BSN Students' Opinions of Mentally Ill Patients

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BSN STUDENTS’ OPINIONS OF MENTALLY ILL PATIENTS

by

KAVIKA CHUGH

A thesis submitted in partial fulfillment of the requirements for the completion of Honors In the Major in Nursing in the College of Nursing and in the Burnett Honors College at the University of Central Florida

Orlando, Florida

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Thesis Chair: Kimberly Dever MSN, RN
Abstract

Compassionate care, or humanism, should be available to all patients, but the stigma associated with mental illness is a barrier to many people receiving the appropriate care. Views held by Bachelor of Science in Nursing (BSN) students can vary from custodial, or the belief in a traditional medical model which involved a highly controlled setting for all mentally ill patients, to humanistic, or viewing the hospital as a therapeutic community for the human needs of a patient. This study examines the views of BSN students before their psychiatric clinical experience through a pretest and post-test survey and analyzes for a shift in opinion following the psychiatric clinical experience. This study’s aim is to identify the effect of exposure to mentally ill patients on BSN students’ opinions of mental illness. A convenience sample of 56 BSN students from the University of Central Florida College of Nursing was used; recruitment happened through an announcement made during the psychiatric mental health lecture. An online survey was distributed before the psychiatric mental health clinical experience, and a post-test survey was done following the conclusion of this clinical experience. Results showed an overall shift toward humanistic views following exposure to mental illness. These results demonstrate the value of the psychiatric mental health clinical experience in developing humanistic views among BSN students. The results of this study complement past research, which has shown that people who have not had experience with mentally ill persons tend to show more negative, custodial views. However, knowledge and experience can shape one’s view in a more humanistic way, opening up nurses to provide compassionate care.
Dedication

This dissertation is dedicated to my wonderful parents. I never could have made it this far without you, and I am forever grateful for everything that you have done for me. Thank you for supporting me in every way possible; your love and guidance mean the world to me. Thank you for helping me grow.
Acknowledgments

I would like to acknowledge the efforts of Kimberly Dever. Your efforts have been above and beyond what I could have expected. From opening your class to me for research to acting as my personal advisor, I cannot thank you enough. I appreciate you taking on this project with me.

Dr. Victoria Loerzel, you dove in to save my research, and I appreciate all the times you opened your door to me. Your knowledge of research was vital to me throughout this process.

My fellow classmates at the University of Central Florida College of Nursing, thank you for being my research participants and my source of love and encouragement. Without you, there would have been no research. We conquered this program together, and your support has been a gift to me.
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Introduction

The stigma associated with mental illness can have a profound negative effect on the care of patients suffering from a psychiatric disorder. Health care providers often provide substandard care to mentally ill patients, especially when working specifically in the mental health field, due to this damaging stigma (Emrich, Thompson, and Moore, 2003). Several studies (as cited by Schafer, Wood, & Williams, 2011) have found that patients may delay seeking treatment due to this stigma. Knowledge of the conditions these patients are afflicted with, combined with exposure to mentally ill patients, may help to diminish the negative attitudes which are widely held towards patients with mental illness (der Heijden Van der Bijl, Latour, Hoekstra, & van Meijel, 2012). It has been suggested that the stigma of mental illness can affect patients’ prognosis, even going as far to say that it can have more effect than medical treatment (Littlewood, 1998 as cited in Schafer et al., 2011). It is vital to examine attitudes and any stigma which Bachelor of Science in Nursing (BSN) students, soon to become healthcare providers, hold towards mentally ill patients.
**Background**

It has been suggested that the stigma of mental illness can affect patients’ prognosis. Stigma also has an effect on medical treatment (Littlewood, 1998). A study by Read and Baker (1996) showed that “50% believed that they had been unfairly treated by general care services because of their psychiatric history or diagnosis”. In 2012, the National Institute of Mental Health reported that 18.6% of adults in the U.S. have lived with mental illness in the past year (National Institute of Mental Health (NIMH), 2012). According to the Center for Disease Control, an estimated 50% of all Americans will be diagnosed with mental illness at some point in their lifetime (CDC, 2018). With such a large population affected, it is vital to examine attitudes and any stigma which BSN students hold towards mentally ill patients. All nurses must have some competency in mental health care, but the need for those specializing in mental health is especially dire (der Heijden et al., 2012). As part of a BSN education, students receive knowledge of and exposure to psychiatric/mental health theory and clinical.
Review of Literature

Mental health nursing is a vital component of healthcare, but one that is often overlooked both as a career and as a necessary skill. Mental health facilities are often understaffed (der Heijden, et. al., 2012), and when patients with mental illness are admitted to a general healthcare facility, the nurses may not have sufficient training to provide competent care for this facet of the patients’ needs. Studies have shown that psychiatric clinical experiences can help students communicate with distressed patients (Ketola & Stein, 2013), not only those with mental illness, but also those who are distressed due to the burden of physical illness.

