

African Journal for Physical, Health Education, Recreation and Dance (AJPHERD) Supplement 1:2 (October) 2014, pp. 523-537.

Professional nurses' attitudes and perceptions towards mentally ill in an associated psychiatric hospital

MARINA BASSON, HESTER JULIE AND OLUYINKA ADEJUMO

School of Nursing, University of the Western Cape, Bellville, South Africa. E-mail: hjulie@uwc.ac.za

Abstract

Research indicates that professional nurses with additional training in mental health nursing demonstrate more positive attitudes and perceptions towards mentally ill patients compared to those with less training. The aim of this study was to identify the factors which influence the attitudes and perceptions of professional nurses towards the mentally ill. A quantitative, exploratory, descriptive design was employed and cross-sectional survey was carried out among 60 professional nurses who were in permanent employment at a governmental associated psychiatric hospital in the Western Cape, South Africa. The findings indicated that nurses with post-registration diplomas in psychiatric nursing reported significantly higher role competency than those who only completed the basic four-year comprehensive nursing programme. The ethnicity of nurses played a role in the stereotyping of the mentally ill. No significant differences were evident between those professional nurses who had completed the advanced mental health course and those who had not. It is thus recommended that an introductory programme that addresses fallacies and negative attitudes towards the mentally ill should be made mandatory for all the students from the very early stages of their training.

Keywords: Role competency, stereotyping, mentally ill, professional nurses.

How to cite this article:

Basson, M., Julie, H. & Adejumo, O. (2014). Professional nurses' attitudes and perceptions towards mentally ill in an associated psychiatric hospital. *African Journal for Physical, Health Education, Recreation and Dance*, October (Supplement 1:2), 523-537

Introduction

Mental health nursing is a specialised field within the nursing profession. The World Health Organization (WHO) advocates the integration of mental health services into primary health care as a response to the human capital challenges most countries face (Brundtland, 2001). Brundtland (2001) reported that there was less than one psychiatrist and mental health nurse per 100 000 people. However, the mainstreaming of mental health care as proposed by WHO, as well as the increased rate of mental illness, has impacted upon the emotional well-being of nurses working in both general hospitals and mental health care facilities (Mavundla, Poggenpoel & Gmeiner, 2001). The optimal integration of mental health services into the primary health care system in South Africa is, however, dependent on continuous training and support for primary mental health care workers.

Professional nurses (PNs) with basic or no training in mental health nursing showed fear and avoidance behaviour with regard to working with the mentally ill compared to those nurses with training in advanced mental health nursing, according to an Australian study (Reed & Fitzgerald, 2005). This finding was confirmed by studies conducted in general hospitals in South Africa (Lethoba, 2009; Lethoba, Netswera & Rankhumise, 2006). These authors reported that inexperience, insufficient skills and lack of knowledge in the mental health field affected the nursing care provided to the mental health care user. It is thus incumbent that PNs working in mainstreamed mental health facilities be trained and provided with proper guidelines on the principles of basic mental health care (Moosa & Jeenah, 2008).

The South African Nursing Council introduced a four-year programme, Regulation 425 (R425) of 22 February 1985 amended under the Nursing Act 33, 2005, in response to the expressed need for a comprehensive health care professional for the South African population. Therefore PNs who successfully completed the basic R425 nursing programme were qualified as general, psychiatric and community midwives/nurses. However, a study conducted in KwaZulu-Natal reported that PNs who completed this comprehensive R425 programme perceived themselves to be incompetent in managing crises in psychiatric nursing units due to training gaps (Hlongwa, 2003). This comprehensive programme thus diverted from the previous basic three-year programme that only enabled registration in general nursing and midwifery. However, Psychiatric Nursing continued to be offered as a one-year post-basic registration (R880) and Advanced Psychiatric Nursing (R212).

PNs working with only in-service training, limited exposure and experience in mental health have reported negative attitudes and perceptions towards mental health nursing. The opposite holds true for those who have additional training in mental health (Reed & Fitzgerald, 2005). Based on both the literature review and the clinical experience of the researchers, the following research question was identified: 'Does the level of mental health training (i.e. either R425/R880/R212) of nurses influence their attitudes and perceptions towards the mentally ill?'

