NURSING STUDENTS' ATTITUDES TOWARDS PEOPLE WITH MENTAL ILLNESS

Atitudes dos estudantes de enfermagem perante a pessoa com doença mental

Las actitudes de los estudiantes de enfermería hacia la persona con enfermedad mental

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ABSTRACT

Background: the attitudes of nursing students towards people with mental illness can influence their learning and the development of skills, compromising the provision of care as future nurses. **Objectives:** to know the attitudes of nursing students towards the person with mental illness and to verify the existing correlation between the attendance to the curricular units of Mental Health and Psychiatry and their attitudes towards the person with mental illness. **Methodology:** quantitative, descriptive-correlational study. Convenience sample with 47 undergraduate nursing students, from a Higher Education Institution in the northern region of Portugal. Data collected through an online questionnaire, consisting of the Attribution Questionaire (AQ-27) (Sousa et al., 2008). Descriptive and inferential statistical analysis was used, using the Statistical Package for the Social Sciences (version 26). **Results:** the presence of moderate stigma was verified in the attitudes of nursing students. There were statistically significant differences between the semester of the course on the categories Irritation [X2 (3) =14,416; P=0,002], Hazard [X2 (3) =11,650; P=0,009] and Fear [X2 (3) =12,523; P=0,006] and Pena [F (3,43) = 5,471; P=0,003]. **Conclusion:** theoretical and practical teaching revealed a decrease in stigmatizing attitudes, as well as previous experience in Mental Health.
Keywords: attitude; social stigma; nursing students; mental disorders

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RESUMO

Enquadramento: as atitudes dos estudantes de enfermagem perante a pessoa com doença mental podem influenciar as suas aprendizagens e o desenvolvimento de competências, comprometendo a prestação de cuidados como futuros enfermeiros. **Objetivo:** conhecer as atitudes dos estudantes de enfermagem perante a pessoa com doença mental e verificar a correlação existente entre a frequência das unidades curriculares de Saúde Mental e Psiquiatria e as suas atitudes perante a pessoa com doença mental. **Metodologia:** estudo quantitativo, descritivo-correlacional. Amostra de conveniência com 47 estudantes do curso de licenciatura em enfermagem de uma Escola Superior de Saúde da região norte de Portugal. Dados colhidos através de questionário on-line, constituído pelo Attribution Questionaire (AQ-27) (Sousa et al., 2008). Recorreu-se à análise estatística descritiva e inferencial, através do Statistical Package for the Social Sciences (versão 26). **Resultados:** verificou-se a presença de estigma moderado nas atitudes dos estudantes de enfermagem. Observaram-se diferenças estatisticamente significativas entre o semestre do curso sobre as categorias Irritação [X2 (3) =14,416; P=0,002], Perigosidade [X2 (3) =11,650; P=0,009] e Medo [X2 (3) =12,523; P=0,006] e Pena [F (3,43) = 5,471; P=0,003]. **Conclusão:** o ensino teórico e prático revelou diminuição de atitudes estigmatizantes, bem como a experiência prévia em Saúde Mental.
Palavra-chave: atitude; estigma social; estudantes de enfermagem; doença mental

RESUMEN

Marco Contextual: las actitudes de los estudiantes de enfermería hacia las personas con enfermedad mental pueden influir en su aprendizaje y desarrollo de habilidades, comprometiendo la prestación de cuidados como futuros enfermeros. **Objetivos:** conocer las actitudes de los estudiantes de enfermería hacia la persona con enfermedad mental y verificar la correlación existente entre la asistencia a las unidades curriculares de Salud Mental y Psiquiatría y sus actitudes hacia la persona con enfermedad mental. **Metodología:** estudio cuantitativo, descriptivo-correlacional. Muestra de conveniencia con 47 estudiantes de pregrado en enfermería de una Institución de Educación Superior en la región norte de Portugal. Datos recolectados a través de un cuestionario en línea, consistente en el Cuestionario de Atribución (AQ-27) (Sousa et al., 2008). Se utilizó análisis estadístico descriptivo e inferencial, utilizando el Paquete Estadístico para las Ciencias Sociales (versión 26). **Resultados:** se verificó la presencia de estigma moderado en las actitudes de los estudiantes de enfermería. Se verificó la presencia de estigma moderado. Hubo diferencias estadísticamente significativas entre el semestre de la carrera en las categorías Irritación [X2 (3) =14,416; P=0,002], Riesgo [X2 (3) =11,650; P=0,009] y Miedo [X2(3)=12,523; P=0,006] y Peña [F (3,43) = 5,471; p=0,003]. **Conclusión:** la enseñanza teórica y práctica reveló una disminución de las actitudes estigmatizantes, así como la experiencia previa en Salud Mental.
Palabra clave: actitudes; estigma social; estudiantes de enfermería; trastornos mentales

INTRODUCTION

Good mental health is recognised as an important asset and a key resource for the well-being of the population and for social and economic development (Conselho Nacional de Saúde, 2019). Despite this, the person with mental illness is the victim of stigma and discrimination. The negative attitudes that the general population presents are shared by health professionals and higher education students, in particular those who attend health (Corrigan et al., 2011; Happell et al., 2019). In health professionals, these attitudes have a greater impact, as they represent a barrier in access to health care and the perception and acceptance of the disease by people with mental illness (Querido et al., 2020).

