

Attitudes of Czech nurses working in the field of psychiatry towards people with mental illness and community care

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The impact of mental health stigma among healthcare professionals



- Mental health related stigma is spread also among healthcare professionals, including psychiatric nurses (Henderson et al. 2014).
- Negatively affects help seeking (e.g. Clement et al. 2015).
- Prevents recovery (self-stigma, patient leaving the treatment) (Reneses et al. 2009).
- Overshadows somatic problems (Corrigan et al. 2014)

Ongoing mental health reform

NEW ELEMENTS: Community mental health centers (MHCs)
Extended psychiatric outpatient units



New nursing competencies

- Crisis intervention
- Case management
- Work in clients' households
- Engaging families to participate in care
- Low-psychotherapy support

Are nurses working in psychiatric care prepared for the reform?

- What are their attitudes towards people with mental illness?
- What are their attitudes towards community care?
- Are they willing to work in community care?
 - If yes, why?
 - If no, why?

Methodology

- Cross-sectional study using questionnaire
- Self-selected convenience sample
- 2 phases of data collection (PAPI; CAWI)
- Instruments
 - Mental Illness: Clinicians' Attitudes version 4 scale (MICA)
(Gabbidon et al. 2013)
 - Community Attitudes towards Mental Illness scale III (CAMI)
community ideology subscale (Taylor & Dear 1981)
 - Open-ended questions related to the reasons of (not) willing to work in MHCs.
- Both quantitative and qualitative data analysis

Participants



	N	N (%)
Gender		
Men	24	8%
Women	279	92%
Age		
21 - 30	27	9%
31 - 40	79	26%
41 - 50	113	37%
51+	85	28%
Education		
Higher secondary	188	62%
College or higher	35	12%
University – bachelor	43	14%
University – master or higher	38	13%
Specialization in psychiatry		
Yes	174	57%
No	130	43%
Workplace ¹		
Mental health hospital	176	58%
Psychiatric ward of general hospital	93	31%
Community care	9	3%
Psychiatric outpatient unit	16	5%
Social care	18	6%
Other	7	2%
Total	304	100%

¹ More than one answer was possible.

Attitudes towards people with mental illness

- MICA (ranges from 16 to 96; mid-point 56; the higher the score, the worse the attitudes)
- Mean score **40,22** → **rather positive attitudes**
- The attitudes were related to:
 - 1. level of education** ($\rho = -0,149$, $p = 0,009$)
 - 2. specialized training in psychiatry** ($\eta = 0,136$, $p = 0,018$)
- No relation to age, gender, size of community of residence, length of practice in psychiatry or type of facility.

Attitudes towards people with mental illness

MICA in relation to education and psychiatric specialization

	N	Mean score	Standard dev.	Sig.
Total	302	40,22	8,08	
Psychiatric specialization				
No	130	41,36	7,78	0,020
Yes	172	39,35	8,22	
Education				
Higher secondary	188	41,21	8,25	0,009
College or higher	116	38,65	7,52	

- Perception of people with MI as dangerous related to lower level education and not having the psychiatric specialization.
- Nurses with higher education less willing to disclose own MI at the workplace.

Attitudes towards community care

- CAMI (ranges from 5-25; mid-point 15; the higher the score, the better the attitudes)
- Mean score **20,42** → **rather positive attitudes**
- The attitudes were related to:
 1. **workplace** ($\eta=0,177, p=0,002$)
 2. **MICA score** ($\rho=-0,319, p<0,001$)
- No relation to age, gender, education, size of community of residence, length of practice in psychiatry or specialized training in psychiatry

Attitudes towards community care

CAMI in relation to MICA and workplace

	N	Mean score	Standard. dev.	Sig.
Total	302	20,42	3,42	
MICA score				
>= 40,00	154	19,19	3,42	<0,001
< 40,00	149	21,68	3,37	
Workplace – mental health hospital				
No	128	21,13	3,41	0,002
Yes	175	19,90	3,34	

Willingness and readiness to work in MHCs

More than half of the nurses is willing to work in MHCs and feels ready to work there.

