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THE EFFECTS OF MENTAL HEALTH AND DISORDERS EDUCATION ON SOCIAL DISTANCING AND ATTITUDES OF NURSING STUDENTS

ABSTRACT

The study was aimed at investigating the effects of mental health and disorders education on social distancing and attitudes of nursing students. This quasi-experimental study with the pre-test-post-test design was carried out in Faculty of Health Sciences, Department of Nursing in the 2020-2021 academic year. The study sample consisted of the fourth-year nursing students (n=68). In the study, the Participant Information Form, Beliefs towards Mental Illness Scale and Social Distance Scale were used to collect the study data. In the analysis of the data, numbers, percentage distribution and the paired samples t-test were used. The noteworthy finding of the study is that mental health disorders education can have a positive effect on social distancing even though it does not make a change in beliefs ($p<0.05$). After the training, the students' feelings of fear towards psychiatric patients decreased. The results of the study suggest that the curriculum of health education institutions should include both the theory and the practice about mental illnesses, and that arranging trainings aimed at raising public awareness can reduce negative beliefs about mental illnesses and social distancing.

Keywords: Mental Disorder, Social Distancing, Education, Nursing, Attitudes

1. INTRODUCTION

Human beings are not born with certain beliefs and attitudes. Beliefs and attitudes can be acquired in a variety of ways, such as observation, classical conditioning, and cognitive learning, and are shaped by experience. Accordingly, beliefs, which are cognitive components of attitude, can slowly change with new information and experiences [1, 2 and 3]. Stigmatizing attitudes and behaviors are very difficult to change. Reducing stereotypes and prejudiced behaviors towards individuals with mental health disorders can create many opportunities for these individuals [4]. Mental health disorders education is invaluable because it has a preventive effect against stigma, and negative beliefs, attitudes and views. In several studies, short informative trainings have been reported to lead to positive changes in participants' attitudes towards people with mental health disorders [5, 6 and 7]. It has been determined that education demonstrates its greatest effect on the reduction of stigmatizing attitudes among young people. Stigma change is an ongoing process that cannot be accomplished easily. A one-time contact may have some positive effects, but such an effect is temporary. Therefore, interventions aimed at reducing stigma should be consistent [8].

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2. RESEARCH SIGNIFICANCE

The main purpose of nursing education is to graduate nurses who can combine their theoretical knowledge with their practice skills, are able think critically in the learning process and have gained effective problem solving [9]. On the other hand, psychiatric nursing mental health and disorders nursing education is aimed at gaining students skills such as therapeutic communication, crisis management, treatment management, symptom evaluation. One of the basic principles of mental health and disorders nursing is to provide the patient with care within the framework of the therapeutic relationship without judging, stigmatizing and labeling the patient. At this point, students' attitudes towards their psychiatric patients gain importance [9]. The attitudes and beliefs of the society can affect the acceptance of individuals with a mental illness and their treatment. University students come from different parts of the society, and it is expected that the environment they grew up in bears the traces of beliefs about mental illnesses. Therefore, evaluating the social distancing attitudes towards and beliefs of university students towards mental illnesses, and planning educational programs to reduce negative beliefs about mental illnesses and social distancing attitudes towards people with mental illnesses can help in this regard. The aim of the authors of the present study was to determine the effect of mental health and disorders education on social distancing and attitudes of nursing students.

Highlights:

- To explore the efficacy of training on social distancing and attitudes to psychiatric patients.
- After the training, the students' feelings of fear towards psychiatric patients decreased.
- Mental health disorders education led to positive changes in the students' attitudes, positively affected social distancing even though it did not make any changes in their beliefs.

3. MATERIALS AND METHODS

This study is a quasi-experimental type study. This study was carried out in the Department of Nursing, Faculty of Health Sciences, in Manisa, in the 2020-2021 academic year. The population of the study consisted of 93 fourth-year nursing students attending the Department of Nursing, Faculty of Health Sciences. No sampling method was implemented in the present study. Of the students in the study population, 68 who were at school at the time the study was conducted, volunteered to participate in the research and filled out the data collection forms completely constituted the sample of the study. The research was conducted in accordance with the Principles of the Declaration of Helsinki.

