



**UNIVERSITY of the
WESTERN CAPE**

**UNIVERSITY STUDENT NURSES' IN THE WESTERN CAPE
ATTITUDES TOWARDS MENTAL ILLNESS**

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A mini-thesis submitted in partial fulfilment of the requirements for the degree of Magister
Curations in the School of Nursing, Faculty of Community and Health Sciences, University of
the Western Cape

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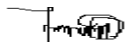
May 2023

DECLARATION

I declare that this study titled: “**University student nurses’ in the Western Cape attitudes towards mental illness**” is my original work; that has not been submitted for any degree or examination at any other University, and that all the sources I have used, or quoted, have been indicated and acknowledged by complete references.

Full name: Fritz Awa

Date: May 2023



Signed



ACKNOWLEDGEMENTS

I thank God for all the great things he has done for me including seeing me through another chapter of life and academia just to say the least.

A huge appreciation to my parents for their continuous support in all spheres.

To my family, my supervisor, all my fellow colleagues, peers and friends, I thank you for your time and support under the different weathers knowing and unknowingly.

Thank you to the management staff and members of the selected university.

Endless thank you to who those who participated in this study in one way or the other. Starting with the respondents and not limiting those who could not eventually be present for their time and effort participating in this study.

The logo of the University of the Western Cape, featuring a classical building facade with columns and a pediment.

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ABSTRACT

Background: Student nurses enter nursing education and training programmes with beliefs and attitudes toward mental illness which are generally negative. These negative attitudes are not different from that of the public. These beliefs and attitudes may impede nursing care and social acceptance of mental health care users, their families, colleagues and friends.

Aim: To investigate the attitudes of university student nurses towards mental illness.

Method: A quantitative descriptive approach, using stratified random sampling was used to select 289 undergraduate nursing students registered at a higher education institution in the Western Cape. The Attitudes of Severe Mental Illness Scale (ASMI), which is a 30 item, Likert type, structured questionnaire was used to collect the data from the respondents yielding a response rate of 98% (n= 284). The data were analysed using Statistical Package for Social Sciences (SPSS), version 25.

Ethics: Ethics clearance was obtained from the Human and Social Sciences Research Ethics Committee at the University of the Western Cape. Consent to participate in the study was obtained from the respondents prior to commencement of data collection. Participation in the study was completely voluntary.

Research findings: Respondents from the first and second year levels, namely junior students, had a more positive attitude towards stereotyping mental illness as compared to senior nursing students. Third and fourth year students, namely senior students, displayed a more positive attitude towards mental illness. Most of the respondents indicated that one can cope with a mental illness. More than three-quarters of junior and senior respondents reported understanding towards mental illness and mentally ill persons.

Conclusion and Recommendation: Although most of the nursing students in this study

showed positive attitudes toward people with mental illness, the varied responses between respondents in the different levels of study may be cause for concern.

Further studies to determine factors that influence students response to people with mental illness.

There is a need for similar quantitative research on student nurses' attitudes towards mental illness to be carried out frequently in order to ascertain safe practices to patients, families and the general public which will maintain a trustworthy environment between patient and health practitioner not limiting student nurses.

Keywords: Attitudes, coping, mental illness, optimism, stereotyping, student nurses

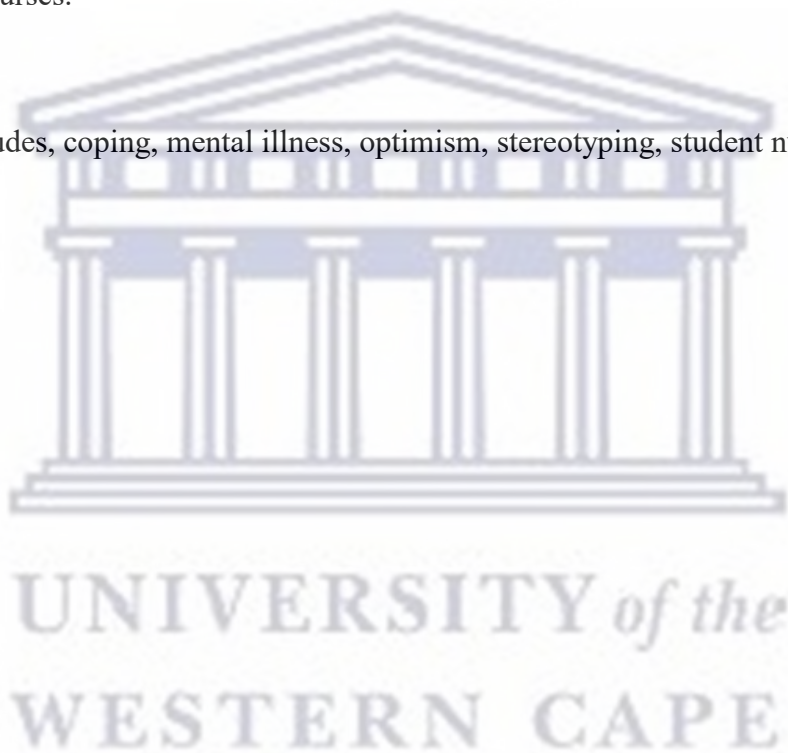


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ABBREVIATIONS

ASMI - Attitude Scale Towards Mental Illness

MHCU - Mental Health Care User

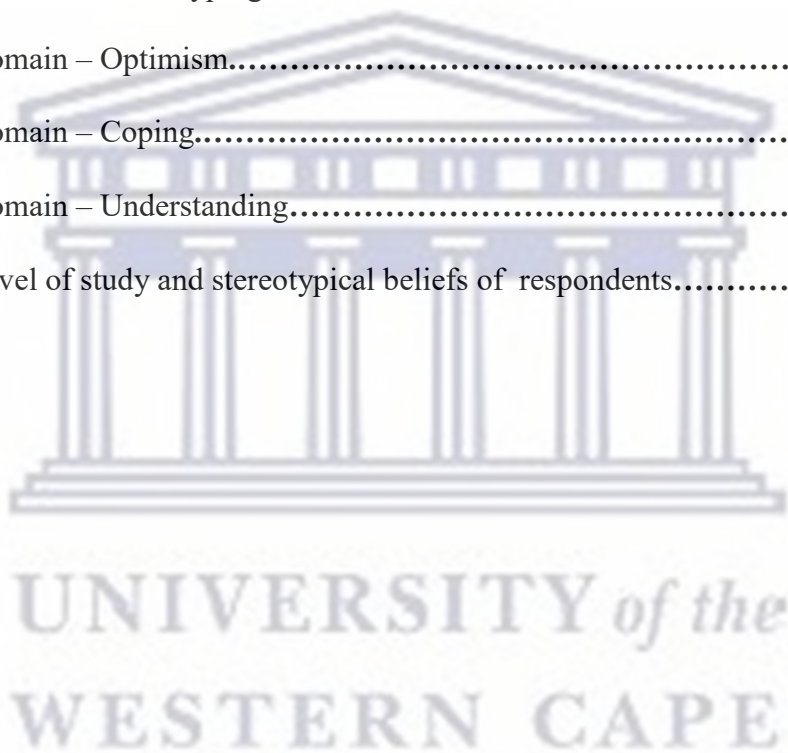
SPSS - Statistics Package for Social Sciences

WHO - World Health Organization



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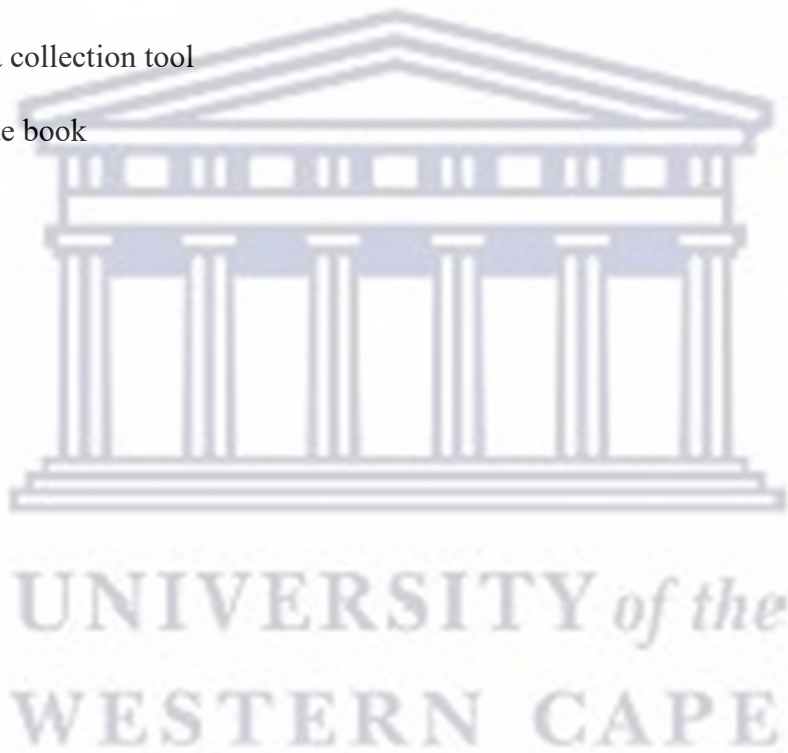
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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Introduction

Mental health nursing has not been the specialisation of choice for many student nurses pursuing a career in nursing (Happell & Gaskin, 2013; Stevens et al., 2013). This has been attributed to stereotyping and a lack of knowledge about mental illness. Link and Stuart (2017) assert that discrimination and fear of the unknown were displayed by student nurses towards people with mental illness. According to Barrett and Jackson (2013), student nurses enter nursing education and training with beliefs and attitudes toward mental illness which are generally negative. These negative attitudes are not different from those of the public. These views encompass stigma, fear, and stereotyping amongst others, holding the point that mental health problems are grievous (Hunter et al., 2015).

The negative attitudes held by student nurses affect the optimal level of care in various ways; the patients and families feel left out in the treatment modality specific to each patient and family. As a result, the family suffers from stigmatizing behaviours from student nurses as they express very little or no interest in mental health nursing (İnan et al., 2019; Stuhlmiller & Tolchard, 2019). Anecdotal evidence suggests that students working in mental health clinics and psychiatric hospitals expressed their disinterest in pursuing a career in mental health nursing. They simply had no choice other than to complete the compulsory clinical placement in mental health nursing as it was a requirement to attain a nursing degree and be registered as a professional in South Africa. It

is therefore imperative to continue to assess the current attitudes of student nurses toward mental health, and possibly influence a paradigm shift from any negative views about mental illness.

1.2. Background

According to the World Health Organisation (WHO), mental illness contributes 14% to the global burden of diseases (WHO, 2014). Some of the identified mental illnesses, including Schizophrenia, Depression, Attention Deficit-Hyperactivity Disorder, and conduct disorder, among others are the most stigmatised in society and individuals living with these diseases are deemed one of the most vulnerable groups of patients accessing healthcare (Sastre-Rus, Garcia-Lorenzo, Lluch-Canut, Tomas-Sabado, Zabaleta-Del-Olmo, 2019; Poreddi, Thimmaiah, Badamath, 2017; WHO, 2014; Madianos, Economou, Peppou, Kallergis, Rogakou, Alevizopoulos, 2012). According to Martin et al, (2000) and Sakellari, Sourander, Kalokerinou-Anagnostopoulou & Leino-Kilpi (2014), negative perceptions of persons with mental illness have existed from ancient times, with public opinion favouring social rejection of mentally ill persons and maintaining a social distance from them (i.e. institutionalisation). Sakellari et al, (2014) assert that public attitudes to mental illness include a wide range of prejudiced beliefs, feelings, and behaviours that lead to discrimination toward people diagnosed with mental illness.

Globally, the general population's attitude towards mental illness and mentally ill persons is negative (Poreddi, Thimmaiah, Ramachandra, & Badamath, 2014). These authors avow that healthcare workers have also been identified as contributing to the stigma. These stigmatising attitudes and prejudices by the general population which are also held by healthcare workers such as student nurses include stereotyping, separatism, and pessimistic prediction (Gandhi, Poreddi, Govindan, Anjanappa, Sahu, Narayanasamy, & Badamath, 2019). They also highlighted that these

negative attitudes contribute to poor management in patient care, as some of the students also lack the required knowledge and skill to render services. Mentally ill persons and their families expect care, love, and compassion from healthcare workers including student nurses, but evidence suggests that this is not the case (Gandhi, et al., 2019; Hunter et al., 2015). The quality of care, treatment, and rehabilitation to mentally ill persons' may therefore be compromised.