Numerous studies have shown that nursing students’ opinions of mentally ill patients are primarily negative, and have included anxiety, fear, and lack of desire to work with these patients (Happell, 2008). In addition, Emrich et al., 2003 found that these negative attitudes have not changed in the past 30 years. These attitudes put mentally ill patients at risk of receiving substandard care, or even of being unable to access quality care to meet their needs (Mavundla & Uys, 1997).

Students’ attitudes do not seem to vary across demographic factors, but rather by the amount of prior education and exposure (Thongpriwan, Leuck, Powell, Young, Shuler, & Hughes, 2015). Studies show, once students have experience with the mentally ill, they have improved attitudes toward mental illness and an increased desire to become mental health nurses (Happell, 2008). Nurse educators should prioritize these things when planning curriculum in order to better equip students to care for their future patients. Happell (2008) has suggested that a change in attitude may be attributed to the fact that students feel more prepared and able to care for mentally ill patients, which is supported by Melrose & Shapiro (1999), who discovered that
students’ anxiety was often based on being unable to help mentally ill patients as well as any perceived danger from interaction with them. This same study showed that no students reported fear of mentally ill patients following their clinical experience, and also reported increased confidence in their ability to help these patients (Melrose & Shapiro, 1999).

Communication is a key component of nursing care for patients with mental illness. Pilot studies have shown that simulations of standardized patients with mental illness helped students to perceive the “importance of examining patient preferences, beliefs, and values when establishing a therapeutic relationship and planning care” (Webster, 2013). Webster (2013) also spoke about necessary communication techniques for patients with mental illnesses with symptoms such as paranoia or disorganized thinking. These skills are a necessity for all nursing care, and make it possible to involve patients in their own care. Educating future nurses about caring for patients with mental illness will provide them with skills that can be generalized to all nursing practice. This study aims to identify the effect of psychiatric clinical and therefore of exposure to mental illness, on the attitudes of BSN students towards patients with mental illness. The results of the study may help to shed light on factors which deter students from working with mentally ill patients, and ways in which the care of these patients may be improved. Based on the findings of this study, psychiatric nursing education may be improved in both academic and clinical aspects. It is well established that the education that future nurses receive may either have a positive or detrimental effect on the care patients receive. It has also been established through multiple studies that prior experience with mentally ill patients, such as through a psychiatric clinical, can alter health care providers’ opinions from negatively biased to be much more accepting (Happell, 2008). As a result of this information, the researchers of this study
hypothesize that, after exposure to mental illness through psychiatric clinical, BSN students will have a more positive attitude towards mentally ill patients as evidenced by more positive responses to the Custodial Mental Illness Ideology Scale.
Methodology

Design and participants

This quantitative study used a descriptive exploratory longitudinal design. Data was collected at two points in time.

The sample was a convenience sample of senior level basic BSN students at the University of Central Florida College of Nursing (UCF CON) who voluntarily chose to participate in this study. No penalty was held against students who chose not to participate. Five points of extra credit were offered as an incentive to students who completed both parts of the study. An assignment of comparable nature (a one page essay covering a mental illness of their choice) worth 5 points was offered to students who did not want to participate in the study.

Participants were asked to complete a survey twice: the first survey was on 08/23/2017, which was the first day of class, and the second survey was open between 11/18/2017 and 12/10/2017, which is after the conclusion of all clinical experiences. The survey was estimated to take less than 10 minutes each time. The participants used their own computers at a time and place of their convenience during the survey period.

Instrument

The Custodial Mental Illness Ideology Scale (CMI) was the tool utilized with permission from Ms. Karen Thomas at the American Psychological Association (APA) (Appendix A) for this study. The tool is also available in the public domain.

The CMI is a 20 question survey, of which 17 questions are considered custodial and 3 humanistic. Participants ranked their level of agreement on a Lickert scale from “I disagree very
much” to “I agree very much”. The Lickert scale was converted to a 1-7 point score system. For the custodial questions, 1 point was given for “I disagree very much” and 7 for “I agree very much.” This scoring was reversed for the humanistic questions. In accordance with Gilbert and Levinson (1956), custodial is defined as “the belief in the traditional medical model of the chronic mental hospital which provides a highly controlled setting for detention of inmates”. Humanism is defined as “the belief in the individuality and human needs of patients and the view of the hospital as a therapeutic community” (Gilbert and Levinson, 1956). Participants of the study are placed on a continuum of attitudes from custodial to humanistic based on their answers. As with the original study using the CMI, the mean per item was used for this study. Higher scores indicate more custodial beliefs, and lower scores indicate more humanistic beliefs. Several demographic questions have been added to the CMI. These questions are: what is the participants’ gender, what is the participant's age, has the participant had any prior experience with mental illness, and whether the participant had their clinical rotation of Psychiatric Mental Health Nursing (NUR4535L) in the 1st or 2nd half of the semester. The demographic questions were added to clarify the population of participants.

