

Opinion of B.Sc. Nursing Students & Their Teachers about Psychiatric Disorders & Psychiatric Nursing

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Abstract One of the key determinants of choice of specialization in nursing is opinion towards that speciality. The Psychiatric Disorders and Psychiatric Nursing Opinionnaire was administered to 162 subjects (both B.Sc. Nursing 3rd year students and undergraduate nursing teachers) selected using purposive sampling technique when they had participated in 3 workshops targeted at training in essential psychiatric nursing skills. Subjects from all three workshops had moderately humanistic, moderately professional and moderate acceptance opinions towards psychiatric disorders and psychiatric nursing. However, they also had moderate rejection opinion and were undecided about opinions that were custodial as well as punitive. This study has strong implications for nursing teachers and nurse administrators to focus on clinical experience and CNE programs to inculcate positive opinion which may impact on future career decisions and quality of patient care too.

Keywords *B.Sc. Nursing 3 Years Trainees, Nursing Teachers, Opinion, Psychiatric Disorders and Psychiatric Nursing*

1. Introduction

A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history in every social and religious culture [1]. 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 mentally ill [2, 3]. The opinion of nurses about psychiatric patients and psychiatric nursing is a very important predictor of the quality and outcome of care. Emotional climate in the psychiatric wards affects the patients. Nurses opinion about mental illness and psychiatric nursing impact on the emotional climate in the wards. For the patient family members, the nurse is the role model. Their interaction with the patient is to a large extent dependent on their observation of health personnel's attitude to psychiatric illness.

1.1. Background

B.Sc. nursing trainees are exposed to psychiatric patients in their third year. Their opinion of psychiatric nursing may be important determinants of their specialty choice. Moreover, their opinion also could affect quality of care when they choose to work in psychiatric hospitals as RN. In this millennium, quality assurance has become a key word in the health sector. Nursing teachers' opinion of psychiatric patients could be transmitted to their students. For the student, their teacher is the role model. A positive attitude towards mental illness is a necessary prerequisite for the provision of holistic care to the patients [4]. Keeping this in mind, assessment of B.Sc. Nursing students and their teachers' opinion of psychiatric patients and psychiatric nursing was taken up as part of a NIMHANS funded research project.

1.2. Literature Review

Nurses with B.Sc. nursing qualification had more benevolence (4.51 ± 7.12), less stigmatization (1.64 ± 4.06) and less restrictiveness (1.81 ± 6.01) towards psychiatric patients than those with assistant nurse certificate, diploma and ANM qualification in a descriptive study conducted on 62 nurses in Bhutan [5]. Overall, findings indicated that the nurses surveyed had a positive attitude towards mental illness (mean = 134.39, SD = 17.35). The nurses with psychiatric experience of 3-4 weeks and 4 weeks respectively were found to have more positive attitude towards mental illness indicating that the clinical placement of nurses in psychiatric unit improved attitudes towards mental illness. A qualitative study by Darryl Bishop and Ines Ford-Bruins (2003) [6] exploring the perceptions of 14 mental health nurses regarding assessment in an acute adult inpatient setting in Central Auckland revealed their concern that nurses input to assessment processes was limited, despite belief that 24-hour care and the nature of mental health nursing generally suggested that a crucial role should exist for nurses. In a survey conducted to assess attitude to mental illness among 66 students mental health nurses, and 121 qualified mental health nurses at Ireland, multivariate analysis of variance revealed that nurses working in an inpatient setting held more socially restrictive attitudes indicating that they felt individuals with schizophrenia were dangerous and should be avoided. These findings were statistically significant at $p < 0.05$ level. Fujika Katsuki, Masahiro and Toshiyuki Someya (2005) [7], assessed the emotional attitude of 189 Japanese nurses using the 'Nurse Attitude Scale' and the 'Pines Burnout Scale' and concluded that the state of burnout in psychiatric nurses resulted in a critical attitude towards patients.