3.1. Data Collection Tools

The data collection form consists of the following: the Participant Information Form developed by the researchers, the Social Distance Scale, and the Beliefs towards Mental Illness scale.

3.1.1. Participant Information Form

This 14-item form is used to determine the relationship between the participants' sociodemographic characteristics and their beliefs about and attitudes towards mental health disorders.

3.1.2. Social Distance Scale

The Social Distance Scale whose validity and reliability study was conducted by Arkar (1991) has 14 items rated on a 7-point Likert type

scale ranging from 1 to 7 (1: It definitely does not bother me, 2: It does not bother me, 3: It does not bother me much, 4: It does not matter, 5: It bothers me a little, 6: It bothers me, 7: It definitely bothers me) [10]. The Cronbach's Alpha coefficient of the scale in Arkar's study was 0.88. The person's attitude is assessed by the score they obtained from the overall scale. The higher the score is the higher the social distance is. In the present study, the Cronbach's Alpha coefficient was 0.93.

3.1.3. Beliefs towards Mental Illness Scale

The items of the Beliefs towards the Mental Illness Scale are rated on a 6-point Likert type scale ranging from 0 to 5 (0: strongly disagree, 1: mostly disagree, 2: somewhat disagree, 3: somewhat agree, 4: mostly agree, 5: strongly agree). The scale consists of three subscales. The scale is interpreted based on the mean scores obtained both from the overall scale and from its subscales. The higher the scores obtained from the scale and its subscales are the more negative the person's belief is. The validity and reliability study of the Turkish version of the scale was conducted by Bilge and Çam (2008)[11]. While the Cronbach's Alpha coefficient of the overall scale was 0.82, for the subscales, it was 0.80 for The helplessnesssand Deterioration in Interpersonal Relationships subscale, 0.71 for the Dangerousness subscale and 0.69 for the Feeling of Shame subscale. In the present study, it was 0.90 for the overall scale.

- **Dangerousness Subscale:** In this subscale which includes items 1, 2, 3, 4, 5, 6, 7, 13, mental health disorders and patients with mental health disorders are regarded as dangerous. The Cronbach's Alpha coefficient of this subscale in the present study was 0.77.
- **Helplessness and Deterioration in Interpersonal Relationships Subscale:** This subscale refers to the effects of mental health disorders on interpersonal relationships and helplessness resulting from the deterioration in interpersonal relationships. It refers to the fact that the individual is especially affected emotionally, and thus avoids establishing interpersonal relationships with individuals with a mental disorder and thus experiences helplessness. This subscale includes items 8, 9, 10, 11, 14, 16, 17, 18, 19, 20, and 21. The Cronbach's Alpha coefficient of this subscale in the present study was 0.85.
- **Feeling of Shame Subscale:** In this subscale, it is indicated that individuals with mental health disorders experience feelings of shame. It includes items 12 and 15. The Cronbach's Alpha coefficient of this subscale in the present study was 0.82.

3.2. Data Collection Method

The students were informed about the questionnaires at the beginning of the semester. The questionnaires were administered to the students in the first and last class hours of the Mental Health Disorders Nursing course. The students were administered the pre-test at the beginning of the academic year before they started to take the Mental Health Disorders Nursing course. Within the scope of the course, concepts related to the field of psychiatry, mental health disorders and treatments were explained for 12 weeks. In the twelve-week program, the following topics were explained to the students: 1-The Concept of Mental Health and Mental Illnesses, 2-Symptoms of Mental Illnesses), 3-Anxiety Disorders, 4-Obsessive Compulsive Disorder, 5-Bipolar Disorder, 6-Depression,7-Schizophrenia, 8-Personality Disorders, 9-Somatic Disorders, 10-Neurological Disorders, 11-Eating and Sleeping Disorders, 12-Psychopharmacology, ECT (Electroconvulsive Therapy) and

Psychotherapy. After the pre-test was administered, in addition to the theoretical course, the students took part in a case study, watched movies and interpreted the movies they watched, and participated in the Consultation Liaison Psychiatric Nursing practices in internal medicine and surgery clinics. Because the psychiatry clinic was small, approximately 25 students participated in psychiatry practices. At the end of the semester, the researchers administered the post-test to the students. Due to the pandemic, the students filled in the survey forms via the link created through the Google form.

