

A Cross-Sectional Study of Attitude towards Psychiatry among Undergraduate Nursing Students

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Abstract

Background: The shortage of mental health nurses is attributed to negative attitudes of nursing students towards mental illness. Attitudes toward psychiatry have been studied more among medical students worldwide while only few studies were done on nursing students.

Aims: To know the undergraduate nursing student's attitude towards psychiatry and compare the attitude among students with or without exposure to psychiatry clinical postings.

Methods: This is a descriptive, cross-sectional study conducted at nursing college, Karnataka. Undergraduate nursing students belonging to all phases and consenting for the study were the participants. They were considered into two groups, students with or without exposure to psychiatry clinical posting respectively. Apart from collecting sociodemographic details, a self-administered Attitude towards Psychiatry-30 items questionnaire was used, and the Chi-square test was used for statistical analyses.

Result: The total number of consenting participants was 238. Among them 120(50.4%) were undergraduate nursing students who had not attended psychiatry clinical postings and 118(49.57%) had attended psychiatry clinical postings. The mean age of the students attending and not attending psychiatry clinical postings was 20.93 years and 18.58 years respectively. Before clinical exposure students were interested in causes of mental illness and in psychotherapy. But after postings they showed interest in diagnosing and in treatment of patients by pharmacotherapy. They also believed Psychiatric teaching increases our understanding of medical and surgical patients and it should be included in curriculum.

Conclusion: Clinical exposure in psychiatry improves their positive attitude. The choice of career depends on multiple factors not only on a positive attitude towards psychiatry. Stigmatizing attitudes of nursing professionals are major problem with detrimental consequences for people experiencing psychiatric illness. The present psychiatry curriculum can be improved to nurture the development of empathetic attitudes towards people with psychiatric illness.

Keywords: Nursing undergraduates, Attitude, Psychiatry, and Mental Health Illness.

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Introduction

People with psychiatric illness are among the most stigmatized, marginalized members of society and they face discrimination in many areas of daily life as a consequence of their illness.[1] Nurses who are trained in psychiatry (mental health nurses) are an integral component of a multi-disciplinary mental health care system. They play multiple roles like case manager, compassionate support in the therapeutic process.[2]

Recently, choice of mental health nursing as a profession has been found to be low among

undergraduate nursing students.[3,4] Worldwide, the shortage of mental health nurses is attributed to negative attitudes of nursing students towards mental illness.[5] Negative attitudes towards psychiatric nursing as a career option has been a major barrier to sustain an adequate mental health nursing workforce.[6] Such negative attitudes have been shown to have a profound impact on the therapeutic outcome.[7] Attitudes toward psychiatry have been studied more among medical students worldwide.[8-12] while only few studies were done

on nursing students.[13-15] Although it is well researched that undergraduate nursing students held more negative attitudes towards mentally ill people and the profession of mental health nursing.[16-18] other studies have concluded that those negative attitudes can be positively impacted by proper nursing education and training.[19-21] Research lacks studies concerning aspects of nursing education that influences the attitudes positively.

Materials and Methods

This is a descriptive, cross-sectional study conducted at Adichunchanagiri college of Nursing, a constituent college of Adichunchanagiri University, a tertiary care hospital in Karnataka, South India. The sample comprised of nursing undergraduate students from all four professional phases of BSc nursing course who are currently studying in the institute. They were recruited using purposive sampling. The study was conducted for three months from January to March 2019. Clearance from the Institute's Ethics Committee was obtained before starting the study. Informed consent was taken from all students. Then, specially constructed semi-structured proforma and a standardized self-answering questionnaire called Attitude towards Psychiatry-30 items (ATP-30) were given to the participants.

Inclusion Criteria

1. Nursing students who are studying for BSc nursing degree
2. Nursing students providing informed consent.

Exclusion Criteria

1. Students having first- or second-degree relatives with a current psychiatric disorder.
2. Students undergoing treatment for mental health problems.

Tools of Assessment

Semi-structured proforma: It contained socio-demographic details like name, age, gender, residential background, family and personal history of psychiatric illnesses and treatment.