1.3. Problem statement

Mental illness is most often stigmatised with attributions of negative attitudes of persons directly affected or linked to them. Nurses have a responsibility to promote mental health care and reduce stigma (Thimmaiah et al., 2014). Despite this, reports suggest stigmatising behaviour and attitudes being exhibited amongst healthcare givers with student nurses included at rates very similar to that of the public (Bingham & O'Brien, 2018; Gras et al., 2015). Stuhlmiller and Tolchard (2019) & Tolchard, (2019), depicted similar views. Nevertheless, they stressed that fair and equal chances for university nursing students in the various care levels can positively influence attitudes toward mental illness. Student nurses in nursing programmes bring prejudice and stereotypes towards people with mental illness which may impede nursing care and social acceptance (Happell & Gough, 2007; Hunter et al., 2015). This is depicted by students' negative attitudes to working in mental health nursing as a career choice, which has deleterious consequences for the mental health care of patients.

1.4. Hypotheses of the study

- There is a relationship between the level of study of student nurses and their attitudes toward mental illness.

- There is no relationship between the level of study of student nurses and their attitudes toward mental illness.
- Senior nursing students will show fewer stigmatising attitudes towards persons with mental illness than junior nursing students.
- Junior nursing students will show fewer stigmatising views towards persons with mental illness than junior nursing students.

1.5. Research Questions

- What are the attitudes of the university students nurses towards mental illness?
- What are the university student nurses non-stigmatising opinions and attitudes about mental illness?

1.6. Aim

This study aims to investigate student nurses' attitudes toward mental illness at a selected higher education institution in the Western Cape.

1.7. Objectives

- To investigate the stereotypical beliefs and negative attitudes of student nurses towards mental illness.
- To investigate student nurses non-stigmatising opinions and attitudes about mental illness.

1.8. Significance of the study

Relevant literature holds that university nursing students portray a generally negative view of mental illness. Negative attitudes exhibited by students could be corrected by adequate knowledge

of mental illness and exposure to patients with mental illness. There is a paucity of studies that have investigated university nursing students' attitudes toward mental illness. There is a need to add to the knowledge base of stigma research in various healthcare professions especially nursing given that nurses are the largest number of healthcare providers. This study thus would contribute significantly to the existing literature on stigma towards persons with mental illness which may then create awareness with the goal aimed at changing the behavioural practices of student nurses.

1.9. Research Methodology

This study adopted a quantitative, descriptive survey design which will seek to investigate the student nurse's attitudes towards mental illness. A detailed description of the research design and methodology used to achieve the aim of this study is described in chapter 3.

1.10. Operationalization of concepts

Attitude

A way of feeling or thought towards something or somebody by an individual or a group of persons can be identified as being negative or positive (Browne, 2010). In this study, attitude is defined as stereotyping, optimism, coping and understanding severe mental illness. These concepts are described as follows:

Stereotyping in this study is the negative conception people have on severe mental illness (Madianos et al., 2012). In this study stereotyping is measured by questions 1-11 on the ASMI scale.

Optimism is the positive beliefs and attitudes about severe mental illness and patients (Madianos et al., 2012). In this study optimism is measured by questions 12-17 on the ASMI scale.

Coping is a way of living with mental illness and the stigma associated with it by finding strategies to do so (Madianos et al., 2012). In this study coping is measured by questions 18-24 on the ASMI scale.

Understanding is the student nurse's perceptions about how the person with severe mental illness feels or thinks about his/her illness. Examples can include: feeling inferior, feeling responsible for causing burden to his/her family and for his/her illness, and feeling different from other people (Madianos et al., 2012). In this study understanding is measured by questions 25-30 on the ASMI scale.

Mental health

Mental health is regarded as the state of mental equilibrium where a person is able to function within acceptable parameters in various spheres such as psychologically, socially, culturally and religiously while realising their abilities that can contribute to maintaining or shaping self, people and environment not limited, with/or in spite of the stresses of life. (WHO, 2022).

Student nurse

A student nurse is a person who is enrolled in a nursing education institution and registered with the South African Nursing Council in terms of Section 32 of the Nursing Act to attain a Bachelor's degree in nursing aligning with Nursing Care Act 33 of 2005 and of Mental Health Care Act 17 of 2002.

1.11. Chapter outline

Chapter 1: Orientation to the study - An overview and background for the study were provided in this chapter. The problem statement, hypothesis, research question, aims and objectives of the study, significance, research methodology, and defined key concepts were described.

Chapter 2: Literature review - In this chapter, the literature review focused on stereotypical beliefs and negative attitudes. Empirical studies on non-stigmatising opinions and attitudes of student nurses towards mental illness is also alluded to.

Chapter 3: Research methodology - The research design and methodology used to achieve the aim of the study are described

Chapter 4: Research findings - This chapter will present the research findings obtained from the analysed data in the form of descriptive statistics.

Chapter 5: Discussion of the findings - The research findings will be placed within the context of empirical studies on student nurses' stereotypical beliefs, non-stigmatising opinions and attitudes toward mental illness.

Chapter 6: Conclusion, limitations, and recommendations - A description on how the research aim and objectives were met. In addition, the study limitations and recommendations for research, practice and education will be alluded to.

1.12. Summary

This chapter detailed the introduction to the research study which is channelled through an introduction, background, problem statement, hypotheses, research question, aim, objectives, the significance of the study, research methodology, and the definition of key concepts in the study.

The next chapter discusses the literature on university students attitude towards people with mental illness.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

In research, the literature review is described as the steps or processes taken by the researcher in which he/she searches for existing studies by other research scholars relating to the researcher's research problem that can assist in addressing the aims and objectives of the study phenomena (Burns & Grove, 2020). The relevant literature obtained will then be contrasted with what the researcher is investigating, to find out what is known and possibly unknown about university student nurses' attitudes toward mental illness at the chosen educational institution (Brink & Van der Walt, 2006; Burns & Grove, 2013).

Multiple electronic databases were searched to access the literature for the study. These included Elsevier, PubMed, Medline, Ukwazi library online, Wiley online library, Science Direct, and Google Scholar. Search terms for the study were student nurses, university, attitudes, mental illness and attitudes. Boolean operators such as; AND, OR, NOT were used to assist with the filtering of the required information. Given the paucity of literature on the topic of stigma in student nurses, empirical studies older than 10 years were cited in this study. Other related information was used interchangeably where applicable in this study to best portray the area of interest. The literature review is structured to define attitude, review empirical studies on stereotypical beliefs, and negative attitudes of student nurses towards mental illness, and the non-stigmatising opinions and attitudes that student nurses have towards people with mental illness.

2.2. Attitude towards mental illness

Mental illnesses are disorders that alter a person's cognitive behaviour, way of thinking, moods, and personality, such as schizophrenia, depression, anxiety, and bipolar (Bekhet, Murrock, Mu, & Singh-gill, 2017). The prevalence of mental illnesses continues to rise globally with 43.8 million adults affected in 2013 (Bekhet et al., 2017). The recovery of mentally ill patients is determined by both the treatment and care given by health professionals, and self-care (Hawthorne et al., 2020). The quality of care given in mental institutions in the treatment of mental illness is correlated to the attitude that medical professionals have toward the mentally ill (de Jacq et al., 2016). Nursing students are also involved in the care, treatment and rehabilitation of mentally ill patients, making their attitudes toward mental illness patients of great importance (Hunter et al., 2015).

Bennett and Stennett (2015) conducted a study on Jamaican student nurses in a baccalaureate nursing programme. The aim of the study was to examine the attitudes of nursing students towards mental illness. The Attitudes Towards Acute Mental Health Scale (ATAMHS) developed by Baker, Richards, and Campbell in 2005 was used to collect data from a convenience sample of 102 third-year nursing students. It is at this year level that these students are introduced to the mental health theory and practical. A 71% response rate was recorded for the survey. Findings alluded to respondents having negative attitudes towards mental illness and not limiting the public opinion that people with mental illness are dangerous (Bennett & Stennett, 2015). The study further reported that the students were divided in the various opinions and attitudes which could negatively affect the students and client outcome. The results of the study in Jamaican context, served as baseline information which added to the evidence that nursing students negative attitudes towards

mental illness can culminate from various factors. These include fear that the mentally ill person can be dangerous, discomfort in the psychiatric field where they recommended further research into areas such as the impact of nursing education on the student and whether it can contribute positively towards the attitudes and perceptions of student nurses.

Attitudes are learned through the process of social learning; this is learning from the social environment (Basson et al., 2014). The attitude of student nurses is crucial in the treatment and recovery of mentally ill patients since nurses spend most of their time with mentally ill people compared to other medical professionals (Hunter et al., 2015). According to Furr (2014), the attitudes of student nurses toward mentally ill patients are shaped by experience, stigmatization, and lack of knowledge about mentally ill patients. According to Hawthorne et al. (2020), stigmatization, cultural beliefs, and myths are some of the major contributing factors to the negative attitudes of healthcare givers which includes student nurses toward mental health patients.

The social environment is accompanied by several beliefs and opinions that are sometimes stereotypic. Nursing students enrol in the mental health programme with less understanding, thereby utilizing the knowledge they obtain from the public, to interact with mentally ill persons (de Jacq et al., 2016). These beliefs create attitudes toward mentally ill patients. It has been reported that most nursing students feel a certain level of superiority over individuals with mental illness, and fail to believe that these patients can be like any human being (Meng et al., 2022). This report is supported by findings that student nurses share negative attitudes and attitudes toward patients (Meng et al., 2022).

Hunter et al., (2015) conducted a study at university in the United States of America. The purpose was to describe the attitudes about Masters psychiatric mental health clinical preparedness and experiences to care for people suffering from illness. The study examined perceived stigmas, stereotypes and the plan of these students whether to choose mental health nursing as a career of choice. The study revealed disinterest in the majority of student nurses in the mental health stream and their hesitation in choosing mental health as a career choice to study further (Hunter et al., 2015). This reveals that nursing students are involved in mental health care mainly because of the requirements needed to obtain a nursing degree rather than their interest in the stream (Hunter et al., 2015).

Previous studies have revealed that many mentally ill people feel stigmatised mostly by medical professionals compared to community members (Bennett & Stennett., 2015). The attitudes of nursing students toward mentally ill individuals not only affect the optimum level of care but can also lead to the discontinuation of their treatments (de Jacq et al., 2016). The attitudes of nurses also determine how many mentally ill people seek out treatment (de Jacq et al., 2016). A reduction in stigmatisation, and a positive shift in the attitude of nursing students toward mentally ill patients could lead to quick recovery and a decrease in the prevalence of mental illness globally (Hawthorne et al.,2019).

Besides opinions and beliefs adopted from the public, exposure to the environment of mentally ill people influences the attitudes of nursing students toward the illness (de Jacq et al., 2016). Attitudes shown by nursing students toward mentally ill people can also be determined by the country where the institution is based, due to political and social factors involved in each country

(Bennett & Stennett., 2015). Some countries are more developed and well-informed about mental illness compared to others. In some cases, nursing students care less about their attitudes toward mental illness as they believe that they can eventually escape mental health practice after obtaining a degree (Hawthorne et al., 2020). However, general nursing can still involve the carrying of mental comorbidities and therefore cannot be avoided (Hawthorne et al., 2020).

2.3 Stereotypical beliefs and negative attitudes of student nurses towards mental illness.

Stereotypes are fixed views or opinions about a certain group of people. Stereotypical attitudes are often associated with mentally ill patients. Some of the stereotypical attitudes that nursing students have of mentally ill people are that they are destructive, violent, and their prognosis is very poor (Bennett & Stennett., 2015). The above-mentioned stereotypes result in fear in nursing students and a compromised level of care (Stuhlmiller & Tolchard., 2019). A previous study has identified the different stereotypic attitudes common in nursing students as authoritarianism, benevolence, and social restrictiveness (Stuhlmiller & Tolchard., 2019).

