Nursing Students' Attitudes Toward Mental Illness

Before and After Classroom and Clinical Instruction

by

Debra A. Webster

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VERIFICATION OF THESIS DEFENSE

This is to verify that Debra Webster has successfully defended her Master's thesis entitled Nursing Students' Attitudes Toward Mental Illness on November 9, 1994.

Members of Thesis Committee:

Karen E. Johnson

Karin Johnson, Chair

Mary Kane

Mary Kane

George Whitehead

George Whitehead

COMMENTS:

Abstract

The purpose of this study was to determine if classroom and clinical instruction in psychiatric nursing was effective in favorably changing nursing students' attitudes toward mental illness. This study was based on the framework of attitude theory which stresses that attitudes are learned by one's experiences in the world and through one's interactions with others. Also stressed in the model is that a changed attitude can ultimately lead to new behaviors.

A pretest-posttest experimental design was utilized for this study. A convenience sample of 26 nursing students enrolled in their senior year of Nursing 420 volunteered to serve as participants in the experimental group. A convenience sample of 39 nursing students enrolled in the junior year of Nursing 320 volunteered to serve as participants in the control group. Students in both groups were enrolled in the same small, rural liberal arts university offering a baccalaureate in nursing.

The design sought to identify nursing students' attitudes toward mental illness on a six factor scale of authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, interpersonal etiology, and biological dimensions. The instruments utilized to collect this data were an abbreviated and revised version of the Opinions About Mental Health Questionnaire (Bairan and Farnsworth, 1989), a demographic questionnaire, and a post-instruction questionnaire. The Opinions About Mental Illness Questionnaire (Bairan and Farnsworth, 1989) and the Demographic Questionnaire were given to all volunteers in both the experimental and control groups during the first week of class prior to any instruction on mental

health in the Nursing 420 course. The Opinions About Mental Illness Questionnaire (Bairan and Farnsworth, 1989) and the Post-Instruction Questionnaire were given to all volunteers in both the experimental and control groups at different points in time. The control group completed these Questionnaires at the end of the semester since they did not have the mental health classroom or clinical instruction. One half of the experimental group completed these questionnaires mid-semester after they had completed their clinical instruction, while the other half completed these questionnaires at the end of the semester after they had completed their clinical instruction. All students in Nursing 420 had the theory portion of mental health at the same time. Plans for data collection were developed with the assistance of Nursing 320 (control group) and Nursing 420 (experimental group) instructors and approved by the Human Volunteers Committee of the University. Participation in the study was voluntary and anonymity was assured.

Nursing students' attitudes were examined utilizing comparisons of mean subscales scores through t-tests. Significant positive attitude changes were noted on the subscales of mental hygiene ideology, and on the biological subscale for the experimental group which may be indicative that the classroom and clinical instruction was effective in favorably changing nursing students' attitudes toward mental illness in these two dimensions. There were also changes in a positive direction on the subscales of authoritarianism, benevolence, and social restrictiveness for the experimental group.

Other variables examined by utilizing regression analysis included differences based on age, differences based on previous clinical experience, differences based

on previous personal experience and difference based on assigned group. There were no single or combinations of variables which explained variation in pretest or posttest scores for authoritarianism, or posttest scores for interpersonal etiology. 5% of the variance in pretest subscales scores for interpersonal etiology could be explained by one's age. 13% of the variance in pretest scores on the benevolence subscale could be explained by one's age and previous clinical experience, while 21% of the variance in posttest scores on the scale could be explained by one's assigned group. On the subscale of mental hygiene ideology, 17% of the variance in pretest scores could be explained by previous clinical and previous personal experience with mental illness, while 14% of the variance in posttest scores could be explained by previous personal experience with mental illness and one's assigned group. 9% of the variance in pretest scores and 10% of the variance in posttest scores for the subscale of social restrictiveness could be explained by previous personal experience with mental illness. On the biological subscale, 6% of the variance in pretest scores could be explained by previous clinical experience, while 27% of the variance in posttest scores on this subscale could be explained by one's assigned group and age.

Implications identified include the need to study general public populations to make recent comparisons to the nursing student population to determine if overall attitudes toward the mentally ill have improved. The requirement for nursing instructors to be aware of nursing students' attitudes toward mental illness must be considered when designing education programs in order to meet the mental health needs of clients was discussed. Lastly, limitations of this study were discussed.

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CHAPTER 1

INTRODUCTION

Normalcy can be defined based on an individual's own feelings of anxiety and discomfort or based on the cultural and value systems of the society in which the individual lives. Any behavior which deviates from the norms of society may then be labeled deviant, sick or crazy for the convenience of society (Stuart and Sundeen, 1987). This labeling can have a detrimental effect on the mentally ill whose behaviors may deviate from the established norms of society. Mental illness has been defined in this way in our society for a number of years by many (Bairan and Farnsworth, 1989). The National Mental Health Association (1989) recently stated that this "stigma attached to mental illness still persists in our society insidiously in everyday language." (p. 1). This stigma has developed from a lack of understanding of mental illness (Lopez, 1991).

Stereotypes that are associated with mentally-ill patients and psychiatric hospitals can have a powerful effect on beginning nursing students (Nieswiadomy, Arnold and Johnson, 1989). The National Institute of Mental Health (1986) has documented that there has been an increased need for baccalaureate and masters prepared nurses in the psychiatric-mental health setting; yet, at the same time, the number choosing to enter this specialty is declining (Slimmer, Wendt and Martinkus, 1990). Nursing students' beliefs and attitudes about mental illness have been conditioned by those beliefs and attitudes handed down to them by their parents, culture and society (Wilkinson, 1982). Any negative stereotypes about mental illness have a very powerful effect on nursing students as they begin instruction in

psychiatric mental-health nursing (Schoffstall, 1981). Nursing students, like many others in society, respond to mental illness with suspicion, hostility and fear associated with incomprehensibility and unpredictability (Schoffstaff, 1981). Negative attitudes about mental illness influence negative behavioral responses to those labelled mentally ill. By referring any behavioral deviance as mental illness as we do today, we are implying that such a condition is a burden or a handicap (Rabkin, 1972).

Whether or not students choose psychiatric-mental health nursing as a specialty, their attitudes toward mental illness and its' treatment are important. Most nurses will be required to manage patients who are highly distressed or disturbed. Some of these patients may be diagnosed with psychiatric disorders as well as medical illnesses. The ways in which nurses and nursing students respond to mental illness will influence behaviors toward all patients in general (Procter and Hafner, 1991). The attitudes held by nursing students therefore become very important to patient care. The need to accept humans, unbiased by any preconceived ideas is required in the nurse/patient relationship in all nursing specialties, especially psychiatric nursing (Swain, 1973).

Learning experiences are planned to provide exposure to and involvement with the mental health problems of patients. The goal is that students are able to develop a more therapeutic approach to the patient. The time students spend in the clinical setting is limited. Learning opportunities may occur unexpectedly as well. To enhance this clinical learning experience, instructors must be able to identify and deal with variables that impact upon learning experiences of students (Nieswiadomy,

Arnold and Johnson, 1989). It has therefore become the responsibility of the educator to determine effective means of aiding the nursing student to unlearn or modify past learned negative attitudes and learn more positive attitudes toward the mentally ill, enhancing the care provided to the mentally ill patient.

Statement of the Problem

The purpose of this study was to determine if a psychiatric-mental health nursing course with classroom instruction and clinical rotation was effective in favorably changing nursing students' attitudes toward mental illness. This is of importance to nursing, since psychiatric-mental health nursing relies on the interpersonal relationship between nurse and patient. Any preconceived stereotypes or negative attitudes toward the mentally ill can have a detrimental effect on the development of such a relationship. When establishing this therapeutic relationship, nursing students and nurses must be aware of personal attitudes through self-awareness (Landeen, Byrne and Brown, 1992).

Research specifically related to attitude measurement change and personality in non-psychiatric nurses is generally sparse. There is a little more when one includes psychiatric nurses, but the vast majority of studies are limited to the general population and most were conducted primarily in the 1960's. While the public's attitudes are important, it may be more important to evaluate and influence the attitudes and perceptions of mental health professionals toward their patients. Psychiatric patients often have a low self-esteem and an awareness of the social stigma of their problem and are vulnerable to the attitudes of their care-givers.

All nursing students bring with them attitudes toward patients learned in the

wider society. These attitudes may be inappropriate due to limited contact with reality. Factual and accurate information is needed to develop favorable attitudes and deprogram false ones. Because attitudes are learned, they can be changed or acquired under certain influences. One way in which attitudes can be changed is through education (Mattson and Johnson, 1992).

CHAPTER 2

LITERATURE REVIEW

In Chapter I, the problem and the purpose of the study were introduced. This chapter will review the related literature. The literature regarding attitudes toward mental illness can be divided into three categories: public attitudes, health professional attitudes, and student attitudes. This review will address these three areas to identify ways in which attitudes influence behavioral responses toward those with mental illness.

Public Attitudes Toward Mental Illness

A review of the literature regarding the public's attitudes toward mental illness reveals an overwhelming number of studies, most of which were conducted during the 1950's and 1960's. Research on public attitudes toward mental illness has demonstrated both optimistic and pessimistic findings. The vast majority of this research indicates that the negative view of the public toward mental illness is apparent, suggesting that the stigma attached to mental illness persists in our society. This review indicates that this stigma has been widely documented since the early 1950's when mental health professionals were troubled by the public's inability to identify mental illness as an illness like any other. Deinstitutionalization of the 1960's also led to this increased need to study the public's views of mental illness (Rabkin, 1974). Since the 1960's little effort has been put into the study of the public's attitudes toward mental illness.

In 1991, Lopez utilized an exploratory descriptive pilot study to examine adolescents' attitudes toward mental illness to determine how their attitudes differed

according to selected variables and to examine perceived sources of their attitudes. Random selection of subjects for this study enabled this researcher to have 92 adolescents who were enrolled in public senior high school in Southwest Florida. This high school was selected to be representative of social, ethnic and general demographic variables of high schools in the country. Eighty-nine questionnaires were usable. Instruments used included a self-administered paper and pencil questionnaire. The Opinions About Mental Illness Scale (OMI) was used to measure attitudes about mental illness. This Scale has five attitude dimensions: authoritarianism, which views mental illness as requiring coercive handling; benevolence, which views mental illness in a paternalistic manner with the belief that the mentally ill are like children; mental hygiene ideology, which views mental illness positively, based on the tenets of mental health professionals; social restrictiveness, which views mental illness as an illness which requires the restriction of the mentally ill from society for society's protection; and interpersonal etiology, which views mental illness as an illness which is caused by the lack of love and attention from the parents during childhood. The Views About Mental Health Scale (VMHP) was used to assess attitudes related to social relationships and the effects of family and community involvement on these beliefs. Attitudes tapped by the VMHP Scale are referred to as the social relations attitude dimension. The attitude score is the sum of the item scores and can range from a high of 96 (most favorable) to a low of 16 (least favorable).

