

A Phenomenological Exploration of Attitudes of Nursing Students towards Mental Illness, Patients and Psychiatric Nursing Clinical Placement in Southern Malawi: Implications for Nursing Education and Clinical Practice

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Abstract: Mental illness constitute a major public health problem in the world. Nursing students' attitude towards mentally ill clients is the determining factor for the holistic care of these clients. Research related to nursing students' attitudes towards people with mental illness is very scanty in Malawi. To explore attitudes of nursing students towards mental illness, patients and psychiatric placement in Southern Malawi, a qualitative phenomenological design was carried out and participants were selected using purposive non-probability sampling technique. An interview guide with open ended semi- structured questions was used to collect data through individual face-to-face interviews. The study has shown that post psychiatric placement of the nursing students contributes to overall positive attitudes towards mental illness. Students' attitudes, clients' behavior, students' welfare, tutor supervision and learning environment were the main themes which emerged. The findings of this study implied that direct contact with persons with mental illness encourages and enhance a positive attitude towards mental illness in nursing students. However, critical issues such as college supervision, nurse attitudes at the hospital and congestion of students during placement need to be given due attention if meaningful experiences and attitudes are to be retained in students

Keywords: Assess, attitudes, inexperienced tutors, mental Illness, nursing students, supervision, Malawi Government.

INTRODUCTION

Literature states that mental illnesses have been largely ignored or neglected because of a community's perception and attached stigma [1]. Attitudes towards mental illness have been found to influence the treatment given to those patients by personnel working with them. The negative attitudes attached to mental illness and the associated help-seeking process is the major factor that is thought to contribute to the underutilization of mental health services [2]. This was echoed by Salehi, Naji, and Afraghai [3] who found that it is very common for individuals who suffer from mental illness to experience stigma from the people around them including health care workers.

Nursing curriculum in Malawi provides for both tutorials in the respective colleges and clinical placement at Zomba Mental Hospital. Even though the students receive such tutorials and clinical placement, their attitudes towards mental illness are not known. It is believed that through assessing their attitudes, one

would determine the students' willingness to pursue psychiatry as a specialty. It is emphasized that although recent advances in psychiatry have increased our understanding of psychiatric disorders, many people may be unaware about mental illness and its treatment [4].

Nursing students are future health manpower. As such, to fulfill their role, they need to be trained in such a way to develop positive attitudes toward needy people. Nurses need to be able to provide mental health education and care with a positive attitude in the community, as community care is the most accessible form of care world-wide. Further, in view of the severe scarcity of mental health personnel, development of a positive attitude towards the mentally ill [5] on the part of students is paramount.

Drewniak, Kronos and Wild [6] contend that the strength with which an attitude is held is often a good predictor of behavior. Attitudes based on direct experience are more strongly held and influence

behavior more than attitudes formed indirectly. Knowing a person's attitude helps us predict their behavior [7]. Mental disorders constitute a major public health problem. Today the global lifelong prevalence for any given psychiatric disorders is reported to be as high as 48%. It is estimated that there are at least 450 million people in the world currently suffering from some kind of mental disorders, with 150 million affected by depression and 25 million by schizophrenia [8].

Widmann, Apondi, Musau, Warsame, Isse, Mutiso *et al.* [8] informs that at least one in every four patients [25%] visiting a health service has a mental, neurological or behavioural disorder, but most of these are neither diagnosed nor treated. Barriers to effective treatment of mental illness include lack of recognition of the seriousness of mental illness and lack of understanding about the benefits of the services. This is attributable to attitude problems of nurses. The negative attitude is a known hindrance to providing quality service to mental ill people.

Objective

The objectives of this study were to assess attitudes of third year nursing students towards mental illness and to identify the challenges faced by the students while caring for the mentally ill in Southern Malawi

Significance of the Study

The importance of this study is underpinned in its findings and its implications on nursing and medical education, practice and policy in Malawi. Owing to the paucity of published literature on the attitudes of student nurses towards mental health and illness in Malawi, the findings from the study will have important implications for nursing training, practice and policy. It is our considered view that the findings will form a foundation for future research on the area.

