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Attitude of Nurses towards Mental Illness in Bhutan

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Abstract

This paper explores the general nurses' attitudes towards mental illness in Bhutan. A non-probability convenience sample with quantitative descriptive method was used. The sample represents the known population of nurses from National Referral Hospital (JDWNR Hospital), Thimphu. Responses were analyzed using descriptive statistics including means; standard deviations, and frequency. Cronbach's alpha and Spearman's correlation were used to analyze the internal consistency reliability of each factors and the correlational variation caused by each variables. Overall, the findings indicated that the nurses surveyed have a positive attitude towards mental illness (mean – 134.39, SD – 17.35). Findings from this study shows that the nurses with psychiatric experience of 3-4 weeks and 4 weeks respectively were found to have more positive attitude towards mental illness indicating that the clinical placement of nurses in psychiatric unit improves attitudes towards mental illness.

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Introduction

A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history in every social and religious culture (Luty et al. 2007). Of all the health problems, mental illnesses are poorly understood by the general public. Such poor knowledge and negative attitude towards mental illness threatens the effectiveness of patient care and rehabilitation.

Background

Generally, people with mental illness were viewed as either immoral souls punished by 'God', or caused by 'Black Magic', or as being possessed by 'evil spirits' requiring exorcisms and other religious interventions. The people with psychosis and drug dependence belong to the group of mental illness that receive the most negative attitudes from the public. Most people think they are dangerous, unpredictable and hard to care for (Luty et al. 2007). This poor and inappropriate view about mental illness and negative attitude towards the mentally ill can inhibit the decision to seek help and provide proper holistic care.

The majority of patients and their families who are seeking help for their mental illness rightfully expect the hospital and nursing staff to be cognisant of their needs and treat them as unique individuals without any prejudice and discrimination (Fisher, 2007 and Shatell et al. 2007). The attitudes and knowledge of the health professionals on mental illness has been argued to be a major determinant of the quality and outcome of care for mentally ill (Callaghan et al. 1997 and Jadhav et al. 2007). While we know that the attitudes of service personnel with whom they interact determines the quality and outcome of care for mentally ill, there has been no study conducted in Bhutan to assess the nurses' attitude towards mental illness.

Exploring trends in nurses' attitudes towards mental illness would have implications for nursing practices worldwide. This study was carried out to explore the general nurses' opinion about mental illness for a number of reasons. First, nurses are responsible for ensuring that clients with severe mental illness receive the services they need in a timely manner (Hromco et al. 1995). Second, nurses need to be able to provide mental health education and care with a positive attitude in the community, as community care is the most accessible form of care worldwide (World Health Organization, 2007). Third, In view of the severe scarcity of mental health personnel, the role of general nurses becomes more critical in caring for the mentally ill. Fourth, a positive attitude towards mental illness is a necessary prerequisite for the provision of holistic care to the patients (World Health Organization, 2007).

Method

The study was conducted in the National Referral Hospital (NRH) using the quantitative descriptive survey design in 2008. A non-probability convenience sample was used in this study as it would not be possible to collect the data from all nurses in the country, nor would all agree to participate in the study. Initially, the sample for the study targeted 50-100 different levels of nurses (Master, Bachelors Degree, General Nurse Midwife, Auxiliary Nurse Midwife and Assistant Nurse) working in NRH.

The Opinion about Mental Illness (OMI) scale by Ng & Chan (Ng and Chan, 2000) which was modified in Bhutanese context in the English version was used to collect data. The survey questionnaire is made up of two sections: Demography and OMI. The demographic section consists of six items measuring the subjects' age, gender, marital status, nursing experience, qualification and psychiatric experience. A demographic profile sought the background of the participants in the study. The OMI section has 50 items and

measures the general attitude to mental illness. Respondents were given the choice of five response categories to tick based on their feelings from totally disagree to totally agree (totally disagree = 1, almost totally disagree = 2, sometimes agree = 3, almost totally agree = 4, totally agree = 5) accordingly. Items belonging to one concept or factor were grouped together and given a conceptual heading during the questionnaire development. The OMI generates a possible range of scores from 50, indicating the most positive attitude to mental illness, to 250, which indicates the most negative attitude to mental illness. It consists of six conceptual factors: *benevolence, separatism, stereotyping, restrictiveness, pessimistic prediction,* and *stigmatisation.*

