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ORIGINAL ARTICLE Attitude and Knowledge of Nursing Students toward Mental Health Issues

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Abstract

Background: Nursing is considered one of the important professions of expressing and integrating psychiatric reforms. Many factors including workflow, understanding, practice, interpersonal connections and instruction are considered as an essential component of the organic paradigm when studying mental health knowledge and attitude in nursing. The current study aims to understand the opinions, attitude and knowledge of nursing students related to mental health issues.

Methodology: A cross-sectional study including 50 nursing students from Koohi Goth Women Hospital, Karachi-Pakistan was conducted from April 2022 to May 2022. To know about the opinions attitude and knowledge of those students toward mental health issues, the Opinions about Mental illness (OMI) scale is used. Statistical analysis was done using SPSS version 22.0.

Results: A total of 50 female nursing students participated in the study. The mean age of the study participants was 19.88 ± 1.57 years. Opinions about mental illness and its associated response of nursing students varies with respect to their thoughts, and perceptions.

Conclusion: It is concluded that clinical placement in the nursing area is now necessary to achieve the benefits and that classroom instruction alone is insufficient to minimize stigma among nursing students. Since the treatment of patients with mental illness may be negatively impacted by nursing students' attitudes toward such patients. To ensure that students are exposed to both psychiatric nursing theory and clinical practice during their initial years of nursing school, it is imperative that nursing curricula around the world be improved.

Keywords

Nursing students, Mental Health, Stigma, Awareness, Knowledge.





Introduction

The term "psychosocial healthcare" refers to methods that aim to change the classical psychiatric model and is used to describe the historical process that led to psychiatric reform¹. Mental nursing has embraced an organic paradigm; however, this model needs to be changed and revised. Nursing is an important profession for expressing and integrating the concepts of psychiatric reform². Many factors and considerations are believed to be essential. including enhanced workflow, increased nurse understanding, the practice of interpersonal connections, and instruction. Depending on the ailment type, the general public's understanding of and attitude toward those who suffer from mental illness varies. For instance, some studies found that people are more likely to stay away from someone who has schizophrenia than from someone who has depression or an anxiety illness^{3,4}.

When a stigma against a certain demographic is discovered, it is crucial to create treatments to lessen suffering and change negative behaviors that can jeopardize the wellness of this population. In order to stop the stigmatization process, it is crucial to evaluate the level of support pedagogical stigma, anti-stigma initiatives that give accurate information about the stigmatized condition, and create contactbased techniques designed to encourage group engagement and connection^{5,6}. In accordance with the Health Stigma and Discrimination Framework, stigma manifests itself as bias, stereotypes, and discrimination throughout the socio-ecological spectrum. Thus, stigma is a multifaceted notion that encompasses cognitive, affective, and behavioral characteristics that function at the micro-level (individual), mesolevel (social networks), and macro-level (cultural or institutional) and that can occur knowingly (explicitly) or unconsciously (implicitly)⁷⁻⁹.

Experiences of stigmatization and the related labelling typically stem from ignorance of mental

diseases and exposure to instances of prejudice and unfavorable social attitudes¹⁰. These unfavorable perceptions of those who suffer from mental illness can cause social isolation, delay, or even prohibit these individuals from receiving care and treatment, or even engaging with crucial social services¹¹. In fact, the Health Stigma and Discrimination Framework has made the claim that manifestations of stigma will impair several outcomes for impacted populations. These may affect organizational outcomes, such as the accessibility and caliber of health services, and include important services like justice and healthcare¹².

Methodology

The current study was conducted as a crosssectional study at Koohi Goth Women Hospital, Karachi-Pakistan. Data was collected from 50 nursing students, after getting inform consent. All the healthy undergraduate nursing students at the institute were eligible to take part in the study. Opinions, attitude and knowledge regarding mental health issue was assess using the Opinion about Mental Illness (OMI) scale.

OMI is a 51 items scale grouped into 7 factors. These factors include Authoritarianism, Benevolence, Ideology of Mental Hygiene, Social restriction, Interpersonal etiology, Mental effort etiology, and minority view. OMI is a 6 point-Likert scale and is considered an important source for designing and improvising programs and disciplines that deals with mental illness, related issues and mental health of an individual. Each item of OMI was ranked by student from 0 to 5, with 0 mean strongly agree and 5 mean strongly disagree.

All data was collected and analyze on SPSS version 22.0. Descriptive analysis was used to calculate the mean and standard deviation for age. While the categorical data, including items of OMI, gender, ethnicity, and educational level, were expressed in frequency and percentage.