Nursing students, before starting their academic career, most often bring negative attitudes and lack of knowledge about mental illness, which may influence the development of their skills, with an impact on their future professional practice (Martinho et al., 2014; Querido et al., 2020). During the course, nursing students have contact and care to people with mental illness through clinical teaching. Ramos (2021) adds to the aforementioned, that caring for people with mental health disorders entails psychological demands that can cause emotional distress of those who care. In this complex context, students during clinical education in this area need supervision that provides tools that allow them to deal appropriately with feelings and emotions, such as reflecting on their attitudes towards the person with mental illness. Having the teacher/supervisor a fundamental role in the adequacy of teaching/learning strategies to the contents and opportunities of clinical experiences, and promoters of moments of reflection capable of demystifying preconceived ideas in this context (Ramos, 2021).

Although in a small amount, in the literature it is verified that attitudes towards people with mental illness have been studied in nursing students. The impact of attitudes, the importance of increasing mental health literacy and combating stigma are relevant and priority themes. In this sense, this research study was developed whose objectives were to know the attitudes of nursing students towards the person with mental illness and to verify the correlation between the frequency of mental health and psychiatry curricular units and the students' attitudes towards the person with mental illness.

BACKGROUND

Currently society seems to be aware about what should be done, in the medical, psychological and social dimensions, by people with mental illness. Nevertheless, there are still some prejudices, stigmas and negative attitudes against these people (Ramos, 2021). The perspective of the general population points to the person with mental illness as being dangerous, lazy and unpredictable (Xavier et al., 2013 as cit. in Querido et al., 2016). These negative attitudes extend to health professionals, including nurses (Happell et al., 2019). Inadequate education and lack of preparation to work with this population can be considered one of the causes for the negative attitudes of health professionals (Ferreira, 2018).

In Portugal, psychiatric disorders have a prevalence of 22.9%, placing the country in a worrying second place among European countries (Conselho Nacional de Saúde, 2019). At the national level, there is a strong stigma and discrimination associated with mental illness, so the importance of developing policies to combat stigma and promote mental health is urgent. Stigma towards people with mental health problems consists of attitudes of social disapproval based on certain personal aspects, characteristics, beliefs or behaviors that are in conflict with the social and cultural norm (Observatório de Estigma na Doença Mental, 2021; Programa Nacional de Saúde Mental, 2017).

Authors such as Gronholm et al., (2017) describe stigma as a multifaceted phenomenon, with a serious impact on experienced and anticipated discrimination, in combination, and with multiple consequences: precarious access to mental and physical health care, reduced life expectancy, exclusion from higher education and access to employment, increased risk of contact with the criminal justice system, victimization, poverty and difficulty in accessing housing. Such consequences have been described by some people as worse than the experience of mental illness itself. Thus, the need to combat stigma is assumed as a significant concern in public health. Attitudes of negative attitudes towards people with mental illness are considered factors for predicting discriminatory behaviors related to stigma (Ferreira, 2018). The scarcity or distortion of information contributes to the maintenance of these unrealistic attitudes and beliefs associated with mental illness. Increased

knowledge about mental illness, in addition to contributing to the reduction of stigma, increases literacy. The concept of mental health literacy currently refers to: understand how to obtain and maintain positive mental health; understand mental disorders and their treatments; reduce stigma related to mental disorders; improve the effectiveness of seeking help (know when and where to seek help and develop skills to improve mental health care and self-management capabilities) (Kutcher et al., 2015 as cit in Loureiro & Freitas, 2020).

Learning in mental health aims not only at acquiring knowledge to work in this field, but also at the deconstruction of preconceived ideas and the creation of conditions so that new concepts, knowledge and attitudes can develop (Mendes, et al., 2018; Thongpriwan et al, 2015). In Portugal, the study of attitudes towards mental illness has also been the target of research in the general public, in the families of people with mental illness, in students, particularly in nursing students, as well as in health professionals (Ramos, 2021; Marques et al., 2010; Querido et al., 2020; São João et al., 2017).