LITERATURE REVIEW

The attitudes of the health professionals on mental illness have been argued to be a major determinant of the quality and outcome of care for mentally ill. There was substantial research examining attitudes of student nurses in the developed world. However, literature review has revealed that there is little research which has been done to ascertain attitudes of students towards mental illness in Sub-Saharan Africa in general and Malawi in particular. Bjørk, Berntsen, Brynildsen and Hestetun [9] conducted a study in Sweden on student nurses and the general public to evaluate attitudes towards mental illness displayed by student nurses with previous contact with mentally disordered person prior to education in psychiatric nursing and to evaluate trends in attitudes towards mental illness exhibited by student nurses and the public. Findings informed that student nurses who had experienced some type of contact with mental

illness prior to education in psychiatric nursing exhibited a positive attitude, more so than those lacking contact, toward mental illness. The findings implied that direct contact with persons with mental illness will encourage and enhance a positive attitude towards mental illness in general. It is documented elsewhere that student nurses' fear or discomfort with mentally ill patients resulted in poorer outcomes for patients and students' dissatisfaction with their experience of mental health nursing and these negative attitudes towards mental illness impacted client outcomes and the career choices made by nurses [10]. Mwape, Mweemba and Kasonde [11] explored the presence, causes and means of addressing individual and systematic stigma and discrimination against people with mental illness and concluded that very little attention was devoted to addressing the negative beliefs and behaviors surrounding mental illness. However, [3, 11] argued, in a study conducted at The University of Akron in Akron, Ohio, USA, on attitudes of baccalaureate nursing students towards mental illness. The results revealed a significant improvement in baccalaureate nursing students' attitudes toward persons with serious mental illness following personal contact. Those findings indicated that personal contact with a mentally ill person could be used as an intervention to improve attitudes and reduce stigma in healthcare professionals. However, the differences in findings mean that the context under which they occur cannot be generalized.

It is reported that of health care worker attribute mental illness to substance misuse and spiritual causes such as spirit possession and God's punishment [12,13]. This shows that generally negative attitudes to mentally ill patients exist. However, these conclusions are not from nursing students. Improvement of attitudes towards mentally ill both at hospital and community levels is important for their integration [13]. Nonetheless, little is known about the attitude of nursing students towards mental illness in Malawi.

MATERIALS AND METHODS

Study design

This study was qualitative in nature and it used a phenomenological method. An interview guide with open ended semi- structured questions was designed by the researchers for data collection. The study was conducted at an established midwifery and nursing training college in Southern Malawi under the Christian Health Association of Malawi (CHAM) unit which located in Nsanje District. This college was chosen because it also places its students at Zomba Mental Hospital, which is the only referral government hospital for mentally ill in Malawi. Thus, the participants had necessary experiences which the researchers wanted to uncover to inform practice. The population of the study was all students in third year because they had been taught psychiatric lessons in class and that they had undergone a psychiatric placement at Zomba Mental Hospital by the time the study was conducted.

Sampling techniques and sample size

The study used purposive non-probability sampling method. The researchers selected participants with a specific purpose in mind, which was, assessing attitudes. The goal of purposive sampling is to sample cases or participants in a strategic way so that those sampled are relevant to the research questions that are being posed [14]. The inclusion criteria constituted being a third years nursing student and having undergone a placement at Zomba Mental Hospital. The researchers had suggested ten participants were initially targeted, however the data saturation was reached at interview with the seventh interview.

Data collection

A semi-structured interview guide was developed based on study objectives and literature review. The data collection toll included data on socio-demographic factors and open-ended questions with probes based on the objectives. Individual face-to-face interviews we done to collect the data. Each interview took 45 to 60 minutes.