The specific objectives of the study were to identify the attitudes of PNs towards the mentally ill; describe PNs' self-reported levels of competence to treat the mentally ill; determine which factors influenced the attitudes and perception of PNs towards the mentally ill; and compare the attitudes and perceptions towards the mentally ill in PNs who have completed either a diploma or a degree in nursing.

Methodology

A measurable, descriptive design was employed to collect the data related the objectives stated above. This study was conducted at one of the four associated psychiatric hospitals in the Cape Metropole. The 12 wards include the following specialties: acute psychiatry, therapeutic, alcohol rehabilitation, opioid detoxification, acute psychogeriatric, medium- and long-term psychogeriatric, acute intensive rehabilitation and intellectual disability.

The population for this study included all the PNs who were permanently employed at the time of the study in psychiatric wards of the mental health institution (N=90).

The sample consisted of 60 PNs, who were then stratified according to the different mental health training programmes. The majority, (38; 63.3%), had received R425 training – the basic four-year nursing programme, 18 (30%) had completed R880 – the post-registration psychiatric nursing diploma, and 2 (3.3%) were in possession of both R880 and the advanced diploma in psychiatric nursing (R212).

The data were collected in April 2010 utilising two self-reporting questionnaires. The Attitude Scale for Mental Illness (ASMI) was a modified version of the questionnaire used by Hahn (2001) in a similar study. In the current study the ASMI was utilised to measure the general attitude of PNs towards mental illness according to the following six conceptual categories: separatism, stereotyping, restrictiveness, benevolence, pessimistic prediction and stigmatisation.

Instrumentation

The Mental Health Problems Perception Questionnaire (MHPPQ) is a 27-item questionnaire that was used to measure nurses' perceptions of their competence to treat patients experiencing mental illness according to 7-point Likert scale (Lauder, Reynolds, Reilly & Angus, 2000). In this study the MHPPQ measured nurses' perceptions of their competence to treat patients experiencing mental illness, by means of assessing their therapeutic commitment, role support and role competency.

Ethical approval for the study was obtained from the Research and Ethics Committee of the University of the Western Cape. Professor William Lauder also granted permission to use his 27-item questionnaire (MHPPQ) as a 5-point Likert scale. The internal reliability (Cronbach's alpha) of the various subscales of the MHPPQ and the ASMI ranged from average to very good (Table 1).

Table 1: Cronbach's alpha (N=60) for the MHPPQ and ASMI

Scale	Subscale	Number of items	Cronbach's alpha
ASMI	Separatism	10	0.77
	Stereotyping	4	0.78
	Restrictiveness	4	0.80
	Benevolence	8	0.40
	Pessimistic Prediction	4	0.57
	Stigmatisation	4	0.70
MHPPQ	Therapeutic commitment	14	0.62
	Role support	4	0.71
	Role competency	9	0.86

ASMI=Attitude Scale for Mental Illness; MHPPQ=Mental Health Problems Perception Questionnaire.

Since social stigma and negative attitudes affect the quality of life of people with mental illness (Corrigan, Green, Lundin, Kubiak & Penn, 2001; Livingston & Boyd, 2010), the following operational definitions were adopted to investigate the factors influencing the quality of mental health care.

Separatism

Separatism measured the PNs' attitude of discrimination towards the mentally ill (Aker, Aker, Boke, Dundar, Sahin & Peksen, 2007). It refers to the preference of nurses for treating patients with mental illnesses in an institution rather than at home within the community (Corrigan & Watson, 2004).

Stereotyping

Corrigan and Watson (2004) describe stereotyping as the collective beliefs about different members of social groups, which lead to strong impressions, and expectations of individuals. This refers to the degree of social distance that the PNs maintain towards the mentally ill (Aker et al., 2007).

Restrictiveness

Restrictiveness refers to the amount of restriction the mentally ill patients experience during treatment. This factor is associated with the perception that the mentally ill are a threat to society (Hinkelman & Granello, 2003).

Benevolence

The sympathetic and paternalistic views of PNs were measured by the benevolence factor. Hinkelman and Granello (2003) described benevolence as paternalistic and sympathetic view grounded in humanistic and religious values.

Paternalistic behaviour can be summarised as being over-protective, affectionate, and warm towards the mentally ill. Caring, spirituality and compassion towards mentally ill patients and their illness are diverse attitudes that arise from a moral point of view within a person (Aker et al., 2007).

