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# The Effect of Personal Contact on Attitudes toward Mental Illness in Baccalaureate Nursing Students

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The Effect of Personal Contact on Attitudes toward Mental Illness in Baccalaureate Nursing  
Students

Jessica Ashe

The University of Akron

**Abstract**

Many people who suffer from serious mental illness also suffer from the stigma associated with such illness. Because nurses frequently come into contact with the mentally ill, it is important that they do not stigmatize these individuals. The purpose of this study is to determine the effect of a guest lecture by an individual with a serious mental illness on attitudes about mental illness in a sample of baccalaureate nursing students. The theoretical framework that guides this study is Goffman's (1963) theory of social stigma. The sample is a convenience sample of 50 junior level nursing students enrolled in the Mental Health Nursing course at a large public university in Midwest U.S. The Attitudes toward Mental Illness Questionnaire measured attitudes and was used as a pre- and post-test before and after personal contact via guest lecture with a person with a serious mental illness. A paired t-test was used to determine differences in the means of the pre- and post-tests. The results revealed a significant improvement in baccalaureate nursing student attitudes toward persons with serious mental illness following personal contact. These findings indicate that personal contact with a mentally ill person could be used as an intervention to improve attitudes and reduce stigma in healthcare professionals.

According to the National Alliance on Mental Illness (NAMI), mental illness is “a condition that impacts a person's thinking, feeling or mood may affect and his or her ability to relate to others and function on a daily basis.” It is estimated that one in five adults experiences a mental illness every year (“Mental Health Conditions,” 2015). It is very common for individuals who suffer from mental illness to experience stigma from the people around them. Goffman (1963) defines stigma as “the phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute” (p. 6). Experiencing

stigma may have serious negative consequences, such as making persons reluctant to seek appropriate care and treatment. The shame of stigma presents an obstacle to recovery and treatment for the mentally ill by reducing social networks, resulting in poorer outcomes (Byrne, 2000). It is imperative to decrease stigma so that individuals with serious mental illness can take advantage of available healthcare resources. There is some current research that seeks to find a solution to this problem. The purpose of this study is to determine whether there is a change in baccalaureate nursing students' attitudes about mental illness following a guest lecture by an individual with a serious mental illness. Specifically, the study examines the effect of personal contact on attitudes about mental illness in a sample of undergraduate nursing students. The research question is: Is there a change in attitudes toward persons with serious mental illness following a guest lecture by a seriously mentally ill person?

### **Review of the Literature**

There is a large body of research about stigma toward individuals with mental illness. This review of literature focuses on healthcare professionals, particularly nursing students, and stigma. Researchers have studied the problem of stigma toward persons with mental illness. In a study of health professionals from acute and mental health care settings, stigma towards persons with schizophrenia was greater than towards those who suffered a brief psychotic episode (Rao, Mahadevappa, Pillay, Sessay, Abraham, & Luty, 2009). Schafer, Wood, and Williams (2011) found a high degree of stigmatized attitudes in nursing students toward individuals with mental illness. Based on these findings, this study investigates the effect of an intervention on mental illness attitudes in nursing students.

Researchers have investigated ways to solve the problem of stigma toward persons with mental illness. In a study of the effects of journaling and self-expression on the attitudes of

nursing students working with clients suffering from mental illness, Weber (2009) found that journaling and self-expression improved attitudes toward clients with mental illness. Although researchers have also studied the effect of a hearing voices simulation on improving attitudes and reducing stigma toward individuals suffering from mental illness, the evidence regarding impact on stigmatizing attitudes is inconclusive (Chaffin & Adams, 2013; Galletly & Burton, 2011; Wilson et al., 2009; Dearing & Steadman, 2009; Tusaie, 2013). Many researchers have found that interventions improved attitudes and reduced stigma (Chaffin & Adams, 2013; Galletly & Burton, 2011). Others found that use of a hearing voices simulation resulted in better understanding and improved insight into the lives of those suffering from mental illness (Wilson et al., 2009; Dearing & Steadman, 2009; Tusaie, 2013). However, findings about the use of a hearing voices simulation are inconsistent. For example, Brown (2010) found increased stigma and worsening of attitudes toward individuals with mental illness following a hearing voices simulation. Further, Brown, Evans, Espenschade, and O'Connor (2010) used both a hearing voices simulation and filmed personal contact as interventions to reduce stigma and improve attitudes toward persons with mental illness. The researchers concluded that following the filmed personal contact there was a decrease in stigma and negative feelings toward individuals with mental illness, and following the hearing voices simulation there was an increase in stigma and negative feelings toward individuals with mental illness. These findings suggest that personal contact is more effective than a hearing voices simulation in reducing stigma and improving attitudes toward the mentally ill. However, more research is required to strengthen this conclusion.