Results

A total of 50 female nursing students participated in the study. The mean age of the study participants was 19.88 \pm 1.57 years. Table 1 below shows the response of the nursing students on the OMI scale.

| Table 1: Response of Nursing Stud Item | Strongly Agree | Agree | Not Sure but Agree | Not Sure but Disagree | Disagree | Strongly Disagree |
|---|-------------------|------------|-----------------------------|-----------------------------|----------|----------------------|
| Nervous Breakdowns Usually Result When People Work Too Hard. | 10 (20) | 16 (32) | 13 (26) | 6 (12) | 3 (6) | 2 (4) |
| Severe Mental Illness Is An Illness Like Any Other. | 8 (16) | 9 (18) | 7 (14) | 14 (28) | 8 (16) | 4 (8) |
| Most Persons With Severe Mental Illness Are Not Dangerous. | 3 (6) | 4 (8) | 5 (10) | 13 (26) | 6 (12) | 19 (38) |
| Although Persons With Severe Mental Illness Seem All Right, They Should Not Be Allowed To Marry. | 11(22) | 17 (34) | 9 (18) | 5 (10) | 2 (4) | 6 (12) |
| If Parents Loved Their Children More, There Would Be Less Severe Mental Illness. | 3 (6) | 35 (70) | 3 (6) | 6 (12) | - | 3 (6) |
| It Is Easy To Recognize Someone Who Once Had A Severe Mental Illness. | 4 (8) | 8 (16) | 7 (14) | 10 (20) | 9 (8) | 12 (24) |
| People Who Are Severely Mentally III Let Their Emotions Control Them, Normal People Think Things Out. | 1 (2) | - | 21 (42) | 28 (56) | - | - |
| People Who Were Once Severely Mentally III Are No More Dangerous Than The Average Citizen. | 2 (4) | 3 (6) | 18 (36) | 21 (42) | 4 (8) | 2 (4) |
| When A Person Has A Problem Or A Worry, It Is Best Not To Think About It, But Keep Busy With More Pleasant Things. | 2 (4) | 41 (82) | 5 (10) | 2 (4) | - | - |
| Although They Usually Aren't Aware Of It, Many People Become Severely Mentally FII To Avoid The Difficult Problems Of Everyday Life. | 15 (30) | 23 (46) | 12 (24) | - | - | - |

| There Is Something About People With Severe Mental Illness That Makes It Easy To Tell Them From Normal People. | - | 50 (100) | - | - | - | - |
|---|---------|-------------|------------|---------|--------|---------|
| Even Though People With Severe Mental Illness Behave In Funny Ways, It Is Wrong To Laugh About Them. | - | 50 (100) | _ | - | - | - |
| Most People With Severe Mental Illness Are Willing To Work. | - | 10 (20) | 16 (32) | 16 (32) | 4 (8) | 4 (8) |
| The Small Children Of Persons With Severe Mental Illness Should Not Be Allowed To Visit Them. | 2 (4) | 25 (50) | 5 (10) | 1 (2) | 6 (12) | 11 (22) |
| People Who Are Successful In Their Work Seldom Become Severely Mentally III. | - | 7 (14) | 22 (44) | 15 (30) | 1 (2) | 5 (10) |
| People Would Not Become Severely Mentally Ill If They Avoided Bad Thoughts. | - | 3 (6) | 18 (36) | 22 (44) | 5 (10) | 2 (4) |
| Persons With Severe Mental Illness Are In Many Ways Like Children. | 4 | 8 (16) | 7 (14) | 10 (20) | 9 (18) | 12 (24) |
| More Tax Money Should Be Spent In The Care And Treatment Of People With Severe Mental Illness. | - | 50 (100) | - | - | - | - |
| A Heart Patient Has Just One Thing Wrong With Him, While A Severely Mentally III Person Is Completely Different From Other Patients. | - | - | 19 (38) | 26 (52) | 3 (6) | 2 (4) |
| Severely Mentally III People Come From Homes Where The Parents Took Little Interest In Their Children. | 3 (6) | 38 (76) | 3 (6) | 6 (12) | - | - |
| People With Severe Mental Illness Should Never Be Treated In The Same Hospital As People With Physical Illness. | - | 25 (50) | 6 (12) | 19 (38) | - | - |
| Anyone Who Tries Hard To Better Himself Deserves The Respect Of Others. | 40 (80) | 4 (8) | 2 (4) | 3 (6) | 1 (2) | - |

