



# Assessment of Factors That Influence Nurses' Attitudes towards Mental Illness

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## Abstract

**Introduction:** Mental disorders are the most stigmatized diseases. Despite the progress in social psychiatry and the adoption of mechanisms that raise awareness in the public, mentally ill patients are continuing to be victims of discrimination. Nurses and health care professionals are working together with patients and their families in order to address issues that are raised by those behaviors. **Propose:** The present study aims to investigate the nurses' attitudes towards mental disorders and their relation to the following factors: age, gender, education and working experiences in mental health settings. **Material and Method:** A group of 160 nurses are recruited who work in psychiatric or general hospitals as well as in community based on rehabilitation facilities. Data are obtained by an anonymous self-administered questionnaire that is consisted by demographic questions and the Opinion on Mental Illness Scale (OMI). Descriptive statistics such as frequencies, means, percentages and standard deviations is being utilized. Inferential statistics has been used to determine relations between relevant variables. The level of significance which is accepted is  $p < 0.05$ . **Results:** The sample of the study consists of 160 health professionals. The vast majority of the respondents are women (75.3%), while men number to 24.7% of the total. The age of the participants ranges from a low end of 24 years of age, to high end of 56 years, with the average age being 39.40 years a standard deviation of 7.04. Age level of education and working environment yield a statistical significant difference among the respondent scores. **Conclusions:** Factors such as, age, level of education and working environment seem to be shaping the perceptions that nurses have about mental illness.

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## Keywords

**Mental Illness, Stigma, Nurses, Attitudes, Assessment**

**Subject Areas: Nursing, Psychiatry & Psychology**

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## 1. Introduction

Mental disorders are the most stigmatized diseases. Despite the progress in social psychiatry and the adoption of mechanisms that raise awareness in the public, mentally ill patients are continuing to be victims of discrimination [1]. Up until the recent past in the beginning of the 19th century psychiatric patients were treated in the same way as drug addicts and prostitutes [2] [3]. Despite the hopeful movement of psychiatric rehabilitation and the deinstitutionalization of the mentally ill those patients are continuing to be victims of social discrimination [4].

It is a fact that although medical conditions such as cancer seem to be less stigmatized over the years; unfortunately this doesn't apply to mental disorders [5]. Conversely studies have shown that stigmatization of the mental illness is significantly higher than any other form of stigma. Over the years, the image of a dangerous person who is never going to get better has been prevalent for psychiatric patients [5] [6].

Stigma sets the difference between a person and others and it includes the direct connection between the specific people with negative stereotypes that have been prevalent in society for this group of people [7].

Thus, clearly stigma is comprised by three components: the stereotypes, prejudice and discrimination. These negative stereotypes, in turn, justify the separation and classification of "designated persons" in separate groups, accompanied by the loss of their social status, which draws to distinctions. The definition of stigma refers to the loss of social status "degraded identity" and discriminatory effect of the series of negative stereotypes about the individuals who are stigmatized [5]-[8]. Stigmatization of the mentally ill is based on several prejudices that help the creation of stigma based on stereotypes that describe the mentally ill as dangerous, incurable and irresponsible people. Stigma can have a huge impact on the quality of life. Usually mentally ill people who experience stigmatization are isolated from the community because of the fear of tackling that they accept or adopt and consider such behaviors as normal. As a result the stigmatization is burdening even more their condition [8]-[11].

### 1.1. Healthcare Professionals' Attitudes towards to Mental Illness

The phenomenon of stigmatization not only applies to individuals who are not informed on the subject. Professionals even from the range of health professions hold negative attitudes toward mentally ill members of society [12].

A study in the UK shows that doctors and medical students tend to share the same negative views on mental illness as the general public. On the other hand, psychiatrists seem to have a positive attitude-view as compared to the general population and other professions [13].

