

Australian undergraduate nursing students' opinions on mental illness

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KEYWORDS

competencies, forensics, mental health, nursing.

ABSTRACT

Objective

To determine second year Bachelor of Nursing students' opinions on mental illness and relationship with demographic data for the purpose of curriculum development.

Design

The present study is a pilot study for a larger project which will investigate undergraduate nursing student opinions across the duration of their undergraduate degree at an Australian university. The 'Student Opinions of Mental Illness Scale', a 53 point Likert type questionnaire was used in a sample of second year nursing students to investigate their opinions of mental illness.

Setting

Metropolitan nursing school in Victoria, Australia.

Subjects

133 second year undergraduate Bachelor of Nursing students'.

Main outcome measures

Student opinions based on Likert responses.

Results

The study revealed that student experiences, education, employment history of country of birth may impact upon student opinions of mental illness.

Conclusion

Overall, students were found to have a generally neutral opinion about mental illness except in the sub-scale factors of benevolence, mental hygiene ideology and interpersonal aetiology where students held less positive opinions. Knowing the student populations opinions about a subject matter can assist academics to direct and focus their efforts to improve those opinions in those areas.

INTRODUCTION

Background

Many authors have recognised the importance of understanding and recognising students' perceptions of mental illness. A number of studies have also been conducted using an undergraduate nursing population throughout the world, including Jordanian (Hamaideh and Mudallal 2009), Japanese (Takashi et al 2011) and British (Schafer et al 2011) students. Only one study has, however, investigated undergraduate nursing students' opinions about mental illness within an Australian population (Happell 2009). All of these studies again used Likert type scale questionnaires, including the 'Opinions of Mental Illness Scale' created by Cohen and Struening (1962). In all of these studies the researchers consistently found that students' opinions about mental illness improved with increased contact with people with mental illness and/or with more mental health education. Several authors, such as Hamaideh and Mudallal (2009) and Happell (2009), also hypothesised that any negative opinions that remained after training and education, highlighted an opportunity for further curriculum development. The larger study for which this pilot is a precursor, will be the first of its kind to follow a sample of undergraduate nursing students throughout their degree to determine how opinions shift or change and what it is that influences those opinions.

Significance

Research suggests that stress in the learning environment can lead to poor coping skills, subsequently damaging the students' ability to academically perform to the best of their ability (Duffy 2009; Tully 2004). It is important to identify any stress or anxiety experienced by students in order to be able to provide support and assistance, thereby promoting a positive learning experience. Where stress is not managed, students' abilities in the clinical arena may be negatively affected, such as by impairing their interactions with clients and subsequently failing to meet clinical objectives (Duffy 2009; Tully 2004). After recognising this in a population of undergraduate nursing students, Ganzer and Zauderer (2013) developed a program designed to alleviate these stressors and improve the learning experience. Although not studied at an undergraduate student level, negative opinions on mental illness held by health care professionals have been shown to impede upon achieving professional competence in nursing (Crisp 1999).

The findings of this research can be used to inform future mental health nursing curriculum. In particular, the study highlights the need to consider the demographics of the student population and the effect of those demographics on student opinions. This may determine particular areas of learning that require more time allocation or indicate where one method of teaching is required over another (for example the use of real case simulation exercises versus use of theory and written activities). The results of this study will be directly considered when developing the third year mental health unit including designing the course material and delivery methods for each module of learning. The results will also be used to inform the larger project which may in turn inform future curriculum development, particularly in relation to the quantity, timing and content of mental health nursing units.

Aim

This study is a pilot study for a larger project investigating students' attitudes towards mental illness throughout their progression through a three year undergraduate pre-registration nursing degree. This pilot study tested the research design and tools in a smaller population of students. The overall aim of this study was to investigate nursing students' perceptions of mental illness.

Research questions included:

1. What are second year undergraduate nursing students' opinions about mental illness? Do demographic variables affect these attitudes?
2. Does a mental health placement and/or exposure to people with mental illness affect students' opinions about mental illness?
3. What are the limitations or difficulties, if any, of the study design that need to be considered when conducting the larger study?

METHODS

Sample and recruitment

A Victorian University located in Melbourne was chosen as the site for this study. This site was chosen out of convenience. Permission was received from the Universities Human Research and Ethics Committee to conduct the study. All participants were over the age of 18. All participation was voluntary, however participants were offered a small incentive to participate (a chance to go in the draw for movie tickets) in order to promote recruitment. Researcher bias was limited as the participants had no direct contact with the researcher throughout the data collection process, and all completed questionnaires remained anonymous.

