



A PROSPECTIVE COMPARATIVE STUDY TO ASSESS THE ATTITUDE OF NURSING STUDENTS TOWARDS PSYCHIATRY

Psychiatry

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ABSTRACT

Purpose: To study the attitudes of nursing students towards psychiatry, psychiatrists, mental health, mental illness and mentally ill persons before exposure to training in mental hospital and to find out if there is any difference between pre training and post training attitude

Study design: Prospective comparative study.

Methodology: 500 GNM. nursing students and 500 Bsc nursing students were taken in the sample who were posted to IMH, Amritsar for training. Their attitude towards psychiatry was assessed by applying two scales i.e. Mental Illness: Clinicians' Attitude Scale (MICA-4) and Opening Minds Scale for Health Care Providers (OMS-HC) before and after the end of the training. Their score was compared within the group and between the groups to detect any improvement in their attitude after the training period. ANOVA and chi square tests were used for statistical analysis.

Results: Considering GNM group, their mean score on MICA was 57.85±6.37 before training but after training it reduced to 55.04±6.90. On OMS-HC scale their pre-training score was 59.71±7.04 which reduced to 54.52±5.59. In both of these conditions change was statistically insignificant. Considering Bsc nursing group, their pre-training score on MICA was 55.58±7.00 and their post-training score on the same scale came out to be 46.33±5.06. On OMS-HC scale their pre-training score was 57.17±4.38 which became 55.92±2.56 after the training got over. Change came out to be statistically insignificant in both of the conditions.

Conclusion: Our result suggests that the training was able to produce some positive change in some of the students' overall attitudes towards psychiatry, psychiatrists, mental health and people with mental illness. Students with previous experience with people with mental illness or having utilized mental health services themselves, were shown to be less stigmatized compared to students without any such kind of experience.

KEYWORDS

Nursing students; attitude towards psychiatry; MICA-4 ;OMS-HC; stigma

INTRODUCTION

Stigma is something that causes a person to have a deeply compromised social standing; a mark of shame or discredit. The attitudes and knowledge of the health professionals on mental illness has been argued to be a major determinant of the quality and outcome of care for mentally ill persons^{1,2}. In spite of the people suffering from mental illnesses worldwide, they do not get the care they need, their disorders impose a range of social and economic costs on individuals, households, employers and society ranging from the cost of care to the cost of loss of productivity³. One major factor for this is stigma and such a negative attitude has a devastating effect on the lives of people with stigmatizing conditions, such as mental illness.

Measuring stigma

An existing review considers the measurement of mental illness stigma from multiple perspectives including mental health service users, professional groups (e.g. mental health professionals or police), the general population, families or carers of those with a mental illness and children and adolescents⁴. The personal stigma of mental illness can be considered in three main ways: perceived stigma, experienced stigma and self-stigma. Each of these aspects is defined below:

Perceived stigma

Van Brakel and colleagues provide a definition of perceived or felt stigma research as that in which 'people with a (potentially) stigmatized health condition are interviewed about stigma and discrimination they fear or perceive to be present in the community or society⁵. Perceived stigma is consistent with the definition of Van Brakel and colleagues, and does not include feelings of shame, which are instead included under self-stigma.

Experienced stigma

Van Brakel and colleagues' definition of experienced stigma as the 'experience of actual discrimination and/or participation restrictions on the part of the person affected' will be used in this review⁵.

Self-stigma

Corrigan and Watson, use the term public stigma to describe the ways in which the general public stigmatise people with a mental illness⁶. They describe self-stigma as the internalisation of this public stigma. An extended definition describes it as 'the product of internalisation of shame, blame, hopelessness, guilt and fear of discrimination

associated with mental illness'⁷.

The stigma towards people with mental illness by healthcare providers results in disparities in access, treatment, and outcomes (Birch, Lavender, & Cupitt, 2005; De Hert et al., 2011; Phelan & Basow, 2007)⁸⁻¹⁰. Healthcare providers may hesitate to fully assess the physical status of a patient with a mental illness due to discomfort with the patient's symptomatology or diagnosis (Phelan, Stradins, & Morrison, 2001)¹¹. Nurses, comprising approximately 15.3 percent of the healthcare team, can have a significant impact on decreasing or contributing to the multiple healthcare disparities experienced by mental health patients (U.S. Bureau of Labor Statistics, 2010)¹².

AIMS AND OBJECTIVES

- To study the attitudes of nursing students towards psychiatry, psychiatrists, mental health, mental illness and mentally ill persons before exposure to training in mental hospital.
- To study the attitudes of nursing students towards psychiatry, psychiatrists, mental health, mental illness and mentally ill persons after exposure to training in mental hospital.
- To find out if there is any difference between pre training and post training attitude.
- To compare the attitudes of GNM, nursing students with BSc. Nursing students.

MATERIAL AND METHODS

STUDY DESIGN

The study was a comparative study on attitudes of nursing students prior to and after training.

SAMPLE SIZE

500 GNM (General nursing and midwifery) nursing students
500 direct BSc. Nursing students

INCLUSION CRITERIA

Students who gave informed consent for being the part of this study.

EXCLUSION CRITERIA

- Nursing Students who didn't give consent for the study.
- Nursing Students who had got any previous formal psychiatric training.

TOOLS

- Socio-demographic pro-forma.
- Mental Illness: Clinicians' Attitude Scale (MICA-4)¹³
- Opening Minds Scale for Health Care Providers (OMS-HC)¹⁴

PROCEDURE

- In first step attitudes of nursing students coming to IMH (institute of mental health), Amritsar, was analysed before start of psychiatry training period.
- In the second step assessment was done after the completion of training in mental hospital according to the guidelines of Indian nursing council.
- The data obtained was compared.
- Attitudes of GNM nursing students was also compared with attitudes of B.Sc. Nursing students.

