

Determination of the Mental Disorder Beliefs of Students in a Nursing Faculty

Bir Hemşirelik Fakültesindeki Öğrencilerin Ruhsal Hastalığa Yönelik İnançlarının Belirlenmesi

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SUMMARY

Objectives: This study was intended to determine nursing students' beliefs about mental health disorders and the factors that affect these beliefs.

Methods: This is a descriptive study. This study was carried out with 240 students who studied at Ege University, Izmir, Turkey, in the 2014–2015 academic year, and had taken the mental health nursing course. The study data were collected using the Descriptive Information Form and the Beliefs Toward Mental Illness Scale (BMIS). The data were analyzed using the students' t test results and the One Way ANOVA.

Results: The average age of students was 22.47±1.37 years; of the participants, 86.2% were women; 69.2% were juniors and 30.8% were seniors. Of the students, 67.9% did not complete the mental health nursing course practice, 82.1% had no family member suffering from mental health disorders, and 62.5% did not know anyone suffering from mental health disorders. Also, 92.1% had never had any mental health disorder diagnosis themselves, and 94.2% had not worked with any civil society organization relating to mental health disorders. The students' mean score on the BMIS subscales was 27.05±7.69 for "Poor social and interpersonal skills and incurability", 18.54±5.17 for "Dangerousness", 2.03±2.59 for "Shame", and 50.55±12.64 for the total scale. The students' distribution of BMI total score was found to be statistically significant only if they had any family member or knew someone close to them who was mentally ill (p<0.05). There was no significant difference in age, sex, grade, completing any mental health nursing practice, having a diagnosis of a mental health disorder or working with a civil society organization relating to mental health.

Conclusion: Because students' beliefs about mental disorders have a direct impact as future health professionals on clients' treatment and care, and an indirect impact on the community burden of mental health disorders, it is important to identify these beliefs and to strengthen students' self-awareness in this field.

Keywords: Belief; mental disorder; nursing student.

ÖZET

Amaç: Araştırma, hemşirelik öğrencilerinin ruhsal hastalıklara yönelik inançlarının ve bu inançları etkileyen faktörlerin belirlenmesi amacıyla planlanmıştır.

Gereç ve Yöntem: Tanımlayıcı araştırma, Ege Üniversitesi Hemşirelik Fakültesi'nde 2013-2014 eğitim- öğretim yılında eğitim gören ve ruh sağlığı ve hastalıkları hemşireliği dersini alan toplam 240 öğrenciyle yapılmıştır. Araştırma verileri, tanıtıcı bilgi formu ve Ruhsal Hastalığa Yönelik İnançlar Ölçeği (RHYİÖ) ile toplanmıştır. Verilerin analizinde, t testi ve varyans analizi kullanılmıştır.

Bulgular: Araştırmaya katılan öğrencilerin yaş ortalamaları 22.47±1.37 olup, %86.2'sinin kadın, %69.2'sinin üçüncü sınıf, %30.8'inin dördüncü sınıf olduğu, %67.9'unun ruh sağlığı ve hastalıkları hemşireliği dersinin uygulamasını yapmadığı, %82.1'inin ailesinde, %62.5'inin yakın çevresinde psikiyatrik bozukluk tanısı alan birinin bulunmadığı, %92.1'inin daha önce tanılanmış herhangi bir psikiyatrik bozukluğunun olmadığı, %94.2'sinin ruhsal hastalıklara yönelik herhangi bir sivil toplum kuruluşunda çalışmadığı bulunmuştur. Öğrencilerin RHYİÖ alt ölçek puan ortalamaları sırasıyla "çaresizlik ve kişilerarası ilişkilerde bozulma" 27.05±7.69, "tehlikeli" 18.54±5.17, "utanma" 2.03±2.59 olup, toplam puan ortalaması 50.55±12.64'dür. Öğrencilerin RHYİÖ toplam puan ortalamalarının dağılımı, öğrencilerin ailesinde ve yakın çevresinde psikiyatrik bozukluk tanısı alan birinin bulunma durumuna göre anlamlı bulunurken (p<0.05), yaş, cinsiyet, sınıf, ruh sağlığı ve hastalıkları hemşireliği dersinin uygulamasını yapma durumu, daha önce tanılanmış herhangi bir psikiyatrik bozukluğunun olma durumu ve ruhsal hastalıklara yönelik herhangi bir sivil toplum kuruluşunda çalışma durumuna göre anlamlı olmadığı saptanmıştır.