### **Theoretical Framework**

The theory of social stigma guides this research. Goffman (1963) defines stigma as an “attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed” (p. 3). Goffman describes stigma as a social process that generates categories of people who are often discredited because of an undesirable trait they possess. When possible, people with undesirable traits often use strategies to control information so they appear normal and acceptable to society (Goffman, 1963). This explains why mentally ill people who are stigmatized may often delay or refuse to seek treatment. They do not want to reveal their illness because it is “undesirable,” so they often do not admit to being mentally ill in attempts to appear “normal” to the rest of society. Based on Goffman’s theory of social stigma, I expected to find a high incidence of stigma before the personal contact with a seriously mentally ill person, as evaluated by the pre-test AMIQ scores.

## **Methods**

### **Design**

This study has a quasi-experimental pre- and post-test design determine the effect of personal contact with an adult with serious mental illness on attitudes about mental illness in a sample of undergraduate nursing students. Attitudes about mental illness were measured with the AMIQ (Cunningham et al., 1993), which was used to collect data before and after the intervention. A guest lecture by a professional person with a serious mental illness was the intervention used in this study. Data collection occurred during Spring I 2015, following university IRB approval.

### **Site and Sample**

The site was a large, urban, public university in the Midwest U.S. The total number of students at the university for 2013 was 22,122. The number of students in the school of nursing

in 2013 was about 1,000, including undergraduate and graduate students. There are about 400 graduate students in the nursing program; the types of nursing programs for graduate students are PhD, CRNA, and DNP programs. The undergraduate students make up about 600 students and the undergraduate programs include traditional baccalaureate (BSN), RN to BSN, accelerated, and LPN to BSN.

The convenience sample included 50 junior level nursing students enrolled in a mental health nursing. Inclusion criteria include: traditional baccalaureate program enrollment and age 18 years and older. No one was excluded based on gender, ethnicity, or age, as long as they are at least 18 years old. Participants were ranging in age from 19-42. The average age of participants was 23.5 years. The sample was 84% female. 70% of participants reported having previous experience with a person with serious mental illness. All participants received instruction that participation in this study and submission of completed surveys indicated informed consent.

### **Intervention**

The intervention is personal contact via a guest lecture by a professional person with a serious mental illness. During the two-hour lecture, the person discussed the history of mental illness and mental institutions and shared information about his life and diagnosis with a mental illness. Students were able to individually speak to lecturer following the lecture if they desired. The goal of this intervention is to affect the attitudes of participants toward persons with serious mental illness.

### **Sampling and Data Collection Procedures**

The Primary Investigator (PI) attended the mental health nursing course on the day of the guest lecture. Before arrival of the lecturer, the PI distributed the consent form (see Appendix A)

and survey to all present students and explained the purpose of the study. The PI also informed the students that participation in the study by completion of the survey indicated informed consent. Pre-tests and post-tests were on opposite sides of the same piece of paper to avoid use of identifiers while keeping pre- and post-test data together. Once all pre-test surveys were completed, the participants were asked to turn over the survey and to wait until the end of the lecture to complete the post-test survey. Following the guest lecture, all completed surveys were returned to the project sponsor and stored in a locked university office. Data were stored in a password-protected computer and only the PI and sponsor had access to the data. Surveys were destroyed following data entry.

### **Measures**

The Attitudes toward Mental Illness Questionnaire (AMIQ; see Appendix B; Cunningham et al., 1993) was used as a pre- and post-test to measure attitudes toward individuals with serious mental illness. The AMIQ (Cunningham et al., 1993) includes five items to capture negative attitudes toward the seriously mentally ill in work, social, and personal settings. The instrument presents a short fictional narrative about a person with schizophrenia and follows with five questions using five-point Likert-style scales. The AMIQ has high content validity and reliability, as validated by adequate Cronbach's alpha scores, factor analysis, and test-retest correlation coefficients (Luty, Fekadu, Umoh, & Gallagher, 2006).

### **Data Analysis**

All data were entered into a data analysis software program and examined for missing values and data entry errors. A paired t-test, which measures within group or participant differences, was used to analyze the data to determine pre- and post-test intervention differences



in the means of attitudes about mental illness. A level of statistical significance is set at *p-values* less than 0.05.