Attitude towards Psychiatry (ATP-30) Questionnaire: The ATP-30 is a five-point Likert scale designed and developed by Burra et al. [5] The scale consists of thirty positively and negatively phrased items which have been validated for assessing the attitudes of different populations towards psychiatry measuring the respondents' attitude to psychiatric patients, psychiatric illness, psychiatrists, psychiatry career choice, psychiatric treatment, psychiatric institutions, and psychiatry teaching. It will take around ten minutes for each student. Each student can give his or her opinion as One- agree strongly; Two - Agree; Three - no opinion/neutral; Four – Disagree and Five- disagree strongly respectively. A score of one denotes a highly positive attitude, five denote a highly negative attitude, and three denote a neutral response. The score of each positively phrased item was converted by subtracting it from six. The scores of one and two combined suggests a negative attitude to psychiatry, while score of three is considered to represent a neutral attitude and a score of four and five combined denotes an overall positive attitude.

Statistical Analysis: Data was collected and tabulated using Microsoft excel. For qualitative data, Mean and standard deviation (SD) were calculated. For quantitative data, Frequency and percentages were calculated. An unpaired t-test was used for continuous variables. A Chi-square/ Fisher Exact test has been used to find the significance of study parameters on a categorical scale between two or more variables. A p value is significant statistically if it is ≤ 0.05 . The Analysis was done using SPSS version 11.

Results

Table 1: Sociodemographic characteristics of the Nursing student participants (N = 238)

	Unexposed (N= 120) (%)	Exposed (N= 118)	Total (N = 238) p value
Age			
	18.58 ± 0.45	20.93 ± 0.59	
Gender			
Male	21(17.5%)	30 (25.4%)	X ² =2.116 p = 0.1457
Female	99 (82.5%)	88 (74.6%)	
Religion			
Hindu	95 (79.2%)	90 (76.3%)	X ² =0.3381 p =0.9527
Muslim	6 (5%)	7 (5.9%)	
Christian	13 (10.8%)	15 (12.7%)	
Others	6 (5%)	6 (5.1%)	
Type of family			
Nuclear	86 (71.7%)	90 (76.3%)	X ² =0.656 p =0.7203
Extended family	12 (10%)	10 (8.5%)	
Joint family	22 (18.3%)	18 (15.2%)	

Place				
Rural	98 (81.7%)	82 (69.5%)	$X^2=4.785$ $p=0.0287^*$	
Urban	22 (18.3%)	36 (30.5%)		
t = unpaired t-test, X^2 = Chi-Square test, df = degree of freedom FET = Fisher Exact Test				

Table 2: Comparison of ATP-30 scores (item wise) between nursing students without or with exposure to psychiatric clinical postings