Pessimistic prediction

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

Stigmatisation

Stigmatisation is the sense of disgrace or discredit which sets people apart from one another. The stigma attached to mental illness is one of the greatest obstacles interfering with improvement of the quality of life of clients and their families (Mokgata, 2009). Stigma is further associated with poor knowledge, negative attitudes and poor understanding of mental illness (Pelzang, 2010). This factor thus measures the discriminatory behaviour of PNs towards mental illness (Aker et al., 2007).

MHPPQ

Therapeutic commitment

Effective interpersonal characteristics such as warmth and empathy are important for PNs to adopt in support of their mentally ill patient. Thus it is anticipated that keenness and capability to make use of these therapeutic qualities is a utility of therapeutic commitment. In addition, therapeutic commitment is predisposed by PNs' self-perceived role competency along with role support in the work environment. During therapeutic commitment in the work area, assured core helper responses from the PN are essential and satisfactory for patients' growth in mental health. Responses include the PN's attitude towards the patient, mannerisms, as well as empathetic understanding towards the patient. Therefore, if PNs demonstrate high levels of therapeutic commitment, they lessen the patient's feelings of insecurity; hence successful psychotherapeutic outcomes are more likely (Lauder et al., 2000).

Role support

PNs who continuously receive support throughout their career portray increased comfort and more positive attitudes towards the mentally ill (Reed & Fitzgerald, 2005). Role support is defined as the apparent level of contact, as well as access or potential contact and access one has to specialist mental health workers (Lauder et al., 2000).

Role competency

Role competency is having the required talent and knowledge along with understanding of whether patients with a particular mental illness fall within one's area of responsibility. Nurse role competency involved gaining academic facts and information relating to the care of mentally ill patients, plus it involves an assessment of the personal abilities of the nurse, including their ethical character and how well they relate to patients and co-workers alike (Lauder et al., 2000).

Analysis

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

Results

The demographic characteristic of the participants is shown in Table 2. The majority (80%) of the participants were female (48/60), with male participants comprising 20% (12/60) of the sample. The mean age of the total sample was 40.08 years (SD = 10.50). The mean age of men and women in the sample was 41.17 years (SD = 12.22) and 39.81 (SD = 10.15) respectively. There was no significant difference in age between men and women in the sample ($t(58) = -0.40, p = 0.70$). The confidence interval (CI) was calculated at 95% CI (-8.184, +5.476).

Overall description of attitudes and perception of PNs towards mentally ill

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

Comparison of attitudes and perceptions of PNs towards mentally ill by nursing qualifications

In this study the 4-year comprehensive nursing programme (R425) is labelled as the degree programme. Independent samples Kruskal-Wallis test indicated no statistical significant difference in mean rank scores between the various nursing categories (R880, R212, R425, and R880 + R212) and any of the two measures' subscales, even when the four nursing qualification categories were reduced to only two (nursing degree compared to nursing diplomas).

Table 2: Demographic characteristics of the sample

Variable	Frequency	Percentage
Gender: Female	48	80
Male	12	20
Ethnicity		
Black	8	13.3
Coloured	25	41.7
Indian	1	1.7
White	26	43.3
Psychiatric Training		
R880	18	30.0
R212	2	3.3
R425	38	63.3
Completed Advanced Mental Health Course – R212		
No	52	86.7
Yes	6	10.0
Enrolled	2	3.3
Ward currently working in		
Acute Rehabilitation	24	40.0
Therapeutic	13	21.7
Alcohol	4	6.7
Opioid Detoxification	2	3.3
Acute Psycho-geriatric	4	6.7
Acute Rehabilitation	5	8.3
Outpatients Department	3	5.0
Administration	4	6.7
Current Student	1	1.7

Table 3: Descriptive statistics for the ASMI and MHPPQ subscales for the total sample

Measure and subscale	Mean	SD	Range
ASMI separatism	24.50	6.48	12 to 50
ASMI stereotyping	9.70	3.87	4 to 20
ASMI restrictiveness	7.60	3.39	4 to 20
ASMI benevolence	33.87	3.41	22 to 40
ASMI pessimistic prediction	13.67	2.93	7 to 19
ASMI stigmatisation	7.20	3.08	4 to 20
MHPPQ therapeutic commitment	59.50	9.40	25 to 97
MHPPQ role support	13.92	3.33	6 to 20
MHPPQ role competency	36.23	5.37	19 to 45

