PROFESSIONAL NURSES' ATTITUDES AND PERCEPTIONS TOWARDS THE MENTALLY ILL IN AN ASSOCIATED PSYCHIATRIC HOSPITAL.

by

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Nursing Skills

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Education

ABSTRACT

Professional nurses, with additional training in mental health, report attitudes and perceptions of mental health nursing that are more positive, whilst those with less training report more negative attitudes and perceptions to mental health nursing. The primary aim of this research study was to describe the attitudes and perceptions of professional nurses towards the mentally ill in a psychiatric hospital in the Cape Metropole. The objectives of the study were: to explore the attitudes and perceptions of professional nurses towards the mentally ill; to identify common factors that influence the professional nurses' attitudes and perceptions towards the mentally ill; to compare the attitudes and perceptions of professional nurses who have completed the Regulation 425, Regulation 808 and Regulation 212 training in mental health nursing towards the mentally ill. A quantitative, exploratory, descriptive design was employed and cross-sectional survey was carried out.

Participants comprised all permanent professional nurses (n=60) at a governmental Associated Psychiatric Hospital in the Cape Metropole. Participants completed a demographic questionnaire and two self-report questionnaires, measuring attitudes to and perceptions of mental health problems.

Nurses with a diploma report significantly higher role competency than those nurses with a degree. The ethnicity of nurses played a role in the stereotyping of the mentally ill. No significant differences were evident between those professional nurses who had completed the advanced mental health course and those whom had not. However, the combined effects of learning the appropriate course and experience in the practical field of the mentally ill are necessary for the task of impacting positively on the attitudes of the nurses towards the mentally ill.

KEY CONCEPTS

Professional mental health nurses; South Africa; attitudes and perceptions; mentally ill; education, training and experience.

DECLARATION

I, the undersigned, declare that *Professional Nurses' Attitudes and Perceptions towards the mentally ill in an Associated Psychiatric Hospital*, is my own work, that it has not been submitted for any degrees or examination at any other university, and that all the sources or quotes I have used, have been indicated and acknowledged by complete references.

……. ……

Marina Basson Date

DEDICATION

This dissertation is dedicated to my mother, Erna Basson, for her relentless support, encouragement, and love. I also dedicate this thesis to my deceased father, Francis Basson, who gave me the ambition to reach for the stars and the opportunity to explore my potential without any limits.

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CHAPTER 1

Introduction

1.1 Background

The mainstreaming of mental health nursing, as well as the increased rate of mental illness, has impacted on nurses working in both general hospitals and mental health care facilities. That said, the requirements for care by nurses in the aforementioned settings have increased. Reed and Fitzgerald (2005) found that nurses in Australia have less access to education, support and mental health services. These aforementioned factors appear to influence the attitudes of Professional Nurses (PN's) and subsequently the care of mentally ill clients. The diverse attitudes of PN's and their capability to provide high-quality care are reflected in the standard of their education, mental health nursing experience and support received. PN's with little or no training in mental health nursing showed fear and avoidance behaviour with regard to working with the mentally ill, in comparison with those nurses with training in advanced mental health nursing, who showed more comfort and enthusiasm for mental health nursing (Reed & Fitzgerald, 2005).

PN's in general hospitals in South Africa (SA) with less education or training in mental health displayed more negative attitudes towards the mentally ill due to the increased demand and growth of mental health services (Mavundla, Poggenpoel & Gmeiner, 2001). Lethoba, Netswera and Rankhumise (2006), found that inexperience, insufficient skills and lack of knowledge in the mental health field affected nursing care provided to the mental health care user (MHCU).

The delivery and organization of mental health care in post-apartheid (i.e. after 1994) SA is undergoing major changes (Lund & Flisher, 2001).

Mental health care in SA is currently supported by policy changes as well as new legislation (Moosa & Jeenah, 2008).

One such legislation is the Mental Health Care Act (MHCA), 17 of 2002, which requires that mental health service delivery adopt a primary health care approach, with an emphasis on community care (Moosa & Jennah, 2008).

Despite the Declaration Alma Ata in 1978, in South Africa the right to health services, especially mental health services, remains unrealized for many people of low income, rural-based and resource-poor areas. Although the Western Cape has developed these two service providers, the Community-Based Service Policy Framework as well as a Service Delivery Plan, their services are fragmented according to the vertical health programs. Both these abovementioned service providers from the Department of health and the Department of Social Development resulted in fragmented line management, from lack of planning regarding Community Based Health Services (CBHS) (Mokgata, 2009). According to the World Health Organization (WHO), the integration of mental health services into primary health care is the most practical way of ensuring that people have access to mental health services and the care they need. Accessibility of mental health services is then closer to their home, thus keeping families together and maintaining their activities of daily living. Consequently, the client avoids the indirect costs associated with seeking specialist care in distant locations (Mokgata, 2009). The progress of the integration of mental health services into the primary health care system in South Africa is insufficient. Continuous training and support is needed for primary mental health care workers to ensure that integration occurs. According to the WHO (2007), health professionals are very scarce in developing countries. PN's need to be trained and provided with proper guidelines on the principles of basic mental health care (Moosa & Jeenah, 2008).

The MHCA has been amended numerous times. Both the amended Health Act 63 of 1977 and the National Health Plan for South Africa formulated a policy shift from a curative orientation to a comprehensive health care service. The South African Nursing Council (SANC)'s regulation (R) R2598 of November 1984 required that registered nurses practice under the Nursing Act 50 of 1978. As such, the SANC introduced a four-year nursing course, R425 of 22 February 1985. In 1986, the South African government acknowledged a need for comprehensive health care services for the South African population. Thus the R425 four year degree programme enabled PN's to be qualified general, psychiatric, community nurses as well as midwives upon the completion of this specific course. Prior nursing professions required three years to become

registered general nurses and one year for midwifery, psychiatry and community nursing respectively. According to Hlongwa (2003), R425 graduates perceived themselves to be incompetent in the following: designing and implementing rehabilitation programs and/or workshops, managing community projects, conducting research and managing crises in psychiatric nursing units (Hlongwa, 2003). This previously mentioned MHCA, 17 of 2002, has broadened the mental health nursing terminology currently used in the field. For example, the term 'mental health nursing' (MHN) has to a certain degree replaced the term 'psychiatric nursing'. Given that MHN is synonymous with psychiatric nursing, psychiatric nursing will be referred to in this thesis as MHN.

Given the aforesaid, it is of importance to investigate the opinions and attitudes of PN's to mental illness.

1.2 Problem Statement

Mental illness is increasing in SA (Govender & Appel 2006). Social stigma and negative attitudes can affect the quality of life of people with mental illness (Corrigan, Green, Lundin, Kubiak, & Penn, 2001). General PN's with less training, minor exposure and experience in mental health has reported negative attitudes and perceptions towards mental health nursing (Reed & Fitzgerald, 2005). PN's with additional training in mental health, such as the regulation R880 who have completed a three-year diploma in psychiatric nursing and R212, who has completed a one year course in a diploma in psychiatric nursing, for the registering as an psychiatric nurse in psychiatry; generally have reported positive attitudes and perceptions towards mental health nursing (Reed & Fitzgerald, 2005). Based on both the literature review and the clinical experience of the researcher, the following research question has been identified "does the level of mental health training (i.e. either R425/R880/R212) of nurses influence their attitudes and perceptions towards the mentally ill?"

1.3 Significance of the Study

The significance of this study is that it would document the attitudes and perceptions PN's have towards the mentally ill in a mental health institution in the Cape Metropole. Furthermore, it would establish whether there is a relationship between education, experience and the outcome of positive versus negative attitudes towards the mentally ill. This study will make the Department of Health and the authorities aware of the different attitudes of PN which are influenced by work experience and level of education. In addition, it should create an awareness of the shortcomings of PN's at the study site. Findings of this study would indicate which psychomotor, emotional and perceptive mental health nursing competencies of the R425 PN's need to be addressed in future education. The findings should facilitate future planning of additional education and if needed, in-service training which could be rendered to PN's who express the need. In addition an introductory program that addresses the fallacies and negative attitudes towards the mentally ill should be made mandatory for all the students from the very early stages of their training.

1.4 Research Aim and Objectives

1.4.1 Main Objective:

The primary aim of this research study was to describe and compare the attitudes and perceptions of PN's towards the mentally ill.

1.4.2 Specific Objectives:

The objectives of this study were as follows:

1. To identify the attitude of nurses towards the mentally ill.
2. To identify factors which influence the attitudes and perceptions of nurses towards the mentally ill.
3. To compare the attitudes and perceptions of PN's, who have completed the R425 degree (n=38), R808 diploma (n=18) and

R212 (n=4) diploma training in mental health, towards the mentally ill.

1.5 Ethical Considerations

Graziano and Raulin (2004) found that in order to maintain high standards of research, the conducting of research not only requires expertise and, but also honesty and integrity. In addition, ethical research is essential to generate sound knowledge for practice.