2. Methodology

Three workshops were conducted at NIMHANS, Bangalore to train B.Sc. Nursing 3rd year students and undergraduate nursing teachers in essential psychiatric nursing skills using innovative teaching tools such as video of simulated mental status assessment, clinical case presentations, and demonstration and return demonstrations with lecture cum discussion. A descriptive research design was adopted and 162 subjects (85 B.Sc. 3rd year nursing students & 77 teachers) were selected using purposive sampling technique and administered 'the psychiatric disorders & psychiatric nursing opinionnaire'. This 50 item likert rating, researcher developed self-administered opinionnaire had high content validity and high test-re-test reliability value (.890). There are 17 items with negative scoring. The scale has 6 domains: humanistic (8 items), custodial (8 items), and punitive (8 items), and professional (10 items), accepting (8 items) and rejecting opinion (8 items). The interpretation of the scale is as follows:

	Humanistic	Custodial	Punitive	Professional	Accepting	Rejecting
Strongly Agree	25-32	25-32	25-32	31-40	25-32	25-32
Agree	17-24	17-24	17-24	21-30	17-24	17-24
Un-decided	9-16	9-16	9-16	11-20	9-16	9-16
Disagree	1-8	1-8	1-8	1-10	1-8	1-8
Strongly Disagree	0	0	0	0	0	0

3. Results

Analysis was done using spss 16. All values were rounded off to the first decimal place. The p value was fixed at $p < 0.05$.

Table 1: Distribution of the subjects (N=162) based on socio-demographic variables

Variable	Workshop 1 (n=52)		Workshop 2 (n=57)		Workshop 3 (n=53)		Total (n=162)	
	f	%	f	%	f	%	f	%
Designation								
Student (N=85)	39	45.9	14	16.5	32	37.6	85	100
Teacher (N=77)	13	16.9	43	55.8	21	27.3	77	100
Gender								
Male	7	36.8	5	26.3	7	36.8	19	100
Female	45	31.5	52	36.4	46	32.2	143	100
Demonstrated MSE on a patient								
Yes	1	5.3	10	52.6	8	42.1	19	100
No	51	44.3	46	40	18	15.7	115	100
Would like to work in a psychiatric hospital								
Yes	13	16.3	38	47.5	29	36.3	80	100
No	39	47.6	19	23.2	24	29.3	82	100

Table 2: Distribution of the subjects based on age

Workshop 1 (n=52)		Workshop 2 (n=57)		Workshop 3 (n=53)		Total (n=162)	
Mean±SD	Range	Mean ± SD	Range	Mean ± SD	Range	Mean ± SD	Range
21.4 ± 1.9	19-29	24.2 ± 3.2	20-36	21.8 ± 2.4	19-27	22.5 ± 2.9	19-36

Table 3: Domain wise comparison of subjects (N=162) opinion of psychiatric nursing between the three workshops

Opinion of Psychiatric Nursing	Workshop 1 Mean \pm SD (n=52)	Workshop 2 Mean \pm SD (n=57)	Workshop 3 Mean \pm SD (n=53)	Total Mean \pm SD (n=162)	F	p
Humanistic	20.4 \pm 3.7	21.2 \pm 3.2	18.7 \pm 3.5	20.1 \pm 3.6	7.055	0.001
Custodial	15.4 \pm 4.1	14.0 \pm 3.1	16.9 \pm 3.8	15.4 \pm 4.0	7.437	0.001
Punitive	16.1 \pm 4.2	16.6 \pm 3.4	17.8 \pm 3.7	16.8 \pm 3.8	2.627	0.075
Professional	30.8 \pm 3.6	31.0 \pm 4.3	28.1 \pm 3.6	29.1 \pm 4.1	9.579	0.000
Acceptance	18.1 \pm 3.9	22.1 \pm 2.6	14.7 \pm 4.2	18.3 \pm 4.7	56.725	0.000
Rejection	19.8 \pm 3.8	16.7 \pm 3.1	19.9 \pm 3.7	18.7 \pm 3.8	15.409	0.000

