

## ORIGINAL ARTICLE

### Attitude of Nursing Professionals and caregivers towards the Rights of the Mentally Ill person: Comparative study

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## ABSTRACT

**Background:** The Attitude of Nursing Professionals and caregivers towards the Rights the of Mentally Ill is very important issue in mental health nursing. The objectives were to study the socio demographic characteristics and compare the Nursing Professionals and care givers attitude towards the rights of mentally ill.

**Methods:** A descriptive study design was carried out among 50 nursing professionals and 50 caregivers were randomly selected from the study population. The socio demographic schedule and the Professional attitude scale (David et al 2002) were used to collect the data. The data was collected through face to face interviews using structured questionnaire. Data was analysed and interpreted using descriptive and inferential statistics.

**Results:** The mean age of the study group was 38.33 years and the range is 23 to 60 years. Among care givers majority of them belongs to Hindu religion, studied up to higher secondary, and from rural background. About the nursing professionals majority of them belongs to Hindu religion studied up to diploma in General nursing and midwifery, and working as staff nurses with less than 10 yrs of experience. Professional attitude found that the subjects are having positive attitude towards the rights of mentally ill and there were significant differences between Nursing professionals and Caregivers in four of the six domains of patients' perceived rights. Specifically, there were differences between groups in terms of situations that justify non treatments and forced hospitalization. Overall attitude scores obtained by both the group were found to be significant.

**Conclusion:** Due to the chronic nature and significant impairment in decision making capacity among mentally ill patients makes both the nursing professionals and caregivers to act in accordance to the patient's needs rather than considering the patients' rights.

**Keywords:** Attitude; care givers; Nursing professionals

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## **Introduction:**

Individuals suffering from mental illness are receiving the scant care and concern of the community. They have not only been neglected but received step motherly treatment from the health planners especially in the developing countries. It is only the plea of progressive incorporation of the norms of human rights and liberal jurisprudence in the respective legal system of nation states that has created the urgency and necessity of initiating appropriate steps for the care and treatment of mentally ill persons.

It is admitted on all hands that barring few exceptions, the mentally ill person deserves the same privileges as enjoyed by any other human being. They include a right to better and more accessible care, to good recovery and increased hopes of reintegration into society. However, the stigma, residual disability and its intolerance, and more importantly the inability of the mentally ill to protest against exploitation, have all made basic human rights of the mentally ill a major cause of growing concern. The term human rights in a broad sense means 'those claims which every individual has or should have upon the society in which he/she lives' (Gautam et al 2009.)

There exists controversy among mental health professionals and care givers about the benefits and risks of various treatment methods and the extent to which the psychiatric patient has the capacity to evaluate these treatment methods and also to maintain the right to be active in choosing and planning their treatment.(Beck & Staffin 1986). Research studies have described deprivation of patients' rights at least temporarily as a gross violation of a patients' autonomy, freedom and dignity where others have viewed such measures as preserving patients' autonomy, or even helping to restore it, by alleviating a condition that limits autonomy (Chodoff 1984).

Attitudes influence both professional and personal behaviour. In particular, stigma and discrimination associated with mental illness and expressed by mental health professionals as well as the general public, results in the under-use of mental health services (Esters et al 1998 & Emrich et al 2003).Contact with individuals who have mental illnesses, and education that replaces myth with fact, can decrease stigmatisation and positively affect attitudes (Halter 2004).

For the past fifty years, programs aiming to de-stigmatise mental illness have advocated for medical rather than psychological explanations of mental illness. Biological and genetic factors have

been promoted as underlying causes and people with mental disorders were considered 'ill' in the same sense as those with medical conditions. Current evidence however disputes the assumption that this information will result in more positive attitudes toward mental illness (David R et al 2002).Studies also demonstrate that health professionals have negative attitudes towards some aspects of mental illness. Hugo (2007) found that mental health professionals were less optimistic about prognosis and less positive about likely long-term outcomes when compared with the general public.

