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Abstract

Background: Attitude towards mental illness influence the nursing students' choice to take up training and placement in psychiatry as a specialty. The aim of the study was to examine nursing students' attitudes towards mental illness in terms of aetiology, social relations with patients and self-disclosure regarding mental illness.

Methods: This was a descriptive quasi-experimental study conducted among all the sixty nursing students attending a 6-week psychiatry posting at Federal Neuropsychiatry Hospital Kware, Sokoto State and Psychiatry unit of General Hospital Katsina, Northwest Nigeria in July 2018. Attitudes toward Mental Illness (ATMI), a self-administered questionnaire was given to the participants before and after six-week posting in psychiatry. Data was analyzed using SPSS version 23.

Results: After 6 weeks posting in psychiatry there was improvement in the participants' positive attitude towards social relation in person with mental illness, willingness to self-disclosure regarding mental illness and etiology of mental illness compare to before the commencement of psychiatry posting. Majority (81%) reported that movies have negative influence on their attitude toward mental illness.

Conclusion: The 6-week psychiatry posting has positive effects on nursing students' attitudes towards mental illness. Movies contribute negatively towards majority of the participants' attitude to mental illness. Use of psychodrama is being suggested to educate people on the etiology and treatment of mental illness. This study provides evidence-based recommendation for mandatory psychiatry posting among other health workers under training and use of psychodrama to educate the public on mental illness.

Keywords: *Psychiatry Posting, Nursing Students, Attitude, Mental Illness, Northwest Nigeria*

Background

Attitude towards mental illness influence the nursing students' choice to take up training and placement in psychiatry as a specialty. Psychiatry nurses are an integral component of a multidisciplinary mental health-care team. 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 the mentally ill (Callaghan et al., 1997; Jadhav et al., 2007). Available evidence clearly demonstrates that undergraduate nursing students typically hold unfavorable attitudes towards mental health nursing as a career (Happell et al., 2007).

In view of the scarcity of mental health personnel in Nigeria, student nurses should develop a positive attitude toward the mentally ill to promote their interest in psychiatry as a career choice. The use of educational setting as a way to promote positive attitudes among students towards persons with major mental illness has also been studied (Kukulu and Ergun, 2007; Schafer et al., 2011).

A study conducted among sixth-year medical students by Birdogan and Berksun (2002) reported that completing a psychiatric internship leads to a shift in negative beliefs toward positive beliefs. Morrison (2011) conducted a study in which the Community Attitudes towards 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 towards people with mental illness after completion of the course.

Very few studies in Nigeria have compared attitude of nursing students toward mental illness before and after psychiatry posting. (Iheanacho et al., 2014; Ndubisi et al., 2020). Hence, it is important to understand the existing status of these future nurses to understand what areas need to be addressed. This study was carried out to examine Nigerian nursing students' attitudes towards social relations in patients with mental illness, self-disclosure regarding mental illness, aetiology of mental illness and to assess the change in the attitudes among the nursing students after a 6-week posting in psychiatry.

Methods

A descriptive, one group pre-test and post-test design in nature. The study was conducted at the Federal Neuropsychiatric Hospital Kware, Sokoto and psychiatry department of the General hospital Katsina state, Nigeria. A total of 30 undergraduate nursing students of Usmanu Danfodiyo University Sokoto (UDUS) and 30 nursing students of katsina state school of nursing who were taking psychiatric nursing courses at the two hospitals in July 2018 agreed to participate. Federal Neuropsychiatric Hospital Kware, Sokoto is a well-equipped, public sector specialist mental health hospital with 120 beds that provides treatment for all types of mental health disorders, acute or chronic, outpatients and inpatients. The majority of users access the facility directly without referral while only a few being referred from secondary or tertiary facilities. The hospital also serves as a residency training institution for postgraduate in psychiatry and post basic nursing training in psychiatry. The Katsina state general hospital serves as both secondary and tertiary hospital for training students in the health sciences, as

well as referral center and renders mental health services. Sociodemographic questionnaire and Attitude to Mental Illness (ATMI) questionnaire was used to collect data from the participants. The ATMI is a self-administered valid and reliable instrument (Luty et al., 2006).