The study by Marques et al. (2010) compared the attitudes towards mental illness of the different students of health courses, using the Attribution Questionnaire (AQ-27) scale by Corrigan et al. (2003), revealing the presence of marked stigma, with predominance of stereotypes of pity, coercion, dangerousness, avoidance, fear, segregation and help. Stigmatizing attitudes decreased over the course, apparently due to contact with people with mental illness. The

problem in question has also been studied in nursing students (Querido et al., 2020; Querido et al., 2016). Nursing students bring a series of preconceived attitudes towards mental illness before beginning their academic career. At an earlier stage, they share stigmatizing conceptions that could influence their learning, skills development and, in the future, the provision of care as nurses (Martinho et al., 2014).

The study by Wedgeworth et al. (2019) confirms the negative perceptions of nursing students in relation to people with mental illness, the fear of interaction with them and the concern to learn how to communicate. However, studies indicate that nursing students who have a personal experience of mental illness through family or friends boast perspectives and opinions of greater acceptance (Granados-Gámez et al., 2017). Nursing students often, before starting clinical mental health education, describe a number of emotions such as anxiety, fear, restlessness, and rejection. These are related to myths, stereotypes and negative attitudes and ignorance or preconceived ideas about possible episodes of aggression that may come to encounter (Estevez et al., 2017, as cit in Querido et al., 2020).

Although some studies emphasize the importance of the theoretical component in improving attitudes towards people with mental illness (Happell et al., 2019), others have demonstrated that attitudes based on direct experience are the most important determinants (Happell et al., 2019; Jingjing et al., 2013, as cit in Granados-Gámez et al., 2017). Markström et al. (2009) corroborate this view by concluding that students showed lower levels of stigmatization after clinical education in mental health; they go further, in concluding that the practical component can have, to some extent, a destigmatizing effect on attitudes. The investigation by Querido et al. (2016) reveals a significant negative correlation between the years of nursing undergraduate education and stigma. Using the AQ-27 scale, it concludes that the finalist students presented fewer stigmatizing attitudes compared to those initiated, probably related to education at the Health School and contact with people with mental illness over the years. Dear et al. (2020) stress the importance of interventions with students, associating education and contact as a more effective strategy to combat stigma. According to the same authors, it is essential to deal with negative attitudes, unpleasant feelings and anxiety of nursing students, related to the person with mental illness, before their first contact with them in a clinical context, promoting educational experiences that develop interest and competence in the area of mental health care delivery.

METHODOLOGY

A quantitative, descriptive, correlational, cross-sectional study was conducted. The selected population included nursing students from a Higher Health School in the northern region and the sample was selected by a non-probabilistic convenience sampling method. The following hypotheses were put:

H1: There is a correlation between the frequency of mental health and psychiatry curricular units and the attitudes of nursing students towards

people with mental illness;

H2: There is a correlation between familiarity and close contact with people with mental illness and the attitudes of nursing students towards the person with mental illness.

Considering the purpose of this study, the Attribition Questionnaire (AQ-27) created by Corrigan et al. (2003) was considered the most appropriate instrument, since it is designed to measure the public stigma in relation to mental illness, already translated and validated for Portugal, as well as, having already been used in populations similar to that of the present study, or in its original version, either in the Portuguese version (has shown good psychometric properties). Thus, data were collected through a self-completed questionnaire, made available through the online platform Microsoft Forms®, applied during the months of May and July 2021. That questionnaire consisted of two parts: the first with sociodemographic questions and the second with the Portuguese version of the Attribution Questionnaire (AQ-27) (Corrigan et al., 2003), translated and validated by Sousa et al. (2008). The socio-demographic part collected data on: gender, age, marital status, relationship with the Higher Health School, year and semester of the course, student worker status, professional experience in the area of mental health and psychiatry, whether have family or non-family with mental illness, relationship with the person and regularity of contact. The AQ-27 allows the evaluation of attitudes towards people with mental illness, based on nine stereotypes related to people with mental illness: Responsibility (people with mental

illness can control their symptoms and are responsible for having the disease), Pity (people with mental illness are dominated by their own disorder and therefore deserve concern and pity), Irritation (people with mental illness are guilty of having the disease and cause anger and irritation), Danger (people with mental illness are not safe), Fear (people with mental illness are dangerous), Help (people with mental illness need assistance), Coercion (people with mental illness should participate in treatment management), Segregation (people with mental illness are sent to institutions located far from the community) and Avoidance (people with mental illness do not live in society) (Corrigan et al, 2003). The AQ-27 consists of a vignette on a patient with schizophrenia, followed by 27 statements that will be scored on a 9-point Likert scale, where 1 corresponds to "none or nothing" and the value 9 to "too or completely". The authors associated some of these constructs with discriminatory attitudes (Responsibility, Danger, Fear, Irritation, Coercion, Segregation and Avoidance) and others with attitudes of proximity and assistance (Help and Pity). Each of these factors has a possible score of 3 to 27. Items in the Help and Avoid factors are inversely scored. The results are calculated considering the mean values (not the sum of them) obtained for the items that make up each of the factors (Responsibility, Danger, Fear, Irritation, Coercion, Segregation, Avoidance, Help and Pity). The higher the factor score, the greater its contribution to stigma. A low stigma level is considered if the score obtained is less than 11, moderate in scores between 12 and 19 and high

