



Nursing students' attitudes towards mental illness and mental health nursing education at Hanoi Medical University

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ABSTRACT

Objective: To describe nursing students' attitudes towards mental illness and mental health nursing education and examine correlations among attitude domains at Hanoi Medical University. **Methods:** A descriptive cross-sectional study was conducted among 81 nursing students (response rate: 53%) who had completed both theoretical and clinical components of the mental health nursing course. Attitudes were assessed using the Mental Health Nurse Education Survey (MHNES). **Results:** Most students were willing to care for people with mental illness in the same way as other patients (91.4%) and agreed that mental health nursing contributes positively to care (90.2%) and supports recovery (90.1%). Overall, 74.1% reported that theoretical education prepared them well for clinical placement, and 87.7% considered the clinical placement valuable for nursing practice. After graduation, 85.2% intended to further develop their mental health knowledge and skills, although 40.7% reported anxiety about working with people with mental health problems, and only 24.7% intended to pursue a career in mental health nursing. Preparedness for the mental health field was positively correlated with knowledge ($r = 0.25$, $p < 0.05$), perceived positive contribution ($r = 0.49$, $p < 0.01$), course effectiveness ($r = 0.76$, $p < 0.01$) and negatively correlated with negative stereotypes ($r = -0.26$, $p < 0.05$). The correlations with knowledge and negative stereotypes did not remain significant after Bonferroni adjustment. **Conclusion:** Participating nursing students generally demonstrated positive attitudes towards mental illness and mental health nursing education, although anxiety and negative stereotypes persisted. Although the associations were cross-sectional, educational strategies should focus on reducing stigma and strengthening students' preparedness for mental health care.

Keywords: Attitudes, mental illness, mental health nursing, nursing students, nursing education.

INTRODUCTION

Mental illnesses are increasingly recognized as an important contributor to the global burden of disease ¹. People

with mental illness are often perceived as aggressive, violent, unpredictable, unable to assume responsibility, or more likely to engage in criminal behavior; such

perceptions may contribute to fear and social distancing ^{2, 3}. Despite increasing awareness of mental health in recent years, people with mental illness remain among the most vulnerable and stigmatized groups in society. Stigma may adversely affect recovery, social integration, and personal empowerment ^{4, 5}. In 2023, an estimated 9.1 million individuals were living with mental illness in Vietnam, corresponding to a crude prevalence of approximately 8.8%, with 2.94 million annual incident cases ⁶. However, access to mental health care remains limited because of multiple barriers, including a shortage of mental health workforce, limited clinical guidance, inadequate infrastructure, mental health stigma, and organizational and policy-level constraints ⁷.

Healthcare professionals have an important role in reducing mental health-related stigma; however, negative and stigmatizing attitudes towards people with mental illness have also been reported among healthcare professionals ^{8, 9}. Such attitudes may adversely affect the attention and quality of care provided to people with mental illness and may compromise appropriate treatment ^{9, 10}. Nurses represent a major professional group within healthcare services, and their attitudes and behaviors are therefore particularly relevant to the care of people with mental health conditions ¹¹. Negative or stigmatizing attitudes among nursing students may contribute to fear, discomfort, and avoidance during clinical practice and may reduce their interest in pursuing mental health nursing as a future career ¹¹⁻¹³. Understanding nursing students' attitudes towards mental illness is therefore important for both the quality of future care and the development of the mental health nursing workforce ¹¹.

Mental health nursing education provides an important opportunity for students to integrate theoretical knowledge with clinical practice and to develop their understanding of people experiencing mental health problems ¹⁴. Previous evidence suggests that greater exposure to classroom education and longer clinical placements in mental health nursing are associated with more favorable changes in nursing students' attitudes towards mental health nursing ¹⁵. Educational approaches that combine knowledge about mental illness with direct contact with people experiencing mental health problems may therefore contribute to more favorable attitudes and reduced stigma ¹⁶. At Hanoi Medical University (HMU), Mental Health Nursing is included in the undergraduate nursing curriculum and combines theoretical and clinical learning. The course emphasizes mental health assessment, therapeutic communication, care planning, health education, and appropriate attitudes toward people with mental illness. It also promotes respect for patients' dignity, cultural differences, and ethical responsibilities in mental health care.