A similar research is carried out in the Netherlands which studies the attitudes of health professionals towards the mentally ill. It is found that during the course of time, the neutral attitude towards mentally ill prevails. One of the findings of this study was that after the age of forty health professionals distance themselves from their mentally ill patients. The explanation is given for this is familiarity. With time comes professional wear and isolation, even greater is the isolation and growth of negative attitudes towards these people by the directors of these services. This seems to be due to non-interaction with these individuals [14].

The results from a study, which was conducted in Australia, Belgium, Finland, India, Estonia and Latvia among students in pharmacy, demonstrate that the students of these medicinal schools hold negative attitudes towards people suffering from schizophrenia and severe depression [15].

Finally, according to a study, that is conducted in a university hospital in Greece by Arvaniti *et al.* doctors and psychiatric staff has more positive attitudes towards patients with mental illness while nurses have less positive attitudes.

### 1.2. Propose

The present study aims to investigate the nurses' attitudes towards mental disorders and their relation to the fol-

lowing factors: age, gender, education and working experiences in mental health settings.

## 2. Material and Method

A group of nurses was working in psychiatric or general hospitals as well as in community based rehabilitation facilities was recruited. Data was obtained by an anonymous self-administered questionnaire that consisted of demographic questions and the Opinion on Mental Illness Scale (OMI). For the study the questionnaire “opinion of mental illness” was used (Scale OM) formed by Cohen and Struening in 1962 and was translated into Greek by Madianos and his colleagues in 1982. The questionnaire consists of 51 questions which are related to mental illness, features, etiology, and its effect on social behavior and measures to be taken by the community to face the problem. The factor analysis of the original scale OMI identified five factors which were: Domination, Kindly Feelings, Ideology Mental Health, Social Exclusion and Interpersonal Reason. In such analyzes with Greek data five factors were also identified, however there were some differences in factors analysis, which obviously were due to different sample and size. Indicative of this is the research on attitudes towards mental illness, which took place in two municipalities of Athens on a sample of 1574 individuals by Madianos and his colleagues in 1984, which highlighted five factors: Social Discrimination, Social Restriction of Social Care, Social Integration, etiology [16]-[18].

### 2.1. Ethics

Written authorization was granted by the ethics and scientific committees of the institutions that this study was conducted. In addition, a written consent statement for their voluntary participation was taken.

### 2.2. Sample Demographics

The sample of the study consists of 160 health professionals. The vast majority of the respondents are women (75.3%), while men amount to 24.7% of the total. The participants' age ranges from a low end of 24 years of age, to high end of 56 years, with the average age being 39.40 years a standard deviation of 7.04. Most participants have a very high level of education, with 71.9% having received at least a bachelor degree and 15.0% having a master's degree. The remaining 28.1% graduated high school. On the marital status of the participants, responses show that 57.5% are currently married, while 42.5% are either single (31.9%), or divorced (10.6%).

A series of questions aimed at exploring the participants' job particulars reveals that, on average, respondents have been working as health professionals for 14.40 years (SD = 6.75). Regarding their work frame, most participants responded that they are working in either a general hospital (42.5%) or a dedicated psychiatric hospital (40.0%). The rest are working in psychosocial rehabilitation facilities (PRF) (17.5%).

The grand majority of participants reported that they have been working on their current assignment for a minimum of 10 years (80.0%). Additionally, 26.4% of the respondents replied that their job description includes decision making and some higher level of responsibility. The above does not apply to the remaining 73.6% of the sample. Finally, 63.8% of the participants of the study responded that their job description can be summarised as Registered Nurses (RNs), with 6.3% being University graduates and 57.5% being Technological institute graduates. The remaining 36.3%, work as Nurse Assistants. **Table 1** summarizes all the above.

When questioned about their degree of engagement with the mentally ill, most participants in this study, replied that they were currently working with such individuals (63.7%), while 21.3% responded that they have had no contact whatsoever. Finally, 15.0% of the participants either live with a mentally ill person (3.1%), or have a friend, or relative that falls into that category (11.9%).