Trustworthiness of the study

The researchers ensured that the study measured or tested what was intended, that is, attitudes of the nursing students. The researchers made sure that all the records, that is, the transcripts of the study were kept in a lockable cupboard accessible to him and reported in detail. Further, researchers ensured that a comprehensive methodology as laid down in the methods was followed step by step.

Data analysis

The data were analyzed manually using content analysis [15]. The contents or the responses of the participants were examined and reviewed to find out the emerging of themes and sub-themes. The researchers went through the transcripts and listed the

different types of information based on similarities and differences which resulted into categories, subthemes and themes.

Ethical considerations

The Helsinki declaration of 1975 was dully followed [16]. Ethical approval was sought from the Research Ethics Committee of Mzuzu University through St John of God College of Health Sciences. Permission to conduct the study at the planned site was also obtained from College Management and participants themselves. Adequate information about the study was provided to subjects which include the benefits of participating in the study, their right to choose to participate in the study on a voluntary manner and that their refusal to participate did not attract any penalty. A consent form was given to each participant to read and sign if they agree with the conditions stipulated. Confidentiality was maintained by not indicating names of participants on the questionnaires and using serial numbers to ensure that participants' identities are kept anonymous.

RESULTS

Sample Realization and Description

The predetermined sample size by the researchers was ten but data saturation was reached with the seventh interview. There were five male and two female participants, their ages ranged from 24 to 30 years (Table 1).

Qualitative Findings

Responses from the participants were analysed manually by using content analysis. Five themes emerged as follows: Students' attitudes, clients' behavior, students' welfare, tutor supervision and learning environment. Presentation of the themes was substantiated by the appropriate quotes from the participants.

Table-1: Demographic details of participants

Sociodemographic variable	Frequency	Percentage (%)
Sex		
Male	5	71.4
Female	2	28.6
Age		
20-25	4	57.1
26-30	3	42.9
Marital status		
Single	6	85.7
Married	1	14.3
Occupation		
Employed	0	0.00
Just a student	7	100.00
Have been to MH [†] before		
Yes	0	0.00
No	7	100.00

[†]Mental Hospital

Students' Attitudes

The theme has two sub-themes, that is, positive students' attitudes and negative students' attitudes. Students had mixed feelings towards mentally ill clients.

Positive students' attitudes

Despite that they had never cared for the mentally ill client, other students (n=3) had positive attitudes towards the clients before the psychiatric placement. They had a feeling that these clients are people like any and that they needed to be cared for and not discriminated against. They felt that these clients are suffering from a sickness like any other sickness. Participant number 5 said: *"they are people like everyone"*. All participants (n=7) expressed positive attitudes towards mental illness because of the good experiences they had during the placement. Some students were thrilled that they were able to interact with the clients in a humanly manner. Their attitudes were further improved when they saw clients who would come to the hospital so violent during the first few days and slowly improved from their symptoms and become calm. This is supported by what participant number 4 said: *mental illness can be cured; new cases come to hospital so violent but after treatment they are calm*. The participant further said: *"the client is a person like any, they can dance with me, play games, do rehabilitation works. If you can show that you care, they can become so friendly"*.

The students observed that some of the stories that they had heard before psychiatric placement were just exaggerated. Participant number 6 had this observation: *"before it was very much exaggerated, but after you see that they are people like any- treat them equally. I can welcome them warmly. This placement has assisted my attitude"*.

Negative students' attitudes

Some participants (n=4) indicated negative attitudes towards mental illness before a psychiatric placement. These negative attitudes were generated from the experience they had and stories they had heard from other people. Among the stories were that the mentally ill people can beat anyone even if one has not wronged them. Some participants had heard that the mentally ill people can break other people's property and that they can also beat the nurse while they are giving them care. They heard that the clients can become so aggressive that they do not appreciate who gives them care and what care they are given. This is what participant number 4 had to say: *"one client wanted to deal with his father- to kill him, because he suspected that his father had an extra marital relationship and forsaken his [client's] mother"*.