According to De Vos (2001), ethical guidelines serve as a basis upon which a researcher can evaluate his or her conduct. Furthermore, a researcher needs to carefully consider the ethical requirements of research during the planning phase. Ethical considerations are vital to any study, because of the influence of the researcher's ability to acquire and retain participants.

The researcher's proposal was sent for approval to the Research and Ethics Committee at the University of the Western Cape.

Professor William Lauder granted the researcher study permission to make use of his 27 items questionnaire as a 5-point Likert scale, MHPPQ.

CHAPTER 2

Literature review/Theoretical framework

2.1 Introduction

This chapter contains a discussion on mental health nursing as a speciality, as well as quality of care amongst PN's, and how the quality of care is influenced by certain factors. Education, training and prior experience have been found to influence the attitudes of PN's, with attitudes being described as either positive, negative or indifferent. In the current study, PN's attitudes and perceptions were measured by means of two structured self-report questionnaires, with these questionnaires exploring the following: separatism, stereotyping, restrictiveness, benevolence, pessimistic prediction, stigmatization, therapeutic commitment, role support, role competency, training and educational programmes for PN's, and their mental health experiences.

2.2 Mental Health Nursing as a speciality

Mental health nursing is a specialised field within the nursing profession. The mainstreaming of mental health care, as well as the increased rate of mental illness, has impacted upon nurses working in both general hospitals and mental health care facilities (Mavundla *et al*., 2001). Furthermore, in 2001 it was reported that there is less than one psychiatrist and mental health nurse per 100 000 people in SA and in more than half of the countries globally (Brundtland, 2001). The majority of patients as well as their families who are looking for assistance and support for their mental illness legally expect the hospital along with the nursing staff to be aware of their needs and treat them as unique individuals, devoid of any prejudice and discrimination (Pelzang, 2008). Working as PN's may cause a considerable amount of stress because of both emotional exhaustion and work overload.

PN's in general hospitals with less education and training in mental health in SA displayed negative attitudes towards the mentally ill due to the increased demand and growth of mental health services (Mavundla, *et al*., 2001). Lethoba *et al*,

(2006) found that inexperience, insufficient skills, and lack of knowledge of mental health affected nursing care provided to the mental health care user (MHCU).

2.3 Theory of Attitude

Attitudes are learned through the process of social learning; this is learning from the social environment. When inexperienced PN's in the mental health field are constantly taught about the violent behaviour and danger of mentally ill patients, an attitude will be formed. Attitude is formed on the information given to PN's prior to any exposure to the mentally ill (Jackson & Francis, 2004). According to Pagel and Davidson (1984), any human beings moral values play a main part to influence their attitude towards anything. The more exposure an individual has of the social world, the more knowledge he or she gains and this familiarity will help to create an attitude. The more encounters that a person has with an entity; the more they can produce positive attitudes (Jacard & Gregory, 1988).

2.4 Factors Influencing the Quality of Mental Health Care

The attitudes of PN's as well as their capability to provide high-quality care is influenced and reflected through a number of factors namely, the standard of their education, mental health experience and the work support they receive. It has been argued that the attitudes and knowledge of health professionals towards mental illness is a major determinant of the quality and outcome of care for the mentally ill (Pelzang, 2008). PN's are responsible for ensuring that patients with severe mental illness receive the services they need in a timely manner. Furthermore, PN's need to be knowledgeable to provide mental health education along with care with a positive attitude in the community, as community care is the most accessible form of care worldwide (World Health Organization, 2007). Reed & Fitzgerald (2005) found that PN's with little or no training in mental health showed fear and avoidance behaviour in relation to working with the mentally ill, in comparison with nurses who had received advanced mental health training.

In the apartheid era, government lacked a coherent PHC strategy. The health system was biased towards curative services with only 11% of total public sector health care expenditure devoted to non-hospital primary care services. Primary mental health care workers need to be trained and provided with proper guidelines on the principles of basic mental health care (Moosa & Jeenah, 2008). Currently, 'Community psychiatric nurses now focus their attentions almost entirely on people with serious and enduring mental illnesses and undertake case management roles in community teams' (Gournay, 2005, p.6).

2.4.1 Separatism

According to Corrigan and Watson (2004), separatism was described treating patients with mental illnesses in an institution rather than at home within the community. Separatism is a factor that measures PN's attitude of discrimination towards the mentally ill (Aker, Aker, Boke, Dundar, Sahin, & Peksen, 2007).

2.4.2 Stereotyping

Stereotyping is described as "the selective perceptions that place people to obscure differences within groups" (Aker *et al*., 2007). Corrigan and Watson (2004) describe stereotyping as the collective beliefs about different members of social groups, which lead to strong impressions, and expectations of individuals. The degree of nurses' maintenance of social distance towards the mentally ill is measured by this stereotyping factor (Aker *et al*., 2007).

2.4.3 Restrictiveness

Restrictiveness refers to the amount of restriction the mentally ill patients experience during out-patient treatment as well as in-patient treatment. In addition after discharge how society and their family are protected from them. This factor was intended to measure "viewing the mentally ill as a threat to society" (Hinkelman & Granello, 2003).

2.4.4 Benevolence

According to Hinkelman and Granello (2003) benevolence was described as "a paternalistic, sympathetic view, based on humanistic and religious principles". Paternalistic behaviour can be summarised as being over-protective, affectionate, and warm towards the mentally ill. Caring, spirituality and compassion towards mentally ill patients and their illness are diverse attitudes that arise from a moral point of view within a person (Aker *et al*., 2007).

The sympathetic and paternalistic views of PN's were measured by the benevolence factor.

2.4.5 Pessimistic Prediction

Pessimistic prediction, a negative evaluative component, is an aspect that measured the level of prejudice of PN's towards the mentally ill along with their mental illness (Aker *et al*., 2007).

2.4.6 Stigmatization

According to Mohale (2009) mental health professionals in the past, as well as currently, face a number of factors such as cultural beliefs, stigmatization as well as myths which threaten to derail the successful implementation of efficient mental health care in the community.

In the past as well as currently, clients with an intellectual disability or mental illness are isolated because of misconceptions and myths regarding mental illness. The stigma attached to mental illness is one of the greatest obstacles interfering with the quality of life improvement of clients and their families. The broader the evaluations regarding the previous year's campaign of the mental health sector, it was evident that stigma is the most serious challenge that confronts clients with mental illnesses in their communities. The increasing incidence of mental illness is creating a huge challenge in the mental health society (Mokgata, 2009).

Poor knowledge, negative attitudes towards mental illness and poor understanding of mental illness by the public threaten the effectiveness of patient care and rehabilitation (Pelzang, 2008). Stigmatization is the sense of disgrace or discredit, which sets people apart from one another. Discriminatory behavior of PN's towards mental illness is measured by this specific factor (Aker *et al*., 2007).

2.4.7 Therapeutic Commitment

Effective interpersonal characteristics such as warmth and empathy are important for PN's to adopt in support of their mentally ill patient. Thus, it is anticipated that the keenness and capability to make use of these therapeutic qualities is a utility of therapeutic commitment. In addition, therapeutic commitment is predisposed by PN's' self-perceived role competency along with role support in the work environment. During therapeutic commitment in the work area, assured core helper responses from the PN are essential and satisfactory for patients' growth in mental health. Responses include the PN's attitude towards the patient, mannerisms, as well as empathetic understanding towards the patient. Mentally ill patients become practiced to transform when the PN converse absolute devotion, honesty, and the patient's current feelings. When patients feel safe in a PN-patient relationship, patients can start developing a trusting rapport. The faith of mentally ill patients depends on comprehensible dedication on the part of the PN in working therapeutically with the mentally ill patient. Therefore, if PN's exhibit elevated levels of therapeutic commitment, they lessened the patient's feelings of insecurity plus successful psychotherapeutic outcomes are more likely (Lauder, Reynolds, Reilly, & Angus, 2000).

2.4.8. Role Support

PN's who continuously receive support throughout their career, according to Reed & Fitzgerald (2005), portray increased comfort and more positive attitudes towards the mentally ill. According to Pace (2009) a study conducted in New Zealand, on how PN's working as mental health support workers perceive their

role; concluded that PN's felt the need of trust to have a meaningful and effective work relationship. Therapeutic relationships are viewed as meaningful and effective which is equally supportive and goal-orientated. Role support is defined as the apparent level of contact, as well as access or potential contact and access one has to specialist mental health workers (Lauder *et al.*, 2000).

When lack of teamwork exists within a mental health setting, the safety of the PN's is a concern. Hefty amounts of work, little physical safety with security plus high ratios of patients-to-PN's all add to decreased levels of sufficient patient care (Barrett, Boeck, Fusco, Ghebrehiwet, Yan, & Saxena, 2009).