| If Our Hospitals Had Enough Well Trained Doctors, Nurses, And Aides, Many Of The Patients Would Get Well Enough To Live Outside The Hospital. | - | 50 (100) | - | - | - | - |
|--|---------|-------------|------------|---------|---------|---------|
| A Woman Would Be Foolish To Marry A Man Who Has Had A Severe Mental Illness, Even Though He Seems Fully Recovered. | - | - | 24 (48) | 26 (52) | - | - |
| If The Childrên Of Mentally III Parents Were Raised By Normal Parents, They Would Probably Not Become Mentally III. | 2 (4) | 10 (20) | 14 (28) | 13 (26) | 8 (16) | 3 (6) |
| People Who Have Been Severely Mentally III Will Never Be Their Old Selves Again. | - | 8 (16) | 16 (32) | 15 (30) | 10 (20) | 1 (2) |
| Many Severely Iventally III Persons Are Capable Of Skilled Labour, Even Though In Some Ways They Are Very Disturbed Mentally. | 7 (14) | 16 (32) | 13 (26) | 11 (22) | 3 (6) | - |
| Our Psychiatric Units Seem More Like Prisons Than Like Places Where Severely Mentally III People Can Be Cared For. | - | 14 (28) | 8 (16) | 8 (16) | 8 (16) | 12 (24) |
| Anyone Who Is Severely Mentally III Should Not Be Allowed To Vote. | 13 (26) | 37 (74) | - | - | - | - |
| The Severe Mental Illness Of Many People Is Caused By The Separation Or Divorce Of Their Parents During Childhood. | - | - | 28 (56) | 22 (44) | - | - |
| The Best Way To Handle Persons With Severe Mental Illness Is To Keep Them Behind Locked Doors. | 6 (12) | 20 (40) | 9 (18) | 9 (18) | 6 (12) | - |
| To Become A Severely Mentally III Person Is To Become A Failure In Life. | - | - | 19 (38) | 26 (52) | 3 (6) | 2 (4) |
| Severely Mentally III Persons Should Be Allowed More Privacy. | - | - | 13 (26) | 12 (24) | 18 (36) | 7 (14) |
| If A Severely Mentally III Person Attacks Someone, He Should Be Punished So He Doesn't Do It Again. | - | - | 34 (68) | 16 (32) | - | - |

| If The Children Of Normal Parents Were Raised By Severely Mentally III Parents They Would Probably Become Severely Mentally III. | - | 50 (100) | | - | - | - |
|---|----------|-------------|------------|---------|---------|----------|
| Every Psychiatric Unit Should Be Surrounded By A High Fence And Guards. | - | - | 20 (40) | 25 (50) | 3 (6) | 2 (4) |
| The Law Should Allow A Woman To Đivorce Her Husband As Soon As He Has Been Diagnosed With A Severe Mental Illness. | 5 (10) | 7 (14) | 7 (14) | 11 (22) | 9 (18) | 11 (22) |
| People Who Are Unable To Work Because Of Severe Mental Illness Should Receive Money For Living Expenses. | - | 50 (100) | - | - | - | - |
| Severe Mental Illness Is Usually Caused By Some Disease Of The Nërvous System. | 4 (8) | 24 (48) | 22 (44) | - | - | - |
| Regardless Of How You Look At It, Patients With Severe Mental Illness Are No Longer Really Human. | - | 10 (20) | 14 (28) | 16 (32) | 3 (6) | 7 (14) |
| Most Women Who Were Once Severely Mentally III Could Be Trusted As Babysitters. | - | - | - | - | - | 50 (100) |
| Most Persons With Severe Mental Illness Don't Care How They Look. | 50 (100) | - | - | - | - | - |
| College Professors Are More Likely To Becoive Severely Mentally III Than Are Business Men. | - | - | 20 (40) | 30 (60) | - | - |
| Many People Who Have Never Been Patients In A Psychiatric Unit Are More Mentally III Than Many Patients Admitted To Psychiatric Units. | - | 16 (32) | 17 (34) | 17 (34) | | - |
| Although Some Severely Mentally III Patients Seem All Right, It Is Dangerous To Forget For A Moment That They Are Severely Mentally III. | 5 (10) | 37 (74) | 8 (16) | - | - | - |
| Sometimes Severe Mental Illness Is Punishment For Bad Deeds. | 3 (6) | 12 (24) | 8 (16) | 9 (18) | 10 (20) | 8 (16) |