Evidence regarding nursing students' attitudes towards mental illness and mental health nursing education in Vietnam remains limited. A previous Vietnamese study by Huong, conducted among nursing students in Nam Dinh in 2016, found that nearly 70% of nursing students perceived working in mental health nursing as a meaningful contribution to society and did not fear being harmed by patients; nevertheless, up to 50% reported feeling uncomfortable around people with mental illness, and 44% expressed fear about working with them ¹⁷. These findings highlight the coexistence of positive perceptions and persistent concerns towards mental health nursing among

Vietnamese nursing students. However, that study was conducted at a single nursing university almost a decade ago and focused mainly on factors influencing students' choice of mental health nursing as a career. It did not assess students' evaluations of the theoretical and clinical components of their mental health nursing course, nor did it examine how different attitude domains are related to one another. To our knowledge, no published Vietnamese study has used a translated and culturally adapted version of the MHNES, a multidimensional instrument that simultaneously captures stigma-related beliefs, the perceived contribution of mental health nursing, preparedness, course effectiveness, and career interest. Examining these domains together among students who have completed both theoretical and clinical training may help identify which educational components are most closely linked to preparedness and career interest, thereby informing mental health nursing curriculum development in Vietnam. Therefore, this study aimed to describe nursing students' attitudes towards mental illness and mental health nursing education and to examine the correlations among attitude domains at Hanoi Medical University.

METHODOLOGY

Study design: This study employed a descriptive cross-sectional design.

Setting and study period: The study was conducted at Hanoi Medical University (HMU) from March to November 2023. At the time of data collection, Mental Health Nursing was a compulsory course in the undergraduate nursing curriculum. In the Advanced Nursing Program, the course comprised three theoretical credits and three clinical credits, with a seven-week clinical placement; in the Nursing

Innovation Program, it comprised two theoretical credits and two clinical credits, with a five-week clinical placement. Clinical placements took place at the National Institute of Mental Health, Bach Mai Hospital, and the Department of Psychiatry, National Geriatric Hospital. The number of credits and the course content have remained unchanged since 2023.

Participants, inclusion and exclusion criteria: The study population comprised nursing students at HMU who had completed both the theoretical and clinical components of the mental health nursing course.

Inclusion criteria: Third- and fourth-year students enrolled in the Advanced Nursing Program and fourth-year students enrolled in the Nursing Innovation Program who had completed both the theoretical and clinical components of the mental health nursing course.

Exclusion criteria: Students who met the inclusion criteria but could not be reached during the entire data-collection period, including those who were unavailable for both face-to-face and online data collection, were excluded from the study. Students who were absent from a particular face-to-face data-collection session but subsequently completed the online questionnaire were not excluded.

Sample size: A total sampling approach was used. All 153 nursing students who met the inclusion criteria were invited to participate. Of these, 81 completed the questionnaire and were included in the final analysis, yielding a response rate of 53%. The remaining 72 eligible students did not participate or did not complete the questionnaire. As reasons for non-participation were not systematically recorded, specific reasons for refusal or

non-response could not be established. Students who were absent from the face-to-face sessions were sent the link to the online questionnaire. No returned questionnaire was excluded because of missing data. Given the response rate, the possibility of non-response bias is considered in the Limitations section.

Instruments

Sociodemographic and mental health-related characteristics: Data were collected on age, gender, year of study, nursing education program, family history of mental illness, and previous knowledge of or direct contact with people with mental illness.

The Mental Health Nurse Education Survey (MHNES): The MHNES was developed by Happell et al.¹¹ to assess nursing students' attitudes towards mental illness and mental health nursing. Permission to use and translate the original instrument was obtained from the author. The MHNES consists of 43 items rated on a seven-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) and comprises six domains: negative stereotypes, knowledge of mental illness, positive contribution of mental health nursing, preparedness for the mental health field, future career options, and education/course effectiveness.

