you have the theory and clinical experience (psychiatric unit)
- Did the nursing staff encourage you to undertake psychiatric nursing course?

3. Career guidance

- During the basic nursing course, what kind of career guidance did you receive?
- How many times did you apply for the psychiatric nursing course?
- How many times did you apply for the other courses?

4. Experience so far with mental health nursing?

- How useful are the nursing staff in guiding the students?
- Are the nursing staffs treating the patients with dignity?
- How would you rate the theoretical exposure, is it sufficient and detailed enough to enable practice confidently as psychiatric nurses?
- Are you feeling safe with mentally ill persons?
- Do you have feelings of anxiety with the mentally ill?

- What are the roles of psychiatric nurses?
- Would you recommend a course in psychiatric nursing to a friend?

5. Future career choice

- Do you intend to pursue a graduate course in mental health nursing?
- Do you think psychiatric nursing has any workforce issues that need to be addressed?
- What are your suggestions for improvement in recruitment into mental health nursing?
- Suggestions for the retention of mental health nurses?

c) Practicing mental health nurses

1. Reasons for the choice of mental health nursing

- What drew you to mental health nursing?
- Was it the first post basic course?
- Have you done another course after mental health nursing?
- How many times did you apply for a chance to do mental health nursing as a post basic course?
- Did the training you had prepare you adequately for the practice of mental health nursing?
- If you were to make a choice now, would you still choose mental health nursing?
- Are you having regrets?
- What are the reasons for the answers?

2. The usefulness of the clinical exposure towards determining whether to choose psychiatric nursing or not

- Did you all have exposure to psychiatric nursing placements and theoretical exposure as basic students?
- Where was the experience?

- Did this experience play a part in the choice of psychiatric nursing?

3. Retention issues

- Why do you stay in psychiatric nursing?
- What is your experience with working with the mentally ill?

4. Deployment

- In this current posting in mental health, how long have you stayed?
- Which setting?-out patient, acute ward, amenity, community, forensic, substance abuse?
- Was the posting as a result of service need or by choice?
- Are you satisfied with the work you are doing as psychiatric nurses?
- What has been their experience with working with other colleagues?
- What has been the experience with mentoring basic students?

5. Career guidance

- Who has the greatest influence on nursing students' career choice decisions?
- What is the preferred channel to provide students with information?

6. Workforce issues in mental health

- Are there issues with the field that require some action?
- What do you think are the barriers stopping others entering the field?
- Suggestions for recruiting more mental health nurses into the field.
- Suggestions for retention of psychiatric nurses

Annexure E: Questionnaire to final year KRCHN (Basic) students

MENTAL HEALTH AND PSYCHIATRIC NURSING TRAINING IN KENYA

Name of educational institution.....

Index number of the student filling the form.....

The researcher would like to find out your experiences during the mental health theoretical preparation, clinical placement and your future career choice. Your honest responses will form a basis for recommendations towards future of the programme. Please rate your level of agreement with the statements by ticking against the number in the box (√).

	Strongly Agree 5	Agree 4	Disagree 3	Strongly disagree 2	Not sure 1
1.I felt well prepared for the psychiatric nursing placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psychiatric nursing makes a positive contribution to people with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am anxious about working with people experiencing a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have a good understanding of the role of a psychiatric nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am uncertain about how to act towards someone with a mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will apply for a post basic programme in psychiatric nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.I feel confident in my ability to care for people experiencing a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People with mental illness are unpredictable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.Mental illness is not a sign of weakness in a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. My theoretical component of psychiatric nursing prepared me well for my clinical placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The clinical placement in Psychiatric nursing will provide valuable experience for my nursing practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I intend to pursue a career in psychiatric nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 If I developed mental illness, I wouldn't tell people unless I had to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My course has prepared me to work as a graduate nurse in a medical-surgical programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My course has prepared me to work as a graduate nurse in the paediatric nursing programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My course has prepared me to work as a graduate nurse in the psychiatric nursing programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My course has prepared me to work as a graduate nurse in an aged care nursing programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Someone I know has experienced a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When someone develops a mental illness, it is not their fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Mental health services provide valuable assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. People with mental illness cannot handle too much responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I felt safe about psychiatric placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The way people with mental illness feel can be affected by other people's attitudes towards them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. People with mental illness are more likely to commit offences or crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. I was encouraged by the nursing staff to consider psychiatric nursing as a career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I was well oriented during my placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I felt supported by the nursing staff during my clinical placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. My clinical placement was long enough to consolidate my understanding of psychiatric nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Nursing staff were too busy to provide me with proper support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I felt better supported in mental health nursing placement than I have on other placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I felt supported by the mentor/clinical instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I was encouraged to become involved with patients care while on placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Nursing staff were welcoming to students on placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Nursing staff were prepared for my arrival					
35. Nursing staff were familiar with the learning objectives of my course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I enjoyed psychiatric/mental health placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. The nursing staff demonstrated a high level of clinical skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. The nursing staff treated patients with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. The nursing staff were responsive to my requests for clarification or assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from Happell et al, 2008a: 531-532

