

Original Article

Effects of a Psychiatric Nursing Course on Beliefs and Attitudes about Mental Illness

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Correspondence: Hatice Tambag, Assistant Professor, Mustafa Kemal University Hatay School of Health Psychiatric Nursing Department, Hatay, Turkey. E mail: htambag@mynet.com, htambag@mku.edu.tr,**Abstract****Background:** The incidence, chronicity and treatment challenges of psychological problems and disorders are a public health concern.**Aim:** This study investigates the effects of psychiatric nursing course on students' beliefs and attitudes about individuals with mental illness.**Methods:** This descriptive study single-group pre-test post-test design was conducted in the eastern Mediterranean region of Turkey in the public university students (n=56). Data were collected using personal information questionnaire, Beliefs Toward Mental Illness Scale (BMIS) which were administered to students before and after the course.**Results:** Following the psychiatric nursing course, the total BMIS and subscale scores decreased but were not statistically significant ($p>0.05$). It was found that students' beliefs and attitudes about individuals with mental illness were associated with their age height, maternal education level and previous experiences with mental illness positively affected their beliefs and attitudes were associated with a statistically significant reduction in scale scores ($p<0.05$).**Conclusion:** This study found that the psychiatric nursing course raised students' awareness and positively impacted their beliefs about mental illness.**Keywords:** Attitudes, beliefs, mental illness, psychiatric nursing.**Introduction**

Mental diseases are still an important public health problem as demonstrated by their epidemiology, chronic trends and difficulties in treatment (Bilge and Cam, 2010). Individuals with mental illness not only experience the symptoms and complications of their disease but also are forced to address problems with social relationships (Corrigan, 1998; Lawrie 1999). People with mental disorders face greater prejudice and misunderstanding such as fear and stigma of mental illness than individuals with physical illnesses with features that are vulnerable to further stigma by society (Bostanci, 2005; Lawrie 1999).

The incidence, chronicity and treatment challenges of psychological problems and disorders are a public health concern. The correct approach to such problems includes identifying the social and cultural aspects of mental illness and assessing individuals and their environments holistically (Bilge and Cam, 2010). Ideas,

attitudes and beliefs are acquired primarily through parental influence. Similar to other personality traits that develop during ages 1 to 7 years, these attributes are maintained throughout the lives of individuals. Once formed, these ideas, attitudes and beliefs will generally continue to exist throughout subsequent years. This is not to say that they will not change or develop over time (Bilge and Cam, 2010; Taskin, 2004).

Ideas, attitudes and beliefs can impact the social acceptance and treatment of individuals with mental health problems. Studies indicate that healthcare professionals and students who intend to work in the healthcare field approach individuals with mental illness with negative preconceptions (Kukulu and Ergun, 2007; Ozmen and Taskin, 2004; Schafer et al., 2011; Yuksel and Taskin, 2005).

Effective patient care is hampered by the negative beliefs that healthcare workers may hold regarding mental illness.

Following a study conducted with sixth-year medical students, Birdogan and Berksun (2002) reported that completing a psychiatric internship leads to a shift in negative beliefs toward positive beliefs and a decline in the tendency to consider patients as people who differ from other individuals and should be restricted to protect their families and community. Morrison (2011) conducted a study in which the Community Attitudes toward Mental Illness (CAMI) scale was applied to nursing students before and after their psychiatric nursing course to gauge the effectiveness of the course at reducing students' stigmatization of mentally ill people.

The results of this study support that there was a decrease in authoritarian and socially restrictive attitudes toward people with mental illness after completion of the course, with the results being close to significant" (Morrison, 2011, p.2). Morrison suggests that the course may produce some positive changes in students' attitudes toward people with mental illness (Morrison, 2011).

It is widely accepted that today's nursing students are from varied social backgrounds, beliefs and preconceptions and will work with individuals, families and communities in the future to provide health education and consulting services (Bilge and Cam, 2010; Ozmen and Taskin, 2004; Taskin, 2004; Yuksel and Taskin, 2005). It is therefore necessary to identify the beliefs of nursing students to better plan corrective training programs.

Therefore, designing curricula aimed at curtailing negative beliefs and attitudes toward mental illness can be facilitated by assessing students' beliefs and identifying and minimizing the factors that influence negative beliefs and attitudes.

Aim

This study was designed with the purpose of identifying the effects of a psychiatric nursing course completed by fourth-year students on their beliefs regarding people with mental illness to prepare recommendations that will contribute to the planning of training programs that cultivate positive perceptions and minimize negative preconceptions regarding mental illness.