2.4.9 Role Competency

Role competency is having the required talent, knowledge, along with understanding of whether patients with a particular mental illness fall within one's area of responsibility. Nurse role competency involved gaining academic facts and information relating to the care of mentally ill patients plus it involves an assessment of the personal abilities of the nurse, including their ethical character and how well they related to patients and co-workers alike.

(Lauder *et al.*, 2000).

2.5 Training/Educational programmes for Professional Nurses

Mental health nursing comprises two levels of expertise, namely basic and advanced. A mental health nurse with basic-level training is concerned with assessing the mental health needs of individuals, groups, communities and families, as well as developing a nursing diagnosis along with a care plan of how to care for these clients (Buchanan, 2009). Within this specific mental health nursing scope the nursing care plan and evaluation of the level of nursing care that the client should receive or is currently receiving, should be implemented. Additionally, a basic-level mental health nurse is more concerned with clients' self-care and the monitoring of psychobiologic treatment. Furthermore, a basic-level nurse is trained to assist in both crisis counselling and the implementation of

suitable client intervention (Buchanan, 2009). However, it is important to keep in mind that numerous factors play a role in shaping and influencing the attitudes and perceptions of PN's towards mental health nursing. Attitudes were found to be linked to issues such as fear, causing avoidance, that influence PN's ability to provide care (Reed & Fitzgerald, 2005). Advanced mental health nurses provide a full range of primary mental health care services in addition to serving as educators, case managers, administrators and consultants (Buchanan, 2009).

Both the Health Act 63 of 1977 and the National Health Plan for South Africa formulated a policy shift from a curative orientation to a comprehensive health care service. As such, the legislation regulation of mental health nursing has been amended numerous times. SANC's regulation R2598 of November 1984 which is enrolled nursing required that registered nurses practice under the Nursing Act 50 of 1978. In the R425 comprehensive nursing degree program, students were exposed to psychiatry over a two-year period. The R880 program since 1975 is a three-year diploma in psychiatric nursing where students will have 3160 hours of psychiatric training. The R212 is a one academic year which consists of 44 weeks of training in advanced psychiatric training.

In 1986, the SA government acknowledged a need for comprehensive health care services for the SA population. Subsequently, the SANC introduced a four-year nursing course, Regulation R425 of 22 February 1985.

According to Hlongwa (2003), R425 graduates perceived themselves to be incompetent in the following areas: designing and implementing rehabilitation programmes and/or workshops, managing community projects, conducting research and managing crises in psychiatric nursing units (Hlongwa, 2003).

2.6 Mental Health Experience

PN's knowledge, experience, as well as support, may influence their attitude towards the mentally ill. According to Mohale (2009) mental health professionals in the past, as well as currently, face a number of factors such as cultural beliefs,

stigmatization as well as myths, which threaten to derail the successful implementation of mental health into nursing.

2.7 Summary

This chapter discussed the literature review conducted to gain insight into numerous factors which shape and influence PN's' attitudes and perceptions towards the mentally ill. Both local and international literature was reviewed.

CHAPTER 3

Research Design and Methodology

3.1 Introduction

Presented in this section is a description of the research design and methodology used in the study, including population, data collection, validity and reliability. This section also outlines the sample, inclusion and exclusion criteria and sampling response. The sampling procedure and a description of the data collection instruments are explained along with data analysis.

3.2 Research Methodology

According to Jonker and Pennink (2009) research methodology is a particular way in which the researcher conducts research. It is a way in which the researcher decides on a particular question which may result in addressing a problem for future use.

3.3 Quantitative Approach

The researcher adopted a quantitative research approach with an exploratory and descriptive design where numerical data was used to obtain information about sample participants in a recognized, objective, systematic process. Quantitative research is a formal, objective, rigorous and systematic process for generating information about the world. It is usually conducted to describe events or concepts and to discuss the relationship between the concepts and ideas (Graziano A. R., 2004).This method is used to describe variables, examine relationships between variables and determine cause-effect interactions between variables. The researcher's aim was to determine the attitude and perceptions of PN's towards the mentally ill and how experience and educations will influence their outlook (Jonker & Pennink, 2009).

3.4 Research Design

Differential research can be referred to as a method that compares two or more groups differentiated on the basis of a pre-existing variable and studying this variable in relation to another variable. For the purposes of this study, four groups ware categorized (R425, R880, R212 and R880 plus R212 combined) based on 'educational level', i.e. basic and advanced mental health nursing. Educational level as well as years of experience will be studied in relation to the nurses 'attitudes and perceptions toward the mentally ill' (Graziano & Raulin, 2004).

The study design is explorative and descriptive which is a design typically conducted to describe events or concepts and to discuss the relationship between the concepts and ideas. (Graziano & Raulin, 2004). This design was a good fit for this study as it aimed to quantify,compare and explore the responses of PN's with diverse mental health qualifications working in an associated psychiatric hospital (APH) in the Cape Metropole.

The cross-sectional survey was carried out, as it was cost-effective and appropriate for this specific type of study. A cross-sectional survey is defined as a survey that collects data from participants at a particular time (Brink & Wood, 1998). Graziano and Raulin (2004) states that surveys may be used for descriptive and exploratory purposes, which are the case in this study. It was highly effective since the population was well educated.

3.5 Setting

This study was conducted at one of the four APH's in the Cape Metrapole. The 12 wards include the following specialities: Acute Psychiatry, Therapeutic, Alcohol Rehabilitation, Opioid Detoxification, Acute Psychogeriatric, Medium and Long-term Psychogeriatric, Acute Intensive Rehabilitation occupancy and Intellectual Disability.

3.6 Population

A study population is defined as all the individuals that meet the sample criteria for inclusion in a study and are sometimes referred to as the target population (Graziano A. R., 2004).

For this study it will include Professional nurses working in general psychiatric wards of the MHI mentioned above.

3.7 Sample Size

The researcher adopted a non-probability convenience sample in this study as it would not be possible to collect data from all nurses at APH hospitals, nor would all agree to participate in the study. Initially, the sample for the study targeted 90 all permanent employed PN's working at this hospital (n=90). The study sample comprised of four cohorts of PN's (n=60), representing four separate education levels (R880 n=18 (30%), R212 n=4 (6.7%), R425 n=38 (63.33%), R880 + R212=2 (3.33%).

By way of convenience sampling, the selection of units from the population is based on easy availability and accessibility. This is an excellent technique to make use of in exploratory research (De Vos *et al*, 2005).

3.8 Inclusion and Exclusion Criteria

All PN's registered at the SANC who have completed the R880 diploma, R212 diploma or the R425 degree course and are permanently employed at the APH were included. All other categories of nurses were excluded from the study.

3.9 Sampling Procedure

The researcher administered sealed envelopes, which included the demographic-, the MHPPQ and the ASMI questionnaires, to the different operational managers of each ward at the APH. The operational managers distributed the abovementioned questionnaires to PN's in their ward while on duty. The

researcher obtained informed consent from the participants for the study by first providing an information letter that explains the study. Data were collected continuously during a 7-week period after written consent was obtained from the PN's.

Questionnaires tend to be selected for descriptive studies to obtain information from individuals, facts about situations, or the beliefs of the participants.

3.10 Data Collection Instruments

The questionnaire as a whole consisted of three sections namely, Section A, B, and C. **Section A** comprised 12 questions which explored the participants' demographic information, thus giving the researcher an insight into biographical information of the respondents.

As such, this section enquired about participants' age, gender, ethnicity, nursing qualifications, psychiatric experience, educational level, and whether or not participants' had completed an advanced course in psychiatric nursing in addition to their basic nursing qualification.

The second section of the questionnaire, **Section B**, comprised the **Attitude Scale for Mental Illness (ASMI)**. The ASMI with 34 items is a modified version of the questionnaire, 'Opinions about Mental Illness in the Chinese Community' (OMICC) used by Ng & Chan (2000). The OMICC comprised 34 items of Lauder, Reynolds, Reilly, & Angus (2000). In the current study, the **ASMI** was utilized to measure the general attitude of PN's towards mental illness. In the current study, respondents were given the choice of five response categories based on their attitudes towards mental illness, with these categories ranging from 'strongly disagree' to 'strongly agree' (strongly disagree = 1, disagree = 2, uncertain =3, agree = 4, strongly agree =5).

To ensure validity of the instrument, the questionnaire that was used in the current study was adapted from the one used by Hahn (2001) in a similar study which explored the attitudes of PN's towards the mentally ill. The ASMI scale used in Hahn's study (2001, p. 3) yielded a Cronbach's Alpha 0.87, indicating high

internal consistency among scale items. Cronbach's alpha, the most widely used objective to measure of reliability. Cronbach's alpha is easier to use in comparison to other estimates (e.g. test re test reliability estimates) as it only requires one test administration. There are different reports about the acceptable values of alpha, ranging from 0.70 to 0.95. Thus, the ASMI scale is a reliable scale to use in this particular study.