stigma if the values obtained are higher than 20 (Corrigan et al., 2003). This questionnaire contains several alternative vignettes, corresponding to variations in the characteristics of the mental illness evaluated, mainly regarding severity. These alternative vignettes allow you to correlate stigma with variables such as Danger or Responsibility. In view of the objective of this study, the most neutral vignette was selected and whose purpose is directed only to the evaluation of stigma, so the one used was as follows: "José is a 30-year-old single man with schizophrenia. Sometimes he hears voices and gets upset. José lives alone in an apartment and works as a courier in a large law firm. He has been hospitalized six times due to his illness".

After obtaining the authorization of the Board of Directors of the Health School where the study was conducted, data were collected by sending an e-mail invitation to participate in the study and with the link to the online questionnaire in Microsoft Forms format®. In order to ensure the protection of personal data, collaboration was requested from the Board of Directors of the Health School for the dissemination of this e-mail invitation by the students. The introduction to the questionnaire integrated informed consent, ensuring the ethical treatment of participants, the confidentiality of personal data and their anonymity, respecting the Helsinki Declaration. The guarantee of free and voluntary participation was obtained by answering a question of a mandatory nature, in which only students who answered affirmatively by considering being informed and agreeing to participate in the study access to the questionnaires. The study had the assent of the Ethics Committee of a Higher School of Health (Opinion No. 026/2020) and is enrolled in the Research Unit of a Higher Health School in the northern region of the country. The use of the AQ-27 was previously authorized by the author of the translation and validation for the Portuguese population.

For the statistical analysis of the data, the statistical program Statistical Package for Social Sciences (SPSS) version 26 was used, resorting to descriptive and inferential statistics. Data normality was assessed by the Shapiro-Wilk test. For the correlations, the Parametric Test ANOVA was used, when there is normality in the distribution of the variable; when the assumptions of the parametric tests (normality and homogeneity) the Kruskal-Wallis nonparametric test was used. The significance level was established at $p < 0.05$.

RESULTS

Forty-seven answers to the questionnaires were obtained, which corresponded to a response rate of 25.1%. The sociodemographic characterization data of the participants are presented in table 1.

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Table 1

Sociodemographic Characterization of the Sample

Variable	Operationalization	%	n
Gender	Male	2,1	1
	Female	97,9	46
Relationship status	Married	4,3	2
	Single	91,5	43
	Union	4,3	2
Age	18 - 22 years old	78,7	37
	23 - 27 years old	8,5	4
	28 - 32 years old	2,1	1
	33 - 37 years old	4,3	2
	38 - 42 years old	4,3	2
	43 - 47 years old	2,1	1
Academic semester	2nd Semester	38,3	18
	4th Semester	34,0	16
	6th Semester	17,0	8
	8th Semester	10,6	5
Student Worker status	No	74,5	35
	Yes	21,3	10

In summary, it was found that the majority of the participants were female (97.9%, n=46) and 78.7% (n=37) were single. Regarding age, 72.4% (n=34) of the respondents were between 18 and 22 years old, with a mean age of 22 years (SD=6.56). Most participants were attending the second semester (38.3%, n=14). Of the total sample, 21.3% (n=10) were student workers.

It was found that about 12.8% (n=6) of the participants had already performed functions in the Area of Mental Health and Psychiatry. Regarding the question whether there is any family member with mental illness, 42.6% (n=20) answered affirmatively, and the degree of kinship was more relevant to the father or mother (10.6%, n=5). Regarding "other" family relationship, the relationship with the grandmother (4.3%, n=2) and the aunt (6.4%, n=3) stands out. Of those who reported having a family member with mental illness, the highest percentage (17.0%, n=8) reported contacting this person daily.

Finally, the question of whether you know someone, non-family, with mental illness, 68.1% (n=32) answered affirmatively, the majority (31.9%, n=15) reported that the relationship with this non-family member was a neighbour, followed by a friend (17.0%, n=8), in which the highest percentage (31.9%, n=15) reported rarely contacting this person and 10.6% (n=5) reported weekly.

The AQ-27 evaluates 9 dimensions of stigmatizing attitudes, whose global values revealed the presence of a moderate stigma, presented in table 2.