Clients' Behaviours

This theme presents the clients' behaviors which have been divided into two sub-themes; positive behaviors and negative behaviours.

Positive clients' behaviours

They were able to chat with the clients, pray together and watch television together. This further improved the students' attitudes as evidenced by participant number 3 who said: *"if handled well, they can get back to normal life- need to handle them professionally. I am eager to work with them and handle them anytime, not fearing them anymore"*.

Negative clients' behaviours

It was reported by the participants (n=2) that some of the clients displayed aggressive behaviour towards them. Some clients' mood was so labile that they became fearful and aggressive. Other clients were difficult to communicate with, making it difficult to take history and give them drugs as indicated by participant number 4: *"poor communication makes it difficult to take history, give drugs; sometimes they respond irrelevantly"*.

Students' Welfare

Five of the participants reported that the four weeks that they were allocated for the placement were very short. This made learning difficult since it was not possible for them to cover many aspects that they needed as students. Participant number 3 said: *"time is not enough- lot of things to do, I suggest 8 weeks, because there are many areas to be tackled"*. The participants reported that despite the good accommodation provided, it was located rather far from the practical area. This, they reported, was making it difficult for them to walk and arrive at the clinical area in time. When they arrived late to the work area, they were treated negatively by the staff nurses. Participant number 5 observed that: *"distance from living place to hospital was long; any delay was treated negatively"*.

Supervision of Students

Although some students were silent on the issue of supervision, one student pointed out that supervision was adequate, but the problem was that there were not enough experienced tutors. Participant number 5 had to say: *"college staff is supervising well, but there is not enough experienced staff [in psychiatry]"*. Supervisions were only done once per week which was not enough time for every student to be assisted by the tutor accordingly. Participant number 6 had this to say: *"inadequate supervision-done only once a week by the tutor"*.

The Clinical Placement Environment

Participants (n=3) indicated that there were staff shortages at Zomba Mental Hospital. This compromised their learning. This decreased their chances of being supervised by the staff. Participant number 2 observed that: *"there were no enough staff nurses at Zomba Mental Hospital, leading to poor supervision"*. Participant number 3 had this to say: *"staff nurses did not teach us a lot of things-they would leave us to learn alone"*.

DISCUSSION

The findings of this study have shown that most students had preconceived negative attitudes towards mental illness before a psychiatric placement while a smaller number had a positive attitude before the placement. However, as revealed by the study, it showed that at the end of psychiatric placement, after exposure and experience, there was an overall positive attitude of students towards mental illness. The study findings have shown that participants have developed positive attitudes. These findings correlate with that of [17, 18] who affirmed that contact and interaction with people with mental health problems reduce fear and anxiety and in turn would impact students' attitudes in a more positive way. These findings indicate that clinical experience where nursing students get personal contact with mentally ill people may be used as an intervention to improve their attitudes. However, some indicated negative attitudes towards mental illness before a psychiatric placement. The negative attitudes were developed from the past experiences and the information that they had from other people. These findings are in line with [6, 13, 19] who found that the student nurses held an overall negative attitude towards mental illness, with a general perception that mentally ill people are dangerous before placement into a mental health institution.

The findings have shown that mentally ill clients were able to interact well with the students. The findings inform that people with mental illness have a life to live and enjoy. It may be with small steps initially but focusing on the positive aspects of one's life builds on strengths and leads to an upwards spiral of positivity. The finding showed that period of placement was not adequate and, that the students are not given local transport; these affect their welfare. There was a concern that the placement was short, and this compromised student learning experiences. This has been reported before. However, most colleges justified certain clinical hours based on regulatory bodies. As such this may not be directly related to negative attitudes. However, student needs to always maximize their clinical learning time [19]. Although literature elaborates that longer placements are generally more satisfied and build more positive attitudes, colleges have always controlled this according to nurses' council regulations. Manipulating the clinical period might encourage the students and improve their attitudes but the truth nature in nursing is that it needs to be controlled. Issues of students' welfare are a concern for every student. It was reported that transportation was a problem and affected student's learnings. These should be a critical concern for the colleagues and their clinical impacts have been reported before [19, 20].