### 2.3. The Opinion about Mental Illness Scale (OMI)

#### Reliability

The scale-related data which was collected within the scope of this study was submitted to a reliability analysis using Cronbach's alpha coefficient as an index of reliability. The analysis of the data procured for this study showed varying levels of reliability. **Table 2** summarizes the above analysis: The first two factors (social discrimination and social restriction) yielded a coefficient value of, roughly, 0.8, while Social Integration and etiology had an alpha value of 0.552 and 0.543 respectively. Finally, the social integration factor yielded a low reliability coefficient score of 0.433.

**Table 1.** Sample demographics.

Demographic	N	N%
Sex		
Male	39	24.7
Female	119	75.3
Level of Education		
High school	45	28.1
University or Tech. Bachelor	91	56.9
Masters	24	15.0
Work Frame		
General Hospital	68	42.5
Psychiatric Hospital	64	40.0
Phychococial Rehabilotation Facilities	28	17.5
Job Description		
RN (University Graduate)	10	6.3
RN (Technological Inst. Graduate)	92	57.5
Nurse Assistant	58	36.3

**Table 2.** Scale reliability and descriptives.

Factor	Cronbach's Alpha	Sample Mean	Sample SD
Social discrimination	0.818	58.30	10.90
Social restriction	0.805	58.43	8.89
Social care	0.552	12.39	3.43
Social integration	0.433	24.89	4.54
Etiology	0.543	23.81	4.28

## 2.4. Statistical Analysis

The data was submitted to a series of inferential statistical tests, such as mean comparison tests (T-tests, ANOVAs) and correlation analysis. The above tests were conducted in order to further investigate the differences between OMI scale scores between different demographic groups, as well as correlations between variables. The level of significance which is accepted is  $p < 0.05$ .

## 3. Results

The inferential analysis conducted shows that the educational level as a grouping factor reveals a difference in the mean scores of at least two factors (social discrimination and social restriction) between high school graduates and university graduates. The analysis of variance (ANOVA) between educational levels showed, initially, significant differences for the factors of Social discrimination ( $p = 0.0373$ ) and Social restriction ( $p = 0.0496$ ). Post-hoc testing (Bonferoni and LSD) revealed that high school graduates scored higher in the social discrimination sub-scale ( $F = 5.86$ ,  $LSD p = 0.004$ , Bonferoni  $p = 0.023$ ). Similarly, the mean scores for the social restriction sub-scale were higher for high school graduates compared to bachelor holders ( $F = 3.54$ ,  $LSD p = 0.032$ ) and masters' degree holders ( $F = 4.46$ ,  $LSD p = 0.048$ ).

Another grouping that revealed significant differences in the mean scores between groups is the participants'

work-frame. Social discrimination ( $p = 0.000$ ), etiology ( $p = 0.00$ ) and social restriction ( $p = 0.001$ ) factors' mean score comparison between the three groups of work-frame showed significant differences. Post-hoc testing (Bonferoni and LSD) revealed that General Hospital workers scored higher in the Social discrimination ( $F = 7.90$ ,  $LSD p = 0.000$ , Bonferoni  $p = 0.000$ ), Social restriction ( $F = 7.90$ ,  $LSD p = 0.000$ , Bonferoni  $p = 0.001$ ) and etiology ( $F = 3.297$ ,  $LSD p = 0.000$ , Bonferoni  $p = 0.000$ ) sub-scales compared to purely psychiatric hospital workers. Similarly, the mean scores for the Social discrimination ( $F = 5.59$ ,  $LSD p = 0.017$ ) and etiology ( $F = 2.69$ ,  $LSD p = 0.003$ , Bonferoni  $p = 0.009$ ) sub-scale scores were higher for general hospital workers compared to PRF workers.