Frequency (%) Nursing student	Unexposed (120) Agree Disagree		Exposed (118) Agree Disagree		p value df = 1
Psychiatric patients					
1. If we listen to them, psychiatric patients are just as human as other people.	74 (61.7%)	20 (16.6%)	73 (61.9%)	28 (23.7%)	$X^2=1.090$ $p=0.296$
Psychiatric patients are often more interesting to work with than other patients.	52 (43.3%)	34 (28.3%)	65 (55.1%)	26 (22.0%)	$X^2=2.371$ $p=0.124$
Psychiatric illness					
Psychiatric illness deserves at least as much attention as physical illness.	67 (55.8%)	22 (18.3%)	89 (75.4%)	18 (15.1%)	$X^2=1.865$ $p=0.235$
4. It is interesting to try to unravel the cause of psychiatric illness.	51 (42.5%)	18 (15.0%)	49 (41.5%)	41 (34.7%)	$X^2=6.343$ $p=0.012^*$
Psychiatrists					
Psychiatrists tend to be at least as stable as the average doctor.	62 (51.7%)	22 (18.3%)	67 (56.8%)	23 (19.5%)	$X^2=0.009$ $p=0.938$
6. Psychiatrists talk a lot but do very little.	61 (50.8%)	31 (25.8%)	30 (33.1%)	56 (47.5%)	$X^2=11.979$ $p=0.0005^*$
7. Psychiatrists seem to talk about nothing but sex.	18 (15.0%)	58 (48.3%)	18 (15.3%)	87 (73.7%)	$X^2=1.184$ $p=0.277$
Psychiatrists get less satisfaction from their work than other specialists.	33 (27.5%)	53 (44.2%)	40 (33.9%)	49 (41.5%)	$X^2=0.7769$ $p=0.378$
9. There is very little that psychiatrists can do for their patients.	43 (35.8%)	52 (43.3%)	41 (34.7%)	51 (43.2%)	$X^2=0.009$ $p=0.923$
At times, it is hard to think of psychiatrists as equal to other doctors.	66 (55.0%)	29 (24.2%)	73 (61.9%)	36 (30.5%)	$X^2=0.146$ $p=0.702$
Psychiatric knowledge					
11. Psychiatry is a respected branch of medicine.	94 (78.3%)	14 (11.7%)	94 (79.7%)	15 (12.7%)	$X^2=0.029$ $p=0.862$
Psychiatry has very little scientific information to go on.	60 (50.0%)	27 (22.5%)	39 (33.1%)	49 (41.5%)	$X^2=10.818$ $p=0.001^*$
Psychiatry is so unscientific that even psychiatrists cannot agree as to what its basic applied sciences are.	30 (25.0%)	48 (40.0%)	37 (31.4%)	45 (38.1%)	$X^2=0.728$ $p=0.393$
Most of the so-called facts in psychiatry are really just vague speculations.	38 (31.7%)	26 (21.7%)	39 (33.1%)	37 (31.4%)	$X^2=0.911$ $p=0.339$
Psychiatric treatments					
15. It is quite easy for me to accept the efficacy of psychotherapy.	48 (40%)	25 (20.8%)	40 (33.9%)	41 (34.7%)	$X^2=4.202$ $p=0.040^*$
16. With the forms of therapy now at hand, most psychiatric patients improve.	83 (69.2%)	15 (12.5%)	75 (63.6%)	17 (14.4%)	$X^2=0.340$ $p=0.559$
In recent years, psychiatric treatment has become quite effective.	66 (55%)	20 (16.7%)	73 (61.9%)	22 (18.6%)	$X^2=0.0002$ $p=0.988$
The practice of psychotherapy basically is fraudulent since there is no strong evidence that it is effective.	49 (40.8%)	30 (25%)	48 (40.7%)	44 (37.3%)	$X^2=1.680$ $p=0.195$
19. Psychiatric treatment causes patients to worry too much about their symptoms.	53 (44.2%)	37 (30.8%)	73 (61.9%)	33 (27.9%)	$X^2=2.111$ $p=0.146$
Psychiatry as a career choice					
20. I would like to be a psychiatrist.	66 (55%)	26 (21.7%)	62 (52.5%)	38 (32.2%)	$X^2=2.045$ $p=0.152$
The practice of psychiatry allows the development of really rewarding relationships with people.	77 (64.2%)	15 (12.5%)	72 (61.0%)	20 (16.9%)	$X^2=0.882$ $p=0.347$
Psychiatry is unappealing because it makes so little use of medical training.	53 (44.2%)	44 (36.7%)	50 (42.4%)	51 (43.2%)	$X^2=0.522$ $p=0.469$

On the whole, people taking up psychiatric training are running away from participation in real medicine.	50 (41.7%)	30 (25%)	54 (45.8%)	29 (24.6%)	X ² =0.115 p=0.733
If I were asked what I considered to be the three most exciting medical specialties'; psychiatry would be excluded.	52 (43.3%)	26 (21.7%)	59 (50.0%)	30 (25.4%)	X ² =0.103 p=0.959
Psychiatric institutions					
Psychiatric hospitals have a specific contribution to make to the treatment of the mentally ill.	87 (72.5%)	10 (8.3%)	93 (78.8%)	12 (10.2%)	X ² =0.065 p=0.798
6. Psychiatric hospitals are little more than prisons.	56 (46.7%)	30 (25.0%)	69 (58.5%)	30 (25.4%)	X ² =0.440 p=0.507
Psychiatry Teaching					
Psychiatric teaching increases our understanding of medical and surgical patients.	57 (47.5%)	50 (41.7%)	68 (57.7%)	30 (25.4%)	X ² = 5.584 P =0.018*
The majority of students report that their psychiatric undergraduate training has been valuable.	83 (69.2%)	11 (9.2%)	86 (72.9%)	13 (11.0%)	X ² =0.090 p=0.763
These days psychiatry is the most important part of the curriculum in medical schools.	72 (60.0%)	19 (15.8%)	83 (70.3%)	6 (5.1%)	X ² =7.519 p=0.006*
Psychiatry is so amorphous that it cannot really be taught effectively.	38 (3.7%)	38 (31.7%)	30 (25.4%)	53 (44.9%)	X ² =3.111 p=0.078
t = unpaired t-test, X ² = Chi-Square test, df = degree of freedom					

