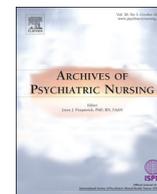




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## Beliefs about prognosis and outcomes for people with mental disorders: A cross-cultural study of Bachelor of Nursing students from the US and China

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## ABSTRACT

The purpose of this study is to examine and compare the US and Chinese Bachelor of Nursing students' beliefs about prognosis and long-term outcomes for people with depression and schizophrenia following interventions. A total of 310 nursing students in the US (n = 152) and China (n = 158) completed a survey questionnaire between April 2016 and April 2017. Overall, the Chinese students rated prognosis and outcomes more negatively than did the US students. The main finding suggests the need for cultural-specific pedagogical considerations to be given to mental health education in undergraduate nursing curricula in the US and China.

## Introduction

Nurses are the largest mental health workforce. The beliefs and attitudes that nurses bring into their practice will inevitably impact on the therapeutic environment and consequently have profound implications on patient outcomes (Happell, Robins, & Gough, 2008). A recent literature review has revealed considerable deficits in the ability of mental health nurses to care for people with mental disorders (Adshead, Collier, & Kennedy, 2015). In the US, many nursing students have uncertainty about the ability to interact with people who have mental illnesses (Hunter, Weber, Shattell, & Harris, 2015). Similarly in China, there is a lack of experienced nursing faculty to educate students in preparation for the specialty of mental health nursing (Harmon, 2008). It is therefore of great importance to explore the influence of educational preparation on nursing students' attitudes towards people with mental disorders before they enter the workforce.

A key element in determining nursing students' attitudes towards people with mental disorders is to ascertain their beliefs about prognosis and long-term outcomes following interventions (Caldwell & Jorm, 2001). The literature, however, is comparably scant on this particular topic, apart from McCann, Lu, and Deegan (2009) whose work identified limited influence of undergraduate education on nursing students' attitudes towards people with schizophrenia. This finding reinforces the need for nursing curriculum evaluation and revision to enhance students' favorable attitudes towards and experiences with people who have mental disorders. The current study adds to the literature by exploring the influences of different cultures, healthcare

systems and educational curricula on the US and Chinese nursing students' beliefs about prognosis and long-term outcomes for people with depression and schizophrenia.

## Background

While stigmatizing attitudes towards mental illness are prevalent worldwide, patient outcomes of mental illness are strikingly different across countries because of cultural differences in stigma and the extent to which patients experience it in the society (Richards, Hori, Sartorius, & Kunugi, 2014). Historically, mental illness is viewed as shameful and unpredictable by the Chinese culture. Individuals with mental disorders often feel reluctant to seek for professional help and withdraw participation in social activities for fear of stigmatization, which ultimately leads to poor life satisfaction (Wong, Xuesong, Poon, & Lam, 2012). Although social stigma towards mental illness persists in the US, the general public tends to see the long-term potential of individuals with mental disorders and accept their integration into the society (Richards et al., 2014).

The mental healthcare system in China is different from that in the US. In China, the majority of mental health services are provided in hospitals. Community-based psychosocial resources are limited (Sun et al., 2014). The Chinese public often believes that people with severe mental disorders such as schizophrenia should be kept securely in mental hospitals to maintain social harmony (Furnham & Chan, 2004). Underlying these negative attitudes is the thinking based on the Chinese societal merit of collectivism and doing what is best for the family

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groups, which indicates that families should take care of their relatives with mental illnesses at home in the long term (Harmon, 2008; Sun et al., 2014). By contrast, western mental healthcare systems are heavily influenced by the values of individualism, social reintegration and government responsibilities (Nakane et al., 2005). In the UK, the general public believed that hospitals can isolate patients from the society and do little to help them in the long term (Furnham & Chan, 2004). Instead, community-based approaches are the focus of mental healthcare delivery in western countries including the US (Richards et al., 2014).