**Results**

The research question was: Is there a change in attitudes toward persons with serious mental illness following a guest lecture by a seriously mentally ill person? A paired t-test analyzed the effect of personal contact with a seriously mentally ill person on attitudes toward the mentally ill. There was a significant overall improvement ( $t=-7.78, p=.000$ ) in attitudes following personal contact with an individual with serious mental illness (see Table 1).

**Table 1**

<b>Pair</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>t</b>	<b>Significance</b>
pre-post Q1	-.540	1.034	-3.692	.001
pre-post Q2	-.480	.735	-4.617	.000
pre-post Q3	-.600	.881	-4.818	.000
pre-post Q4	-.720	.882	-5.775	.000
pre-post Q5	-.700	.886	-5.584	.000
pre-post total	-3.040	2.762	-7.782	.000

**Discussion**

Baccalaureate nursing students’ attitudes about mental illness were significantly improved by personal contact with a seriously mentally ill person. The findings are consistent with those from previous studies indicating that personal contact is effective in reducing stigma and improving attitudes toward mental illness (Brown et al., 2010). The higher incidence of stigma before the intervention supports Goffman’s (1963) theory of social stigma because participants’ survey answers indicated stigma toward mental illness prior to the intervention.

Some limitations should be acknowledged. The participants had already had one day of clinical experience in the mental health nursing course at the time of data collection. Therefore,

some of the participants had likely already had a personal contact with a person with serious mental illness. Additionally, the sample was a convenience sample of only 50 participants, and the majority of the participants are women. Therefore, the results of this study may not be generalized to the public. Further, testing is a threat to the internal validity of the study, because it is possible that participants remembered how they responded to pre-test items, which may have affected how they responded to post-test items. Finally, social desirability may also limit findings because it is possible that the nursing students responded to items in ways they thought they should instead of responding honestly to the items.

### **Conclusions**

The results of this study are consistent with the literature demonstrating the significance of personal contact with individuals with serious mental illness on attitudes about mental illness. More research should be conducted on healthcare professionals' perceptions of the mentally ill and the effects of personal contact on these perceptions. Based on the results of this study, it is important that nursing students, as well as other healthcare providers, have personal contact with individuals with serious mental illness to improve attitudes and reduce stigma toward such individuals. The results of this research should guide the teaching approach used when addressing the treatment of mentally ill individuals in the healthcare setting.

## Appendix A

### INFORMED CONSENT FORM FOR PARTICIPANTS

You are invited to participate in a study being conducted by Jessica Ashe, senior level nursing student, College of Health Professions, School of Nursing, University of Akron.

This project focuses on the effectiveness of personal contact with a seriously mentally ill person on improving attitudes toward the mentally ill. The information obtained from this project may be used to guide nursing faculty in changing this teaching strategy to ensure optimal learning.

If you decide to participate, you will be asked to complete a questionnaire before and after the presentation by the guest lecturer. It should take about 5-10 minutes of your time to complete the questionnaire. **Completion and submission of this survey represents your consent to serve as a subject in this research.** Participation in the project is completely voluntary. If at any time you decide that you do not want to participate in the study, you may withdraw. There is no penalty or loss of benefits if you refuse or change your mind and do not continue in the study.

Your confidentiality will be protected throughout the study. Your name will not appear on any questionnaire documents or be connected with any answers you may give. All data obtained from your questionnaire will be kept confidential and will not be viewed by anyone but the researchers. All completed questionnaires will be kept in a secure file located in a locked office at the School of Nursing at The University of Akron. All findings will be reported as aggregate data. You will not be identified in any report. A copy of research findings will be made available upon request.

Thank you for your participation!

**Appendix B**

**Please circle the response that best represents you:**

**Age:** \_\_\_\_\_

**Gender:**      Male                  Female

**Have you have a previous experience with a seriously mentally ill person?**

Yes                  No

**Please read the following statement:**

*John has schizophrenia. He needs an injection of medication every 2 weeks. He was hospitalized 2 years ago because he was hearing voices from the Devil & thought he had power to cause earthquakes. He has been involuntarily hospitalized in the past, but is now working & functioning quite well. Please circle your response to each question.*

<b>Attitude toward Mental Illness Questionnaire (AMIQ; Cunningham et al., 1993)</b>					
1. I think this would damage John's career.					
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
2. I would be comfortable if John was my colleague at work.					
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
3. I would be comfortable inviting John to a dinner party.					
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
4. How likely would it be for John's wife to leave him?					
Very likely	Likely	Neutral	Unlikely	Very Unlikely	
5. How likely would it be for John to get in trouble with the law?					
Very likely	Likely	Neutral	Unlikely	Very Unlikely	

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