A convenience method of sampling was used, with all second year students invited to participate. Due to researcher time pressures, the study was only conducted face to face, with no online option available for participation. No advertising was conducted. Students were invited to participate by their tutors in their acute care tutorial. Recruitment and completion of the study occurred simultaneously, with completion of the questionnaire indicating consent to participate.

Instruments

The study used the 'Opinions on Mental Illness Scale' (Cohen and Struening 1962), which was initially developed to investigate the opinions on mental illness of staff at two large "mental hospitals" in New York. The 53 item questionnaire asks participants for their opinions about mental illness over five dimensions ('factors'): (A) authoritarianism, (B) benevolence, (C) mental hygiene ideology, (D) social restrictiveness, and (E) interpersonal aetiology. The questionnaire is presented in a Likert format with provision following each item for a checked response on a six point agreement continuum.

The validity and reliability correlation coefficients for each of the OMI factors are above 50 in each factor except for Factor D (Cohen and Struening 1962). The authors justified the poorer reliability of Factor D as Factor D having been found to have high validity coefficients and significant demographic correlates, therefore deeming its reliability as 'adequate' for the purposes of meeting the objectives of the tool (Cohen and Struening 1962). The OMI tool has been used on numerous occasions since its development, including for the determination of the opinions of mental illness of undergraduate students from a variety of health related fields (Takashi et al 2011; Probost and Peuskens 2010; Hamaideh and Mudallal 2009).

Data collection and procedure

In the present study, data was collected at the end of semester two, after students had completed their first mental health unit in their nursing degree. Participants were invited to complete the questionnaire at the end of an acute care tutorial and had the option of either completing the questionnaire in class or returning it to a confidential box left available in a shared space of the Nursing building. All data entry and analysis was conducted by the primary researcher using the Statistical Package for the Social Sciences (version 22).

Strengths and weaknesses

The results of this study will only be generalisable to similar student cohorts where similar teaching and learning methods are employed to those used during the study. A significant weakness of this study is the small sample size. A small sample size has the effect of reducing the likelihood that any statistically significant result reflects a true result (Button et al 2013) and therefore limits the reliability of these results. Whilst this limits the ability to reliably apply the results to other cohorts of students, and despite this sample being only 10% of the total of second year nursing students, these results may be used when considering curriculum content requirements for this cohort of students in the future. Again, however, this is further limited as little is known about the representativeness of the sample against the larger population.

The major strength of this study is its ability to be reproduced in a consistent manner. Although the current research design yielded few results, with amendments to the recruitment process and increased flexibility in method of participation, the instrument used continues to appear to be a reliable and efficacious method for determining students' opinions on mental illness.

FINDINGS

Sample and recruitment

A total of 133 students participated in the study. The average participant age was 24 (*SD* 5.4), with more women than men participating (6 men to 27 women). Reflective of the larger student population, participants' places of birth were worldwide (see figure 1). Although the majority of participants were born in Australia, they were 50% more likely to have had both parents born outside of Australia. The majority of students had some form of current employment at the time of completing the questionnaire, with only five participants reporting they were unemployed. Whilst occupations varied, 39% of participants were working in a health care related field, either as a personal care assistant ('PCA') or as an enrolled nurse ('EN') (see figure 2). Participants were not asked the amount of hours they worked or length of employment. Almost half of the participants held a prior health related qualification at a certificate or diploma level (see figure 3).