The ASMI items in the current study were categorised into six conceptual factors, with each category measuring the following towards the mentally ill: (1) 'separatism' (items 1 to 9 and 24); 'stereotyping' (items 12 and 13); 'restrictiveness' (items 14 to 17); 'benevolence' (items 18 to 23, 25 and 26); 'pessimistic prediction' (items 27 to 30); and 'stigmatization' (items 31 to 34).

The third and final section of the questionnaire, **Section C,** was based on the **Mental Health Problems Perception Questionnaire (MHPPQ)** from the version used by Lauder *et al*, (2000; 2001). The aforementioned MHPPQ is a 27-item questionnaire that was used to measure nurses' perceptions of their competence to treat patients experiencing mental illness. A 7-point Likert scale used to rate nurses' perceptions of their competence to treat patients experiencing mental illness was used. The MHPPQ questionnaire used in the current study consisted of 27 items relating to the perceptions of PN's working in the mental health field. In the current study, responses to these items were measured on a 5-point Likert scale as mentioned above.

In the current study, the 27 MHPPQ items were categorised into three conceptual factors, with each of these factors measuring the following in respondents: (1) 'therapeutic commitment' (items 11 to 13, 16 to 25, and 27); 'role support' (items 8 to10, and 26); and 'role competency' (items 1 to7, and14 to 15).

'Therapeutic commitment' is influenced by one's self-perceived role competency and role support. 'Role competency' is described as one having the necessary skills, knowledge and understanding of patients within one's sphere of responsibility. 'Role support' is the perceived or potential level of contact with, and access to, specialist mental health workers (Clark, 2005).

3.11 Data Analysis

Data analysis in quantitative studies is conducted to reduce, organize, give meaning to the data and to address the research aim(s) and specific research specific objectives (Burns & Grove, 2003).

The quantitative data obtained from the research study was analysed with the Statistical Package for the Social Sciences, (SPSS) version 19.0, with the help of a statistician. The data are presented in both graph and percentage format.

Descriptive statistics were calculated for the variables of interest, including means, median and standard deviations (SD). Furthermore, Pearson's or Spearman's correlations, where applicable, were calculated for the variables of interest to determine whether any relationship existed between them. For the purposes of this study, the confidence interval was set at 95%.

3.12 Validity

Validity indicates whether an instrument measures what it is supposed to measure. Validity has a number of different aspects and assessment approaches. Construct validity accurately represents reality, convergent validity, simultaneous measures of same construct correlate, whereas internal validity measure causal relationships. Conclusions are generalized by making use of external validity (De Vos *et al,* 2005). ASMI used in the current study was adapted from that used by Hahn (2001) in a similar study to ensure validity.

3.13 Reliability

Reliability of a measure refers to good quality measures that give consistent results, regardless of who is doing the measuring. Thus, a scale is reliable if it, at all times, gives the equivalent reading when measuring the same objects (Graziano & Raulin, 2004). The OMICC scale used in Hahn's study yielded a Cronbach's Alpha 0.87, indicating high internal consistency among scale items (Hahn, 2001).

3.14 Ethical Considerations

Ethical guidelines serve as a basis upon which a researcher conducting research can evaluate his or her conduct (De Vos, 2001). As such the researcher needs to carefully consider the ethical requirements of research during the planning phase. Ethical considerations are vital to any study because of the influence on the researcher's ability to acquire and retain participants (Polit & Hungler, 2001).
The following ethical principles were observed in the current study:

3.14.1 Right to Self-determination

All the subjects were respected and treated with dignity and as autonomous agents. The prospective subjects were informed of their right to decide, voluntarily, if they wanted to participate in the study or not (Polit & Beck, 2004).

3.14.2 Right to Full disclosure

The researcher fully described the nature of the research to each PN by speaking to each PN individually. The PN's were informed of their right to refuse participation and were thereafter asked to sign a consent form (see Appendix – iv), which gave them the option of refusing participation. The researcher also explained researcher responsibility as well as the risks and benefits associated with study participation. Participation in this research held no risks or benefits, however, the institution can benefit from the findings (Polit & Beck, 2004).

3.14.3 Principle of Justice

All the subjects received fair treatment and their right to privacy was maintained throughout. Anonymity was ensured as participants had a choice to omit their names from the questionnaire (Polit & Beck, 2004).

3.14.4 Principle of Beneficence

The researcher has the duty to both do good and to avoid harm. The current research aimed to avoid harm to the participants as they were informed of their right to terminate their participation in the research at any time if any level of psychological harm was predicted as a result of study participation (Polit & Hungler, 2004).

3.14.5 Rights of Institution

The rights of the institution were protected by fully disclosing the nature of the study and the researcher's responsibility to the organization. The approval of the necessary authorities was sought in order to ensure that they were informed about the study and to gain their cooperation. Subsequently, the necessary authorities granted permission for the research to take place (Brink, 2006).

3.14.6 Scientific Honesty

Experienced researchers supervised the study to ensure that the researcher was competent to conduct the research. In the current study, the researcher acknowledged all ideas or work of others (Brink, 2006).

3.14.7 Informed Consent

The prospective participants were fully informed of the nature, purpose, scope and procedures used to collect the data (Polit & Hungler, 1999). Each participant was furnished with a consent form to sign stating that they had given permission to participate in the study (see Appendix – iv).

CHAPTER 4

Results: Presentation and Discussion

4.1 Introduction

Analysis and interpretation of the data collected during this research study are presented in this chapter. Data were collected from three structured questionnaires; the socio-demographic information questionnaire, MHPPQ scale in addition to the ASMI scale. Moreover, tables were inserted explaining data collected and compared of PN's attitudes and perceptions towards the mentally ill, either by their nursing qualifications and/or experiences.

4.2 Data Collection

The researcher collected the research data from PN's working at the research site by utilizing a structured questionnaire, consisting of three sections, namely:

(1) Section A: Socio-demographic information questionnaire
(2) Section B: MHPPQ
(3) Section C: ASMI

Internal reliability (Cronbach's alpha) of the various subscales of the MHPPQ and the ASMI ranged from average to very good. See Table 1.

Table 1

MHPPQ and ASMI: Cronbach's alpha (N=60).

Scale	Subscale	Number of items	Cronbach's Alpha
MHPPQ	Therapeutic Commitment	14	0.623
	Role Support	4	0.713
	Role Competency	9	0.862

ASMI	Separatism	10	0.756
	Stereotyping	4	0.781
	Restrictiveness	4	0.798
	Benevolence	8	0.397
	Pessimistic Prediction	4	0.568
	Stigmatization	4	0.698

Scale	Subscale	Number of items	Cronbach's Alpha

A sample of sixty (n=60) PN's from an APH in the Cape Metrapole participated in this study during the course of April 2010.

4.3 Socio-demographic information

The socio-demographic information collected included items about the participants' gender, age, ethnicity, and education. In addition, PN's were asked whether they had completed a nursing diploma or nursing degree, as well as the advanced mental health course. Furthermore, participants were asked for what length of time they had been working in the mental health field; which ward they were currently working in; and how many years they have been working in each of the following wards: acute, therapeutic, alcohol rehabilitation, opioid detoxification, acute psycho-geriatrics, long-term psycho geriatric, acute rehabilitation and administration.

4.3.1. Demographic Characteristics of Respondents

The vast majority, 80%, of the participants were female (48/60), with male participants comprising 20% (12/60) of the sample. The mean age of the total sample was 40.08 years (*SD* = 10.497). The mean age of men and women in the

sample were 41.17 years (*SD* = 12.216) and 39.81 (*SD* = 10.149), respectively. There was no significant difference in age between men and women in the sample, $t(58) = -0.397$, $p = 0.693$. The confidence interval (CI) was calculated at 95% CI (-8.184, +5.476). Furthermore, there were a relatively equal number of White and Coloured participants in the sample, 43.3% (26/60) and 41.7% (25/60), respectively. Black participants and Indian participants made up 13.3% (8/60) and 1.7% (1/60) of the sample, respectively. Concerning nursing education, 63.3% of the sample (38/60) had a R425 nursing degree, with almost a third of the sample (18/60, 30%) having a R880 nursing diploma. Two participants indicated that they had a R212 nursing diploma and two participants had both a R880 diploma as well as a R212 diploma. The vast majority of the sample (52/60, 86.7%) indicated that they had not completed any education in addition to either their diploma or degree. Similarly, the vast majority of the sample (52/60, 86.7%) reported that they had not completed the advanced mental health course, with two participants reporting that they were currently enrolled in the advanced mental health course. In terms of the ward that participants were currently working in, a large proportion of the sample reported that they were currently working in the acute ward (24/60, 40%), with over a fifth of the sample (13/60, 21.7%) reporting that they were currently working in the therapeutic ward.

See Table 2 for a full description of the demographic characteristics of the sample.