The questionnaire consisted of 6 sections with 41 items. We adopted 12 items from ATMI which examine students' attitude toward: (a) social relations in patients with mental illness (b) willingness to self-disclosure regarding mental illness (c) aetiology of mental illness. Study participants completed the self-administered ATMI (pre-test) and sociodemographic questionnaire a day to the commencement of psychiatric posting. All the questionnaires were retrieved. The ATMI questionnaire were re-administered (post-test) on the day of completion of 6 the-week psychiatric posting to assess the impact of the 6-week posting in psychiatry which involve lectures and clinical experience on their attitude to mental illness.

There were 5 responses to each question asked on their attitude to mental illness. These include, strongly agree, agree, no opinion, disagree and strongly disagree. The results of the responses were later grouped into 3 categories as strongly agree/agree, no opinion and disagree/strongly disagree. Aggregated responses per questions asked were presented as number and percentage using the Statistical Package for Social Sciences (SPSS) version 23.

Results

Respondent characteristics

Participants were predominately female (73.3%), Hausa (88.3%), Single (96.7%), had no previous psychiatric treatment (95.0%), had no family member receiving treatment in a psychiatric hospital (85.0%) and were in the age group 22-24 years. The mean age was 24.3 ± 3.7 years.

Table 1: Socio-demographic characteristics of the participants

Socio-demographic variables	Frequency (%)
Age	
19-21	15 (25.0)
22-24	26 (43.3)
25-27	4 (6.7)
28-30	11(18.3)
31-33	4(6.7)
Sex	
Male	16 (26.7)
Female	44 (73.3)
Religion	
Islam	55 (91.7)
Christianity	5(8.3)
Others	0(0)

Tribe	53(88.3)
Hausa	2(3.3)
Yoruba	0(0)
Igbo	5(8.3)
Others	
Marital Status	58(96.7)
Single	2(3.3)
Married	
Program of study	15(25)
BSc	45(75)
Cert. Nurs.	
Previous psychiatry treatment	2(3.3)
Yes	57(95.0)
No	1(1.7)
No opinion	
Having family member receiving treatment	
In a psychiatric hospital	9(15.0)
Yes	51(85.0)
No	
Are you afraid of people with mental illness?	36(60.0)
Yes	23(38.3)
No	1(1.7)
No opinion	

Students' Attitudes towards social relations in patients with mental illness before and after Mental Health Nursing Course

Table 2 and 3 show the responses of the participants to each of the 6 questions on attitudes towards social relations in patients with mental illness before and after 6 weeks posting in psychiatry respectively. Prior to the posting (83.3%) agreed or strongly agreed that they are ready to leave in the same place with a mentally ill patient who has been hospitalized before and now gets well. After the posting those that agree or strongly agree to leave in the same place with a mentally ill patient who has been hospitalized before and now gets well increased to 88.3%. This showed an increase in positive attitude. Majority (95.0%) disagree or strongly disagree that it's necessary to cut all the relationships of a patient with mental illness with the society after the posting. This also showed increased positive altitude. Prior to the posting less than half (41.6%) agreed or strongly agreed that if anyone of their relatives suffers from mental illness, they will be ready to go to a party or to go on a trip with him/her. This percentage increased to 61.7% after posting which also implies increase in positive attitude. Eighty-three percent of the participants agreed or strongly agreed that if anyone of their close relatives is mentally ill and his/her doctor says that there is no danger, they will be ready to take care of him/her at home as against 70% prior to the posting. There was also an increase in the number of participants that agree or strongly agree that they are ready to live or work in the same place

with a patient with mental illness from 63.3% to 71.7% after psychiatry posting. The majority of the participants (86.7) agree or strongly agree that they are ready to be a close friend to a patient with mental illness compared with 55% that initially agree or strongly agree prior to the posting.

Table 2: Participants' Attitude towards Social Relations in Patients with Mental Illness before Psychiatry posting

Questions Asked	Responses f (%)		
	Strongly agree/agree	No opinion	Strongly disagree/disagree
I'm ready to leave in the same place with a mentally ill patient who has been hospitalized before and now gets well.	50(83.3)	6(10.0)	4(6.7)
It's necessary to cut all the relationships of a patient with mental illness with the society	4(6.6)	1(1.7)	55(91.7)
If anyone of my relatives suffers from mental illness, I'll be ready to go to a party or to go on a trip with him/her.	25(41.6)	7(11.7)	28(46.7)
If anyone of my close relatives is mentally ill and his/her doctor tells me that there is no danger, I'll be ready to take care of him/her at home	42(70.0)	10(16.7)	8(13.3)
I'm ready to live or work in the same place with a patient with mental illness	38(63.3)	9(15.0)	13(21.6)
I'm ready to be a close friend to a patient with mental illness.	33(55.0)	11(18.3)	16(26.7)