Table 2

Average and Standard Deviation of Nursing Students in AQ-27

	Average	Standard deviation	Minimal	Maximum
Responsibility	7,1277	0,40535	3	13
Pity	17,4681	0,74616	5	27
Irritation	6,8936	0,55522	3	18
Danger	8,1489	0,68415	3	23
Fear	7,9149	0,70732	3	23
Help	23,3191	0,45835	16	27
Coercion	23,3191	0,45835	16	27
Segregation	7,7447	0,68853	3	25
Avoidance	18,8511	0,83015	8	27
TOTAL	13,4208	0,614842		

In the analysis of all students, illustrated in table 2, there was a lower stigma in the category Irritation and greater stigma regarding Help and Coercion. High levels of stigma were also observed in Pity and Avoidance, with minimum values of 5 and 8, respectively, and maximum of 27.

According to the values of the Shapiro-Wilk normality test ($p<0.05$) it was found that there was no normality in the distribution of the categories Irritation, Dangerousness, Fear, Help, Coercion, Segregation and Avoidance, so the Kruskal-Wallis nonparametric correlation test was performed.

Relating the levels of stigma with the semester of the course, it was found that the students at an early stage had higher values of stigma in all categories. The Kruskal-Wallis test showed that there is effect of the semester of the course on the categories Irritation [X^2 (3)=14,416; P=0.002], Danger [X^2 (3)=11,650; P=0.009] and Fear [X^2 (3)=12.523; P=0.006]. Post hoc comparisons showed significant differences in the categories mentioned between the 4th and 6th semesters.

For the dimensions Pity and Responsibility, by applying the Parametric Correlation Test ANOVA, it was verified that there was a semester effect on the Pity [F (3.43)=5.471; P=0.003] but not in Responsibility. The Tukey Test post-hoc test of the test showed that the Pity dimension of the 2nd semester students was different from the 8th semester, as well as among the students of the 4th semester and the 8th semester.

Regarding students with previous experience in mental health and psychiatry, the Kruskal-Wallis test showed that there is an effect of the group on the dimensions: Irritation [X2 (1)=1.974; p=0.160], Danger [X2 (1)=1.370; p=0.242], Fear [X2 (1)=1.967; p=0.161], Help [X2 (1)=0.189; p=0.664], Coercion [X2 (1)=0.189; p=0.664], Segregation [X2 (1)=0.597; p=0.440], Avoidance [X2 (1)=0.388; p=0.533]. There was a significant reduction in stigma in these dimensions, in relation to those who have never worked in the area. ANOVA showed that the dimensions Responsibility and Pity did not take effect in this group.

The Kruskal-Wallis test showed that there is an effect of the group with family members with mental illness in the Irritation dimension [X2 (1) =4.526; p=0.033] and that there is no effect of

contact regularity in any dimension. The same test showed no group effect that knows someone, not familiar, with mental illness in any of the dimensions.

DISCUSSION

The sample collected is limited in terms of the representativeness of the nursing student population, however the sociodemographic characteristics, like other studies, revealed a predominance of females, young adults and singles. Nursing students themselves share stereotypes and stigmatizing conceptions about mental illness that may influence their learning and the development of their specific competences for the provision of Mental Health and Psychiatry Nursing care. In addition, it is one of the areas least preferred by these students as a possibility of professional career (Mendes et al., 2018).

In the initial evaluation, we verified the presence of moderate stigma on the part of nursing students, in which Help and Coercion were the negative attitudes with greater relevance. Pity and Avoidance were also revealing stigma, which is corroborated by the study by Granados-Gamez et al. (2017) who used the same scale and obtained identical results.

The Pity dimension, influenced and related to the protective nature, triggers attitudes of sympathy and paternalism in nursing students, supported by the idea that people with mental illness are dominated by their pathology, so they lack worry and pity (Querido et al., 2016). This may mirror the low mental health literacy of the sample, since this negative attitude is supported in the literature by

the lack of information.

However, in the analysis of the data obtained, there are differences between the levels of stigma of students from the 2nd to the 8th semester, which may attest to the decrease in stigmatizing attitudes throughout the course. There is also a reduction in the Pity between the 2nd semester and the 8th semester, as well as between the 4th and 8th semester, which can be explained both by the passage through theory and clinical education in the area of mental health, since, in this educational establishment, the mental health and psychiatry curricular unit is taught in the 5th semester and clinical education in the 6th semester.

When analyzing the influence of clinical education on the attitudes of nursing students, there is a decrease with predominance in the domains Pity, Irritation, Danger and Fear, results similar to those found in the studies of Bingham & O'Brien (2017) and Martinez-Martinez et al. (2019), with the application of the AQ-27 before and after an educational and clinical experience. In fact, according to Querido et al. (2016), finalist students express less Pity, Danger, Fear and Avoidance, apparently due to contact with people with mental illness.

These results seem to indicate that clinical education contributes to a more positive perspective, which is corroborated by several studies, since the practical environment and training promote a change in the attitudes of students, positively and significantly affecting their perceptions and attitudes towards people with mental illness (Querido et al., 2020; Querido et al., 2016). In particular, authors such as Markström et

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al. (2009) conclude that, after clinical practice, students consider people with mental illness less dangerous than they thought they were.