Benevolence was described as "a paternalistic, sympathetic view, based on humanistic and religious principles" (Hinkelman and Granello, 2003; p.263). This attitude arises from a moral point of view, a humanitarian, religious kindliness towards the patients (Aker et al. 2007). This factor was intended to measure the paternalistic and sympathetic views of the nurses. *Separatism* is described as treating people with mental illness away from their community and in institutions (Corrigan et al. 2003). This factor was intended to measure the nurses' attitude of discrimination. *Stereotyping* was described as selective perceptions that place people to obscure differences within groups (Byrne, 2000). It is the collectively held beliefs about the members of social groups which lead to the strong impressions and expectations of individuals (Corrigan et al. 2003). This factor was intended to measure the degree of nurses' maintenance of social distance towards the mentally ill. *Restrictiveness* reflects the restriction of the mentally ill persons' freedom of social contact and activities during treatment and hospitalisation, as well as upon discharge, in order to protect their families and society at large from them (Aker et al. 2007). This factor was intended to measure 'viewing the mentally ill as a threat to society' (Hinkelman and Granello, 2003). *Pessimistic prediction* is the negative evaluative component towards the mentally ill. This

factor was intended to measure the level of prejudice towards mental illness. *Stigmatisation* is the feeling of disgrace or discredit, which sets a person apart from others (Byrne, 2000). This factor was intended to measure the discriminatory behaviour of the nurses towards mental illness.

Data

Following (ethical) approval from the Research Unit, Health Ministry and Administrative approval from the Hospital Director all participants received, in person, the questionnaire. Data was collected from all categories of nurses in NRH, Thimphu. A brief explanation of the study, anonymity and confidentiality of the participant, date, time and place of collection were provided to the nurses. Participation in the study was voluntary and the return of completed questionnaire was treated as the participants' consent.

Data was managed and analysed using the Statistical Package for Social Sciences (SPSS) version 16.0. Descriptive statistics were used to describe the nurses' attitude towards mental illness. The demographic items that consist of categorical data showing differences between each level were presented as a percentage. The OMI scale consists of 5-point Likert Scales. A value of 1 represents the opinion to the item *totally disagree*. Five represented the opinion of *totally agree*. The mean of each item was calculated. Those items with a score of 1 or 3 were considered to have an acceptable level of positive attitude towards mental illness for the factors *Separatism, Stereotyping, Restrictiveness, Pessimistic prediction and Stigmatisation.* Those items with higher score (3 or 5) for the factor *Benevolence* was considered to have an acceptable level of positive attitude towards mental illness as it is a reverse score of (positively worded) items. The internal consistency reliability of each of the factors was assessed by calculating Cronbach's alpha scores. A value of > 0.5 was

considered to represent a sufficient standard of reliability in this study. The demographic variables were compared with each OMI factor by computing the mean average and standard deviation. The variation caused by each demographic variable on each of the negative opinion items was explored by using Spearman's correlation.

Results

All categories of nurses directly involved in patient care in the hospitals participated in this survey (Table 1). Of the 86 survey questionnaires distributed in all the wards of NRH, 62 completed questionnaires were received yielding a response rate of 72%. Among the surveyed samples 47 were female (75.8%). The age of the participants was mostly within the range of 20-30 years (46.8 %). Only 9.7% of the sample is single. About 32.3% of the sample had a nursing experience of 6-10 years. Majority (50.0%) of the participants has qualification of Diploma in Nursing. Of the 62 nurses, 39 (62.9%) had no psychiatric experience at all.

Attitude/Opinion towards mental illness

The 50 items scale measuring opinion of nurses towards mental illness was satisfactorily completed by each of 62 respondents. The overall mean ascribed for the 50 items scale was 134.39 (standard deviation 17.35), considered to indicate overall a positive attitude to mental illness. The Cronbach's alpha score for the 50 items was 0.81, indicating that the 50 items displayed an excellent level of overall internal consistency reliability (Table 2). The mean score for each item of the six factors of the OMI scale of the total sample were assessed successfully indicating overall a high level of positive attitude (Table 2). However, nine items from different factors displayed an attitude towards mental illness above the Likert rating of 3 or *sometime agree* (Table 3).