| Our Psychiatric Units Should Be Organized In A Way That Makes The Patient Feel As Much As Possible Like He Is Living At Home. | 50 (100) | - | - | - | - | - |
|---|----------|-------------|------------|---------|--------|-------|
| One Of The Main Causes Of Severe Mental Illness Is A Lack Of Moral Strength Or Willpower. | - | 21 (42) | 12 (24) | 12 (24) | 3 (6) | 2 (4) |
| There Is Little That Can Be Done For Persons With Severe Mental Illness Except To See That They Are Comfortable And Well Fed. | 9 (18) | 32 (64) | - | 9 (18) | - | - |
| Many Persons With Severe Mental Illness Would Remain In The Hospital Until They Were Well, Even If The Doors Were Unlocked. | - | 50 (100) | - | - | - | - |
| All Persons With Severe Mental Illness Should Be Prevented From Having Children By A Painless Operation. | 9 (18) | 19 (38) | 3 (6) | 14 (28) | 5 (10) | - |

Discussion

One of the primary obstacles to the diagnosis, treatment, and recovery from mental illness is stigma. Unsurprisingly, stigma is viewed by many researchers as a "second disease" for individuals who have been identified with a psychological illness due to its detrimental effects¹³.

Stigma develops when someone or a group is linked to undesirable traits including danger, irresponsibility, and lack of credibility¹⁴. Our study participants suggest that Nervous Breakdowns Usually Result when People work too hard (36%). Studies suggest that this could act as a result, of the dominant social group seeks to distance itself from and shun them, which causes the ostracized group to lose status and face prejudice on both a personal and organizational level. It is also assumed that People who are severely mentally ill let their emotions control them, and normal people think things out. However, our study participants think opposite¹⁵. Majority of nursing students disagree with this thought. Moreover, each study participants assume that there is something about people with severe mental illness that makes it easy to tell them from normal people¹⁶⁻¹⁸.

Health workers engage in ostracizing acts toward people with mental illness in the realm of health services. The opinions of medical experts on schizophrenia, depression, and substance abuse are consistent with those of the public. Particularly, nursing professionals feel anxiety, guilt, and resentment towards patients with psychiatric diseases because they view them as being unsafe, unpredictable, and emotionally unstable¹⁹.

Our results suggest that the perception regarding mentally ill individual of regardless of how you look at it is very strong. It is assumed that patients with severe mental illness are no longer really human (28%). Therefore, Health professionals are less reluctant to care for the patient or provide such treatment alone because of the traditional connotation with peril. As a result, there are fewer preventive measures since the discomfort expressed by the patient may be mistakenly attributed to the side effects of psychotropic medications or to the mental condition itself rather than to the presence of a physical pathology. As a result of the consequences, people with schizophrenia or bipolar illness have a shorter life expectancy than the normal population and are more likely to develop high blood pressure, diabetes, cardiac problems, or respiratory issues²⁰⁻²².

Conclusion

The nursing staff is also responsible for ensuring the transportation of samples to the laboratory at the preferred temperature for the sample. Some blood samples, including blood gases, pyruvate, parathyroid hormone, Adrenocorticotropic hormone (ACTH), ammonia, and lactate, are temperature sensitive and need a special protocol for transportation. There is a need to be aware and intensify the knowledge of nurses to minimize the pre-analytical errors by nursing staff, collect the appropriate specimen inappropriate tube drawn by the right person and in appropriate condition, and transport the sample time to the laboratory for the analysis.

References

- Santos SD, Soares MH, Hirata AG. Attitudes, knowledge, and opinions regarding mental health among undergraduate nursing students. Rev Esc Enferm USP. 2013;47(5):1195-202
- Ulfat S, Shaheen R, Riaz R, Said AB. Knowledge, attitude and practice of nurses regarding disaster management: A Study from Peshawar KPK. JEHSR. 2015;3(3):12-4.
- Santos SD, Soares MH, Hirata AG. Attitudes, knowledge, and opinions regarding mental health among undergraduate nursing students. Revista da Escola de Enfermagem da USP. 2013;47:1195-202.
- 4. World Health Organization. Available online: https://www.who.int/news-room/factsheets/detail/mental-disorders (accessed on 20 December 2021).
- European Social Network. (Mental Health and Wellbeing in Europe. Person Centred Community Approach) Salud Mental y Bienestar en Europa. Un Enfoque Comunitario Centrado en la Persona; European Social Network: Brighton, UK, 2011
- Feigin, V.L.; Nichols, E.; Alam, T.; Bannick, M.S.; Beghi, E.; Blake, N.; Culpepper, W.J.; Dorsey, E.R.; Elbaz, A.; Ellenbogen, R.G.; et al. Global, regional, and national burden of neurological disorders, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. Lancet Neurol. 2019, 18, 459–480.