**Procedures**

Prior to the start of the study, the researcher introduced and explained the study before the class on 08/23/2017 stating the purpose, what was required of participants, and all steps taken to maintain the anonymity of participants. The alternate assignment was also explained for students who did not wish to participate or were ineligible to participate. The alternate assignment consisted of a one-page paper covering a topic that had been reviewed in the
Psychiatric Mental Health (NUR 4535) lecture. The link to the online pretest survey was made available via Webcourses®, along with an explanation of how to post their assignment.

Informed consent was obtained from all participants using an Explanation of Research document (Appendix B) included before the survey, and participants clicked “next” to indicate consent to participate.

The survey (Appendix C) was made available to participants through Qualtrics® at two different times. The first time was on 08/23/2017 from 9 AM to 11:59 PM. This time was before starting any psychiatric clinical experience. The short period this survey was open was because some participants began their psychiatric mental health clinical experience the next day. Therefore, the researchers were unable to leave the survey open longer than this period of time. The participants completed their psychiatric clinical rotation with no alterations to the normal clinical experience. Following the end of the second clinical rotation, the survey (Appendix D) was made available again through Qualtrics®, via an announcement on Webcourses®, between the dates of 11/18/2017 and 12/10/2017. The participants were given extra time for the posttest survey in order to allow time in their schedules, as it was opened during finals week. This helped to encourage participation by allowing sufficient time for completion without pressuring participants during this high-stress time. The survey was opened immediately after the completion of the second clinical rotation in order to encourage participation.

All surveys were de-identified. Participants were asked to create a unique ID so surveys could be matched at the end of the data collection period. Following completion of the post-test surveys, pretest and post-test data were matched using the unique code created by the participants. These participants provided their unique code to a third party (Dr. Victoria Loerzel),
who verified completion of both surveys. The incentive (five points of extra credit) was awarded to each participants at the end of the semester if they completed both the pretest and post-test surveys. The course instructor was informed which of the students had earned extra credit at the end of the semester.

Data analysis
The data was downloaded from Qualtrics® into an Excel® file. Excel was used to clean the data, removing incomplete responses and those which did not match up to a post-test. Once the data was prepared, it was uploaded to IBM® SPSS® Statistics 24. Data was analyzed using frequencies and means for the demographic questions and item scores. Independent \( t \)-tests were used to examine changes between the pretest and post-test data for each question.
Results

The sample consisted a total of 51 students with 90% (n=46) women and 10% (n=5) men. While 56 participants originally completed the pretest survey, only 51 participants completed both the pretest and post-test surveys. Forty nine percent (n=25) of the participants reported having had prior experience with mental illness, while 51% (n=26) reported that they had not. Participants 45% (n=23) had their clinical rotation in the first half of the semester, while 55% (n=28) had their clinical rotation the second half of the semester. None of these population variations resulted in a statistically significant difference. Female participants’ responses tended to be more humanistic, but this difference was not statistically significant.

Following a psychiatric clinical experience, BSN students’ opinions shifted towards being more humanistic, with a shift in 15 (75%) of the questions on the CMI toward humanism. Participants had slightly custodial beliefs (mean score of 4.08) on the pretest. On the post-test the mean score was 3.06, indicating that beliefs had shifted to be much more humanistic.

Question 1 (Only persons with considerable psychiatric training should be allowed to form close relationships with patients.), 12 (Patients are often kept in the hospital long after they are well enough to get along in the community.), and 15 (There is hardly a mental patient who isn't liable to attack you unless you take extreme precautions) all had the largest changes in mean score following the psychiatric mental health clinical experience. Of these, question 12 (Patients are often kept in the hospital long after they are well enough to get along in the community.) is the only one to have shifted towards custodialism. This means that, while students have increasing agreement that patients are not dangerous (as in question 15) and that they are able to
form relationships outside of the hospital (as in question 1), they also believe that patients are often kept in the hospital too long.

The smallest changes in score occurred in questions 20 (In experimenting with new methods of ward treatment, hospitals must consider, first and foremost, the safety of patients and personnel.) with a change of 0.07. Question 18 (Patients need the same kind of control and discipline as an untrained child.) with a change of 0.04 in the mean. Also question 7 (We should be sympathetic with mental patients, but we cannot expect to understand their odd behavior.), which had a change of 0.13. Of these, only question 7 (We should be sympathetic with mental patients, but we cannot expect to understand their odd behavior.) lowered in score towards humanism; the other two questions, which had the two smallest changes in mean score, shifted toward more custodial beliefs.