Table 1: Demographic characteristic of subjects (n=62)

Characteristics	**N**	**%**
Age (years)		
20 – 30	29	46.8
31 – 40	25	40.3
41 – 50	8	12.9
Gender		
Female	47	75.8
Male	24.2	15
Marital Status		
Married	56	90.3
Single	6	9.7
Nursing experience (years)		
1 – 5	16	25.8
6 – 10	20	32.3
11 – 15	14	22.6
16 – 20	6	9.7
> 20	6	9.7
Qualifications (nursing)		
Certificate (Assistant Nurse)	13	21.0
Certificate (Auxiliary Nurse Midwife)	8	12.9
Diploma in Nursing	31	50.0
Bachelor of Nursing	10	16.1
Psychiatric experience		
No experience	39	62.9
1 – 2 weeks	13	21.0
3 – 4 weeks	5	8.1
> 4 weeks	5	8.1

Table 2: Internal Reliability Coefficients, Means, and Standard Deviations for Six Factors of the OMI Scale assessed by Cronbach alpha (n=62)

Factor	Number of items	Overall mean	Overall Standard deviation	Reliability score (Cronbach's alpha)
All Factors	50	134.39	17.35	0.81
Separatism	15	34.00	7.07	0.71
Stereotyping	06	17.48	3.53	0.46
Restrictiveness	07	14.77	4.52	0.67
Benevolence	11	43.82	7.22	0.75
Pessimistic prediction	06	15.50	4.20	0.62
Stigmatisation	05	8.81	2.70	0.52

Acceptable levels of reliability are: Cronbach alpha > 0.5

The results of the comparative analysis reveals (Table 4) as follow: Nurse with the Age group of 20 – 30 and > 4 weeks of psychiatric experience has less restrictive attitude than others. Age group of 41-50, female, and nursing experience group of >20 years are more pessimistic and has more stigmatise attitude. Males, singles, bachelor's degree and the nurses with > 4 weeks of psychiatric experience are more benevolent. Female and nurses with >4 weeks of psychiatric experience has more attitudes of separatism. The nurses with certificate (ANM), nursing experience of > 20 years and 11- 15 years has more stereotype attitude. Only four demographic variables were significantly correlated with four negative attitude items during correlational analysis. The demographic variable, which correlates significantly with each of the negative attitude items, is shown below (Table 5).

Table 3: items of OMI with negative attitude (n= 62)

Factor	Items	Range	Mean	Standard deviation
Separatism	People with mental illness have unpredictable behaviour	1–5	3.82	1.21
Separatism	If people become mentally ill once, they will easily become ill again	1–5	3.02	1.06
Separatism	Psychiatric hospitals should not be located in residential areas	1–5	3.18	1.40
Separatism	People with mental illness tend to be violent	1–5	3.47	0.82
Stereotyping	It is easy to identify those who have a mental illness	1–5	3.06	1.07
Stereotyping	You can easily tell who has a mental illness by the characteristics of their behaviour	1–5	3.39	0.99
Stereotyping	All people with mental illness have some strange behaviour	1–5	3.35	0.96
Restrictiveness	Every mentally ill person should be in an institution where he/she will be under supervision and control	1–5	3.24	1.34
Pessimistic prediction	People are prejudiced towards those with mental illness	1–5	3.24	1.04

Table 4: Comparison of demographic variables with six factors (Mean and standard deviation)