Similarly, the independent samples Kruskal-Wallis test indicated no statistical differences in mean rank scores between whether nurses had completed the advanced mental health course and the two measures' subscales. The independent samples Mann-Whitney U test indicated a significant difference in the distribution of MHPPQ 'role competency' scores between those PNs with a diploma and those with a degree. ($U = 288.00$; $p = 0.044$), with those PNs with a diploma having significantly higher 'role competency' mean rank scores (mean rank = 36.41) than those PNs with a degree (mean rank = 27.08). Shown in Table 4 is a comparison of MHPPQ and ASMI sub-scale scores between PNs with a diploma and a degree (R425).

Table 4: MHPPQ and ASMI sub-scale scores by nursing qualification (i.e. degree or diploma)

Scale and sub-scale	Education	Mean rank	Sum of ranks	<i>p</i> -value
MHPPQ				
Therapeutic commitment	Degree	28.29	1075	0.20
	Diploma	34.32	755	
Role support	Degree	30.14	1145.5	0.83
	Diploma	31.11	684.5	
Role competency	Degree	27.08	1029	0.04
	Diploma	36.41	801	
ASMI				
Separatism	Degree	32.24	1225	0.31
	Diploma	27.5	605	
Stereotyping	Degree	31.71	1205	0.48
	Diploma	28.41	625	
Restrictiveness	Degree	30.7	1166.5	0.91
	Diploma	30.16	663.5	
Benevolence	Degree	28.99	1101.5	0.36
	Diploma	33.11	728.5	
Pessimistic	Degree	32.11	1220	0.35
Prediction	Diploma	27.73	610	
Stigmatisation	Degree	31.37	1192	0.61
	Diploma	29	638	

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

Factors that influence attitudes and perceptions of PNs towards the mentally ill

In order to determine which factors influence nurses' attitudes and perceptions towards the mentally ill, the researchers examined whether there were any significant associations (using Spearman's correlations) or differences (using independent samples Mann-Whitney tests or independent samples Kruskal-

Wallis tests) between variables of interest. Variables of interest were total scores and sub-scores of the two measures and gender, age in years, ethnicity, nursing qualification status, degree or diploma status, completion of the advanced mental health course, ward currently working in, and number of years in mental health.

Spearman's correlation analysis indicated a significant positive association between the number of years working in mental health and MHPPQ 'role competency' ($r = 0.327, p = 0.013$). Independent samples Mann-Whitney U test indicated a significant difference in MHPPQ 'role competency' scores and whether nurses had a degree or diploma ($U = 288.00; p = 0.044$). In addition, independent samples Kruskal-Wallis test indicated a significant difference in the distribution of ASMI 'stereotyping' scores and ethnicity ($H = 11.162; df = 3; p = 0.011$), with coloured mental health nurses having significantly higher ASMI 'stereotyping' mean rank scores than white mental health nurses (mean rank = 38.38 vs. mean rank = 22.98).

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

Table 5: MHPPQ role support scores and ward currently working in

Wards working in	N	Mean rank	Sum of ranks	<i>p</i> -value
Comparison groups				
Acute	24	15.77	378.5	0.04
Alcohol	4	6.88	27.5	
Acute	24	16.17	388	0.01
Acute psychogeriatric	4	4.50	18	0.01
Therapeutic	13	10.54	137	0.02
Acute psychogeriatric	4	4	16	
Alcohol	4	2.75	11	0.02
Acute rehabilitation	5	6.8	34	
Alcohol	4	2.63	10.5	0.03
Administration	4	6.38	25.5	
Acute psychogeriatric	4	2.50	10.00	0.01
Acute rehabilitation	5	7.00	35.00	
Acute psychogeriatric	4	2.50	10.00	0.03
Outpatients Department	3	6.00	18.00	
Acute psychogeriatric	4	2.50	10.00	0.02
Administration	4	6.50	26.00	