The importance of supervision to student nurses cannot be underestimated. Harding and Mawson [20] indicated that clinical supervision ensures that

students are adequately supported and prepared for their transition to new graduate nurses. Further, supervision should be done by experienced tutors [5, 18, 20]. Adequate supervision provides a satisfying learning environment for students. When the students are not supervised more regularly, their progress on competences is not well monitored [20, 21]. This affects the clinical learning. Lack of good student supervision also makes the learning environment negative for most student nurses [21]. This is why participants reported feeling unsatisfied with the environment during the placement. Clinical supervision can support the already constrained human resources health systems in all clinical areas by supporting the current shortages of nurses. There is an agreement in literature [19, 22] that nursing shortage has been acknowledged as a problem worldwide [10, 22]. However, in Malawi shortage of nurses is a chronic issue. Attaching nursing students to clinical areas without proper supervision can be a major issue. This can fuel student's negative attitude towards mental illness [22, 23] and has been identified as a major barrier to sustaining an adequate psychiatric nursing workforce. This could lead to a non-stimulating, non-supportive environment. It is contended [9, 23] that negative experiences of the clinical environment where staff display negative attitudes towards working with students affect the students' learning as well as patient outcomes. This is compounded by large numbers of students per time and negative staff attitudes in developing countries. However, this may depend on the settings. In most western countries [18, 24] reported that students felt welcomed, were oriented and supported during their placements by staff. This could be due to low levels of shortage compared to that of Malawi. A good ward environment where staff viewed students as less experienced colleagues and treated them with respect and giving them enough skills is described as being favourable to students' learning [13, 24].

In summary students' attitudes, clients' behaviours, students' welfare, tutor supervision, and learning environment were found to be linked in this study. These findings were compounded by personal, institutional and administrative pitfalls. This rendered student experiences to be mixed but highly negative towards mentally ill patients and their clinical experiences in Malawi. The environment in which the students found themselves had an impact on them compounded by inexperienced and intermittent supervision from the tutors and hospital nurses.

Implications of the Study

The research has shown that the nursing curriculum concentrates more on the classroom tutorials than the practical placement. This means that practical educational programmes that prepare the student nurses for the professional nursing career are not adequate. Thus, modification of the current curriculum is

warranted. An important implication rests on policy makers in Malawi. Currently one public mental health referral hospital renders itself inadequate to both clinical learning and patients' coverage. The study has shown that there are so many students from different colleges during one placement and is big challenge to the government and the patients alike. The government is encouraged to build more mental hospitals in Malawi. Further, student supervision is inadequate and management of nursing colleges need to put in plans to intensify the supervision of students during psychiatric placement. Students' negative attitudes can be positively impacted by proper and adequate supervision.

Study Limitations

The study did not involve tutors and nurses who are directly involved with student placement. This could have enriched the study findings. Owing to its methodology quantification and ranking of the findings was not possible.

CONCLUSION

This study aimed at assessing the attitudes of third year nursing students at a tertiary college in Southern Malawi. The study found that although the participants held an overall positive attitude towards mental illness after a psychiatric placement, their experiences were constrained by shortage of nurses, congestion of students from other colleges, intermittent, inexperienced and inadequate supervision from both tutors and nurses. This status quo may continue unless college management develops and good plan for supervision and provides regular and experienced tutors during placement. More mental hospitals are needed to for optimal mental health clinical placement experiences in Malawi.

Conflict of Interest

Authors declare no conflicts of interest.

Funding

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Authorship Credits

EK was the principal investigator led the operationalization of each study step. PGMC was a supervisor and supervised the proposal and methodologically helped EK from data collection to report writing. EK and PGMC conceptualized the study and approved the submission.

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