3.3. Analysis and Evaluation of Data

The data obtained were coded in the SPSS (Statistical Package for Social Sciences) and were analyzed using numbers, percentage distribution and the paired samples t-test. The data obtained in the study were evaluated at $p<0.05$ significance level.

4. FINDINGS

According to the distribution of the socio-demographic characteristics of the students, the mean age of the students was 22.58±1.94 years. Of the students, 76.5% were women, 100.0% were single, 22.1% had an income less than their expenses, 70.6% had an income equal to their expenses, and 7.4% had an income higher than their expenses, 91.1% had a nuclear family, 7.4% had an extended family, 1.5% had a single-parent family, 1.5% had a physical illness, 11.8% had a mental health disorder, 13.2% had a family history of a mental disorder, and 33.8% received training on mental disorders. As for the place of their residence, 44.1% lived in a city, 39.7% lived in a district, and 16.2% lived in a village.

Table 1. The comparison of the mean scores obtained from the Beliefs towards Mental Illness Scale, and social distance scale (n=68)

Scale	Pre-test	Post-test	t	p
Beliefs Towards Mental Illness Scale total	47.25±14.82	45.75±16.52	-0.531	0.597
Subscales				
Dangerousness	22.10±5.81	20.30±6.72	-1.533	0.130
Helplessness and Deterioration in Interpersonal Relationships	23.83±9.12	24.32±9.95	0.290	0.772
Feeling of shame	1.30±2,5	1.11±1.76	-0.569	0.571
SCALE				
Social Distance Scale total	61.13±19.69	45.07±18.77	-5.284	0.000*

*p<0.01

In the present study, the mean scores the students obtained from the overall Beliefs towards the Mental Illness Scale at the pre- and post-tests were 47.25±14.82 and 45.75±16.52 respectively. The difference between the mean scores obtained at the pre- and post-tests was not statistically significant (t:-0.531; p=0.597). The differences between the mean scores the students obtained from the Dangerousness, Helplessness and Deterioration in Interpersonal Relationships, and Feelings of Shame subscales of the Beliefs towards Mental Illness Scale at the pre- and post-tests were not statistically significant (t:-1.533; p=0.130, t:0.290; p=0.772, t:-0.569; p=0.571). The mean scores the students obtained from the overall Social Distance Scale at the pre-and post-tests were 61.13±19.69 and 45.07±18.77 respectively. The difference between the mean scores obtained at the pre- and post-tests was statistically significant (t:-5.284; p=0.000) (Table 1). In addition, after the training, the students' feelings of fear towards psychiatric patients decreased. In addition, a statistically significant relationship was found only between gender among sociodemographic variables ($p<0.05$). It was determined that men was more distant and was

negative beliefs towards psychiatric patients than women (Z:-2.307; p=0.021, Z:-2.103; p=0.035).

5. DISCUSSION

The present study was conducted to determine the effect of mental health disorders education on social distancing attitudes and beliefs of nursing students. Therefore, a survey form was administered to the students before and after the education. The significant finding of the study is that mental health disorders education can have a positive effect on social distancing even though it does not make any changes in beliefs. After the education, a decrease was determined in the students' feeling of fear of psychiatric patients. Given that social distance is a reflection of an attitude, theoretical and applied training can affect the emotional and behavioral dimensions of the attitude even if there is no improvement in the cognitive component. It can be said that the decrease in the feeling of fear after the training which is the emotional dimension of the attitude confirms this idea. Previous studies have shown that nursing students have different views about and attitudes towards mental disorders [12].