Willingness to work in MHCs

	N	%
Strongly interested to work in MHCs	69	22,70%
Slightly interested	114	37,50%
Rather not interested	102	33,55%
Definitely not interested	16	5,26%

Readiness to work in MHCs

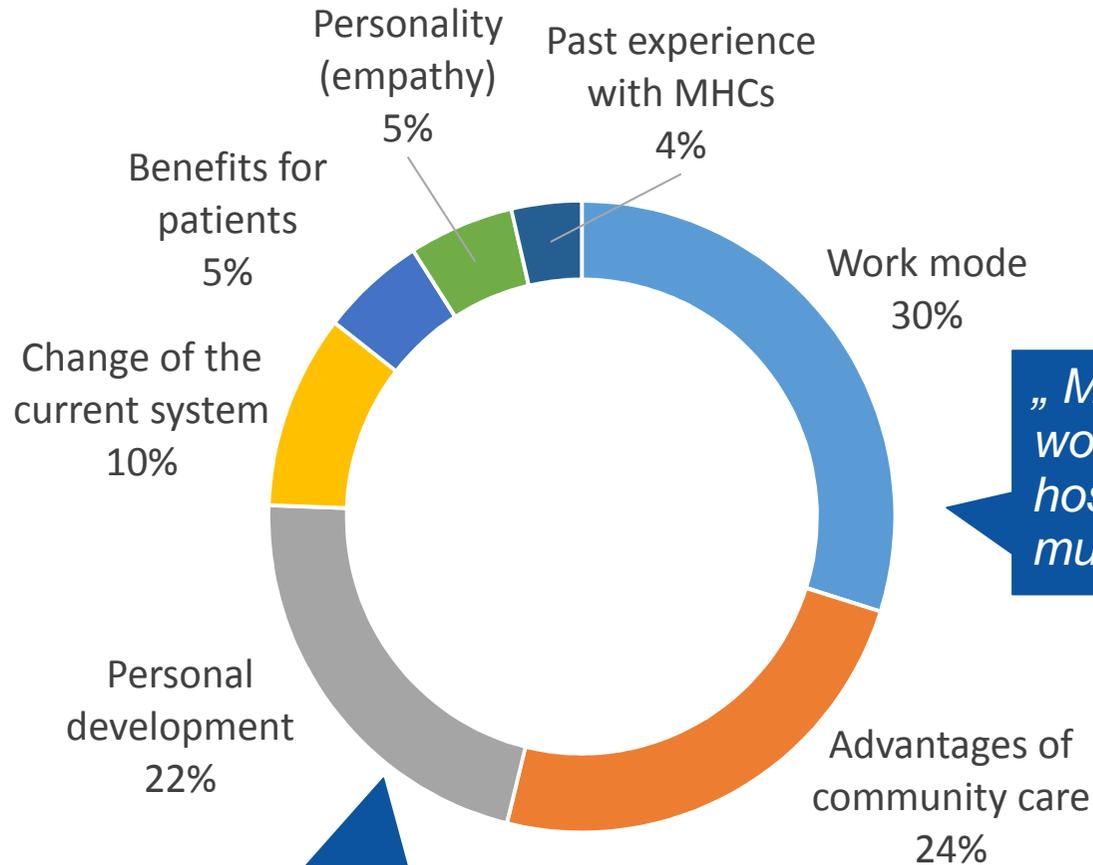
	N	%
Strongly agree	34	11,18%
Agree	145	47,70%
Disagree	110	36,18%
Strongly disagree	13	4,28%

Willingness to work in MHCs

The willingness to work in MHCs is **increasing** with the **declared readiness to work in community care** ($\text{Exp}(B)=6,008$, $p \leq 0,001$) and **higher level of education** ($\text{Exp}(B)=1,819$, $p=0,038$).

The willingness is **decreasing** with the **length of practice in psychiatry** ($\text{Exp}(B)=0,957$, $p=0,001$), and **worse attitudes towards people with mental illness** ($\text{Exp}(B)=0,946$, $p=0,002$).