Table 2

Demographic Characteristics of the Sample.

Variable	Response	Frequency	Percent
Gender	Female	48	80
	Male	12	20
	Total	60	100
Ethnicity	Black	8	13.3

	Coloured	25	41.7
	Indian	1	1.7
	White	26	43.3

Variable	Response	Frequency	Percent
Nursing Education	R880	18	30.0
	R212	2	3.3
	R425 Degree	38	63.3
	R880 + R212	2	3.3
Diploma or Degree	Diploma: 212, 880, 212 & 880	22	36.7
	Degree: 425	38	63.3
Additional Education	Primary Health	1	1.7
	Admin	1	1.7
	Education	1	1.7
	Education and Management	1	1.7
	N/A	52	86.7
	Advanced Psychiatry	1	1.7
	Counseling	1	1.7
	M-Cur Psychology	1	1.7
	Primary Health and Admin	1	1.7
Completed Advanced Mental Health Course.	No	52	86.7
	Yes (R425 degree)	6	10.0
	Currently Busy (R425 degree)	2	3.3
Ward currently working in	Acute	24	40.0
	Therapeutic	13	21.7
	Alcohol	4	6.7
	Opioid Detox	2	3.3
	Acute Psychogeriatrics	4	6.7

Acute Rehab	5	8.3
OPD	3	5.0
Admin	4	6.7
Current Student	1	1.7

Note: Admin = Administration; N/A = Not applicable; M-Cur =Magister Curationis; Opioid Detox = Opioid detoxification; Acute Rehab = Acute Rehabilitation; OPD = Out-patients Department.

4.4 Overall description of the attitudes and perception of PN's towards the mentally ill

Overall, the means for the ASMI scale and the MHPPQ scale were 96.533 (*SD* = 13.238) and 109.650 (*SD* = 15.179), respectively. See Table 3 for the means, standard deviations, and range of scores for the two measures subscales in the sample overall.

Table 3

Descriptive statistics for the ASMI and MHPPQ subscales for the total sample.

Measure and subscale	Mean	SD	Range
ASMI separatism	24.500	6.484	12 to 50
ASMI stereotyping	9.700	3.867	4 to 20
ASMI restrictiveness	7.600	3.39	4 to 20
ASMI benevolence	33.866	3.412	22 to 40
ASMI pessimistic prediction	13.666	2.926	7 to 19
ASMI stigmatization	7.200	3.079	4 to 20
MHPPQ therapeutic commitment	59.500	9.403	25 to 97

Measure and subscale	Mean	SD	Range
MHPPQ role support	13.916	3.33	6 to 20
MHPPQ role competency	36.233	5.365	19 to 45

4.5 Comparison of attitudes and perceptions of PN's towards the mentally ill by nursing qualifications

Independent samples Kruskal-Wallis test indicated no significant difference in mean rank scores between the various nursing categories (R880, R212, R425, and R880 + R212) and any of the two measure's subscales, even when the four nursing qualification categories were reduced to only two (nursing degree compare to nursing diploma's). Similarly, the Independent samples Kruskal-Wallis test indicated no differences in mean rank scores between whether nurses had completed the advanced mental health course and the two measure's subscales. The Independent samples Mann-Whitney U test indicated a significant difference in the distribution of MHPPQ 'role competency' scores between those PN's with a diploma and those with a degree (U = 288.00; p = 0.044), with those PN's with a diploma having significantly higher 'role competency' mean rank scores (mean rank = 36.41) than those PN's with a degree (mean rank = 27.08). See Table 4 for a comparison of MHPPQ and ASMI sub-scale scores between PN's with a diploma and a degree.

Table 4

MHPPQ and ASMI sub-scale scores by nursing qualification (i.e. degree or diploma).

Scale and sub-scale		Education	Mean rank	Sum of ranks	*p*-value
MHPPQ					
	Therapeutic commitment	Degree	28.29	1075	0.196
		Diploma	34.32	755	
	Role support	Degree	30.14	1145.5	0.834
		Diploma	31.11	684.5	
	Role competency	Degree	27.08	1029	0.044
		Diploma	36.41	801	
ASMI					
	Separatism	Degree	32.24	1225	0.31
		Diploma	27.5	605	
	Stereotyping	Degree	31.71	1205	0.478
		Diploma	28.41	625	
	Restrictiveness	Degree	30.7	1166.5	0.907
		Diploma	30.16	663.5	
	Benevolence	Degree	28.99	1101.5	0.375
		Diploma	33.11	728.5	
	Pessimistic prediction	Degree	32.11	1220	0.346
		Diploma	27.73	610	
	Stigmatization	Degree	31.37	1192	0.608
		Diploma	29	638	

Note: Degree = R425; Diploma = 212, 880, 212 & 880.

4.6 Factors that influence the attitudes and perceptions of PN's towards the mentally ill.

To determine which factors influence nurses' attitudes and perceptions towards the mentally ill, the researcher examined whether there were any significant associations (using Spearman's correlations) or differences (using Independent samples Mann-Whitney tests or Independent samples Kruskal-Wallis tests) between variables of interest, namely, total scores and sub-scores of the two measures and gender, age in years, ethnicity, nursing qualification status, degree or diploma status, the completion of the advanced mental health course, ward currently working in, and the number of years in mental health, were evident. Spearman's correlation analysis indicated a significant positive association between the number of years working in mental health and MHPPQ 'role competency' (r = 0.327, p = 0.013). Independent samples Mann-Whitney U test indicated a significant difference in MHPPQ 'role competency' scores and whether nurses had a degree or diploma (U = 288.00; p = 0.044). In addition, Independent samples Kruskal-Wallis test indicated a significant difference in the distribution of ASMI 'stereotyping' scores and ethnicity (H = 11.162; df = 3; p = 0.011), with Coloured mental health nurses having significantly higher ASMI 'stereotyping' mean rank scores than White mental health nurses (mean rank= 38.38 vs. mean rank = 22.98).

Furthermore, significant differences were evident between MHPPQ 'role support' and 'ward currently working in' (H = 14.578; df = 7; p = 0.042) and ASMI 'stereotyping' scores and 'ward currently working in' (H = 15.839; df = 7; p = 0.027). See Table 5 for a comparison of role support scores and ward currently working in and Table 6 for a comparison of stereotyping scores and ward currently working in.

Table 5

MHPPQ role support scores and ward currently working in.

Ward currently working in	N	Mean rank	Sum of ranks	*p*-value
Comparison groups				
Acute	24	15.77	378.5	0.044
Alcohol	4	6.88	27.5	
Acute	24	16.17	388	0.008
Acute psychogeriatrics	4	4.50	18	
Therapeutic	13	10.54	137	0.022
Acute psychogeriatrics	4	4	16	
Alcohol	4	2.75	11	0.024
Acute rehab	5	6.8	34	
Alcohol	4	2.63	10.5	0.028
Admin	4	6.38	25.5	
Acute psychogeriatrics	4	2.50	10.00	0.013
Acute rehab	5	7.00	35.00	
Acute psychogeriatrics	4	2.50	10.00	0.029
OPD	3	6.00	18.00	
Acute psychogeriatrics	4	2.50	10.00	0.019
Admin	4	6.50	26.00	

Note: Admin = Administration; Acute rehab = Acute rehabilitation; OPD = Out-patients Department.

Table 6

ASMI stereotyping scores and ward currently working in.

Ward currently working in	N	Mean rank	Sum of ranks	*p*-value
Comparison groups				
Acute	24	12.58	302	0.033
Opioid detox	2	24.5	49	
Acute	24	13.21	317	0.013
Acute rehab	5	23.6	118	
Therapeutic	13	7.73	100.5	0.022
Acute rehab	5	14.1	70.5	
Alcohol	4	2.88	11.5	0.033
Acute rehab	5	6.7	33.5	
Acute psychogeriatrics	4	5.5	22	0.034
OPD	3	2	6	
Acute rehabilitation	5	6	30	0.022
OPD	3	2	6	

Note: Admin = Administration; Acute rehab = Acute rehabilitation; OPD = Out-patients Department.

4.7 Discussion

This study aimed to describe and compare the general attitudes and perceptions of PN's, currently working in an APH in the Cape Metropole, towards mental illness, and in turn, the mentally ill. The aforementioned was assessed by means of utilizing two self-report questionnaires, the ASMI and the MHPPQ, respectively. The ASMI measured a number of conceptual factors, namely, separatism, stereotyping, restrictiveness, benevolence, pessimistic prediction, and stigmatization. The MHPPQ measured nurses' perceptions of their competence to treat patients experiencing mental illness, by means of assessing their therapeutic commitment, role support and role competency. As such, the specific aims of the study were (1) to identify the attitudes of PN's towards the mentally ill, as well as describe PN's self-reported levels of their competence to treat the mentally ill; (2) to determine which factors influence the attitudes and perception of PN's towards the mentally ill; and (3) to compare the attitudes and perceptions towards the mentally ill in PN's who have completed either a diploma or a degree in nursing. The results of the study indicated that the vast majority of participants in the current study were female, with males making up a relatively small percentage of the sample. Furthermore, a number of ethnic groups were represented in this study, including Black, White, Coloured and Indian participants. The majority of the sample consisted of Coloured and White participants, with Black and Indian participants representing only a small portion of the study sample. Over half the sample had a R425 degree, whilst the remainder had a nursing diploma. The vast majority of the sample indicated that they had not completed the advanced mental health course. The sample comprised PN's that were currently working in a number of diverse wards, for example, the acute ward, the therapeutic ward and the acute rehabilitation ward, amongst others.