Demography		Factors					
		Benevolence	*Separatism*	*Stereotyping*	*Restrictive-ness*	*Pessimistic prediction*	*Stigmatisation*
		Mean (S.D)	Mean (S.D)	Mean (S.D)	Mean (S.D)	Mean (S.D)	Mean (S.D)
Age (years)	20-30	4.07 (13.05)	2.16 (14.61)	2.91 (6.83)	2.01 (7.27)	2.48 (6.47)	1.62 (3.47)
	31-40	3.93 (13.52)	2.38 (15.29)	2.89 (6.47)	2.17 (7.78)	2.74 (6.99)	1.80 (4.47)
	41-50	3.84 (12.98)	2.29 (16.13)	2.98 (7.03)	2.27 (8.77)	2.48 (7.62)	2.15 (5.00)
Gender	Female	3.95 (13.04)	2.31 (16.06)	2.93 (6.87)	2.17 (8.01)	2.69 (7.13)	1.81 (4.57)
	Male	4.10 (13.55)	2.12 (13.58)	2.88 (6.33)	1.92 (5.36)	2.26 (5.58)	1.61 (3.93)
Marital status	Married	3.96 (13.64)	2.27 (15.99)	2.92 (6.86)	2.13 (7.89)	2.60 (6.93)	1.76 (4.43)
	Single	4.23 (8.17)	2.22 (10.47)	2.83 (5.19)	1.95 (5.41)	2.45 (6.39)	1.80 (3.94)
Nursing experience (years)	1-5	4.20 (13.04)	2.09 (12.82)	2.81 (6.45)	1.97 (6.97)	2.53 (6.61)	1.50 (3.55)
	6-10	4.08 (11.91)	2.22 (15.01)	2.93 (7.09)	2.01 (7.33)	2.64 (6.41)	1.67 (3.77)
	11-15	3.95 (12.71)	2.52 (14.77)	3.05 (5.60)	2.09 (6.30)	2.39 (6.30)	1.91 (3.85)
	16-20	3.67 (14.84)	2.20 (17.35)	2.70 (7.07)	2.19 (8.96)	2.75 (8.00)	1.83 (5.54)
	> 20	3.47 (13.76)	2.37 (17.49)	3.06 (8.24)	2.76 (10.02)	2.81 (8.38)	2.33 (5.73)
Qualification	AN (C)	3.62 (15.13)	2.31 (18.01)	2.78 (7.24)	2.27 (8.10)	2.77 (7.37)	1.86 (5.36)
	ANM (C)	3.78 (13.52)	2.43 (15.18)	3.15 (7.02)	2.43 (8.89)	2.92 (7.88)	2.00 (5.20)
	Dip.	4.02 (13.14)	2.26 (14.31)	2.89 (6.36)	2.06 (7.00)	2.46 (6.22)	1.70 (3.74)
	BSc.	4.51 (7.12)	2.11 (14.01)	2.97 (6.59)	1.81 (6.01)	2.45 (6.99)	1.64 (4.06)

Psychiatric Experience (Weeks)	No. exp	3.88 (13.71)	2.31 (15.61)	3.00 (6.52)	2.07 (7.59)	2.59 (6.61)	1.78 (4.45)
	1-2	4.08 (12.49)	2.16 (16.21)	2.74 (7.31)	2.31 (8.19)	2.85 (7.11)	2.02 (4.78)
	3-4	3.93 (13.28)	2.09 (12.42)	2.78 (6.62)	2.34 (7.43)	2.17 (3.98)	1.32 (2.05)
	>4wks	4.62 (7.38)	2.39 (13.99)	2.90 (6.65)	1.69 (5.29)	2.27 (6.92)	1.36 (2.20)

Note: Higher the mean score for Benevolence – more positive attitude. Lower the mean score for other five factors (separatism, stereotyping, restrictiveness, pessimistic prediction and stigmatisation) – more positive attitude towards mentally ill. AN (C) – Assistant nurse (certificate); ANM – Auxiliary Nurse Midwife (certificate); Dip. – Diploma; BSc – Bachelor of Nursing.

Table 5: Correlation between each demographic variable with each negative item.

(r=rho)

OMI negative items	Demographic variable	Statistic	Statistical significance
People with mental illness have unpredictable behaviour	Age	0.11^{r}	0.40
Psychiatric hospitals should not be located in residential areas	Marital status	0.19^{r}	0.14
All people with mental illness have some strange behaviour	Nursing experience	0.13^{r}	0.33
Every mentally ill person should be in an institution where he/she will be under supervision and control	Psychiatric experience	0.19^{r}	0.14

Discussion

Generally, the 50 items in the Likert scale questionnaire displayed a high level of internal reliability (Cronbach's alpha score 0.81). This indicates that Bhutanese nurses have a positive attitude towards mental illness. There is a significant difference between the nurses' psychiatric experiences and their attitude towards mental illness. The nurses who had > 4 weeks of psychiatric experience had a significantly higher means (positive attitude) for benevolence, and were the least restrictive and least stigmatised. This finding suggests that the theoretical training and clinical placement in a psychiatric unit creates positive attitudes of nurses towards mental illness, and increased interpersonal contact with people with mental illness is associated with improved attitudes towards mental illness as a whole (Mehta et al. 2007; Murray and Steffen, 1993).