Are you aware of the post basic courses available?

Yes

No

Have you received guidance regarding future career in nursing? Yes No

Do you have any suggestions regarding recruitment into mental health and psychiatric nursing?

Thank you for your time and effort.

Annexure F: Career choice stereotypes

Career stereotypes can be costly

When students are forced by their parents or teachers to pursue the 'ideal careers', it can be disastrous

By JOHN KARIUKI

Although Tim, a form four leaver, wanted to be a journalist, his father insisted he pursue medicine. "There is no money or reputation in journalism," his father said.

Reluctantly, the young man did what his father wanted, until he

completed his studies. He then confronted his father:

"Here is your certificate, now I can pursue what I always wanted," he said. Despite protests from family and friends, the young man followed his dream.

Welcome to career stereotypes and the untold damage that they do to young minds. Some elite parents often insist that their children take up courses in which they do not measure up to.

"Think of the money you can make as a lawyer, doctor, architect or tour guide," is a common middle class appeal.

But unknown to most parents, is that what they do may have turned

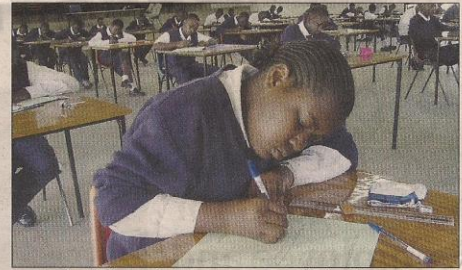
their children against joining those careers ages ago. In many homes some courses rank so lowly that they constitute family jokes.

ACADEMIC ABILITIES

Other maligned careers include theatre arts and entertainment, including comedy and dance music.

Form four students should follow courses that offer outlets to their natural talents, and where their academic abilities lead them.

Moreover, even in these "neglected jobs" some people excel. For example, the new generation of Kenyan artists who boast university degrees, are making money from music.



Parents should allow students to pursue careers of their choice.

Annexure G: Research Authorizations

REPUBLIC OF KENYA



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telegrams: "SCIENCETECH", Nairobi
Telephone: 254-020-241349, 2213102
254-020-310571, 2213123.
Fax: 254-020-2213215, 318245, 318249
When replying please quote

P.O. Box 30623-00100
NAIROBI-KENYA
Website: www.ncst.go.ke

Our Ref:

NCST/RR1/12/1/MAS/01/4

Date:

9th Feb, 2010

Oywer Elizabeth Omollo
University of South Africa
Preller Street, Muckleneuk Ridge,
City of Tshwane,
P. O. Box 392
UNISA 0003 SOUTH AFRICA

Dear Madam,

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*A career in mental health nursing: The Kenyan experience*" I am pleased to inform you that you have been authorized to undertake research in **Nairobi Province** for a period ending *31st December 2010*.

You are advised to report the **Provincial Commissioner Nairobi Province, the Provincial Director of Education Nairobi Province and the Provincial Medical Officer of Health Nairobi Province** before embarking on the research project.

On completion of the research, you are expected to submit two copies of the research report/thesis to our office.

A handwritten signature in black ink, appearing to read 'S. A. Abdulrazak', written over a horizontal line.