Questions 4 (Mental Illness is an illness like any other.), question 9 (When a patient is discharged from a hospital, he can be expected to carry out his responsibilities as a citizen.), and question 12 (Patients are often kept in the hospital long after they are well enough to get along in the community.) were reverse scored, so while the statement itself is more humanistic, the lower scores for questions 4 (Mental Illness is an illness like any other.) and 9 (When a patient is discharged from a hospital, he can be expected to carry out his responsibilities as a citizen.) still reflect more humanistic views. Question 12 (Patients are often kept in the hospital long after they are well enough to get along in the community.) had a higher score in the post-test, indicating that students felt more custodial following exposure to mental illness; this difference was statistically significant, while questions 4 (Mental Illness is an illness like any other.) and question 9 (When a patient is discharged from a hospital, he can be expected to carry out his
responsibilities as a citizen.) were not. Only ten questions displayed statistically significant changes, of these, questions 3 of them reflected increasingly custodial views regarding mentally ill patients.

Table 1 shows the differing means and statistical significance for participant responses to the CMI scale.

Table 1:

<table>
<thead>
<tr>
<th>Item</th>
<th>Pretest Mean</th>
<th>Post-Test Mean</th>
<th>Change in Mean Score</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Only persons with considerable psychiatric training should be allowed to form close relationships with patients.</td>
<td>4.08</td>
<td>3.06</td>
<td>-1.02</td>
<td>.001</td>
</tr>
<tr>
<td>2. It is best to prevent the more disturbed patients from mixing with those who are less sick.</td>
<td>4.51</td>
<td>3.75</td>
<td>-0.76</td>
<td>.015</td>
</tr>
<tr>
<td>3. As soon as a person shows signs of mental disturbance he should be hospitalized.</td>
<td>2.78</td>
<td>2.51</td>
<td>-0.27</td>
<td>.320</td>
</tr>
<tr>
<td>4. Mental Illness is an illness like any other.</td>
<td>2.73</td>
<td>2.43</td>
<td>-0.30</td>
<td>.285</td>
</tr>
<tr>
<td>5. Close association with mentally ill people is liable to make even a normal person break down.</td>
<td>3.16</td>
<td>2.94</td>
<td>-0.22</td>
<td>.459</td>
</tr>
<tr>
<td>6. We can make some improvements,</td>
<td>2.39</td>
<td>1.69</td>
<td>-0.70</td>
<td>.002</td>
</tr>
</tbody>
</table>
but by and large the conditions of mental hospital wards are about as good as they can be considering the disturbed patient living there.

<p>| | | | | |</p>
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<tbody>
<tr>
<td>7. We should be sympathetic with mental patients, but we cannot expect to understand their odd behavior.</td>
<td>3.76</td>
<td>3.63</td>
<td>-0.13</td>
<td>.639</td>
</tr>
<tr>
<td>8. One of the main causes in mental illness is lack of moral strength.</td>
<td>2.18</td>
<td>1.73</td>
<td>-0.45</td>
<td>.035</td>
</tr>
<tr>
<td>9. When a patient is discharged from a hospital, he can be expected to carry out his responsibilities as a citizen.</td>
<td>4.43</td>
<td>4.18</td>
<td>-0.25</td>
<td>.352</td>
</tr>
<tr>
<td>10. Abnormal people are ruled by their emotions; normal people by their reason.</td>
<td>2.75</td>
<td>3.35</td>
<td>+0.60</td>
<td>.027</td>
</tr>
<tr>
<td>11. A mental patient is in no position to make decision about even everyday living problems.</td>
<td>2.76</td>
<td>2.10</td>
<td>-0.66</td>
<td>.000</td>
</tr>
<tr>
<td>12. Patients are often kept in the hospital long after they are well enough to get along in the community.</td>
<td>4.67</td>
<td>5.80</td>
<td>+1.13</td>
<td>.000</td>
</tr>
<tr>
<td>13. There is something about mentally ill people that makes it easy to tell them from normal people.</td>
<td>2.78</td>
<td>2.43</td>
<td>-0.35</td>
<td>.098</td>
</tr>
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</tr>
<tr>
<td>14. Few, if any, patients are capable of real friendliness.</td>
<td>1.75</td>
<td>1.45</td>
<td>-0.30</td>
<td>.050</td>
</tr>
<tr>
<td>15. There is hardly a mental patient who isn't liable to attack you unless you take extreme precautions.</td>
<td>2.84</td>
<td>1.73</td>
<td>-1.11</td>
<td>.000</td>
</tr>
<tr>
<td>16. Patients who fail to recover have only themselves to blame; in most cases they have just not tried hard enough.</td>
<td>1.75</td>
<td>1.59</td>
<td>-0.16</td>
<td>.220</td>
</tr>
<tr>
<td>17. &quot;Once a schizophrenic, always a schizophrenic.&quot;</td>
<td>3.45</td>
<td>4.18</td>
<td>+0.73</td>
<td>.022</td>
</tr>
<tr>
<td>18. Patients need the same kind of control and discipline as an untrained child.</td>
<td>3.37</td>
<td>3.41</td>
<td>+0.04</td>
<td>.873</td>
</tr>
<tr>
<td>19. With few exceptions, most patients haven't the ability to tell right from wrong.</td>
<td>3.22</td>
<td>3.04</td>
<td>-0.18</td>
<td>.516</td>
</tr>
<tr>
<td>20. In experimenting with new methods of ward treatment, hospitals must consider, first and foremost, the safety of patients and personnel.</td>
<td>6.75</td>
<td>6.82</td>
<td>+0.07</td>
<td>.522</td>
</tr>
</tbody>
</table>
Discussion

