Beliefs of Nursing and Social Work Students towards Mental Illness: Example of a Public University

Hemşirelik ve Sosyal Hizmetler Bölümü Öğrencilerinin Ruhsal Hastalığa Yönelik İnançları: Bir Kamu Üniversitesi Örneği

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ABSTRACT

Purpose: This descriptive study was conducted to determine the beliefs towards mental illness of nursing and social services students at a public university.

Method: The sample of the study consisted of 375 nursing and social services students. Demographic Information Form and Belief to Mental Illness Scale were used to collect the data for this descriptive study.

Findings: The total score of the Beliefs Toward Mental Illness Scale was 48.04 (±SD:16.04). The total score differed according to department (t=4.556; p=0.00), enrolment year (F=3.231; p=0.02), and enrolment status (t=1.957; 0.05). It was found a relationship between body mass index and age (t=2.069; p=0.04; 95%CI [.07- 2.84]) in nursing students, however, there was not a relationship between BMI and age (t=-. 339; p=0.74; 95%CI [- 1.46-2.06]) in social services.

Conclusions: As a result, beliefs of students towards mental illness were found moderate. Beliefs of students in the department of nursing towards mental illness are higher than the students in the department of social services.

Keywords: Belief, Mental Illness, Nursing, Student, Social Workers

ÖZET

Amaç: Bu araştırma, bir devlet üniversitesinde öğrenim gören hemşirelik ve sosyal hizmetler bölümü öğrencilerinin ruhsal hastalıklara yönelik inançlarını belirlemek amacıyla tanımlayıcı olarak yapılmıştır.

Yöntem: Araştırmanın örneklemini 375 hemşirelik ve sosyal hizmetler öğrencisi oluşturmuştur. Tanımlayıcı nitelikteki bu çalışmanın verilerini toplamak için Demografik Bilgi Formu ve Ruhsal Hastalıklara İnanç Ölçeği kullanılmıştır.

Bulgular: Ruhsal Hastalıklara Yönelik İnançlar Ölçeği toplam puanı 48.04 (±SD:16.04) idi. Toplam puan bölüme (t=4.556; p=0.00), kayıt yılına (F=3.231; p=0.02) ve kayıt durumuna (t=1.957; 0.05) göre farklılık göstermiştir. Hemşirelik öğrencilerinde vücut kitle indeksi (VKİ) ile yaş (t=2.069; p=0.04; %95CI [.07- 2.84]) arasında ilişki bulunmuş, ancak sosyal hizmetler bölümü öğrencilerinde VKİ ile yaş arasında ilişki bulunmamıştır (t=-. 339; p=0.74; 95%CI [- 1.46- 2.06]).

Sonuç: Sonuç olarak öğrencilerin ruhsal hastalığa yönelik inançları orta düzeyde bulunmuştur. Hemşirelik bölümü öğrencilerinin ruhsal hastalıklara yönelik inançları sosyal hizmetler bölümü öğrencilerine göre daha yüksektir.

Anahtar Kelimeler: İnanç, Hemşirelik, Öğrenci, Ruhsal Hastalık, Sosyal Çalışmacı

1. INTRODUCTION

About one of six people in the world suffers from any mental illness (Ritchie, 2018). Similarly, the rate of having at least one mental illness throughout one's life is approximately 18% in Turkey (T.C. Sağlık Bakanlığı, 2011). The mental health, which is often neglected in the assessment of health, is one of the most important components of holistic approach towards the individual (Mermer et al., 2019; Sereeraj, 2017). Patients with mental health disorder sstill encounter negative attitudes and behaviors of the society (Çam and Bilge, 2013; Poreddi, 2014; Bennett, 2015) and such stigmatizing and discriminant approach of the society constitutes a serious obstacle to seeking help about mental illnesses (Yeh et al., 2017). On the other hand, the perspective of healthcare personnel is important for the patients with mental illness who want to receive the treatment they need without any discrimination, and their relatives. However, stigmatizing views of the society and the perspective of healthcare personnel, who are natural members of the society, are similar to each other (Happell, 2018).

From among the healthcare personnel, especially nurses and social service specialists have a key importance in treatment and rehabilitation processes of mental illnesses. These departments offer theoretical and practical courses about mental illness before the graduation and an opportunity is given for students to acquire more positive beliefs and attitudes towards people with mental illness. However, some studies found that nursing students have positive attitudes towards individuals with mental illness (Poreddi, 2014; Günay et al., 2016) , while others found that nursing students have highly negative attitudes towards individuals with mental illness (Sreeraj, 2017). Similarly, some of the students in the department of social services do not prefer working with individuals with mental illness (Sottie et al, 2018) , while others express that their attitude does not change when working with such individuals (Thompson, 2017) .