Nursing students tend to believe that mentally ill people need constant monitoring since they are at a lower level compared to them (authoritarianism). Other nursing students show benevolence i.e., they feel mentally ill people need a special kind of treatment showing some form of humanity. Mentally ill people are also restricted because they are thought of as a danger to the staff and other people (social restrictiveness) (Stuhlmiller & Tolchard., 2019). Stereotypic attitudes and beliefs towards mentally ill individuals can lead to internal stigma, where the patient thinks low of themselves and loses hope of recovery (Hawthorne et al., 2020).

According to Furr (2014) lack of exposure to mental health education in pre-university education and the first-year university is a contributing factor to the negative attitude student nurses have about mentally ill patients. Most student nurses do not have any prior experience working with patients who are mentally ill and therefore their attitudes toward mentally ill patients are based on myths and stereotypes (Schafer et al., 2011). As a result of the above-mentioned, Webster, (2009) cited by Furr (2014) developed and implemented a teaching method that attempted to understand what the student nurses' stigmatizing beliefs regarding patients with mental illness are before being exposed to patients with mental illness. This learning method allows students to talk about their feelings and their fears about working with mentally ill patients. Once they have discussed their feelings and fears, these are then addressed and the student nurses at this point are more informed about what they might experience when working with mentally ill patients thus reducing anxiety as well (Furr, 2014). Nursing students have also revealed in a previous study that due to the lack of knowledge of mental illness and the fear of the unknown, they enrol in the program with anxiety and less interest(Hunter et al., 2015).

Some stereotypes and negative attitudes are brought by the culture and background of the different nursing students. Often times these are historical outdated opinions before the advent of modern medicine in the treatment of mental illness. As an example, religiously, some people believe that mental illness is a punishment from a superior power and can never be treated (Bennett & Stennett., 2015). Some of these beliefs discourage student nurses since they believe that mentally ill people can never be helped (Hunter et al., 2015). A better understanding of how different mentally ill patients define, cope and deal with mental illness paved the way for the improvement of the mental health system, including the relationship between nursing students and patients(Hawthorne et al.,

2020). A better understanding of the different backgrounds of people by nursing students also reduced a lot of stereotypes and caused a positive reaction of nursing students toward mental illness (Hawthorne et al., 2020).

A study conducted by Poreddi et al. (2017) in India assessed the effect of educational level and the stereotypic behaviours in students. These authors found that less exposure and practicality caused nursing students to have more negative views towards mental health. In the study, Poreddi and colleagues disseminated 332 self-report questionnaires to medical students (n=154) and undergraduate nursing students (n=168) in a cross-sectional descriptive study, comparing “attitudes of these students towards mental illness. They employed the Attitude Scale Towards Mental Illness (ASMI) tool with a total of six sub-scales and 34 items, a 5-point rating Likert scale measuring; Separatism, Stereotyping, Restrictiveness, Benevolence, Pessimistic prediction and Stigmatisation. The respondent’s responses were rated from; totally disagree (1) to totally agree (5). The lower rating score indicated the respondents’ positive attitude toward mental illness. The findings of their study revealed that medical students had better attitudes on sub-scale -separatism and stigmatisation compared to the nursing students due to their better exposure. The nursing students however were reported to have more positive attitudes towards pessimism and benevolence.

Poreddi et al. (2017) asserts that a positive student placement environment is vital when placing student nurses for their mental health clinical placement since it creates a good space for the students to focus on the understanding of the programme without external concerns. Henderson et al., (2007) and Stuhlmiller & Tolchard, (2019) further indicated that the clinical placement

environment has a huge influence on the student nurses' knowledge, skills, and attitudes toward working with mentally ill patients.

2.4 Non-stigmatising opinions and attitudes about mental illness.

Stigma is defined as a mark on a certain group of people, that discredits and separates them from the rest of the people (Giralt Palou et al., 2019). Stigma' is an umbrella word that involves less informed people, an act of prejudice, and discrimination against a certain group based on the wrong information (Madianos et al., 2012; Bennett & Stennett., 2015). Nursing students' stereotypic attitudes towards mental illness ultimately lead to external stigmatisation (Hawthorne et al., 2020). Stigmatisation of mentally ill people by the community leads to the failure of the mentally ill individuals to find lasting relationships with friends and partners (Bennett & Stennett., 2015).

For this study, non- stigmatising opinions and beliefs are beliefs and opinions that are not based on the mental status of the patients. These allow mentally ill people to not be treated unfairly/poorly due to their illness. Non-stigmatizing opinions of nursing students pose a positive attitude toward mental illness. Learning programmes and practical opportunities for students pose a positive effect on the interaction with mentally ill people. Several previous studies have revealed the importance of a good education system and the exposure of students in the mental health field (de Jacq et al., 2016; Schafer et al., 2011). Results obtained from data that was collected between 2016 and 2018 from 162 nursing students in a study conducted by Palou and colleagues in Catalonia, Spain showed an improvement in the behaviour of the nursing students toward mentally ill patients (Giralt Palou et al., 2019). The outcomes of their study were explained to be caused by continuous practical training with mentally ill patients.

Findings from a study conducted by Gyllensten et al. (2011) revealed that prior to the students' pre-exposure to mentally ill patients and mental illness course, students reported being fearful of people with mental illness. However, once the students were exposed to working with mentally ill patients and comprehensive mental health awareness, the students then displayed a positive attitude towards mental illness/ mentally ill patients (Gyllensten et al., 2011).

In a similar previous study, nursing students who had practical experience in the mental health field showed a positive non-stigmatized attitude toward mentally ill persons (Tambag, 2018). A comparison between the effect of professional exposure revealed that personal exposure of nursing students yields a more positive attitude toward mentally ill patients due to more understanding of the illness resulting from a more kind and eager interest in being well-informed (Hawthorne et al., 2020). This suggests that more non-stigmatised opinions come from nursing students that have been previously exposed to mental illness on a personal level. It was deduced that the stigma surrounding mentally ill people is reduced as nursing students are promoted in their level of studies (Sari & Yuliasuti, 2018). This was seen in a study that compared the non-stigmatizing beliefs and opinions of junior students to that of senior nursing students, where results showed a better understanding of the concept observed in the senior students (Sari & Yuliasuti, 2018).

2.5. Summary

In summary, literature review suggest that student nurses at first might have a stereotypical idea of how mentally ill patients present themselves together with factors related to mental illness, and these stereotypical views affecting their attitudes negatively. Moreover, once student nurses are

exposed to mentally ill patients, their attitudes towards patients may change to a more positive attitude towards working with mentally ill patients.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter elaborates on how the research methodology was carried out to meet the aim and objectives of the present study. The study methodology is defined as the processes and or plan used following steps to achieve the goals, for instance, the aims and objectives of the research study (Grove et al., 2012). This chapter will discuss the research approach, research design, setting, population, sampling and sample technique, inclusion and exclusion criteria, data collection instrument, validity and reliability of the data collection instrument, data collection process, data analysis, and ethical considerations in their entirety.

3.2. Research Approach

The research approach is referred to as the specific steps involved and executed in the research process of the collection of data, analysis of the data and the write-up of the report (Ishtiaq, 2019). In this study, a quantitative, descriptive approach was used to investigate university student nurses' attitudes toward mental illness. This approach helped the researcher to gain the information on the study phenomena as they unfold freely (Burns & Grove, 2010). Quantitative research measured/quantified the collected data through questionnaires. Results were analysed using the Statistical Package for Social Sciences (SPSS), version 28.

3.3. Research design

A research design is a specific set of methods and related procedures employed in collecting and analysing the different domains of the research problem that will answer and give closure to the study's aim and objectives (Ishtiaq, 2019). A descriptive survey design was used to achieve the aim of the study. This form does not allow the infringement of facts based on data analysis to be negatively influenced or bias the study (Burns & Grove, 2020).

3.4 Study setting

A study setting is a location or environment where a study has taken place. This study was carried out at a selected higher education institution in Western Cape, South Africa. Western Cape is one of the nine provinces in South African. It is the fourth largest of the provinces with a geographical area of 129,449 kilometres square (49,981sq mi), found to be the third most populated of these nine provinces recording an estimated population reaching 7 million based on a government census-statistics conducted in 2018 (Census, 2018). The town is home to a diverse social, cultural, and religious group of people (Census 2018). The university is one of four universities and a number of nursing colleges in the Western Cape. The selected university situated in the Bellville area of Cape town has 23000 students studying in various departments which include but not limiting nursing, occupational therapy, physiotherapy and social worker amongst other departments, under the umbrella of the Community and Health Sciences of the university is just one of the many faculties such as Law, Arts, and Economic and management sciences.

The Faculty of The School of Nursing is part of the Faculty of Community and Health Sciences and records showed 1150 undergraduate nursing students and 150 postgraduate nursing students.

There are two Bachelor of Nursing Programmes which include a 5-year extended curriculum programme and a four-year programme. Mental health nursing is taught in the last three years of the four-year programme. Exposure of undergraduate nursing students to mental health patients happens from the first year of study as undergraduate nursing students are placed in clinical settings for clinical practice from the first year of study. The teaching and learning institution is currently phasing out the previous programme which completed registered nursing graduates in general nursing, midwifery, community nursing and psychiatric nursing. In this programme, the students were taught mental health nursing in their second and the final year of the Bachelor of Nursing programme. An introduction to mental health nursing is taught in the second year of study which focuses mostly on psychiatric terminology and the management of common mental illness such as depression.

In the final year of study, two modules of mental health nursing are taught. These modules focus on the management of people with various mental illnesses which includes amongst other, group activities, stimulation activities. Students work in clinical facilities where they come in contact with mentally ill people either directly or indirectly. The clinical facilities range from community health clinics, and district health clinics to secondary and tertiary specialised psychiatric hospitals accredited for student learning by the South African Nursing Council.

3.5. Population and sample

In this section, the study population and sampling which includes the eligibility criteria and sample size will be discussed.

3.5.1. Study population

Population refers to the entire set of the population of interest targeted by the research to investigate the study phenomena as per the literature (Burns & Grove, 2020). The population in this study were undergraduate students nurses registered for the Bachelor of Nursing programme at the selected university in the 2021 academic year. The target population for the study were a total of 1150 students registered in the Bachelor of Nursing degree programme, which comprises of male and female students of the institution. The students are in different levels of study comprising 300 students from first year, 330 second year, 250 third years and 270 fourth year in the undergraduate nursing degree programmes of the select university. To allude, 53 undergraduate nursing students from the extended programmes of foundation year 1 were added 247 first year students to make up 330 and the same applied to 46 foundation year 2 students that sum up the total of second years to from 284 to 300 for the purpose of this study as they met the inclusion criteria.

3.5.2. Sampling and sample size

Sampling is referred to as the process of choosing a subsection from the total population in this which can reflect that total population (Vasileiou et al., 2018), The sampling strategy for this study was stratified random sampling. The stratified random sampling technique encompasses the identification of a population that was stratified into stratum or subgroups according to the different variables of the study's importance and each element of the study population remains under a designated stratum (Brink & Van der Walt, 2006). The sample was placed in four strata depicting the different years of study as shown in Table 3.1.

The researcher made use of the class list of each year level to generate a sequence in which every second student on the list was selected to voluntarily consent to participate in the study. In the

absence of a respondent in this sequence of 2's due to unforeseen circumstances such as ill-health affected by lockdown or Covid-19 restriction, or personal disinterest in the study, the following student on the same class list was selected in the same sequence until data saturation was reached (Burns & Grove, 2020). This gave an equal opportunity of being selected for the study allowing the study phenomena to flow freely (Burns & Grove, 2020).