Data were analyzed by percentages, means, standard deviations and analysis of variance. Based on the Views About Mental Health Scale, there were no

significant effects on attitude based on grade level, age or among social class positions. On the same scale, responses were more favorable in the social relations dimension for those who had known someone treated for a mental illness compared to those who had not known anyone with a mental illness. Those values however did not reach a significance level of .05.

On the OMI scale, adolescents' views differed significantly by gender on each of the attitude dimensions except for mental hygiene ideology. This data indicated that boys tended to be more authoritarian and socially restrictive in their attitudes toward mental illness. Boys also tended to adhere more to the interpersonal etiology belief. Girls expressed more benevolence in their attitudes toward the mentally ill indicating nurturance. Girls also viewed the mentally ill as less socially threatening. Lopez reports that these results are consistent with other similar studies on attitudes toward mental illness. Significant differences associated with the indirect learning experiences gained through instruction or formal courses were observed for two of the five OMI attitude dimensions. There was a significant decline in social restriction and a significant increase in benevolence (Lopez, 1991).

This study indicates that the stigma attached to mental illness is still apparent; however, views may be changed by learning and contact with the mentally ill. This study, as a pilot study, suggests that further research is required if we are to understand how society of the 1990's differs from society of the 1950's and 1960's in their attitudes toward the mentally ill. With such sparse current research on public attitudes toward mental illness, it is difficult, if not impossible to know how much the negative attitudes from earlier years have changed. Due to this fact, it is imperative

that research in this area be resumed before any conclusion can be drawn regarding the current state of public attitudes toward mental illness.

Health Professionals' Attitudes Toward Mental Illness

A review of the literature regarding staff attitudes toward mental illness reveals several studies of importance. Most have considered employee subgroups separately and have found that personnel with the lowest status are more authoritarian and restrictive in their attitudes toward mental illness than those with professional education. Those with professional education demonstrated more awareness of mental patients' strengths and optimism for their recovery (Rabkin, 1972).

The work of Cohen and Struening (1960) is the most frequently cited work regarding attitudes toward mental illness. Cohen and Struening's study of opinions about mental illness held by the personnel of two large mental hospitals has been the basis for many other studies about attitudes toward mental illness. The purpose of their study was to identify and develop measures underlying opinions about mental illness among hospital personnel. They did this to explore the construct validity of those measures by relating them to demographic characteristics. This study enabled Cohen and Struening to initially pool 200 items about mental illness beliefs made up of quotations from case conferences, conversations and paraphrases of ideas current in the mental hospital. With review and editing by a group of experienced hospital researchers, they reduced this list to 55 items of opinions about mental illness. These 55 items were supplemented by items from the Custodial Mental Illness Ideology Scales (CMI) (Gilbert and Levinson, 1956), the

California F Scale (Struening, 1957) and Nunnally's (1957) work on conceptions of mental health to form a final 70 item set. Through factor analysis, these seventy items were subdivided into subscales: authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, and interpersonal etiology.

Authoritarianism conceptualizes mental patients as different and inferior to normal people, therefore requiring coercive handling. Benevolence arises from a moral point of view with a kindliness toward the unfortunate. In this view, mental patients are viewed as children instead of life failures. Mental hygiene ideology involves a positive view of the mentally ill conceptualizing that mental illness is an illness like any other illness and can therefore be treated. Social restrictiveness emphasizes the need to restrict the mentally ill during and after hospitalization to protect the rest of society. Interpersonal etiology reflects the belief that mental illness arises from the deprivation of parental love and attention during childhood. High scores on these factors indicate a tendency toward the beliefs of that factor.

Once the questionnaire had been developed, it was voluntarily completed by 541 participants at one hospital and 653 at another. Significant results in this study indicated that psychologists, psychiatrists and social workers scored low on the factor of authoritarianism, while kitchen workers and aides scored high. On the factor of benevolence, psychologists scored low while special service personnel, nurses and ward clerical personnel scored high. Psychologists, social workers and psychiatrists scored high in mental hygiene ideology, while aides and kitchen workers scored low. On the factor of interpersonal ideology, psychologists and psychiatrists scored high and aides and kitchen staff scored low. The physicians

scored highest and the psychologists lowest on the factor of social restrictiveness. From this study, Cohen and Struening (1960) concluded that those staff with higher formal education held more positive view points of people with mental illness than did staff members with less formal education. Based on this major study many others have been conducted to examine attitudes toward mental illness. This study and others came about as a result of deinstitutionalization of the 50's and 60's.

Wilcox (1987) conducted a study for her dissertation to examine the attitudes of general hospital nurses toward psychiatric patients and to assess the feasibility of changing such attitudes by introducing a brief inservice presentation. One hundred subjects in general medical, critical care and surgical nursing in Austin, Texas volunteered for this study. They were equally and randomly divided into a control and an experimental group. The experimental group attended a 1.5 hour inservice with a .5 hour discussion period on personality disorders and emotional issues. The control group did not receive any inservice. Both groups then completed a demographic questionnaire, the Opinions About Mental Illness Questionnaire (OMI), and the Million Behavioral Health Inventory (MBHI) to assess attitudes toward mental illness and nurses' relevant personality characteristics. These questionnaires were completed prior to the inservice and fourteen days after the inservice. Utilizing Chi-square, one way anova, Pearson correlations and t-tests, findings revealed no significant differences in attitudes toward mental illness in either attitude dimension based on nursing specialty and no significant difference in coping style based on specialty. The findings did reveal that the younger and more extensively educated nurses did score significantly lower on the attitude dimensions

of authoritarianism and social restrictiveness. The experimental group also demonstrated a significant change in scores in the attitude dimension of less authoritarianism and social restrictiveness and more mental hygiene ideology after inservice (Wilcox, 1987). The results of this study therefore indicate that formal inservice may be effective in changing attitudes toward mental illness in a positive manner. Limitations of this study include the small sample size, the fact that participants volunteered, and that it is not known how long change endured after fourteen days.

Weller and Grunes (1988) conducted a study to examine the effects of contact with the mentally ill on nurses' attitudes toward psychiatric patients. This study was conducted in three hospitals and all nurses were asked to voluntarily participate. A total of 95 nurses completed the same 30-item Likert format questionnaire, Attitudes Toward Mental Illness. To evaluate contact with mental illness, three different groups of nurses were tested. Group One was named 'maximum contact' and consisted of 38 nurses who worked in a mental hospital. Group Two contained 32 participants and was called 'medium contact'. Participants in this group were nurses who worked in a general hospital and had contact with psychiatric patients who received medical attention. Group Three consisted of 25 participants and was called 'no contact'. Participants in this group worked in general hospitals and had no contact with the mentally ill. Results revealed that contact with the mentally ill did not significantly affect nurses' attitudes toward mental illness in either a positive or a negative way. Weller and Grunes concluded that these results do not differ from other similar studies (Weller and Grunes, 1982). It should be noted that a limitation

of this study is that it is not known if nurses who choose to work with psychiatric patients had different attitudes from those who choose not to work with psychiatric patients. This was stated in the authors' discussion based on the idea that many nurses do not chose psychiatric nursing and the authors thought there may be more positive attitudes in the group with maximum contact as opposed to the groups with medium and no contact.

As demonstrated by these recent studies of staffs' attitudes toward mental illness, it is possible that one's beliefs and attitudes may be changed by education about mental illness, but not necessarily by contact with the mentally ill. These study results have indicated that attitudes may be changed through direct learning experiences. All of these studies utilized samples of volunteer participants. It is not known whether those who volunteer to participate have attitudes which are easier to change or if those who do not volunteer hold prejudices against the mentally ill which are damaging. These studies have also had the limitation of small sample sizes and the lack of control groups in many instances. Because these studies like other similar studies may indicate that contact with the mentally ill and education about the mentally ill lead to favorable attitude changes, it is important that such research continues.

Student Attitudes Toward Mental Illness

A review of the literature regarding student attitudes toward mental illness reveals a recent representation of studies. Many of these studies utilize the Opinions About Mental Illness (OMI) scale or other tools which have been adapted from this instrument.

Olade (1983) conducted an assessment over a two year period to assess the effects of integrating mental health concepts into post-basic nursing degree programs. Seminars focusing on mental health were introduced into two classes which previously had minimal psychiatric preparation. A convenience sample of 65 nursing students participated. Data were collected to assess nursing students' attitudes toward mental illness utilizing the Opinions About Mental Illness Scale (OMI). All participants were RN's with at least one year of nursing experience after graduation. Students completing year one of the program were designated as Group A and students completing year two of the program were designated as Group B. Means and standard deviations on each of the five attitude dimensions of the OMI scale were used to compare one group of students to the other. Findings revealed that Group B students demonstrated a significant decrease in authoritarianism and social restrictiveness attitudes and a significant increase in mental hygiene ideology. The researcher concluded from these results that education may have an effect on changing attitudes toward mental illness (Olade, 1983). Because this study utilized a small sample of a convenience type, a limitation must be noted.

Weng (1985) conducted a study to assess whether psychiatric nursing education with clinical at a psychiatric hospital had an effect on nursing students' image of mental patients. A convenience sample of 92 nursing students in Singapore served as subjects for this study. Osgood's semantic differential technique was used to measure attitudes toward mental illness. This method provides a quantifiable and sensitive measure of change in perception of objects in

the interpersonal or social domain. For this study, 20 scales were selected. The selected scales were paired with appropriate opposite descriptions. Subjects were then asked to place a check mark in the position on a 6-point scale of very, fairly, slightly, slightly, fairly, very that they believed best described a mental patient. Some examples of descriptive scales used include dirty vs. clean, friendly vs. unfriendly, cooperative vs. uncooperative and safe vs. dangerous. To assess if there were any significant changes in perception associated with the psychiatric nursing education with clinical, this scale was completed by the participants prior to the twelve week clinical and after the clinical. T-tests for correlated means were used to assess the results. Findings suggest that there were significant changes in the nursing students' perceptions of the mental patient following a twelve week clinical period. The researcher concluded that if a hospital environment provides an encounter which contradicts the stereotypes associated with the mental patient, nursing students may be influenced in a positive way (Weng, 1985). Further study in this area is needed to assess the stability of change over time.