Sonuç: Geleceğin sağlık personeli olacak öğrenci hemşirelerin, ruhsal hastalığa ilişkin sahip oldukları inançların belirlenmesi, bu alanda farkındalıklarının geliştirilmesi, doğrudan hastanın tedavi ve bakımını, dolaylı olarak da toplumun yükünü etkilemesi nedeniyle oldukça önemlidir.

Anahtar sözcükler: İnanç; ruhsal hastalık; öğrenci hemşire.

Introduction

Individuals' beliefs and attitudes towards mental health disorders are altered and affected by their contact with patients struggling with these disorders, their interactions with them, and their capacity to help these patients. Stereotypical thoughts and behaviors turn into stigmas, which are actually positive or negative beliefs and attitude systems about certain disorders. Stigmatization becomes more effective when it is applied in individual and social terms.^[1–3]

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Psikiyatri Hemşireliği Dergisi 2016;7(3):129–134
Journal of Psychiatric Nursing 2016;7(3):129–134

Doi: 10.5505/phd.2016.43534

Submitted (Geliş tarihi): 13.11.2015 **Accepted (Kabul tarihi):** 15.08.2016

Mental health disorders have destructive effects in many areas, both from the clinical symptoms and findings of the disorder, and the personal and familial problems in the social dimension of the individuals' lives.^[4] Moreover, mental health disorder is the primary illness that causes stigmatization in the circle of family and friends, among health professionals, in society, and even among the patients themselves.^[2,5-7] The studies in the relevant literature found that having a mental illness causes much stronger stigmatization than having a physical illness.^[2,8,9] In all developed and developing countries, individuals with mental illnesses that are outside of the stereotypical thoughts and behaviors regarded as normal by the society are judged negatively, alienated and isolated.^[9-17] Considering that health professionals are members of the society as well, it is inevitable that they will have similar beliefs and attitudes as the general society. Studies conducted in different parts of the world show that patients with mental disorders are described as dangerous and unpredictable by others, although these descriptions are made less frequently by health professionals than in general society.^[13,16] It is notable that studies conducted in Turkey found similar results to international studies.^[2,8,11,18]

The positive or negative beliefs of health professionals towards mental illnesses and mentally ill patients affect the quality of the care they provide to their patients.^[8,11] The important aspect of quality care is the extent to which individuals manage to clear themselves of their beliefs and prejudgments and the effects of these during their training process.^[18,19] Determining the beliefs and attitudes towards mental disorders of nursing students, that is, prospective health professionals, and taking the necessary precautions regarding these negative beliefs and attitudes are important since these beliefs have a direct effect on patients' treatment and care, and an indirect effect on the familial and social burden of the illness.^[20] Based on this opinion, this study was designed to identify the beliefs about mental illness of nursing faculty students who took mental illness nursing, and the factors that affect those beliefs.

Materials and Method

This is a descriptive study. The study was conducted with junior ($n_1=210$) and senior ($n_2=142$) students ($n_{\text{TOP}}=352$) who studied at Ege University's Nursing Faculty in the 2014-2015 academic year, and took the mental illnesses nursing course. The study sample included 240 students who agreed to participate in the study, answered all questions in the form, and were in the school in March 2014 and April 2014.

The study data were collected after obtaining the permission of the institution, during interviews with the students who participated in the study and gave their verbal consents. The study data were collected using two forms.

Nursing Students Introductory Information Form (Attachment I): This form has eight questions about the students' socio-demographic characteristics (five questions) and mental illness history of their families and close environment (three questions). This form was created by the researchers.

Beliefs Toward Mental Illness Scale (BMIS) (Attachment II): The original BMIS was created by Hirai and Clum (1998), and the validity and reliability studies of it in Turkey were conducted by Bilge and Çam (2008). The scale has 21 items.^[21]

This is a Likert type scale with six categories, and it is scored from 0 to 5. The scale also had three subscales which are "Dangerousness", "Poor social and interpersonal skills and incurability", and "Shame". The scale is interpreted by considering both the total score and the subscale scores. Higher scores on the total scale and subscales indicate negative beliefs. According to the validity and reliability studies conducted by Bilge and Çam (2008), Cronbach's alpha value of the total scale was 0.82. The Cronbach's alpha values for the subscales were 0.80 (Poor social and interpersonal skills and incurability), 0.71 (Dangerousness), and 0.69 (Shame).^[21]

"Dangerousness" Subscale: This subscale questions the beliefs about the dangerous characteristics of mental disorders and mental patients.