For use in the Vietnamese context, the MHNES underwent a translation and cultural adaptation process. The original English version was independently translated into Vietnamese by two translators. The two forward-translated versions were reviewed and reconciled to produce a preliminary Vietnamese version. This version was then independently back-translated into English by two additional translators, and the back-translated versions were compared with the

original instrument to assess semantic and conceptual equivalence. The Vietnamese version was subsequently reviewed by a panel of five experts for the relevance and appropriateness of the items in the Vietnamese context. Content validity was assessed using the Content Validity Index (CVI), with an overall CVI of 0.90. The instrument was then pilot-tested with five psychiatric nurses to assess the clarity, comprehensibility, and appropriateness of the items. Feedback from the expert review and pilot testing was considered in finalizing the Vietnamese version before its use in the main study. Psychiatric nurses were selected for the pilot test because they could evaluate both the linguistic clarity and the clinical accuracy of the mental health terminology used in the Vietnamese version. The pilot test was intended as a qualitative check of item wording rather than a psychometric evaluation; therefore, a small sample was considered sufficient. The absence of pilot testing among nursing students is acknowledged as a limitation.

The negative stereotypes domain comprises seven items (3, 9, 11, 13, 16, 25, and 28), with lower scores indicating more favorable attitudes. The knowledge of mental illness domain comprises four items (10, 18, 22, and 27), with higher scores indicating greater knowledge of mental illness. The positive contribution domain comprises three items (2, 8, and 23), with higher scores indicating stronger perceptions of the positive contribution of mental health nursing. The preparedness for the mental health field domain comprises six items (1, 4, 5, 7, 12, and 20), with higher scores indicating greater perceived preparedness. The future career options domain comprises three items (6, 15, and 24), with higher scores indicating greater interest in

pursuing a career in mental health nursing. Because item 24 is negatively worded, a valid domain score for future career options could not be computed from the available data; this domain is therefore reported at the item level only and was not included in the correlation analysis. The remaining items assess education/course effectiveness, with higher scores indicating greater perceived effectiveness of mental health nursing education in preparing students for practice.

In the present study, Cronbach's alpha for the overall scale was 0.93. However, because alpha increases with the number of items, domain-level coefficients are more informative for this multidimensional instrument. Internal consistency was acceptable for negative stereotypes ($\alpha = 0.73$), positive contribution ($\alpha = 0.74$), and preparedness for the mental health field ($\alpha = 0.76$), but low for knowledge of mental illness ($\alpha = 0.46$).

Data collection: Data were collected using both online and face-to-face questionnaires. Following approval from Hanoi Medical University, eligible students were informed about the purpose of the study, the voluntary nature of participation, and the procedures for completing the questionnaire. Students who agreed to participate provided informed consent before completing the questionnaire. To minimize differences between the two modes, the same questionnaire, item order, response options, and standardized instructions were used. Participants were informed that participation was voluntary and that their responses were anonymous and confidential. No personally identifiable information was collected, and participants were instructed to complete the questionnaire only once to prevent duplicate responses. Although both modes were used to facilitate participation, the mode

of administration may have influenced participants' willingness to express negative attitudes toward mental illness, particularly because face-to-face administration may provide less perceived privacy than online administration. Of the 81 participants, 12 completed the questionnaire face-to-face and 69 completed it online.

Data analysis: Data were entered and analyzed using SPSS version 20.0. Continuous variables were summarized using means and standard deviations, while categorical variables were presented as frequencies and percentages. For item-level description, responses on the seven-point scale were grouped into disagree (1–3), midpoint (4), and agree (5–7). Domain scores were calculated by summing all items within each domain. Because presenting all 43 items would be lengthy, Tables 2 and 3 present selected items. These items were selected by the research team a priori according to their relevance to the study objectives (stigma-related beliefs, perceived contribution of mental health nursing, preparedness, and clinical learning experience) and their comparability with items reported in previous studies using the MHNES. All items were used to calculate domain scores and correlations, and results for all 43 items are provided in Supplementary Table S1. Pearson's correlation coefficients were calculated to examine associations among five MHNES domains: negative stereotypes, knowledge of mental illness, positive contribution of mental health nursing, preparedness for the mental health field, and education/course effectiveness. Statistical significance was set at $p < 0.05$. Because 10 correlation coefficients were tested, results were additionally examined against a Bonferroni-adjusted significance level ($0.05/10 = 0.005$).