Figure 1: Country of Birth

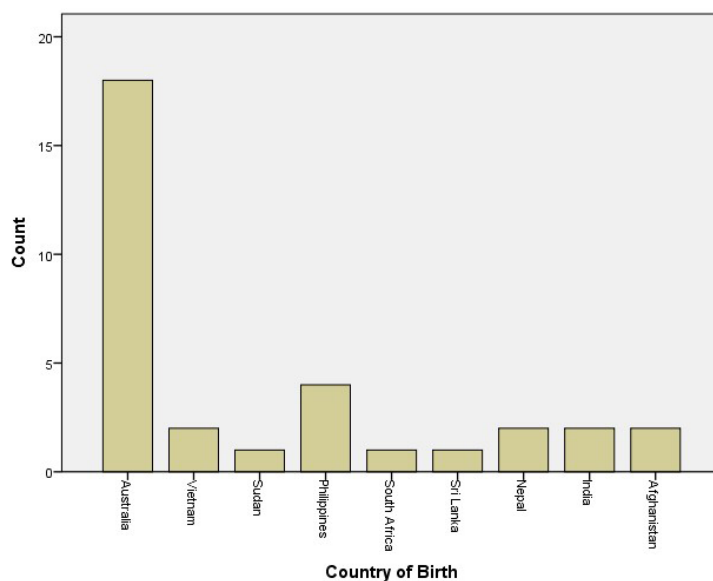
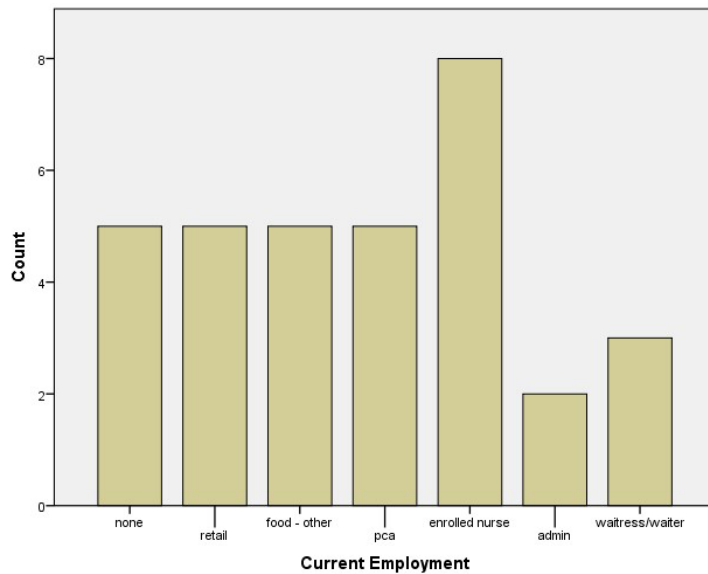
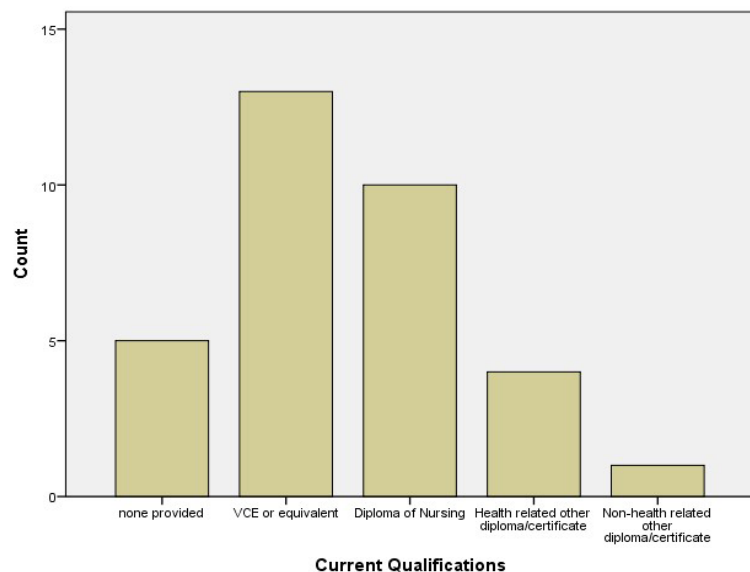


Figure 2: Participants' employment**Figure 3: Qualifications**

In addition to prior qualifications and prior employment, participants were asked to report their experiences with people with mental illness, including whether they had a family member or friend with mental illness, whether they had had contact with a person with a mental illness over the past year (and the context of that contact) and whether or not they had been on their mental health clinical placement at the time of completing the questionnaire. Whilst all of the students had completed the theory component of the second year mental health nursing unit, only 20% had completed their mental health clinical practice component. Despite this, 88% of participants had had some form of contact with a person with mental illness, although the majority of those were contacts within the clinical placement. Nearly 29% of participants reported having a family member or friend with diagnosed mental illness, however, what kind of mental illness was not asked.