"Desperation and Deterioration of Interpersonal Relationships" Subscale: This subscale questions the beliefs about mental illnesses' capacity to affect interpersonal relationships and to create desperation. It expresses individuals' holding themselves back during their interaction with mentally ill persons due to their emotional impressions in particular, and the desperation they experience.

"Shame" Subscale: This subscale expresses the embarrassment that individuals have about mental disorders.^[21]

In this study, the Cronbach's alpha value for this scale was 0.81. The study data were analyzed using t test and variance analysis. Each variable in the study was evaluated regarding its suitability for normal distribution using the Shapiro Wilks and Kolmogorov-Smirnov tests, skewness and kurtosis coefficients, and histogram graphics.

Results

The average age of the students participating in the study was 22.47 ± 1.37 years (min-max=20.00-33.00). Of the students, 86.3% were females; 69.2% were juniors and 30.8% were seniors. Of them, 67.9% were not in the clinical practice of mental disorder nursing course. As for experience of mental health disorders, 92.1% did not have any history of psychiatric illness themselves, while 82.1% did not have it in their families, and 62.5% did not have it in people in their close environment.

The BMIS subscale mean scores of the students were 27.05 ± 7.69 for “poor social and interpersonal skills and incurability”, 18.54 ± 5.17 for “dangerousness”, 2.03 ± 2.59 for “shame”, and their mean score on the total scale was 50.55 ± 12.64 (Table 1).

The study found that students’ total BMIS mean scores and subscale mean scores did not significantly correlate to their ages ($p > 0.05$).

An evaluation of the distribution of students’ total BMIS mean scores and subscales mean scores by their introductory characteristics showed that there was a significant difference in the distribution of the mean score of “poor social and interpersonal skills and incurability” by sex ($p < 0.05$), but there was no significant difference in this distribution by either their grades or practical experiences ($p > 0.05$) (Table 2).

An evaluation of the distribution of students’ total BMIS mean scores and subscale mean scores by the mental illness histories of their families and environment indicated that there was a significant difference in the distribution of students’ “dangerousness” subscale mean scores by their status of their own mental illness diagnosis; there was also significant difference in the distribution of “dangerousness” and “shame” subscale mean scores and total mean scores by psy-

chiatric disorder diagnosis in their families and in people in their environment, and there was also significant difference in the distribution of “poor social and interpersonal skills and incurability” subscale mean scores and total mean scores by psychiatric disorder diagnosis in people in their environment ($p < 0.05$). There was no significant difference in the distributions by foundation or non-governmental organization membership ($p > 0.05$) (Table 3).

Discussion

This study investigated the beliefs about mental health disorders of the students who had taken mental disorder nursing, and the factors that affected these beliefs. The students’ BMIS subscale mean scores were 27.05 ± 7.69 for “poor social and interpersonal skills and incurability” (min-max: 4.00–50.00), 18.54 ± 5.17 for “dangerousness” (min-max: 3.00–33.00), and 2.03 ± 2.59 for “shame” (min-max: 0.00–10.00). Their total mean score was 50.55 ± 12.64 (min-max: 23.00–98.00). Higher scores on the total scale and subscales indicated negative belief.^[21] Considering the mean scores of the participant students, the study found that they had moderate, and even close-to-positive beliefs about mental illness. Kayahan (2009) and Akgün Çıtak et al. (2010) conducted a study to determine nursing students’ attitudes towards men-

Table 1. The Distributions of Students’ Total Beliefs Toward Mental Illness Scale Mean Scores and Subscale Mean Scores

Beliefs Toward Mental Illness Scale	Mean \pm SD	Minimum-Maximum	Score interval
Dangerousness Subscale	18.54 ± 5.17	3.00-33.00	0-40 points
Poor social and interpersonal skills and incurability Subscale	27.05 ± 7.69	4.00-50.00	0-55 points
Shame Subscale	2.03 ± 2.59	0.00-10.00	0-10 points
Total Scale	50.55 ± 12.64	23.00-98.00	0-105 points

SD: Standard deviation.