Bairan and Farnsworth (1989) conducted a study over a three year period of time to determine if a psychiatric nursing course was effective in favorably changing nursing students' attitudes toward mental illness. To do this, Bairan and Farnsworth used an abbreviated form of the Cohen and Struening Scale, Opinions About Mental Illness (OMI). The convenience sample consisted of 185 sophomore nursing students who volunteered to participate. The intervention for this pretest-posttest design was a psychiatric nursing course consisting of five hours of class and fifteen hours of clinical per week for a four week period. The data were analyzed using

correlated t-tests. Results indicated significant positive changes in the desirable direction in four of the five factors on the scale. Authoritarianism, social restrictiveness and benevolence decreased significantly and mental hygiene ideology increased significantly. Although interpersonal etiology decreased slightly, the change was not significant. With these results, Bairan and Farnsworth surmised that a psychiatric nursing course may have been effective in changing nursing students' attitudes toward mental illness (Bairan and Farnsworth, 1989). Longitudinal studies are needed if we are to know whether changes persist over time.

Slimmer, Wendt and Martinkus (1990) utilized a pretest-posttest quasi-experimental design to investigate the effect of the psychiatric clinical instruction site on nursing students' attitudes toward mental illness and psychiatric nursing. Their convenience sample consisted of 45 students enrolled in a senior level psychiatric nursing course at a metropolitan college in the midwest. The psychiatric nursing module consisted of a total of 16 hours of classroom instruction and 54 hours of clinical. For clinical, students were randomly assigned to either a Veterans Administration Center or a private hospital. Three instruments were utilized to collect data: an Environmental Rating Scale (ERS), an Attitude Toward Psychiatric Nursing Scale (APN) and an Attitude Toward Mental Illness Scale (AMI). The ERS consisted of 45 items divided into five components of environment: physical, relationship, personal, system maintenance and learning. The APN consisted of 32 items which represented one of four ideological orientations: medical model, milieu therapy, psychotherapist, counselor and community mental health. These four orientations

express a view of psychiatric nursing based on the illness model that emphasizes somatic therapy, a belief that the environment on the unit acts as a therapeutic agent, focuses on psychotherapy as a specific treatment, and reflects the idea that total populations are the treatment focus with emphasis on primary prevention. The AMI and APN were given on the first day of class. On the last day of class, the AMI, APN and ERS were completed. Data were analyzed utilizing t-tests, Pearson product moment correlations and a hierarchal multiple regression analysis. Results indicated that students did perceive a significant difference between the environment of a private hospital and a Veterans Administration hospital. The private hospital was viewed as more therapeutic and supportive of learning. The results also indicated that attitudes toward mental illness and psychiatric nursing did generally change in a positive direction after the psychiatric nursing module. However, this change was not significantly associated with the clinical learning site (Slimmer, Wendt and Martinkus, 1990).

Keane (1991) conducted a quasi-experimental study to measure the influence of a psychiatric nursing course on attitudes of BSN students toward mental illness and to measure the effect of stress on attitude change. The sample consisted of 111 senior nursing students who volunteered to participate. Three questionnaires were utilized to collect data prior to the psychiatric nursing course and again after six months. The instruments used were the Opinions About Mental Illness (OMI); the DeRogatis Symptom Checklist, which is a measure of psychological distress including anxiety, depression and hostility; and a demographic form. Data collection yielded 79 usable sets; 41 in the course experimental group; and 38 in the

comparison control group, which did not have the course. Data were analyzed using t-tests. Results indicated that the psychiatric course may have caused a significant increase in interpersonal etiology in the experimental group. Findings did not indicate any significant effect of stress on attitude change (Keane, 1991).

Keane (1991) conducted a study to ascertain the effects of a psychiatric nursing curriculum on change in attitudes toward mental illness in a culturally diverse and linguistically diverse nursing student population. Data were collected from 140 junior baccalaureate nursing students who served as the experimental group and 60 sophomore nursing students who served as the control group. The experimental group received a psychiatric nursing course, while the control group did not. There were 118 usable response sets for the experimental group and 49 for the control group. An adapted version of the Opinions About Mental Illness Questionnaire (OMI) was comprised of 100 opinion items with a Likert format response. Five out of nine attitude factors were evaluated in this study: authoritarianism, social restrictiveness, community residence, welcome home and stereotyping. Authoritarianism views the mentally ill as inferior and requiring coercive handling. Social restrictiveness perceives the mentally ill as a threat to society. Community residence perceives the mentally ill as trustworthy. Welcome home perceives the mentally ill as having the ability to adjust in the community with available support services. Stereotyping perceives the mentally ill as unpredictable with repeated violence and hospitalizations. Results indicated a change in a positive direction in all factors of the OMI except stereotyping in the experimental group. There were no changes in the control group (Keane, 1991). Findings for a culturally diverse

population were essentially the same as for populations which did not distinguish cultural diversity.

Procter and Hafner (1991) conducted a study to focus on the assessment of attitudes to treatment, conservatism and aspects of personality structure in nursing students before and after a psychiatric learning experience. Fifty-one full time diploma nursing students in a metropolitan hospital setting in Australia served as the convenience sample. A Defense Style Questionnaire (DSQ) was used to measure defense mechanism on a scale of mature, neurotic and immature. The Wilson Patterson Conservatism Scale (WPCS) was used to measure degree of conservatism. The Attitudes to Treatment Questionnaire (ATQ) was used to measure attitudes toward treatment and to determine the degree to which answers are more traditionally or medically oriented. An open-ended questionnaire was used to obtain responses about the psychiatric nursing hospital placement. The psychiatric component consisted of 55 hours of lecture over a seven week period followed by two weeks supervised field placement. Results indicated that there were no significant changes in defense style after the psychiatric component based on results of the DSQ. Based on scores on the conservation scale, there were significant changes in that the students were less conservative after the psychiatric component. There was a positive change in attitudes toward psychiatric treatment after education; however this change was modest and not statistically significant (Procter and Hafner, 1991).

Mattson and Johnson (1992) conducted a pretest-posttest study to determine whether a change in teaching methodology and content would alleviate high-level

anxiety about working with the mentally ill in nursing students and thereby improve nursing students' attitudes toward the mentally ill. A convenience population of an undisclosed number of nursing students were randomly divided into control and experimental groups. Both groups completed the State-Trait Anxiety Inventory which measured how one feels at the moment and how one generally feels. Both groups also completed a second tool developed by the authors which measured students' attitudes, beliefs and misconceptions toward the mentally ill. The control group was taught in the established format which was undisclosed. The experimental group was exposed to new content which included articles reporting culturally different health behaviors and lectures addressing communication strategies, counseling approaches to psychiatric patients and variations on family structure and function. Data were analyzed by t-tests. Significant positive differences were demonstrated in the experimental groups' attitudes, beliefs and misconceptions on the posttest. Anxiety levels in the experimental group also significantly declined (Mattson and Johnson, 1992).

As previously stated, research regarding student attitudes toward mental illness over the recent years has been repeated with similar results. It is apparent that instruction about mental illness may have the effect of changing attitudes toward mental illness in a positive manner.

Summary

Within the past three decades, a number of research studies have been conducted to examine attitudes toward mental illness. Attitudes toward mental illness vary along a continuum from accepting to neutral to rejecting and are

influenced by a number of factors, most of which occur within the individual. Stereotypes and labels associated with the mentally ill can have a strong impact upon the public, health care professionals, and the beginning nursing student.

The preceding review of literature only examines those studies from the last decade. Numerous other studies were conducted during the 1950's, 1960's and 1970's. The majority of these studies focused on the attitudes that health care employees had toward mental illness. Rejection and alienation of the mentally ill has been associated with the negative stereotypes and labels associated with the term mental illness. Many of the research studies presented in this literature review have demonstrated that stereotypes of deviant behaviors of the mentally ill lead to negative response toward the mentally ill.

Research designed to study nursing students' attitudes toward mental illness has been more limited. Studies have examined the impact of education and clinical instruction on the response to the mentally ill. These studies have examined attitudes toward mental illness before and after psychiatric affiliation to detect changes in attitudes toward mental illness. The majority of these studies have utilized the OMI scale or adapted forms of the OMI to assess any attitude changes.

The results of previous studies have demonstrated that contact alone with the mentally ill may not always have an impact on changing attitudes, but for the most part contact and instruction may have a positive effect on changing nursing students' attitudes toward mental illness in a positive way.

Conceptual Framework

The conceptual framework for this study was attitude theory. Attitudes are not

innate. We learn attitudes through our experiences in the world and through our interactions with others. According to Zimbardo and Leippe (1991), an attitude system is made up of five components: behaviors, behavior intentions, cognitions, affective responses, and attitude. Behaviors are our actions or reactions. Behavior intentions are our expectations or plans to act in specific ways. Cognitions include both beliefs and pieces of knowledge about an object. Affective responses are our emotions or gut reactions. The attitude is the overall summary evaluation that includes the other four components. A definition such as this implies that the components are not independent but are highly interrelated.

Attitude theory contributes to the belief that a change in any one component may lead to a change in another. Thus the interconnectedness of attitudes, cognitions, feelings, intentions and behaviors into organized systems is very important. A change in belief may cause attitude revision. A changed attitude may ultimately lead to new behaviors (Zimbardo and Leippe, 1991).

Persuasion is a method of influence that begins with changing beliefs and knowledge. This is the cognitive component of the attitude system. With this theory, if beliefs change, attitudes with follow suit. New attitudes are thought to influence and guide behavior (Zimbardo and Leippe, 1991).

In order for our attitudes to be changed, we must not only be exposed to a message, we must pay attention to it, comprehend it, and accept it. It is then that our attitudes may be changed. Repeated presentation of a message is an effective strategy for obtaining lasting changes in attitudes that guide future behaviors.