Data analysis

Data was explored for any relationships between demographic data, education and employment experiences (including mental health placement) and opinions of mental illness. The tool used yields five factors: Factor A: Authoritarianism; Factor B: Benevolence; Factor C: Mental hygiene ideology; Factor D: Social restriction; and Factor E: Interpersonal aetiology. The mean scores obtained from participants for each factor are included in table 1. Because on the 6-point Likert scale 1 = *Strongly Agree* and 6 = *Strongly Disagree*, in general, higher scores in a sub-scale indicate a more positive attitude. Low scores (< 3) reflect a generally less positive attitude towards mental illness. Overall, on average participants had neutral to positive attitudes to mental illness, however, those factors which were most positive (factors A & D) had higher standard deviations, indicating low reliability.

Table 1: Opinions on mental illness

Factor	Mean	Standard Deviation
Authoritarianism	3.8005	1.06692
Benevolence	3.2152	0.85737
Mental Hygiene Ideology	3.1185	0.84351
Social Restrictiveness	4.1873	1.69846
Interpersonal Aetiology	3.5498	1.00008

Data was analysed for differences in mean scores dependent on each demographic variable using Independent Samples t-tests calculations (see table 2). On average, younger people (aged 20-29) scored significantly higher in Factors A (M 3.840, SD 0.785) and B (M 3.247, SD 0.735) reflecting more positive attitudes than older participants (A: M 4.750, SD 2.10; B: M 3.70, SD 0.264). Female participants' attitudes were significantly different to male participants' attitudes across all subscales, and were more likely to have more positive attitudes than males. There was a significant effect for country of birth, with those born in Australia found to have significantly more positive attitudes towards mental illness than those born in any other country (M 4.252, SD 1.152). Participant qualifications had no statistically significant effect on opinions whilst employment had a significant effect on factors A (authoritarianism) and E (interpersonal aetiology) only. There appeared to be no statistically significant effects on opinions whether the participant knew a person with mental illness or not (see table 3).

Table 2: Independent Samples t-tests – demographic data

Domain of study	Age		Gender		Country of Birth		Fathers Country of Birth		Mothers Country of Birth	
	t	p	t	p	t	p	t	p	t	p
Factor A: Authoritarian	1.274	0.214	1.138	0.264	2.973	0.006	2.082	0.046	2.564	0.015
Factor B: Benevolence	0.755	0.457	1.050	0.302	1.159	0.255	-0.045	0.964	0.978	0.336
Factor C: Mental Hygiene Ideology	1.595	0.123	0.913	0.368	1.078	0.289	-0.159	0.875	1.192	0.242
Factor D: Social Restrictiveness	1.157	0.258	0.801	0.429	0.855	0.399	0.714	0.481	1.422	0.165
Factor E: Interpersonal Aetiology	-0.766	0.451	0.906	0.372	3.221	0.003	2.066	0.047	2.433	0.021

Table 3: Independent Samples t-tests – Exposure to a person with mental illness

Domain of study	Qualifications		Employment		Mental Health Placement		Person with MI Known	
	<i>t</i>	<i>p</i>	<i>t</i>	<i>p</i>	<i>t</i>	<i>p</i>	<i>t</i>	<i>p</i>
Factor A: Authoritarian	-1.714	0.097	-1.827	0.077	-0.617	0.542	0.696	0.491
Factor B: Benevolence	-0.948	0.350	-1.345	0.188	-0.769	0.448	0.729	0.471
Factor C: Mental Hygiene Ideology	-0.271	0.788	-0.225	0.824	1.408	0.169	1.016	0.317
Factor D: Social Restrictiveness	-1.272	0.213	-1.246	0.222	-0.798	0.431	0.021	0.983
Factor E: Interpersonal Aetiology	-1.875	0.070	-2.533	0.017	-2.690	0.011	0.807	0.426

DISCUSSION

Implications for teaching

Knowledge of student demographic.

This study has found that students in their second year of nursing generally have neutral attitudes towards mental illness in relation to benevolence and mental hygiene ideology, but more negative attitudes in relation to authoritarianism, social restrictiveness and interpersonal aetiology. This is consistent with recent literature, which suggests that practicing health professionals hold more negative attitudes towards mental illness than members of the general public (Crisp et al 2000). It is thought, however, that practicing clinicians may hold more negative attitudes due their exposure to and understanding of the reality of mental illness (Jorm et al 1999). Whilst exposure to mental illness was found to have little effect of students' attitudes in the present study, country of birth and age were found to have a significant effect of student attitudes. Although these results may not be reliable due to the small sample size, it does indicate that academics should consider the background of their students when creating and developing curriculum content for teaching mental health nursing.