Familiarity with mental disorders and patients with mental disorders affects beliefs related to this matter. Contact has been recognized as an effective tool in reducing intergroup prejudice. Although both education and contact were determined to be effective approaches in bringing about change, contact was proved to reduce stigma more and to be the most successful tool in reducing stigma [8 and 13]. Communication with the patient and consideration that the patient belongs to a group help know the patient better, and thus reduce negative attitudes [8]. However, since healthcare workers are mostly in contact with patients not when the patient is well but when the disease attacks or it is in its chronic course, contact may not reduce social distance [14]. Health professionals' and students' being exposed to people with chronic and recurrent psychiatric disorders repeatedly can cause them to develop a negative attitude [13 and 15]. Hailesilassie et al. investigated the medical students' attitudes after their psychiatry rotation which included six-week psychiatry courses [16]. During the rotation, the students took patients' histories under the supervision of the supervising psychiatrists. The results of Hailesilassie et al.'s study indicated that psychiatry clinical rotation affected the medical students' attitudes adversely [16].

Bharathy et al. implemented a program that allowed medical students to chat and socialize with patients with mental disorders every day for eight weeks. The program included games, two hours of warm-up exercises, singing karaoke and dancing. The students attended the program without their white uniforms. After this program, positive developments were observed in the students' attitudes [17]. In the literature, it is also stated that the quality of the contact is important [18]. In studies conducted with students studying in health-related faculties (nursing, medicine, health sciences), it was determined that the students' attitudes towards psychiatric patients were stigmatizing, rejecting and exclusionary, and that no changes were observed in this approach [19, 20 and 21]. Increased awareness of mental disorders in society has not had much of an impact on the knowledge and attitudes of those exposed to people with mental disorders. Similarly, in our study, mental health disorders education did not make any changes in the students' attitudes towards psychiatric patients.

At this point, educators should be aware that information alone may not play a significant role in changing negative beliefs and thus they should question students' negative beliefs. Inadequate application area is an important problem of online health education. Negative

attitudes towards psychiatric patients can be reduced via accurate information, and contact with patients [22 and 23]. Therefore, special education programs aimed at changing knowledge, beliefs, attitudes and behaviors should be added to psychiatry education programs [24]. Adding patient interaction to the theoretical content of a training program can be helpful. Even if the students receive adequate theoretical knowledge, the required conditions cannot be provided due to the inadequacy of the application areas.

The difference between the mean scores the students obtained from the Social Distance Scale at the pre- and post-tests was statistically significant, which suggests that thanks to the education given, the students were not very uncomfortable being in contact with the patients.

Compared to other branches; although the students felt anxious in psychiatry services, their anxiety and fear decreased after positive interaction with the patients. In some studies, it was determined that students perceived individuals with mental disorders as less dangerous after clinical practices [25, 26, 27, 28 and 29]. At the end of the study, we observed that the cognitive component of the students' attitude did not change, which was probably due to the fact that the ratio of students to faculty members was inappropriate and the supervision period for the students to interact with patients with mental disorders was inadequate. In addition, because the education was given through both the face-to-face and online teaching techniques, this may have caused the students to be in contact with patients with mental disorders very little. That the students' fear of and social distancing attitude towards individuals with a mental illness decreased after the education is a pleasing finding.

6. CONCLUSION AND RECOMMENDATIONS

At the end of the study, it was observed that mental health disorders education led to positive changes in the students' attitudes, positively affected social distancing even though it did not make any changes in their beliefs, and decreased their feelings of fear. Therefore, during clinical practices, students' stereo typical beliefs should be discussed by providing sufficient teaching staff in accordance with the numbers of inpatients, and students should be encouraged to understand the factors underlying patient behaviors clearly. In addition, positive interactions between students and patients should be strengthened during clinical practices. At this point, it is recommended to communicate with senior management in order to plan clinical practice areas where students can communicate with individuals with mental disorders, and to develop different training methods for the cognitive component of attitudes. In educational institutions such as universities and high schools in which health workforce is trained, both theory and practice regarding disadvantaged groups (mental disorders, criminal offenses, people with different sexual orientation, infectious diseases, etc.) should be included in the curriculum, and students should be enabled to discuss the issue related to individuals with mental health disorders and their families under the supervision of health professionals by organizing seminars in educational environments.

LIMITATIONS OF THE RESEARCH

The fact that the study is only in one university is among the limitations of the research.

CONFLICT OF INTEREST

The authors declare that there are no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

FINANCIAL DISCLOSURE

The authors declared that they did not receive any financial support for this study.