This study attempted to measure changes in attitudes held by nursing students

toward mental illness utilizing a pretest-posttest design. A presentation of materials through a classroom component and a clinical rotation involving direct contact with the mentally ill served as an affective strategy to change attitudes toward mental illness. Based on attitude theory, any change in beliefs may lead to a change in attitude. Changes in behaviors toward the mentally ill can be a result of these attitude changes. If the changes in beliefs are positive, then psychiatric nurse patient relationships should improve. This study was similar in design to that study of Bairan and Farnsworth (1989). This was done to study whether or not similar results will be obtained. No new information was sought, just confirmation of old information. The information from this study will contribute to the literature by establishing whether or not attitudes toward mental illness can be changed through learning. The addition of a control group in this study will serve to contrast whether any change is due to learning or due to time. Other similar studies have lacked a control group and therefore it is not known if any change is the results of time as opposed to the intervention of education. Since attitudes will be measured through self report, it is hoped that nursing students will be able to translate attitude changes into behavior as they become nurses and care for mentally ill patients.

CHAPTER 3

METHODOLOGY

Chapter I introduced the problem of negative attitudes toward mental illness and explored the background of the problem. Chapter 2 was a review of the related, recent literature. In this chapter, the methodology of the research study will be described.

A pretest-posttest experimental design was used to examine nursing students' attitudes toward mental illness. This chapter will discuss the research questions and methodology of the study. The dependent and independent variables of the study will be identified and operationally defined. Instrumentation used in the study will be fully described. The method of data collection and procedures used for data collection will be discussed. This chapter will conclude with a description of the recognized limitations of the study.

Purpose of the Study

The purpose of this study was to determine if a psychiatric mental health nursing course with classroom and clinical instruction was effective in favorably changing nursing students' attitudes toward mental illness.

Research Questions

The research was designed to answer the following questions:

1. What are the attitudes of nursing students toward mental illness prior to classroom and clinical instruction in psychiatric mental health nursing?
2. Is a psychiatric mental health nursing course with classroom and clinical instruction effective in favorably changing nursing students' attitudes

toward mental illness?

3. Are there differences in attitude based on age?
4. Are there differences in attitude based on previous work-related psychiatric mental health experience?
5. Are there differences in attitude based on previous personal related psychiatric experience?
6. Does a positive clinical and classroom psychiatric experience lead to a higher likelihood of nursing students to desire to enter the psychiatric mental health field as their specialty?

Study Variables

The major dependent variable in this study was nursing students' attitudes toward mental illness. The major independent variables were classroom and clinical instruction, age, previous work-related psychiatric experience and previous personal related psychiatric experience.

Definition of Variables

The following variables are operationally defined for the purpose of this study:

Major Dependent Variable

Nursing Students Attitudes Toward Mental Illness. These are defined as the feelings about mental illness held by nursing students as defined by the revised version of the Opinions About Mental Illness Questionnaire (Bairan and Farnsworth, 1989). These feelings are identified on a self-reported six-point Likert scale which identifies feelings of authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, interpersonal etiology and biological. This variable was measured

by differences in pretest and posttest scores on a revised version of the Opinions about Mental Illness Questionnaire.

Those six factors are further defined as:

Authoritarianism: The factor stresses the belief that the mentally ill are inferior to others in society and require coercive handling. This was measured using five items with a Likert scale from strongly agree (5) to strongly disagree (0).

Benevolence: The factor stresses a paternalistic and kind view of the mentally ill. This view has it roots in religion and humanism as opposed to science. This was measured using five items with a Likert scale from strongly agree (5) to strongly disagree (0).

Mental Hygiene Ideology: The factor stresses a positive view of mental illness as an illness like any other illness that can be treated. This was measured using five items with a Likert scale from strongly agree (5) to strongly disagree (0).

Social Restrictiveness: The factor stresses the belief that the mentally ill are a threat to society and should be restricted in their functioning with the rest of society. This was measured using five items with a Likert scale from strongly agree (5) to strongly disagree (0).

Interpersonal Etiology: The factor stresses the belief that mental illness is a result of an interpersonal experience, such as the deprivation of paternal love during childhood (Bairan and Farnsworth, 1989). This was measured using five items with a Likert scale from strongly agree (5) to

strongly disagree (0).

Biological: The factor stresses a belief that mental illness can be inherited, due to biochemical processes in the brain, and anyone can be affected by a mental illness. This factor is a more updated view of mental illness which also identifies with the tenets of the mental hygiene professionals and is therefore similar to the mental hygiene factor. This was measured using five items with a Likert scale from strongly agree (5) to strongly disagree (0).

Major Independent Variables

Classroom and Clinical Instruction. This was a combination of six hours of classroom instruction weekly and ten hours of clinical instruction weekly for a total of six weeks during the senior year in Nursing 420 at a small liberal arts university with a baccalaureate in nursing program. The mental health curriculum included anxiety disorder, psychosis and depression. All students in the course have additionally taken General Psychology, Developmental Psychology, and Abnormal Psychology.

Age. This is the number of years one has lived. This variable was measured based on the self report on the demographic questionnaire completed with the pretest questionnaire.

Previous Work-Related Psychiatric Experience. This is whether or not one has ever worked in a psychiatric setting with the mentally ill, or had formal clinical instruction in psychiatric nursing. This variable was measured based on the self report on the demographic questionnaire.

Previous Personal Related Psychiatric Experience. This is whether or not one has had a mental illness or has had a close family member, close friend, or significant other with mental illness. Treatment for drug and alcohol abuse was excluded. This variable was measured based on self report on the demographic questionnaire.

Study Design

To study nursing students' attitudes toward mental illness, a pretest-posttest experimental design was utilized. The design sought to identify nursing students' attitudes toward mental illness on a six factor scale of authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, interpersonal etiology and biological. A small, rural liberal arts university offering a baccalaureate in nursing served as the setting for data collection. Seniors enrolled in Nursing 420 served as the experimental group because all completed the psychiatric mental health component. All students in Nursing 420 had taken General, Developmental and Abnormal Psychology. A control group of students enrolled in Nursing 320 were utilized as control because they did not receive the psychiatric learning component. Some of the students in Nursing 320 had taken General and Developmental Psychology. Data were collected utilizing a demographic form, an abbreviated and revised version of the Opinions about Mental Illness Scale (Bairan and Farnsworth, 1989) and a post-instruction questionnaire.

Instrumentation

The revised version of the Opinions about Mental Illness questionnaire was utilized to collect data about nursing students' opinions about mental illness prior

to a psychiatric learning component and after the completion of such a learning component. This questionnaire consisted of 30 questions to be answered on a six-point Likert scale with responses ranging from strongly disagree to strongly agree with a midpoint of not sure. The 30 questions were designed so that there were five questions in each of the six attitude dimensions: authoritarianism; benevolence; mental hygiene ideology; social restrictiveness; interpersonal etiology; and biological. The five biological questions were written by a panel of experts in the fields of research,m psychology and psychiatric nursing and are believed to have face validity. They consist of questions which explore the causes of mental illness from a hereditary and biochemical viewpoint. This biological component was added to the Opinions About Mental Illness Questionnaire, because biological processes were not explored by other questions. This questionnaire can be found in Appendix A.

Validity. Factor validity coefficients for the original Opinions About Mental Illness Scale were computed by means of Thomson's Pooling Square. They ranged from .43 to .89 (Cohen and Struening, 1962 p. 355).

Bairan and Farnsworth (1989) report that the abbreviated form of the OMI has face validity. It was developed by a panel of experts who chose five of the most discriminating items from each of the five sets of items.

This abbreviated form of the OMI was used in this particular study. It was reviewed by a group of professionals in the areas of research, psychiatric nursing and psychology. After rewording of some questions to update terminology and the addition of a series of biological questions, the OMI was considered to have face validity.

Reliability. Kuder-Richardson Formula 20 reliability coefficients ranged from .21 to .82 with the social restrictiveness factor being the lowest (Cohen and Struening, 1962). The authors deemed this satisfactory in light of the factors high validity coefficient and significant demographic correlates. Lopez (1991) reports reliability with Cronbach's coefficient alpha of .83 for the total scale; Bairan and Farnsworth (1989) report reliability as satisfactory; and Landeen, Bryne and Brown (1992) report internal consistency ranging from .21 to .82.

The following chart shows reliability on the OMI as reported by Cohen and Struening (1962). Factor A is authoritarianism; Factor B is benevolence; Factor C is mental hygiene ideology; Factor D is social restrictiveness; and Factor E is interpersonal etiology.

Factor	A	B	C	D	E
Reliability					
Hospital 1	.82	.62	.61	.23	.60
Hospital 2	.76	.49	.60	.21	.59

The demographic questionnaire was distributed with the Opinions about Mental Illness Questionnaire during the pretest and elicited personal data from the nursing students. This data consisted of age, previous work-related psychiatric experience, and previous personal related psychiatric experience. Appendix B contains the demographic questionnaire.

A post-experience questionnaire was distributed with the Opinions about Mental

Illness questionnaire during the posttest to elicit responses regarding the psychiatric experience. This can be found in Appendix C.

Study Population and Sample

The population for this study consisted of students enrolled in the baccalaureate nursing program at a small, rural liberal arts university. Specifically, students enrolled in Nursing 320 served as the control group and students enrolled in Nursing 420 served as the experimental group. A convenience sample of 26 out of 50 students (52%) volunteered for the experimental group and 39 out of 60 (65%) for the control group. The sample is fully described in the following chapter.

Data Collection

Approval for this study was obtained from the Salisbury State University Committee on Human Volunteers. This approval can be found in Appendix D. This researcher attended classes at the beginning of the 1993 Fall semester to explain the purpose of the study and to ask for volunteers to participate. Anonymity was granted by not asking for names of students, but instead asking participants to choose a four digit code of numbers to utilize for all questionnaires. This researcher remained in the classroom and collected all questionnaires as they were completed.

The instrument utilized in this study was an abbreviated and revised version of the Opinions About Mental Illness Questionnaire (Bairan and Farnsworth, 1989). Accompanying the instrument was a disclosure statement and a demographic questionnaire. A post-instruction questionnaire was utilized after the intervention. The pretest was given to both groups at the very beginning of the semester during the first week of class before the start of lectures and clinical instruction in

psychiatric nursing. The posttest was given at two different points of time. One half of the experimental group took the psychiatric component during the first six weeks of the semester. This group completed the posttest within 1-2 weeks of completing the psychiatric clinical rotation. The other half of the experimental group took the psychiatric component during the second six weeks of the semester. This half of the group took the posttest one week after this. All students in the experimental group had the theory component at the same time. All students in the control group completed the posttest during the same week as the second half of the experimental group's completion. The disclosure statement communicated the purpose of the study, the length of time needed to complete the study and the participants' contribution to the study. A copy of this disclosure statement can be found in Appendix E.