Research Questions

1. What are nursing students' beliefs about individuals with mental illness?

2. Does the psychiatric nursing course impact the beliefs of nursing students regarding individuals with mental illness?

3. What are the factors that influence the beliefs of nursing students regarding people with mental illness?

Methods

Design and Sampling

A descriptive single-group pre-test post-test design was used. The study was conducted in the eastern Mediterranean region of Turkey at a school of health sciences affiliated with a public university. At the time of the study, it was the only school in the province that offered any undergraduate programs, and it only accepted nursing students. The study population consisted of all 57 fourth-year nursing students who were taking a psychiatric nursing course at Mustafa Kemal University Hatay School of Health Sciences.

A sample selection was not performed. All students who agreed to participate were included in the study except for one student who failed to properly complete the questionnaire. Data collected from 56 students were evaluated. The majority of the participants were female (57.1%), and 66% were aged between 20 and 22 years. The majority (39.3%) resided in the city, and 80.4% were raised with their nuclear families. It was determined that the educational status of the majority of the students' parents (mothers 66.0%, fathers 48.2%) was at the primary school level.

Data Collection Tools

Data were collected via a personal information form that included students' socio-demographic characteristics and the Beliefs toward Mental Illness Scale (BMIS). *Personal Information Form*: The questionnaire was designed by the researchers based on the existing literature (Arkan, Bademli and Duman, 2011; Cıtaç et al., 2010; McLaughlin, 1997; Ross & Goldner, 2009; Stone & Merlo, 2011; Wahl & Aroesty-Cohen, 2010) and consisted of 8 questions that covered students' age, gender, family types, parents' level of education, place of residence and any prior encounters with individuals with mental illness.

Beliefs toward Mental Illness Scale (BMIS): Developed by Hirai and Clum (2000), the BMIS was adapted for Turkish society by Bilge and Cam (2008) who conducted its validity and reliability tests. The Cronbach's alpha was found

to be 0.82 for the scale and between 0.69 and 0.80 for its subscales (Bilge and Cam, 2008).

Its level of internal consistency was deemed acceptable (Bilge and Cam, 2008). In the current study, the Cronbach's alpha coefficient was determined to be 0.82 for the scale, and it was between 0.63 and 0.78 for the subscales.

The scale was designed to measure favorable and unfavorable views of people from different cultural groups on mental illness. The Turkish version of the scale is made up of 21 items and encompasses the three subscales of Dangerousness, Shame, Poor Social and Interpersonal Skills and Incurability. The items are rated on a 6-point Likert-type scale as follows: 'Completely disagree' (0), 'Mostly disagree' (1), 'Partially disagree' (2), 'Partially agree' (3), 'Mostly agree' (4) and 'Completely agree' (5). Total scores and subscale scores were analyzed, with higher scores reflecting more negative beliefs (Bilge and Cam, 2008).

Data collection

The participants were fourth-year undergraduate students completing a psychiatric nursing course during their fall semester. It was a 12-week course involving 6 hours per week of lectures and 12 hours per week of clinical practice. Lectures were delivered using the conventional method.

Data were collected from students who agreed to participate (n=56) and attended classes at the School of Health Sciences where the study was conducted between 7 October 2012 and 28 December 2012. Data were collected by the investigators before the commencement and following the completion of the theoretical and clinical applications of the psychiatric nursing course. The students were given information about the study and then administered the data collection forms, which took approximately 15-20 minutes to complete.

Ethical considerations

Written permission to conduct the survey was received from the institution and the students. Ethical approval was obtained from the Ethics Committee of Mustafa Kemal University Faculty of Medicine.

Students participating in the study were informed about the nature of the study, and the decision to participate was left to the individuals after they received an explanation that the data collected would not be used for any purpose other than to

compile the survey report and that the report would contain no personal information.

Data analysis

Data were analyzed using the Statistical Package for Social Sciences version 16.0. The Kolmogorov-Smirnov test was used for the scale and subscales, and a normal distribution was ascertained. Values of $p < 0.05$ were considered significant. Parametric tests were used for the data evaluation. An independent sample t-test was performed for the statistical analysis, Kruskal Wallis and Conover test were used for further analyses.

Results

The mean total BMIS scores of the students were 55.35 ± 10.92 at baseline and 54.76 ± 11.73 following the psychiatric nursing course. There were no statistically significant differences in the BMIS total scores and subscale scores between the pre-test and post-test data ($t=0.337$, $p > 0.05$, Table 1).