The researcher further made use of the Raosoft Sample Size Calculator given the parameters; a margin of = 5% and confidence interval of = 95% for the calculation of the sample of the study which resulted in a sample size $n= 289$ from a total population of 1150 undergraduate university nursing students . Considering that $289 = 25.1 \%$ of $N=1150$,the calculation of each stratum was the evenly calculated at 25% of the year level population. The Raosoft formula used to calculate the sample size is shown in table 3.1 below:

$$\text{Raosoft Sample Size Calculator Formulae: } x=Z(c/100)^2r(100-r)n=Nx/((N-1)E^2 +x)E=\text{Sqrt}[(N-n)x/n(N-1)]$$

Table 3.1: Sample size per stratum

Year level	Year level population	Sample size
1 st year	300	75
2 nd year	330	83
3 rd year	250	63
4 th year	270	68
Total	N=1150	n=289

3.5.3. Eligibility criteria

Eligibility criteria are all requirements needed for an individual to participate in a study. This section explains the requirements that were needed in the selection of the study population.

Inclusion criteria

In this study, all registered undergraduate nursing student in the academic year 2021 towards the attainment of the Bachelor of Nursing degree programme; 4-year and 5-year extended programme of foundations year 1 and 2 at the selected higher education institution in the Western Cape. Respondents must volunteer to participate in the study.

Exclusion criteria

Exclusion criteria are requirements set in place by the researcher to exclude participants who do not meet the inclusion criteria of the researcher's sample size. In this study, there were no exclusion criteria.

3.6. Data collection

Data collection is defined as the gathering of data/information to facilitate the goal attainment of the research problem, aims, and objectives (Brink & Van der Walt, 2006). The data collection instrument, validity and reliability of the instrument, and the data collection process is described.

3.6.1. Data collection instrument

A data collection instrument is referred to as the tool applied to gather pertinent data/information in a research study (Brink & Van der Walt, 2006). The Attitudes to Severe Mental Illness (ASMI)

scale developed by Madianos et al. (2012) to measure public attitudes to severe mental illness were used in this research study. The ASMI is a structured 30 items, 4-point Likert type, self-report questionnaire which measures attitudes to severe mental illness utilizing four subscales namely, stereotyping, optimism, coping and understanding (Appendix F).

The questionnaire consisted of two sections.

Section A: Demographic data which included gender, age in years, and year of study in which the respondent is registered consisted of various questions and in sections.

Section B: the ASMI which had 30 items divided into four sub-scales namely:

- 1) Stereotyping- 11 items addressing commonly held negative views of severe mental illness,
- 2) Optimism- 6 items addressing positive beliefs and attitudes about severe mental illness
- 3) Coping -7 items reflecting strategies of coping with the illness and the stigma associated with it
- 4) Understanding- 6 items describing perceptions of how a person with a severe mental illness feels or thinks about his illness.

The 4-point Likert scale responses included disagree, rather disagree, rather agree, agree based on respondents' feelings towards each of the 30 items. Table 3.2 shows the 4-point Likert scale that was used in the study. The ASMI is represented below.

D1 Attitudes of Severe Mental Illness scale (ASMI)

Please circle only the number in the corresponding column of your answer choice. There are no right or wrong answers.

Table 3.2: The 4-point Likert scale

Item	Disagree	Rather disagree	Rather agree	Agree
Question (item)1.	1	2	3	4

Question (item)2.	1	2	3	4
Question (item)3.	1	2	3	4

Items 1-11 were reversed scored in the data capturing and analysis by subtracting their rating from 5. Higher scores for the other subscales indicate non-stigmatising attitudes and opinions toward mental illness. That is, if a respondent rate 1 (Disagree) on any of the first eleven items, it is reversed and regarded as rating 4 (Disagree). If the respondent rates 2 (Rather disagree) it's reversed and seen as 3 (Rather agree). The reverse scoring 4(Agree) will be 1 (Disagree).

3.6.2. Validity

Validity is the ability of an instrument to measure a given variable in the intended way (Brink & Van der Walt, 2006). The ASMI has been used in various studies (Madianos et al., 2012; Poreddi et al., 2017; Sastre-Rus et al., 2019; Stuhlmiller & Tolchard, 2019). These were found to be reliable and valid instruments to measure the intended aims and objectives of the study.

Table 3.3 depicts the validity table.

Table 3.3: ASMI Validity table

Objectives	Subscale	Questions/Items
1. To investigate the stereotypical beliefs and negative attitudes of student nurses towards mental illness.	Stereotyping	1-11
2. To investigate student nurses non-stigmatising opinions and attitudes about mental illness	Optimism	12-17
	Coping	18-24
	Understanding	25-30

3.6.3. Reliability

The reliability of the present study was $\alpha=0.777$ for Stereotypes domain, $\alpha=0.743$ for optimism domain and $\alpha=0.764$ for Understanding domain. This is almost in line with the study by Madianos et. al. (2012) where the Madianos et. al., (2012) where the reliability of the instrument obtained was $\alpha=0.79$, $\alpha=0.73$ for Optimism, $\alpha=0.63$ for Coping and $\alpha=0.79$ for Understanding. Using Cronbach alpha is a determining utilised index that calculates the internal consistency of a tool and its reliability of which normal ranges coefficient alpha values should appear between 0 – 1, thus higher reliability coefficient values will indicate more accuracy (Polit & Beck, 2012)

3.6.4. Data collection process

Data collection process is defined as the steps undertaken by a researcher that guide the collection process in a formal and standardized way (Burns & Grove, 2020). Data was collected after ethics approval was obtained from the Human and Social Sciences Research Ethics Committee of the University of the Western Cape (UWC) (Appendix A). Permission to conduct the study with students as respondents was also obtained from the registrar (Appendix B), the Director of the School of Nursing at the selected University (Appendix C) The researcher made appointments with the year level coordinators and the class lecturers including the clinical supervisors to inform of the study and obtain timetables of students' classes in order to access the students. The researcher visited each class at the scheduled date and times provided by each study year level coordinator which spread over a 2 week period of different workin days of the week.

The study was explained to the potential respondents after they were handed an information sheet of the study (Appendix D). Using the class lists (as explained under the study process of sampling),

the researcher disseminated 289 questionnaires across all the study year levels. Questionnaires regarding the study were explained with the language best understood by the respondents of which a majority of the respondents were English inclined. The questionnaires were handed over to the respondents after 289 on different days as scheduled by the different year level coordinators in consultation with their teams, respondents signed the consent form (Appendix E) and Covid -19 safety protocol of South Africa was maintained; all participants and researcher wore a fitting face mask. All potential respondents and the researcher successfully completed the UWC Wizz-pass prior to admittance indicating as “safe” and were granted permission. The researcher made available 70% alcohol-based hand sanitizers during this time for both the researcher and respondents to sanitize hands while handling general and office material intermittently during data collection, and assistance with the questionnaire .The cleaning staff were contacted to ensure that the venue is cleaned and disinfected before, during, and after the data was collected from the venue. Office materials such as pens were provided by the researcher. However, respondents who chose their individual material were allowed to. The questionnaires took approximately 15 minutes to complete. The researcher was available on all the allocated data collection scheduled dates for the study year levels to give clarity regarding the research study should any arise. All 289 questionnaires were returned and out of the 289 questionnaires, 284 were fully completed with signed informed consent while 5 returned questionnaires were considered invalid; not fully completed n=(5). The returned questionnaires and consent forms of the respondents were place in designated a box provided by the researcher. After collection of the completed questionnaires, they were quarantined for a period of 3-5 days ‘decontamination’ before data capturing and analysis. A minimum of 1 metre apart social distance was maintained in between respondents during the data

collection process. Data was collected over a period of 2 weeks where the researcher visited the various classes and year groups to disseminate and collect the questionnaires.

3.7. Data analysis

Data analysis is described as the process of synthesising and organisation of data in an orderly manner which tests the hypothesis in a quantitative research study (Polit & Beck, 2012). The answered questionnaires were numbered for identification since anonymity and personal identification data were maintained. The researcher also created a code book (Appendix G) to facilitate the capturing of data in SPSS. Before data analysis, the captured data was checked, rechecked and cleaned off any errors which may occur that could have possibly influenced the accuracy of the data. It was sent to a statistician who checked and confirmed again before the analysis was done using SPSS version 25.

Descriptive analysis was done in terms of frequency distribution in which values were systematically arranged from lowest to highest, to meet the aim and objectives of this study (Polit & Beck, 2013). The stereotypes domain questions were reversed to making the higher score to mean non-stigmatizing attitude and opinion as described by the original instrument (Madianos et al., 2012). The reverse domain makes all the domains in the ASMI instrument to indicate higher rating to mean non stigmatizing attitudes and opinions. Descriptive statistics; mean, standard deviation (SD) and percentages were used in describing the “cleaned “quantitative data under the variables; *stereotyping, optimism, coping and understanding*. Overall analysis was done with the use of the Statistical Package for Social Sciences. (SPSS) Version 28. The assistance and input of a statistician were also used in this study to measure the university student nurses’ in the Western Cape attitudes towards mental illness. The data was presented in the form of tables, graphs, and

pie charts while Inferential statistical analysis was presented in the form of cross-tables and using Chi-square which determined relationships between domains in a given student that will assist the depiction of the findings (Polit & Beck, 2012).

3.8. Ethics

Ethics clearance in this study was obtained from the Human and Social Sciences Research Ethics Committee at the University of the Western Cape (Appendix A). Permission to conduct the study using students as respondents was obtained from the Registrar of the university (Appendix B). With all this at hand, the researcher went further to adhere to the following principles in this study:

3.8.1. The principle of respect for persons

The researcher explained to the respondents in the best way/language possible for their understanding that they have the right to be respected and to self-determination, of which they were empowered to make informed decisions for themselves whether to take part in the study or not. The respondents were also made aware of the right to withdraw from the study at any time without having to give explanations or reasons and that it will not result in any punishment or coerciveness and in this study, there were no respondent that withdrew. They were further informed about their right opinion to voluntarily participate in the study and the right to ask questions for clarity about the study (Brink et al., 2012). The researcher was available and provided clarity to the questions that were asked by the respondents.

3.8.2. The principle of beneficence

Beneficence is defined as action that is taken or done for the benefit of other. This principle in research further elaborates it as “Do no harm” as the primary purpose of health research is to come up with new information that can benefit society (Brink & Van der Walt, 2006). Arrangements were made for student support services to intervene should a respondent suffer any emotional problems. The contact details for Student Support Services Centre were divulged to the respondents including a run-down of the services they offer.

Thus far in this study, no respondent reported any direct trauma which they could not handle such as remembrance of a family, self, or friend who came to mind. The name of the school of nursing of the selected university was not identified in this study so to avoid bringing about any negative image or reputation of the institution (Brink & Van der Walt, 2006).

3.8.3. The justice principle

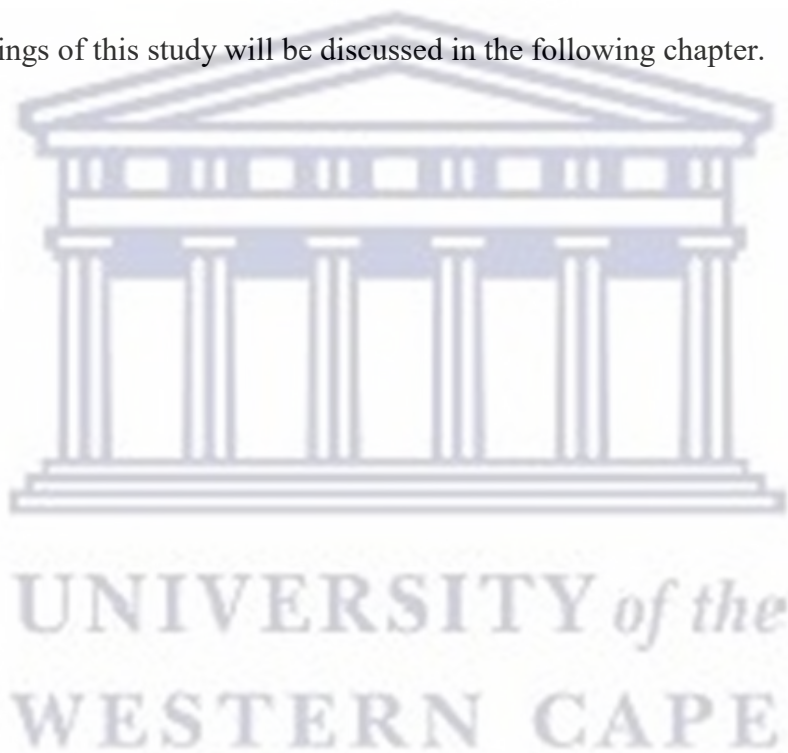
In this study, the respondents were fairly treated and equally. There was no room for discrimination based on age, race, and participant’s year level of enrolment, gender, and/or any other factors that might have defeated the purpose of the principle of justice regarding research respondents (Brink & Van der Walt, 2006). Confidentiality, privacy, and anonymity were upheld in this study whereby the respondents’ responses were kept anonymous and not shared with another person except those individuals directly linked to the carry out of this study, like the researcher’s supervisor. This was also disclosed to the respondents before their voluntary informed consent was given to participate in the study. The respondents in this study were also made aware that the results of the study will be published at the end of the study and the collected data be locked in a safe -secure location for

a period of 5 years for any reference regarding the study, thereafter incinerated (Brink & Van der Walt, 2006).