The results of this study show that participants’ opinions about mental illness became more humanistic overall according to the CMI following their Psychiatric Mental Health Clinical (NUR4535L). These results are consistent with a study by der Heijden Van der Bijl et al., (2012), which showed diminishing stigma following exposure. The custodial responses correlate to the concept of stigma. A study by Thongpriwan, et. al., (2015) showed that factors such as demographics did not cause a statistically significant difference in opinion. Data from this study further supports these findings and confirmed the researchers’ hypothesis that after exposure to mental illness through psychiatric clinical, BSN students will have a more humanistic attitude towards mentally ill patients as evidenced by more positive responses to the CMI.

Participants’ opinions changed most significantly regarding question 14, which states that “Few, if any, patients are capable of real friendliness”; students who were unfamiliar with mental illness and strongly hold this opinion may hesitate to establish a meaningful relationship with a patient if they have a mental illness. However, through their clinical experience, these students have shifted their opinion significantly (p=0.050) towards a more humanistic view, which will allow them to develop a rapport with mentally ill patients rather than alienating them due to their beliefs.

The statement (CMI question 8) “One of the main causes in mental illness is lack of moral strength”, had a pretest score of 2.18. Following the participants’ psychiatric mental health clinical experience, the mean score of this question on the post-test was 1.73, which is a statistically significant difference (p=0.035). This shows that, following exposure to mentally ill patients, participants no longer believed mental illness to be a defect in moral strength, but
possibly viewed it as an actual illness. Regarding mental illness in a similar way to medical illnesses is a vital component in ensuring that healthcare professionals approach mentally ill patients’ care appropriately; believing mental illness to be a moral illness may lead to callous, uncompassionate care.

Question 10, which states “Abnormal people are ruled by their emotions; normal people by their reason” had shifted significantly (p=0.027) toward humanism. The question draws a clear divide between “normal” people, who are not afflicted by mental illness, and “abnormal” people who are mentally ill. The lowered post-test score demonstrated that students no longer felt that patients with psychiatric illnesses are entirely different and ruled by opposing methods than they are.

The largest decreases in mean item score, and therefore the largest shifts in belief toward humanism, occurred in questions 1 (Only persons with considerable psychiatric training should be allowed to form close relationships with patients.) and 15 (There is hardly a mental patient who isn't liable to attack you unless you take extreme precautions.). The change in question 1 (Only persons with considerable psychiatric training should be allowed to form close relationships with patients.) can be said to demonstrate humanism very well, because participants now felt less agreement with the need to isolate patients with mental illness, and saw them as more human. Agreement with question 15 “There is hardly a mental patient who isn't liable to attack you unless you take extreme precaution.” demonstrates the fear which makes nurses hesitant to work with mentally ill patients. The decreasing level of agreement from 2.84 to 1.73 shows decreasing fear. Nurses who are not afraid are more likely to provide compassionate care and possibly pursue a career in mental health.
Throughout nursing school, emphasis is continually placed on safety. Therefore, it is unsurprising that questions 20 (In experimenting with new methods of ward treatment, hospitals must consider, first and foremost, the safety of patients and personnel.) and 18 (Patients need the same kind of control and discipline as an untrained child.) have the lowest change over time. Question 20 directly addresses safety being a priority, and question 18 addresses the control and discipline of patients, which is relevant to safety because uncontrolled patients would pose a safety risk. Question 18 is also worded in a way that may be outdated, using terms such as “untrained child”. Using more modern terminology or different statements may have elicited a larger change in responses, possibly becoming more humanistic rather than more custodial.

Question 7, which states that, “We should be sympathetic with mental patients, but we cannot expect to understand their odd behavior.” had the third smallest degree of change following the psychiatric mental health clinical experience. This is surprising; it was expected that participants would display more sympathy with patients following the psychiatric mental health clinical experience. However, it may be true that the low rate of change can be attributed to the second half of the statement. Many patients that were seen during the psychiatric mental health clinical experience were experiencing severe psychosis and were not based in reality, which cannot be rationalized or understood. This may have led participants to maintain their level of belief that these patients could not be understood, while the small shift toward humanism may be attributed to increasing sympathy.