Ethical considerations: The study was approved by Hanoi Medical University (Decision No. 6068/QD-DHYHN). All participants were informed about the purpose of the study and provided informed consent before participation. Participation was voluntary, and students had the right to decline participation or withdraw from the study at any time without penalty. All collected information was kept confidential and used solely for research purposes.

RESULTS

Table 1. Demographic and mental health-related characteristics of participants (n = 81)

Characteristics		n	%
Age, mean $\pm$ SD (range)		21.88 $\pm$ 0.56 (21–23)	
Gender	Male	11	13.6
	Female	70	86.4
Year of study and education program	Year 3, advanced nursing program	18	22.2
	Year 4, advanced nursing program	31	38.3
	Year 4, innovation nursing program	32	39.5
Family history of mental illness	No	69	85.2
	Yes	12	14.8
Feels comfortable working with people with mental illness	No	23	28.4
	Yes	58	71.6
Willing to support and care for people with mental illness in the same way as other patients	No	7	8.6
	Yes	74	91.4
Interested in continuing to improve mental health knowledge and skills after graduation	No	12	14.8
	Yes	69	85.2

Table 1 presents the demographic and selected mental health-related characteristics of the participants. The 81 nursing students had a mean age of 21.88 $\pm$ 0.56 years (range: 21–23), and the majority were female (86.4%). Fourth-year students accounted for 77.8% of the sample, including 38.3% from the Advanced Nursing Program and 39.5% from the Nursing Innovation Program. Most participants reported no family history of mental illness (85.2%). Regarding attitudes towards mental health care, 71.6% felt comfortable working with people with mental illness, while 91.4% were willing to provide them with the same support and care as other patients. In addition, 85.2% expressed an interest in continuing to develop their mental health knowledge and skills after graduation.

Table 2. Selected MHNES items assessing nursing students' attitudes towards mental illness and mental health nursing

Item	Disagree (%)	Midpoint (%)	Agree (%)	Mean ± SD
Negative stereotypes towards mental illness				
I am anxious about working with people experiencing a mental health problem	49.4	9.9	40.7	3.98 ± 1.58
People with mental illness are unpredictable	46.9	16.0	37.1	3.78 ± 1.57
I am concerned I may be harmed by a person with mental illness	70.3	7.4	22.3	3.17 ± 1.46
People with mental illness cannot handle too much responsibility	66.7	18.5	14.8	3.07 ± 1.29
People with mental illness are more likely to commit offences or crimes	61.7	19.8	18.5	3.35 ± 1.29
Domain score, mean ± SD (range)	26.28 ± 6.32 (13–40)			
Knowledge of mental illness				
Mental illness is not a sign of weakness in a person	23.5	18.5	58.0	4.65 ± 1.70
Mental illness can affect people from all walks of life	11.1	21.0	67.9	5.38 ± 1.50
When a person develops a mental illness, it is not their fault	7.4	19.8	72.8	5.52 ± 1.25
The way people with mental illness feel can be affected by other people’s attitudes towards them	7.4	9.9	82.7	5.98 ± 1.01
Domain score, mean ± SD (range)	21.53 ± 3.44 (11–28)			
Positive contribution of mental health nursing				
Psychiatric/mental health nursing makes a positive contribution to people experiencing a mental health problem	8.6	1.2	90.2	5.91 ± 1.56
Psychiatric/mental health nursing can assist people with a mental illness in their recovery	3.7	6.2	90.1	5.93 ± 1.15
Mental health services provide valuable assistance to people experiencing a mental health problem	3.7	8.6	87.7	5.70 ± 0.98
Domain score, mean ± SD (range)	17.54 ± 3.05 (7–21)			