This study have found only one significant difference in mean rank scores on the two measures subscales and the various nursing categories (i.e. R880, R212, R425, and R880 + R212), even when the four nursing qualification categories were collapsed into two (i.e. either degree or diploma). A significant difference in

role competency was evident when we compared participants with a diploma and those with a degree, with those nurses with a diploma reporting significantly higher role competency than those nurses with a degree. It is well documented that PN's, as well as student nurses, medical students, social work students and school students' attitudes towards patients with mental illness can be influenced by their prior training and training experience (Ng & Chan, 2002). This study findings are not consistent with the above, as we found no significant differences between those with a degree or a diploma in terms of the ASMI subscales such as stigmatization', 'pessimistic prediction', 'restrictiveness', 'benevolence', 'stereotyping' and 'separatism'. It has been found that negative attitudes, perceptions and related behaviours directed towards those with mental illness can lead to negative outcome in such patients, for example, in those patients diagnosed with schizophrenia (Altindag, Yanik, Ucok, Alptekin, & Ozkan, 2006). The aforementioned negative attitudes towards the mentally ill can lead to, amongst others, poor treatment compliance; an increase in social seclusion; problems with regards to finding education, employment and housing and an increased risk of both drug and alcohol misuse (Altindag *et al*., 2006). As a result, such patients with mental illness may experience increased stress that contributes further to their illness-related disability, and thus consequently leads to increased mental strain on both the mentally ill patient and their families (Sartorius, 1999). Concerning whether PN's had completed the advanced mental health course, no significant differences were evident between those PN's who had completed the advanced mental health course and those who had not.

The current study found that self-reported ethnicity of PN's as well as the ward they are currently working in, was significantly linked to the attitudes and perceptions of PN's towards the mentally ill. That said, it was found that the ethnicity of PN's played a role in the stereotyping of the mentally ill, with Coloured PN's having significantly higher stereotyping scores than White PN's. In addition, the researcher found that the ward that PN's were currently working in was significantly linked with the stereotyping of the mentally ill, for example, PN's working in acute rehabilitation, acute psychogeriatrics and opioid

detoxification wards reported significantly higher levels of stereotyping than those working in, for example, general acute wards, therapeutic wards, alcohol wards and out patients department.

Previous studies amongst health workers have found that health workers in general, commonly hold negative views about those with mental illness (Ross & Goldner, 2009). Such negative views include, amongst others, heightened fear, blame and hostility, which are directed at those with particular mental health issues (Ross & Goldner, 2009). That said, it has been shown that stigma amongst nurses working in mental health is lower than that found amongst general nurses (Munro & Baker, 2007). Furthermore, results from previous studies suggest that the attitudes of those nurses working in the mental health field, for example, forensic mental health practitioners, are generally more positive than negative (Lammie, Harrison, Macmahon, & Knifton, 2010; Munro & Baker, 2007).

This study have found a number of factors (i.e. such as length of time worked in mental health, whether PN's had a diploma or degree, and the ward that PN's were currently working in) that were significantly linked to PN's perceptions of their competence to treat patients experiencing mental illness. Firstly, a significant positive association was found between the number of years working in mental health and role competency, with those PN's who had worked more years in mental health reporting a greater level of role competency. As previously indicated, PN's with a diploma reported significantly higher role competency than those PN's with a degree. In addition, findings indicated that PN's' perceptions of their role support were significantly linked to the ward they were currently working in.

Accordingly, it might be argued that increased levels of training have the effect of bringing about a positive attitude among nurses concerning mentally ill patients. This finding would reinforce the impression that increased levels of knowledge have a direct bearing on attitude development among the nurses.

From the findings of this study, it can be concluded that nurses have varying attitudes towards the mentally ill patients under their care. Different factors determine the kind of attitudes that nurses develop towards the mentally ill. Some of the factors include education levels, experience in mental health, and age of the respondents. The results also found that the variables of gender and race had some significant effect on the attitudes of the respondents towards the mentally ill patients. There were evident variations in the opinion of respondents along the racial line with regard to matters of stereotypes that are generally attached towards the mentally ill patients. It would seem to suggest that stereotypes develop within certain cultural backgrounds.

The variations in the responses mean that the different cultural backgrounds of the nursing community made them adopt different opinions on the subject matter. The respondents from the White race group appeared more tolerant to the subject of stereotypes than either the Black group or the Colourd group. In addition it would be appropriate to generalize that the attitudes of nurses towards the mentally ill patients are largely determined by the kind of and degree of their learning and factors of experience. Out of these two factors, the level of learning was the most prominent determinant of the attitudes that are adopted by the nurses towards the mentally ill. The trend observed was that nurses with relatively higher levels of training were more tolerant in their opinions towards the mentally ill patients.

In terms of explanation, higher levels of training in the nursing profession will tend to dislodge the stereotyping of the mentally ill patients by the nursing community. For instance, only a few members among the highly trained nurses opined against living in the same community with mentally ill patients. The number comprised a significant minority of 7.5 % against a majority of 81.5% who thought that it would not be particularly out of order to share the same neighbourhood with the mentally challenged patients. Negative attitudes, fear, and stereotypes against the mentally ill tend to affect the younger generation of nurses more than the elderly generation. This tendency is also similar to the one that

illustrates the effect of experience to the attitudes of the nurses towards the mentally ill patients.

Nurses, who have worked in institutions for the mentally ill relatively longer periods, will tend to moderate their attitudes and experiences towards the patient. An understanding of this trend might be in terms of the practical experiences at the workplace which tend to disapprove the stereotypes that were acquired and developed in different areas of the respondents' experiences. On this score it would be appropriate to point out that practical experience is an integral process of dislodging the negative attitudes and stereotypes that take root within the character of the nurses in working with the mentally ill.

CHAPTER 5

Conclusions and Recommendations

5.1 Introduction

This Chapter concludes the study by summarising the research process and findings, briefly discussing its limitations, and making recommendations for future research.

5.2 Study Limitations

There are a few limitations expected in this research study and they include the following:

1. As with every other investigation, participants may not have been precisely accurate in answering the questionnaires.
2. Despite the fact that the whole nursing population which consisted of 90 PN's working at the research site was approached to participate in the current study, only 60 agreed to participation, with the remainder either refusing to participate or not being available for participation.
3. Results of this study need to be interpreted with caution as the sample size was small (n=60) and represented only 67%, which were the response rate of the target population.

As the researcher was a former member of the cohort selected for the current study, potential participants may have felt hesitant to reveal exact truthful responses to the study questions, for fear of coverage. However, mental health nurses are likely to under-report stigma and give socially desirable responses as their identities are linked to the therapeutic relationship between nurse and patient (Lammie *et al.*, 2010).

5.3 Conclusion

This study explored and described the attitudes and perceptions of PN's towards the mentally ill in a psychiatric hospital in the Cape Metropole.

Joined effects of learning the appropriate course, in addition to experience in the practical field of working with the mentally ill is necessary for the task of impacting positively on the attitudes of the nurses towards the mentally ill.

A comprehensive assessment of the results of this study would be that the stereotypes of the nurses in regard to the mentally ill patients re developed during the informal stages of the nursing career. Many others are sustained by experiences related to matters of environment and identity. Personality issues such as inborn prejudices also contribute to a significant degree. The stereotypes acquired may entrench themselves to the level of affecting the personality and conduct of the nurses towards the mentally ill. However the combined effects of learning the appropriate course and experience in the practical field of the mentally ill are necessary for the task of impacting positively on the attitudes of the nurses towards the mentally ill.

5.4 Recommendations

A systematic and strategic review of the nursing curriculum would be essential to address the matter of negative attitudes towards the mentally ill. It would be important to develop instructional structures at the early stages of the course for the purposes of strengthening the facts about the mentally ill patients. This would help in reclaiming the rational processes of the nurses from the hold of stereotypes that may affect their attitudes. An introductory program that addresses the fallacies and negative attitudes towards the mentally ill should be made mandatory for all the students from the very early stages of their training.