Education does not always lead to positive changes in nursing students' attitudes towards people with mental disorders. The quality of theoretical and clinical education ultimately contributes to nursing students' learning outcomes in mental health settings (McCann et al., 2009). The current study was not aimed at evaluating the quality of mental health nursing education in the US and China. Nevertheless, it is important to explore the differences between the two nursing curricula in order to gain a better understanding of how these might have affected nursing students' attitudes. In China, nursing education has adopted the bio-medical model from its inception. The curriculum of nursing is mirrored that of medicine, and many nursing theory courses such as mental health nursing are taught by medical doctors (Gao, Chan, & Cheng, 2012). Theory education is concentrated in the first three years of the Chinese nursing curriculum, followed by the fourth year of clinical rotation in different hospital wards including the psychiatric ward. Clinical placement in China requires students' full-time attendance with hospital-based nurses. This model of clinical education is believed to be more beneficial to hospitals than to students (Wang, Whitehead, & Bayes, 2016). In contrast, the nursing curriculum in the US emphasizes a nursing process-oriented model. All the nursing courses are organized around the nursing profession and taught by nursing faculty. Clinical education for mental health nursing in the US is introduced to students immediately after they enter into the theoretical component of the curriculum. The US program has its own clinical faculty members who help to reduce students' anxiety in challenging clinical settings such as inpatient psychiatric wards (Xu, Xu, & Zhang, 2002).

To our best knowledge, little research has been done to examine and compare the US and Chinese Bachelor of Nursing students' attitudes towards people with mental disorders following interventions. This cross-cultural study is essentially exploratory. Understanding culture differences in nursing students' attitudes towards mental disorders is critical as it could lead to development of cultural-specific educational programs and subsequent improvement in mental health care delivery and patient experience with mental health services.

## Aim

The study aimed to explore nursing students' attitudes towards people with mental disorders within the context of the cultural background in the US and China. The aim of this paper is to report findings pertinent to nursing students' beliefs about prognosis and long-term outcomes for people with depression and schizophrenia.

## Methods

### Design

A descriptive comparative design was used in this study. Two groups of nursing students, one from the US and the other from China, participated in a cross-sectional survey. The conceptual framework guiding this paper is Jorm's (2000) mental health literacy surrounding attitudes that facilitate individuals' appropriate help-seeking for better mental health. Inherent in this concept is the assumption that social and professional stigma associated with mental illness will hinder individuals seeking appropriate help and lead to undesirable patient

outcomes.

### Sample and setting

The study used a non-probability sample of Bachelor of Nursing students who were in their final year of a four-year undergraduate program. The survey was conducted from April 2016 to April 2017. In the US, the students were recruited from a school of nursing in a metropolitan city. In China, students were recruited from a large teaching hospital where students received their clinical placement in the fourth year of the program. At the time of data collection, both student groups had completed their theoretical and clinical education in mental health nursing. Both the US and Chinese curricula devoted 26–27 h to mental health theoretical education in the third year of the four-year program. However, there were major differences in time allocation for clinical education between the two nursing programs. While the US students only received 56 clinical hours for mental health nursing in their junior year, the Chinese students received 140 clinical hours in their senior year. The difference in clinical education offering time meant that, although both samples were recruited in their final year of the nursing program, the Chinese students had more recent clinical exposure to mental health nursing compared with the US students who had completed their theoretical and clinical mental health education in their third year of the program.

### The instrument

The survey instrument used in the study was originated by Jorm et al. (1997). Permission to use the survey questionnaire has been granted by Jorm. The reliability of the instrument has been tested in many studies and different countries (Jorm, 2012). The cultural validity of the Chinese version of the instrument was enhanced by validity testing (Liu, Gerdtz, & Liu, 2011). In the current study, the questionnaire was formatted in both Chinese and English languages for the Chinese participants. The English version of the questionnaire was used for the US participants.

After providing their demographic characteristics, participants were presented with two hypothetical vignettes about people with different mental disorders (Mary with depression and John with schizophrenia). Each person described in the vignette met the International Classification of Disease-10 (ICD-10) and Diagnostic and Statistical Manual-IV (DSM-IV) criteria. Based on the hypothetical vignettes, participants were asked to choose whether Mary/John would need professional help or not. The questionnaire also asked about prognosis of Mary/John with and without professional interventions. The likely long-term outcomes for Mary/John were investigated by asking participants to compare the person's long-term functioning in various social roles with those of other people in the community.

### The procedure

In the US, access was negotiated through the department chair, course coordinator and individual faculty members. Students were recruited in classes. A graduate assistant who had no previous contact with the students provided verbal explanations about the study and reinforced that participation was voluntary. Students were asked to answer the questionnaire using their own time and return the completed questionnaire to a designated post box. A \$10 coffee voucher was given to individual participants as compensation for their time to participate in the study.

In China, access to students was arranged by the hospital nursing education coordinator. Students were recruited in group meetings following the completion of their clinical placement. A nursing administrative assistant informed students about the aims of the study and ensured voluntary participation. Students were given 30 min to complete the questionnaire during the group meetings. Therefore, no

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