Item	Disagree (%)	Midpoint (%)	Agree (%)	Mean $\pm$ SD
Preparedness for the mental health field				
I felt well prepared for my psychiatric/mental health clinical placement	23.5	21.0	55.5	4.43 $\pm$ 1.57
I have a good understanding of the role of a psychiatric nurse	11.1	17.3	71.6	5.05 $\pm$ 1.45
The theoretical component of psychiatric/mental health nursing prepared me well for my clinical placement	12.3	13.6	74.1	5.04 $\pm$ 1.34
Domain score, mean $\pm$ SD (range)	26.80 $\pm$ 5.80 (9–38)			
Future career options				
I will apply for a Graduate Program in psychiatric/mental health nursing	37	35.8	27.2	3.77 $\pm$ 1.53
I intend to pursue a career in psychiatric/mental health nursing	37	38.3	24.7	3.64 $\pm$ 1.66
I will work in a medical-surgical setting for at least a year before considering a career in mental health nursing	6.2	38.3	55.5	4.84 $\pm$ 1.25

Note: Selected items from the MHNES domains are presented. Disagree = 1–3; midpoint = 4; agree = 5–7. Domain scores were calculated using all items within each domain; results for all items are presented in Supplementary Table S1. Item 24 is negatively worded; no domain score is presented for future career options.

Table 2 presents nursing students' attitudes towards mental illness and mental health nursing across five domains. Overall, students demonstrated generally favorable attitudes, although some negative perceptions remained. Regarding negative stereotypes, most students disagreed that people with mental illness could not handle substantial responsibility (66.7%), were more likely to commit offences or crimes (61.7%), or might cause them harm (70.3%). However, 40.7% reported anxiety about working with people experiencing mental health problems, and 37.1% perceived people with mental illness as unpredictable.

Students generally demonstrated favorable knowledge-related attitudes. Most agreed that mental illness can affect people from all walks of life (67.9%), that developing a mental illness is not the individual's fault (72.8%), and that the experiences of people with mental illness can be affected by others' attitudes towards them (82.7%). However, only 58.0% agreed that mental illness is not a sign of personal weakness.

Perceptions of mental health nursing were particularly positive. More than 87% of students agreed that mental health nursing makes a positive contribution to people experiencing mental health problems (90.2%), supports recovery (90.1%), and provides valuable assistance (87.7%).

Regarding preparedness, 71.6% reported a good understanding of the role of a psychiatric nurse, and 74.1% agreed that the theoretical component had prepared them well for clinical placement. Nevertheless, only 55.5% felt well prepared for their psychiatric/mental health clinical placement.

Regarding future career options, only 24.7% of students intended to pursue a career in psychiatric/mental health nursing, and 27.2% planned to apply for a graduate program in this field. In contrast, 55.5% indicated that they would work in a medical-surgical setting for at least one year before considering a career in mental health nursing.

Table 3. Selected education/course effectiveness items on students' perceptions of mental health nursing education and clinical placement

Item	Disagree (%)	Midpoint (%)	Agree (%)	Mean $\pm$ SD
This clinical placement in psychiatric/mental health nursing provided valuable experience for my nursing practice	7.4	4.9	87.7	5.57 $\pm$ 1.24
I felt supported by nursing staff during my clinical placement	11.1	13.6	75.3	5.19 $\pm$ 1.25
My clinical placement was long enough to consolidate my understanding of psychiatric/mental health nursing	9.9	17.3	72.8	5.14 $\pm$ 1.21
I felt better supported in this clinical placement than in other clinical placements	23.5	22.2	54.3	4.46 $\pm$ 1.38
I felt supported by my clinical teacher/preceptor	3.7	13.6	82.7	5.53 $\pm$ 0.96
I was encouraged to become involved in patient care while on placement	8.6	4.9	86.5	5.60 $\pm$ 1.08
Nursing staff were welcoming of students on placement	21.0	17.3	61.7	4.74 $\pm$ 1.46
Nursing staff were familiar with the learning objectives of my course	22.2	19.8	58.0	4.59 $\pm$ 1.52
Course effectiveness total score, mean $\pm$ SD (range)				88.17 $\pm$ 15.83 (37–114)

Note: Selected MHNES education/course effectiveness items are presented; the total course effectiveness score was calculated using all items within the domain.

Table 3 summarizes students' perceptions of mental health nursing education. Overall, students reported favorable educational and clinical experiences. The clinical placement was perceived as valuable for nursing practice by 87.7% of students, while 86.5% reported being encouraged to participate in patient care and 82.7% felt supported by their clinical

teacher/preceptor. In addition, 75.3% felt supported by nursing staff during the placement.