Further, providing culturally specific care involves ensuring that clinical staffs are properly educated on underlying issues (Morrison and Thornton 1999) Cultural diversity in knowledge about and attitudes toward mental illness requires to be explored in a wide range of cultures, especially in developing countries.

Limited research has been conducted on the attitudes of mental health professionals, particularly nursing professionals, therefore it is necessary to study the attitudes of nursing professionals about treatments and conditions under which may or may not be justified in using against the patients' will, from different perspectives. Hence the present study was an attempt to assess the Attitude of Nursing professionals and caregivers towards the Rights of Mentally ill.

## **Aim**

To assess the Attitude of Nursing Professionals and Caregivers towards the Rights of Mentally Ill

## **Methods**

### **Design and settings:**

This was a descriptive study carried out in a tertiary care centre among the nursing professionals and care givers from June 2011 to September 2011.

Nursing professionals and caregivers of psychiatric patients of equal number (n=50) from inpatient Psychiatric units of a 700 bedded tertiary neuropsychiatric hospital at Bangalore were selected by random sampling technique. The nature and purpose of the study were explained to the Nursing professionals and the care givers and informed consent was obtained before collecting the data.

**Measurements:**

Professional attitude scale developed by David et al (2002). The Professional attitude scale consisted of 31 statements on 4 point scale ranging from 1-strongly agree to 4-strongly disagree. Lower scores reflect less conservative attitudes. Each statement pertained to one of six clusters are:

1. The patient’s right to obtain information on his or her illness and treatment (six items).
2. The right to confidentiality of information provided in the therapy (six items).
3. The right not to be subjected to treatment by force (four items).
4. The right to refuse treatment (three items).
5. Right not to be restricted physically (five items).
6. Right not to be hospitalized voluntarily (six items).

Socio demographic schedule: It consists of age, gender, educational status, religion. Designation and duration of service.

**Procedure:**

The study objectives and protocol was reviewed and approved by the ethics committee of the concerned hospital. Subjects were explained the nature and objectives of the study they were also informed in detail about their participation. There were assured about the confidentiality and anonymity and informed consent was obtained before data collection.

**Statistical analysis:**

The data was collected individually by interviewing with the help of the attitude questionnaire. The data were handled, processed, edited, coded and analyzed using SPSS version 16 and the results were presented in narratives and tables by adopting descriptive and inferential statistics.

**Results**

Table 1 provides the information regarding the age, gender, religion, educational qualification of the nursing professionals and care givers. It shows that among the nursing professionals most of them 16 (32%) were between 31-40 years of age group, majority were females 41(82%). Mainly the subjects belonged to Hindu religion 29(58%).Considering the background 24(48%) were from urban background. About 28 (56%) of subjects completed GNM course, 11(22%) completed BSc nursing course, 6(12%) completed GNM with Diploma in Psychiatric Nursing, 3(6%) B.Sc. nursing with Diploma in

Table 1: Socio-demographic characteristics of the nursing professionals &caregivers

n = 50

Variable	Nursing Professionals		Caregivers	
	f	%	f	%
<b>Age</b>				
21-30	12	24	11	2
31-40	16	32	17	34
41-50	15	30	08	16
51-60	07	14	10	20
<b>Gender</b>				
Male	09	18	23	46
Female	41	82	27	54
<b>Religion</b>				
Hindu	29	58	41	83
Christian	20	40	06	12
Muslim	01	02	03	06
<b>Education</b>				
Illiterate	-	-	12	24
Higher secondary	-	-	29	58
Graduate	-	-	09	18
General Nursing &Midwifery	28	56	-	-
BSc (N)	11	22	-	-
GNM with DPN	06	12	-	-
BSc (N) with DPN	03	06	-	-
GNM with DNN	02	04	-	-

psychiatric nursing and remaining 2 (4%) completed GNM with Diploma in Neuro Nursing. Among the study subjects 36(72%), were working as staff nurses, 8(16%) as ward supervisors and 6(12%) were as In charge nurses. As per the duration of service is concerned majority 29(58%) with duration of 1 to 10 years, 12 (24%) with a duration of 11- 20 years, 8 (16%) with duration of 21 to 30 years. The mean age of the Nursing Professionals being 38.33 years and the range is 23 years to 60 years.