The total number of consenting participants was 238. Out of 238, 120(50.4%) were undergraduate nursing students who had not attended psychiatry clinical postings and 118(49.57%) had attended psychiatry clinical postings. All of them completed the questionnaire and submitted to the investigator. For purposes of the intergroup comparison of socio-demographic and attitudinal differences, the Chi-square test and Student's *t*-test were utilized.

The mean age of the students attending and not attending psychiatry clinical postings was 20.93years and 18.58years respectively. Majority of participants in the study were females and most of them belongs to Hindu religion. Most of the students were from rural background (p value 0.0287) [Table -1]. This can be explained by the fact that, the college is located in rural area hence most of the students are from rural background.

Around 15 % of students who are yet to attend psychiatric clinical posting disagree that it is interesting to try to unravel the cause of a psychiatric illness. However, the percentage has increased to 34.7% once they completed clinical postings (p value 0.012). Around 40% of students who were yet to finish clinical postings believed in the efficacy of psychotherapy. But the percentage dropped down to 33.9% after finishing clinical postings. (p value 0.040)

Majority of students, almost half of participants (50%) who have not attended psychiatry clinical posting agree that Psychiatry has a very little scientific information to go on. This percentage has dropped down to 33% following psychiatric clinical postings (p value 0.001). Among those who are not exposed to clinical postings less than half

(47.5%) of students believe that Psychiatric teaching increases our understanding of medical and surgical patients. After finishing clinical postings more students (57.7%) believe so (p value 0.018).

Majority of the students, almost half of the participants 50.8% who are yet to expose to clinical psychiatry postings believed that Psychiatrists seem to talk a lot but do very little. In contrast, only 33% of students who have attended psychiatry clinical posting agree with the same.

Discussion

The attitude towards psychiatry is very essential as nursing students are going to be involved in the care of patients either directly or indirectly. Stigma, as explained by Goffman (1963), is a complex social process that involves an individual being excluded from full social acceptance.[22] Stigma related to psychiatric illness remains as a major barrier to seeking care.[23] Studies have found that stigma towards psychiatric illness is seen amongst nurses across different specialties, including mental health.[24] To reduce nursing students' stigmatized beliefs about mental illness, educational strategies are very beneficial[25] and ideally, challenging these beliefs should be addressed by educating them at the beginning of training itself.[26] The issue of nursing students attitude towards mental illness has been extensively researched in the west.[27-31] In addition to this, a substantial literature exists for the choice of mental health nursing as a career choice.[3,4,32] However information is limited on attitude towards psychiatry among nursing students in Asian countries.

Psychiatric Illness: Around 15 % of students who are yet to attend psychiatric clinical posting disagree

that it is interesting to try to unravel the cause of a psychiatric illness. However, the percentage has increased to 34.7% once they completed clinical postings (p value 0.012). So, number of people who were giving importance to etiology / causes of psychiatric illness has reduced after clinical postings. This could be explained by the fact that in clinical postings we more over focus on history taking, diagnosing and treating patients. Diagnosing is based on diagnostic criteria, which is mainly clinical features. So, the focus has shifted to symptomatology and psychopathology. And causes (biopsychosocial model of etiology) are given more importance in theoretical classes. Changes in nursing students' conceptions and attitudes towards mental illness and the mentally ill were investigated. All of the students in the psychiatric rotation thought their attitudes had improved in a positive direction, especially in becoming less anxious and fearful concerning the mentally ill patients.[33]