Regarding the clinical placement, 72.8% considered the placement sufficiently long to consolidate their understanding of psychiatric/mental health nursing. However, perceptions of the clinical learning environment were less consistently positive: 61.7% reported that nursing staff were welcoming towards students, and 58.0% agreed that nursing staff were familiar with the course learning objectives. Only 54.3% felt better supported during the mental health placement than during other clinical placements. The mean total course effectiveness score was 88.17 ± 15.83 (range: 37–114).

Table 4. Correlations among MHNES domains

Domain	1	2	3	4	5
Negative stereotypes	1	–	–	–	–
Positive contribution	-0.16	1	–	–	–
Knowledge of mental illness	-0.14	0.47**	1	–	–
Course effectiveness	-0.14	0.41**	0.23*	1	–
Preparedness for mental health field	-0.26*	0.49**	0.25*	0.76**	1

* $p < 0.05$; ** $p < 0.01$. All correlations with $p < 0.01$ also met the Bonferroni-adjusted threshold ($p < 0.005$).

Table 4 presents the correlations among the five MHNES domains. Course effectiveness showed the strongest correlation with preparedness for the mental health field ($r = 0.76$, $p < 0.01$). Preparedness was also positively correlated with perceived positive contribution of mental health nursing ($r = 0.49$, $p < 0.01$) and knowledge of mental illness ($r = 0.25$, $p < 0.05$), and negatively correlated with negative stereotypes ($r = -0.26$, $p < 0.05$). In addition, perceived positive contribution was positively correlated with knowledge of mental illness ($r = 0.47$, $p < 0.01$) and course effectiveness ($r = 0.41$, $p < 0.01$). Knowledge of mental illness showed a small positive correlation with course effectiveness ($r = 0.23$, $p < 0.05$). No other correlations reached statistical significance. After Bonferroni adjustment, all correlations with $r \geq 0.41$ remained significant, whereas the weaker correlations between knowledge of mental illness and course effectiveness ($r = 0.23$), knowledge of mental illness and preparedness ($r = 0.25$), and negative stereotypes and preparedness ($r = -0.26$)

did not.

DISCUSSION

This study used a Vietnamese version of the MHNES to examine attitudes towards mental illness, mental health nursing, and mental health nursing education among

nursing students who had completed both theoretical and clinical training. Three findings warrant particular discussion: favorable perceptions of mental health nursing coexisted with persistent anxiety and stereotypes; the clinical learning environment, particularly the role of ward nursing staff, was rated less favorably than

other aspects of the course; and perceived course effectiveness and preparedness were closely correlated with each other, whereas only about one-quarter of students intended to pursue a career in mental health nursing.

The generally favorable attitudes towards people with mental illness observed in this study are broadly consistent with findings from previous studies of nursing students.^{2,8,18} Most students in the present study were willing to support and care for people with mental illness in the same way as other patients (91.4%), consistent with findings reported by Vijayalakshmi et al.³ and Pusey-Murray¹⁹. In contrast, Vijayalakshmi et al.³ reported substantially greater endorsement of beliefs that people with mental illness were unpredictable, potentially harmful, or more likely to commit crimes. Students also expressed particularly favorable perceptions of mental health nursing. These findings are consistent with previous research highlighting positive perceptions of the contribution of mental health nursing to patient care and recovery.^{3, 20} However, these comparisons should be interpreted with caution, because previous studies used different instruments, categorized Likert-type responses differently, and involved students with varying levels of exposure to mental health education and clinical placement.

Students' perceptions of their mental health nursing education were also generally favorable. Students particularly valued the clinical placement, their active involvement in patient care, and the support they received from clinical teachers or preceptors. Previous studies have similarly highlighted the importance of theoretical preparation and positive clinical experiences in shaping nursing students' attitudes towards people with mental illness and

mental health nursing^{3, 15, 16, 20}. Students with limited or no prior theoretical or clinical exposure have been reported to experience greater anxiety and hold more negative stereotypes,^{15,18} while greater theoretical preparation and longer clinical placements have been associated with more favorable attitudes towards psychiatric nursing^{3, 21, 22}. Collectively, these findings reinforce the importance of integrating theoretical learning with meaningful and supportive clinical experiences in mental health nursing education¹⁶. In contrast, perceptions of ward nursing staff were less favorable: only about six in ten students felt welcomed by nursing staff or perceived that staff were familiar with the course learning objectives, and only about half felt better supported in this placement than in other placements. This suggests that collaboration between the university and clinical sites, including sharing course learning objectives with ward staff and preparing staff to support students, is an important area for improvement.