Among 50 caregivers majority of them 17 (34%) were between 31-40 years of age group ,more than half were females 27(54%) and males were 23(46%). Most of them belongs to Hindu religion 41(82%), about education 29(58%) completed HSC, 12(24%) were not studied. Looking at the background 24 (48%) were from rural background and 26(52%) were from urban background.

Table 2: Attitude Regarding Human Rights among Nursing Professionals and Care Givers

n = 50

Domain	n	Mean	SD	't' Test	p value
<b>Information on illness</b>					
Nursing Professional	50	18.54	1.77	2.473	0.015 *
Care giver	50	17.40	2.73		
<b>Non treatments</b>					
Nursing Professional	50	7.46	1.21	-3.468	0.001 **
Care giver	50	8.52	1.78		
<b>Confidentiality</b>					
Nursing Professional	50	15.66	2.01	-2.799	0.006 *
Care giver	50	16.76	1.91		
<b>Forced treatments</b>					
Nursing Professional	50	14.10	2.35	-1.405	0.163
Care giver	50	14.70	1.88		
<b>Forced hospitalization</b>					
Nursing Professional	50	17.76	3.27	-3.276	0.001 **
Care giver	50	19.66	2.46		
<b>Physical Restraint</b>					
Nursing Professional	50	14.36	2.35	0.043	0.966
Care giver	50	14.34	2.30		
<b>Overall attitude</b>					
Nursing Professional	50	87.88	7.12	-2.492	0.014 *
Care giver	50	91.38	6.92		

Note: \*\*- P<0.001; \*P<0.05

The domain wise attitudes of Nursing professionals and Caregivers are compared in Table 2. It depicts the mean score and standard deviation related to attitude of nursing professionals and caregivers towards rights of mentally ill, on the patient rights to obtain information on his or her illness and treatment, the right to confidentiality of information provided in the therapy, the right not to be subjected to treatment by force, the right to refuse treatment, the right not to be hospitalized involuntarily and the right not to be restricted physically. Attitudes on domains such as Information on illness, Non treatment, confidentiality, and forced hospitalization differed significantly between the Nursing professionals and caregivers. Care givers had significant positive attitude scores compared to nursing professionals in Non treatment, confidentiality, and forced hospitalization. The overall attitude scores also differed between nursing professionals and care givers.

## Discussion

The results of this study indicate that there were significant differences between Nursing professionals and Caregivers in four of the six domains of patients' perceived rights. Specifically, there were differences between groups in terms of situations that justify non treatments and forced hospitalization. Areas in which no differences were observed with regard to the attitude towards forced treatments and the use of physical restraints. This pattern seems to indicate that the differences in viewpoints between Nursing professionals and Caregivers about what rights hospitalized psychiatric patients have greater for proposed interventions that involved more drastic compromises of patients' rights.

The most important finding of the study was the direction of the disagreement: nursing professionals were always more likely to express the view that patients' rights should be compromised when they conflicted with what could be understood as a clinical need. The main findings seem to support the often-exaggerated stereotype of both the nursing professionals and the caregivers as being authoritarian and not always sensitive to patients' rights. However, it might also be that both groups value patient's rights but that nursing professionals tends to be more willing to compromise these rights related to non-treatment, confidentiality, forced treatment and forced hospitalization when they perceive them as conflicting with patients' clinical needs. This difference may be the way the nurses and care givers evaluate the potential benefit of treatment even forced treatment in relation to the potentially negative impact of restricting rights. In the present study the care givers' attitudes seemed to conform more closely towards the priority to patients' rights, whereas the staff members' attitudes appeared to be closer to the "treatment," which endorses a right to object to treatment but not a right to refuse it. Studies have shown the diminished ability of psychiatric patients to understand decisions about hospitalization and treatment compared with patients in a general hospital (Grisso T, Appelbaum PS 1991, Billick SB, Della Bella P, Burgert W 1997).