3.9. Summary

To summarise this chapter, the following research stipulations were addressed, research approach, research design, setting, population, inclusion criteria, exclusion criteria, sampling and sample technique, data collection process, data collection process, data analysis and ethical considerations.

The research findings of this study will be discussed in the following chapter.



CHAPTER FOUR

RESEARCH FINDINGS

4.1. Introduction

In this chapter, the results obtained from the analysis of the data are presented using key tables, illustrations, charts, and graphs with descriptive statistics. The aim of this study was to investigate the attitudes of university student nurses toward mental illness at a selected higher education institution. The main objectives were to firstly, examine the student nurses' stereotypical beliefs and negative attitudes about mental illness and secondly, determine their non-stigmatising opinions and attitudes on mental illness.

4.2. Demographic data

Although 289 questionnaires were administered to respondents who signed consent forms, only 284 returned questionnaires were fully complete whilst 5 returned questionnaires were incomplete resulting in a response rate of 98%. The age of the respondents ranged from 18 to 38 years with an average age of approximately 23 years. Most of the respondents 247 (87.0%) in this study were however young adults within the 18 – 25 age group and only 2.1% were over the age of 34 years. Of the total respondents, the vast majority (80%; n=228) were female while 20% (n=56) were male as shown in Table 4.1. Students in their 3rd year participated in this study the most (34%) in this study than those of any other level, followed by those in their 4th (28%) and 2nd (20%) year of study. The first-year student nurses responded the least with only 18% of the completed questionnaire returned (Figure 4.1).

Table 4.1: Demographic data of the respondents

Gender	
Male	56 (19.7%)
Female	228 (80.3%)
Age	Mean 22.6, SD=3.75 (Range 18-38)
18-25	247 (87.0%)
26-33	31 (10.9%)
34-41	6 (2.1%)
Year level	
1st year	51 (18%)
2nd year	58 (20.4%)
3 rd year	96 (33.4%)
4 th year	79 (27.8%)

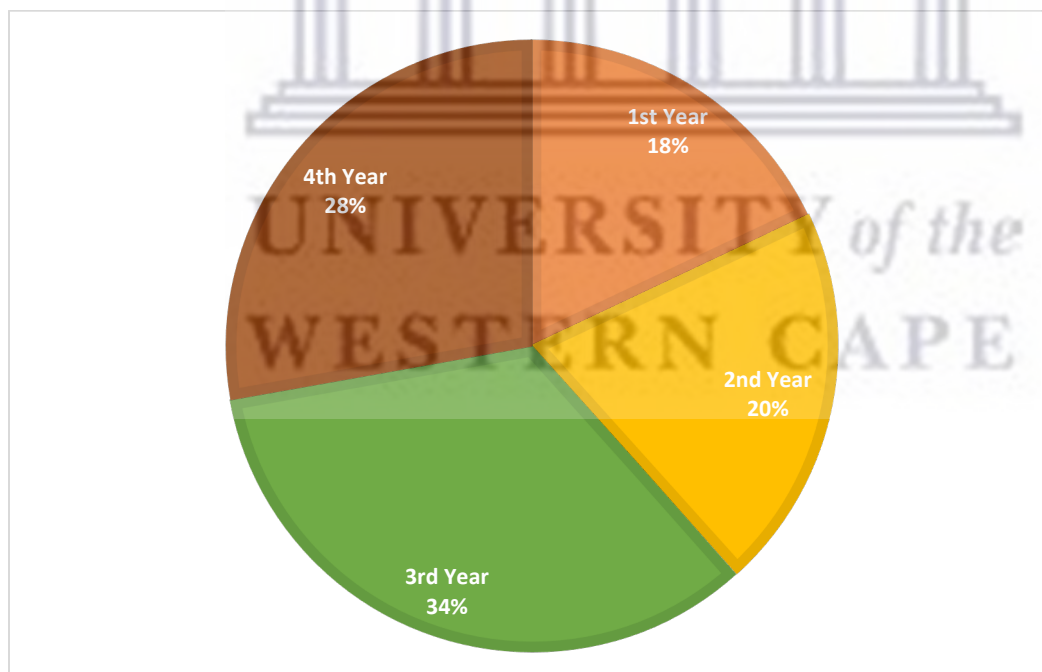


Figure 4.1: Level of study of the respondents

4.3. Attitudes toward severe mental illness

The attitudes of student nurses at a selected higher education educational institution towards mental illness were critically examined in this study by responses to four research domains in the questionnaire as measured by the Attitudes to Severe Mental Illness (ASMI) scales. The respondents' answers on these ASMI domains – stereotyping, optimism, coping, and understanding are analysed in this section.

4.3.1 Domain: Stereotyping

In this study, nursing students were asked eleven (11) questions (subscales) on the common stereotypes often associated with people with mental illness as presented in Table 4.2. were reversely scored as used by the authors since it measure stereotypical attitudes(negative) unlike the other domains of optimism, coping and understanding which are suggested literature suggest to be positive. In the overall, respondents generally had positive attitudes toward people who are mentally ill as their responses to the common stereotypes were positive with mean 3.1 (>2.5) . The highest positive response was on the stereotype that “*People with severe mental illness are failures*” with approximately 97% of the respondents disagreeing with the statement. Some students (42%) agreed with the stereotype that “*people with severe mental illness have to take medication for the rest of their lives*” making it the one where student nurses showed the most negative attitude. Overall, an overwhelming majority of the respondents, more than 3 in 4, disagree with the general stereotyping of people with mental illness (Figure 4.2).

Table 4.2: Domain – Stereotyping

S/N	Items	Agree	Disagree	Mean (Sd)
11	People with severe mental illness have to take medication for the rest of their lives	120 (42.2%)	164 (57.8%)	2.7 (1.02)
10	Severe mental illness is easily recognizable	104 (36.6%)	180 (63.4%)	2.8 (1,04)
8	If someone has experienced severe mental illness, he/she will suffer for the rest of his/her life	96 (33.8%)	188 (66.2%)	2.9 (0,99)
6	Severe mental illness makes someone look ill	90 (31.7%)	194 (68.3%)	3.0 (1.06)
7	People with severe mental illness are dangerous	89 (31.3%)	195 (68.7%)	3.0 (0.89)
9	Psychiatric medication causes addiction	80 (28.2%)	204 (71.9%)	2.9 (0.84)
5	People with severe mental illness are not like any other people	76 (26.7%)	208 (73.2%)	3.1 (0.95)
4	In spite of any efforts they are making, people with severe mental illness will never be like other people	46 (16.2%)	238 (83.8%)	3.4 (0.84)
3	People with severe mental illness are not able to acquire new skills	37 (13.0%)	247 (87.0%)	3.4 (0.80)
2	Severe mental illness is caused by bad luck	14 (4.9%)	270 (95.1%)	3.5 (0.57)
1	People with severe mental illness are failures	9 (3.2%)	275 (96.8%)	3.8 (0.48)
	Average mean			3.1

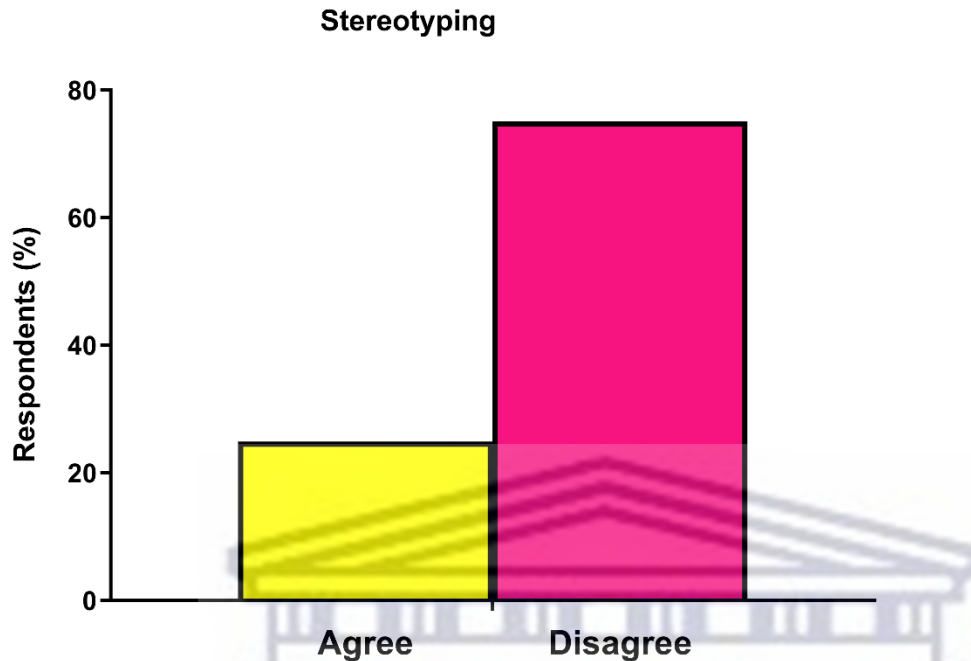


Figure 4.2: Cumulative responses to the stereotyping of people living with mental illness

4.3.2. Domain: Optimism

Different subscales of optimism were utilized to assess the positive beliefs and attitudes of nursing students toward mental illness as recorded in Table 4.3. The most reported optimistic beliefs were “*people with severe mental illness can recover nowadays*” and “*to be taking psychiatric medication does not make an individual different from others*” where 85% and 78% of the respondents agreed, respectively. Some respondents were not that optimistic though, about 44% did not believe that people with severe mental illness can cope with difficulties while 37% think they differ from other persons. However, overall, more than 70% of respondents share optimism and positive attitudes about people living with severe mental illness, mean 2.9 (>2.5)) (Figure 4.3).