✓ **PROF. S. A. ABDULRAZAK Ph.D, MBS**
SECRETARY

Copy to:



**MINISTRY OF MEDICAL SERVICES
OFFICE OF DIRECTOR OF MEDICAL SERVICES**

Telegrams: "MINHEALTH". Nairobi
Telephone: Nairobi 2717077 Fax:2715239

OFFICE OF DIRECTOR OF
MEDICAL SERVICES
AFYA HOUSE
CATHEDRAL ROAD
P.O. BOX 30016
NAIROBI

Ref No: MMS/ADM/3/8.VOL.1

25th March 2010

Elizabeth Oywer
DCNO/Registrar
Nursing Council of Kenya
Nairobi.

Dear Elizabeth,

**REF: AUTHORITY TO CONDUCT RESEARCH TITLED "MENTAL HEALTH NURSES TRAINING:
THE KENYAN EXPERIENCE"**

We acknowledge receipt of your request letter dated 16th March 2010.

The Ministry has considered and granted authority for you to conduct the above research.

You will be required to submit your findings to this office upon completion of your study.

DR. FRANCIS .M.KIMANI
DIRECTOR OF MEDICAL SERVICES

**UNIVERSITY OF SOUTH AFRICA
Health Studies Research & Ethics Committee
(HSREC)
College of Human Sciences**

CLEARANCE CERTIFICATE

Date: 7 OCTOBER 2009 Project No: 4308 874 0.....

Project Title: **CAREER IN MENTAL HEALTH NURSING: THE KENYAN
EXPERIENCE**

Researcher: **E Oywer**

Supervisor/Promoter: **Prof E Potgieter**

Joint Supervisor/Joint Promoter:

Department: **Health Studies**

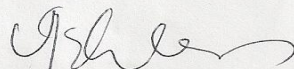
Degree: **MA**

DECISION OF COMMITTEE

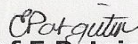
Approved

Conditionally Approved

7 October 2009
Date:



**Prof VJ EHLERS
RESEARCH COORDINATOR: DEPARTMENT OF HEALTH STUDIES**



Prof E Potgieter: SUPERVISOR



Annexure H: Focus Group Discussion with students of post basic mental health nursing programme (detail of the transcriptions are given here as well – these were discussed in the study chapters)

Venue: Mathare School of Nursing

Date: 6th July, 2010

Time: 8.30 am-10 am

Researcher: Mrs. Oywer

Assistant: Roselyn Koech

Preliminaries: introductions, purpose, and signing consent forms

the first item for our focus group discussion is the choice of mental health nursing and reasons for the choice. Basically what I mean is ,what made you choose the course and are you aware of the post basic nursing courses available apart from this # yes they are theatre nursing, intensive nursing course, paediatric, medical records # may be let us say something related to nursing or medical education # Was mental health nursing was your first post basic course # mine it was # I applied for two I got two calling letters one for CCN, one for mental and so I chose the mental one than for both in nursing # so who else applied for two or three, so apart from him the rest of us it was our first choice # yes. So how long have you practiced nursing –how can we handle this question? # I think we go individually #-8yrs-18yrs-12yrs-17yrs-12yrs-18yrs-13yrs-19yrs-4yrs-29yrs # ok

So the second item for our focus group discussion is reason for the mental health nursing. What attracted you to psychiatric and mental health nursing? For this item, may be, it is also good to go individually and this time will start from left –right # there is the history in our family of mental illness. A great great grandmother used to be tied in chains and I used to be told that she could just move around and then later when I joined the nursing profession I monitored the trend, a very bright uncle of mine became mentally sick /psyche so I say that's an uncle so you can see the trend and then my own brother became also mentally sick and in fact was in one