There was a statistically significant decrease in the mean subscale change scores according to the students' age groups for 'poor social and interpersonal skills' and 'incurability' before and following the psychiatric nursing course ($t=2.040$, $p=0.04$, Table 2).

There was a statistically significant decrease in the mean total BMIS scores ($X^2=12.245$, $p=0.007$), shame ($X^2=13.517$, $p=0.002$) and dangerousness ($X^2=12.785$, $p=0.005$) subscale change scores according to maternal education levels (Table 2).

Following further analysis using the Conover test, it was found that the groups whose mothers had a junior high school education had statistically significant total BMIS scores and 'shame' subscale scores, while the groups whose mothers had a senior high school education had statistically significant 'dangerousness' subscale scores ($p < 0.05$, Table 2). There was a statistically significant decrease in the total BMIS change scores before and following the psychiatric nursing course related to the students' previous encounters with mentally ill people ($t=0.122$, $p=0.040$, Table 2).

Discussion

In this study, nursing students' beliefs about mental illness and factors affecting their relationship with the psychiatric nursing course were evaluated. The students' mean total BMIS

scores out of 105 were 55.35 ± 10.92 at baseline and 54.76 ± 11.73 following the psychiatric nursing course.

We did not find a statistically significant difference in the total BMIS and subscale scores before and after the course, but some decreases were noted ($p > 0.05$, Table 1).

Table 1. Pre-test and post-test mean Beliefs Toward Mental Illness Scale scores of students

| BMIS | Pre-test | Post-test | t* | p |
|--|-------------------|-------------------|-------|-------|
| | $\bar{X} \pm SD$ | $\bar{X} \pm SD$ | | |
| Poor social and interpersonal skills and incurability | 30.73 \pm 7.99 | 30.19 \pm 7.34 | 0.461 | 0.647 |
| Shame | 1.21 \pm 1.80 | 0.92 \pm 1.35 | -1.00 | 0.322 |
| Dangerousness | 23.69 \pm 4.99 | 23.35 \pm 4.56 | 0.426 | 0.672 |
| BMIS Total | 55.35 \pm 10.92 | 54.76 \pm 11.73 | 0.337 | 0.738 |

*Independent Sample t-Test

Table 2. Mean change scores on the Beliefs Toward Mental Illness Scale of students before and after the psychiatric nursing course according to demographic characteristics

| Demographic Characteristics | BMIS | | | |
|--|---|--------------------------|--------------------------|--------------------------|
| | Poor social and interpersonal skills and incurability | Shame | Dangerousness | Total |
| | $\bar{X} \pm SD$ | $\bar{X} \pm SD$ | $\bar{X} \pm SD$ | $\bar{X} \pm SD$ |
| Age (years) | | | | |
| 20-22 | 2.18 \pm 8.65 | -0.27 \pm 2.45 | 0.45 \pm 6.26 | 2.37 \pm 13.54 |
| 23 and over | -2.68 \pm 8.06 | -0.31 \pm 2.30 | 0.10 \pm 5.45 | -2.89 \pm 11.73 |
| | *t=2.040 | *t=0.075 | *t=0.209 | *t=1.441 |
| | p=0.040 | p=0.945 | p=0.835 | p=0.155 |
| Maternal Education Levels | | | | |
| Illiterate | -5.28 \pm 8.19 | -0.71 \pm 1.25 | 0.28 \pm 4.46 | -5.71 \pm 9.53 |
| Elementary | 2.45 \pm 7.57 | 0.18 \pm 1.61 | 2.10 \pm 5.15 | 4.75 \pm 11.29 |
| Middle School | -7.50 \pm 17.67 | -4.50 \pm 6.36 | -4.00 \pm 1.41 | -16.00 \pm 9.89 |
| High School | -0.90 \pm 9.79 | -0.90 \pm 2.55 | -5.30 \pm 6.68 | -7.10 \pm 15.35 |
| | **X ² =5.733 | **X ² =13.517 | **X ² =12.785 | **X ² =12.245 |
| | p=0.125 | p=0.002 | p=0.005 | p=0.007 |
| Met an Individual with Mental Illness | | | | |
| Yes | 0.40 \pm 9.47 | -0.22 \pm 1.84 | 0.55 \pm 6.18 | -0.72 \pm 14.46 |
| No | 0.87 \pm 6.65 | -0.43 \pm 2.80 | -0.18 \pm 5.49 | 0.25 \pm 9.16 |
| | *t=-0.183 | *t=0.333 | *t=0.415 | *t=0.122 |
| | p=0.856 | p=0.740 | p=0.680 | p=0.040 |