STATISTICAL ANALYSIS

Data was assimilated and statistically analysed with SPSS (statistical package for the social sciences) 16.0. The mean of total score on each questionnaire was compared between the groups using the following statistical tests of significance:

- ANOVA (Analysis of variance)
- Student t-test
- chi square test

The probability (P) level of less than 0.05 was considered as significant.

OBSERVATIONS**TABLE 1: AGE DISTRIBUTION**

Age group (years)	B.Sc students		GNM students	
	No.	%age	No.	%age
18-19	33	6.6	131	26.2
20-21	241	48.2	234	46.8
22-23	219	43.8	87	17.4
24-25	7	1.4	47	9.4
>25	0	0	1	0.2
Total	500	100.0	500	100.0
	Mean age			
B.Sc students	21.21±1.88			
GNM students	20.70±1.70			

TABLE 2: PREVIOUS CONTACT WITH PSYCHIATRIC PATIENTS

Known psychiatric patient	B.Sc students		GNM students		d.f	X ²
	No.	%age	No.	%age		
Yes	48	9.6	34	6.8	1	2.603 (p>0.05)
No	452	90.4	466	93.2		
Total	500	100.0	500	100.0		

TABLE 3: COMPARISON BETWEEN PRE TEST/POST TEST OF MICA-4 AND OMS-HC SCALE SCORES OF B.Sc & GNM STUDENTS

	Mean score	t-value	d.f	p-value
GNM (MICA) pre test	57.85±6.37	5.306	499	0.638
B.SC (MICA) pre test	55.58±7.00			
GNM(MICA) post test	55.04±6.90	22.29	499	0.336
B.SC (MICA) post test	46.33±5.06			
GNM(OMS) pre test	59.71±7.04	6.702	499	0.103
B.SC (OMS) pre test	57.15±4.34			
GNM(OMS) post test	54.47±5.60	-5.13	499	0.406
B.SC (OMS) post test	55.92±2.56			

TABLE 4: COMPARISON BETWEEN PRE TEST/POST TEST OF MICA-4 AND OMS-HC SCALE SCORES OF B.Sc & GNM STUDENTS (WITHIN THE GROUP)

	Mean score	t-value	d.f	p-value
GNM (MICA) pre test	57.85±6.37	11.906	499	0.00
GNM (MICA) post test	55.04±6.90			
GNM(OMS) pre test	59.71±7.04	18.838	499	0.00
GNM (OMS) post test	54.52±5.59			
B.SC (MICA) pre test	55.58±7.00	25.058	499	0.37
B.SC (MICA) post test	46.33±5.06			
B.SC (OMS) pre test	57.17±4.38	5.634	499	0.98
B.SC (OMS) post test	55.92±2.56			

DISCUSSION

Our study was carried out to find the attitude of nursing students towards psychiatry considering socio-demographic profile as well. The study evaluated their views towards persons suffering from various psychiatric disorders, their care, the ways they should be treated and whether they pose any sort of risk to the society? To assess the attitude of nursing students we used two scales i.e. MICA-4¹³ and OMS-HC¹⁴.

Patten et al¹⁴ conducted one study using OMS-HC scale in which they took physicians, nurses and medical students. They applied this scale on this population before and after the anti-stigma campaign. They reported improve in stigma in all the population after the anti-stigma campaign. In our study also there was an overall improvement in the attitude of students in both the groups towards psychiatry, psychiatrists, mental health and persons suffering from mental illnesses however difference between the two groups was not significant(p<0.05).

Crisp et al¹⁵ conducted a study to determine opinions of the British adult population concerning those with mental illnesses as baseline data for a campaign to combat stigmatisation. Respondents commonly perceived people with schizophrenia, alcoholism and drug addiction as unpredictable and dangerous. People with some psychiatric disorders were perceived as hard to talk with. In our study also we have used scales containing similar questions and we find that there was a change in the attitude of students after the training. Before the training 36% of B.Sc students and 37% of GNM students were of the opinion that people with severe mental illness are dangerous more often not, but after the training their percentage came out to 35% and 37% respectively.

Considering GNM group, their mean score on MICA was 57.85±6.37 before training but after training it reduced to 55.04±6.90. On OMS-HC scale their pre-training score was 59.71±7.04 which reduced to 54.52±5.59. In both of these conditions change was significant. Considering B.Sc nursing group the scenario was something different. Their pre-training score on MICA was 55.58±7.00 and their post-training score on the same scale came out to be 46.33±5.06. On OMS-HC scale their pre-training score was 57.17±4.38 which became 55.92±2.56 after the training got over. Change came out to be insignificant in both of the conditions.

In similar ways we compared pre training and post training scores between both the groups on both the scales but we didn't find anything significant considering p value <0.05.

CONCLUSION

After completion of the Psychiatric/Mental Health training, it was expected that student's would experience a positive change in attitude towards people with mental illnesses, however this came out to be true only in case of GNM nursing students. In case of B.Sc nursing students the differences in attitude came to be non significant. There was no significant difference between the attitude of GNM and B.Sc nursing students.

This suggests that the training was able to produce some positive change in some of the students' overall attitudes towards psychiatry, psychiatrists, mental health and people with mental illness.

Students with previous experience with people with mental illness or having utilized mental health services themselves, were shown to be less stigmatized compared to students without any such kind of experience. The reason could be that they must have been in frequent touch with a psychiatrist who might have enlightened the patient or the family members.

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Ethical approval: Not required

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