Although there are many studies in the literature that research the attitudes of nursing and social services students towards mental illnesses, the number of studies that research an individual's belief towards mental illness, which is the core underlying reason for such attitudes is limited (Günay et al., 2016). Students enrolled in both departments are likely to work with individuals with mental illness after their graduation. Therefore, to define those students' beliefs towards mental illness and related factors might be addressing issues to be included in the curriculum. In this context, this study aims to define the nursing and social services students' beliefs towards mental illness and certain related factors of all nursing and social services students who take and do not take the mental health course.

2. METHOD

2.1. Study Type and Participants

Population of this descriptive research consisted of students of Departments of Nursing and Social Services of Faculty of Health Sciences of a public university (N=598), and the sample group consisted of 375 students who agreed to participate in the study.

2.2. Data Collection Tools

In this study, Demographic Information Form and Beliefs Toward Mental Illness Scale were used to collect the data.

2.3. Socio-demographic Information Form

The questionnaire form consisted of questions on socio-demographic features of participants, including age, gender, place of growing up, marital status, employment status and family structure, and questions on presence of any family member with mental illness, the time spent with such family member and the emotion felt, the person to get help in case of a mental illness and opinions of participants about the main reasons for the mental illness.

2.4. Beliefs Toward Mental Illness Scale (BMI)

The Beliefs Toward Mental Illness Scale was developed by Hirai and Clum (2000), and its validity and reliability study in Turkey was conducted by Bilge and Çam (2008). The scale, which consists of 21 items in total, is scored between 0-5 and is of 6-point Likert scale type. In the Turkish version of the scale, the dangerousness sub-dimension includes items 1, 2, 3, 4, 5, 6, 7, 13, the embarrassment sub-dimension includes items 12, 15; and the incurability and poor interpersonal relationships sub-dimension includes items 8, 9, 10, 11, 14, 16, 17, 18, 19, 20, 21. The high total score obtained from the scale and each of its sub-dimensions shows negative belief. Total score Cronbach Alpha coefficient of the scale's original version is .91, total score Cronbach Alpha coefficient of the Turkish version is .82. In this study, the Cronbach's alpha coefficient was calculated as .85 for the total score of scale.

2.5. Ethical Aspect of the Research

Necessary institutional permit was obtained before starting the study. Also, the necessary ethical permit (Decision No: 2019.04.09) was obtained from the Noninvasive Research Ethics Board. In addition, before the questionnaires were presented to the students, researchers informed the participants as necessary, participation in the study was on voluntary basis, and informed consent of the participants was obtained.

2.6. Data Analysis

SPSS 22.0 software package was used in the analysis of data. Number, percentage, mean, standard deviation and minimum-maximum values were used to define the socio-demographic features and scale scores of the participant students. The t-test and ANOVA were used in independent groups in order to find out whether socio-demographic features of the participants and the scores obtained from the scale total and sub-dimensions differ significantly. Univariate linear regression was used to determine the relationship between continuous variables. The results were interpreted within the confidence interval of 95%.

3. FINDINGS

Average age of the participating students participating is 20.16±1.52 (min.-max.: 17-26), 76.8% of participants are women, 62.9% are nursing students, and 38.7% are 1st grade students. Of the participants who mostly grew up in urban areas, 96.8% are single, 61.9% have nuclear family, and 68.5% of the families do not have any family member with mental illness (Table 1). Although it is not shown in the table, the participants who have family members with mental illness stated that this person is their father (65.9%) and their relatives

(19.3%). Only 2.6% of the participants live with an individual with a mental illness, and the emotion they mostly feel was found to be fear (40.6%) and distress (43.1%). According to the participants, the reason for mental illness is mostly traumatic events (48.3%) and family conflicts (34.7%).

The participants scored 48.04 (±SD:16.04) points in total from the BMI. Regarding the sub-dimensions of the scale, they got 2.79 (±SD: 2.72) points from the *Embarrassment*, 24.85 (±SD: 9.93) from the *Incurability and Poor Interpersonal Relationships*, and 20.47 (±SD: 6.27) from the *Dangerousness* (Table 2).