Limitations of the Study

There are acknowledged limitations in this study. The first limitation is that a convenience sample was used. The study therefore has the limitation of any study using such a sample, the question of generalizability. Findings of such a study may be generalizable only to the population from which the subjects were chosen.

As in any study, consideration must be given to a Hawthorne effect. The responses of persons in the study may have been partly a result of their knowledge of knowing they were participating in a study. Responses may reflect attitudes which participants believe the researcher may expect.

Another limitation to this study is that of design. A longitudinal study would be required to determine if any attitude changes persist over time. The design of this

study only allowed examination of attitude change immediately after application of psychiatric instruction.

In summary, Chapter I introduced the problem of negative attitudes toward the mentally ill. A review of the literature was discussed in Chapter 2. A description of the research study was performed in Chapter 3. In Chapter 4, the analysis of data collected will be described.

CHAPTER 4

RESULTS

In Chapter I, the problem which led to the research study was presented. A review of the related, recent literature was summarized in Chapter 2. In Chapter 3, the methodology of the study was described. Chapter 4 will present the analysis of data obtained by the study questionnaire. The purpose of the study was to determine if a psychiatric-mental health nursing course with classroom instruction and clinical rotation was effective in favorably changing nursing students' attitudes toward mental illness. A pretest/posttest experimental design was used to study nursing students' attitudes toward mental illness. The instrument utilized to collect data was an abbreviated and revised version of the Opinions About Mental Illness Questionnaire (Bairan and Farnsworth, 1989). A demographic questionnaire and a post instruction questionnaire were also utilized to collect additional information. Both were developed by this researcher. This chapter will introduce the sample using demographic data, present factors which describe the nursing students' attitudes and describe associations between variables used in the research.

Sample Characteristics

The sample consisted of an experimental group and a control group. The experimental group was made up of 26 students enrolled in their senior year of Nursing 420 at a small rural liberal arts university offering a baccalaureate degree in nursing. The control group consisted of 39 students enrolled in Nursing 320 at the same university. The Nursing 420 curriculum consists of education on mental health, acute medical surgical nursing and acute pediatrics. The mental health

curriculum includes classroom and clinical instruction on anxiety disorders, psychosis and depression. This focus is on biochemical causes as well as hereditary causes of mental illness. Clinical experience includes rotations at State operated clinics and programs, and in private facilities. The Nursing 320 curriculum consists of basic nursing education on the care of well children, normal childbearing, and common health care problems. The Nursing 320 curriculum does not focus on mental illness or treatment.

Table I describes the characteristics of the sample. The study participants ranged in age from 19 to 40. The mean age of the experimental group was 23.85 and the mean age of the control group was 22.77. Only 8 participants had previous clinical experience in mental health. Of these 8 participants, 3 (11.5%) were in the experimental group and 5 (12.8%) were in the control group. A total of 7 participants (10.8%) reported previous clinical experience in mental health of less than 6 months, while only 1 participant (1.5%) reported previous clinical experience in mental health of 6 months to 1 year. There were no significant differences between the experimental and control groups in their previous clinical experience ($x^2 = 1.43$ p = NS).

A total of 23 (88.5%) participants reported personal experience in the mental health field. This included having a close friend or relative with a mental illness, or having been diagnosed themselves with a mental illness. Drug and alcohol treatment was excluded. Of the experimental group, 30.8% had previous personal experience and, of the control group, 38.5%. There were no significant differences between the experimental and control group in their previous personal experience ($x^2 = 3.10$ p = NS), although there was a trend toward the control group having more previous personal experience.

TABLE 1

Characteristics of the Sample

Variable	Experimental (N=26)		Control (N=39)	
Age (in years)	#	%	#	%
19	0	0	3	7.7
20	1	3.8	13	33.3
21	11	42.3	8	20.5
22	5	19.2	5	12.8
23	1	3.8	1	2.6
24	1	3.8	0	0
25	0	0	2	5.1
>25	7	26.6	7	18.2
	$\bar{x}$=	23.85[1]	$\bar{x}$=	22.77[1]
Previous Clinical Experience in Mental Health[2]				
No	23	88.5	34	87.2
Yes	3	11.5	5	12.8
Previous Personal Experience in Mental Health[3]				
No	18	69.2	24	61.5
Yes	8	30.8	15	38.5

[1] $t = 2.26$ p = NS

[2] $x^2 = 1.43$ p = NS

[3] $x^2 = 3.10$ p = NS

Instrument Reliability

Table 2 provides reliability scores (Cronbach's alpha) for each subscale of the revised version of the Opinions About Mental Illness Questionnaire (Bairan and Farnsworth, 1989). Reliability for the total instrument is also indicated. Because other researchers have reported reliability coefficients ranging from .21 to .83 for individual subscales and total scale (Bairan and Farnsworth, 1989), the reliabilities for subscales ranging from .2877 to .7836 and total scale reliabilities of .6026 to .6099 are within the range of those reported by previous researchers.

Research Questions

Attitudes of Nursing Students Prior to Instruction in Mental Health Nursing

The first research question asked about the attitudes of nursing students toward mental illness prior to classroom and clinical instruction in psychiatric-mental health nursing. In order to examine these attitudes, scores were computed for each subscale on the pretest. Based on a 6-point Likert scale of responses ranging from strongly disagree (0 points) to strongly agree (5 points), scores for each subscale could range from 0 to 25, because each subscale has 5 questions. A low score on the subscale indicated less agreement with that attitude. A high score on the subscale indicated more agreement with that attitude. With this in mind, the mean subscale scores indicate that the students expressed higher agreement on the biological, mental hygiene ideology and benevolence scales. Scores indicate less tendency toward the belief in authoritarianism, interpersonal etiology and social restrictiveness. Mean scores on each subscale were then compared for the experimental and control groups using the t-test (Table 3).

TABLE 2

Instrument Reliabilities (Cronbach's alpha)

	Pretest	Posttest
Authoritarianism (Questions 1-5)	.5458	.4110
Benevolence (Questions 7-11)	.2877	.4537
Mental Hygiene Ideology (Questions 13-17)	.6328	.5058
Social Restrictiveness (Questions 19-23)	.4064	.7836
Interpersonal Etiology (Questions 25-29)	.7336	.6815
Biological (Questions 6, 12, 18, 24, 30)	.4497	.5838
All	.6026	.6099

TABLE 3

Pretest Score Differences: Experimental and Control Groups

	Experimental		Control		
	$\bar{X}$	SD	$\bar{X}$	SD	t
Authoritarianism	7.240	.4055	7.103	3.401	.14[1]
Benevolence	13.960	2.865	16.282	3.324	-2.97[2]
Mental Hygiene Ideology	17.125	4.153	18.026	2.786	-.94[1]
Social Restrictiveness	6.346	3.273	6.026	3.048	.40[1]
Interpersonal Etiology	6.833	4.341	7.605	3.789	-.72[1]
Biological	19.480	3.002	19.154	2.661	.44[1]

[1] p = NS

[2] p <.05

Mean scores for the subscale authoritarianism were close (t=.14 p=.889) for both the experimental group (7.240) and the control group (7.103) prior to the psychiatric-mental health instruction. These mean scores were low for both groups indicating that the tendency to be authoritarian or to view those with mental illness as requiring coercive handling are minimal.

On the subscale benevolence, mean scores were significantly different (t=-2.97 p=.004) for the experimental group (13.960) and control group (16.282) prior to the psychiatric-mental health instruction. The scores indicate that the experimental group had less tendency than the control group to view the mentally ill in a paternalistic manner or believe in the need to treat them as children. The magnitude of the scores for both groups indicated a slight tendency for them to view mental illness in a benevolent light.

Slight but insignificant differences (t=-.94 p=.353) were also shown in the mean subscale scores of mental hygiene ideology for the experimental group (17.125) and the control group (18.026) prior to the psychiatric-mental health instruction. The high mean scores for this subscale are indicative of a strong belief in the tenets of the mental health profession which support the belief that the mentally ill are capable of being treated.

For the social restrictiveness subscale, mean scores of both the experimental group (6.346) and control group (6.026) were similar (t=.40 p=.693) prior to the instruction. Low mean scores for this subscale indicate that both groups share the same attitude of not viewing the mentally ill as people who must be restricted from society to protect normal people.

Only slight differences (t=.72 p=.478) in mean subscale scores were apparent on the subscale of interpersonal etiology between the experimental group (6.833) and control group (7.605) before instruction. Low mean scores for the subscale of interpersonal etiology indicate that both groups have less tendency to view mental illness as being caused by the lack of love and attention from the parents during one's childhood.

On the biological subscale, mean scores for the experimental group (19.480) and control group (19.154) were similar (t=.44 p=.660) before the instruction. The high mean scores for the biological subscale indicate both groups view mental illness as having biological causes such as heredity or biochemical processes in the brain.

Changes in Attitude After Instruction

Research question two asked if a psychiatric mental health nursing course with classroom and clinical instruction was effective in favorably changing nursing students' attitudes toward mental illness. To answer this question of change, t-tests for paired samples were conducted on participants' pretest and posttest subscale scores for both the experimental and control groups.

At a .05 level of significance, scores indicated no significant difference in authoritarianism from pretest to posttest in the experimental group (t=1.50 p=.147) or in the control group (t=.60 p=.549) (Table 4). This indicates there was no significant change in authoritarianism based on classroom and clinical experience. Authoritarian beliefs, or the tendency to treat the mentally ill coercively, did decrease for both groups indicating less of a tendency toward this belief.

TABLE 4

Authoritarian Score: Pretest-Posttest Differences

	Experimental			Control		
	$\bar{x}$	SD	t	$\bar{x}$	SD	t
Pretest	7.240	4.055		7.103	3.401	
			1.50[1]			.60[1]
Posttest	6.080	3.730		6.795	2.922	
Difference	1.160			0.308		

[1] P=NS

On the subscale of benevolence, there were no significant differences in pretest and posttest scores in the experimental group (t=1.44 p=.163) or the control group (t=.55 p=.583) (Table 5). This indicates there was no significant change in benevolence based on classroom and clinical experience. Pretest scores for benevolence were significantly higher for the control group than for the experimental group but within groups, the posttest scores did not vary significantly from those on the pretest. Both groups had some tendency toward viewing the mentally ill in a paternalistic light.

The experimental group did demonstrate a significant positive change in the subscale of mental hygiene ideology (t=.-2.29 p=.031). The control group did not indicate a significant difference on this same subscale (t=1.07 p=.293) (Table 6). This indicates there was a significant change in mental hygiene ideology for the experimental group after the classroom and clinical instruction. Scores for this group increased by 2.375 points indicating a stronger belief in the tenets of the mental hygiene profession after instruction.