Table 4.3: Domain – Optimism

S/N	Items	Agree	Disagree	Mean (Sd)
12	People with severe mental illness can recover nowadays	241 (84.9%)	43 (15.1%)	3.2 (0.80)
13	To be taking psychiatric medication does not make an individual different from others	222 (78.2%)	62 (21.8%)	3,1 (0,91)
14	A person with severe mental illness can be trained in an occupation	210 (73.9%)	74 (26.1%)	2.98 (0.84)
16	A person with severe mental illness is able to Work	189 (66.5%)	95 (33.5%)	2.83 (0.96)
15	People with severe mental illness don't differ from other people	178 (62.7%)	106 (37.3%)	2.81 (0,97)
17	People with severe mental illness can cope with difficulties	159 (56%)	125 (44.0%)	2.60 (0,91)
	Average mean			2.9

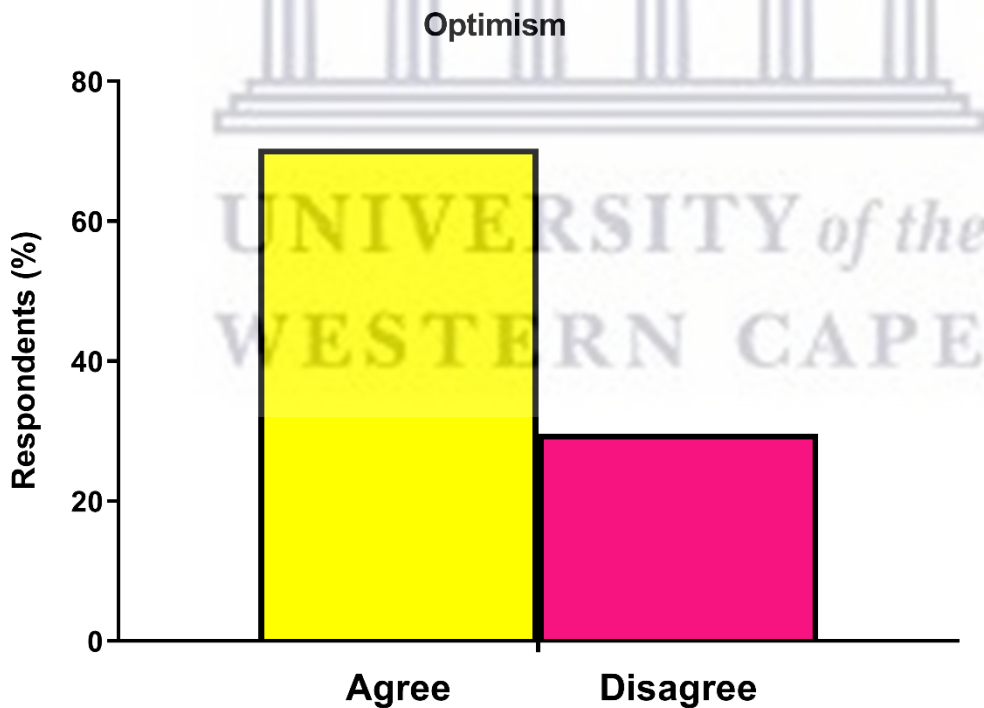


Figure 4.3: Cumulative responses to optimistic attitudes toward people living with mental illness.

4.3.3. Domain: Coping

The coping subscale was used to assess the knowledge or understanding of the strategies available for coping with severe mental illness and the associated stigma by nursing students (Table 4.4). The overall responses were positive, mean 2.8 (>2.5) with the highest percentage of respondents (93%) agreeing that “*people with severe mental illness must not to give up*” and that “*a person with severe mental illness must seek help from a specialist*”. Only a few respondents generally did not agree that mentally people can cope like any other individual (Table 4.4). In particular, almost one in two respondents believed that mentally ill people should rather just associate themselves with only friends that are also mentally ill. Contrastingly, most respondents did not also want mentally ill people to hide from other people (87%) nor hide their problems from other people (89%). Therefore, it can be inferred that student nurses in this study were knowledgeable of the coping strategies available to people living with severe mental illness which suggest positive attitudes towards mental illness according to literature.

Table 4.4: Domain – Coping

SN	Items	Agree	Disagree	Mean (Sd)
18	A person with severe mental illness must seek help from a specialist	265 (93.3%)	19 (6.7%)	3.6 (0.65)
19	People with severe mental illness must not give up	265 (93.3%)	19 (6.7%)	3.6 (0.70)
20	The friends should not abandon a person when he/she is suffering from severe mental illness	247 (87%)	37 (13%)	3.5 (0.88)
21	It is not right to hide the problem from family and friends when you are suffering from severe mental illness	227 (79.9%)	57 (20.1%)	3.3 (0.80)
22	It is better to be friends with people with the same problem when you are suffering from severe mental illness	138 (48.6%)	146 (51.4%)	2.5 (0.99)

23	It is better for a person with severe mental illness to avoid other people	36 (12.7%)	248 (87.3%)	1.6 (0.83)
24	It is better to hide the problem to avoid life difficulties	30 (10.6%)	254 (89.4%)	
Average mean				2.8

4.3.4. Domain: Understanding

The understanding subscale was used to evaluate the student nurses' perceptions of how a person with a severe mental illness feels or thinks about the illness in this study (Table 4.5). Most respondents acknowledged the lack of understanding of mentally ill people by many in society (86%) and that mentally ill people are treated differently from others (83.5%). Almost one-third of the respondents however did not believe individuals with severe mental illness were being blamed for the suffering of their families. In the overall, the mean of the domain was 3.1 (>2.5). In general, the majority of the respondents in this study seemed to empathize with people living with severe mental illness as shown in Figure 4.4

Table 4.5: Domain – Understanding

SN	Items	Agree	Disagree	Mean (Sd)
25	It is difficult for other people to understand a person suffering from severe mental illness	244 (85.9%)	40 (14.1%)	3.3 (0,81)
26	People with severe mental illness are usually treated differently by others	237 (83.5%)	47 (16.5%)	3.2 (0.83)
27	People suffering from severe mental illness feel that they cause burden on their families	220 (77.5%)	64 (22.5%)	3.0 (0.86)
29	A person suffering from severe mental illness usually feels responsible for his/her problem	216 (76.1%)	68 (23.9%)	3.0 (0.85)

28	People with severe mental illness usually feel inferior	209 (73.6%)	75 (26.4%)	3.0 (0.89)
30	Other people blame individuals with severe mental illness for the suffering of the family	195 (68.7%)	89 (31.3%)	2.9 (0.90)
	Average mean			3.1

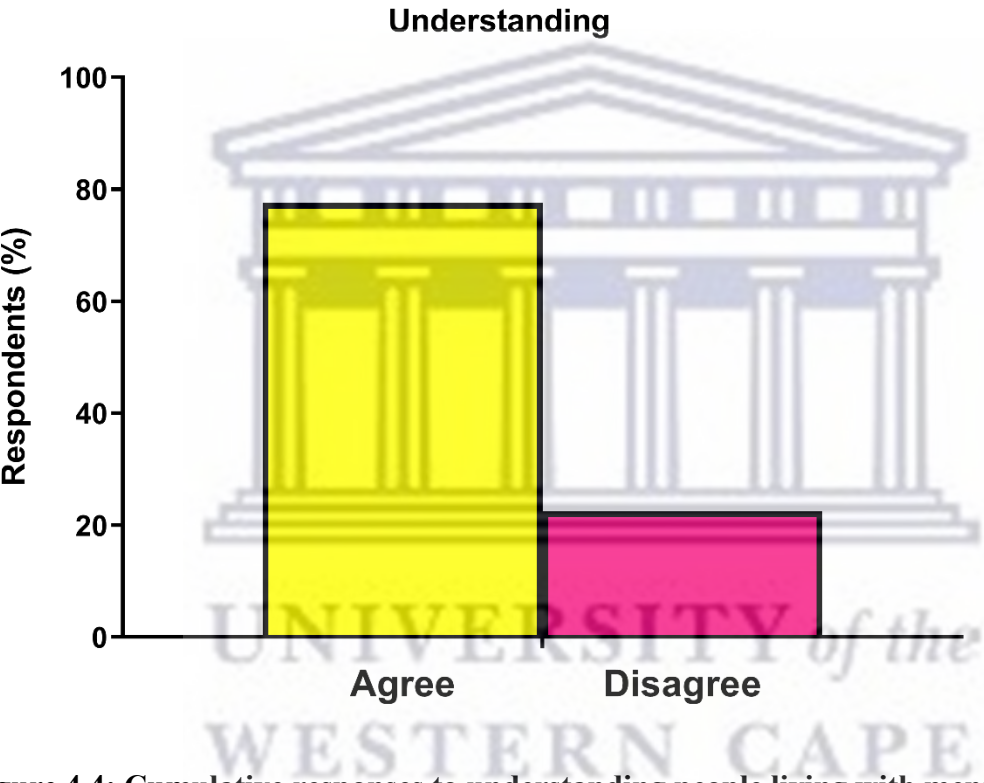


Figure 4.4: Cumulative responses to understanding people living with mental illness.

4.4. Correlation analyses between level of study and non-stigmatising beliefs towards people with severe mental illness

In this study, an investigation into the relationship between the level of nursing study and responses regarding the stigmatisation of people with severe mental illness was carried out. The responses of junior student nurses (1st and 2nd year) were compared with those of their senior counterparts (3rd and 4th year) as illustrated in Table 4.9.

A chi-square of independence was done to investigate the relationship between level of study as in (Junior: 1st year and 2nd year) and (Senior: 3rd year and 4th year) and variables under Stereotypes. The result showed that there is a significant difference between Year level (Junior and Senior) and People with severe illness have to take medication for the rest of their lives, $X^2(1, N=284) = 7.459$, $p=0,006^*$. This shows that Junior students showed less stereotyped than the senior students regarding the statement ‘*People with severe mental illness have to take medication for the rest of their lives*’. This is in line with the reversed score making the higher rating to be a non-stigmatizing attitude in stereotype domain.

Table 4.6: Level of study and Stereotypical beliefs of the respondents

Statements	Junior level		Senior level		Test (X^2)	p-value
	Agree	Disagree	Agree	Disagree		
If someone has experienced severe mental illness, he/she will suffer for the rest of his/her life	72,5%	27,5%	62,3%	37,7%	3.118 ^a	0,077
People with severe mental illness are failures	98,2%	1,8%	96,0%	4,0%	1.026 ^a	0,311
In spite of any efforts they are making, people with severe mental illness will never be like other people	85,3%	14,7%	82,9%	17,1%	.300 ^a	0,584
People with severe mental illness have to take medication for the rest of their lives	67,9%	32,1%	51,4%	48,6%	7.459 ^a	0,006*
Severe mental illness makes someone look ill	70,6%	29,4%	66,9%	33,1%	.445 ^a	0,505
People with severe mental illness are not like any other people	72,5%	27,5%	73,7%	26,3%	.052 ^a	0,819
Severe mental illness is easily recognizable	67,0%	33,0%	61,1%	38,9%	.983 ^a	0,321
People with severe mental illness are not able to acquire new skills	84,4%	15,6%	88,6%	11,4%	1.030 ^a	0,310
People with severe mental illness are dangerous	64,2%	35,8%	71,4%	28,6%	1.622 ^a	0,203

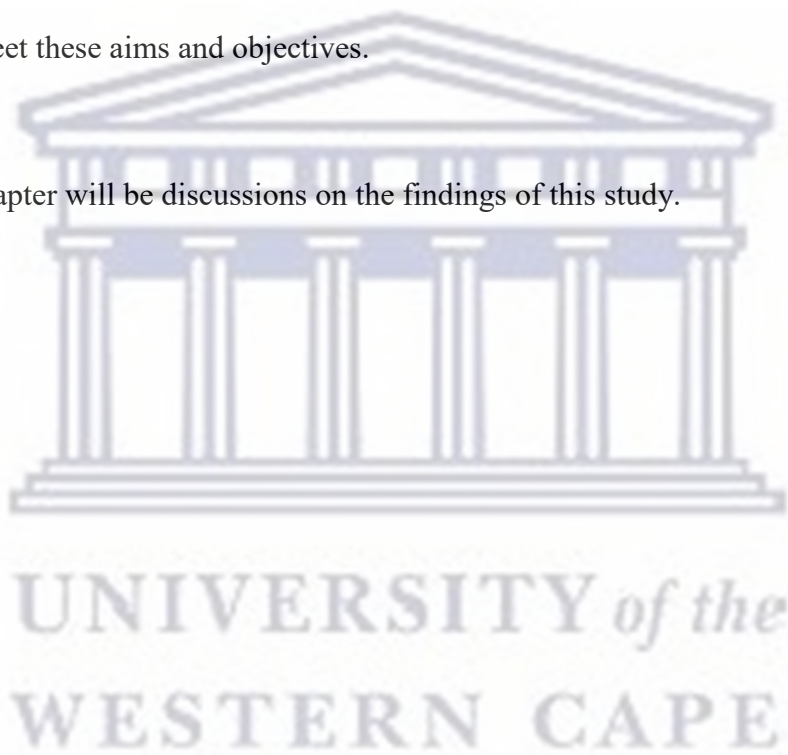
Severe mental illness is caused by bad luck	93,6%	6,4%	96,0%	4,0%	.841 ^a	0,359
Psychiatric medication causes addiction	67,9%	32,1%	74,3%	25,7%	1.358 ^a	0,244

*Significant at $P \leq 0.05$

4.5. Summary

In this chapter, the researcher illustrated the socio-demographics of the selected respondent of this study whilst described university student nurses' attitudes towards mental illness using the ASMI scale to meet these aims and objectives.

The following chapter will be discussions on the findings of this study.