Comparisons of some socio-demographic features of the students and their mean scores from the scale and its sub-dimensions are shown in Table 3. The total score of BMI differed according to department (t=4.556; p=0.00), fourth-year students according to second-year students(F=3.231; p=0.02), and enrolment status (t=1.957; 0.05).The score of students who study in the nursing department (t=2.225; p=0.03), unemployed (t=2.029; p=0.04), and those with no mental illnesses in their family (t=-2.276; p=0.02)from the dangerousness sub-dimension was higher, and this difference was statistically significant. Regarding the embarrassment sub-dimension, the score of participants who study in the nursing department (t=8.548; p=0.00), first-year students according to all other grades and fourth-year students according to second-year students (F=10.313; p=0.00), grew up in rural area (t=-2.985; p=0.00), are single (t=-3.307; p=0.01), those unemployed (t=10.554; p=0.00), have an extended family (t=-8.687; p=0.00) and have a family member with mental illness (t=5.235; p=0.00) was higher, and this difference was statistically significant. Regarding the incurability and poor interpersonal relationships, the score of participants who study in the nursing department (t=3.739; p=0.00), fourth-year and first-year students according to second-year students(F=3.420; p=0.02), was higher, and this difference was found to be statistically significant. Finally, it is not in Tables, there was a relationship between BMI and age (t=2.069; p=0.04; 95%CI [.07- 2.84]) in nursing students, however, there was not a relationship between BMI and age (t=-. 339; p=0.74; 95%CI [- 1.46- 2.06]) in social services. There was no relationship between BMI and other variables included in this study (p> 0.05).

4. DISCUSSION

In this study, the beliefs of undergraduate students in the departments of nursing and social services towards the mental illness and the affecting factors were examined.

As a result of this study, a relationship was found between gender and belief towards mental illness in nursing students, but it was not determined in social services students. A study conducted among the Lebanese population showed that high attitude score was related with participants' age (Abi Doumit et al., 2019).

In a study conducted with nursing students by Günay et al. (2016), they found that nursing students had negative beliefs and attitudes towards individuals with mental illness. On the other hand, Kara (2015) reported in the study conducted on students of department of social services that theoretical education offered on mental illnesses affect the beliefs of students positively. According to finding of this study, beliefs of students in the department of nursing towards mental illness are higher than the students in the department of social services. In this context, it is evaluated that the psychiatric nursing course offered in the last year of the nursing education curriculum is not sufficient and therefore it should be one of the issues that need to be addressed in determining the contents of nursing education curricula.

This study found that the students living in the rural areas had negative attitudes towards individuals with mental illness compared to those living in urban areas, and they also got higher points from embarrassment and incurability sub-dimensions. According to Taşkın et al.(2006), 75% of the rural people stated that they will not marry a person with depression and 50% will be uncomfortable with having a neighbor with depression. It was reported that the tendency to stigmatize individuals with depression is higher especially in rural areas than those living in urban areas. The fact that the beliefs and attitudes of individuals living generally in rural areas towards individuals with mental illness and their families are transferred to future generations is believed to be supporting the finding of our study.

Ünal et al. (2010) found that married students believed more that mental illness is a condition to be embarrassed of. Also, in the study conducted by Tarım and Yılmaz (2018) with university students who study health, they similarly found that married students think that individuals with mental illness are dangerous, and the attitudes of these students towards individuals with mental illness are also negative. These studies are not consistent with the results of our study. According to an article which compiles the studies conducted on attitudes and beliefs towards mental illness in Turkey, the society affects patients and their relatives negatively by having negative beliefs and attitudes towards individuals with mental illness and their families and stigmatizing them. Accordingly, it is considered that nursing and social services students are influenced by the

behaviors of the society they live in, and students who are not married have a sense of embarrassment towards the individuals with mental illness.

In this study, it was found that students with extended family think that individuals with mental illness are dangerous and they are embarrassed of mental illnesses, and their beliefs towards the mental illness in general are negative. Similarly, Tarım and Yılmaz (2018) found that university students who study health and have an extended family had negative attitudes towards mental illness.

In this study, embarrassment score of students having a family member with a mental illness was found to be high. According to Çam and Bilge (2013), the participants stated that family members feel embarrassment and are stigmatized in the society if there is an individual with mental illness in the family. Contrary to this, Ünal et al.(2010)found that the students who have a relative with mental illness had a lower belief that the patients are dangerous and such illness is a condition to be embarrassed of. According to these results, negative perspective of the society towards individuals with mental illness and their families affects individuals with mental illness and their relatives. The patient and his relatives may experience internalized stigma.