However, attitudes such as Help, Coercion, Segregation and Avoidance did not change during the semesters, which allows us to affirm that theoretical and practical teaching had no influence on these negative attitudes. This fact may indicate, on the one hand, attitudes of proximity and assistance towards the person with mental illness, but, on the other hand, the permanence of negative stereotypes, such as contagion, unpredictability of behavior, incompetence and childishness, leading to the social distancing of these individuals. Querido et al. (2020), who in their study verified an increase in stereotypes related to Help and Coercion, go further and report that this may indicate a feeling of pity and controllability, influenced by clinical contexts, still structured in the more traditional models and the performance of the role of student supervisors. Coercion was another dimension that seems to weigh on the negative attitudes of the students and that was not influenced by the semesters of the course. We believe that this fact may be due to the pressure of nursing students on people with mental illness, in the constant and permanent incentive to adhering to treatment, because, as reported by Querido et al. (2016), emphasis is placed on the importance of treatment support throughout the nursing course, as a measure to obtain health gains. Another factor that may be influencing the results in the fields of Help, Coercion, Segregation and Avoidance would be the experience that students had in clinical contexts,

the attitudes they observed in nurses towards the person with mental illness. It may also reflect the hospital-centered model of care for people with mental illness and of nursing education itself. It may be another influencing factor, the role that clinical supervisors played in the development of critical-reflexive thinking and in the deconstruction of the preconceived ideas of students regarding the assistance to people with mental illness, their participation in treatment management, the need for institutionalization of these people and their integration into society (Ramos, 2021).

As in practice, theoretical teaching in the mental and psychiatric health nursing curricular unit also seems to influence the negative attitudes of students. If we analyze the program of the study plan practiced at the school where the present study took place, we are faced with specific programmatic contents related to mental illness, such as the exposure of current problems and needs in mental health, facilitating the reduction of stigma, which may have contributed to a reduction of attitudes of irritation, danger, fear and pity. In addition, the alternation between teaching periods in school with theoretical, theoretical-practical and laboratory practices and periods of clinical teaching constitute privileged moments for the development of learning, consolidation of knowledge and reflection on practices. In agreement with the bibliography, studies have shown that students tend to have more favorable attitudes towards people with mental illness when they have more hours of theoretical preparation in this scientific area (Mendes et al., 2018). However, formal education alone may not be enough to drive

a change in attitudes, so the association with clinical practice enhances the development of personal needs based on what has been experienced in practice with people with mental illness (Bingham & O'Brien, 2017).

Granados-Gamez et al. (2017) developed a similar study, also using the AQ-27, which contradict the hypotheses posed by us, since it revealed that there was no reduction of stigma in any factor after contact with both theory and clinical practice.

Regarding the results of stigmatizing attitudes due to the level of contact with family members with mental illness, there is a reduction only in the Irritation factor. The literature points out that familiarity contributes, in general, to more positive attitudes, particularly with regard to Pity, finding itself negatively related to feelings of anger and fear (Corrigan et al., 2003). The same authors argue that familiarity also predisposes to attitudes of Help and Avoidance towards the person with mental illness, reducing the level of stigma when familiarity increases.

Inversely to the familiarity, contact with non-family members with mental illness does not have an effect on the group in any dimension, contrary to what was pointed out in several studies (Granados-Gamez et al., 2017) and posed by us as a hypothesis. Similar results were obtained ina study by Ferreira (2018), pointing out that living with people with mental illness alone does not seem to be a sufficient condition to produce changes in attitudes.

Students with previous professional experience in mental health presented reduced stigma in most dimensions, with the exception of Responsibility and Pity. This can be explained by the fact that practical contact has an effect that can change beliefs and attitudes towards the person with mental illness, leading to a better willingness to take care of this population (Granados-Gamez et al., 2017). The study by Thongpriwan et al. (2015) addresses the issue of previous experience in mental health and reveals that students who have this experience have better preparation and less anxiety about mental illness, but counteract our results by stating that there are no significant differences in negative stereotypes in relation to those who have not had previous experience. The study conducted by Martinez-Martinez et al. (2019) also contradicts our results, stating that there is no influence of this variable in the reduction of stigma.

CONCLUSION

Despite the limitations of the study, it was possible to know the attitudes of nursing students towards the person with mental illness, as well as the correlation between the frequency of mental health and psychiatry curricular units and their attitudes towards the person with mental illness. Thus, from the analysis of the results it is concluded that the influence of theoretical and practical knowledge in the area of mental health and psychiatry was the one that proved to be the most significant in reducing the stigmatizing attitudes of students.