A substantial proportion of students (85.2%) expressed an interest in continuing to develop their mental health knowledge and skills after graduation, suggesting that mental health remained relevant to their future professional development. However, an interest in further developing knowledge and skills should be distinguished from choosing mental health nursing as a future career. In the present study, only about one-quarter of students intended to pursue a career in mental health nursing, and more than half indicated that they would first work in a medical-surgical setting for at least one year. Previous studies have shown that mental health nursing remains a relatively less preferred career option among nursing students, with fear, perceived difficulty in interacting with people with mental illness,

and limited interest in the specialty identified as potential barriers^{3,23,24}. Happell and Gaskin similarly highlighted the longstanding challenge of attracting nursing students to mental health nursing as a career¹⁵. A recent integrative review likewise concluded that mental health nursing education improves students' attitudes but does not necessarily increase career interest, whereas feelings of preparedness and meaningful contact with people with mental illness appear to be more influential¹⁴. Thus, fostering students' interest in mental health knowledge may need to be accompanied by educational experiences that strengthen confidence, professional understanding, and awareness of career opportunities within mental health nursing.

The correlations among the MHNES domains provide further insight into the relationships between students' perceptions of education and their preparedness. The strongest correlation was observed between course effectiveness and preparedness for the mental health field, which should be interpreted partly in light of the conceptual overlap between these domains, as both include items related to theoretical preparation and clinical learning. These findings indicate that students who perceived their education more favorably also tended to feel better prepared for mental health practice. Similarly, students who felt better prepared tended to perceive the contribution of mental health nursing more positively. Although career interest could not be analyzed as a domain score in the present study, a recent study in Nepal found that knowledge and preparedness, together with lower stigma, independently predicted nursing students' intention to work in mental health nursing²³. These patterns are consistent with previous evidence

emphasizing the relevance of theoretical and clinical education to nursing students' attitudes and career preferences^{3, 25}. However, given the cross-sectional design of the present study, the observed relationships should be interpreted as associations rather than causal effects. Moreover, the weaker correlations ($r = 0.23$ – 0.26) did not remain significant after Bonferroni adjustment and should be regarded as exploratory.

Despite the generally favorable attitudes, a meaningful proportion of students continued to report anxiety and stereotypical perceptions towards people with mental illness. In particular, around two in five students reported anxiety about working with people with mental health problems or perceived them as unpredictable, and a considerable proportion did not reject the belief that mental illness is a sign of personal weakness. These findings are important because they suggest that recognizing the value of mental health nursing does not necessarily eliminate fear or stereotypical beliefs about people with mental illness. Fear and anxiety in relation to people with mental illness have also been reported among nursing students in previous studies and may influence their perceptions of mental health nursing as a profession^{3,16}. Notably, negative stereotypes were negatively correlated with preparedness for the mental health field in the present study ($r = -0.26$, $p < 0.05$), indicating that students who felt better prepared tended to report fewer negative stereotypes, although this association was weak and did not remain significant after Bonferroni adjustment. Although the direction of this relationship cannot be established from the present cross-sectional data, the finding supports continued attention to stigma reduction within mental health nursing education¹⁶.

Taken together, these findings highlight both strengths and areas for further development in mental health nursing education. Students generally valued their theoretical and clinical learning experiences and recognized the contribution of mental health nursing to patient care and recovery, yet anxiety and stereotypical perceptions persisted among a substantial proportion of students. Educational strategies should therefore extend beyond knowledge acquisition to provide meaningful contact with people experiencing mental health problems, active participation in patient care, supportive clinical supervision, and structured opportunities for students to reflect on pre-existing beliefs and emotional responses ^{3, 15, 24}. Earlier and sustained exposure to mental health education may also be beneficial. Masedo et al ²⁶ recommended introducing contact with mental health education earlier in health sciences curricula rather than concentrating such experiences towards the end of training. Such approaches may contribute to reducing stigma and strengthening students' preparedness and confidence in caring for people with mental health problems, while potentially increasing their interest in mental health nursing as a future area of practice.