DECLARATION OF ETHICAL STANDARDS

Before the study was conducted, ethical approval was obtained from Manisa Celal Bayar University Faculty of Medicine Ethics Committee (dated 2021, numbered 20.478.486/853), written permission from the Dean of the Faculty of Health Sciences of Manisa Celal Bayar University, where the study was to be conducted. After the participants were informed about the study, the informed consent indicating that they volunteered to participate in the study was obtained from them.

REFERENCES

[1] Henderson, S., Happell, B., and Martin T. (2007). So what is so good about clinical experience? A mental health nursing perspective. Nurse Educ Pract, 7:164-72. DOI: 10.1016/j.nepr.2006.06.003.

[2] Happell, B. and Gough Nee Hayman-White, K., (2007). Undergraduate nursing students' attitudes towards mental health nursing: Determining the influencing factors. Contempt Nurse, 25:72-81. DOI: 10.5172/conu.2007.25.1-2.72.

[3] Martensson, G., Jacobsson, J.W., and Engstrom, M., (2014). Mental health nursing staff's attitudes towards mental illness: an analysis of related factors. Journal of Psychiatric and Mental Health Nursing, 21:782-8. DOI: 10.1111/jpm.12145.

[4] Overton, S.L. and Medina, S.L., (2008). The stigma of mental illness. Journal of Counseling and Development, 86(2):143-151. https://doi.org/10.1002/j.1556-6678.2008.tb00491.x.

[5] Poreddi, V., Thimmaiah, R., and Math, B.S., (2017). Medical and nursing students' attitudes toward mental illness: An Indian perspective. Invest. Educ. Enfermeeria, 34(1):86-94. DOI: https://doi.org/10.17533/udea.iee.v35n1a10.

[6] Arslantaş, H., Abacıgil, F., Adana, F., Karadağ, Ş., and Koyak H.Ç., (2019). Beliefs of nursing students about mental illnesses and social distance: The effects of theoretical and practical psychiatric nursing education. Yeni Symposium, 57(1). DOI: 10.5455/NYS.20190214084140.

[7] Hasan, A.A., (2020). Nursing students' attitudes and stigma toward mental health nursing: A systematic review. Annals Medical and Health Sciences Research, 10:804-815.

[8] Corrigan, P.W. and Bink, A.W., (2016). The stigma of mental illness. Encyclopedia of Mental Health, 4:230-234.

[9] Göriş, S., Bilgi, N., ve Bayındır Korkut, S., (2014). Hemşirelik eğitiminde simülasyon kullanımı. Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi, 4(2):25-29.

[10] Arkar, H., (1991). Akıl hastasının sosyal reddedilimi. Düşünen Adam, 4:6-9.

[11] Bilge, A. ve Çam, O., (2008). Ruhsal hastalığa yönelik inançlar ölçeğinin geçerliliği ve güvenilirliği. Anadolu Psikiyatri Dergisi, 9:91-96.

[12] Samari, E., Seow, E., Chua, B.Y., Ong, H.L., Abdin, E., Chong, S.A., and Subramaniam, M., (2018). Stigma towards people with mental disorders: Perspectives of nursing students. Archives of Psychiatric Nursing, 32:802-8. https://doi.org/10.1016/j.apnu.2018.06.003

[13] Mak, W., Cheung, F., Wong, S., Tang, W., Lau, J., Wood, J., and Lee, D., (2015). Stigma towards people with psychiatric disorders. Hong Kong Medical Journal, 21(2:9-12.