ward for three months and you can see the trend # I had a neighbour who was actually mad and I used to hear those days even before I join nursing that he is on and off at a place called Mathare which I didn't understand the place, but as I grew up I came to also learn that mama Kamangu was also psychiatric patient who used to work very hard in fact she used to wake up very early, they really praise him when he get sick he used to dig and furnish the Shamba and prepare the Shamba for digging and I was like, because he was very loving and caring, she never used to harass people and was wondering what is all about the mental health. Later on, also cousin developed kind of great confusion and it really attracted me to mental health # I wanted to understand what this is about the minds that make other people different from others. Then when I did nursing, at my place of work because when you talk of personal development there is this issue of mental health, if you don't go to mental health you will also become mad and I was like why? if we all become mad who will take care of those ones and I was like, if people become mad because of being near them I could also become mad because of neighbour and the relative who are sick already. So I got really interested and I wanted to venture into that what people fear because I wanted to have some understanding. I want to do something that can help me understand my neighbour, understand my family, self and something that can lead in everyday life so that's what really lead me to psychiatric nursing # I wanted to understand more about mental illness and what happens because a round two years back, a cousin of mine committed suicide and he had depression and he also used to abuse drugs like Cannabis sativa. I wanted to understand more about what happens in their minds to bring them to a point of committing suicide and such issues # I was posted to Mathare and I felt that I was giving a raw deal to patients, other staff and students # I was called a psychotic woman by my mother in-law. I wanted to show them that I am not a psychotic woman and I can work with those mad patients and change their behaviour. I wanted to show them that even them they are sick that's when I started gaining that interest of psychiatric- I felt that the mentally sick outside have been neglected and in venturing in this field in one way or the other I would help them # for me I wanted to understand more of human behaviour because according to where I came from,

there is a tradition that mental illness is caused by witchcraft and also personally in our family we had a child who had suffered that syndrome. So to understand much and more to understand human behaviour and to take care of the patients well # having worked in a psychiatric hospital for 9 years I thought I was not offering the appropriate care for the psychiatric patient without the psychiatric education so I got that interest to study for mental health so that I can offer the appropriate treatment # for me I had phobia of mad people so I thought the only treatment is to be exposed to psychiatric nursing so that I understand them and I stop fearing them # for me I happen to posted to Lang'ata women's prison and most of the times I could find myself alone in my course of duty I and could get those patients with psychiatric problems and they could brought to me and I was feeling I was not competent when they come to me and I didn't know how to handle them that is what motivated me to do psychiatric so that I can give better services # ok I was attracted to psychiatric nursing after I sat down and looked a head over what I will basically deal with when I retire and when I look back and when guys were doing theatre and intensive nursing, I realized that as much as I will be aging, I wouldn't be able to work with that vigorous force like maybe standing in theatre for so long and since before I had done counselling, I decided that I may follow up with something I will be doing when I retire. So I asked others and they told me about it # well for me its just an area of career development where everybody is looking for field were she/he can adequately fit in, and having worked in certain inpatient and outpatient departments, I came to realize that most of the patients we have they not only have physical ailment but most of them have psychological. So after a bit of evaluation, I thought most of the nurses are going for this active specialties and also forget that most of our patients also need people to talk to and also to relieve their stresses and that what made me to come and do this course #

Did you all have theory and clinical experience in mental nursing during the basic nursing course # I think that the answer is yes for all of us # where were the experiences # I did it first in Kijabe AIC school and then experience in Nakuru PGH – theory was in Homabay and Mathare- Kakamega- Murang'a was in Murang'a MTC

and experience was in Nyeri-Homabay and then theory in Kakamega- Machakos and Kisumu- Nyeri and Murang'a #

Did the nursing staff encourage you to undertake psychiatric nursing course # -for you yes #yes # for me no –no- no – maybe those nurses who were specialist in psychiatric but the general nurses were not # I was encouraged by my in charge who also did psychiatric because I kept on calling her for advices # so we can generally say that- yes we had two-the rest are no that's serious # based on the people who have done mental health I believe those who have mental are encouraging people or am reading wrongly # those who have done are encouraging- and those who have not done they discourage #

The other item is career guidance. During the basic nursing course what kind of career guidance did you receive? There is nothing like that, - after school you just apply # did a teacher sit with you to tell you that this are the post basic courses available and you can choose this based on this you remember when you are in high school you were told if you want to do nursing you have to pass science subjects and Maths and so on so during the college days did anybody say that these are the courses and this is what you can do # ok during basic course because we were doing certificate it was like a barrier you cannot even go to the diploma course you would just remain a certificate, there was nobody who was giving that career guidance # most of it we use to hear from people talking they have done but a person coming to tell you it is there- none#

How many times did you apply for the psychiatric nursing course # once # I also applied once where I was each when applied I was actually working in amenity ward but when I went to work in female six- the patients were tough unlike the amenity ward I could not cope and I was the in charge so I applied for the course and then it was just once # so are we saying once all of us #