Table 3: Participants' Attitude towards Social Relations in Patients with Mental Illness after Psychiatry posting

Questions Asked	Responses f (%)		
	Strongly agree/agree	No opinion	Strongly disagree/disagree
I'm ready to leave in the same place with a mentally ill patient who has been hospitalized before and now gets well.	53(88.3)	3(5.0)	4(6.7)
It's necessary to cut all the relationships of a patient with mental illness with the society	2(3.3)	1(1.7)	57(95.0)
If anyone of my relatives suffers from mental illness, I'll be ready to go to a party or to go on a trip with him/her.	37(61.7)	8(13.3)	15(25.0)
If anyone of my close relatives is mentally ill and his/her doctor tells me that there is no danger, I'll be ready to take care of him/her at home	53(88.3)	2(3.4)	5(8.3)
I'm ready to live or work in the same place with a patient with mental illness	43(71.7)	14(23.3)	3(5.0)
I'm ready to be a close friend to a patient with mental illness.	52(86.7)	1(1.7)	7(11.6)

Participants Attitude towards Willingness to Self-Disclosure Regarding Mental Illness before and after Psychiatry posting

Table 4 and 5 show that 90% disagreed or strongly disagreed that they will feel ashamed if anyone of their close relatives is mentally ill after Psychiatry posting compared to 86.7% prior to exposure to Psychiatry posting. This showed increased positive attitude. Also, 43.3% agreed or strongly agreed that if anyone of their relative suffers from mental illness, they will be ready to talk about him/her with friends which also demonstrate increased in positive attitude. There was minimal increase in the number of participants from 56.7% to 60% that agreed or strongly agreed that if they suffer from mental illness, they will declare it.

Table 4: Participants Attitude towards Willingness to Self-Disclosure Regarding Mental Illness with mental illness before Psychiatry posting

Questions Asked	Responses f (%)		
	Strongly agree/agree	No opinion	Strongly disagree/ disagree
I'll feel ashamed if anyone of my close relatives is mentally ill.	5(8.3)	3(5.0)	52(86.7)
If anyone of my relative suffers from mental illness, I'll be ready to talk about him/her with my friends	19(31.6)	6(10.0)	34(56.7)
If I myself suffer from mental illness, I'll declare it.	34(56.7)	13(21.7)	12(20.0)

Table 5: Participants Attitude towards Willingness to Self-Disclosure Regarding Mental Illness after Psychiatry posting

Questions Asked	Responses f (%)		
	Strongly agree/agree	No opinion	Strongly disagree/ disagree
I'll feel ashamed if anyone of my close relatives is mentally ill.	5(8.3)	1(1.7)	54(90.0)
If anyone of my relative suffers from mental illness, I'll be ready to talk about him/her with my friends	26(43.3)	4(6.7)	30(50.0)
If I myself suffer from mental illness, I'll declare it.	36(60.0)	10(16.7)	14(23.3)

Participants Attitude towards Aetiology of Mental Illness before and after Psychiatry posting.

Table 6 and 7 show that 90% disagree or strongly disagree that close relative of patients with mental illness will be affected by this kind of illness compared with 63.4% before the 6weeks psychiatric posting. Two-third (75%) disagree or strongly disagree that mental illness is caused by spirit or curse compared with 56.6% before Psychiatry posting. The percentage of those that disagree or strongly disagree that accompanying patient with mental illness may make them mentally ill slightly decreased from 91.7% to 90% after Psychiatry posting.