“We can make some improvements, but by and large the conditions of mental hospital wards are about as good as they can be considering the disturbed patient living there.”, as stated in question 6, is indicative of the effort future nurses will make, and the efficacy that they believe
treatment has on mentally ill patients. Students who agree with this statement are more likely to accept subpar condition and care for mentally ill patients. However, following exposure to the mentally ill and experience with the conditions addressed in the statement, participants agreed less (which is a more humanistic view), making them more likely to try to optimize care.
Limitations

The limitations of this study are related to the population. There were only 51 participants, and a larger sample may have been beneficial to the study to make it more generalizable. The short time the pretest survey was available likely contributed to the small sample size. While the study does focus on BSN students, the population age consists of a large proportion of students aged 19-23. In addition, the population is highly female, with only 5 men compared to 46 women. Future studies should include a more diverse group of students.

Some attrition occurred between the pretest survey and the post-test survey; responses were removed from the final data set if they did not match a post-test survey. There were 2 incomplete responses on the pretest survey which had to be removed; 4 participants only completed one survey, and their responses were therefore removed from the results.

The CMI is from 1956, and the age may also contribute to other researchers’ preference for more modern tools. However, several studies cited by Emrich, et al., (2003) have shown that negative attitudes regarding mental illness have not changed in the past 30 years. This being said, the CMI is rarely used and difficult to find in modern literature. Further studies using this tool may be beneficial. Development of new tools that measure attitudes toward mental illness would allow more research to be done on the topic. The age of the tool means that the statements use outdated terminology and wording. Updated definitions of the terms custodial and humanistic may be beneficial, as it could help them to match current modes of thinking. Alterations to the wording in the questions would likely change responses, as it would cause a statement to more clearly align with or oppose a participants’ beliefs.
The CMI contains many important beliefs regarding mentally ill patients. While the statements remain relevant, and are important to explore in future RNs, they lack information regarding nursing care and interventions.
Implications for Nursing

Mental illness is a prevalent component of healthcare. With 50% of Americans estimated to be diagnosed with mental illness at some point in their life (CDC, 2018), it is a widespread issue. The results of this study, and other relevant studies, show that most students have very custodial views, which may lead to stigma of mental illness and mentally ill patients. After completing their mental health clinical experience opinions may change. This highlights the importance of exposure to mental illness and experience of caring for mentally ill patients in maintaining humanistic care, which leads to compassionate care for all patients. By showing that mental health clinicals lead to an overall shift in opinion towards humanism, the researchers have demonstrated that these experiences are vital to molding BSN students into humanistic and compassionate RNs. According to a NIMH (2012) report, 18.6% of adults in the U.S. had lived with mental illness in the past year. This incidence of mental illness means that nurses will have to provide care to the mentally ill regardless of the type of nursing they perform. Therefore, the process of removing the stigma from mental illness through mental health clinical is essential in nursing school in order to lead future RNs to more humanistic views and compassionate care.
Conclusion

This study found that exposure to mental illness is instrumental in shaping BSN students’ opinions of mentally ill patients. These findings are corroborated by past research in the literature review.

The findings demonstrate the importance of psychiatric mental health clinical experience in a BSN student’s education. The positive effects that result are more effective and compassionate care for mentally ill patients in both behavioral health settings and medical settings. This quality of care should be strived for as an ideal; one step toward reaching the ideal compassionate care is exposure to mental illness through psychiatric mental health clinical experience.
Appendix A: APA Permissions
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Thomas, Karen  <kthomas@apa.org>

Thu 7/6/2017 11:52 AM

To: Kavika Chugh <kavikachugh@Knights.ucf.edu>

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From: Kavika Chugh [mailto:kavikachugh@Knights.ucf.edu]
Sent: Wednesday, July 05, 2017 11:48 AM
To: Thomas, Karen <kthomas@apa.org>
Subject: Request Form

Ms. Thomas,
Attached is the APA request for permissions form. Thank you so much for your help and please let me know if any amendments must be made to the form.

Thank you,
Kavika Chugh

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Your Contact Information:

Name: Kavika Chugh
Organization name: University of Central Florida
Department: College of Nursing
Complete postal address: 5533 Lehigh Ave apt 1A
Orlando, FL 32807
Phone: (561)-635-0345
Email: kavikachugh@knights.ucf.edu

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Appendix B: Explanation of Research
EXPLANATION OF RESEARCH

Title of Project: What effect does exposure to mental illness through clinical experience have on BSN students’ attitudes about mentally ill patients?