Table 6: ASMI stereotyping scores and ward currently working in

Ward currently working in	N	Mean rank	Sum of ranks	<i>p</i> -value
Comparison groups				
Acute	24	12.58	302	0.03
Opioid detoxication	2	24.5	49	
Acute	24	13.21	317	0.01
Acute rehabilitation	5	23.6	118	0.01
Therapeutic	13	7.73	100.5	0.02
Acute rehabilitation	5	14.1	70.5	
Alcohol	4	2.88	11.5	0.03
Acute rehabilitation	5	6.7	33.5	
Acute psycho-geriatrics	4	5.5	22	0.03
Outpatients Department	3	2	6	
Acute rehabilitation	5	6	30	0.02
Outpatients Department	3	2	6	

Discussion

This study aimed to describe and compare the general attitudes and perceptions of PNs towards mental illness and thus the mentally ill. The results of the study indicated that the vast majority of participants in the current study were female (48 or 80%), with males (12 or 20%) making up a relatively small percentage of the sample. A number of ethnic groups were represented in this study, including black, white, coloured and Indian participants. The majority of the sample consisted of coloured and white participants, with black and Indian participants representing only a small portion. Over half of the sample had the R425 qualification (38 or 63%), while the remainder had the basic nursing and diploma qualifications. The vast majority of the sample indicated that they had not completed the advanced mental health course. The sample comprised PNs that were currently working in a number of diverse wards, for example the acute ward, the therapeutic ward and the acute rehabilitation ward, among others.

This study found only one significant difference in mean rank scores on the two measures sub-scales and the various nursing categories (R880, R212, R425, and R880 + R212), even when the four nursing qualification categories were collapsed into two (i.e. either degree or diploma). A significant difference in role competency was evident when we compared participants with a diploma and those with a degree, with those PNs with a diploma reporting significantly higher

role competency than those with a degree. It is well documented that PNs', as well as student nurses', medical students', social work students' and school students' attitudes towards patients with mental illness can be influenced by their prior training and training experience (Ng & Chan, 2002). These study's findings are not consistent with the above, as we found no significant differences between those with a degree or a diploma in terms of the ASMI subscales such as stigmatisation, pessimistic prediction, restrictiveness, benevolence, stereotyping and separatism.

It has been found that negative attitudes, perceptions and related behaviours directed towards those with mental illness can lead to negative outcomes in such patients, for example in those patients diagnosed with schizophrenia (Altindag, Yanik, Ucok, Alptekin, & Ozkan, 2006). The aforementioned negative attitudes towards the mentally ill can lead to, among others, poor treatment compliance; an increase in social seclusion; problems with regard to finding education, employment and housing; and an increased risk of both drug and alcohol misuse (Altindag et al., 2006). As a result, such patients with mental illness may experience increased stress that contributes further to their illness-related disability, and consequently leads to increased mental strain on both the mentally ill patient and their families (Sartorius, 1999). Concerning whether PNs had completed the advanced mental health course, no significant differences were evident between those who had completed it and those who had not.

The current study found that self-reported ethnicity as well as the ward they are currently working in was significantly linked to attitudes and perceptions of PNs towards the mentally ill. That said, it was found that the ethnicity of PNs played a role in stereotyping of the mentally ill, with coloured PNs having significantly higher stereotyping scores than white PNs. In addition, the researcher found that the ward that PNs were currently working in was significantly linked with stereotyping of the mentally ill. For example, PNs working in acute rehabilitation, acute psycho-geriatrics and opioid detoxification wards reported significantly higher levels of stereotyping than those working in, for example, general acute wards, therapeutic wards, alcohol wards and the outpatients department.

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

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

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

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

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

In terms of explanation, higher levels of training in the nursing profession will tend to dislodge the stereotyping of mentally ill patients by the nursing community. For instance, only a few members (7.5%) among the highly trained nurses opined against living in the same community with mentally ill patients; 81.5% thought that it would not be particularly out of order to share the same neighbourhood with mentally challenged patients. Negative attitudes, fear and

stereotypes against the mentally ill tend to affect the younger generation of nurses more than the older generation. This tendency is similar to that which illustrates the effect of experience on the attitudes of nurses towards the mentally ill.

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

Recommendations

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

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

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

Conclusion

This study explored and described the attitudes and perceptions of PNs towards the mentally ill in a psychiatric hospital in the Cape Metropole. Joined effects of learning the appropriate course, in addition to experience in the practical field of

working with the mentally ill, are necessary for the task of impacting positively on the attitudes of the nurses towards the mentally ill.