Table 6: Participants Attitude towards Etiology of Mental Illness with mental illness before Psychiatry posting

Questions Asked	Responses f (%)		
	Strongly agree/agree	No opinion	Strongly disagree/disagree
The close relatives of patients with mental illness will be affected by this kind of illness.	17(28.4)	5(8.3)	38(63.4)
Mental illness is caused by spirit or curse	17(28.4)	9(15.0)	34(56.6)
Accompanying patient with mental illness may make me mentally ill	2(3.3)	2(3.3)	55(91.7)

Table 7: Participants Attitude towards Etiology of Mental Illness after Psychiatric Posting

Questions Asked	Responses f (%)		
	Strongly agree/agree	No opinion	Strongly disagree/disagree
The close relatives of patients with mental illness will be affected by this kind of illness.	15(25.0)	5(8.3)	40(66.7)
Mental illness is caused by spirit or curse	10(16.7)	5(8.3)	45(75.0)
Accompanying patient with mental illness may make me mentally ill	5(8.3)	1(1.7)	54(90.0)

Discussion

The intent of the study was to elicit the change in attitudes of the nursing students towards mental illness before and after a six-week clinical posting in psychiatry. The findings from this study suggested that the number of participants that showed positive attitude towards mental illness after completion of six weeks clinical posting in psychiatry has increased compared to their attitude before posting.

The finding is consistent with other studies (Callaghan et al., 1997; Jadhav et al., 2007). Happell et al. (2007) reported that nursing students generally have positive attitudes after exposure to mental health and psychiatric clinical experience. Similarly, the study supports a recent report of positive change in student nurses' attitudes towards mental illness on the completion of clinical posting in mental health (Chadwick and Porter, 2013). Poreddi et al. (2015) confirm that lectures and clinical experiences in the field of mental health has significant positive impact on nursing students' attitudes toward mental illness.

Students' attitude toward social relations in patients with mental illness shows a considerable improvement in six items that addressed different aspects of social relations. The majority of the participants are ready to leave in the same place with a mentally ill patient who has been hospitalized before and now gets well, disagree or strongly disagree to cut off all the relationships of a patient with mental illness with the society and agree or strongly agree to be a close friend to a patient with mental illness. This supports the literature suggesting that clinical experience in mental health nursing produces more positive attitudes (Mullen & Murray, 2002; Wynaden et al., 2000). These findings contradict a previous study that showed that mental illness is deeply discredited and rejected by the society (Lingeswaran, 2010). During the clinical psychiatry posting, nursing students came in close contact with the psychiatric patients for four weeks. Allport's (1954) contact hypothesis states that, "close and pleasant interpersonal contact with mentally ill people is probably the best way to achieve positive attitude". Researchers have focused on the role of contact in reducing stigma towards mental illness and have reported that contact leads to improved attitudes and behaviour toward mental illness (Schulze et al., 2003; Thornicroft et al., 2008).

Studies consistently reveal that people who are more familiar with mentally ill persons hold more positive attitudes toward them (Corrigan & Watson, 2002). The present study used a standardized questionnaire that measures both the negative and positive aspects of the attitudes where we can work on to intervene, reinforce and enhance the attitudes of nursing students to provide holistic care to persons with mental illness.

Majority reported that they will not be ashamed if any of their close relatives is mentally ill. However, less than half will be ready to talk about their relatives if they suffer from mental illness. This finding demonstrates the persistence effect of stigma associated with mental illness. More than half were ready to declare if they suffer from mental illness. This contradicts what was reported in another study where almost half would not choose to reveal their own mental illness to others, suggesting shame or fear of others' judgments that may be rooted in negative views of persons with mental illness (Happell, 2009).

Majority also disagree that relatives of patients with mental illness will be affected by this kind of illness after their 6 weeks posting in mental health. Significant proportion of participants also disagree or strongly disagree that mental illness is caused by spirit or curse. Most of the students strongly disagree that accompanying patients with mental illness may make them mentally ill. This positive attitude removes fear and anxiety about work with persons with mental illness (Ganzer & Zauderer, 2013). Changing the negative attitude of students towards mental illness will improve the quality of the patient care when they start their career as nurses.

Conclusion

The 6-week psychiatry posting has positive effects on nursing students' attitudes towards mental illness. Positive attitude towards social relation in patients with mental illness, willingness to self-disclosure regarding mental illness and aetiology of mental illness all increased after six weeks psychiatry posting. Movies contribute negatively towards majority of the participants' attitude to mental illness. Use of psychodrama is being suggested to educate people on the aetiology and treatment of mental illness. This study provides a basis for the mandatory psychiatry posting among other health workers under training.

Recommendations

The training curriculum of all health professionals should be made to include mandatory psychiatry posting. This will foster positive attitudes towards their patients with mental disorders. The use of psychodrama by governmental and non-governmental organizations should be encouraged to provide positive and correct information to the public on mental disorders.

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