So the other item is the experience so far with the mental health nursing. Let us start with the item one, how useful is the nursing staff in guiding students? # Those who have done psychiatric nursing are useful than those who have not done at guiding # ok let us not condemn because they are those who have not done and are good at guiding and those who have done who are still not good at guiding but I can say the majority # any other different views # are the nursing staff treating the patient with dignity # not as per se and I think most of this not comes not only from the nurses themselves, but also from the administration because they lack most of essentials to treat this patients nicely # to add onto that because with dignity we expect a lot of things maybe an old patient who is may be my father's age when telling him to remove his clothes and go to the same shower where we have the small boys we are not treating this person with dignity, so if we go back to the administration or again when we tell him to change his clothes I know they look dirty but not having lice and am telling him to change his clothes which have lice, still we are not treating the person with dignity. So its not the nursing staff, the nursing staff can fall in as secondary thing pertaining to what the administration has failed to do yes # any other thing-

How do you rate the theoretical exposure, is it sufficient and detailed enough to enable practice confidently as a psychiatric nurses?-your are about to do exams you have only one month that is why we have come now we have come now when we know you have covered everything including psychology is it enough there is something that can be done do you think it equips you sufficiently so that you are able to work confidently? # theoretical exposure you know nursing is dynamic and when we are talking about theoretical exposure is maybe they have to attain from here I would like that they set up a lab to be installed with the computers because we need to catch up with the latest which is coming up in and even furnishing the new books which are coming back in psychiatric nursing so that we can get to maintain them enough even not to deal only in Kenya alone to be an international psychiatric nurse # I think also theoretical part is not proper especially on the part of the library, most of the books are so old, set up is old for discharge it has grown from

many aspect to the current aspect # I think the books should be changed and given the current knowledge in the library # please tell us something about the curriculum # most of things is that we very much depend on what the director comes with in class and it is just like your being given notes, but and then just copy and that is all # I think there should be better ways of presenting this knowledge to skill ups # please tell us something about the curriculum and also we are talking about the content # ok as much as you can see most of us who are doing it in this adult learning and the programme is really tight and again when we are learning here we have many other roles which we are doing, the curriculum should be flexible at least in that even if we don't have full term leave we can have in between breaks because of time as much as someone will never want to abscond from the lesson they are forced by circumstances because I won't concentrate here when my child is out of school. Again within the curriculum they are those mandatory ultimatums which have to be met at the same time am writing a case study, at the same time am doing clinical practices, at the same time am writing research, at the same time am supposed to be presenting something else we need it all to be flexible for this person because you will end up with a basic course as student # would you rather like to have it for one and half years instead of one # actually what my colleague is saying there is time, one year is enough but now is to play it the occurrence of this things is just so much close to each other and then we say most of the placements are alike, you go the next placement and wish you would have done something different other than for this placement rather than repeating the same thing with the previous placement # so it is just the planning- the planning # otherwise you want two years # one year is enough-content is sufficiently enough #

Are you feeling safe with mentally ill? # Or you want us to unpackaged the word safe # we feel safe but it can be eased in away like maybe we are top for the mess you see like the nurses uniform you are suppose to go in with the ties and this patient can jump unto your tie the next time you go there # -ok # you know there are different patients and different categories, you cant decide which one would do that to you # ok my suggestion, you see there are those dust coats, the ones which

cover you know the ones which has buttons somehow its not that when am wearing my tie like this any other time you know don't give a patient a leeway to get to have # basically the attitude of approach has really changed you can approach a violent patient, you can cool down with violent you can also have interaction with the patient who was like could not talk # any other opinion agenda # now I can say am feeling safe having come to this psychiatric class unlike before- not really -do you have feelings and anxiety with the mentally ill # no#

What are the roles of mental health nurses # we advice the patients and also the relatives on how to care for the mentally person # self understanding # counselling# become a role model # care giver #educator# supervisor-#researchers # bridge between the hospital and the community # any others that we have left # some higher level roles # administrator-supervisory -tougher things than this # when you go back to the community you became like the psychiatrist to them # coordinator-tutors- lecturer-ok # would you recommend a course for psychiatric nursing to a friend # yes