It has long been accepted in the literature that one's culture can affect their perception of physical and emotional states, interpretation of symptoms, willingness to engage in medical care and treatment as well as the expected response to illness of others around them (Angel and Thoits 1987). In particular, people from Asian cultures have been found to hold quite authoritarian views about treatment of mental illness and tend to be pro- social restrictiveness (Ng 1997), with similar results having been found in the present study. The present study indicates a need to tailor teaching in a manner which may change or improve less positive attitudes towards mental illness that are related to the effects of students cultural backgrounds. Whilst many educational programs have been found to be successful in improving the positivity of students' attitudes towards mental illness, across a variety of health disciplines (Rusch et al 2005; Corrigan et al 2001), the literature often fails to report in detail about the components of those programs that led to its success. It may be that direct academic to academic contact is required or more attention paid to this area of education at mental health and nursing education conferences in order to bring the issue into the open, enabling sharing of recommendations and resources to improve student opinions.

Tailoring teaching.

Students were found to have less positive attitudes towards mental illness in three of the five sub-scales: authoritarianism, benevolence and mental hygiene ideology. Although limited research has been conducted

in this area, some authors report negative attitudes to subject matter can have a negative impact on student engagement and learning (Brophy 1983). Whilst further research is required, given that students were found to hold negative opinions about mental illness, this study indicates a need to promote student engagement. Without learning through engagement, students' negative attitudes are likely to continue, further perpetuating the negative opinions and hindering future engagement in a vicious cycle. Fear and anxiety about the subject matter has also been found to limit student engagement. Whilst not directly measured in this study, students who hold more authoritarian and pro- social restrictiveness attitudes towards mental illness may do so out of fear and anxiety.

This study has found that students personal, including academic and professional experiences, can have a significant effect on opinions on mental illness (although not to a statistically significant level). For academics, this is not a surprising finding. Students across all disciplines often report that they learn just as much outside of the classroom as they do inside the classroom (Hu and Kuh 2003; Kuh 1995), so it is not surprising to see these factors affecting students' opinions in this manner. In fact, the effect of out of classroom experiences is evident in the present study's findings of the significance of the effect of a mental health placement on student opinions on mental illness. It is imperative, however, that these less positive attitudes are improved throughout students nursing education. Studies in both health care (Shahrabani and Benzion 2012) and non-healthcare (Holt-Reynolds 1992) environments have found personal attitudes and beliefs can significantly affect professional practice behaviours. Although not investigated in the context of mental health, in theory, a student who holds more authoritarian views on mental illness, for example, may graduate to become a practicing clinician who practises within these attitudes. This may lead to more restrictive interventions with clients or, in the case of factor B (benevolence), treating clients with less empathy and care.

Implications for further study

Although not investigated in this study, teaching activities embedded within mental health nursing units may be designed to consider those factors that can impact on students' opinions on mental illness. Given the diversity of the student population, future studies may wish to use a similar data collection tools in a pre and post intervention method to identify the usefulness of specifically designed classroom activities to improve student opinions about mental illness. Given the significance of cultural background on student opinions, specific focus should be given (either in class or in assessment activities) to explore different cultural understanding of mental illness to draw students attention to this for personal preparation for learning. Consideration should also be given to the design of future similar research, in particular to the need for advertising and flexibility in participation methods to improve recruitment and, subsequently, the reliability of the results.

CONCLUSION

Negative opinions of mental illness have been found to affect students learning and can affect future clinical practice. This study used a quantitative methodology to investigate the opinions of second year Bachelor of Nursing students at a University in Melbourne. Using the 'Opinions of Mental Illness Scale', a total of 133 students participated in the study. Overall, students were found to have a generally neutral opinion about mental illness except in the sub-scale factors of benevolence, mental hygiene ideology and interpersonal aetiology where students held less positive opinions. Knowing the student populations opinions about a subject matter can assist academics to direct and focus their efforts to improve opinions in those areas. Whilst several authors have reported on programs that may assist in improving attitudes towards mental illness, very few sufficiently report on the detail of those programs to enable their reproduction. This study has highlighted an area of need for further investigation into the elements of educational programs that can assist in improving student opinions about mental illness. It is also recommended that this area receive more

attention in nursing education forums, as sharing ideas and teaching experiences may improve the teaching and learning experience and, ultimately, improve client care.

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