On the same note, the OMI scale factor means of social discrimination ( $p = 0.003$ ) and social restriction ( $p = 0.004$ ) were found to be significantly different between the groups of job description through ANOVA testing. More thorough investigation suggested that Nurse Assistants scored a higher mean on the social discrimination scale than both RN (Uni.) ( $F = 10.35$ ,  $LSD p = 0.005$ , Bonferoni  $p = 0.007$ ) and RN (Tech.) ( $F = 4.88$ ,  $LSD p = 0.014$ , Bonferoni  $p = 0.020$ ). The exact same behavior was observed on the mean scores of the social restriction factor, with Nurse Assistants scoring a higher mean on the social discrimination scale than both RN (Uni.) ( $F = 7.23$ ,  $LSD p = 0.015$ , Bonferoni  $p = 0.046$ ) and RN (Tech.) ( $F = 4.36$ ,  $LSD p = 0.003$ , Bonferoni  $p = 0.009$ ).

Finally, the participants' level of engagement seems to play an important role in forming their opinions about mental illness. ANOVA testing showed that OMI scale factor means of etiology ( $p = 0.004$ ) were found to be significantly different between the participants who claimed to have different degrees of contact with mentally ill individuals. The differences we located between the respondents who work with mentally ill individuals and all other groups: Those in this line of work scored lower on average compared to the rest of the participants. **Table 3** summarizes the above results.

Correlation testing between OMI scale factors with variables such as the participants' age and years of working experience failed to yield any statistically significant findings.

#### 4. Discussion

This study focused on issues such as attitudes and perceptions towards mental health and the possible association of these factors with some socio-demographic data of respondents such as gender, education level and employment context.

Mental illness is the most stigmatized of diseases. The mentally ill give an unequal battle not only against the disease itself but also against a "second disease"—the social stigma. Studies and surveys that help promote knowledge and strategies to combat the stigma have already begun to stand by to mentally disturbed people. All studies have identified and highlighted the existence of stigma for these people [1].

In the study, the majority were women (119, 75.3%) as opposed to men who were 39 *i.e.* 24.7%. This is mainly due to the fact that nursing as a profession, which is mostly done by women. So, we can assume that women tend to choose health professions because people are more sensitive as opposed to men [13]. Nevertheless the gender does not seem to play a role in shaping attitudes towards mental illness. In studies carried out in Greece on this matter the results vary therefore it is not clear if eventually gender plays a role in forming attitudes towards mental illness [17]-[20].

On the other hand, educational status seems to play an important role in formulating attitudes towards people with mental illness, since a higher level of education is related to lower scores on the subscales of social discrimination and restriction. The findings of our study are in accordance with other Greek studies, which state that the higher the educational level the more the positive attitudes towards mental illness. Nonetheless in a multicounty European study that was contacted and the participants were only nurses, education didn't seem to be related with the attitudes towards mental illness [19]-[21].

**Table 3.** An Etiology factor mean differences per degree of contact with the mentally ill.

Group A	Group B	F (A-B)	PLSD
	No contact	-2.039	0.014
Working with the mentally ill	Mentally ill relatives and/or friends	-2.288	0.028
	Living with a mentally ill individual	-4.656	0.015

Furthermore, Nurse Assistants and staff nurses have more negative attitudes than both register nurses and nurse managers. This findings are in accordance with other studies conducted in nursing personnel [21].

Moreover according to our results, a more positive attitude towards the mentally ill by mental health nurses is shown, *i.e.* those who work with mentally ill patients. This finding cannot be generalized because there are contradictory findings in both studies both Greek and international level ones [19] [22].

## 5. Conclusion

In the present study, we record the attitudes of nursing personnel towards mental illness in various work settings. It seems that contact and care for people that are facing mental health issues may lead to more positive attitudes towards to mental illness. Moreover, higher levels of education may lead to less stigmatizing attitudes. Thus, it becomes obvious that the efforts should be concentrated mainly on education and, since it is known that man shapes the values and perceptions to a large extent through the educational process, thus it also accepts messages from society. There is still a need for more research on the issue of attitudes towards mental health and the factors that play a role in shaping the perceptions around it. With proper knowledge, education, direct contact and personal transaction with people that are suffering from a mental disease, nurses can possibly make the change.

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