LIMITATIONS

This study has several limitations. First, the study was conducted at a single institution with a relatively small sample size, which may limit the generalizability of the findings to nursing students in other educational settings. In addition, although all 153 eligible students were invited to participate, only 81 completed the survey, resulting in a response rate of 53%; therefore, non-response bias cannot be excluded. Second, attitudes were assessed using a self-reported questionnaire and may

have been influenced by recall or social desirability bias. Third, the cross-sectional design allows identification of associations among attitude domains but does not permit conclusions regarding the direction or causality of these relationships. Next, data were collected using both face-to-face and online questionnaires; although the same questionnaire and standardized instructions were used for both face-to-face and online data collection, differences in the mode of administration may have influenced participants' responses, particularly their willingness to express negative attitudes toward mental illness. In addition, the Vietnamese MHNES was pilot-tested with psychiatric nurses rather than nursing students, and its factor structure was not examined in this sample; some domains are also conceptually related (e.g., preparedness and course effectiveness), which may have inflated the correlations between them. Moreover, multiple correlation tests were performed, increasing the risk of type I error; the weaker correlations that did not survive Bonferroni adjustment should therefore be interpreted with caution. In addition, the internal consistency of the knowledge of mental illness domain was low ($\alpha = 0.46$), possibly reflecting its small number of items; findings for this domain should therefore be interpreted with caution. The future career options domain could be reported only at the item level, so the associations between career interest and other attitude domains could not be examined. Finally, although previous knowledge of or contact with people with mental illness was collected, the present analysis did not examine how the nature, frequency, or quality of such contact might be associated with students' attitudes and preparedness. Future multicenter studies with larger and more

diverse samples and longitudinal designs are warranted to examine changes in attitudes across mental health nursing education and clinical training. Validation of the factor structure of the Vietnamese MHNES among nursing students is also recommended.

CONCLUSION

Participating nursing students at Hanoi Medical University generally demonstrated favorable attitudes towards people with mental illness and mental health nursing. Most students recognized the positive contribution of mental health nursing to patient care and recovery and reported favorable perceptions of their theoretical and clinical education. However, anxiety and some negative stereotypes towards people with mental illness persisted. Perceived course effectiveness was strongly associated with preparedness for the mental health field, whereas only about one-quarter of students intended to pursue a career in mental health nursing. These findings highlight the importance of strengthening mental health nursing education through supportive and meaningful clinical learning experiences, with particular attention to reducing stigma and enhancing students' preparedness and confidence in caring for people with mental health problems. Because the findings are correlational, longitudinal or intervention studies are needed to determine whether improving course effectiveness and preparedness leads to more favorable attitudes and greater interest in mental health nursing careers.

RECOMMENDATIONS

Based on these findings, the following recommendations are proposed for the Mental Health Nursing course at HMU and similar programs in Vietnam.

First, pre-placement preparation should

be strengthened, for example through orientation to the psychiatric ward, simulation or role-play of therapeutic communication, and open discussion of common fears before students enter clinical settings, given that only about half of the students felt well prepared for their placement.

Second, contact-based and recovery-oriented learning, such as involving people with lived experience of mental illness and their families in teaching, should be integrated into the course to address persistent anxiety and stereotypical beliefs.

Third, structured reflection and debriefing sessions during and after the placement should be used to help students recognize and process their emotional reactions and pre-existing beliefs about people with mental illness.

Fourth, collaboration with clinical sites should be enhanced by sharing course learning objectives with ward nursing staff, providing preparation for clinical preceptors, and clarifying the role of staff in welcoming and supporting students.

Fifth, information about career pathways, specialist training, and professional development in mental health nursing in Vietnam should be provided so that students' interest in mental health knowledge can be translated into career consideration.

Finally, multicenter and longitudinal studies, including validation of the factor structure of the Vietnamese MHNES among nursing students, are recommended to evaluate changes in attitudes across mental health nursing education.

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