On the subscale of social restrictiveness, there were no significant pretest-posttest differences in the experimental group (t=.20 p=.846) or the control group (t=-1.16 p=.254) (Table 7). This indicates there was no significant change in beliefs about social restrictiveness based on classroom and clinical experience. Pretest scores for social restrictiveness were low and remained low on the pretest for both groups indicating that neither group held the belief of the need to restrict the mentally ill to protect society.

The pretest-posttest subscale scores on interpersonal etiology indicated

TABLE 5

Benevolence Score: Pretest-Posttest Differences

	Experimental			Control		
	$\bar{x}$	SD	t	$\bar{x}$	SD	t
Pretest	13.960	2.865		16.282	3.293	
			1.44[1]			.55[1]
Posttest	12.800	3.291		16.286	3.366	
Difference	1.160			-0.004		

[1] P=NS

TABLE 6

Mental Hygiene Ideology Score: Pretest-Posttest Differences

	Experimental			Control		
	$\bar{x}$	SD	t	$\bar{x}$	SD	t
Pretest	17.125	4.153		18.026	2.786	
			-2.29[2]			1.07[1]
Posttest	19.500	3.439		17.590	3.076	
Difference	-2.375			0.436		

[1] P=NS

[2] P<.05

TABLE 7

Social Restrictiveness Score: Pretest-Posttest Differences

	Experimental (N=26)			Control (N=39)		
	$\bar{x}$	SD	t	$\bar{x}$	SD	t
Pretest	6.346	3.273		6.026	3.048	
			-.20[1]			-1.16[1]
Posttest	6.192	4.436		6.513	3.331	
Difference	0.154			-0.487		

[1] P=NS

there were no significant differences in the experimental (t=-.89 p=.382) or the control (t=-1.35 p=.186) groups based on classroom and clinical experience (Table 8). Scores for both groups were low indicating little tendency toward the belief that mental illness is caused by the lack of paternal love and attention during childhood.

The biological subscale did demonstrate significant pretest-posttest differences in a positive direction for the experimental group (t=-2.57 p=.017), but no significant differences for the control group (t=1.02 p=.316) (Table 9). This indicates there was a significant change in biological orientation for the experimental group after the classroom and clinical instruction. The increase in score indicates a stronger belief in biological causes of mental illness, and that mental illness is hereditary, treatable and often caused by biological processes of the brain.

Differences in Attitude Based on Age, Previous Clinical Experience and Previous Personal Experience with Mental Illness

The next three research questions asked if significant changes in pretest and posttest scores could be attributed to age, previous clinical experience, or previous personal experience with mental illness. Although these three variables were not explored in other research studies, it was thought by this researcher that such variables could have some effect on attitude changes.

Because age, previous clinical experience, and previous personal experience with mental illness could potentially interact in their influence on subscale scores, multiple linear regression was used to account for their joint effects. To examine the influence of these three variables on the pretest scores, they were all entered into

TABLE 8

Interpersonal Etiology Score: Pretest-Posttest Differences

	Experimental (N=26)			Control (N=39)		
	$\bar{x}$	SD	t	$\bar{x}$	SD	t
Pretest	6.833	4.341		7.605	3.789	
			-.89[1]			-1.35[1]
Posttest	7.833	4.584		8.395	3.476	
Difference	-1.000			-0.79		

[1] P=NS

TABLE 9

Biological Score: Pretest-Posttest Differences

	Experimental (N=26)			Control (N=39)		
	$\bar{x}$	SD	t	$\bar{x}$	SD	t
Pretest	19.480	3.002		19.154	2.661	
			-2.57[2]			1.02[1]
Posttest	21.560	2.399		18.744	2.583	
Difference	-2.080			0.410		

[1] P=NS

[2] <=.05

a regression equation with each pretest subscale score as the dependent variable in separate regressions. A stepwise removal was then utilized to remove variables that were not significant in explaining variation in the dependent variable.

To explain the influence of age, previous clinical experience, and previous personal experience with mental illness on the posttest scores, the same steps were followed as for pretest scores only with the posttest scores as the dependent variable. An additional independent variable, whether the individual was in the experimental or control group, was also entered into the equation. The stepwise removal process was then followed as with the pretest.

It was recognized that it would be appropriate to include pretest scores as independent variables in regressions for posttest scores. However, since pretest scores were significantly correlated with posttest scores, the effects of any other independent variables would not be significant, so the decision was made to examine the effects of age and previous personal and clinical experience with mental illness and group on posttest scores without including the pretest scores.

Results indicate that there were no significant variables which explained the variance in pretest or posttest scores on the subscale of authoritarianism (Table 10). One's age, previous clinical experience, and previous personal experience with mental illness did not have an effect on authoritarian beliefs or the need to treat the mentally ill more or less coercively.

On the subscale of benevolence, one's age and whether or not the participant had previous clinical experience explained slightly over 10% of the variance in the attitude dimension of benevolence on pretest scores ($R^2 = .13$). Those with

TABLE 10

Differences Based On Age, Previous Clinical and Previous Personal Experience

	PRETEST		POSTTEST	
	Variables	R^2	Variables	R^2
Authoritarianism	_____	_____	_____	_____
Benevolence	AGEGRP PREVCLIN	.13	GRP	.21
Mental Hygiene Ideology	PREVCLIN PREVPERS	.17	GRP PREVPERS	.14
Social Restrictiveness	PREVPERS	.09	PREVPERS	.10
Interpersonal Etiology	AGEGRP	.05	_____	_____
Biological	PREVCLIN	.06	GRP AGEGRP	.27

previous clinical experience and those 22 years of age and older were less benevolent in their view of the mentally ill. This would suggest that they were less likely to treat the mentally ill as if they were children. On the posttest, the group one was in explained 21% of the variance in the attitude dimension of benevolence on the posttest scores (R^2 = .21). Those participants in the control group were more benevolent or believed more that the mentally ill had to be treated like children due to their illness than those in the experimental group (Table 10).

On the subscale of mental hygiene ideology whether or not one had previous clinical and previous personal experience with mental illness explained 17% of the variance in the attitude dimension of mental hygiene ideology on the pretest scores (R^2 = .17). Those with previous clinical and previous personal experience with mental illness were more likely to view mental illness in a positive light based on the tenets of mental health professionals. On the posttest, previous personal experience with mental illness and the group one was in explained slightly less of the variance in the attitude dimension of mental hygiene ideology (R^2 = .14). Those having previous personal experience and being in the experimental group together explained 14% of the variance in mental hygiene scores (Table 10).

On the subscale of social restrictiveness whether or not one had previous personal experience with mental illness was significant explaining a small proportion of the variance (R^2 = .09) in the attitude dimension of social restrictiveness on the pretest. Those with previous personal experience with mental illness were less likely to view those with a mental illness to require being restricted from society to protect normal people in society. This same variable was significant in explaining almost the

same amount of variance on the posttest with the same indications as in the pretest (Table 10).

On the subscale of interpersonal etiology one's age explained a very small proportion of the variance (R^2 = .05) in the attitude dimension of interpersonal etiology on the pretest. Those participants age 22 and above were less likely to view mental illness as being caused by the lack of paternal love during childhood. There were no significant variables in explaining variance on the posttest for this attitude dimension (Table 10).

On the subscale of biological, whether or not one had previous clinical experience explained a very small portion of the variance (R^2 = .06) on the pretest. On the biological subscale of the posttest, age and the group one was in explained approximately one fourth of the variance (R^2 = .27) in the attitude dimension of biological. Those in the experimental group and those 22 and older were more likely to believe that mental illness is an illness like any other and can be treated (Table 10).

Interest In Working In A Psychiatric Setting When School Is Complete

During the pretest, 17 participants (26.2%) reported an interest in working in the psychiatric mental health field once school was completed. When asked the same question on the posttest, 20 participants (30.8%) reported an interest in working the psychiatric mental health field once they completed school. (Table 11). Reasons given for disinterest in working in a psychiatric mental health setting were given as follows: 19 participants (29.2%) had other interests; 4 participants (6.2%) believed the patients were too difficult; 2 participants (3.1%) were not yet decided; 7 participants (10.8%) described no experience yet; 3 participants (4.6%) believe this

TABLE 11

Interest in Working in a Psychiatric Setting

Variable

	Pretest		Posttest	
Interest in Working	#	%	#	%
in a Psychiatric Setting				
When School is Complete				
No	48	73.8	45	69.2
Yes	17	26.2	20	30.8

[1]x^2 = .06 p = NS

is not real nursing; 4 participants (6.2%) were not comfortable in this setting; 5 participants (7.7%) did find it appealing or exciting; and 1 participant (1.5%) described fear of the patients (Table 12).

Chapter I introduced the problem and the purpose of the study. A review of the literature concerning the problem was included in Chapter 2. Chapter 3 described the research study to be performed. The research data was evaluated and analyzed in Chapter 4. The fifth and final chapter will consist of conclusions drawn from the findings, the significance of the findings, and the recommendations for further study.

TABLE 12

Reason for Disinterest in Working in a Psychiatric Setting

	#	%
Other interests	19	29.2
Patients are too difficult	4	6.2
Not yet decided	2	3.1
No experience yet	7	10.8
Not really nursing	3	4.6
Not comfortable in setting	4	6.2
Not appealing or exciting	5	7.6
Fear of the patients	1	1.5
Not Interested	20	30.8

CHAPTER 5

SUMMARY AND CONCLUSIONS

Chapter 1 introduced the problem and the purpose of the study. A literature review pertaining to the problem was contained in Chapter 2. Chapter 3 specified the study to be conducted. Chapter 4 discussed the data analysis performed. This chapter will include conclusions drawn from the findings, the implications of the findings, and recommendations for further research.

This pretest-posttest experimental study was designed to identify whether or not a psychiatric mental health course with classroom and clinical instruction was effective in favorably changing nursing students' attitudes toward mental illness. Discussion of the results will be presented to answer the research questions.

Nursing Students' Attitudes Toward Mental Illness Prior to Classroom and Clinical Instruction

Based on a 6-point Likert scale of responses ranging from strongly disagree (0 points) to strongly agree (5 points), scores for each subscale could range from 0 to 25 points, since each subscale has 5 questions. The lower the score on the subscale, the less tendency toward that attitude, while the higher the score on the subscale, the more tendency toward that attitude.