Psychiatric Treatments: Majority of students who have attended psychiatry clinical posting agree that Psychiatric hospitals have a specific contribution to make for the treatment of the mentally ill. Around 40% of students who were yet to finish clinical postings believed in the efficacy of psychotherapy. But the percentage dropped down to 33.9% after finishing clinical postings. (p value 0.040) Which implies they more over believed in pharmacotherapy. May be few weeks of clinical posting was not sufficient to know about the treatment of mental illness, and clinical posting focuses more on common illness and pharmacological treatment. Psychotherapies usually take more time and due to limited time available at clinical postings, nursing students hardly get opportunity to learn about therapy. More exposure to psychotherapy procedures might help them to know better about the different treatment approaches.

Psychiatry Knowledge: Majority of students, almost half of participants (50%) who have not attended psychiatry clinical posting agree that Psychiatry has a very little scientific information to go on. This percentage has dropped down to 33% following psychiatric clinical postings. (p value 0.001). Another study showed that students who rated their clinical postings experience and psychiatry lectures as 'above average' were having better attitudes towards psychiatry. Good quality of clinical teaching, supervision, organized clinical postings, patient contact and seeing patients respond positively to treatments during placements, have been identified as factors that create a good clinical placement experience.[34] Fisher found that nursing students were at risk of developing negative attitudes in clinical placements that exposed them to situations in which they were ill-prepared for.[35]

Psychiatry Teaching: Among those who are not exposed to clinical postings less than half (47.5%) of students believe that Psychiatric teaching increases our understanding of medical and surgical patients. After finishing clinical postings more students (57.7%) believe so (p value 0.018). Majority of students who have attended psychiatry clinical postings agree (70.3%) that these days psychiatry is the most important part of the curriculum in nursing college that is statistically significant compared to students who have not attended clinical postings (60%). The influence of undergraduate nursing education on the attitudes of nursing students towards mental health nursing, studies have shown that students tend to have more favorable attitudes towards mental health nursing when they had received more hours of theoretical preparation and longer clinical postings.[36] A study done by Rusch et al says that psychiatric education are related to better attitudes towards mentally ill patients.[37] Other studies showed that medical and nursing students stigmatizing attitudes reduced after being trained in psychiatric clinical postings.[38,39]

Psychiatrists: Majority of the students, almost half of the participants 50.8% who are yet to expose to clinical psychiatry postings believed that Psychiatrists seem to talk a lot but do very little. In contrast, only 33% of students who have attended psychiatry clinical posting agree with the same. This can be explained by the fact that, students who have attended clinical postings would have seen patients improving with drugs and therapy during follow up visits. Positive attitude towards psychiatrist indicates a changing trend among students about psychiatrist. Some studies have reported that the negative attitude was not the only reason for refraining from choosing field of mental health for one's future career; other reasons, such as more of subjective history taking and less objective examinations, may be psychiatry is not as per their expectations and stigma attached to psychiatry were few reasons not to opt for psychiatry as career.[36]

Conclusions

Clinical exposure in psychiatry improves their positive attitude. The choice of career depends on multiple factors not only on a positive attitude towards psychiatry. When considering stigmatizing attitudes towards mental illness amongst health professionals such as nurses, core cultural dynamics are likely to be influential. Stigmatizing attitudes of nursing professionals are major problem with detrimental consequences for people experiencing psychiatric illness. We recommend acknowledging the presence of stigma amongst nurses, educating nurses regarding its negative impacts on clinical outcome of patients. The present psychiatry curriculum can be improved to nurture the development of empathetic attitudes towards people with psychiatric illness. De-stigmatization strategies

could also be integrated into other curriculum besides psychiatry.

Limitations of the Study: There is a need to conduct multi-centric studies involving much larger samples to generalize the findings of this study.

Significance of the Study: Knowledge gained from this study will help curriculum designers to develop educational programs for students undertaking mental health nursing courses in future.

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