- Pescosolido, B.A.; Halpern-Manners, A.; Luo, L.; Perry, B. Trends in Public Stigma of Mental Illness in the US, 1996–2018. JAMA Netw. Open 2021, 4, e2140202.
- Schomerus, G.; Schwahn, C.; Holzinger, A.; Corrigan, P.; Grabe, H.; Carta, M.; Angermeyer, M. Evolution of public attitudes about mental illness: A systematic review and meta-analysis. Acta Psychiatr. Scand. 2012, 125, 440–452.
- Zhang, Z.; Sun, K.; Jatchavala, C.; Koh, J.; Chia, Y.; Bose, J.; Li, Z.; Tan, W.; Wang, S.; Chu, W.; et al. Overview of Stigma against Psychiatric Illnesses and Advancements of Anti-Stigma Activities in Six Asian Societies. Int. J. Environ. Res. Public Health 2019, 17, 280.
- Lam, T.P.; Lam, K.F.; Lam, E.W.W.; Ku, Y.S. Attitudes of primary care physicians towards patients with mental illness in Hong Kong. Asia-Pac. Psychiatry 2012, 5, E19–E28.
- Rüsch, N.; Xu, Z. Strategies to reduce mental illness stigma. In The Stigma of Mental Illness—End of the Story? Gaebel, W., Rössler, W., Sartorius, N., Eds.; Springer International Publishing: Berlin/Heidelberg, Germany, 2017; pp. 451–467.
- Stangl, A.L.; Earnshaw, V.A.; Logie, C.H.; Van Brakel, W.; Simbayi, L.C.; Barré, I.; Dovidio, J.F. The Health Stigma and Discrimination Framework: A global, crosscutting framework to inform research, intervention development, and policy on healthrelated stigmas. BMC Med. 2019, 17, 1–13.
- Corrigan, P.W.; Rao, D. On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change. Can. J. Psychiatry 2012, 57, 464–469.
- Hunter, L.; Weber, T.; Shattell, M.; Harris, B.A. Nursing Students' Attitudes about Psychiatric Mental Health Nursing. Issues Ment. Health Nurs. 2014, 36, 29–34.
- Thongpriwan, V.; Leuck, S.E.; Powell, R.L.; Young, S.; Schuler, S.G.; Hughes, R.G. Undergraduate nursing students' attitudes toward mental health nursing. Nurse Educ. Today 2015, 35, 948–953.
- Masedo, A.; Grandón, P.; Saldivia, S.; Vielma-Aguilera, A.; Castro-Alzate, E.S.; Bustos, C.; Romero-López-Alberca, C.; Pena-Andreu, J.M.; Xavier, M.; Moreno-Küstner, B. A multicentric study on stigma towards people with mental illness in health sciences students. BMC Med. Educ. 2021, 21, 324.
- Palou, R.G.; Vigué, G.P.; Tort-Nasarre, G. Attitudes and stigma toward mental health in nursing students: A systematic review. Perspect. Psychiatr. Care 2020, 56, 243–255.

- Oster, K.; Withers, E.; Blanco, T.; Lupson, C.; Steele, M.; Giandinoto, J.; Furness, T. Undergraduate nursing students' stigma and recovery attitudes during mental health clinical placement: A pre/post-test survey study. Int. J. Ment. Health Nurs. 2019, 28, 1065– 1077.
- 19. Marques, A.; Barbosa, T.; Queiros, C. Stigma in mental health: Perceptions of students who will be future health professionals. Eur. Psychiatry 2011, 26, 1439.
- Happell, B.; Platania-Phung, C.; Bocking, J.; Scholz, B.; Horgan, A.; Manning, F.; Doody, R.; Hals, E.; Granerud, A.; Lahti, M.; et al. Nursing Students' Attitudes Towards People Diagnosed with Mental

Illness and Mental Health Nursing: An International Project from Europe and Australia. Issues Ment. Health Nurs. 2018, 39, 829–839.

- 21. Fernandes JB, Família C, Castro C, Simões A. Stigma towards People with Mental Illness among Portuguese Nursing Students. J. Per Med. 2022;12(3):326.
- 22. Heim, E.; Henderson, C.; Kohrt, B.A.; Koschorke, M.; Milenova, M.; Thornicroft, G. Reducing mental health-related stigma among medical and nursing students in low- and middle-income countries: A systematic review. Epidemiol. Psychiatr. Sci. 2019, 2, e28.