The development of stigma reduction strategies at an early stage of the nursing course could boost self-knowledge and self-assessment of the beliefs and attitudes of nursing students, encouraging and

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providing spaces for reflection, with sharing of feelings and ideas. The integration of students in programs to combat stigma and active involvement in attitude change processes, recently stimulated with the creation of the Stigma Observatory in Mental Illness, would allow early knowledge on the subject, as well as proximity to people and groups with mental illness in open spaces. The results obtained may also reflect the need to change the conceptual paradigm of mental health curricular units contextualized with a practice of combating stigma and discrimination, as well as changing representations and attitudes towards mental illness, which mirrors the centrality in the person with mental illness and promotes the reduction of negative attitudes, such as help, coercion, segregation and avoidance, as observed in our study. In addition, the influence that the supervising nurse exerts on students is fundamental in modifying discriminatory attitudes and stereotypes that students may present, since they internalize the values and behaviors to which they are exposed. Thus, we believe that the individual reflection of each nurse can influence students in the context of clinical teaching.

Throughout the study, it was found that the reduced number of the sample proved to be a limitation, since it may have influenced the results obtained, also assuming the possibility of statistical error. In addition, the non-uniform distribution of the sample over the several semesters may have conditioned the results. We also believe that completing online questionnaires may have constituted a limitation, since it may have conditioned the students' own motivation in filling

out them and thus limited the sample size. The results of this research show that although nursing students have contact with mental health and proximity to people with mental illness in Clinical Education, it alone is not a sufficient condition for reducing stigma, which may influence their performance in the provision of care. Considering important the implementation of strategies to combat stigma since the beginning of the nursing course, in order to promote the personal development of students, reducing prejudices and fears about these people, increasing their safety and motivation in the provision of care. Thus, it is suggested the continuity of studies on this theme with the inclusion of broader and diversified samples, covering other educational establishments, as well as other health courses, in order to make the comparison between students from different areas of health, as well as the development of projects to combat stigma and discrimination with curricular integration in health courses, mainly in the Nursing Degree, with the respective impact assessment.

REFERENCES

Bingham, H. & O'Brien, A. (2017). Educational intervention to decrease stigmatizing attitudes of undergraduate nurses towards people with mental illness. *International Journal of Mental Health Nursing.* *27*(1), 311-319. https://doi.org/10.1111/inm.12322

Conselho Nacional de Saúde (2019). *Sem mais tempo a perder – Saúde mental em Portugal: um desafio para a próxima década.* Lisboa: CNS. https://www.cns.min-saude.pt/wp-content/uploads/2019/12/SEM-MAIS-TEMPO-A-PERDER.pdf

Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An Attribution Model of

Public Discrimination Towards Persons with Mental Illness. *Journal of Health and Social Behavior*, *44*(2), 162–179. https://doi.org/10.2307/1519806

Corrigan, P., Roe, D. & Tsnag, W. (2011). *Challenging the Stigma of Mental Illness: Lessons or Therapists and Advocates*. Oxford, England: Wiley-Blackwell.

Ferreira, M. (2018*). Influência do ensino de saúde mental na modificação de atitudes estigmatizantes de alunos técnicos de enfermagem*. [*Masters dissertation,* Escola Politécnica de Saúde Joaquim Venâncio]. Repositório Institucional da Escola Politécnica de Saúde Joaquim Venâncio, Fundação Oswaldo Cruz. https://www.arca.fiocruz.br/bitstream/handle/icict/26956/Marcela_Ferreira_EPSJV_Mestrado_2018.pdf?sequence=2&isAllowed=y

Granados-Gámez, G., Rodríguez, M., Granados, A. & Márquez-Hernández, V. (2017). Attitudes and Beliefs of Nursing Students Toward Mental Disorder: The Significance of Direct Experience With Patients. *Perspect Psychiatr Care*, 53(2),135-143. https://doi.org/10.1111/ppc.12147

Gronholm, P., Henderson, C., Deb, T. *&* Thornicroft, G. (2017). Interventions to reduce discrimination and stigma: The state of the art. *Social Psychiatry and Psychiatric Epidemiology*, 52, 249– 258. https://doi.org/10.1007/s00127-017-1341-9

Happell, B., Platania-Phung, C., Scholz, B., Bocking, J., Horgan, A., Manning, F., Doody, R., Hals, E. Granerud, A., Lahti, M., Pullo, J., Vatula, A., Ellilä, H., Vaart, K., Allon, J., Griffin, M., Russell, S., MacGabhann, L., Bjornsson, E. & Biering, P. (2019) Nursing student attitudes to people labelled with 'mental illness' and consumer participation: A survey-based analysis of findings and psychometric properties. *Nurse Education Today,* 76, 89–95. https://doi.org/10.1016/j.nedt.2019.02.003