CHAPTER FIVE

DISCUSSION

5.1. Introduction

This study aimed to determine the attitudes of student nurses at a university toward severe mental illness. To achieve this, the questionnaire survey method was used to investigate the student nurses' stereotypical beliefs and non-stigmatising opinions on severe mental illness. In this chapter, the collected data from respondents was critically discussed in relation to previously published reports and recommendations were proffered to further improve positive attitudes in student nurses towards people with mental illness.

5.2 Demography

The age of respondents in this study ranges between 18 and 25 years with 21 years being the most occurring and 22 years as the average age. This supports the previous finding that the majority of nursing students are of a younger age (20s) (Hunter et al., 2015). Nursing institutions are majorly constituted by females compared to males (Hunter et al., 2015; Meng et al., 2022) Most respondents (80.3 %) in this study were also female. Respondents in the present study were selected randomly with no selection on gender. Most of the participants in this present study were students from the 3rd and 4th years of undergraduate studies. This could be due to their familiarity with such questionnaires and studies, their understanding of the purpose of participation and professional maturity compared to the 1st and 2nd-year students.

5.3 Attitudes toward severe mental illness

In this present study, the respondents had positive attitudes toward people who are mentally ill as 97% disagreed and stereotyping domain showed mean 3.1. The highest positive response on the stereotype was *“People with severe mental illness are failures”* and most negative attitude was *“people with severe mental illness have to take medication for the rest of their lives”*. Studies show that mental health students receive enough awareness and therefore respond positively to mental illness cases regardless of the stereotypes around it (Schafer *et al.*, 2011). However a significant number of nursing students still need more awareness taking into consideration cultural and background differences to understand how to deal with mental illness cases (Hawthorne *et al.*, 2020; Schafer *et al.*, 2011). The stereotype around mental illness can be reduced by the hosting of seminars and learning programmes for nursing students to learn more about mental illness (Schafer *et al.*, 2011). A study conducted by de Jacq and colleagues showed an improvement in the attitude of mental illness nursing students after different education strategies (de Jacq *et al.*, 2016). It was also observed in a previous study, that exposed mental health nursing students shared positive attitudes towards mental illness compared to the other nurses in different divisions (Hawthorne *et al.*, 2020).

In this current study, the respondents had positive attitude as 70% of respondents most reported optimistic beliefs were *“people with severe mental illness can recover nowadays”* (84.9%) and *“to be taking psychiatric medication does not make an individual different from others”* with overall domain mean of 2.9. The study in agreement with a study which reported that about one-quarter of the respondents 25.1% reported that *“people with severe mental illness can recover nowadays”* under the optimism domain of the ASMI (Koutra *et al.*, 2021). The implication of this

statistics is that about 75% of the respondents agreed to the statement and this means a positive non-stigmatising attitude toward the people with mental illness

In this present study, the respondents had positive attitudes toward people who are mentally ill as (93%) agreeing and coping domain showed mean 2.8, the highest percentage of respondents (93%) agreeing that “*people with severe mental illness must not to give up*” and that “*a person with severe mental illness must seek help from a specialist*”. The result depict that the respondents had the attitude that mentally ill people should not give up and seek expert advice to cope with the situation is also reported. According to Koutra et. al., (2021), professionals who have a stigmatizing attitude towards people living with mental illness have a negative impact on the mental stability of the patients.

In this present study, the respondents had positive attitudes toward people who are mentally ill as 93% agreeing and the coping domain showed a mean of 3.1. Most respondents acknowledged the lack of understanding of mentally ill people by many in society (86%) and that mentally ill people are treated differently from others (83.5%). In general, the majority of the respondents in this study seemed to empathize with people living with severe mental illness. Students show a very low understanding of mental illnesses and the people affected. This could also be due to limited knowledge of mental illness. This is supported by a study that revealed that nursing students showed more understanding only after they attended nursing courses in mental health nursing (Hunter *et al.*, 2015). In support of the finding of this present study that many people fail to understand mentally ill people, it has been reported that some students experience a level of anxiety when they have to interact with mentally ill people due to a lack of knowledge about how they may react (Hunter *et al.*, 2015). The high percentage of students that responded positively to

stereotypes around mentally ill people could possibly be a result of their practical experience in clinical settings (Tambag, 2018). This present study together with previous studies shows evidence that most nursing students believe that other people are superior to mentally ill people (Meng *et al.*, 2022). Less optimism about mental illness in this study supports the finding that nursing students lack understanding. A belief that mentally ill people cannot work or hold an occupation can reduce the level of care by nurses.

The present study showed that there is a significant difference between Year level (Junior and Senior) and *People with severe illness have to take medication for the rest of their lives*, $p=0,006^*$ as senior students showed more stereotypes attitude. The level of study also contributes to the attitude of the students toward mentally ill people (Sari & Yuliastuti, 2018). This is not in agreement with a statement that reported that an increase in age and experience causes a more positive attitude toward mental illness cases (Hawthorne *et al.*, 2020). Compared to junior students who have more theoretical knowledge, senior students have more practical knowledge, hence their exposure (Sari & Yuliastuti, 2018). However, the present study reveals a rather negative attitude of the senior group compared to the junior. This could be due to other factors such as the working environment and level of supervision affecting the senior students more due to their exposure to mentally ill patients (Tambag, 2018). It could also suggest that the awareness programmes for these senior nursing students, if ever present, are not effective or inadequate in respect of information (Hawthorne *et al.*, 2020). In addition, junior students are known to show more acceptance socially and could most likely accept mentally ill people (Meng *et al.*, 2022).

5.4. Summary

The researcher in this chapter discussed the correlations between domains of ASMI, different year levels of study of the respondents, socio-demographics structure of the respondents and their attitudes towards mental illness at a selected university in the Western Cape.

The following chapter details the conclusion, limitations and recommendations.



CHAPTER SIX

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1. Introduction

This study was aimed at investigating the attitudes and negative beliefs held by university student nurses' in the Western Cape, towards mental illness. The study objectives were to investigate the stereotypical beliefs and negative attitudes of student nurses towards mental illness and to also investigate the student nurses non-stigmatising opinions and attitudes about mental illness at a selected nurse-learning institute in the Western Cape.

The Attitude Towards Severe Mental Illness (ASMI) scale was used and findings of this study suggest that the measuring tool used was appropriate as it addressed the researchers aims and objectives being tested.

This chapter will further reveal the summary of findings and recommendations from the study supported by its results.

6.2. Summary of the findings

The objectives of this study were reached as follows:

Objective 1: To investigate the stereotypical beliefs and negative attitudes of student nurses towards mental illness.

In this study, eleven (11) questions pertaining to common stereotypes often associated with people with mental illness subscale revealed that respondents generally had positive attitudes toward people who are mentally ill as their responses to the common stereotypes were positive. As previously indicated in chapter 4, the highest positive response was on the stereotype that “People

with severe mental illness are failures” with approximately 97% of the respondents disagreeing with the statement. Amongst the respondents, (42%) agreed with the stereotype that “*people with severe mental illness have to take medication for the rest of their lives*” making it the one where student nurses showed the most negative attitude. Overall, more than 3 in 4 respondents disagreed with stereotyping towards mental illness making that a majority.

Objective 2: To investigate student nurses non-stigmatising opinions and attitudes about mental illness

In this study, correlation analyses between level of study and non-stigmatising beliefs towards people with mental illness measured optimism, coping and understanding, nineteen (19) questions were answered under these subscales

The most reported optimistic beliefs were ‘*people with severe mental illness can recover nowadays*’ and “*to be taking psychiatric medication does not make an individual different from others*”, where 85% and 78% of the respondents agreed, respectively. Although some of the respondents were not of the optimistic opinion where approximately 44% of the respondents did not believe that people with severe mental illness can cope with the difficulties, while 37% think they differ from others people.

The coping subscale was used to assess the knowledge and attitudes of the respondents understanding of the strategies available for coping with mental illness and the associated stigma by nursing students. Overall positive responses with 93 % of the respondents agreeing that “*People with severe mental illness must not to give up*” and that “*a person with severe mental illness must seek help from a specialist*”. Only a few respondents generally did not agree that mentally ill people can cope like other individuals. 87% of the respondents did not want mentally ill people to hide

from other people nor hide their problems from other people (89%). It can therefore be said that the respondents were knowledgeable of the coping strategies available for people living with mental illness.

The subscale for understanding evaluated the respondents perceptions of how a person with severe mental illness thinks of feels about the illness. Almost one-third of the respondents however did not believe that individuals with severe mental illness were being blamed for the suffering of their families. In general, the respondents (86%) acknowledged that lack of understanding of mentally ill people by many in the society are treated differently from others (83.5%). The majority of the respondents in this study seemed to empathize with people living with severe mental illness.

6.3. Limitations

This study was conducted in a nursing school in a higher education institution in the Western Cape, thus the findings cannot directly reflect those of other nursing schools in the Western Cape nor that of other provinces of the country. There has not been expansive research relative to this study that has been conducted in the South Africa .

This study did not assess the respondents' culture, race, religion, social standing and geographical location of the respondents. This information may have changed or influenced responses.

6.4. Recommendations

With reference to the findings of this study, some recommendations arose which can contribute improving nursing education, clinical and research in nursing;

6.4.1. Nursing education

Nursing educators, clinical supervisors and hospital staff are to be in one accord with student learning centred strategies. Students strengths and weaknesses regarding the beliefs and knowledge towards mental illness could be identified and implemented for better expected outcomes that will benefit all parties.

Nursing educators , clinical supervisors and nursing staff to encourage the intergration of mental health promotion throughout the Bachelor of Nursing programme and engagement of students on mental health awareness projects and campaigns.

6.4.2. Clinical practice

Clinical supervisors, nursing educator and hospital staff to continuously monitor students progress regarding the understanding of mental illness as early interventions may address their experience of mentally ill patients. This may foster more positive attitudes of the respondents towards mental illness.

6.4.3. Research

There is a need for quantitative studies on student nurses' attitudes towards mental illness to be carried out in different settings. This can assist in This is in order to ensure safe nursing practices to patients, families and the general public which will maintain a trustworthy environment between patient and health practitioner not limiting student nurses.

6.5. Conclusion

This study was aimed at investigating university student nurses' in the Western Cape attitudes towards people with severe mental illness. The findings of the study revealed that more senior students generally respond negatively towards mental illness as opposed to what literature holds. However, junior nursing students responded positively towards mentally ill people based on the findings of this study.



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15 April 2021

Mr FN Awa
School of Nursing
Faculty of Community and Health Sciences

HSSREC Reference Number: HS20/4/56

Project Title: University student nurses' in the Western Cape attitudes towards mental illness.

Approval Period: 14 April 2021 – 14 April 2024

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

The University of the Western Cape is a Public Higher Education institution established and regulated by the Higher Education Act, No. 101 of 1997 (Republic of South Africa), with the language of instruction being English. The University is duly accredited by the Council on Higher Education and its degrees and diplomas are registered on the National Qualifications Framework in terms of the South African Qualifications Authority Act, No. 58 of 1995.



REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF THE WESTERN CAPE

This serves as acknowledgement that you have obtained and presented the necessary ethical clearance and your institutional permission required to proceed with the project referenced below:

Name of Researcher

FRITZ NKENG AWA

Research topic

University student nurses' in the Western Cape attitudes towards mental illness

Period permission is valid for

20 April 2021 – 14 April 2024

(or as determined by the validity of your ethics approval)

Reference code

UWCRP200421FA

Ethics reference

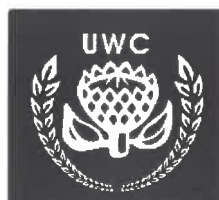
University of the Western Cape HS20/4/56

You are required to engage this office in advance if there is a need to continue with research outside of the stipulated period. The manner in which you conduct your research must be guided by the conditions set out in the annexed agreement: *Conditions to guide research conducted at the University of the Western Cape*.

Please be at liberty to contact this office should you require any assistance to conduct your research or require access to either staff or student contact information.