Principal Investigator: Kimberly Dever, MSN, RN
UCF College of Nursing
12201 Research Parkway #463
Orlando, FL, 32826-2210
407-823-2632

Other Investigators: Kavika Chugh
Honors in Major Nursing Student, UCF
12201 Research Parkway
Orlando, FL, 32826-2210

You are being invited to take part in a research study. Whether you take part is up to you.

• The purpose of this research is to identify the effect of psychiatric clinical on Bachelor Science of Nursing (BSN) students’ perceptions of mental illness.

• You will be asked to complete a 25 question survey online on 08/23/2017 prior to beginning your psychiatric clinical rotation. No special changes will be made to your psychiatric clinical rotation, and you will complete this clinical rotation as usual. Following the completion of your psychiatric clinical, you will be asked to complete the same survey again between the dates of 11/18/2017 and 12/10/2017. Any differences in your survey responses will be calculated using SPSS 24. All of your information will be de-identified, and the survey is completely anonymous.

• You will be able to complete the survey online at home or at a location of your choice. The survey will likely take less than 10 minutes. You will be asked to complete this survey twice.

• If you choose to participate and complete both surveys, an incentive of 5 points of extra credit in the Psychiatric Mental Health Nursing (NUR4535) will be awarded to you. If you choose not to participate, you will have the option
to complete an alternate assignment to receive 5 points of extra credit. The alternate assignment will be to provide a one page essay on a mental illness of your choice.

You must be 18 years of age or older to take part in this research study.

**Study contact for questions about the study or to report a problem:** If you have questions, concerns, or complaints contact Kavika Chugh, student nurse by email at kavikachugh@knights.ucf.edu or Kimberly Dever, MSN, RN, faculty instructor at 407-823-2632 or by email at kimberly.dever@ucf.edu.

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.
Appendix C: Pretest Survey
HIM Pretest Survey

EXPLANATION OF RESEARCH

Title of Project: What effect does exposure to mental illness through clinical experience have on BSN students' attitudes about mentally ill patients?

Principal Investigator: Kavika Chugh
Honors in Major Nursing Student, UCF
12201 Research Parkway
Orlando, FL, 32826-2210

Other Investigators: Kimberly Dever, MSN, RN
UCF College of Nursing
12201 Research Parkway #483
Orlando, FL, 32826-2210
407-823-2632

You are being invited to take part in a research study. Whether you take part is up to you.

- The purpose of this research is to identify the effect of psychiatric clinical on Bachelor Science of Nursing (BSN) students' perceptions of mental illness.

- You will be asked to complete a 25 question survey online on 06/23/2017 prior to beginning your psychiatric clinical rotation. No special changes will be made to your psychiatric clinical rotation, and you will complete this clinical rotation as usual. Following the completion of your psychiatric clinical, you will be asked to complete the same survey again between the dates of 11/19/2017 and 12/10/2017. Any differences in your survey responses will be calculated using SPSS 24. All of your information will be de-identified, and the survey is completely anonymous.

- You will be able to complete the survey online at home or at a location of your choice. The survey will likely take less than 10 minutes. You will be asked to complete this survey twice.
• If you choose to participate and complete both surveys, an incentive of 5 points of extra credit in the NAME THE CLASS will be awarded to you. If you choose not to participate, you will have the option to complete an alternate assignment to receive 5 points of extra credit. The alternate assignment will be to provide a one page essay on a mental illness of your choice.

You must be 18 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints contact Kavika Chugh, student nurse by email at kavikachugh@knights.ucf.edu or Kimberly Dever, MSN, RN, faculty instructor at 407-823-2632 or by email at kimberly.dever@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2001.

Clicking "Next" on this page will constitute consent to participate in this study.

1. Please select the gender you identify with.
   Male
   Female

2. Please enter your age.

   [Blank]

3. Have you had prior experience with mental illness, such as through close relationships or employment?
   Yes
   No

4. When did you complete your psychiatric clinical rotation?
   1st half of the semester
2nd half of the semester

5. Only persons with considerable psychiatric training should be allowed to form close relationships with patients.
   I agree very much   I agree pretty much   I agree a little   I disagree a little   I disagree pretty much   I disagree very much

6. It is best to prevent the more disturbed patients from mixing with those who are less sick.
   I agree very much   I agree pretty much   I agree a little   I disagree a little   I disagree pretty much   I disagree very much

7. As soon as a person shows signs of mental disturbance he should be hospitalized.
   I agree very much   I agree pretty much   I agree a little   I disagree a little   I disagree pretty much   I disagree very much

8. Mental Illness is an illness like any other.
   I agree very much   I agree pretty much   I agree a little   I disagree a little   I disagree pretty much   I disagree very much

9. Close association with mentally ill people is liable to make even a normal person break down.
   I agree very much   I agree pretty much   I agree a little   I disagree a little   I disagree pretty much   I disagree very much

10. We can make some improvements, but by and large the conditions of mental hospital wards are about as good as they can be considering the disturbed patient living there.
    I agree very much   I agree pretty much   I agree a little   I disagree a little   I disagree pretty much   I disagree very much

11. We should be sympathetic with mental patients, but we cannot expect to understand their odd behavior.
    I agree very much   I agree pretty much   I agree a little   I disagree a little   I disagree pretty much   I disagree very much
12. One of the main causes in mental illness is lack of moral strength.