In addition to the above, future studies should be conducted to uncover other fundamental aspects that anchor the negative attitudes and assumptions among that may be present in PN's. Such studies should also investigate the merits certain professional practices that may have been developed in line with the negative attitudes. Such structures should be revised in a manner that conforms to the overall objective of eliminating the institutionalized symbols and methods that conform to the wrong attitudes often adopted by the nurses, as shown in this

study. It would also be appropriate to put in place a rotational system that would allow the nurses in different departments to interact with the working environment in other departments. This should be done regardless of the level of proficiency and specialization of the nurses. Such a system will provide the necessary all round acquaintance with the entire nursing facility with the objective of eliminating entrenched biases that breed negative attitudes towards the mentally ill.

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APPENDICES

APPENDIX i

Ethics approval letter

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

Private Bag X17, Bellville 7535
South Africa
Telegraph: UNIBELL
Telephone: +27 21 959-2948/2949
Fax: +27 21 959-3170
Website: www.uwc.ac.za

10 February 2011

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and the ethics of the following research project by: Ms M. Basson (Nursing).

Research Project: Professional nurses' attitudes and perceptions towards the mentally ill in an Associated Psychiatric Hospital

Registration no: 11/1/39

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

APPENDIX ii

Requesting letter to an APH.

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959, Fax: 27 21-959

Marina Basson
Belvedere Street
Zinfandel 25
Durbanville
7550
Cell: 0845530429
Work: 021 938 9659
E-mail: marinab@sun.ac.za

Medical Superintendent
APH Hospital

To whom it may concern.

RE: Permission to recruit for study: **Professional nurses' attitudes and perceptions towards the mentally ill in an Associated Psychiatric Hospital.**

I am writing to ask for permission to recruit participants from an APH Long-term-, and Therapeutic wards for a study, entitled *Professional nurses' attitudes and perceptions towards the mentally ill in Associated Psychiatric Hospitals*. I am a Master's student at the University of the Western Cape Department of Nursing. This study would involve recruiting Professional Nurses in the above-mentioned wards. I will distribute two questionnaires and collect them the same day. The study is quantitative in nature. I hope to start recruitment as soon as possible.
Please find the following documents attached for your perusal:

- Study Abstract
- Patient Informed Consent Forms

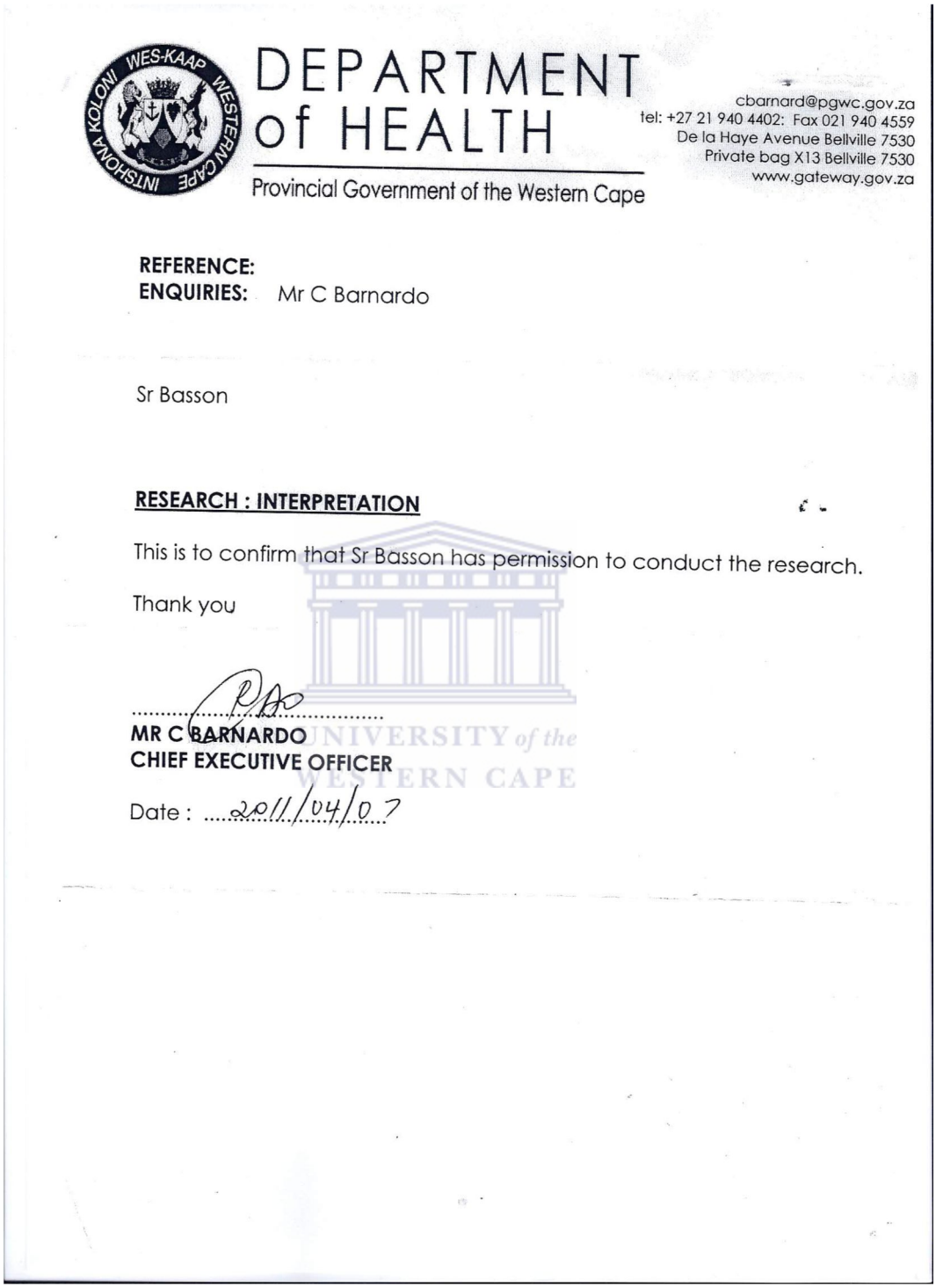
Please do not hesitate to contact me should you require any further information.

Sincerely,

Marina Basson

APPENDIX iii

Approval letter from an APH.



DEPARTMENT of HEALTH

Provincial Government of the Western Cape

cbarnard@pgwc.gov.za
tel: +27 21 940 4402: Fax 021 940 4559
De la Haye Avenue Bellville 7530
Private bag X13 Bellville 7530
www.gateway.gov.za

REFERENCE:
ENQUIRIES: Mr C Barnardo

Sr Basson

RESEARCH : INTERPRETATION

This is to confirm that Sr Basson has permission to conduct the research.

Thank you

.....
MR C BARNARDO
CHIEF EXECUTIVE OFFICER

Date : 2011/04/07

APPENDIX iv

Participant information leaflet and consent form.

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: **Professional nurses' attitudes and perceptions towards the mentally ill in an Associated Psychiatric Hospital.**

PRINCIPAL INVESTIGATOR: Marina Basson.

CONTACT NUMBER: 0845530429

What is this study about?

We are inviting you to participate in this research project as you meet the criteria for study inclusion. This study is primarily interested in professional nurses working in the mental health field. **The purpose of this research project is to assess professional mental health worker's attitudes and perceptions towards mental health nursing.**

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

You will be asked to fill in a questionnaire that will comprise questions relating to your biographical information as well as questions about how you feel about working in mental health nursing. Questions will be handed to you while on duty and will be collected once you are done; maximum 20 minutes to complete the questionnaire. You are also welcome to take the questionnaire home to complete if this suits you better.

Will my participation in this study be kept confidential?

Information the participant provides will be kept confidential; and that their anonymity will be maintained. The study database and related participant documentation will be coded so as to maintain participant confidentiality and anonymity. Access to participant information will be permitted only to study staff. Furthermore, participant files will be kept in a secure office within a locked filing cabinet.

What are the risks of this research?

There are no known risks associated with participating in this research project.

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 the attitudes and perceptions of professional mental health workers towards mental health nursing and the mentally ill, in correlation with their education and experience. We hope that, in the future, others might benefit from this study through improved understanding of the importance of proper mental health education in the mental health field. The results of this research project will not be used for any publication against professional workers of Stikland, but only to ensure the importance of proper education in future. The results of this study will not be used to identify educational gaps of the Stikland personnel.

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.

Is any assistance available if I am negatively affected by participating in this study?

You will not be negatively affected participating in this study.

What if I have questions?

This research is being conducted by Marina Basson, department of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Marina Basson at: 0845530429 or e mail: marinab@sun.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:

Head of Department:
Dean of the Faculty of Community and Health Sciences:
University of the Western Cape
Private Bag X17
Bellville 7535
This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Declaration by participant

By signing below, I ……..……. agree to take part in a research study entitled: **Professional nurses' attitudes and perceptions towards the mentally ill in an Associated Psychiatric Hospital.**

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ……..…….. on (*date*) ……...…….. 2011.