Table 2. The Distribution of Students Total Beliefs Toward Mental Illness Scale Mean Scores and Subscale Mean Scores by Their Introductory Characteristics (n=240)

Introductory characteristics	Beliefs Towards Mental Illness Scale			
	Dangerousness	Poor social and interpersonal skills and incurability	Shame	Total
	Mean \pm SD	Mean \pm SD	Mean \pm SD	Mean \pm SD
Sex				
Female (n=207)	18.49 ± 5.19	26.66 ± 7.72	1.92 ± 2.45	50.00 ± 12.68
Male (n=33)	18.85 ± 5.12	29.48 ± 7.21	2.73 ± 3.29	54.06 ± 12.01
t/p	-0.366/0.71	-1.969/0.04	-1.676/0.18	-1.722/0.09
Grade				
3. Grade (n=166)	18.89 ± 4.93	24.25 ± 7.72	1.88 ± 2.60	50.92 ± 12.44
4. Grade (n=74)	17.76 ± 5.63	26.61 ± 7.67	2.36 ± 2.55	49.74 ± 13.14
t/p	1.575/0.12	0.593/0.55	-1.345/0.18	0.663/0.51
Practical experience				
Yes (n=70)	17.54 ± 5.55	26.16 ± 7.28	2.24 ± 2.41	49.00 ± 11.97
No (n=163)	18.92 ± 4.90	27.31 ± 7.72	1.90 ± 2.61	51.01 ± 12.45
Still in practice (n=7)	19.43 ± 6.83	30.00 ± 10.82	3.00 ± 2.70	55.43 ± 21.81
F/p	1.783/0.170	1.077/0.342	0.949/0.389	1.158/0.316

SD: Standard deviation.

Table 3. The Distribution of Students' Total BMIS Mean Scores and Subscale Mean Scores By Their Family and Close Environment Regarding Mental Illness (n=240)

Mental illness history	Beliefs Towards Mental Illness Scale			
	Dangerousness	Poor social and interpersonal skills and incurability	Shame	Total
	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Own diagnosis of mental disorder				
Yes (n=19)	15.79±5.26	26.37±6.13	1.47±2.63	46.89±10.03
No (n=221)	18.78±5.11	27.11±7.82	2.08±2.58	50.87±12.81
t/p	-2.442/0.02	-0.402/0.69	-.975/0.33	-1.317/0.19
Psychiatric disorder diagnosis in the family				
Yes (n=26)	15.96±5.35	23.65±5.82	1.23±2.21	44.00±8.94
No (n=197)	19.01±5.05	27.45±7.89	2.22±2.67	51.57±12.86
Does not know (n=17)	17.06±5.17	27.59±6.92	1.06±1.56	48.76±12.29
F/p	4.896/0.01	2.887/0.06	3.012/0.04	4.427/0.01
Mental disorder diagnosis in the environment				
Yes (n=65)	17.34±5.62	25.11±6.82	1.40±2.14	46.78±11.62
No (n=150)	18.94±5.16	27.62±8.12	2.28±2.67	51.76±13.23
Does not know (n=25)	19.28±3.43	28.68±6.38	2.16±2.97	53.12±9.49
F/p	2.489/0.09	3.097/0.04	2.698/0.07	4.195/0.02
Foundation/Non-governmental organization membership				
Yes (n=14)	17.86±5.86	24.79±7.20	1.71±2.46	46.86±13.44
No (n=226)	18.58±5.14	27.19±7.72	2.05±2.60	50.78±12.59
t/p	-0.510/0.61	-1.135/0.26	-0.469/0.64	-1.128/ 0.26

SD: Standard deviation.

tal illness, and found that the students had positive attitudes towards mental illnesses. This finding is consistent with the findings of this study.^[18,22] The relevant literature reports that health care students' and health professionals' beliefs and attitudes were not different from those of the general population.^[9,11] Demirören et al. (2015) conducted a study with medical students, Ünal et al. (2010) conducted a study with university students, and Oban and Küçük (2011) conducted a study with adolescents, and they all identified that the mental illness beliefs of individuals at the same age that had or had not received health care training were similar to those of the nursing students, and that their beliefs were close to positive.^[14,19,23] It is to be expected that nursing students, who are part of the society they live in before becoming a student and a professional, would have similar beliefs and attitudes about mental illnesses to their society. However, it is widely known that being trained about mental illnesses and being in contact with patients have positive effects on attitudes towards these illnesses.^[2] For this reason, this finding can be explained by the fact that these skills of the nursing students (developing positive beliefs and attitudes), who learn about the scientific nature of illnesses and are in contact with patients by working with them, are at the cognitive level.