Yours sincerely

DR AHMED SHAIKJEE
DEPUTY REGISTRAR
UNIVERSITY OF THE WESTERN



**UNIVERSITY OF THE WESTERN CAPE
ACADEMIC ADMINISTRATION**

20 APRIL 2021

This document contains a qualified electronic signature and date stamp. To verify this document contact the University of the Western Cape at researchperm@uwc.ac.za.

UWCRP200421FA

Page 1 of 3

ANNEXURE AGREEMENT

Conditions to guide research conducted at the University of the Western Cape

ANNEXURE

CONDITIONS TO GUIDE RESEARCH CONDUCTED AT THE UNIVERSITY OF THE WESTERN CAPE

The onus rests on the researcher/investigator to observe and comply with the conditions set out below with the aim to conduct responsibly ethical research. Clarity must be sought from the authorising office should the interpretation of the conditions be unclear. University staff and offices may opt not to participate in any study should they feel it infringes on their own work or research.

1. ACCOUNTABILITY

- 1.1. The University reserves the right to audit the research practices of the researcher/investigator to assess compliance to the conditions of this agreement.
- 1.2. Data collection processes must not be adapted, changed or altered by the researcher/investigator without written notification issued to the authorising office.
- 1.3. The University reserves the right to cease research if any proposed change to the data collection process is found to be unethical or in contravention of this agreement.
- 1.4. Failure to comply with any one condition in this agreement may result in:
 - 1.4.1. Disciplinary action instituted against a researcher/investigator employed or registered at the University;
 - 1.4.2. The contravention reported to the organisation employing or registering the external researcher/ investigator.

2. GOVERNANCE

- 2.1. Approval to conduct research is governed by the Protection of Personal Information Act, No 4 of 2013, which regulates the entire information life cycle from collection, through use and storage and even the destruction of personal information and it is incumbent on the researcher/investigator to understand the implications of the legislation.
- 2.2. The researcher/investigator must employ the necessary measures to conduct research that is ethically and legally sound.

3. ACQUIRING CONSENT & RIGHTS OF PARTICIPANTS

- 3.1. It is incumbent on the researcher / investigator to clarify any uncertainties to the participant about the research.
- 3.2. Written consent must be obtained from participants before their personal information is gathered and documented.
- 3.3. Participation in the research must be voluntary and participants must not be pressured or coerced.
- 3.4. Participants have the right to access their personal information, obtain confirmation of what information is in the possession of the researcher / investigator and who had access to the information.
- 3.5. Participants have the right to withdraw from the research and insist that their personal information not be used.

ANNEXURE AGREEMENT

Conditions to guide research conducted at the University of the Western Cape

4. DATA AND INFORMATION MANAGEMENT

- 4.1. Due diligence must be afforded by the researcher/investigator to:
- 4.1.1. Mitigate any risks that could compromise the privacy of participants before
 - 4.1.2. during and after the research is conducted;
 - 4.1.3. Collect only information that is relevant to the aim of the research;
 - 4.1.4. Verify all personal information collected about a participant if the information is supplied by a source other than the participant;
 - 4.1.5. Refrain from sharing participant information with a third party;
 - 4.1.6. Apply for an exemption if the identity of participants should be revealed in the interest of the research aims.
- 4.2. The researcher/investigator must employ appropriate, reasonable and technical measures to protect, prevent loss of and unlawful or unauthorised access of research information.

Should you have any questions relating to this agreement please contact:

ashaikjee@uwc.ac.za, or researchperm@uwc.ac.za



UNIVERSITY *of the*
WESTERN CAPE



18 May 2021

Dear Mr Awa

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE SCHOOL OF NURSING, UNIVERSITY of the WESTERN CAPE

Name of Researcher: Mr Fritz Nkeng Awa

Research Topic: *University student nurses' in the Western Cape attitudes towards mental illness*

Ethics Clearance Reference No.: HS20/4/56

UWC Permission Reference Code: UWCRP200421F

Target population: 1st to 4th year B Nursing students

Validity Period: 20 April 2021 – 14 April 2024

As per your request and evidence provided, we acknowledge that you have obtained the necessary permission and ethics clearance. Permission is therefore granted for you to conduct your research as outlined in your proposal.

Please note that while permission is granted to conduct your research (i.e. interviews and surveys) staff and students at the School of Nursing are not compelled to participate and may decline to participate or withdraw should they wish to.

Should you wish to make use of or reference the School's name, spaces, identity, etc. in any publication/s, you must first furnish the School with a copy of the proposed publication/s so that the School can verify and grant permission for such publication/s to be made publicly available.

As per your letter of permission to conduct research at the UWC from Dr Ahmed Shaikjee, Deputy Registrar, assistance to access student contact information, must be done through the office of the Deputy Registrar or be facilitated by your supervisor.

We wish you success with your research.

Yours sincerely

Prof Jennifer Chipps

Director: School of Nursing

Faculty of Community and Health Sciences

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INFORMATION SHEET

Project Title: University student nurses' in the Western Cape attitudes towards mental illness

What is this study about?

This is a research project being conducted by Mr. Fritz Nkeng Awa at the University of the Western Cape. We are inviting you to participate in this research project because you are a student at the university who has met the inclusion criteria of the study. The purpose of this study is to investigate university student nurse's attitudes towards mental illness. This will assist the researcher determine the stereotypical beliefs and negative attitudes of student nurses towards mental illness and their non-stigmatising opinions and attitudes towards mental illness.

What will I be asked to do if I agree to participate?

You will be asked to complete a 30-item questionnaire about your attitudes and beliefs about mental illness in your classroom or tutorial room. A research assistant will hand out an information sheet, consent form and questionnaire to you. This will take about 10 minutes to complete. Thereafter the research assistant will collect the completed questionnaire and consent form from you.

The questionnaire is English and is divided into 4 components and subdivided into a Section A: demographic data and B: Attitudes towards severe mental illness scale. English is the primary language used in the program.

Questions 1-11 will focus on Stereotyping which is the negative perception people have of severe mental.

Questions 12-17 will focus on Optimism which is the positive beliefs and attitudes about severe mental illness and patients.

Questions 18-24 will focus on Coping which is the strategies of coping with the illness and the stigma associated with it.

Questions 25-30 will focus on Understanding which is the student nurse's perceptions about how the person with severe mental illness feels or thinks about his/her illness: feeling inferior.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the surveys are anonymous and will not contain information that may personally identify you.

To ensure your confidentiality, the researcher will lock away the paper copies of the completed questionnaires in a filing cabinet to which only the researcher has the key. Electronic data will be password protected and stored on the university server.

When we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study.

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study.

Where necessary, an appropriate referral will be made to a pre-arranged counsellor for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about student's attitudes towards severe mental illness. We hope that, in the future,

other people might benefit from this study through improved understanding of attitudes towards mental illness.

There is a need to add to the knowledge base of stigma research in various health care professions, especially nursing given that nurses are the largest number of health care providers caring for this vulnerable population which is growing globally.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Mr. Fritz Nkeng Awa from the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Mr. Fritz Nkeng Awa at: 08 Arctotis Way, Belhar or 078-320-2877 or 3081009@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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BMREC/HSSREC

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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Ethics Committee



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CONSENT FORM

Title of Research Project: University student nurses' in the Western Cape attitudes towards mental illness.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.....

Participant's signature.....

Date.....



Attitude towards mental illness questionnaire

SECTION A: Demographic data

Please complete this questionnaire by marking an **X** or writing the appropriate answer where in number where applicable.

1. Gender: Male Female
2. Age (years in numbers) _____
3. Year level of study: First year Second year Third year Fourth year

Section B: Attitudes of Severe Mental Illness scale (ASMI)

Please circle only the number in the corresponding column of your answer choice. There are no right or wrong answers.

Item	Disagree	Rather disagree	Rather agree	Agree
1. If someone has experienced severe mental illness, he/she will suffer for the rest of his/her life	1	2	3	4
2. People with severe mental illness are failures	1	2	3	4
3. In spite of any efforts they are making, people with severe mental illness will never be like other people	1	2	3	4
4. People with severe mental illness have to take medication for the rest of their lives	1	2	3	4
5. Severe mental illness makes someone look ill	1	2	3	4
6. People with severe mental illness are not like any other people	1	2	3	4
7. Severe mental illness is easily recognizable	1	2	3	4
8. People with severe mental illness are not able to acquire new skills	1	2	3	4
9. People with severe mental illness are dangerous	1	2	3	4
10. Severe mental illness is caused by bad luck	1	2	3	4
11. Psychiatric medication causes addiction	1	2	3	4
12. A person with severe mental illness is able to work	1	2	3	4
13. A person with severe mental illness can be trained in an occupation	1	2	3	4
14. People with severe mental illness don't differ from other people	1	2	3	4
15. People with severe mental illness can cope with	1	2	3	4

life difficulties				
16. To be taking psychiatric medication does not make an individual different from others	1	2	3	4
17. People with severe mental illness can recover nowadays	1	2	3	4
18. People with severe mental illness must not to give up	1	2	3	4
19. A person with severe mental illness must seek help from a specialist	1	2	3	4
20. It is better to be friends with people with the same problem when you are suffering from severe mental illness	1	2	3	4
21. It is better to hide the problem to avoid life difficulties	1	2	3	4
22. The friends should not abandon a person when he/she is suffering from severe mental illness	1	2	3	4
23. It is better for a person with severe mental illness to avoid other people	1	2	3	4
24. It is not right to hide the problem from family and friends when you are suffering from severe mental illness	1	2	3	4
25. People suffering from severe mental illness feel that they cause burden on their families	1	2	3	4
26. People with severe mental illness usually feel inferior	1	2	3	4
27. People with severe mental illness are usually treated differently by others	1	2	3	4
28. Other people blame individuals with severe mental illness for the suffering of the family	1	2	3	4
29. A person suffering from severe mental illness usually feels responsible for his/her problem	1	2	3	4
30. It is difficult for other people to understand a person suffering from severe mental illness	1	2	3	4

(Madianos, Economou, Peppoy, Kallergis, Rogako and Alevizopoulos, 2012)

Thank you for completing the questionnaire

Appendix G

Code book

Variable	SPSS	Coding instruction
Identification number	Id	Subject identification number
Age	Age	Age in numbers
Year level of study	Year	1- First year 2- Second year 3- Third year 4- Fourth year
Gender	Sex	1- Male 2- Female
1. If someone has experienced severe mental illness, he/she will suffer for the rest of his/her life	Questions 1-11	1- Disagree 2- Rather disagree 3- Rather agree 4- Agree
2. People with severe mental illness are failures		
3. In spite of any efforts they are making, people with severe mental illness will never be like other people		
4. People with severe mental illness have to take medication for the rest of their lives		
5. Severe mental illness makes someone look ill		
6. People with severe mental illness are not like any other people		
7. Severe mental illness is easily recognizable		
8. People with severe mental illness are not able to acquire new skills		
9. People with severe mental illness are dangerous		
10. Severe mental illness is caused by bad luck		
11. Psychiatric medication causes addiction		
12. A person with severe mental illness is able to work	Question 12- 17	1- Disagree 2- Rather disagree 3- Rather agree 4- Agree
13. A person with severe mental illness can be trained in an occupation		
14. People with severe mental illness don't differ from other people		
15. People with severe mental illness can cope with life difficulties		

16. To be taking psychiatric medication does not make an individual different from others		
17. People with severe mental illness can recover nowadays		
18. People with severe mental illness must not to give up	Questions 18- 24	1- Disagree 2- Rather disagree 3- Rather agree 4- Agree
19. A person with severe mental illness must seek help from a specialist		
20. It is better to be friends with people with the same problem when you are suffering from severe mental illness		
21. It is better to hide the problem to avoid life difficulties		
22. The friends should not abandon a person when he/she is suffering from severe mental illness		
23. It is better for a person with severe mental illness to avoid other people		
24. It is not right to hide the problem from family and friends when you are suffering from severe mental illness		
25. People suffering from severe mental illness feel that they cause burden on their families		
26. People with severe mental illness usually feel inferior		
27. People with severe mental illness are usually treated differently by others		
28. Other people blame individuals with severe mental illness for the suffering of the family		
29. A person suffering from severe mental illness usually feels responsible for his/her problem		
30. It is difficult for other people to understand a		

person suffering from severe mental illness		
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