....

Signature of participant **Signature of witness**

Declaration by investigator

I *(name)* ……..…… declare that:

- I explained the information in this document to …….

- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*

Signed at (*place*) .....…..…….. on (*date*) ……...…….. 2011.

…….. ……..

Signature of investigator **Signature of witness**

APPENDIX v

Demographics questionnaire

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:marinab@sun.ac.za

QUESTIONNAIRE: Professional Nurse's attitudes and perceptions towards the mentally ill.

Thank you for taking the time to complete the questionnaire. Once you have completed all the questions, please seal the questionnaire with the consent form in the self-addressed envelope and keep it until the researcher returns to collect it from you.

This questionnaire consists of section A, the demographics section and section B consist of 36 statements dealing with the attitudes towards mental illness. Section C has 27 statements dealing with mental health problems and perceptions. It will take about 20 minutes to complete.

Please place a tick √ in the box that best represents your agreement or disagreement with each statement.

SECTION A: Demographic Data

1. Date	
2. Gender	Male / Female
3. Participant Number	
4. Age in years	
5. Race	Black / Coloured / Indian / White / Other
6. Education	Gr 8 / Gr 9 / Gr 10 / Gr 11 / Gr 12
7. Nursing diploma	R880 / R212 / Other_____
8. Nursing degree	R425 / Other_____

9. Have you completed the Advanced Mental Health Course?

Yes	No

10. For how long have you been working in Mental Health?

Years	Months

11. Please tick the box that describes the ward you presently are working in.

Acute	Therapeutic	Alcohol Rehab	Opiod Detox	Acute Psycho geriatrics	Longterm Psycho geriatrics	Acute Rehab

12. Please indicate how many years you have been working in each of these wards.

Acute	Therapeutic	Alcohol Rehab	Opiod Detox	Acute Psycho geriatrics	Longterm Psycho geriatrics	Acute Rehab

APPENDIX vi

Attitude Scale for Mental Illness (ASMI)

SECTION B: Attitude Scale for Mental Illness (ASMI)

(A modified version of the questionnaire, Opinions about Mental illness in the Chinese Community (OMICC) (Ng & Chan, 2000)

Please indicate how much you agree or disagree with each of the following statements about working with people with *mental health problems*. The position of the number you choose to encircle will depend on how strongly you feel about the statement. The more you agree with the statement the closer your number choice will be to the strongly agree statement. On the other hand, the more you disagree with the statements the closer your number choice will be to the strongly disagree.

(1) Strongly Disagree (2) Disagree (3) Uncertain (4) Agree (5) Strongly Agree

1. People with mental illness have unpredictable behavior.	1	2	3	4	5
2. If people become mentally ill once, they will easily become ill again.	1	2	3	4	5
3. If a mental health facility is set up in my street or community, I will move out of the community.	1	2	3	4	5
4. Even after a person with mental illness is treated, I would still be afraid to be around them.	1	2	3	4	5
5. Mental patients and other patients should not be treated in the same hospital.	1	2	3	4	5
6. When a spouse is mentally ill, the law should allow for the other spouse to file for divorce.	1	2	3	4	5
7. People with mental illness tend to be violent.	1	2	3	4	5
8. People with mental illness are dangerous.	1	2	3	4	5
9. People with mental illness should be feared.	1	2	3	4	5
10. It is easy to identify those who have a mental illness.	1	2	3	4	5
11. You can easily tell who has a mental illness by the characteristics of their behavior.	1	2	3	4	5
12. People with mental illness have a lower I.Q.	1	2	3	4	5
13. All people with mental illness have some strange behavior.	1	2	3	4	5
14. It is not appropriate for a person with mental illness to get married.	1	2	3	4	5
15. Those who have a mental illness cannot fully recover.	1	2	3	4	5
16 Those who are mentally ill should not have children.	1	2	3	4	5
17. There is no future for people with mental illness.	1	2	3	4	5
18. People with mental illness can hold a job.	1	2	3	4	5

19. The care and support of family and friends can help people with mental illness to get rehabilitated.	1	2	3	4	5
20. Corporations and the community (including the government) should offer jobs to people with mental illness.	1	2	3	4	5
21. After a person is treated for mental illness they can return to their former job position.	1	2	3	4	5
22. The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life.	1	2	3	4	5
23. After people with mental illness are treated and rehabilitated, we still should not make friends with them.	1	2	3	4	5
24. After people with mental illness are treated, they are still more dangerous than normal people.	1	2	3	4	5
25. It is possible for everyone to have a mental illness.	1	2	3	4	5
26. We should not laugh at the mentally ill even though they act strangely.	1	2	3	4	5
27. It is harder for those who have a mental illness to receive the same pay for the same job.	1	2	3	4	5
28. After treatment it will be difficult for the mentally ill to return to the community.	1	2	3	4	5
29. People are prejudiced towards those with mental illness.	1	2	3	4	5
30. It is hard to have good friends if you have a mental illness.	1	2	3	4	5
31. It is seldom for people who are successful at work to have a mental illness.	1	2	3	4	5
32. It is shameful to have a mental illness.	1	2	3	4	5
33. Mental illness is a punishment for doing some bad things.	1	2	3	4	5
34. I suggest that those who have a mental illness do not tell anyone about their illness.	1	2	3	4	5

APPENDIX vii

Mental Health Problems Perception Questionnaire (MHPPQ)

SECTION C: Mental Health Problems Perceptions Questionnaire (MHPPQ)

Please indicate how much you agree or disagree with each of the following statements about working with people with *mental health problems*. The position of the number you choose to encircle will depend on how strongly you feel about the statement. The more you agree with the statement the closer your number choice will be to the strongly agree statement. On the other hand, the more you disagree with the statements the closer your number choice will be to the strongly disagree.

1. I feel that I know enough about the factors that put people at risk of mental health problems to carry out my role when working with this client in a group.	1 2 3 4 5
2. I feel I know how to treat people with long term mental health problems.	1 2 3 4 5
3. I feel that I can appropriately advise my patient about mental health problems.	1 2 3 4 5
4. I feel that I have a clear idea of my responsibilities in helping patients with mental health problems.	1 2 3 4 5
5. I feel that I have the right to ask patients about their mental health status when necessary.	1 2 3 4 5
6. I feel that my patients believe I have the right to ask them questions about mental health problems when necessary.	1 2 3 4 5
7. I feel that I have the right to ask a patient for any information that is relevant to their mental health problem.	1 2 3 4 5
8. If I felt the need when working with patients with mental health problems, I could easily find someone with whom I could discuss any personal difficulties I might encounter.	1 2 3 4 5
9. If I felt the need when working with someone with mental health problems, I could easily find somebody who would help me clarify my professional difficulties.	1 2 3 4 5
10. If I felt the need I could easily find someone who would be able to help me formulate the best approach to a patient with mental health problems.	1 2 3 4 5
11. I am interested in the nature of mental health problems and the treatment of them.	1 2 3 4 5
12. I feel that I am able to work with patients with mental health problems as effectively as with other patients who do not have mental health problems.	1 2 3 4 5
13. I want to work with patient with mental health problems.	1 2 3 4 5

14. I have the skills to work with patients with mental health problems.	1	2	3	4	5
15. I feel that I can assess and identify the medical/psychiatric/psychological/occupational therapy/nursing problems of patients with mental health problems.	1	2	3	4	5
16. I feel that there is nothing I can do to help patients with mental health problems.	1	2	3	4	5
17. I feel that I have something to offer patients with mental health problems.	1	2	3	4	5
18. I feel that I have much to be proud of when working with patients with mental health problems.	1	2	3	4	5
19.I feel that I have a number of good qualities for work with patients with mental health problems.	1	2	3	4	5
20. Caring for people with mental health problems is an important part of a district nurses role.	1	2	3	4	5
21. In general, one can get satisfaction from working with patients with mental health problems.	1	2	3	4	5
22. In general, it is rewarding to work with patients with mental health problems.	1	2	3	4	5
23. I often feel uncomfortable when working with patients with mental health problems.	1	2	3	4	5
24. In general, I feel that I can understand patients with mental health problems.	1	2	3	4	5
25. On the whole, I am satisfied with the way I work with patients with mental health problems.	1	2	3	4	5
26. When working with patients with mental health problems I receive adequate supervision from a more experienced person.	1	2	3	4	5
27. When working with patients with mental health problems I receive adequate on-going support from colleagues.	1	2	3	4	5

APPENDIX viii

Approval letter from Professor William Lauder

Dear Marina

The University of Dundee forwarded the request you made to use the mental health problems perceptions questionnaire. I am happy to give you permissions. If there are questions you would like to ask please feel free to do so.

William

Professor of Nursing & Head of School
School of Nursing, Midwifery and Health
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01463255619/01786466345

Editor-in-Chief Nurse Education Today