An investigation of nursing students' attitudes toward mental illness prior to mental health instruction revealed that both the experimental and control group held beliefs that were high for the biological and mental hygiene ideologies and somewhat midrange for the benevolence ideology. High mean scores on the scales of biological and mental hygiene ideologies indicate both groups of students held

beliefs that the mentally ill had illnesses which could be treated, that were biochemical in nature, and agreed with the tenets of the mental health profession. The midrange scores on the scale of benevolence indicate an indifference toward the belief in the need to treat the mentally ill in a paternalistic manner as if they had to be cared for as children. Pretest scores on authoritarianism, social restrictiveness and interpersonal etiology ranked low for both the experimental and control groups. Low mean scores on the scales of authoritarianism, social restrictiveness and interpersonal etiology indicate that both groups of students held beliefs that the mentally ill did not have to be treated coercively, did not have to be restricted from society to protect normal people, and their illness did not arise out of the lack of paternal love and attention during childhood. High scores on the subscales of mental hygiene and biological and low scores on the subscales of authoritarianism, social restrictiveness and interpersonal etiology may indicate that attitudes toward mental illness are improved from some time ago.

Since the 1950's and 1960's much effort has been placed on educating the public about mental illness. This education provided through the 70's, 80's, and 90's has placed a more positive emphasis on mental illness and its treatment. The once very inhumane treatment of isolating the mentally ill from society by placing them away in state institutions which provided only warehousing has been replaced with humane care, which treats the entire individual with psychotherapy as well as pharmacology.

Mean subscale pretest scores for the five subscales of authoritarianism (7.2), benevolence (14.9), mental hygiene ideology (10.7), social restrictiveness (6.9), and

interpersonal etiology (8.6) in the only other study of this kind utilizing nursing students indicated similar scores to this study (Bairan and Farnsworth, 1989). No other studies of nursing students utilized this same scale.

Because the scores for benevolence were midrange, this may indicate an indifference to the idea of treating the mentally ill in a paternalistic manner. Other studies have shown that when attitudes of health care professionals are examined, nurses do score higher on the subscale of benevolence than other health care professionals (Cohen and Struening, 1960). The control group for this study scored significantly higher on the benevolence subscale than the experimental group on both the pretest and the posttest.

Attitude Change After Instruction

An investigation of whether or not psychiatric mental health nursing instruction was effective in favorably changing nursing students' attitudes toward mental illness yielded equivocal results. Mean scores for the subscale of authoritarianism did change in a favorable direction, but not significantly, for both the experimental and control groups. The experimental group did demonstrate a larger change in a positive direction, which may indicate that the instruction played some part in this positive change. Because mean scores were already in the low range, one would not expect attitudes to become more negative.

On the subscale of benevolence, again there was a slight change, though not significant, in a favorable direction for the experimental group. The experimental groups scores decreased indicating that there was less feeling that the mentally ill had to be treated in a paternalistic manner. Once again, the experimental group

demonstrated a change unlike the control group, which may indicate that the instruction did play some part in this positive change. The mean scores for the benevolence subscale were midrange. In other studies, nurses have scored higher than other professions in benevolence indicating nurses may be more paternalistic than other health care professionals (Cohen and Struening, 1960). This could be indicative of the compassion and caring for humans, which goes along with the nursing profession. Because these scores for benevolence were midrange and therefore indicative of an indifference, this may indicate feelings of compassion toward all humans despite the illness they have.

On the subscale of mental hygiene ideology, the experimental group demonstrated a statistically significant increase in the mean score in the desired direction. This indicates that this group of students held beliefs that identify with the tenets of mental health professionals in treating the mentally ill. The classroom and clinical instruction may have been effective in changing attitudes toward mental illness on this belief. The control group demonstrated a slight decrease, although this was not statistically significant. The overall mean scores on the subscale of mental hygiene ideology were already high on the pretest for both the control group and the experimental group, and any significant change may be related to the effectiveness of the mental health classroom and clinical instructions. The content of Nursing 420 focuses on the tenets of the mental health professionals and the clinical component allows experiences in caring for mentally ill patients through participation with a multi-disciplinary treatment team approach.

There were slight, although not significant, changes in the positive direction for

the experimental group on the subscale of social restrictiveness. Because the mean score was already very low on this subscale, indicating less tendency toward the belief that the mentally ill must be restricted to protect society, one would not expect to see much change. The fact that change did occur in the positive direction for the experimental group could indicate that the instruction may have had some impact on the belief. The control group demonstrated a slight change in the negative direction, indicating a gain in the tendency to feel that the mentally ill needed to be restricted from society to protect the normal people. The reason for this minute change is not apparent.

On the subscale of interpersonal etiology, both the experimental and control groups demonstrated a slight but not significant change. For both groups, this change was in the negative direction. This indicates both groups were more likely to feel that mental illness was caused by a lack of paternal love in childhood during posttesting than on pretesting. Again, the mean scores on this subscale were already low at a range of six to eight, indicating a not sure but probably disagree to a disagree attitude toward this belief. One would have expected the change to be in a positive direction for the experimental group, because the Nursing 420 curriculum focuses on biological etiology as opposed to interpersonal etiology as the cause of mental illness. This finding does not support that the classroom and clinical instruction have had a positive effect on changing attitudes toward mental illness in a desired direction.

There were significant positive changes on the biological subscale for the experimental group. This indicates a strong belief that mental illness is treatable and

has biochemical causes. The control group demonstrated a change in the negative direction, although this change was small and the mean scores already reflected a positive attitude in the biological ideology. Classroom and clinical instruction may have been effective in favorably changing attitudes toward mental illness since Nursing 420 curriculum focuses on biological causes of mental illness and looks at heredity and treatments for mental illness.

Because another study (Bairan and Farnsworth, 1989) has found significant changes after mental health instruction in as many as four out of five of the attitude dimensions and this study was conducted almost five years ago, it is possible that overall attitudes toward mental illness may have improved in society as a whole. Bairan and Farnsworth (1989) found significant positive change in authoritarianism (6.3), social restrictiveness (6.2), benevolence (13.7), and mental hygiene ideology (18.2) after classroom and clinical instruction in mental health nursing. They also found changes in a positive direction for interpersonal etiology although this change was not statistically significant. If overall attitudes toward mental illness are improving, one would expect less significant changes based on instruction as this experiment has demonstrated. Other studies have not examined the biological component. This was added by this researcher for this particular study. Because the attitudes of the participants in this study were highly positive in the biological dimension, it would be necessary to compare these scores to a group in the society to see if overall societal attitudes indicate growth in the biological ideology or if society has still not been educated to belief in the biological domain.

Difference in Attitude Based on Age, Previous Clinical Experience, and Previous Personal Experience with Mental Illness

Prior to conducting this study, it was thought that one's age and previous clinical or personal experience with mental illness may account for differences in attitudes toward mental illness. Other studies have not examined these variables and therefore no comparison of results can be made.

There was no single variable or combination of variables which explained any of the variance in the pretest or posttest scores on the subscale of authoritarianism. Additionally, there was no single variable or combination of variables which explained variance in the posttest scores for the subscale of interpersonal etiology.

On the subscale of benevolence, 13% of the variance in pretest scores could be explained by the combination of age and previous clinical experience in the psychiatric setting. 21% of the variance in posttest scores could be explained by one's assigned group. Those participants in the experimental group held beliefs that were less benevolent, thus indicating that the classroom and clinical instruction may have played a part in decreasing the belief that the mentally ill be treated like children.

On the subscale of mental hygiene ideology, 17% of the variance in pretest scores could be explained by the combination of the variables of previous clinical and previous personal experience with mental illness. Those with both previous and personal experience with mental illness were more likely to identify with the positive tenets of mental health professionals. 14% of the variance in posttest scores could be explained by the combination of previous personal experience with mental illness

and the group one was in. Those with previous personal experience who were also in the experimental group were more likely to identify with the positive tenets of the mental health profession.

On the subscale of social restrictiveness, 9% of the variance in the pretest and 10% of the variance in the posttest scores could be explained by one's previous personal experience with mental illness. Those with previous personal experience with mental illness were less likely to view those with mental illness as requiring restriction from others in society.

On the subscale of interpersonal etiology, only 5% of the variance in pretest scores could be explained by the single variable of one's age. Those 22 and older were less likely to view mental illness as a result of the lack of paternal love during childhood.

On the subscale of biological, only 6% of the variance in pretest scores could be explained by a participant having previous clinical experience in the psychiatric setting. On the posttest, 27% of the variance could be explained in the experimental group by the combination of one's age and the group one was in. Those participants in the experimental group who were 22 and older were more likely to view the mentally ill from a biological standpoint. This could indicate that the classroom and clinical instruction may have had some positive impact on this attitude dimension.

Interest in Working in a Psychiatric Setting When School is Complete

Whether or not one was interested in working in a psychiatric setting when school was complete was asked of participants on both the pretest and posttest to

explore whether or not one changed their minds about working in a psychiatric setting after they had experienced such clinical work. Although all participants in the experimental group reported a positive clinical experience, only three changed their minds about the type of work. After the psychiatric experience, 69.2% still did not want to work in the psychiatric field. The majority of these students, 30.8%, were not interested while another 29.2% had already chosen other fields of interest. Again, other studies have not inquired about this and therefore comparisons cannot be made.

Limitations of the Study

There are acknowledged limitations in this study. The first limitation is that a small convenience sample was utilized to collect data. The study therefore has the limitation of any study utilizing such a sample, the question of generalizability. Findings of such a study are generalizable only to the population from which the subjects were chosen.

Additionally, there is the issue of decreased internal consistency of the subscales and the total scale. This particular scale which originated years ago may be less reliable now due to changes in attitude over time. If other studies are conducted, the use of a scale which utilizes more current terminology and current issues effecting those with a mental illness should be considered.

As in any study, consideration must be given to a Hawthorne effect. The responses of participants in the study may have been partly a result of their knowledge of knowing they were participating in a study. Responses may also reflect attitudes which participants believe the researcher may expect.

Another limitation to this study is that of design. A longitudinal study would be required to determine if any attitude change persists over time. The design of this study only allowed examination of attitude change immediately after application of psychiatric instruction as an intervention.

Implications for Nursing

Based on the fact that pretest scores may indicate that overall nursing students' attitudes toward mental illness have improved over the years, this researcher feels that it is necessary to conduct a study to obtain society's attitudes toward mental illness and to compare these current attitudes of society with those of nursing students. It appears that overall attitudes may have changed in the positive direction.