The results of the present study also reflect "professional socialization"—a state in which members of a certain profession, as a result of their education, their upbringing, or the norms and ideas of their profession, have viewpoints that are unique to them (Boris DS, Pope KS 1989, Davis AJ 1989). This study suggests that professional socialization may sometimes blind the members of a profession to the common consent about an issue. When coming to the caregivers, the burden and chronicity of the illness force them to have their own viewpoints regarding the

patient's rights. Recognizing that such differences exist seems important in its own right. The results of this study indicate a profound conflict in the way nursing professionals and Caregivers believe several everyday situations that come up in the ward should be dealt with and what principle should prevail patients' rights or clinical needs as perceived and understood by the staff. Our results suggest a need to create groups in which both Nursing professionals and Caregivers participate so that sources of potential disagreement and conflict that may be impeding the treatment process can be dealt with appropriately to reduce difference of opinion considering the privatization of clinical need over patient's rights.

Further research should explore whether the differences in attitudes between Nursing professionals and Caregivers are a result of different value systems or simply a difference in the way each group weighs the potential benefits of treatment in relation to the restriction of rights. Another potentially interesting line of research would be a comparison of the attitudes among mental health professionals of different disciplines, patients and care givers in a psychiatric setup.

## Conclusion

In a developing country like India people with mental illness are vulnerable for Human rights violations. The present study highlights that the attitude among nursing professionals and caregivers towards patients rights to obtain information on his or her illness and treatment, confidentiality of information provided in the therapy, the right not to be subjected to treatment by force, refuse treatment, the right not to be hospitalized involuntarily and the right not to be restricted physically. Due to the chronic nature and significant impairment in decision making capacity among mentally ill patients makes both the nursing professionals and caregivers to act in accordance to the patient's clinical needs rather than considering the patients rights.

## REFERENCES

1. Beck JC, Staffin RD. (1986).Patients' competency to give informed consent to medication. *Hospital and Community Psychiatry*, 37, 400-402.
2. Boris DS, Pope KS. (1989).Dual relationships between therapist and client: a national study of psychologists, psychiatrists, and social workers. *Professional Psychology: Research and Practice*, 283-293.
3. Chodoff, P. (1984).Involuntary hospitalization of the mentally ill as a moral issue. *American Journal of psychiatry*, 141,384-389.
4. David, R et al. (2002).Patients' and staff members' Attitudes about the Rights of Hospitalized Psychiatric patients. *Psychiatric services*, 53(1), 87-91.
5. Ester I. Cooker P. (1998).Effects of a unit of Instruction in Mental Health on rural Adolescents conceptions of mental illness and attitude about seeking help in K. Emrich T.C. Thomson and G. Moore 2003, Positive attitude: an essential element for effective care of people with mental illnesses. *Journal of Psychosocial Nursing and Mental health services*. 41 (5), 18-25.
6. Gautam S, Jain S, Batra L, Sharma R, Munshi D.(2009). Human rights and privileges of mentally ill persons. *Indian Journal of Psychiatry*,82 -85.
7. Grisso T, Appelbaum PS.(1991).Mentally ill and non-mentally-ill patients' abilities to understand informed consent disclosures for medication. *Law and Human Behavior*, 15, 377-388.
8. Halters MJ. (2004). Stigma and help seeking related to depression; a study of Nursing students. *Journal of Psychosocial Nursing and Mental Health Services*. 42(2), 42-51.
9. Hugo. (2001). Mental Health Workers Attitude Towards Mental Illness in Fiji. *Australian Journal of Advanced Nursing*, 25, 3-10.
10. Morrison, Thornton. (1999). Influence of southern spiritual beliefs on perceptions of mental illness. *Issues Mental Health Nursing*, 20(5), 443-58.