There was no significant correlation between the students' ages and their BMIS total scores and subscale mean scores ($p>0.05$). The studies examining age and attitudes towards

mental illnesses stated that age is correlated with the development of positive attitudes. However, these studies did not agree on whether being older or younger was more effective.^[11,15,24] This study had a smaller sample than other relevant studies, which might be the reason why this study's findings were different from those in the literature.

There was a significant difference in the distribution of students' mean scores on the "poor social and interpersonal skills and incurability" subscale by sex ($p<0.05$). In this study, the attitudes of the female students were more positive than those of the male students. Past studies have reported that females have more positive attitudes towards mental illnesses than males, they have more positive opinions about the curability of illnesses than males, and they put shorter social distance between themselves and people with mental illnesses.^[10,23,25] The findings of this study are consistent with those of the literature.

There was a significant difference in the distribution of students' BMIS total scores and subscale mean scores by their grades and practical experiences ($p>0.05$). Overall, the relevant literature stated that training on mental illnesses and contact are important factors of attitude change. However, there is no agreement whether this effect is positive or negative. In some situations, having the accurate information about a chronic disease created more positive attitudes; on the other hand, having more information, about some diseases

es in particular, leads to more negative and rejecting attitudes.^[26] At this point, the determinant is the type of the chronic disease and previous information of the person.^[2,9,23,27,28] In this study, the students who had been trained about mental illnesses and had practical experiences had more positive attitudes compared to the groups that did not have practical experience, yet this difference was not significant. Similarly, practical experience in psychiatry clinics helped medical students learn more information about the disease, yet the effect of this experience on their attitudes towards the illness is questionable.^[23,29]

There was significant difference in the distribution of the “dangerousness” subscale mean scores by own psychiatric disorder diagnosis; there was significant difference in the distribution of the “dangerousness” and “shame” subscale mean scores and total mean scores by psychiatric disorder diagnosis in the family, and there was also significant difference in the distribution of the “poor social and interpersonal skills and incurability” subscale mean scores and total scores by psychiatric disorder diagnosis in people in the environment ($p < 0.05$). Yet the differences in the distributions by foundation or non-governmental organization membership were not significant ($p > 0.05$). Oban and Küçük (2011) found that the students who had had a psychiatric illness and received support had significantly lower mean scores on the “dangerousness” subscale of BMIS, and there was no significant difference between the other mean scores they had.^[14] The students with a psychiatric history had more positive attitudes than the students who did not have this type of a history, and this may be interpreted as that these students empathize about this issue. In consistency with the findings of this study, Corrigan et al. (2001), Jorm and Wright (2008) and Granadoz-Gamez et al. (2016) determined that having a mental illness oneself, or among friends or in the environment reduces the stigmatizing behavior,^[30–32] and Ünal et al. (2010) found that having a mental illness in relatives reduced the belief that patients are dangerous and that illness is embarrassing.^[19]

Conclusion

The findings of this study indicated that the students participating in the study had moderate and close-to-positive beliefs about mental illnesses. In general, students’ beliefs were not affected by their ages, sex, grades, practical experiences, their own psychiatric illness diagnoses, and foundation or non-governmental organization membership, while their beliefs were affected by having a psychiatric illness diagnosis in their families and in their environment.

Based on these results, the researchers suggest that the mental illness beliefs of nursing students who are members of the community and prospective health professionals, should

be periodically determined, that students should be trained to improve their awareness about this issue, and that their skills should be improved in terms of emotion and behavior as well by planning field practices where they make closer contact with patients and patients’ relatives who struggle with mental disorders with the aim of helping them cope with unrealistic stigmatization and accepted stereotypes.

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