*p<0.05, SD: Standard Deviation

4. Discussion

Three workshops funded by NIMHANS were conducted over a span of one year. Of the 162 subjects who participated, 85 were B.Sc. Nursing 3rd year students and the rest 77 were undergraduate nursing teachers. There were 19 males and 143 females. Perhaps this reflects that nursing is still a female dominated profession in India. The subjects Mean age was 22.5 ± 2.9 which ranged from 19-36 years. Rinchen Pelzang (2011) [5] in Bhutan similarly noted that 75.8% of the subjects were females and 87.1% were in the age group of 20-40 years. B.Sc. Nursing students in the third year of their program are in the age group of 20-22 years. In India, a large number of B.Sc. Nursing graduates opt for teaching (as clinical instructors) within one year of their training period. This could perhaps be the reason for a very young mean age and age ranging from 19-36 years. Only 19 of the subjects had demonstrated mental status examination on patients. This indicates the paucity of clinical experience in the psychiatric nursing specialty. Although more than 55 colleges of nursing in Karnataka and 120 in India get clinical psychiatric nursing experience from NIMHANS, there are many colleges of nursing in India which teach essential psychiatric nursing skills such as mental status examination, psychiatric history taking, process recording, neurological and physical examination and case presentation through simulation or on normals. Only 80 of them expressed a desire to work in a psychiatric hospital. Less contact with psychiatric patients due to reduced or no clinical experience, fear of psychiatric patients' unpredictable behaviour may be the reason why majority of them (82) were not interested in working in psychiatric hospitals. Brenda Happell (2008) [8] in a study on 'The importance of clinical experience for mental health nursing – part 1: undergraduate nursing students' attitudes, preparedness and satisfaction' based on the findings suggested that clinical experience in mental health nursing experience can positively influence attitudes, preparedness for practice, and the popularity of mental health nursing.

It is heartening to observe that subjects in all three workshops had a moderately humanistic (i.e. empathetic, considerate and compassionate) opinion (Total Mean 20.1 ± 3.6) of psychiatric disorders and psychiatric nursing. Similarly subjects from the first (30.8 ± 3.6) and second workshops had a strongly professional (28.1 ± 3.6) while those from the third had a moderately professional opinion. Subjects from the first and second workshop had a moderately acceptance opinion while those from the third workshop were undecided.

It is a bit worrying to note that the opinion of the subjects from the first and second workshop was moderately rejecting while those from the third workshop were undecided. Subjects from all the three workshops had undecided custodial opinion, those from the first and third workshop had an undecided punitive opinion and subjects from the second workshop had a moderate punitive opinion about psychiatric disorders and psychiatric nursing. Negative opinions such as these can affect

patient care, increase stigma associated with psychiatric disorders and also influence career choices among the students. Such findings indicate the necessity for interventions targeted at positively impacting nurses and student nurses opinion about psychiatric disorders as well as psychiatric nursing. John Stevens, Graeme Browne and Iain Graham (2012) [9] following a cohort sample of 150 B.Sc. Nursing students from the beginning to the end of their training period, found that mental health nursing was one of the least desirable career choices for most students at the start of their course and remains so as they approach graduation. Linden & Kavanagh (2012) [10] also reported that nurses working in an inpatient setting held more socially restrictive attitudes indicating that they felt individuals with schizophrenia were dangerous and should be avoided. Louise Rushworth, Brenda Happell (2000) [11] noted that a large number of students from the experimental group indicated their reluctance to undertake a career in psychiatric nursing.

4.1 Implication

The above findings indicate that both nurse teachers and nurse administrators need to focus on interventions targeted at creating positive attitudes among students and teachers towards psychiatric disorders and psychiatric nursing. Psychiatric nurses are less in number in India. The burden of mental illness in India is enormous. As per the Government of India's National Commission on Macroeconomics and Health Report of 2005 [12], the prevalence of 'serious' mental illness in the Indian population is at least 6.5%, which by rough estimate would be 71 million people. A WHO-AIIMS (2006) [13] report on mental health system in India stated that the availability of psychiatric nurses was 0.05/10,000 population as compared to the world figure of 2/10,000. All this indicates the need to influence nursing students' choice of psychiatric nursing as a specialty through inculcating in them a positive opinion towards psychiatric disorders and psychiatric nursing. The findings from this study need to be viewed with caution as the researchers had used purposive sampling technique and the sample size was small.

5. Conclusion

Although the Indian Nursing Council has prescribed 90 hours of theoretical psychiatric nursing and 270 hours of practical psychiatric nursing in the undergraduate program, many colleges are unable to provide clinical experience due to less number of psychiatric hospitals in India. Increased clinical experience for students and more CNE programs for nursing teachers may contribute to positive opinion of psychiatric disorders and psychiatric nursing among students and their teachers.

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