This study was conducted only on the students enrolled in nursing and social services at a state university in Turkey and on a relatively limited sample. Therefore, it might limit the generalization of the results. Further studies to be conducted on broader samples and different variables might help exploring factors affecting beliefs of students towards mental illness.

5. CONCLUSION

As a result, beliefs of students towards mental illness were found moderate. Beliefs of students in the department of nursing towards mental illness are higher than the students in the department of social services. Based on these results, it was interpretable that it is important to design nursing education programs in a way to enable the students to develop positive beliefs towards patients with mental illnesses from the beginning of the first year of their enrolled.

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REFERENCES

Abi Doumit, C., Haddad, C., Sacre, H., Salameh, P., Akel, M., Obeid, S., ... &Soufia, M. (2019). Knowledge, attitude and behaviors towards patients with mental illness: Results from a national Lebanese study. PloS one, 14(9), e0222172.

Bennett JSR. (2015). Attitudes towards mental illness of nursing students in a Baccalaureate programme in Jamaica: a questionnaire survey. J Psychiatr Ment Health Nurs. 22(8): 599-605

Bilge A veÇam O. (2008). Ruhsalhastalığayönelikinançlarölçeğiningeçerliliğivegüvenilirliği. Anadolu PsikiyatriDergisi. 9:91- 96.

Çam O, & Bilge A. (2013). Türkiye'deruhsalhastalığa / hastayayönelikinanç,tutumvedamgalamasüreci: sistematikderleme. PsikiyatriHemşireliğiDergisi. 4(2): 91-101.

Günay, S., Bekitkol, T., Ekitli, G., and Yıldırım, S. (2016). Determination of the Mental Disorder Beliefs of Students in a Nursing Faculty. Journal of Psychiatric Nursing 2016;7(3):129–134

Happell B PPC. (2018). Nursing students' attitudes towards people diagnosed with mental ıllness and mental health nursing: an ınternational project from europe and australia. Issues in Mental Health Nursing. 39(10): 829-839.

Hirai M. and Clum GA. (2000). Development, reliability, and validity of the beliefs toward mental illness scale. Journal of Psychopathology and Behavioral Assessment. 22(3): 221-236.

Kara N. (2015). Sosyalhizmetbölümüöğrencilerininruhsalhastalıklarayönelikinançlarıveruhsalhastalıklarayönelikverilenteorikeğitiminetkileri, BilişselDavranışçıPsikoterapiveAraştırmalarDergisi 2. 69-77

Mermer G, DemirelözAkyüz, M, & Can H. (2019). Midwifery students' perceptions of spirituality and spiritual care: an example from western turkey. Journal of Religion and Health. 58: 666-676.

Poreddi V T R. (2014). Undergraduate nursing students' attitudes towards mental ıllness: ımplications for specific academic education. Indian J Psychol Med. 36(4): 368-372.

Ritchie H. (2018). Global mental health: five key insights which emerge from the data. Web adresi:https://ourworldindata.org/global-mental-health(Accessed December 2020.

Sottie C, Mfoafo-M'Carthy M, &Moasun F. (2018). Graduate social work students' perceptions and attitude toward mental illness: implications for practice in developing countries. Social Work in Mental Health. 540-555, https://doi.org/10.1080/15332985.2018.1448325

Sreeraj VP. (2017). Indian nursing students' attitudes toward mental illness and persons with mental illness. Ind Psychiatry J. 26(2): 223-227.

T.C.SağlıkBakanlığı. (2011). Ulusalruhsağlığıeylemplanı. Ankara: T.C.SağlıkBakanlığıYayın No : 847

Tarım HŞ. veYılmaz M. (2018). Sağlıkalanındaöğrenimgörenüniversiteöğrencilerininruhsalbozukluklarayönelikinançlarınınsosyo-demografikdeğişkenleraçısındanincelenmesi, Mersin Univ SağlıkBilimDerg. 11(2): 134-146

Taşkın TO, Şen SF, Özmen E, Aydemir Ö. (2006). Kırsalkesimdedepresyonluhastalarayöneliktutumlar: sosyalmesafeveetkileyenetmenler. Psychiatry in Türkiye. 8:11-7

Yeh M.A., Jewel R.D. and Thomas V.L. (2017).The Stigma of Mental Illness: Using Segmentation for Social Change, Journal of Public Policy and Marketing, 36(1): 97-116

Thompson J. (2017). Investıgatıng the attıtudes of graduate socıal work students toward severe and persıstent mental ıllness. San Bernardino: Electronic Theses, Projects, and Dissertations. 535,

Ünal S, Hisar F, Çelik B, &Özgüven Z. ÜniversiteÖğrencilerininRuhsalHastalığaYönelikinançları. Düşünen Adam PsikiyatriveNörolojikBilimlerDergisi. 2010; 23: 145-150.