*Independent Sample t Test, **Kruskal Wallis

Gateshill et al. (2011) conducted a study with healthcare professionals who worked in the area of psychiatry and those who worked outside the field, and they reported that both groups had positive attitudes toward mental disorders. Yuksel and Taskin (2005) conducted a study on the effects of psychiatric internships and indicated that it was practical training rather than theoretical education that led to positive changes. They reported that following the internship, students scored lower in the belief that psychiatric patients differed from other people, that mental illnesses differed from other types of illnesses and that psychiatric patients should be restricted and not be permitted to move around freely within their community. Following a study conducted with nursing students, Callaghan et al. (1997) reported that previous encounters with psychiatric patients did not affect students' attitudes toward such patients. Arkar and Eker (1997) reported that psychiatric internships had no bearing on attitudes. Following a study comparing students' attitudes before and after a theoretical psychiatry course, Dogan et al. (1994) found no significant changes (apart from some minor positive changes). These findings are consistent with the results of the current study. It could be argued that it is difficult to improve the perceptions of people who choose to pursue health-related careers as they already harbor optimal attitudes toward mental illness.

There was a statistically significant decrease in the mean 'incurability' and 'poor social and interpersonal skills' subscale change scores for students who were 23 years old and over ($p < 0.05$, Table 2). Morrison (2011) reported that aging had a positive effect on attitudes toward individuals with mental illness and that as age increased, total social restrictiveness decreased. In a study regarding the attitudes of nurses and nursing students toward schizophrenia by Ozyigit et al. (2004), a significant association was found between age and positive attitudes. The results of these studies are consistent with the findings of the current study. It may be concluded that the increasing awareness acquired through aging positively impacts attitudes.

The total BMIS scores and the 'shame' and 'dangerousness' subscale scores following the psychiatric nursing course significantly decreased in relation to maternal education levels. The results of further analyses using the Conover test indicated that those whose mothers completed junior high school had statistically

significant total BMIS and 'shame' subscale scores, and those whose mothers completed senior high school had statistically significant 'dangerousness' subscale scores. According to Bilge and Cam (2010), higher education levels positively impact stigmatization (i.e., cause a decrease in labelling). The results of a study by Bag and Ekinici (2005) on the attitudes of 160 nurses and 155 doctors toward individuals with psychological problems indicate that healthcare personnel with higher education levels harbor more tolerant approaches to such people. It may be concluded that mothers with higher education levels have child-rearing methods that contribute to the development of positive attitudes.

There was a statistically significant decrease in the total BMIS change scores before and following the psychiatric nursing course associated with students' previous encounters with mentally ill people ($p < 0.05$, Table 2). Unal et al. (2010) reported that the mean scores on the 'shame' subscale of students who reported never having encountered individuals with mental illness were higher than those who reported having had such encounters. Schafer et al. (2011) reported that contact with someone with a mental illness was a significant factor for nurse training. In a study by Dessoki and Hifnawy (2009), students reported having more positive beliefs about psychiatric disorders if they had family members with psychiatric illnesses. This may indicate that the experience of meeting mentally ill individuals helps develop positive attitudes.

Limitations

In this study, several potential limitations are present. First, because of a lack of matched students, a control group was not included for comparison. Second, data obtained in this study were limited to the statements received from students who were enrolled at the School of Health Sciences during the 2012-2013 academic year. Therefore, the results of the study cannot be generalized to nursing students studying at other universities.

Conclusion

As a result, the most important feature of this work is that it is the first in our country to assess nursing students' beliefs before and after the course. There is no cut-off score for the scale used in this study to assess negative preconceptions regarding mental illness. Therefore, in comparing the highest possible

score with the scores attained, this study concluded that the students harbored positive beliefs about people with mental illness. While not statistically significant, a decrease in total scale and subscale scores was observed following the psychiatric nursing course. Students' beliefs about individuals with mental illness are positively influenced by their age, their mothers' education levels and whether they have had previous encounters with mentally ill people. Furthermore, a statistically significant decrease in scores was found. We recommend a review of nursing education and the development of additional special training programs specifically directed at improving the knowledge base, beliefs, attitudes and behaviors of students and correcting negative perceptions and prejudices.

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