The last item future career choice # do you intend to pursue a further courses in mental health nursing? # - I would have wanted but financially, it is very expensive but I would have wanted # the availability of this courses, we don't have masters in mental health # I intend to do it when sponsored # it is the same for ICN for critical care nursing, basically we have only financial problem, time is there, finance is the bit of the problem # currently we have different mode of learning and you can learn at any mode is it not a must you come to the MTC and sit there but you have the electronic modular modes provided sponsored-and also maybe a through one in the nursing council of Kenya because the combinability of some of the institutions we have in the country like you can and train this one and you find out it is not recognized by the nursing council of Kenya. For example, you want to do distance learning from outside university which is a bit cheaper but when you come down here you are told it is not recognized # very good points #

do you think mental health nursing has any workforce issues that needs to be addressed # nurse patients relationship care I think the ratio of the nurse to be the patients currently differs a lot like in the ward here in our set up, we are six nurses in the ward and we have 70 patients in the ward so per shift you may find yourself alone. The manpower need to be improved # wards should be separated ,separate acute # any other things that you see apart from acute that you want to separate # availability of drugs # working place for the nurse to feel safe # and the dignity of the patients for the nurse to feel comfortable while nursing these patients helping up like availing the necessary things which are there, the clothing and even the facility where the patients should be staying # when we go back to the drugs like in the psychiatric nursing most of the drugs which we were using were traditional drugs we have drugs which have come about which are very expensive but they are very good treating some of these conditions so if this drugs were made available by ministry of health I think even the admissions would be fewer and even the relapse # also the drugs should given free drugs like the HIV patients it would be better-

What are your suggestions for improvement in recruitment into mental health nursing # work force--the ministry should improve the remuneration for the mental health nurses # courses should be sponsored then also those nurses who are in the mental health should go from each province to province at least creating awareness to the staff to encourage them to come to the course. You know when you come to the hospital and sure am a psychiatric you know, it gives motivation for other staff to come out to pursue the course but if you stay in the ministry I don't think # during the basic nursing course they should start giving us career guidance that really emphasize on psychiatric nursing and let it not be on the list at the bottom let us put it on top because people tend to think that is put in order of priority # just to talk more on that the syllabus on most of the nursing school here you find that the psychiatric notes are being given at the end of the lessons very short time the emphasis are not that much – that is not fair # About the idea of employment after this we are not supposed to be deployed in the paediatric ward you deployed where you give the services –it might just be a waste of manpower -you become rusty # ok-decentralize

this training its only being given in Mathare we have so many MTCs in the country, why don't we have one in Kisumu, Garissa, Mombasa # I think we are even covering the retention at the same time # attitudes of registered nurses- most of the basic students will never do research on psychiatry until when they come up to do psychiatric nursing-they have no set objectives of what they are coming to do, they are just around # motivation-what it means is that we need to look into curriculum as pertain to psychiatric nursing because, like in midwifery you have maybe you are required to conduct 28 deliveries. Do this as institution, send them out show them the objective and requirements-and also follow up by he tutors because when we were doing midwifery we used to go on visit with this tutors. The tutors also motivate you see like in basic they don't do any visit for psychiatric patient- it is a challenge- but we can also go with those basic students as we are going out to follow a patient they can go with you as you go Mathare, Gorogocho, -

The last question -suggestions for the retention of mental health nurses? I know somebody has mentioned employment- remuneration-resignation or job groups change-anything else because our idea is to have and hold now that we have trained you we want to retain you in mental health and go higher # once you are in college we have learn this memory we have in our minds and with time this memory can go so I think nurses should have continuous medical education programme they should have all conferences where they can bring out ideas of this # maybe I should say that nurses with psychiatric should be allowed to open up clinics in the community so that they can cater for the sick-when we are still energetic doctors are able to do that we can also do that-# you know we don't want to treat something bad with another bad thing because who will be their for this poor patient and now a lot of people are coming so that you really have focused that you can do it very very well but I don't want you to leave maybe work is also important you can do a locum somebody who will allow you to do locum maybe when you are on leave # anything else that you want to tell us that you think has made people not to come for psychiatric nursing # so many people are not aware of psychiatric nursing-awareness even for those who have done their daughters-those who have

psychiatric problems don't want to talk about it- there are those who have done psychiatric nursing and don't want to associate # pertaining to marketing I was there to present the psychiatric nursing is broad – not all hospitals have mental clinic you see like when you go Kenyatta the will tell you to go to Mathare if that person was mentally ill so specification is necessary when they are talking about nursing#