I agree very much  I agree pretty much  I agree a little  I disagree a little  I disagree pretty much  I disagree very much

13. When a patient is discharged from a hospital, he can be expected to carry out his responsibilities as a citizen.

I agree very much  I agree pretty much  I agree a little  I disagree a little  I disagree pretty much  I disagree very much

14. Abnormal people are ruled by their emotions; normal people by their reason.

I agree very much  I agree pretty much  I agree a little  I disagree a little  I disagree pretty much  I disagree very much

15. A mental patient is in no position to make decision about even everyday living problems.

I agree very much  I agree pretty much  I agree a little  I disagree a little  I disagree pretty much  I disagree very much

16. Patients are often kept in the hospital long after they are well enough to get along in the community.

I agree very much  I agree pretty much  I agree a little  I disagree a little  I disagree pretty much  I disagree very much

17. There is something about mentally ill people that makes it easy to tell them from normal people.

I agree very much  I agree pretty much  I agree a little  I disagree a little  I disagree pretty much  I disagree very much

18. Few, if any, patients are capable of real friendliness.

I agree very much  I agree pretty much  I agree a little  I disagree a little  I disagree pretty much  I disagree very much

19. There is hardly a mental patient who isn't liable to attack you unless you take extreme precautions.
20. Patients who fail to recover have only themselves to blame; in most cases they have just not tried hard enough.

21. "Once a schizophrenic, always a schizophrenic."

22. Patients need the same kind of control and discipline as an untrained child.

23. With few exceptions, most patients haven't the ability to tell right from wrong.

24. In experimenting with new methods of ward treatment, hospitals must consider, first and foremost, the safety of patients and personnel.

25. Please create a unique code. It is suggested that you use the first 3 letters of your mother's name + the first 3 numbers of your street address from when you were growing up. This will be used to match your pretest survey to your post-test survey without identifying your information. You will need to retain this code until the post-test survey at the end of the semester. In order to receive extra credit you must email your name and unique code to Dr. Loerzel at victoria.loerzel@ucf.edu.
Appendix D: Post-Test Survey
HIM Post-Test Survey

1. Please enter the unique code that you created at the end of the pretest survey. (Hint: It was suggested that you use the first 3 letters of your mothers name and the first 3 numbers of your street address growing up).

2. Only persons with considerable psychiatric training should be allowed to form close relationships with patients.

3. It is best to prevent the more disturbed patients from mixing with those who are less sick.

4. As soon as a person shows signs of mental disturbance he should be hospitalized.

5. Mental Illness is an illness like any other.

6. Close association with mentally ill people is liable to make even a normal person break down.
7. We can make some improvements, but by and large the conditions of mental hospital wards are about as good as they can be considering the disturbed patient living there.

I agree very much I agree pretty much I agree a little I disagree a little I disagree pretty much I disagree very much

8. We should be sympathetic with mental patients, but we cannot expect to understand their odd behavior.

I agree very much I agree pretty much I agree a little I disagree a little I disagree pretty much I disagree very much

9. One of the main causes in mental illness is lack of moral strength.

I agree very much I agree pretty much I agree a little I disagree a little I disagree pretty much I disagree very much

10. When a patient is discharged from a hospital, he can be expected to carry out his responsibilities as a citizen.

I agree very much I agree pretty much I agree a little I disagree a little I disagree pretty much I disagree very much

11. Abnormal people are ruled by their emotions; normal people by their reason.

I agree very much I agree pretty much I agree a little I disagree a little I disagree pretty much I disagree very much

12. A mental patient is in no position to make decision about even everyday living problems.

I agree very much I agree pretty much I agree a little I disagree a little I disagree pretty much I disagree very much

13. Patients are often kept in the hospital long after they are well enough to get along in the community.

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15. Few, if any, patients are capable of real friendliness.

16. There is hardly a mental patient who isn’t liable to attack you unless you take extreme precautions.

17. Patients who fail to recover have only themselves to blame; in most cases they just have not tried hard enough.

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19. Patients need the same kind of control and discipline as an untrained child.

20. With few exceptions, most patients haven’t the ability to tell right from wrong.

21. In experimenting with new methods of ward treatment, hospitals must consider, first and foremost, the safety of patients and personnel.
References


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