Despite limitations of this study, this researcher believes that the study suggests important implications for nursing. Nursing instructors should recognize that attitudes toward mental illness may have changed in a positive direction. Education which continues to improve attitudes toward mental illness may lead to greater interest in working in the ever growing psychiatric mental health field and improved care of the mental health needs of all patients in other settings as well. Nurses must be aware of their attitudes toward others. This awareness of one's self and one's attitude may improve the nurse-patient relationship; the essential component of mental health nursing.

The conceptual framework for this study was attitude theory, which states we learn attitudes through our experiences and interactions (Zimbardo and Lippe, 1991). The significant positive changes demonstrated by the experimental group

support this idea. Zimbardo and Lippe (1991) state that a change in belief may cause attitude revision, which may lead to new behaviors. As instructors, it is important to keep these ideas in mind. Students must be exposed to material about mental illness and its treatment in a dimension that views mental illness and its treatment in a positive manner. This study did demonstrate some significant positive changes in the scores of the experimental group, which may indicate that the education components utilized may have affected attitudes.

Suggestions for Further Research

For future studies, it is suggested that a larger sample size be used. It is also suggested that longitudinal studies be utilized to examine if significant changes in attitudes are stable over time. Studies which examine and compare differences in attitudes among the public and nursing students would also be essential to examining if and how the public's attitudes have changed over time. Public attitude studies are not recent enough to make comparisons at this time. If overall public attitudes have improved, it may not be necessary to conduct further study in this area since the stigma attached previously to mental illness would have already been decreased due to public awareness through education.

Appendix A

Beliefs About "Mental Illness" Questionnaire

DIRECTIONS: Put your four digit code of numbers here _____ _____ _____ _____

The following statements reflect ideas and beliefs about conditions that are labelled "mental illness" and about people who become "mental patients." Rate each with a score ranging from 5 to 0, based on the following scale:

5 Strongly Agree
4 Agree
3 Not sure, but probably agree
2 Not sure, but probably disagree
1 Disagree
O Strongly disagree

There are no right or wrong answers, so be as honest as you can.

___ 1. When you have a problem or worry, it is better not to think about it but rather keep busy with more pleasant things.

___ 2. All clients in mental hospitals should be prevented by a painless operation from having children.

___ 3. One of the main causes of mental illness is a lack of moral strength or will power.

___ 4. Every person should have complete faith in some supernatural power whose decisions he or she obeys without question.

___ 5. Although some mental clients seem all right, it is dangerous to forget for a moment that they are mentally ill.

___ 6. Becoming mentally ill can be a result of biochemical processes in the brain.

___ 7. Even though clients in psychiatric hospitals/units behave in funny ways, it is wrong to laugh about them.

___ 8. Clients in psychiatric hospitals/units are in many ways like children.

___ 9. Our psychiatric hospitals/units seem more like prisons than like places where mentally ill people can be cared for.

___ 10. Although they usually aren't aware of it, many people become mentally ill to avoid the difficult problems of everyday life.

___ 11. More tax money should be spent in the care and treatment of people with severe mental illness.

___ 12. Anyone, regardless of their moral strength or will power, can become mentally ill.

___ 13. Many mentally ill clients are capable of skilled labor, even though in some ways they are very disturbed mentally.

___ 14. Many people who have never been clients in a psychiatric hospital/unit are more mentally ill than many hospitalized clients.

___ 15. Many mentally ill clients would remain in the psychiatric hospital/unit they are well, even if the doors were unlocked.

___ 16. The clients of a psychiatric hospital/unit should have something to say about the way the hospital/unit is run.

___ 17. All people with mental illness should have access to the same quality of care.

___ 18. Mental illness can be treated with medications so that most mentally ill people can return to their normal lifestyle.

___ 19. A woman would be foolish to marry a man who has had a severe mental illness, even though he seems fully recovered.

___ 20. People who have been clients in a psychiatric hospital/unit will never be their old selves again.

___ 21. Small children should not be allowed to visit their parents who are clients in a psychiatric hospitals/units.

___ 22. Most clients in psychiatric hospitals/units don't care how they look.

___ 23. Anyone who is in a hospital/unit for a mental illness should not be allowed to vote.

___ 24. Mental illness can be an inherited disorder.

___ 25. Mentally ill clients come from homes where the parents took little interest in their children.

___ 26. The mental illness of many people is caused by the separation or divorce of their parents during childhood.

___ 27. If parents loved their children more, there would be less mental illness.

___ 28. If the children of normal parents were raised by mentally ill parents, they would probably become mentally ill.

___ 29. People who are successful in their work seldom become mentally ill.

___ 30. More emphasis should be placed on the biological causes of mental illness.

Source: Adapted from items in J. Cohen and E. Struening (1962), Opinions About Mental Illness Scale, Journal of Abnormal and Social Psychology, 64, 349-360, copyright 1962 by the American Psychological Association.

Appendix B

DEMOGRAPHIC QUESTIONNAIRE

Please chose any 4 digit code of numbers to use as your personal identification for all questionnaires. Write this code down somewhere for later use. Do not write your name on any forms. All questions are anonymous.

CODE: _____ _____ _____ _____

Please indicate your answers by circling the appropriate response or filling in the information in the space provided. Thank you.

1. Age: _____

2. Have you ever received formal clinical instruction or worked on a psychiatric floor or psychiatric hospital:

   Yes No

3. If yes to #2, for how long? (years, months, etc.) _____

4. Have you had any personal experiences with mental illness? (treatment or hospitalization of self, or visiting a close friend or relative in a psychiatric hospital or psychiatric unit?) This is not to include drug and alcohol treatment.

   Yes No

5. Do you have an interest in working in a psychiatric hospital or unit when you complete school?

   Yes No

Appendix C

Post Instruction Questionnaire

Please put your 4 digit code of numbers here ____ ____ ____ ____

Please indicate your answers by circling the appropriate response or filling in the information in the space provided. Thank You.

1. I have an interest in working in a psychiatric hospital/unit when I complete school.

   Yes No

2. If no to #1, why not?

   _____

   _____

   _____

   _____

   _____

3. My psychiatric experience was:

   positive not positive not applicable (Nursing 1 students only)

Appendix D

STATEMENT OF APPROVAL

COMMITTEE ON HUMAN VOLUNTEERS

SALISBURY STATE UNIVERSITY

Date September 3, 1993

MEMO TO: Karin Johnson and Debra Webster

FROM: Chairman, Committee on Human Volunteers

SUBJECT: Nursing Students' Attitudes Toward Mental Illness

Tile of Study

SSU, Department of Nursing

Grant Application — Sponsoring Agency

Karin Johnson

Principal Investigator or Program Director

Debra Webster

Student Investigator

The Committee on Human Volunteers has considered the above application and, on the basis of available evidence, records its opinion as follows:

(1) The rights and welfare of individual volunteers are adequately protected.

(2) The methods to secure informed consent are fully appropriate and adequately safeguard the rights of the subjects (in the case of minors, consent is obtained from parents or guardians).

(3) The investigators are responsible individuals, competent to handle any risks which may be involved, and the potential medical benefits of the investigation fully justify these studies.

(4) The investigators assume the responsibility of notifying the Committee on Human Volunteers if any changes should develop in the methodology or the protocol of the research project involving a risk to the individual volunteers.

Francis Kane

Chairman

Appendix E

Disclosure Statement

I am conducting a study on how nursing students view mental illness. I am seeking the assistance of nursing students enrolled in Nursing I and Nursing III for the Fall 1993 semester in completing three questionnaires concerned with nursing students' beliefs about mental illness.

The questionnaires are brief and should take only about 15 minutes of your time. You will be asked to fill out two questionnaires before you begin classes about mental illness and one questionnaire after you complete such classes. The information you provide will be kept anonymous. Your name or social security number will not appear on the questionnaire. You will be asked to choose a four digit code of numbers to place on each questionnaire so that information can be matched. Please write this four digit code of numbers down in your notebook so that you can come back to it for the last set of questionnaires.

Your cooperation and participation is strictly voluntary and your choice to participate or not participate will in no way affect your grade. You may leave any particular question unanswered. Your participation is very valuable to me in understanding how nursing students view working with mentally-ill patients. You will not derive any direct benefits from participating in this study, but you may gain a sense of personal satisfaction by participating in a study to further nursing research.

If you have any questions about this study or would be interested in the results, please contact Debra Webster, Choptank Center, telephone 221-0288, extension 14. Thank you for your cooperation.

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CURRICULUM VITAE

DEBRA A. WEBSTER

PERSONAL

Birthdate:	June 5, 1963
Address:	P.O. Box 91 104 Merrick Avenue Secretary, Maryland 21664
Telephone:	(410) 943-3051
License:	Maryland Nurse Registration No. R097666

EDUCATION

1991 - 1994	Master of Science Candidate, Salisbury State University, Salisbury, Maryland
1987 - 1988	Bachelor of Science in Nursing, Salisbury State University, Salisbury, Maryland
1985 - 1987	Associates of Arts in Nursing Wor-Wic Tech Community College Salisbury, Maryland
1983 - 1984	Diploma in Practical Nursing, Eastern Shore Hospital School of Practical Nursing, Cambridge, Maryland
1977 - 1981	Diploma of Completion of Public School System North Dorchester High School, Hurlock, Maryland

POSITIONS HELD

1993 - Present	Director of Nursing/Assistant Administrator Choptank Center Adolescent Psychiatric Hospital Cambridge, Maryland

1992 - Present	Director of Nursing Choptank Center Adolescent Psychiatric Hospital Cambridge, Maryland
1993	Clinical Instructor for Psychiatric Nursing Wor-Wic Tech Community College Salisbury, Maryland
1989 - 1992	Staff Nurse / Infection Control Coordinator CPR and First Aid Instructor Choptank Center Adolescent Psychiatric Unit Cambridge, Maryland
1987 - 1989	Registered Nurse II Adult Psychiatric Unit Eastern Shore Hospital Center Cambridge, Maryland
1984 - 1987	Licensed Practical Nurse I Adult Psychiatric Unit Eastern Shore Hospital Center Cambridge, Maryland

PROFESSIONAL ORGANIZATIONS/ACHIEVEMENTS

Sigma Theta Tau Lamda Chapter National Honor Society, 1992 - Present

Certified by the American Nurses Credentialling Center in Psychiatric and Mental Health Practice, 1991 - Present

Association for Practitioners of Infection Control, 1991 - 1992

Who's Who in American Nursing, 1990 - Present