[14] Jorm, A.F. and Oh, E., (2009). Desire for social distance from people with mental disorders. A review. The Australian and New Zealand Journal of Psychiatry, 43(3):183-200. DOI: 10.1080/00048670802653349.
[15] Chang, S., Ong, H.L., Seow, E., Chua, B.Y., Abdin, E., Samari, E., The, W.L., Chong, S.A., and Subramaniam, M., (2017). Stigma towards mental illness among medical and nursing students in Singapore: a cross-sectional study. BMJ Open, 7(12). http://dx.doi.org/10.1136/bmjopen-2017-018099
[16] Hailesilassie, H., Kerebih, H., Negash, A., Girma, E., Siebeck M., and Tesfaye, M., (2017). Attitude of medical students towards psychiatry: The case of Jimma University, Southwest Ethiopia. Ethiopian Journal of Health Sciences, 27:207-214. DOI: 10.4314/ejhs.v27i3.2.
[17] Bharathy, A., Foo, P.L., and Russell, V., (2016). Changing undergraduate attitudes to mental illness. The Clinical Teacher, 13:58-62. DOI: 10.1111/tct.12372
[18] Alexander, L.A. and Link, B.G., (2003). The impact of contact on stigmatizing attitudes toward people with mental illness. Journal of Mental Health, 12(3):271-289.
[19] Arkan, B., Bademli, K. ve Duman, Z.Ç. (2011). Sağlık çalışanlarının ruhsal hastalıklara yönelik tutumları: Son 10 yılda Türkiye'de yapılan çalışmalar. Psikiyatride Güncel Yaklaşımlar, 3(2):214-31.
[20] Özyiğit, Ş., Savaş, H.A., Ersoy, M.A., Yüce, S., Tutkun, H. ve Sertbaş, G., (2004). Hemşirelerin ve hemşirelik öğrencilerinin şizofreniye ilişkin tutumları. Yeni Symposium, 42(3):105-12.
[21] Alpan, A., Kocamanoğlu, E., Yüce, F., Akçakmak, G., Günbal, M., Aşık, E. ve Albayrak S., (2018). Sağlık bilimleri fakültesi öğrencilerinin şizofreni hastalığına karşı tutumları. Kırıkkale Üniversitesi Tıp Dergisi, 20(1):8-17. https://doi.org/10.24938/kutfd.332740.
[22] Mas, A. and Hatim, A., (2002). Stigma in mental illness: attitudes of medical students towards mental illness. Medical Journal of Malaysia, 57(4):433-444.
[23] İnan, F.Ş., Günüşen, N., Duman, Z.Ç., and Ertem, M.Y., (2019). The Impact of mental health nursing module, clinical practice and an anti-stigma program on nursing students' attitudes toward mental illness: A Quasi-Experimental Study. Journal of Proffesional Nursing, 35(3):201-208. DOI: 10.1016/j.profnurs.2018.10.001
[24] Bilge, A. ve Çam, O., (2010). Ruhsal hastalığa yönelik damgalama ile mücadele. TAF Preventine Medicine Bulletin, 9(1):71-78.
[25] Şahin Amancalı, M., Sayın, S.A., Yakari, A., ve Buzlu, S., (2019). Bir Hemşirelik bölümündeki öğrencilerin ruhsal bozukluğu olan bireylere karşı tutumları ve ilişkili faktörler. Acıbadem Üniversitesi Sağlık Bilimmleri Dergisi, 10(2):218-224. https://doi.org/10.31067/0.2019.144
[26] Markstrom, U., Gyllensten, A.L., Bejerholm, U., Bjorkman, T., Brunt, D., Hansson, L., Leufstadius, C., Sandlund, M., Svensson, B., Ostman, M., and Eklund, M., (2009). Attitudes towards mental illness among health care students at Swedish universities afollow-up study after completed clinical placement. Nurse Education Today, 29:660-5. DOI: 10.1016/j.nedt.2009.02.006
[27] Beltran, R.O., Scanlan, J.N., Hancock, N., and Luckett, T., (2007). The effect of first year mental health fieldwork on attitudes of occupational therapy students towards people with mental illness. Australian Occupational Therapy Journal, 54:42-8. https://doi.org/10.1111/j.1440-1630.2006.00619.x

[28] Grav, S., Marie, E., and Hellzén, O., (2010). Undergraduate nursing student experiences of their mental health clinical placement. Nordic Journal of Nursing Research, 30:4-8. DOI:10.1177/010740831003000102

[29] Horsfall, J., Cleary, M., and Hunt, G.E., (2010). Stigma in mental health: clients and professionals. Issues in Mental Health Nursing, 31:450-5. DOI: 10.3109/01612840903537167.