TABLES

Table 1: Information on socio-demographic characteristics of participants (n=375)

Feature	Number	Percentage
Gender		
Female	288	76.8
Male	87	23.2
Department		
Nursing	236	62.9
Social Services	139	37.1
Grade		
1st Grade	145	38.7
2nd Grade	70	18.7
3rd Grade	64	17.1
4th Grade	96	25.6
Region They Grew Up		
Urban	288	76.8
Rural	87	23.2
Marital Status		
Single	363	96.8
Married	12	3.2
Family Type		
Nuclear family	232	61.9
Extended family	134	35.7
Broken family	9	2.4
Presence of family member with mental illness		
Yes	118	31.5
No	257	68.5

Table 2: Breakdown of participants' mean scores of BMI and its sub-dimensions

Beliefs Toward Mental Illness Scale			
	M±SD	Minimum-Maximum	Score range
Embarrassment	2.79±2.72	0.00-10.00	0-10
Incurability and Poor Interpersonal Relationships	24.85±9.93	0.00-55.00	0-55
Dangerousness	20.47±6.27	2.00-39.00	0-40
Total scale	48.04±16.04	3.00-100.00	0-105

BMI: Beliefs Toward Mental Illness Scale;M: Mean; SD: Standard deviation.

Table 3: Breakdown of mean scores of students in BMI and its sub-dimensions by their socio-demographic features

Identifying features	Beliefs Toward Mental Illness Scale			
	Dangerousness M±SD	Embarrassment M±SD	Incurability and Poor Interpersonal Relationships M±SD	Total M±SD
Gender				
Female	20.64±6.12	2.71±2.70	24.65±9.81	48.02±15.67
Male	19.89±6.73	2.72±3.08	25.50±10.35	48.12±17.30
t-test/p	.976/0.33	-0.015/0.99	-0.698/0.49	-0.054/0.96
Department				
Nursing	21.03±6.41	3.54±2.80	26.30±9.94	50.87±16.04
Social Services	19.54±5.93	1.33±2.15	22.39±9.47	43.25±14.92
t-test/p	2.225/0.03	8.548/0.00	3.739/0.00	4.556/0.00
Grade				
1st Grade	19.71±5.88	3.59±2.92	24.86±9.29	48.17±15.06
2nd Grade	20.19±6.66	1.59±2.45	21.87±10.28	43.64±16.58
3rd Grade	20.27±7.09	2.13±2.48	25.17±11.07	47.56±18.17
4th Grade	21.97±5.82	2.63±2.62	26.80±9.45	51.40±15.00
F/p	2.640/0.49	10.313/0.00	3.420/0.02	3.231/0.02
Region they lived in while growing up				
Urban	20.51±6.27	2.48±2.66	24.29±10.07	47.29±16.16
Rural	20.33±6.32	3.49±3.08	26.71±9.29	50.54±15.50
t-test/p	0.235/0.81	-2.985/0.00	-2.000/0.05	-1.659/0.09
Marital Status				
Married	20.47±6.20	2.65±2.79	24.81±9.99	47.93±16.01
Single	20.50±8.47	4.75±2.14	26.16±8.23	51.42±17.23
t-test/p	-0.016/0.99	-3.307/0.01	-0.465/0.64	-0.739/0.46
Employment status				
Employed	19.45±6.07	4.81±2.58	26.31±9.39	50.57±15.51
Unemployed	20.89±6.32	1.86±2.40	24.25±10.11	47.01±16.17
t-test/p	2.029/0.04	10.554/0.00	1.1825/0.07	1.957/0.05
Family Type				
Nuclear family	20.70±6.40	1.83±2.37	24.31±10.23	46.83±16.23
Extended family	19.99±6.11	4.34±2.82	25.62±9.53	49.94±15.79
t-test/p	1.044/0.30	-8.687/0.00	-1.213/0.23	-1.783/0.08
Presence of family member with mental illness				
Yes	19.39±5.88	3.90±3.17	25.28±9.99	48.57±16.18
No	20.97±6.40	2.18±2.42	24.65±9.92	47.81±16.01
t-test/p	-2.276/0.02	5.235/0.00	0.563/0.57	.427/0.67