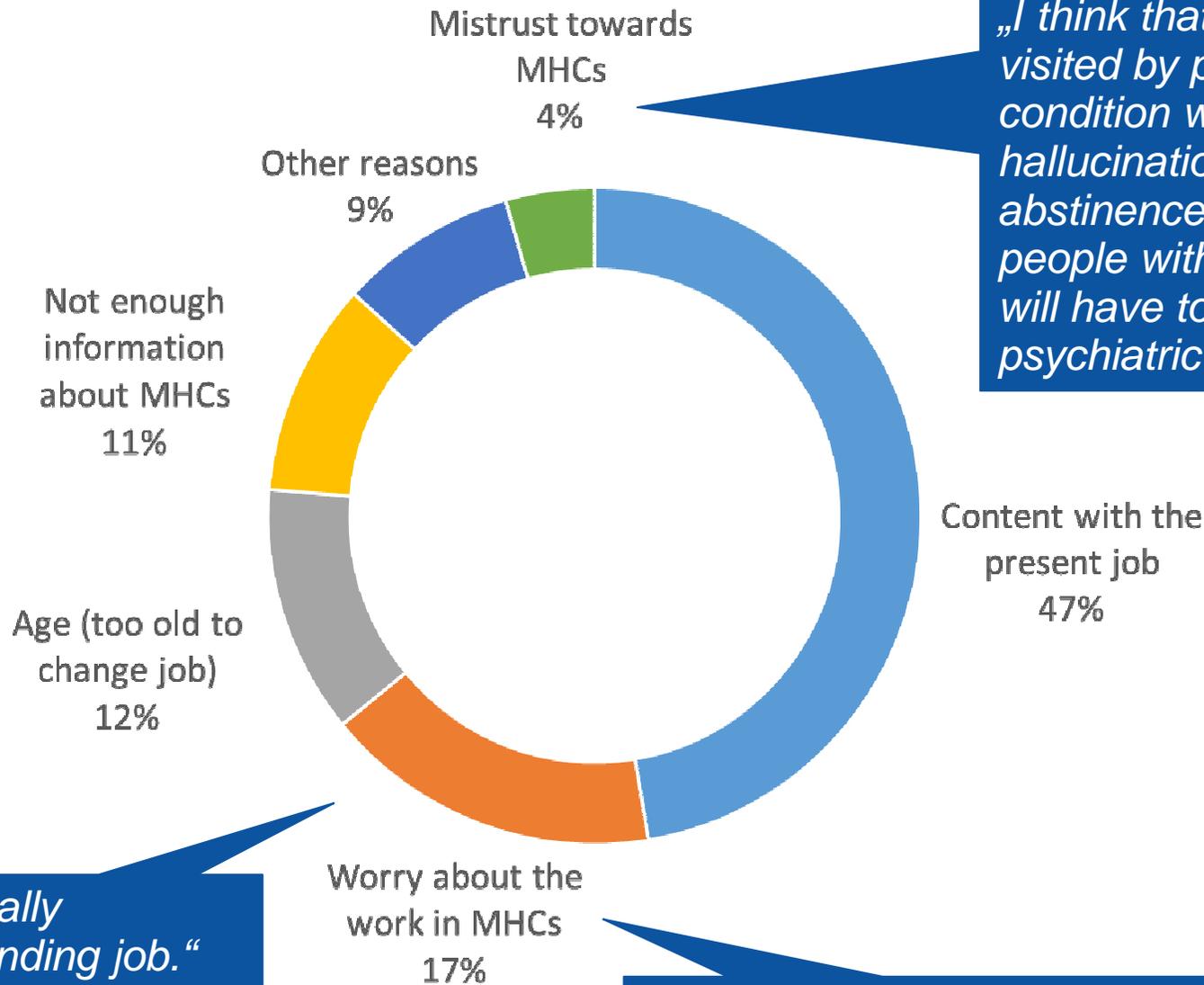
Willing to work in MHCs - reasons



„ More independent and creative work, better possibilities than in a hospital, collaboration in the multidisciplinary team“.

„ Possibility to gain further experiences in the field, learn new skills and knowledge and possibility to use my experiences from my actual practice.“

Not willing to work in MHCs - reasons



„I think that MHCs will be only visited by people in stable condition without hallucinations, delusions, abstinence syndroms etc. The people with these conditions will have to rely only on locked psychiatric units in hospitals.“

„Mentally demanding job.“

„I´m not sure if I can use my qualification in MHCs.“

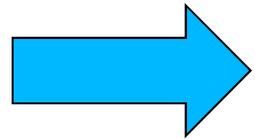
Summary - attitudes

- **Nurses working in psychiatric care in the CR have rather positive attitudes both to MHCs and people with mental illness.**
- Perception of people with MI as dangerous is related to lower level of education and not having psychiatric specialization.
- Higher level of education is related to not willing to disclose own MI at the workplace.
- Nurses working in mental hospitals and with less positive attitudes towards people with MI have more negative attitudes towards community care.

Summary- willingness to work in MHCs

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- **More than half of the nurses is willing and feeling prepared to work in MHCs.**
- The feeling of readiness and higher level of education increases the willingness to work in MHCs.
- The willingness decreases with the length of practice in psychiatric care and more negative attitudes towards people with MI.
- Almost half of those who are not willing to work in MHCs are content with their current job and another 32% are worried about, not informed about, or do not trust the idea of MHCs.



Implications for the reform

- Further education on the principles and characteristics of MHCs is necessary, as well as a frequent communication about the progress of the reform.
- It will be probably easier to convince nurses with shorter practice in psychiatric care and those not working in mental health hospitals to work in the MHCs.
- We should address mainly the perception of dangerousness of people with MI in the nursing population and promote safety environment to disclose having MI at the workplace.

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Thank you for your attention!