Loureiro, L., & Freitas, P. (2020). Literacia em saúde mental dos jovens estudantes de enfermagem na integração ao ensino superior. *Revista Portuguesa de Enfermagem de Saúde Mental* (24), 34-42. https://doi.org/10.19131/rpesm.0279

Markström, U., Gyllensten, A. L., Bejerholm, U., Björkman, T., Brunt, D., Hansson, L., Leufstadius, C., Sandlund, M., Svensson, B., Ostman, M., & Eklund, M. (2009). Attitudes towards mental illness among health care students at Swedish universities--a follow-up study after completed clinical placement. *Nurse Education Today*, 29(6), 660– 665. https://doi.org/10.1016/j.nedt.2009.02.006

Marques, A., Barbosa, T., & Queirós, C. (2010, June 17-19). *O Estigma na Doença Mental Perspectivado por Futuros Profissionais de Saúde Mental.* [Poster presentation]. III Congreso de la Federación Española de Asociaciones de Rehabilitación Psicosocial, Valladolid. https://repositorio-aberto.up.pt/handle/10216/44483

Martinez-Martinez, C., Sanchez-Martinez, V., Sales-Orts, R., Dinca, A., Richart-Martinez, M. & Ramos-Pichardo, J. (2019). Effectiveness of direct contact intervention with people with mental illness to reduce stigma in nursing students. *International Journal of Mental Health Nursing* 28 (3), 735-743. https://doi.org/10.1111/inm.12578

Martinho, J., Pires, R., Carvalho, J., & Pimenta, G. (2014). Formação e Desenvolvimento de Competências de Estudantes de Enfermagem em contexto de ensino clínico em saúde mental e psiquiatria. *Revista Portuguesa de Enfermagem de Saúde Mental*, (Ed. Esp. 1) 97-102. https://comum.rcaap.pt/bitstream/10400.26/36352/1/Júlia%20M.-09.pdf

Mendes, A., Marques, M., Monteiro, A., Barroso, T. & Quaresma, M. (2018). Educação em enfermagem de saúde mental e psiquiatria no curso de licenciatura em enfermagem. *SMAD. Revista eletrónica saúde mental álcool e drogas*, 14 (2), 73-82. http://pepsic.bvsalud.org/pdf/smad/v14n2/en_03.pdf

Observatório de Estigma na Doença Mental (2021). O Observatório. https://labrp.pt/observatorio/index.php

Programa Nacional de Saúde Mental (2017) Lisboa: Direção-Geral da Saúde. https://nocs.pt/wp-content/uploads/2017/11/DGS_PNSM_2017.10.09_v2.pdf

Querido, A., Tomás, C, Carvalho, D., Gomes, J. & Cordeiro, M. (2020). Impacto de uma intervenção no estigma em saúde mental e ansiedade intergrupal. *Acta Paulista de Enfermagem.* 33, 1-9. http://dx.doi.org/10.37689/actaape/2020AO0226

Querido, A., Tomás, C. & Carvalho, D. (2016). O Estigma face à doença mental nos estudantes de saúde. *Revista Portuguesa de Enfermagem de Saúde Mental,* 3, 67-72.

http://dx.doi.org/10.19131/rpesm.0120

Ramos, A. A. M. L. (2021). *O ensino clínico de enfermagem de saúde mental e Psiquiátrica: proposta de uma matriz para o acompanhamento dos estudantes do curso de Licenciatura*. [*Doctoral dissertation*, Universidade Católica Portuguesa]. Repositório Institucional da Universidade Católica Portuguesa. https://repositorio.ucp.pt/bitstream/10400.14/36361/1/101666012.pdf

São João, R., Coelho, T., Ferreira, C., Castelo, A., & Massano, M. (2017). Estigma na Doença Mental: Estudo Observacional e Piloto em Portugal. *Revista da UIIPS*, 5 (2), 171-185.

Sousa S., Queirós C., Marques A., Rocha N., & Fernandes A. (2008). *Versão preliminar portuguesa do Attribution Questionnaire (AQ-27)*. [adaptada com autorização de P. Corrigan]. Porto: Faculdade de Psicologia e Ciências de Educação da Universidade do Porto / ESTSPIPP

Thongpriwan, V., Leuck, S., Powell, R., Young, S., Schuler, S. & Hughes, R. (2015) Undergraduate Nursing Students: Attitudes Toward Mental Health Nursing. *Nurse Education Today*, 35 (8), 948-953. http://dx.doi.org/10.1016/j.nedt.2015.03.011

Wedgeworth, M., Ford, C. & Tice, J. (2019). "I'm scared": Journaling Uncovers Student Perceptions Prior to a Psychiatric Clinical Rotation. *Journal of the American Psychiatric Nurses Association*. 26(5). 1-7. https://doi.org/10.1177/1078390319844002