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

References

- Aker, M., Aker, A., Boke, O., Dundar, C., Sahin, A. & Peksen, Y. (2007). The attitude of medical students to psychiatric patients and their disorders and the influence of psychiatric study placements in bringing about changes in attitude. *Israel Journal of Psychiatry and Related Sciences*, 44(3) 204-212.
- Altindag, A., Yanik, M., Ucok, A., Alptekin, K. & Ozkan, M. (2006). Effects of an antistigma program on medical students' attitudes towards people with schizophrenia. *Psychiatry and Clinical Neurosciences*, 60(3)283-288.
- Brundtland, G. (2001). *World Association of Psychiatrists* (online), at http://www.who.int/.../20010709_royalcolpsychiatristsopening.en.html Retrieved 28 April 2010.
- Corrigan, P., Green, A., Lundin, R., Kubiak, M. & Penn, D. (2001). Familiarity with and social distance from people with serious mental illness. *Psychiatric Services*, 52(7), 953-958.
- Corrigan, P. & Watson, A. (2004). At Issue: Stop the stigma: Call mental illness a brain disease. *Schizophrenia Bulletin*, 30(3), 477-479.
- Hinkelman, L. & Granello, D. (2003). Biological sex, adherence to traditional gender roles, and attitudes toward persons with mental illness: An exploratory investigation. *Journal of Mental Health Counseling*, 25(4) 259-270.
- Hlongwa, E. (2003). *Diplomates' perceptions of their psychiatric nursing component of the four - year comprehensive programme* (online), at <http://uir.unisa.ac.za/bitstream/10500/2502/1/02chapter1.PDF> Retrieved 31 March 2010.
- Lammie, C., Harrison, T., Macmahon, K. & Knifton, L. (2010). Practitioner attitudes towards patients in forensic mental health settings. *Journal of Psychiatric and Mental Health Nursing*, 17(8), 706-714.
- Lauder, W., Reynolds, W., Reilly, V. & Angus, N. (2000). The development and testing of the Mental Health Problems Perception Questionnaire. *Journal of Psychiatric and Mental Health Nursing*, 7(3), 221-226.

Lethoba, K.G. (2009). *Professional nurses' perception of nursing mentally ill people in a general hospital setting*, Doctoral dissertation, University of South Africa (UNISA).

Lethoba, K., Netswera, F. & Rankhumise, E. (2006). How professional nurses in a general hospital setting perceive mentally ill patients. *Journal of Advanced Nursing*, 29(4), 4-11.

Livingston, J. D. & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine*, 71(12), 2150-2161.

Mavundla, T., Poggenpoel, M. & Gmeiner, A. (2001). A model of facilitative communication for the support of general hospital nurses nursing mentally ill people. Part I: background, problem statement and research methodology. *Curationis*, 24(1), 7-14.

Mokgata, S. (2009). *SA Federation for Mental Health*. Randburg: Law Print.

Moosa, M. & Jeenah, F. (2008). Involuntary treatment of psychiatric patients in South Africa. *African Journal of Psychiatry*, 11(2)109-112.

Munro, S. & Baker, J. (2007). Surveying the attitudes of acute mental health nurses. *Journal of Psychiatric and Mental Health Nursing*, 14(2), 196-202.

Ng, P. & Chan, K. (2002). Attitudes towards People with Mental Illness: Effects of a training programme for secondary school students. *International Journal of Adolescent Medicine and Health*, 14(3), 215-224.

Pelzang, R. (2010). Attitude of nurses towards mental illness in Bhutan. *Journal of Bhutan Studies*, 22, 60-77.

Reed, F. & Fitzgerald, L. (2005). The mixed attitudes of nurses to caring for people with mental illness in a rural general hospital. *International Journal of Mental Health Nursing*, 14(4), 249-257.

Ross, C., & Goldner, E. (2009). Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: A review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 16(6), 558-567.

Sartorius, N. (1999). One of the last obstacles to better mental health care: The Stigma of mental illness. In J. Guimon, W. Fischer & N. Sartorius (Eds.), *The Image of Madness: The Public Facing Mental Illness and Psychiatric Treatment* (pp. 138-142). Basel, Switzerland: Karger.