However, the findings are contradictory with the reports that practical nurses with less psychiatric experience had a more positive attitude (Weller and Grunes, 1988). The finding indicates that the nurses' feeling of responsibility for mental illness, and the education on mental health and psychiatric experiences improves the attitudes of the individual. There are essentially three possible means to have a positive attitude and more tolerance towards mental illness for the nurses in this sample: familiarity (Corrigan et al. 2003); their choice of nursing as an occupation; and the nurses' religious beliefs and their personal values (Callaghan et al. 1997).

Nine of 50 items from six factors (Table 3) scored higher than 3 indicating a negative attitude towards mental illness. Previous contact some of our nurses had with mental illness, may have been negative. Therefore, the nature of the contact that our sample had with those who were mentally ill may have been affected by the inequality of the relationship. Consecutively, the nurses belonging to the experience group of >20 years are less benevolent, more restrictive and more

stigmatised towards mental illness than others. This may be due to inadequate education especially with regard to working with people with serious mental illness (Murray and Steffen, 1993). The negative attitudes associated with the above nine items may be partly due to a failure to observe and learn about mental health; thus, education and clinical experience in mental health may decrease the negative attitude towards mentally ill (Lam et al. 1993). The relatively low level of support for the above nine items has implications for the planning of nursing education on mental illness.

Implications of the study for nursing practice, education and research

Opinion and attitude towards mental illness are influential in determining behaviour (Baron, 1992). While the findings of this study cannot be generalised, it suggests that the care of people with mental illness in Bhutan may be affected in a number of ways. The care might have been influenced by the nurses' attitude and knowledge towards mental illness. In theory their welfare may be protected by the overall positive opinion expressed by this sample. In practice, because of the negativity of some of the specific attitudes shown in this study by the sample, people with mental illness may be treated with disrespect (Callaghan et al. 1997). Nevertheless it is important for nurse educators or managers to investigate the areas of emphasis to address (Evagelou et al. 2005).

Since there has been no mental health research carried out among Bhutanese people, this research has taken a small step in the direction of improving health care situations in Bhutan. However, further comprehensive research on all different health professionals and the public especially the nature of contact with mental patients is necessary. Because of the many ramifications of cultural conceptions, it is very important for health practitioners to investigate and monitor public attitudes and beliefs about mental illness (Link et al. 1999).

The findings of this study reveal that Bhutanese nurses have a positive attitude towards mental illness. Nevertheless, it should be considered within the context of its limitations. Only the limited nurses (n = 62) were used as a sample which may not represent all nurses and therefore limit the generalisability of the findings. Data collection by questionnaire is not without problems. We cannot be sure that the participants who received the questionnaire were the same ones who completed it. The instrument was self-reported and it was not difficult to determine the socially desirable responses for most of the questions. Also, the construct reliability of the questionnaire was not assessed for future use.

The finding of this study highlights a number of areas for nurse educators and managers to address. An immediate strategy based on the evidence obtained from this study would be to initiate the Continuation Medical Education (CME) for the health care professionals and nursing students with a focus on mental health. The trend in modern health care is towards the performance of comprehensive nursing care. Mental health education would enable the nurses and other health professionals to understand and gain self confidence to provide comprehensive care to the mentally ill (Park, 1973). The content of such educational programs would commonly include the provision of information about the nature and causation of mental illness (Gureje et al. 2006). Providing nurses with a better understanding of serious mental illness and training in a broader range of interventions could help them create a more positive attitude towards their patients (Byrne, 2000; Ewers et al. 2002). There is some evidence to support that education and clinical placement in psychiatric units increases the health professionals' willingness to assume some responsibility for assisting people with mental illnesses, to express higher levels of kindness and benevolence, and to be less willing to view people with mental illness as a threat to a society (Hinkelman and Granello, 2003).

In conclusion, this study marks the first reported investigation on nurses' attitudes towards mental illness in Bhutan. The findings in this study reveal that the Bhutanese nurses surveyed have positive attitudes towards mental illness. Nurses with psychiatric experience of 3-4 weeks and > 4 weeks respectively were found to have more positive attitude towards mental illness. Nevertheless, it is important to carry out further comprehensive research on the areas of emphasis to address, specifically, the health care professionals and nursing students' attitude and knowledge on mental health. Further, the evidence obtained from this study would be to promote the existing CME on mental health.

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